2019

Seneca County

Community Health Assessment

Examining the health of Seneca County

Released on October 16, 2019

SENECA
COUNTY

Foreword

The members of the Seneca County Health Alliance are pleased to present the 2019 Health Assessment of our community. This comprehensive Community Health Assessment is the result of a strong commitment by dedicated community partners. This health assessment gives us the opportunity to glance into our community, state and nation to compare and analyze our strengths and weaknesses in order to take action to improve the health and well-being of residents of Seneca County.

The data presented in this report will provide valuable information to develop strategies that focus on wellness, access to care, and unmet community needs. It will provide additional insight into our community structure in the areas of health and well-being. This assessment is counted reliable through scientific method. Although comparisons can be made related to previous health assessments, one must be cautious in comparing previous data to this current assessment.

This assessment will prove invaluable to you as an agency or a community member. As we review the results of this assessment, we will continue to work collaboratively to coordinate resources, identify unmet needs in our community, and strive to initiate quality programs to improve the health of our residents.

We encourage new membership into the Seneca County Health Alliance and look forward to new members bringing new ideas and resources to the Alliance and our community.

Yours in good health,

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Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties
Mercy Hospital of Tiffin
ProMedica Fostoria Community Hospital
Seneca County General Health District
Seneca County Juvenile and Probate Court
Seneca County Sheriff's Office
Seneca Department of Job and Family Services

Commissioned by Seneca County Health Alliance:

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Community Hospice Care
Family and Children First Council
Firelands Counseling and Recovery Services
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Fostoria United Way
Heidelberg University
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Mental Health and Recovery Services Board of Sandusky, Seneca, Wyandot Counties
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Seneca County General Health District
Seneca County Department of Job and Family Services
Seneca County Juvenile Court
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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 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology and health education.

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

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

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

Seneca County General Health District
www.Senecahealthdept.org

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

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Executive Summary

This executive summary provides an overview of health-related data for Seneca County adults (ages 19 and older) who participated in a county-wide health assessment survey during March through June 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). 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.

Public Health Accreditation Board (PHAB)

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

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

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

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

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

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the Seneca County Health Alliance. During these meetings, HCNO and the Seneca County Health Alliance reviewed and discussed banks of potential survey questions. Based on input from the Seneca County Health Alliance, the project coordinator composed a draft survey containing 116 items. 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 Seneca County. There were 42,388 persons ages 19 and older living in Seneca County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 381 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 1,200 adults in Seneca County. This advance letter was personalized, printed on Seneca County Health Alliance letterhead, and signed by Beth Schweitzer, Health Commissioner, Seneca County General 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.

Three weeks following the advance letter, a two-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Seneca County Health Alliance letterhead) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a $2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 30% (n=350 CI=± 5.2). Prior to surveys being sent, a power analysis was conducted which concluded that 381 surveys would need to be returned to have a ± 5% confidence interval which is standard. However, there were only 350 surveys returned, thus reducing the level of power and broadening the confidence level to ± 5.2%.

PROCEDURE | Adolescent Survey

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

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Seneca County, the adult data collected was weighted by age, gender, race, and income using 2017 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Seneca County adult assessment had an adequate response rate which is nearly twice as high as the national average for a three-wave mailing procedure However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Seneca County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

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

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

Secondary Data Collection Methods

HCNO collected secondary data from multiple websites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2019 Seneca County Community Health Assessment (CHA).

2016 Ohio State Health Assessment (SHA)

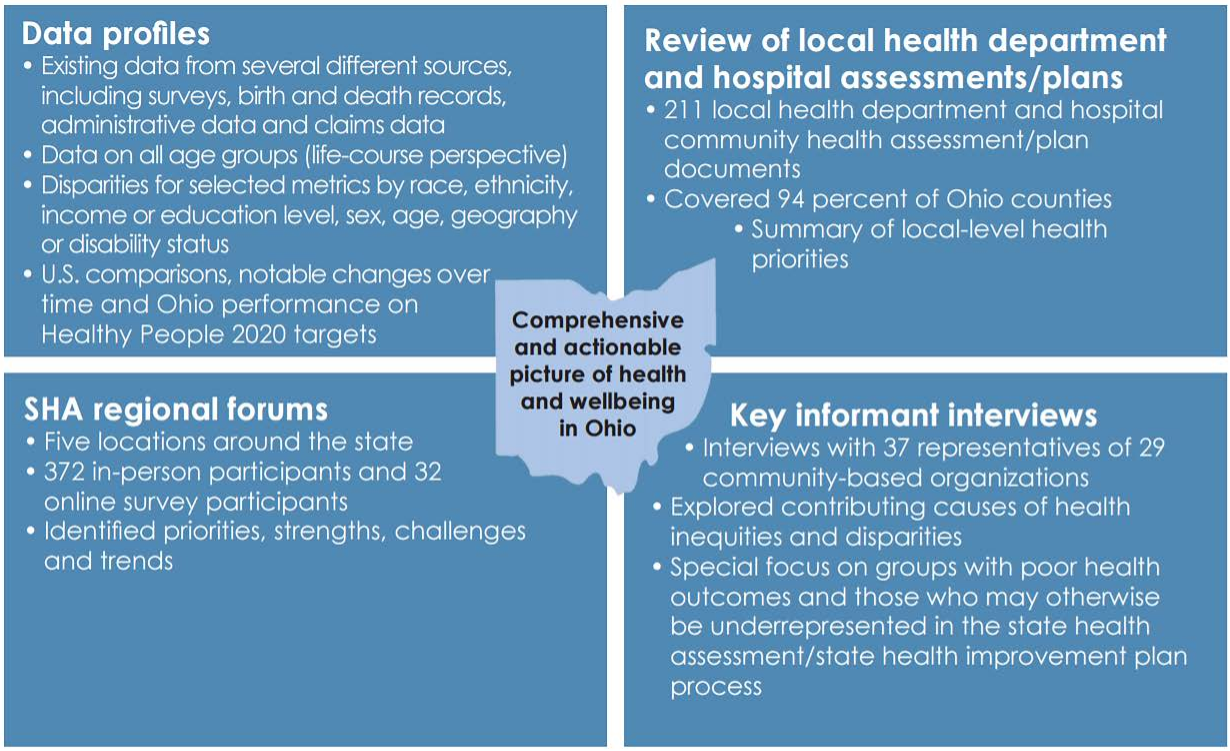
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2019 Seneca County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

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

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

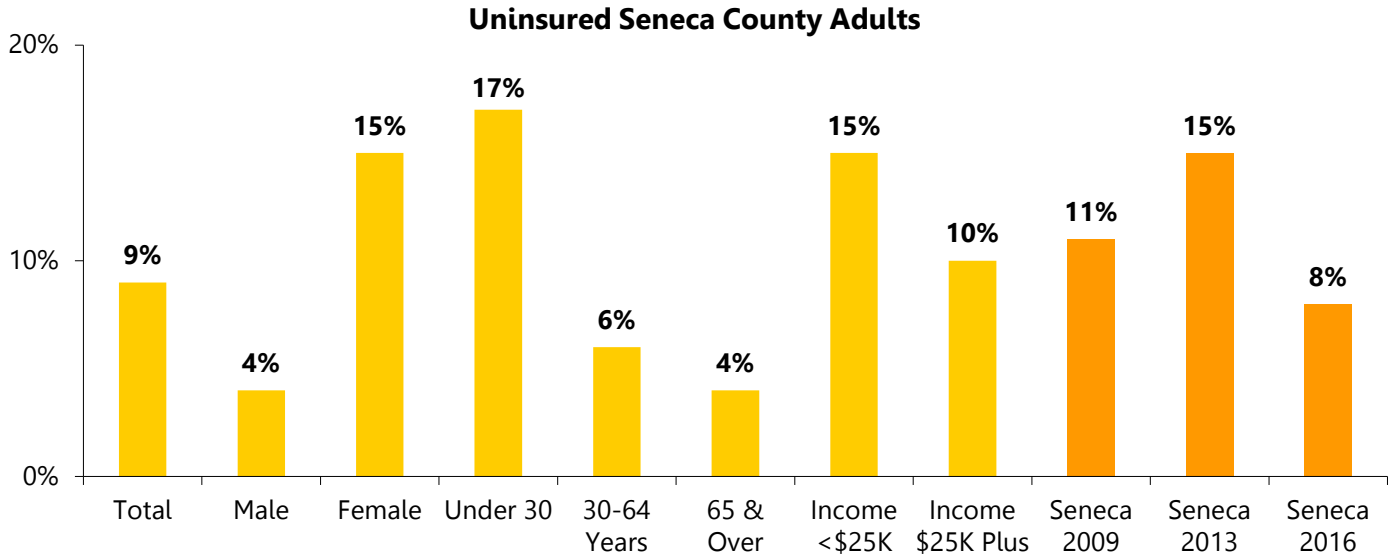
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary | Health Care Access

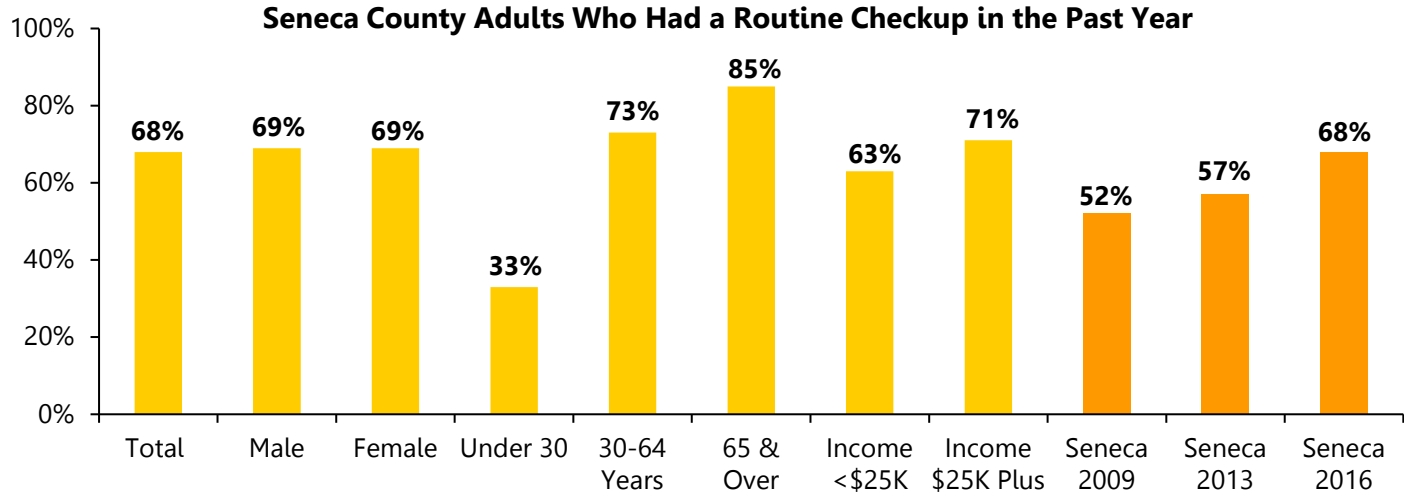
HEALTH CARE COVERAGE

Nine percent (9%) of Seneca County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under $25,000 (15%). The main reason adults gave for being without health care coverage were because they lost their job or changed employers (41%).



ACCESS AND UTILIZATION

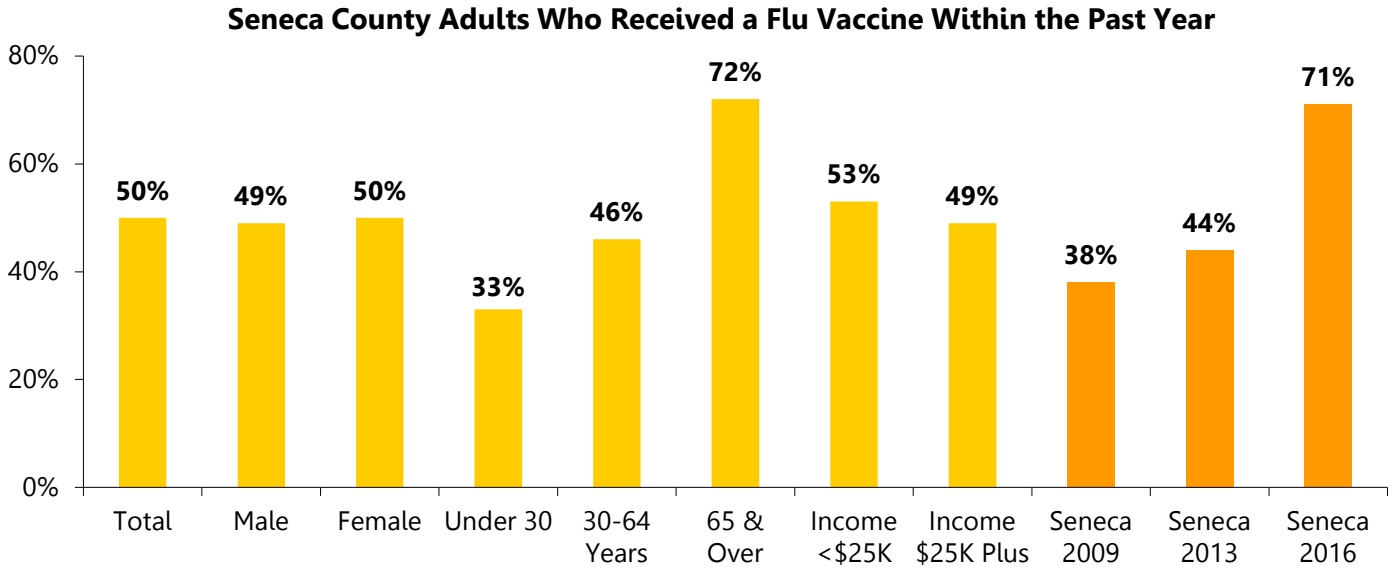
Sixty-eight percent (68%) of Seneca County adults had visited a doctor for a routine checkup in the past year. Sixty-one percent (61%) of adults went outside of Seneca County for health care services in the past year.



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

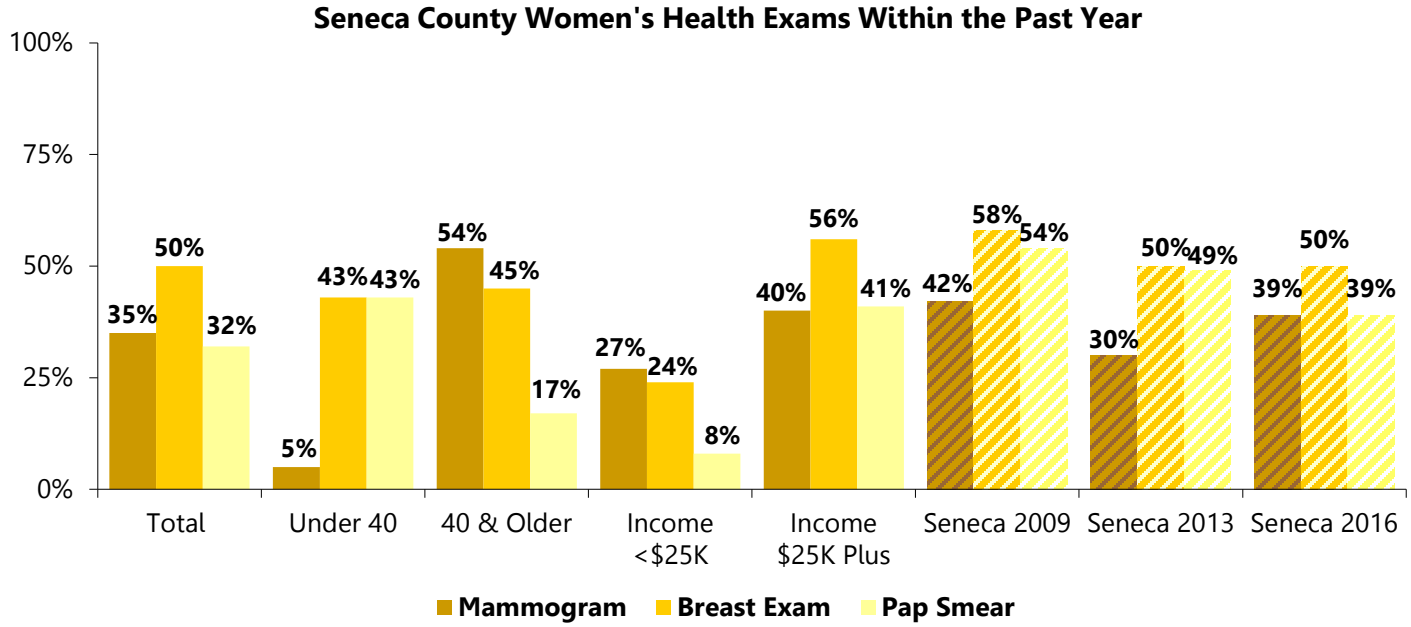
PREVENTIVE MEDICINE

Eighty percent (80%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Fifty percent (50%) of Seneca County adults had a flu vaccine during the past 12 months, increasing to 72% of adults ages 65 and over.



WOMEN'S HEALTH

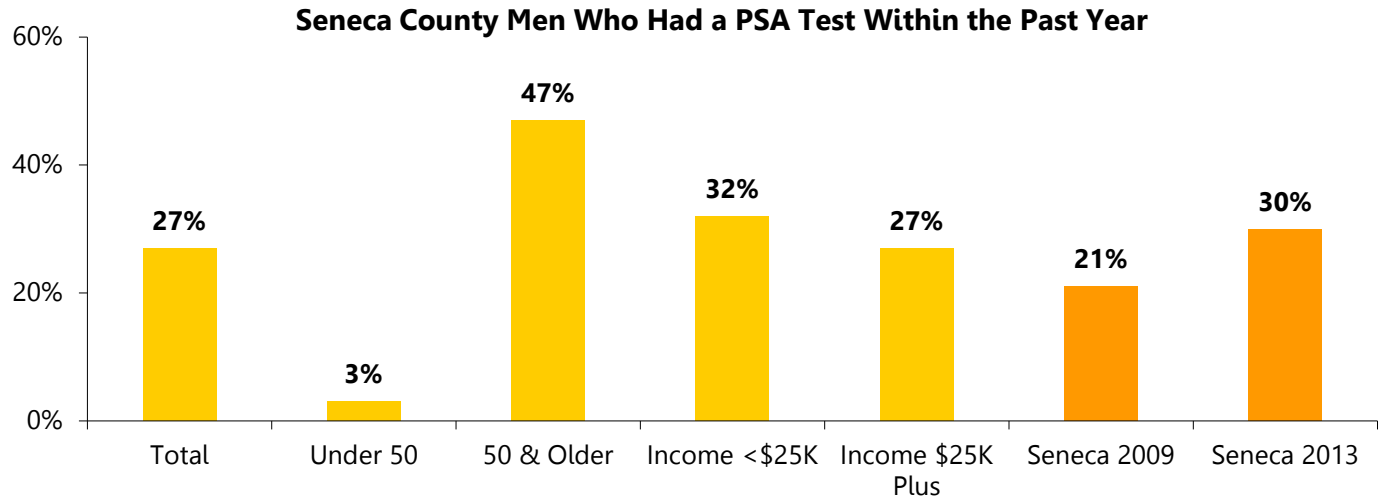
Fifty-four percent (54%) of Seneca County women over the age of 40 reported having a mammogram in the past year. Fifty percent (50%) of women had a clinical breast exam and 32% had a Pap smear to detect cancer of the cervix in the past year. Sixty-five percent (675%) of Seneca County women were overweight or obese, 33% had high blood pressure, 29% had high blood cholesterol, and 14% were identified as current smokers, known risk factors for cardiovascular diseases.



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

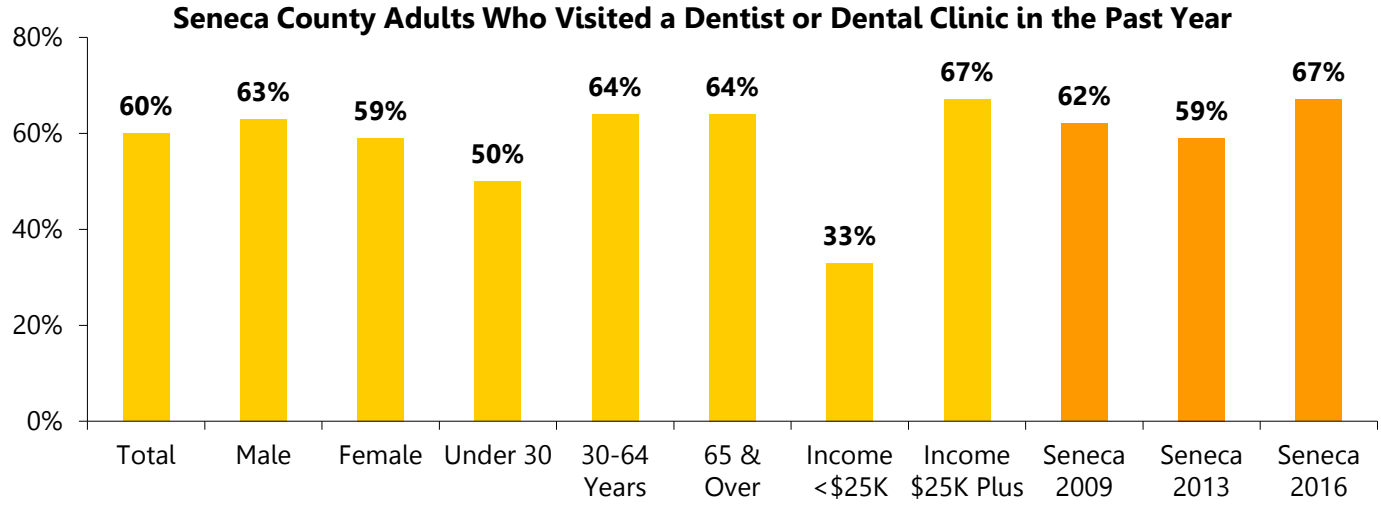
MEN'S HEALTH

Nearly half (47%) of Seneca County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. Four percent (4%) of men survived a heart attack and 2% survived a stroke at some time in their life. Eighty-two percent (82%) of men were overweight or obese, 46% had been diagnosed with high blood cholesterol, 40% had high blood pressure, and 13% were identified as current smokers, known risk factors for cardiovascular diseases.



ORAL HEALTH

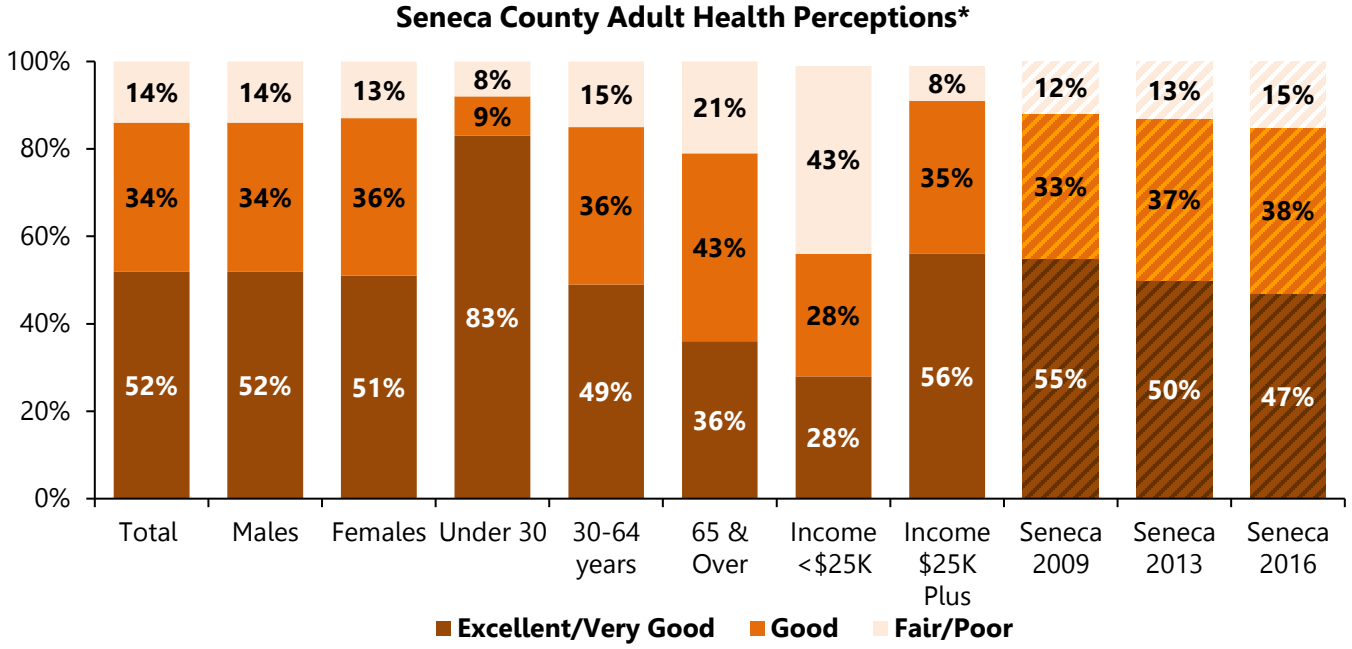
Sixty percent (60%) of Seneca County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (33%); had no reason to go/had not thought of it (18%); and fear, nervousness, pain, dislike going (15%).



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

HEALTH STATUS PERCEPTIONS

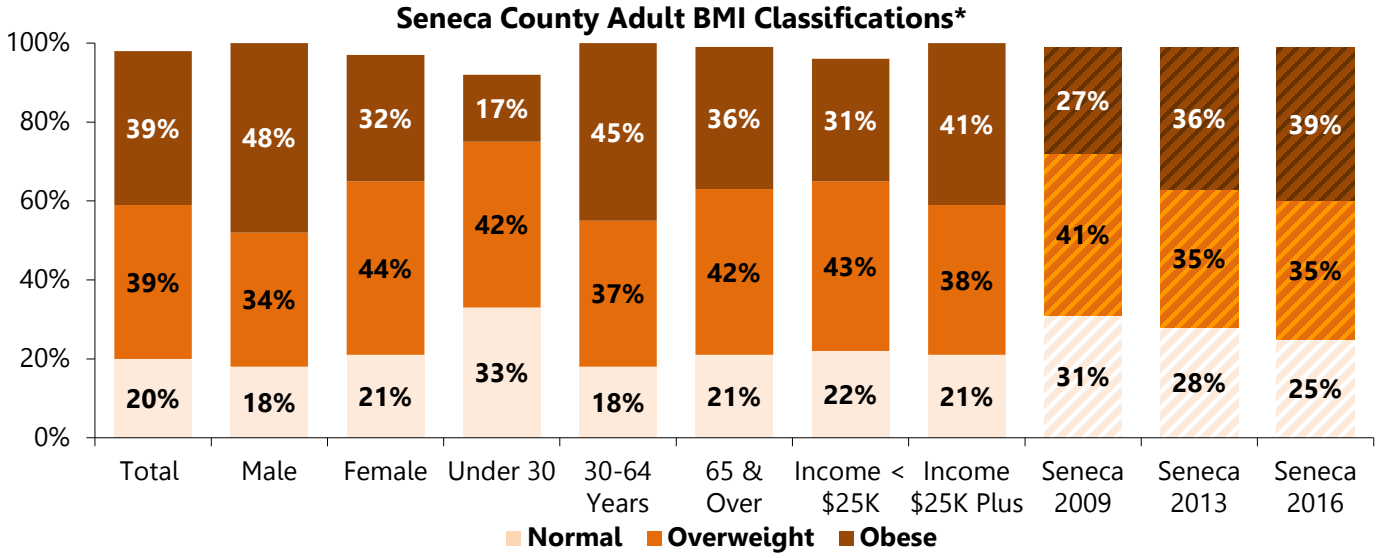
More than half (52%) of Seneca County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 43% of those with incomes less than $25,000.



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

ADULT WEIGHT STATUS

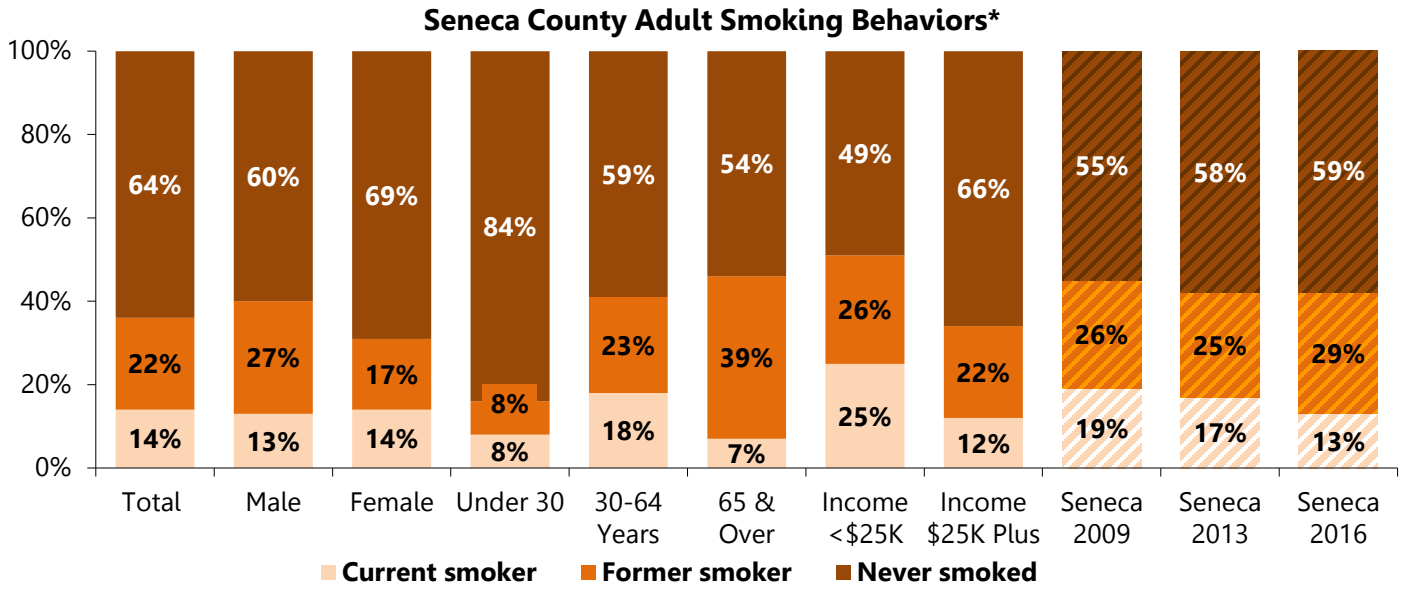
Over three-fourths (78%) of Seneca County adults were overweight or obese based on Body Mass Index (BMI). One-fifth (20%) of adults were not participating in any physical activity in the past week, including 4% who were unable to exercise.



**Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight*
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT TOBACCO USE

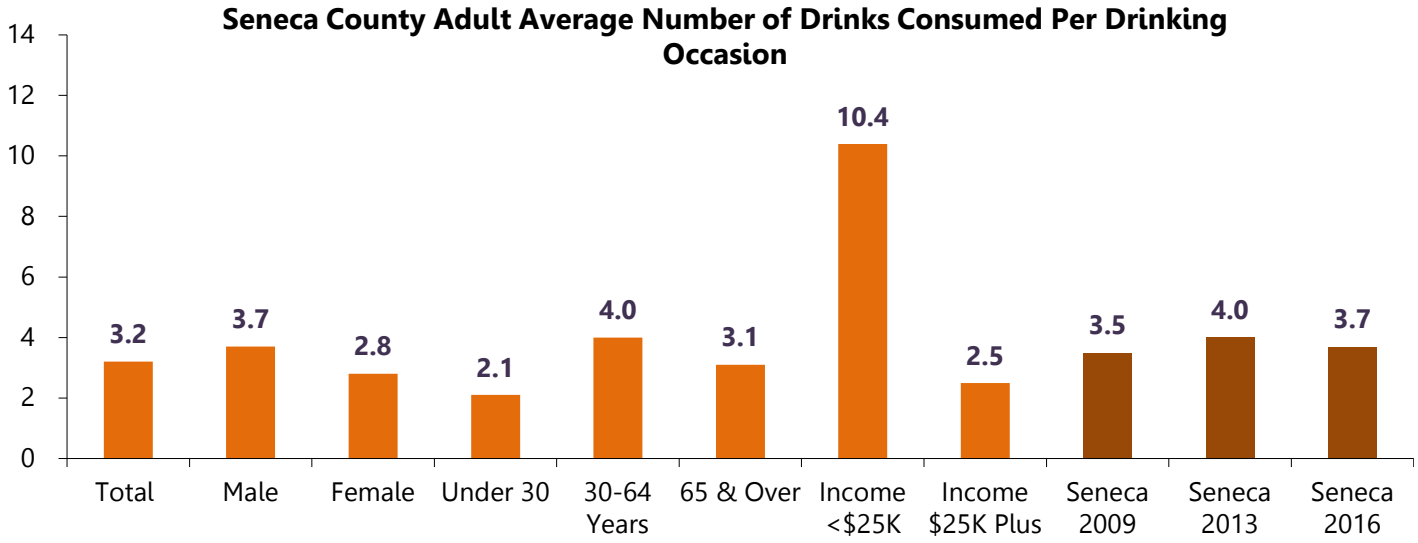
Fourteen percent (14%) of Seneca County adults were current smokers, and 22% were considered former smokers. Six percent (6%) of adults used e-cigarettes in the past year. One-third (33%) of adults did not know if e-cigarette vapor was harmful to themselves or others.



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

ADULT ALCOHOL CONSUMPTION

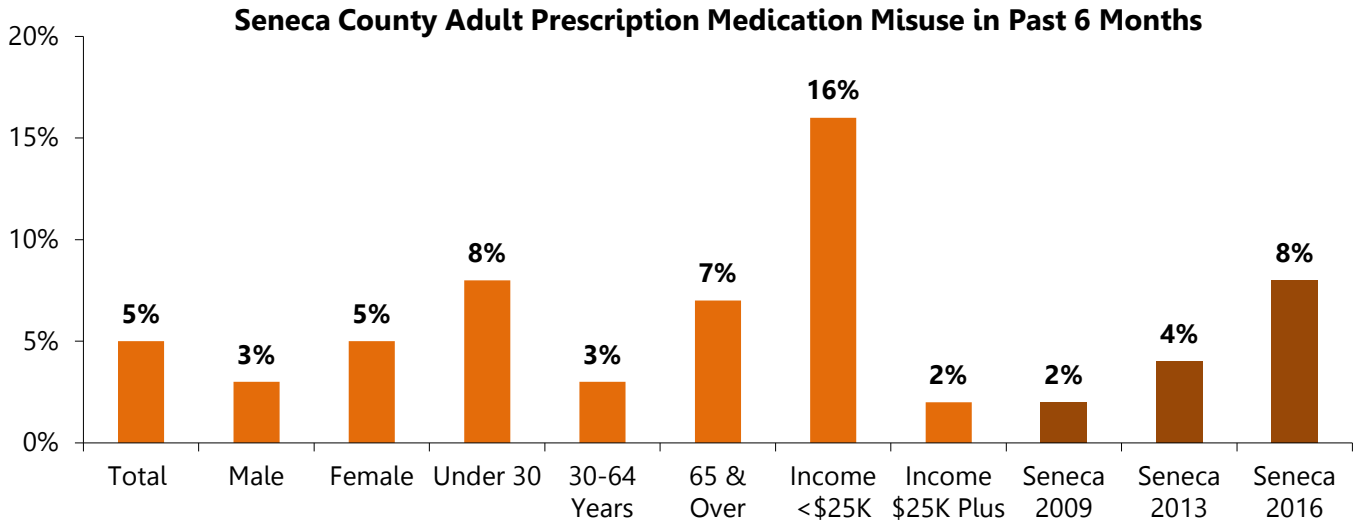
Fifty-eight percent (58%) of Seneca County adults had at least one alcoholic drink in the past month and would be considered current drinkers. More than one-quarter (26%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



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

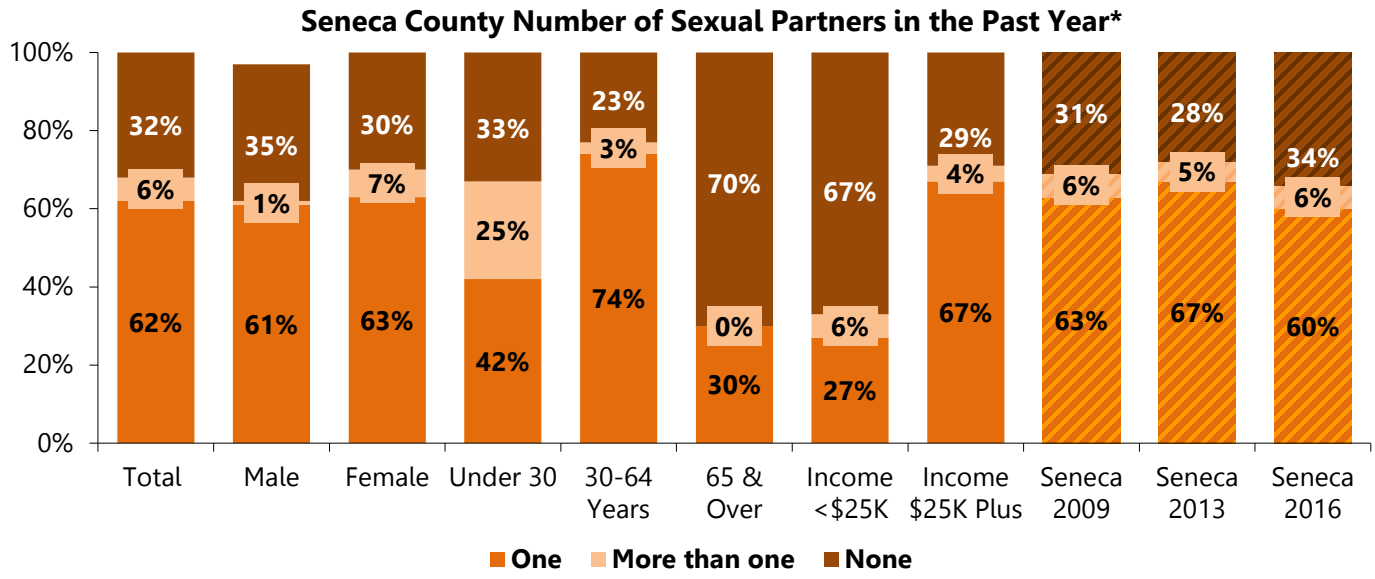
ADULT DRUG USE

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



ADULT SEXUAL BEHAVIOR

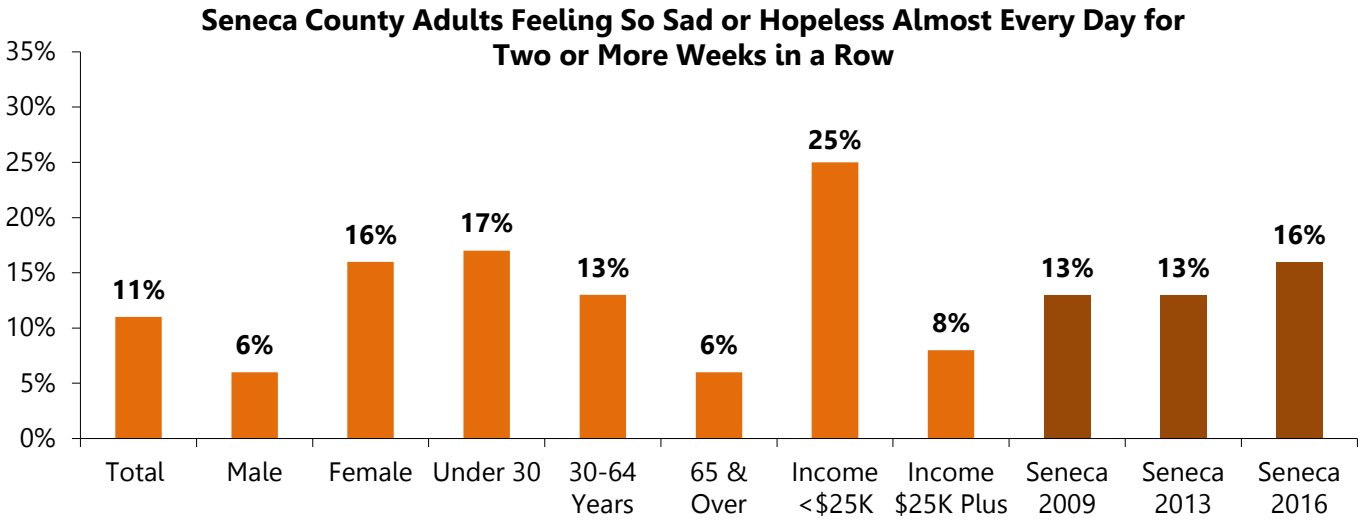
Sixty-eight percent (68%) of Seneca County adults had sexual intercourse in the past year. Six percent (6%) of adults had more than one partner in the past year.



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

ADULT MENTAL HEALTH

Three percent (3%) of Seneca County adults considered attempting suicide in the past year. One-fourth (25%) of adults reported they or family member were diagnosed with or treated for anxiety or emotional problems in the past year.



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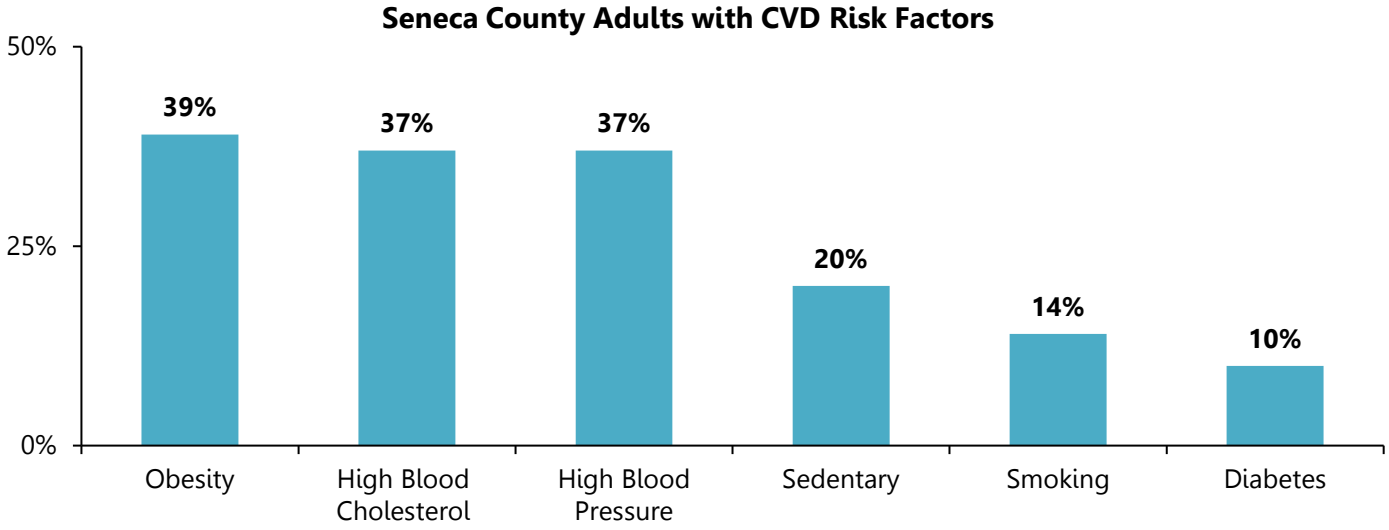
Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Three percent (3%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than one-third (37%) of Seneca County adults had high blood cholesterol, 37% had high blood pressure, 39% were obese, and 14% were current smokers, four known risk factors for heart disease and stroke.

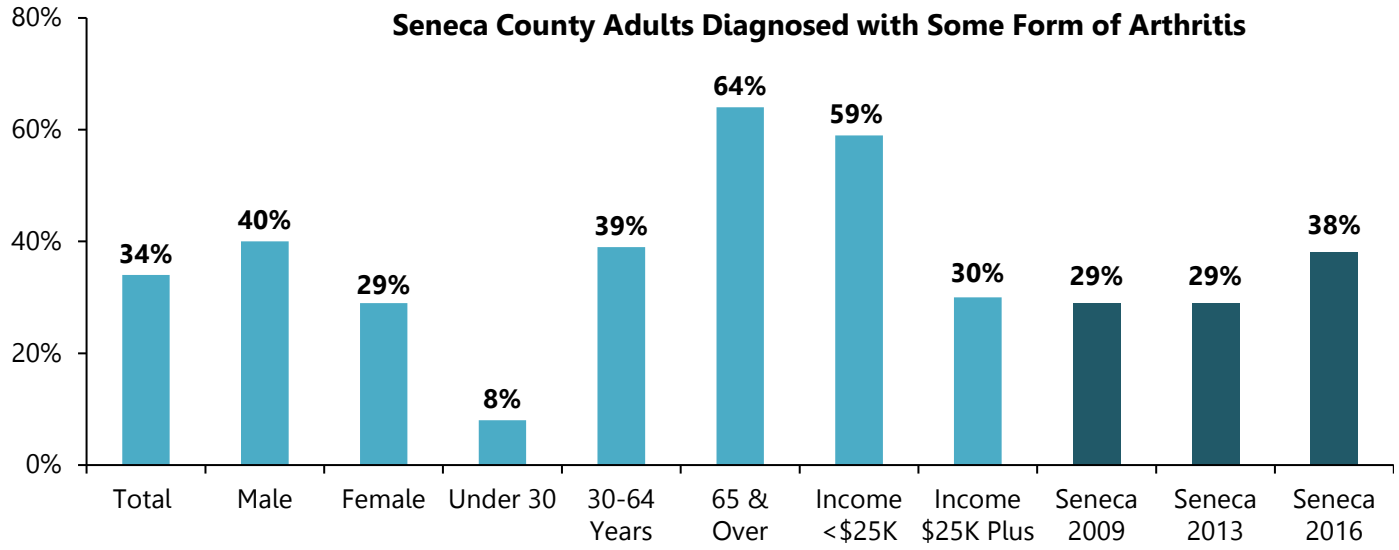


CANCER

Eight percent (8%) of Seneca County adults had been diagnosed with cancer at some time in their life. Thirty-one percent (31%) of adults had been screened for colorectal cancer in the past five years.

ARTHRITIS

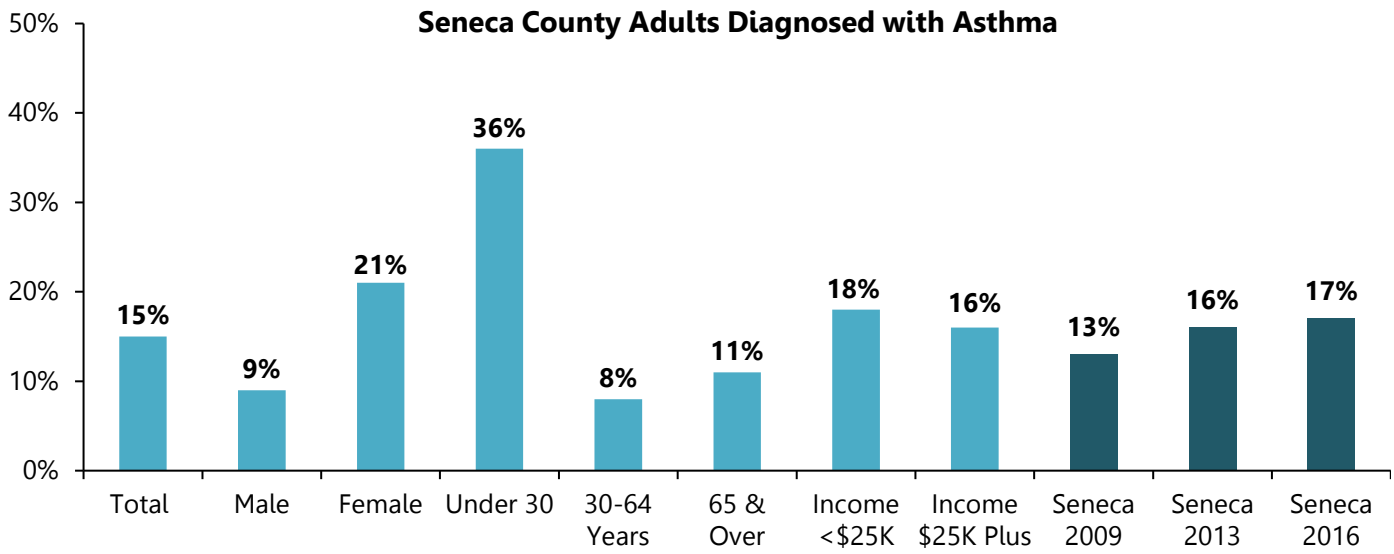
More than one-third (34%) of Seneca County adults were told by a doctor or other health professional that they had some form of arthritis.



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

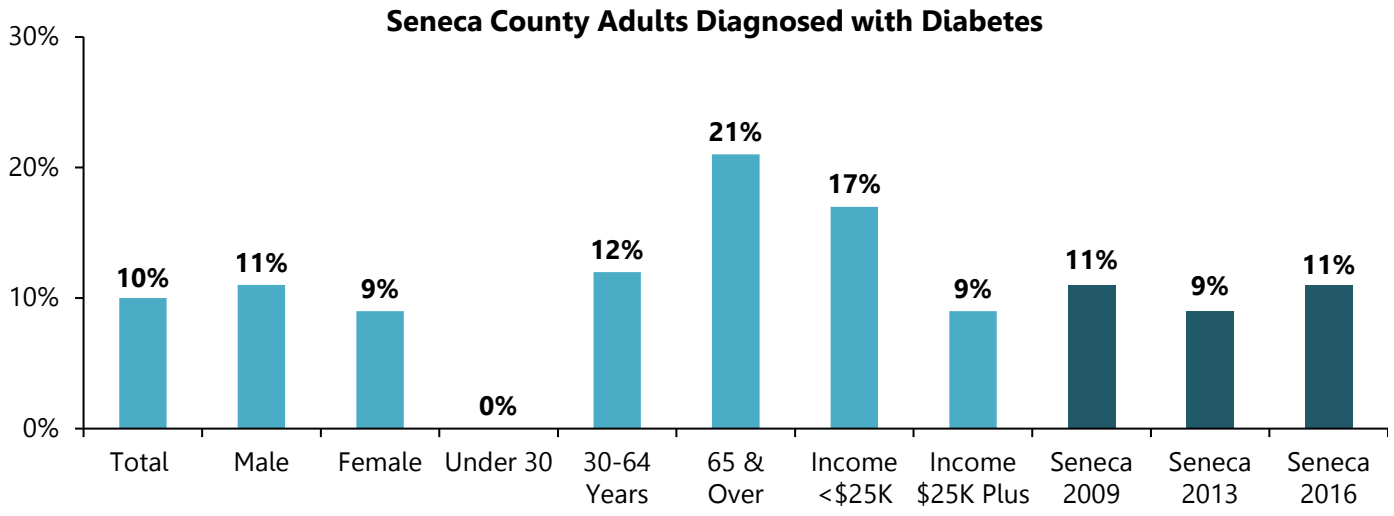
ASTHMA

Fifteen percent (15%) of Seneca County adults had been told by a doctor, nurse, or other health professional that they had asthma.



DIABETES

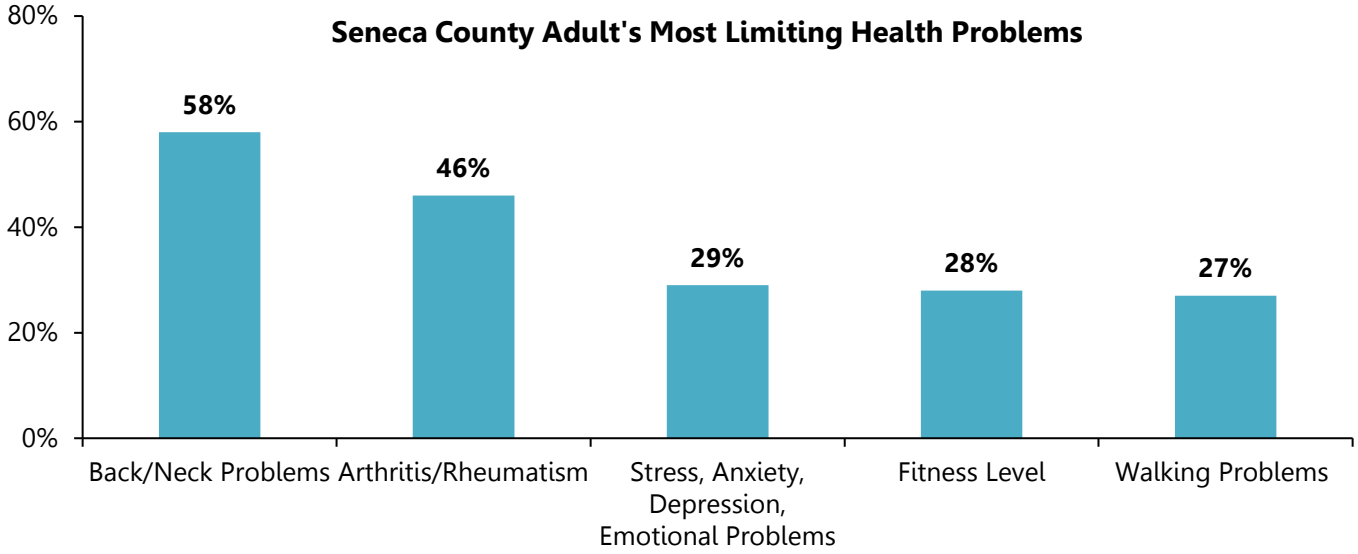
Ten percent (10%) Seneca County adults had ever been diagnosed with diabetes. More than two-fifths (41%) of diabetics rated their health as fair or poor in the past year.



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

QUALITY OF LIFE

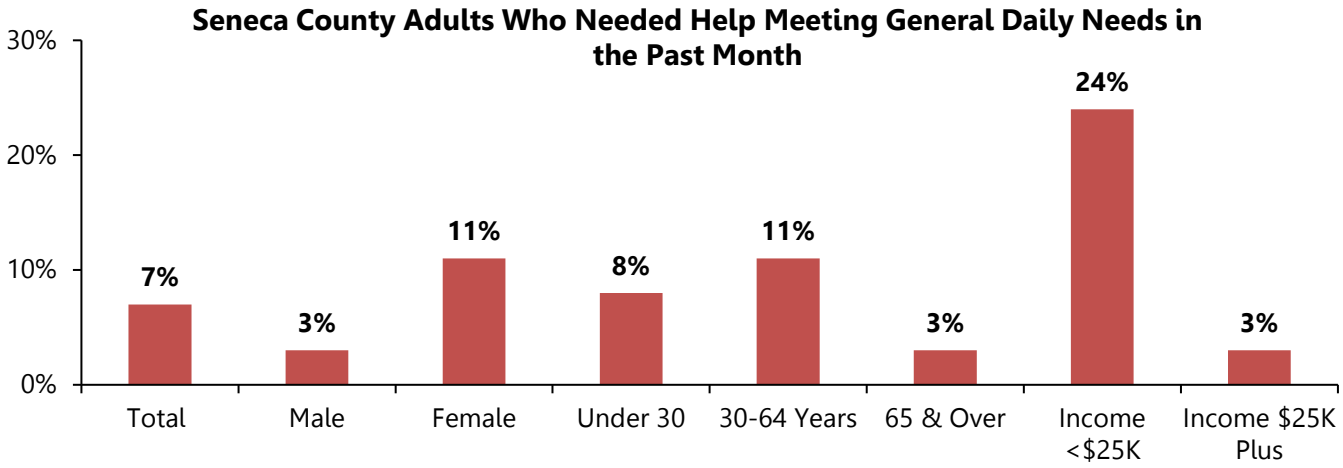
Forty-four percent (44%) of Seneca County adults reported they were limited by any impairment or health problem. The most limiting health problems were back or neck problems (58%); arthritis/rheumatism (46%); stress, depression, anxiety, or emotional problems (29%); and fitness level (28%).



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Six percent (6%) of Seneca County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Thirteen percent (13%) of Seneca County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Fifteen percent (15%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.



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

ENVIRONMENTAL HEALTH

The top three environmental health issues for Seneca County adults that threatened their health in the past year were mold (7%), moisture issues (7%), and insects (5%). Forty-five percent (45%) of adults had a 3-day supply of prescription medication for each person who takes prescribed medicines.

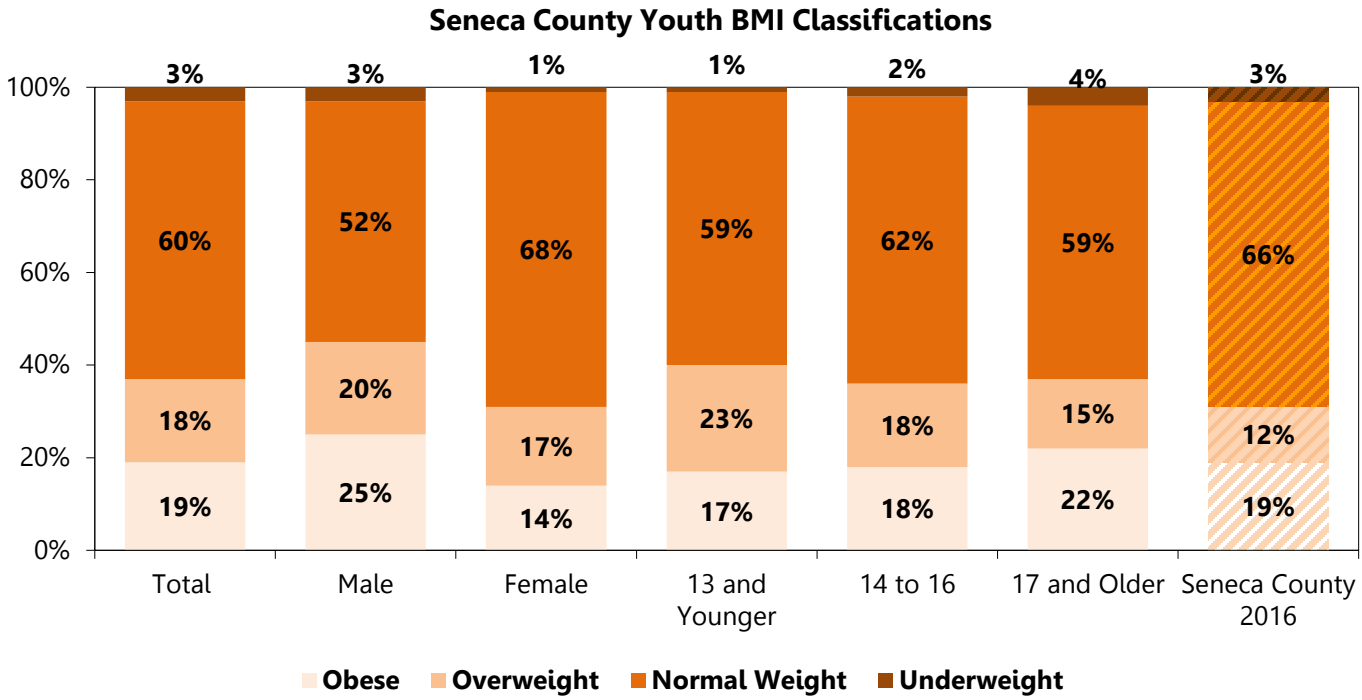
PARENTING

Over half (54%) of Seneca County parents talked to their 12 to 17-year-old about dating and relationships in the past year. Thirteen percent (13%) of adults reported their entire family in their home at a meal together every day of the week.

Data Summary | Youth Health

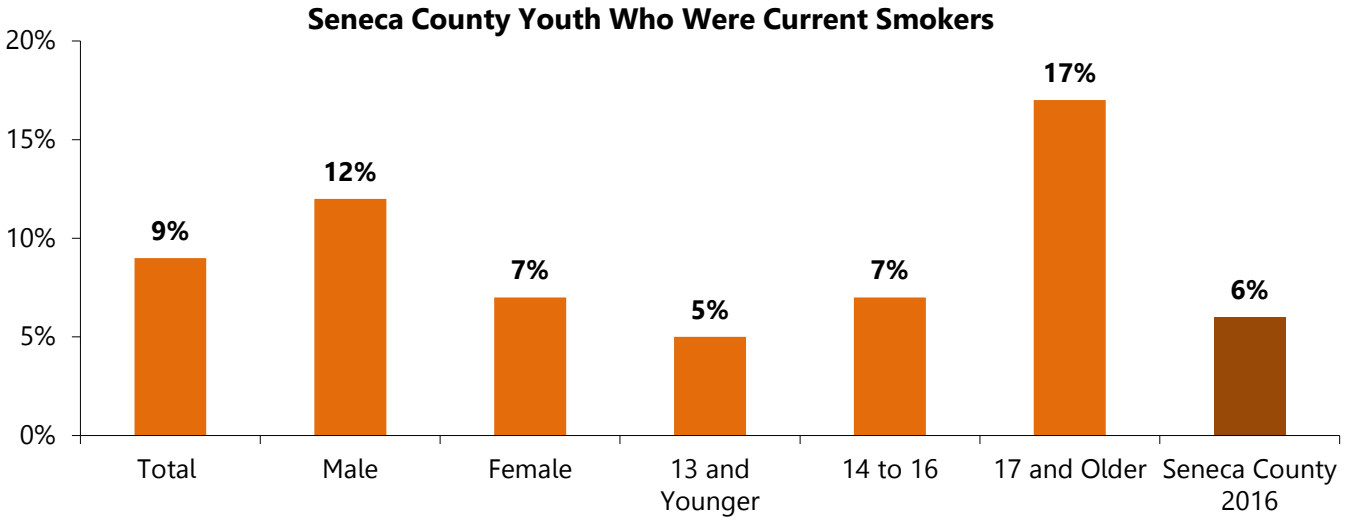
YOUTH WEIGHT STATUS

Nearly one-fifth (19%) of Seneca County youth were obese, according to body mass index (BMI) by age. Ten percent (10%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week. Fourteen percent (14%) of youth ate zero servings of fruit and vegetables per day.



YOUTH TOBACCO USE

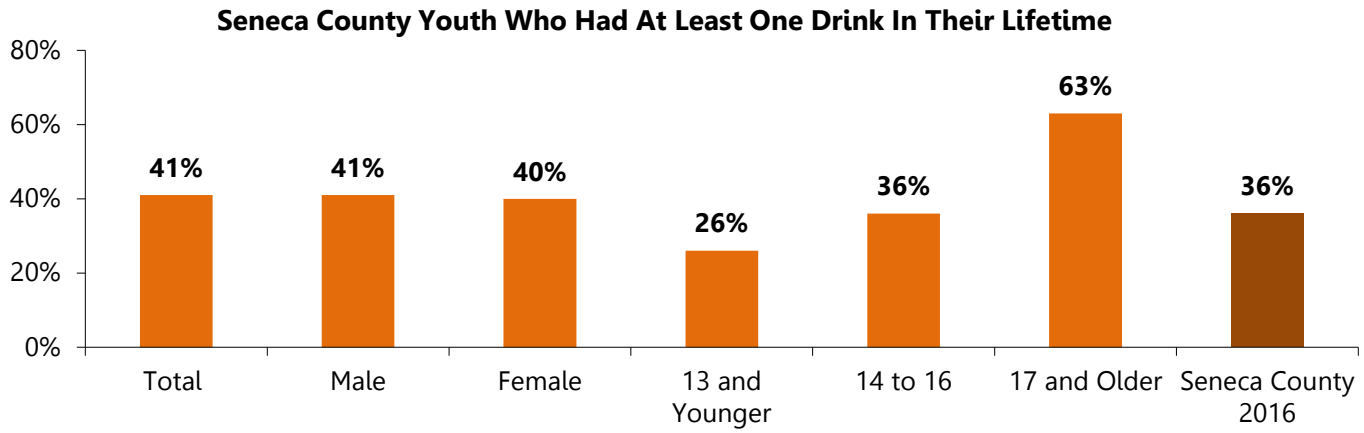
Nine percent (9%) of Seneca County youth were current smokers, increasing to 17% of those ages 17 and older. Twenty-two percent (22%) of youth were current electronic vapor product users, having vaped at some time in the past 30 days.



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

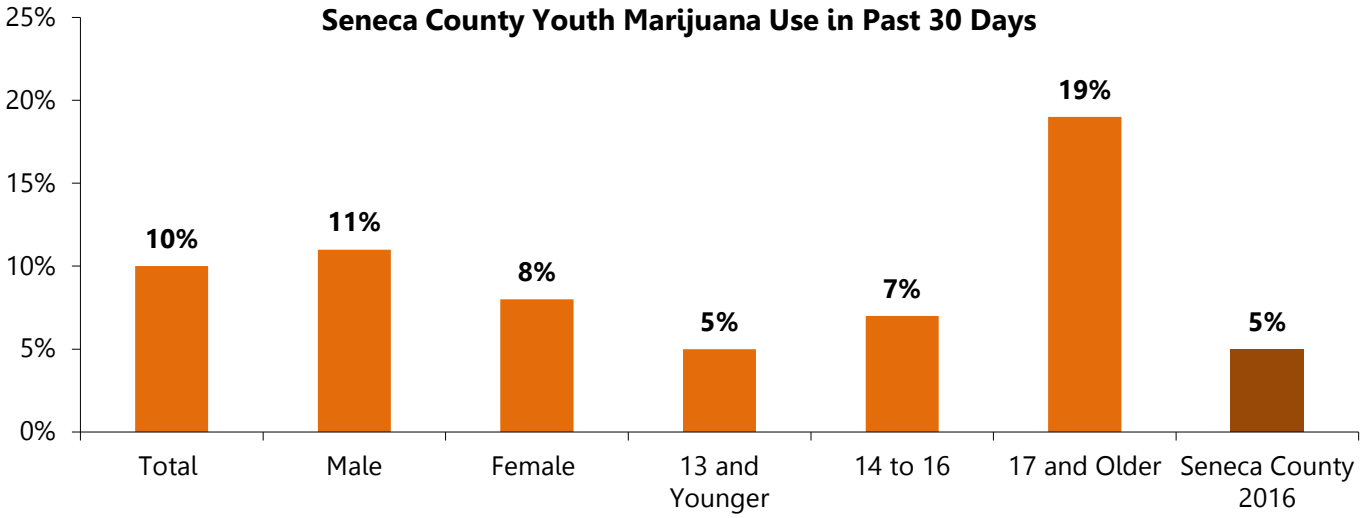
YOUTH ALCOHOL CONSUMPTION

More than two-fifths (41%) of youth had at least one drink of alcohol in their life, increasing to 63% of those ages 17 and older. Fourteen percent (14%) youth had at least one drink in the past 30 days, defining them as a current drinker. Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers.



YOUTH DRUG USE

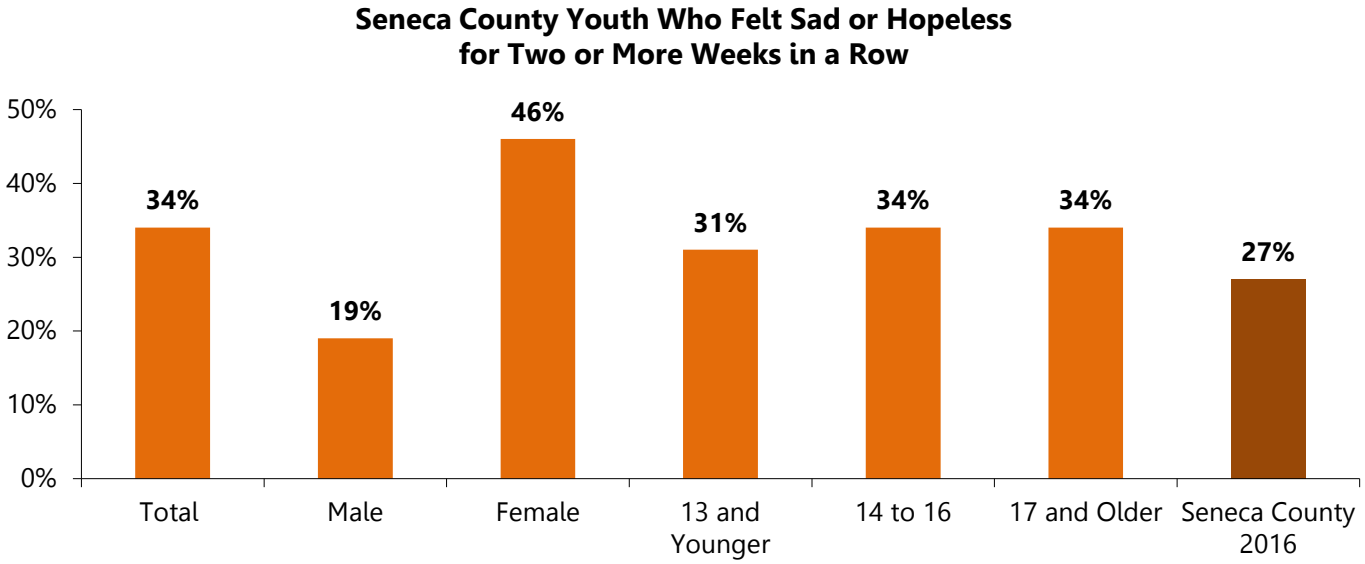
Ten percent (10%) of Seneca County youth used marijuana at least once in the past 30 days, increasing to 19% of those ages 17 and older. Ten percent (10%) took over the counter medications to get high one or more times in their life.



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.

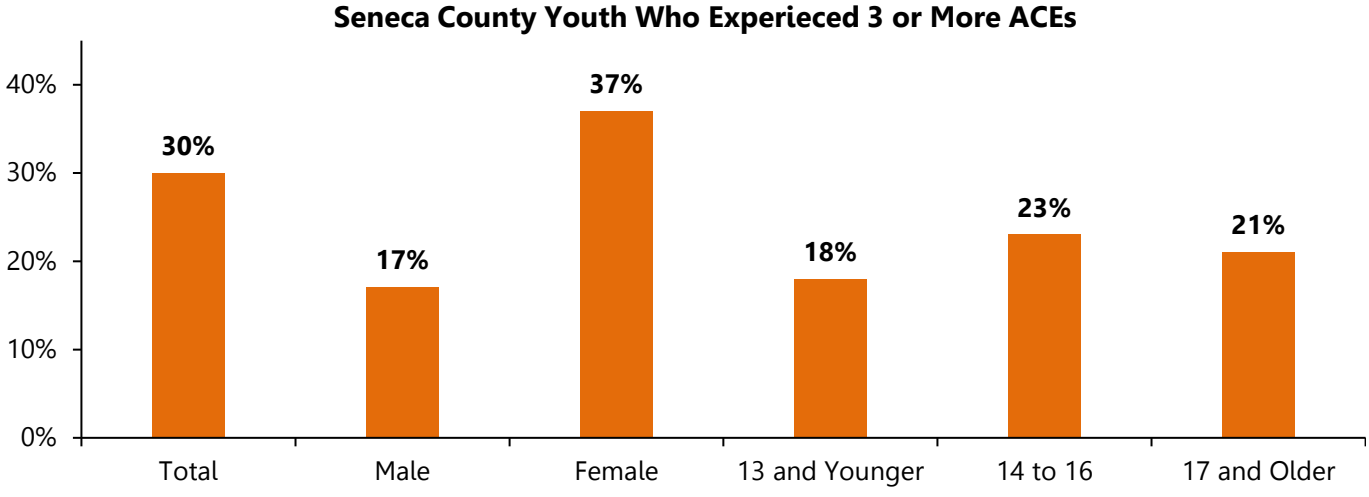
YOUTH MENTAL HEALTH

Thirty percent (30%) of youth had seen a health care provider for a mental health problem in the past year. In the past year, 34% of youth felt sad or hopeless almost every day for two weeks or more in row, increasing to 46% of females.



YOUTH SOCIAL DETERMINANTS OF HEALTH

Thirty percent (30%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime. Ninety percent (90%) of youth reported they felt safe in their neighborhood.



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

YOUTH VIOLENCE

One-quarter (25%) of youth had been bullied on school property in the past year. In the past year, 8% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school.

Adult Trend Summary

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Healthcare Coverage, Access, and Utilization						
Uninsured	11%	15%	8%	9%	9%	11%
Visited a doctor for a routine checkup (in the past 12 months)	52%	57%	68%	68%	72%	70%
Unable to see a doctor due to cost	16%	19%	12%	12%	11%	13%
Had at least one person they thought of as their personal doctor or health care provider	86%	88%	81%	90%	81%	77%
Preventive Medicine						
Had a pneumonia vaccination (age 65 and over)	N/A	46%	58%	80%	76%	75%
Had a flu shot within the past year (age 65 and older)	38%	44%	71%	72%	63%	60%
Ever had a shingles or zoster vaccine	N/A	5%	13%	19%	29%	29%
Had a clinical breast exam in the past two years (age 40 and over)	N/A	65%	64%	60%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	N/A	68%	69%	69%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)	N/A	72%	67%	67%*	82%*	80%*
Had a PSA test in within the past two years (age 40 and over)	N/A	52%	N/A	53%	39%*	40%*
Oral Health						
Visited a dentist or dental clinic (within the past year)	62%	59%	67%	60%	68%*	66%*
Visited a dentist or dental clinic (5 or more years ago)	11%	13%	10%	9%	11%*	10%*
Health Status Perceptions						
Rated general health as good, very good, or excellent	88%	87%	85%	87%	81%	83%
Rated general health as excellent or very good	55%	50%	47%	52%	49%	51%
Rated general health as fair or poor	12%	13%	15%	14%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	21%	20%	22%	23%	22%*	22%*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	N/A	3.7	3.8	3.1	4.0¥	3.7¥
Rated mental health as not good on four or more days (in the past 30 days)	16%	23%	27%	25%	24%*	23%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	N/A	4.6	3.8	3.3	4.3¥	3.8¥
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	12%	23%	26%	24%	22%*	22%*

N/A - Not Available
**2016 BRFSS*
¥2016 BRFSS data as compiled by 2018 County Health Rankings
Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Weight Status						
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	27%	36%	39%	39%	34%	32%
Overweight (BMI of 25.0 – 29.9)	41%	35%	35%	39%	34%	35%
Normal weight (BMI of 18.5 – 24.9)	31%	28%	25%	20%	30%	32%
Tobacco Use						
Current smoker (currently smoke some or all days)	19%	17%	13%	14%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	25%	29%	22%	24%	25%
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	56%	47%	56%	58%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	21%	19%	19%	26%	19%	17%
Drove after having perhaps too much alcohol to drink	N/A	N/A	7%	4%	4%*	4%*
Drug Use						
Adults who used marijuana in the past 6 months	5%	5%	4%	5%	N/A	N/A
Adults who used recreational drugs in the past 6 months	0%	<1%	1%	6%	N/A	N/A
Adults who misused prescription medication in the past 6 months	2%	4%	8%	5%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	6%	5%	6%	6%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	4%	4%	6%	3%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	3%	<1%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	13%	13%	16%	11%	N/A	N/A
Cardiovascular Health						
Had angina or coronary heart disease	N/A	6%	5%	8%	5%	4%
Had a heart attack	5%	7%	6%	3%	6%	4%
Had a stroke	3%	2%	2%	3%	4%	3%
Had high blood pressure	33%	30%	28%	37%	35%	32%
Had high blood cholesterol	31%	36%	37%	37%	33%	33%
Had blood cholesterol checked within past 5 years	N/A	79%	79%	83%	85%	86%

N/A - Not Available
**2016 BRFSS Data*
Indicates alignment with Ohio SHA

Adult Variables	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Arthritis, Asthma, and Diabetes						
Had been diagnosed with arthritis	29%	29%	38%	34%	29%	25%
Had been diagnosed with asthma	13%	16%	17%	15%	14%	14%
Had been diagnosed with diabetes	11%	9%	11%	10%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	N/A	6%	7%	8%	2%	2%
Ever diagnosed with pregnancy related diabetes	N/A	N/A	5%	3%	1%	1%

N/A - Not Available

Indicates alignment with Ohio SHA

Youth Trend Summary

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 (9th-12th)
Weight Status						
Obese	13%	17%	19%	19%	19%	15%
Overweight	14%	14%	12%	18%	17%	16%
Were trying to lose weight	50%	48%	48%	52%	48%	47%
Ate 5 or more servings of fruits and/or vegetables per day	N/A	10%	3%	10%	10%	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	6%	8%	14%	14%	N/A
Physically active at least 60 minutes per day on every day in past week	29%	21%	32%	26%	24%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	54%	43%	53%	60%	57%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	8%	16%	9%	10%	10%	15%
Watched 3 or more hours per day of television (on an average school day)	N/A	N/A	37%	19%	14%	21%
Tobacco Use						
Current smoker (smoked on at least 1 day during the past 30 days)	11%	9%	6%	9%	11%	9%
Current cigar smoker (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days)	N/A	N/A	N/A	8%	9%	8%
Current electronic vapor product user (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days)	N/A	N/A	N/A	22%	26%	13%
Current smokeless tobacco user (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products—such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs—not counting any electronic vapor products, on at least 1 day during the 30 days)	N/A	N/A	N/A	4%	5%	6%

Indicates alignment with Ohio SHA
N/A – Not Available
Note: Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	60%	50%	36%	41%	47%	60%
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	29%	20%	11%	14%	17%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least 1 day during the past 30 days)	18%	11%	5%	7%	9%	14%
Drank for the first time before age 13 (of all youth)	25%	17%	11%	16%	13%	16%
Drank and drove (of youth drivers)	4%	5%	2%	2%	2%	6%
Drug Use						
Ever used marijuana (one or more times during their life)	N/A	N/A	N/A	21%	27%	36%
Currently use marijuana (in the past 30 days)	10%	9%	5%	10%	12%	20%
Tried marijuana for the first time before age 13	N/A	3%	4%	3%	3%	7%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	10%	7%	4%	11%*	11%*	14%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	9%	5%	2%	5%	6%	20%
Mental Health						
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	21%	23%	27%	34%	34%	32%
Social Determinants of Health						
Visited a doctor or other healthcare professional (for a routine check-up in the past year)	66%	68%	65%	52%	57%	N/A
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	74%	70%	67%	69%	74%**
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	19%	21%	14%	14%	10%	17%

N/A – Not Available
Note: Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.
**OHYES questionnaire asked this question slightly different from the YRBSS. Please compare with caution*
***Comparative YRBS data for U.S. is 2015*

Youth Variables	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Violence						
Were in a physical fight (in the past 12 months)	N/A	N/A	N/A	20%	20%	24%
Were in a physical fight on school property (in the past 12 months)	N/A	N/A	N/A	8%	6%	9%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	5%	5%	11%	11%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	5%	4%	8%	7%	7%
Bullied on school property (in the past year)	N/A	33%	26%	25%	23%	19%
Electronically bullied (bullied through e-mail, chat rooms, instant messaging, websites or texting in the past year)	10%	13%	9%	10%	10%	15%

N/A – Not Available
Note: Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.

Health Care Access: Health Care Coverage

Key Findings

Nine percent (9%) of Seneca County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under $25,000 (15%). The main reason adults gave for being without health care coverage were because they lost their job or changed employers (41%).

Health Coverage

- In 2019, 91% Seneca County adults had health care coverage, leaving 9% of adults uninsured.
- Sixteen percent (16%) of adults with children did not have health care coverage, compared to 8% of those who did not have children living in their household.
- Adults used the following types of health coverage: employer (50%); someone else's employer (16%); Medicare (15%); self-paid plan (6%); Medicaid or medical assistance (5%); multiple, including private sources (3%); multiple, including government sources (2%); Health Insurance Marketplace (2%); and military, CHAMPUS, TriCare, CHAMPVA, or the VA (1%).
- Seneca County adult health care coverage included the following: medical (97%), prescription coverage (95%), preventive health (75%), immunizations (73%), outpatient therapy (73%), dental (69%), vision/eye glasses (64%), mental health (53%), durable medical equipment (42%), alcohol and drug treatment (37%), home care (30%), hospice (31%), skilled nursing/assisted living (26%), and transportation (15%).

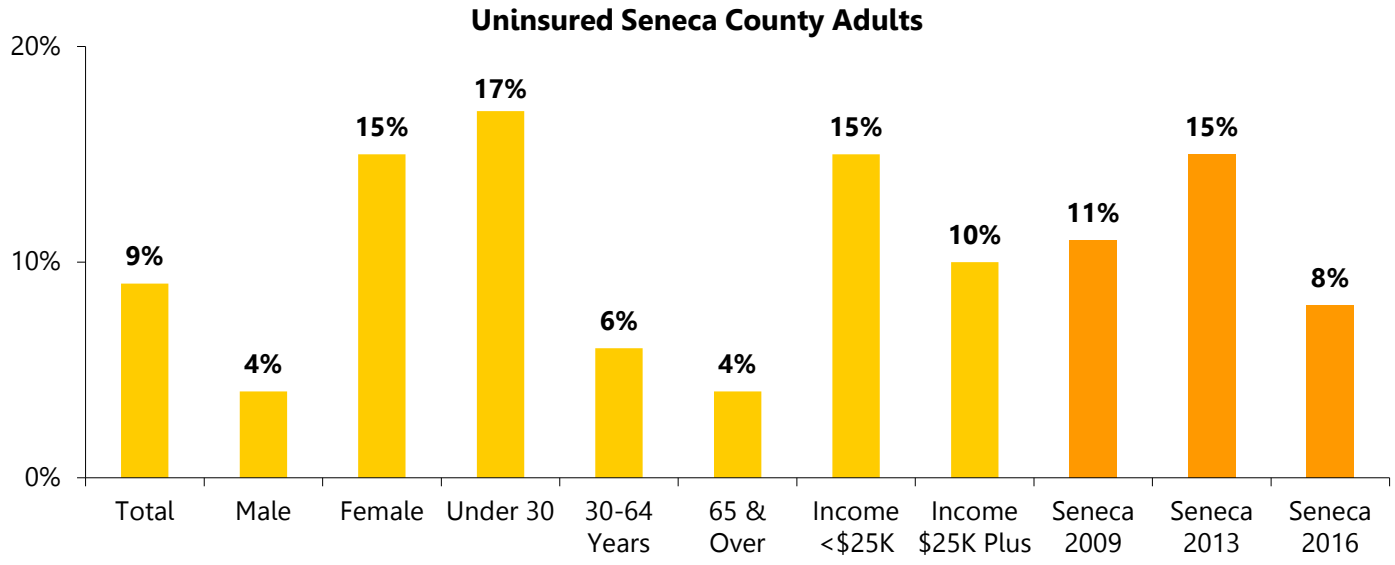
3,815 of Seneca County adults were uninsured.

- Seneca County adults had the following issues regarding their health care coverage:
  - Cost (38%)
  - Opted out of certain coverage because they could not afford it (11%)
  - Service not deemed medically necessary (9%)
  - Could not understand their insurance plan (7%)
  - Limited visits (6%)
  - Pre-existing conditions (6%)
  - Working with their insurance company (5%)
  - Opted out of certain coverage because they did not need it (5%)
  - Service no longer covered (4%)
  - Provider no longer covered (4%)
- The top 3 reasons uninsured adults gave for being without health care coverage were:
  - They lost their job or changed employers (41%)
  - They became ineligible (34%)
  - They could not afford to pay the insurance premiums (20%)

Note: Percentages do not equal 100% because respondents could select more than one reason

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Uninsured	11%	15%	8%	9%	9%	11%

The following graph shows the percentage of Seneca County adults who were uninsured. An example of how to interpret the information in the graph includes: 9% of all adults were uninsured, including 15% of those with an income less than $25,000. The pie chart shows sources of Seneca County adults' health care coverage.



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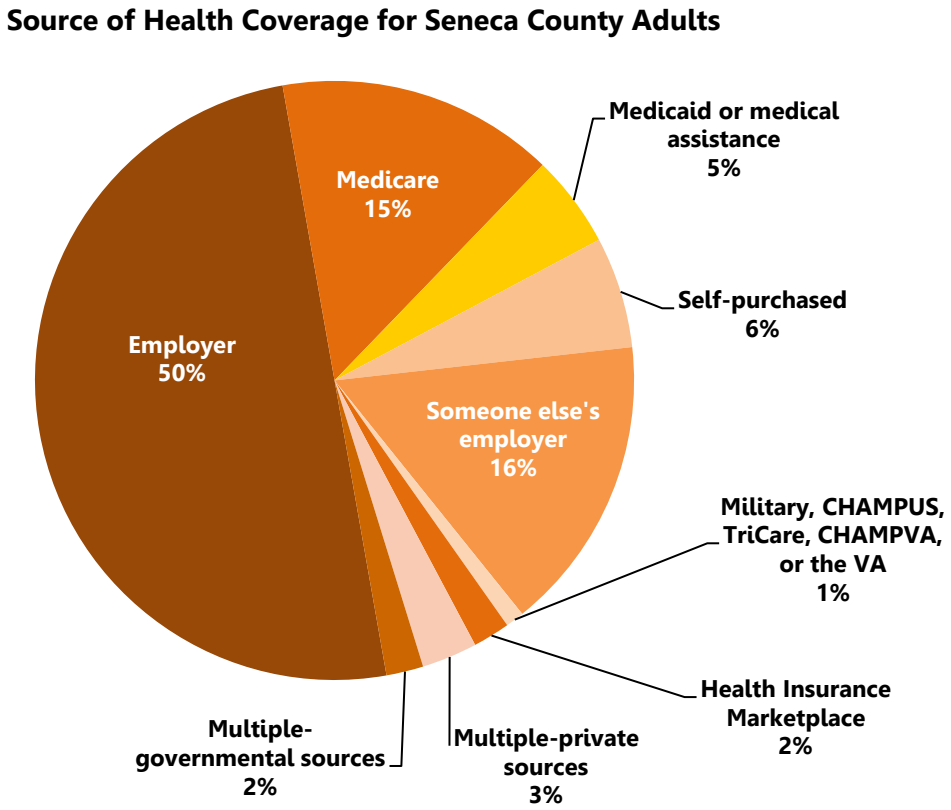


The following chart shows what is included in Seneca County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	97%	<1%	2%
Prescription Coverage	95%	4%	1%
Preventive Health	75%	4%	21%
Immunizations	73%	2%	25%
Outpatient Therapy (ex: occupational therapy, physical therapy)	73%	4%	23%
Dental	69%	30%	1%
Vision/Eye Glasses	64%	29%	7%
Mental Health	53%	4%	43%
Durable Medical Equipment	42%	4%	54%
Alcohol and Drug Treatment	37%	7%	56%
Home Care	30%	7%	63%
Hospice	31%	4%	65%
Skilled Nursing/Assisted Living (ex: inpatient rehab/therapy)	26%	5%	69%
Transportation	15%	22%	63%

Healthy People 2020
Access to Health Services (AHS)

Objective	Seneca County 2019	Ohio 2017	U.S. 2016*	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health insurance	60% age 20-24 85% age 25-34 97% age 35-44 90% age 45-54 96% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

**U.S. baseline is age-adjusted to the 2000 population standard*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2019 Seneca County Health Assessment)

Health Care Access: Access and Utilization

Key Findings

Sixty-eight percent (68%) of Seneca County adults had visited a doctor for a routine checkup in the past year. Sixty-one percent (61%) of adults went outside of Seneca County for health care services in the past year.

Health care Access

- More than two-thirds (68%) of Seneca County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.

- More than three-fifths (63%) of adults reported they had one person they thought of as their personal doctor or health care provider. Twenty-seven percent (27%) of adults had more than one person they thought of as their personal health care provider, and 10% did not have one at all.

- Twenty-one percent (21%) of adults indicated they had no usual place for health care services.

- Reasons for not having a usual source of medical care included: had not needed a doctor (5%), cost (3%), no insurance (2%), previous doctor unavailable/moved (2%), did not know where to go (2%), had two or more usual places (1%), do not like/trust/believe in doctors (1%), did not accept Medicare or Medicaid (<1%), and other reasons (2%).

- Sixty-one percent (61%) of adults went outside of Seneca County for the following health care services in the past year: primary care (47%), specialty care (40%), dental services (30%), obstetrics/gynecology (15%), orthopedic care (11%), pediatric care (9%), cardiac care (8%), mental health care/counseling services (8%), neurological services (7%), female health services (6%), addiction services (4%), cancer care (4%), pediatric therapies (2%), developmental disability services (1%), and other services (21%).

- Adults visited the following places for health care services or advice:
  - Doctor's office (71%)
  - Multiple places, including a doctor's office (7%)
  - Internet (4%)
  - Family and friends (4%)
  - Urgent care center (3%)
  - Multiple places, not including a doctor's office (3%)
  - Hospital emergency room (2%)
  - In-store health clinic (1%)
  - Alternative therapies (1%)
  - Community health center (1%)
  - Department of Veteran's Affairs (VA) (1%)
  - Health Partners of Western Ohio (<1%)
  - Some other kind of place (<1%)
  - Chiropractor (<1%)
  - Health department (<1%)

- In the past year, 12% of Seneca County adults needed to see a doctor/health care professional but could not because of cost, increasing to 19% of those with incomes less than $25,000.

- Seneca County adults did not get the following major or preventive care because of cost: medication (13%), Pap smear (9%), lab testing (8%), mammogram (7%), colonoscopy (7%), surgery (7%), immunizations (2%), mental health services (6%), weight loss program (4%), alcohol or drug treatment (3%), family planning services (2%), prostate-specific antigen (PSA) test (2%), and smoking cessation (2%).

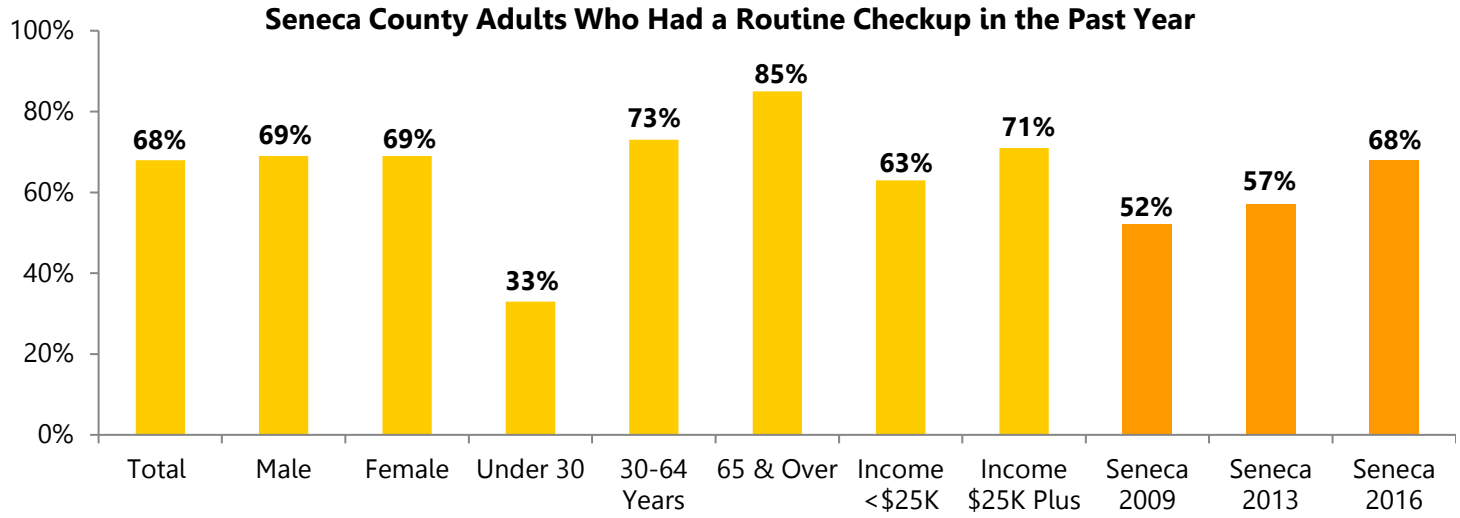
- Over one-quarter (30%) of adults did not get their prescriptions from their doctor filled in the past year. Of those who did not get their prescriptions filled, they gave the following reasons: too expensive (48%), they did not think they needed it (34%), there was no generic equivalent (21%), side effects (13%), they stretched their current prescription by taking less than prescribed (10%), they did not have insurance (10%), they were taking too many medications (5%), and transportation (2%). Thirty-two percent (32%) of adults had no prescriptions to be filled.

- Seneca County adults had the following transportation issues when they needed services: no car (5%), no driver's license/suspended license (3%), limited public transportation available or accessible (2%), cost of public or private transportation (2%), could not afford gas (2%), did not feel safe to drive (2%), disabled (1%), no car insurance (1%), no public transportation available or accessible (1%), no transportation before or after 8 a.m.-4:30 p.m. (1%), and other car issues/expenses (1%).

- Six percent (6%) of adults reported two or more transportation issues when they needed services.

- Seneca County adults used the following alternative therapies in their lifetime:
  - Reflexology (43%)
  - Massage (31%)
  - Yoga or tai chi (13%)
  - Acupuncture (7%)
  - Aromatherapy (4%)
  - Herbalism (4%)
  - Hypnosis (4%)
  - Reiki (2%)
  - Another alternative therapy (7%)

The following graph shows the percentage of Seneca County adults who had a routine checkup in the past year. An example of how to interpret the information in the graph includes: 68% of all adults had a routine check-up in the past year, including 69% of males and 85% of those ages 65 and older.



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

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Visited a doctor for a routine checkup (in the past 12 months)	52%	57%	68%	68%	72%	70%
Unable to see a doctor due to cost	16%	19%	12%	12%	11%	13%
Had at least one person they thought of as their personal doctor or health care provider	86%	88%	81%	90%	81%	77%

Availability of Services

- Seneca County adults reported they had looked for the following programs: depression, anxiety or mental health (12%); eldercare (4%); weight problems (3%); disability (3%); family planning (3%); end-of-life/hospice care (2%); drug abuse (2%); detoxification for opiates/heroin (2%); assist in care for the disabled (2%); alcohol abuse (1%); marital or family problems (1%); and tobacco cessation (<1%).

Seneca County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Seneca County adults who have looked but have NOT found a specific program	Seneca County adults who have looked and have found a specific program
Depression, anxiety, or some other mental health problem (12% of all adults looked)	22%	78%
Elderly care (4% of all adults looked)	16%	84%
Disability (3% of all adults looked)	64%	36%
Family planning (3% of all adults looked)	0%	100%
Weight problem (3% of all adults looked)	22%	78%
End of life/hospice care (2% of all adults looked)	0%	100%
Drug abuse (2% of all adults looked)	86%	14%
Detoxification for opiates/heroin (2% of all adults looked)	100%	0%
Assist in care for the disabled (2% of all adults looked)	29%	71%
Marital/family problems (1% of all adults looked)	0%	100%
Alcohol abuse (1% of all adults looked)	50%	50%
Tobacco cessation (<1% of all adults looked)	100%	0%

Health Care Access: Preventive Medicine

Key Findings

Eighty percent (80%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Fifty percent (50%) of Seneca County adults had a flu vaccine during the past 12 months, increasing to 72% of adults ages 65 and over.

Preventive Medicine

- Fifty percent (50%) of Seneca County adults had a flu vaccine during the past 12 months, increasing to 72% of adults ages 65 and over.
- Thirty-one percent (31%) of adults had a pneumonia vaccine in their life, increasing to 80% of those ages 65 and over.
- Seneca County adults had the following vaccines:
  - MMR (measles) in their lifetime (78%)
  - Tetanus, diphtheria, and pertussis (Tdap or Td) in the past 10 years (66%)
  - Tetanus booster (including Tdap) in the past 10 years (66%)
  - Chicken pox in their lifetime (51%)
  - Hepatitis B in their lifetime (47%)
  - Hepatitis A in their lifetime (35%)
  - Zoster (shingles) vaccine in their lifetime (19%)
  - Human papillomavirus (HPV) vaccine in their lifetime (13%)

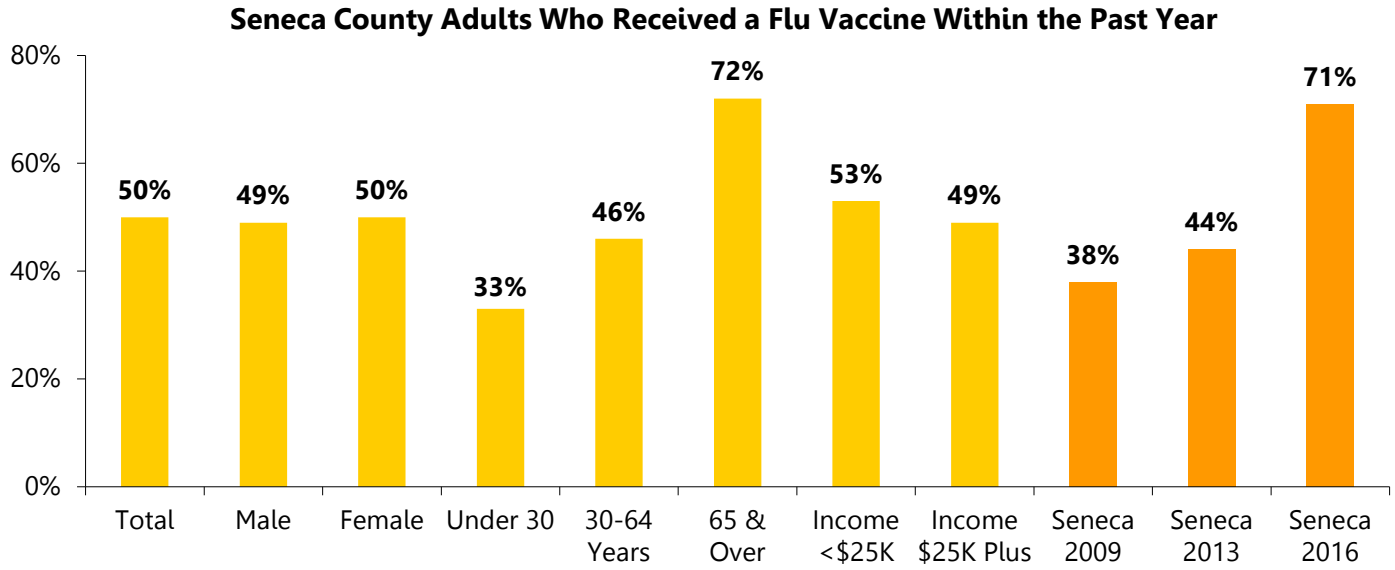
Preventive Health Screenings and Exams

- In the past year, 54% of Seneca County women ages 40 and over had a mammogram.
- Eighty-four percent (84%) of males age 50 and over had a PSA test at some time in their life, and 47% had one in the past year.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Seneca County adults.

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Had a pneumonia vaccination (age 65 and over)	N/A	46%	58%	80%	76%	75%
Had a flu shot within the past year (age 65 and older)	38%	44%	71%	72%	63%	60%
Ever had a shingles or zoster vaccine	N/A	5%	13%	19%	29%	29%

N/A – Not Available

The following graph shows the percentages of Seneca County adults who received a flu vaccine within the past year. An example of how to interpret the information in the graph includes: 50% of all adults received the flu vaccine in the past year, including 49% of males and 72% of those ages 65 and older.



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

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Healthy People 2020
Immunization and Infectious Diseases (IID)

Objective	Seneca County 2019	Ohio 2017	U.S. 2017	Healthy People 2020 Target
IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	72%	63%	60%	90%
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	80%	76%	75%	90%
IID-14: Increase the percentage of adults who are vaccinated against zoster (shingles)	19%	29%	29%	30%

Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2017 BRFSS, 2019 Seneca County Health Assessment)

Health Care Access: Women's Health

Key Findings

Fifty-four percent (54%) of Seneca County women over the age of 40 reported having a mammogram in the past year. Fifty percent (50%) of women had a clinical breast exam and 32% had a Pap smear to detect cancer of the cervix in the past year. Sixty-five percent (675%) of Seneca County women were overweight or obese, 33% had high blood pressure, 29% had high blood cholesterol, and 14% were identified as current smokers, known risk factors for cardiovascular diseases.

Seneca County Female
Leading Causes of Death, 2015–2017

Total female deaths: 924

1. Heart Disease (26% of all deaths)
2. Cancer (19%)
3. Alzheimer's Disease (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Stroke (6%)

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

Ohio Female
Leading Causes of Death, 2015–2017

Total female deaths: 180,539

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

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

Women's Health Screenings

- Sixty-six percent (66%) of women had a mammogram at some time in their life, and 35% had this screening in the past year.
- Over half (54%) of women ages 40 and over had a mammogram in the past year and 69% had one in the past two years.
- Ninety-four percent (94%) of Seneca County women had a clinical breast exam at some time in their life, and 50% had one within the past year. Sixty percent (60%) of women ages 40 and over had a clinical breast exam in the past two years.
- Ninety-one percent (91%) of Seneca County women have had a Pap smear and 32% reported having had the exam in the past year. Sixty-seven percent (67%) of women ages 21 to 65 had a Pap smear in the past three years.

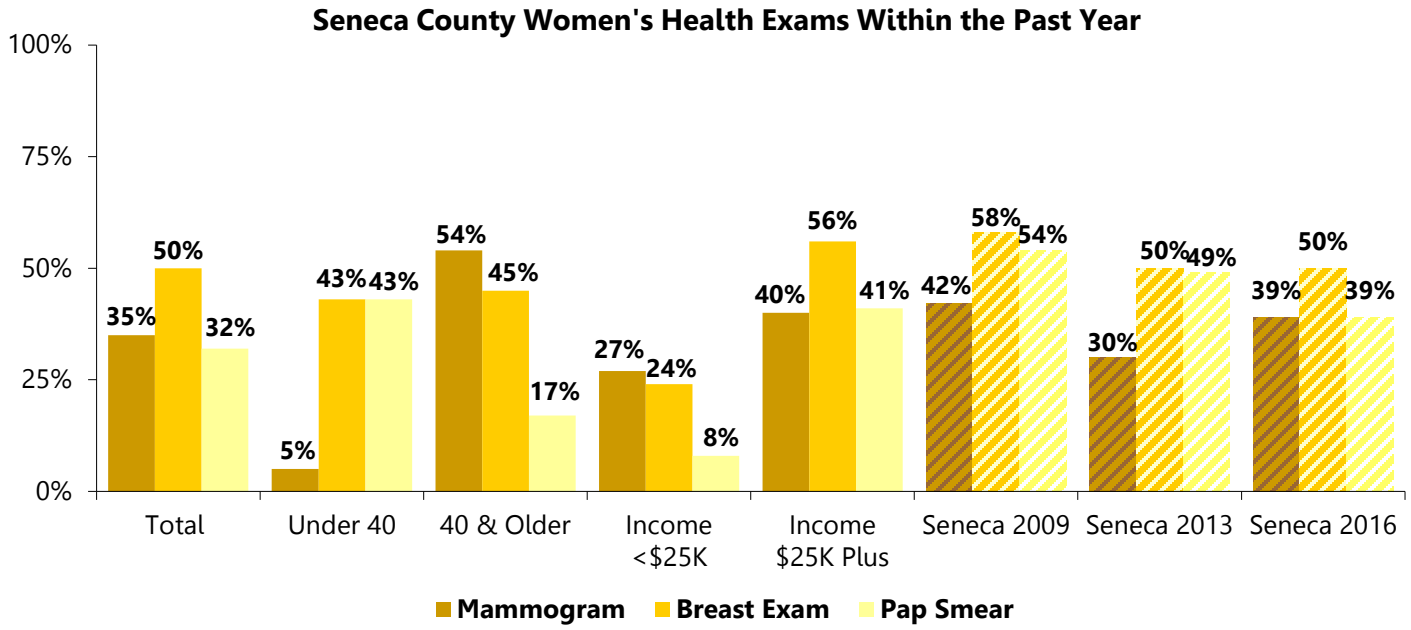
Women's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Seneca County, the 2019 health assessment identified that:
  - 75% of women were overweight or obese (2017 BRFSS reported 64% for Ohio and 2016 BRFSS reported 59% for the U.S.)
  - 33% were diagnosed with high blood pressure (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 30% for the U.S.)
  - 29% were diagnosed with high blood cholesterol (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 35% for the U.S.)
  - 14% of all women were current smokers (2017 BRFSS reported 20% for Ohio and 2016 BRFSS reported 14% for the U.S.)
  - 9% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)

Pregnancy

- Twenty-four percent (24%) of Seneca County women had been pregnant in the past 5 years.
- During their last pregnancy within the past five years, Seneca County women had a prenatal appointment in the first 3 months (79%), took a multi-vitamin with folic acid (67%), had a dental exam (56%), received WIC services (33%), experienced depression (23%), and looked for options for an unwanted pregnancy (8%).

The following graph shows the percentage of Seneca County female adults that had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 35% of Seneca County females had a mammogram within the past year, 50% had a clinical breast exam, and 32% 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.

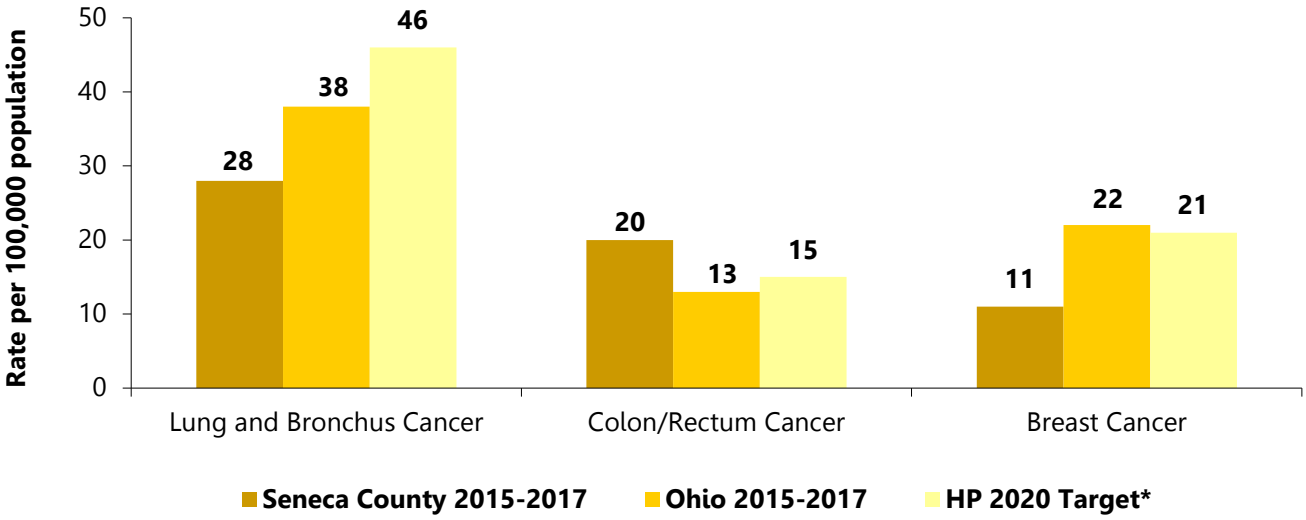
Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2016	U.S. 2016
Had a clinical breast exam in the past two years (age 40 and over)	N/A	65%	64%	60%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	N/A	68%	69%	69%	74%	72%
Had a Pap smear in the past three years	N/A	72%	67%	67%*	82%*	80%*

N/A – Not Available
**Reported for women ages 21-65*

The following graph shows the Seneca County and Ohio age-adjusted cancer mortality rates per 100,000 population for women with comparison to Healthy People 2020 objectives. The graph shows:

- From 2015 to 2017, the Seneca County age-adjusted mortality rate for breast cancer was lower than both the Ohio rate and Healthy People 2020 target objective.

Seneca County Female Age-Adjusted Cancer Mortality Rates, 2015-2017



(Source: Ohio Public Health Data Warehouse, 2015-2017)
**Note: The Lung and Colon/Rectum Cancer Healthy People 2020 target rates are not gender specific*

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

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

- Keep a healthy weight.
- Exercise regularly (at least four hours a week).
- Don't drink alcohol, or limit alcohol drinks to no more than one per day.
- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you.
- Breastfeed your babies, if possible.

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

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

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated September 11, 2018)

Health Care Access: Men's Health

Key Findings

Almost half (47%) of Seneca County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. Four percent (4%) of men survived a heart attack and 2% survived a stroke at some time in their life. Eighty-two percent (82%) of men were overweight or obese, 46% had been diagnosed with high blood cholesterol, 40% had high blood pressure, and 13% were identified as current smokers, known risk factors for cardiovascular diseases.

Seneca County Male
Leading Causes of Death, 2015–2017

Total male deaths: 899

1. Heart Diseases (29% of all deaths)
2. Cancer (22%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (4%)

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

Ohio Male
Leading Causes of Death, 2015–2017

Total male deaths: 180,695

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

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

Men's Health Screenings

- More than half (51%) of Seneca County males had a prostate-specific antigen (PSA) test at some time in their life and 27% had one in the past year.
- Seventy-six percent (76%) of males age 40 and over had a PSA test at some time in their life, and 53% had one in the past two years.
- More than four-fifths (84%) of males age 50 and over had a PSA test at some time in their life, and 47% had one in the past year.
- Thirty percent (30%) of men had done a self-testicular exam in the past year, increasing to 37% of men ages 50 and over.

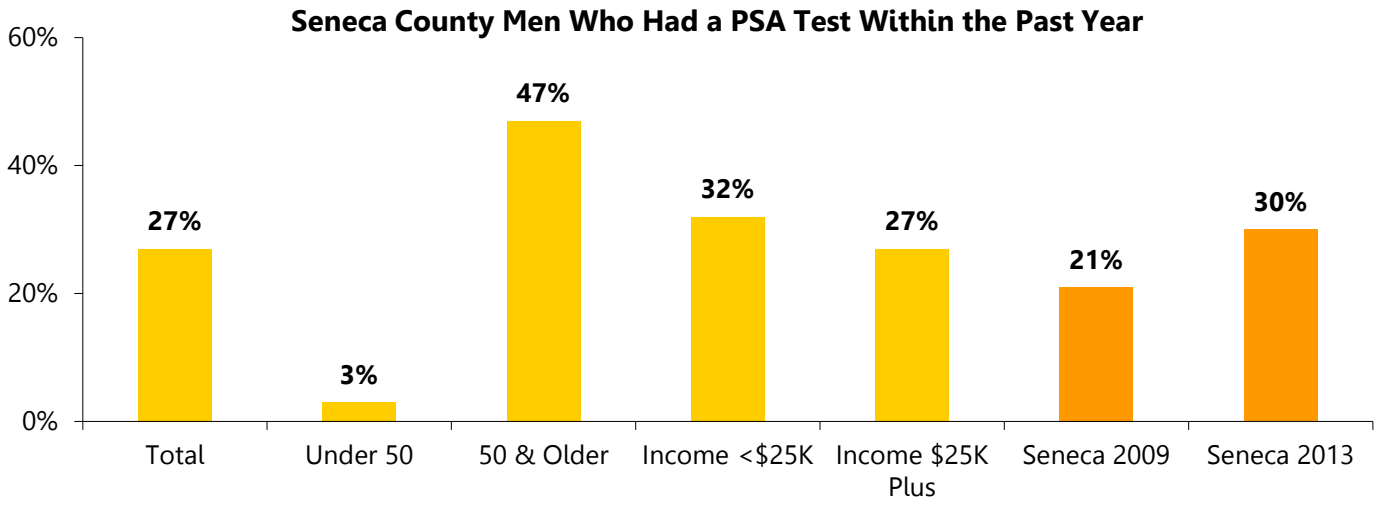
Men's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, and diabetes. In Seneca County, the 2019 health assessment identified that:
  - 82% of men were overweight or obese (2017 BRFSS reported 72% for Ohio and 2016 BRFSS reported 71% for the U.S.)
  - 46% had been diagnosed with high blood cholesterol (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 38% for the U.S.)
  - 40% had been diagnosed with high blood pressure (2017 BRFSS reported 37% for Ohio and 2016 BRFSS reported 34% for the U.S.)
  - 13% of all men were current smokers (2017 BRFSS reported 22% for Ohio and 2016 BRFSS reported 19% for the U.S.)
  - 11% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Had a PSA test within the past two years (age 40 and over)	N/A	52%	N/A	53%	39%*	40%*

N/A – Not Available
**2016 BRFSS*

The following graph shows the percentage of Seneca County male adults that had a PSA test in the past year. An example of how to interpret the information shown on the graph includes: 27% of Seneca County males had a PSA test within the past year, increasing to 47% of men ages 50 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.

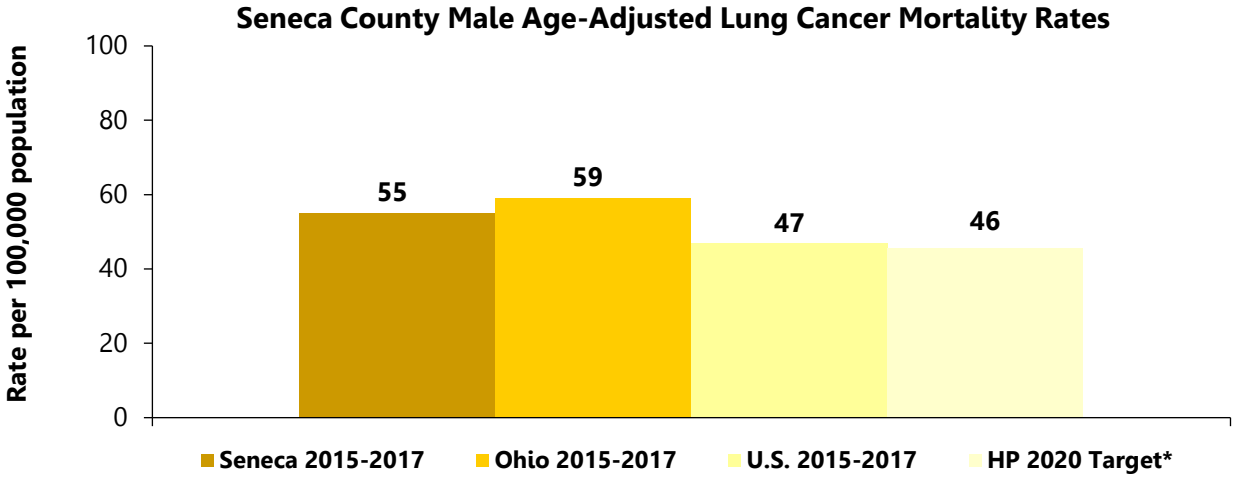
Screening for Prostate Cancer

- The U.S. Preventive Services Task Force (USPSTF) is an organization made up of doctors and disease experts who look at research on the best way to prevent diseases and make recommendations on how doctors can help patients avoid diseases or find them early.
- In 2018 The USPSTF made the following recommendations about prostate cancer screening:
  - Men who are 55 to 69 years old should make individual decisions about being screened for prostate cancer with a prostate specific antigen (PSA) test.
  - Before deciding, men should talk to their doctor about the benefits and harms of screening for prostate cancer, including the benefits and harms of other tests and treatment.
  - Men who are 70 years old and older should not be screened for prostate cancer routinely.
- The goal of screening for prostate cancer is to find cancers that may be at high risk for spreading if not treated, and to find them early before they spread. However, most prostate cancers grow slowly or not at all.
- Screening men age 55 to 69 years of age may prevent about 1 death for every 1,000 men screened.
- Screening may prevent 3 men from developing prostate cancer that spreads to other places in the body for every 1,000 men screened.

(Source: Center for Disease Control and Prevention, What Are the Benefits and Harms of Screening? Updated on June 11, 2018)

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

- From 2015 to 2017, the Seneca County age-adjusted mortality rate for male lung cancer was lower than the Ohio rate and higher than the U.S. rate, as well as the Healthy People 2020 target objective.



**Note: The Healthy People 2020 target rates are not gender specific*
(Sources: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017 and Healthy People 2020)

U.S. Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- Eighteen percent (16%) 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.
- Fifty-eight percent (58%) of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- Thirty-five percent (37%) of men 20 years and over are obese.
- There are 12% of males under the age of 65 without healthcare coverage.
- The leading causes of death for males in the United States are heart disease, cancer, and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, Updated on January 20, 2017)

Health Care Access: Oral Health

Key Findings

Sixty percent (60%) of Seneca County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (33%); had no reason to go/had not thought of it (18%); and fear, nervousness, pain, dislike going (15%).

Access to Dental Care

- In the past year, 60% of Seneca County adults had visited a dentist or dental clinic, decreasing to 33% of those with incomes less than $25,000.

- Sixty-four percent (64%) of Seneca County adults with dental insurance had been to the dentist in the past year, compared to 29% of those without dental insurance.

- Seneca County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
  - Cost (33%)
  - No reason to go/had not thought of it (18%)
  - Fear, apprehension, nervousness, pain, dislike going (15%)
  - Have dentures (10%)
  - Dentist did not accept their medical coverage (4%)
  - Did not have or know a dentist (1%)
  - Could not find a dentist that takes Medicaid (1%)

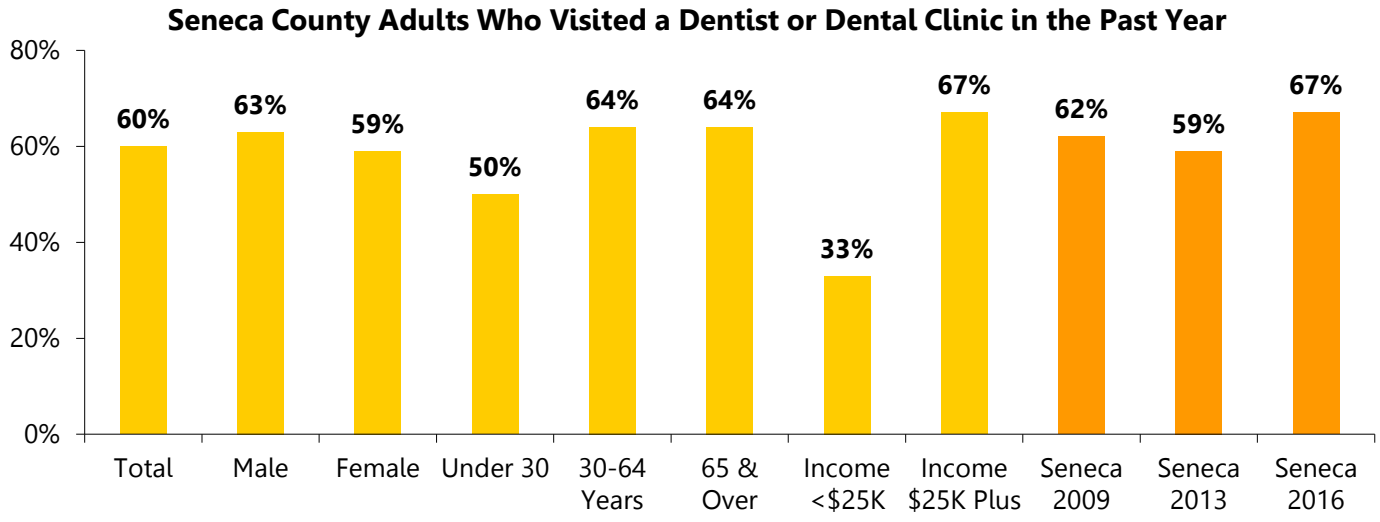
- Eight percent (8%) of adults reported multiple reasons, including cost, for not visiting a dentist in the past year.

- Adults reported they had the following oral health issues: permeant teeth have been removed because of tooth decay or gum disease (11%), pain (7%), difficulty eating/chewing (5%), oral bleeding (4%), problems with dentures (3%), no teeth (3%), loose teeth (2%), skipped meals due to pain (1%), and other oral health issues (5%).

- Seneca County adults reported they did the following at least daily: brushed their teeth (95%), used mouth wash (47%), and flossed their teeth (41%). Four percent (4%) of adults reported they did none of the above at least daily.

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2016	U.S. 2016
Visited a dentist or dental clinic (within the past year)	62%	59%	67%	60%	68%	66%
Visited a dentist or dental clinic (5 or more years ago)	11%	13%	10%	9%	11%	10%

The following graph shows the percentage of Seneca County adults who had visited a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 60% of adults had been to the dentist or dental clinic in the past year, including 50% of those under the age of 30, and 33% of those with incomes less than $25,000.



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

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	63%	10%	14%	9%	0%
Females	59%	16%	15%	8%	0%
Total	60%	13%	14%	9%	0%

**Percentages may not equal 100% due to the exclusion of data for those who answered "Don't know"*

Facts About Adult Oral Health

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

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

Health Behaviors: Health Status Perceptions

Key Findings

More than half (52%) of Seneca County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 43% of those with incomes less than $25,000.

Adults Who Rated General Health Status Excellent or Very Good

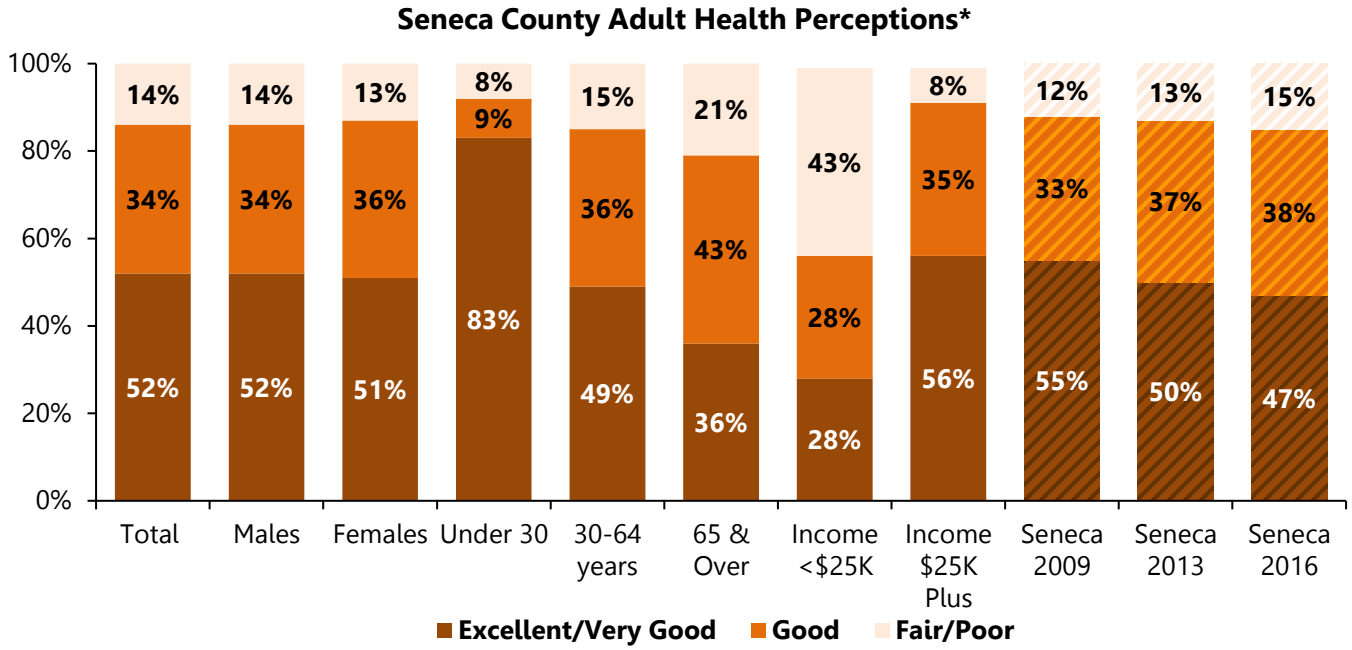
- Seneca County 52% (2019)
- Ohio 49% (2017)
- U.S. 51% (2017)

(Source: 2017 BRFSS for Ohio and U.S.)

General Health Status

- More than half (52%) of Seneca County adults rated their health as excellent or very good. Adults with higher incomes (56%) were most likely to rate their health as excellent or very good, compared to 28% of those with incomes less than $25,000.
- Fourteen percent (14%) of adults rated their health as fair or poor.
- Seneca County adults were most likely to rate their health as fair or poor if they:
  - Had an annual household income under $25,000 (43%)
  - Had been diagnosed with diabetes (41%)
  - Had been diagnosed with high blood pressure (25%)
  - Were widowed (23%)
  - Had been diagnosed with high blood cholesterol (22%)
- In the past month, 24% of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

The following graph shows the percentage of Seneca County adults who described their personal health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 52% of all adults, 52% of males and 36% of those ages 65 and older rated their health as excellent or very good.



**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Physical Health Status

- More than one-fifth (23%) of Seneca County adults rated their physical health as not good on four or more days in the previous month.
- Seneca County adults reported their physical health as not good on an average of 3.1 days in the previous month.
- Seneca County adults were most likely to rate their physical health as not good if they:
  - Had an annual household income under $25,000 (59%)
  - Were female (55%)
  - Were 65 years of age or older (48%)

Mental Health Status

- One-fourth (25%) of Seneca County adults rated their mental health as not good on four or more days in the previous month.
- Seneca County adults reported their mental health as not good on an average of 3.3 days in the previous month.
- Seneca County adults were most likely to rate their mental health as not good if they:
  - Were under the age of 30 (58%)
  - Had an annual household income under $25,000 (54%)
  - Were female (49%)

The 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	60%	16%	5%	2%	10%
Females	45%	18%	11%	4%	15%
Total	53%	17%	7%	3%	12%
Mental Health Not Good in Past 30 Days*					
Males	66%	13%	9%	1%	7%
Females	49%	17%	12%	3%	15%
Total	57%	14%	11%	2%	11%

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

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Rated general health as good, very good, or excellent	88%	87%	85%	87%	81%	83%
Rated general health as excellent or very good	55%	50%	47%	52%	49%	51%
Rated general health as fair or poor	12%	13%	15%	14%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	21%	20%	22%	23%	22%*	22%*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	N/A	3.7	3.8	3.1	4.0¥	3.7¥
Rated mental health as not good on four or more days (in the past 30 days)	16%	23%	27%	25%	24%*	23%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	N/A	4.6	3.8	3.3	4.3¥	3.8¥
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	12%	23%	26%	24%	22%*	22%*

**2016 BRFSS as compiled by 2019 County Health Rankings*
¥2016 BRFSS data as compiled by 2019 County Health Rankings
N/A- Not Available

Common Signs of Mental Illness in Adults

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

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

Health Behaviors: Adult Weight Status

Key Findings

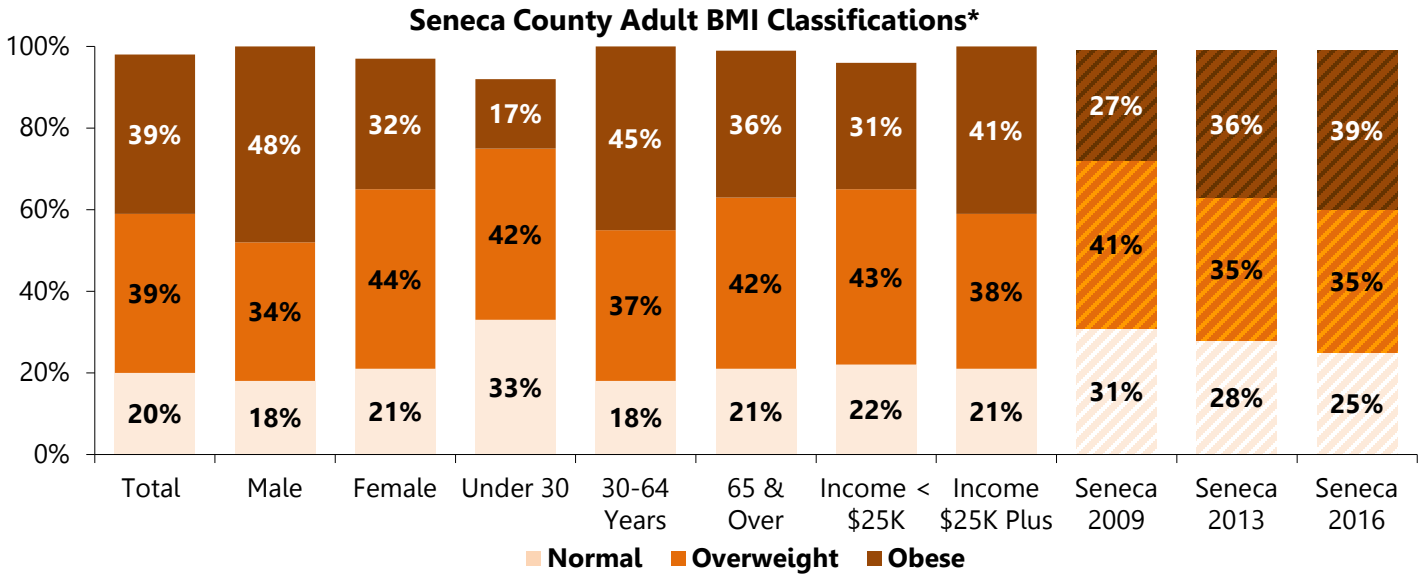
Over three-fourths (78%) of Seneca County adults were overweight or obese based on Body Mass Index (BMI). One-fifth (20%) of adults were not participating in any physical activity in the past week, including 4% who were unable to exercise.

16,531 Seneca County adults were obese.

Adult Weight Status

- Seventy-eight percent (78%) of Seneca County adults were either overweight (39%) or obese (39%) by Body Mass Index (BMI).
- Over half (53%) of adults were trying to lose weight, 27% were trying to maintain their current weight or keep from gaining weight, and 3% were trying to gain weight.
- Seneca County adults did the following to lose weight or keep from gaining weight: drank more water (51%); ate less food, fewer calories, or foods low in fat (50%); exercised (50%); ate a low-carb diet (20%); used a weight loss program (3%); received health coaching (3%); smoked cigarettes (2%); took diet pills, powders or liquids without a doctor's advice (1%); took prescribed medications (1%); went without eating 24 or more hours (1%); participated in a prescribed dietary or fitness program (1%); and took laxatives (1%).

The following graph shows the percentage of Seneca County adults who were normal weight, overweight or obese by Body Mass Index (BMI). An example of how to interpret the information includes: 20% of all adults were classified as normal weight, 39% were overweight, and 39% were obese.



**Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight*
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	27%	36%	39%	39%	34%	32%
Overweight (BMI of 25.0 – 29.9)	41%	35%	35%	39%	34%	35%
Normal weight (BMI of 18.5 – 24.9)	31%	28%	25%	20%	30%	32%

Nutrition

- Seneca County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (62%), cost (51%), ease of preparation/time (48%), healthiness of food (41%), food they were used to (39%), what their family prefers (28%), availability (26%), nutritional content (25%), calorie content (19%), artificial sweetener content (10%), if it was organic (6%), if it was lactose free (6%), other food sensitivities (5%), health care provider's advice (4%), availability of food at the food pantry (4%), if it was gluten free (4%), if it was genetically modified (3%), limitations set by WIC (3%), limitations due to dental issues (3%), and other reasons (3%).

- Adults reported the following barriers to consuming fruits and vegetables: too expensive (11%), did not like the taste (9%), did not know how to prepare (3%), stores do not take Electronic Benefit Transfer (1%), transportation (<1%), and other barriers (1%).

- Eighty-six percent (86%) of adults ate out in a restaurant or brought home take-out at the following frequencies in the past week: 1 to 2 meals (61%), 3 to 4 meals (17%), and 5 or more meals (7%). Sixteen per cent (16%) of adults did not eat out or bring takeout home to eat in the past week.

- In 2019, 31% of adults ate 1 to 2 servings of fruits and vegetables per day, 46% ate 3 to 4 servings per day, and 20% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.

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

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	12%	72%	15%
Vegetables	3%	19%	72%	6%
Sugar-sweetened beverages	2%	7%	32%	59%
Caffeinated beverages	6%	25%	49%	20%

Physical Activity

- Over half (56%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week; 30% of adults exercised 5 or more days per week; and 20% of adults were not participating in any physical activity in the past week, including 4% who were unable to exercise.

Employee Wellness

- Seneca County adults had access to wellness programs through their employer or spouse's employer with the following features:
  - Free/discounted gym membership (21%)
  - Health risk assessment (19%)
  - Lower insurance premiums for participation in wellness program (17%)
  - On-site health screenings (9%)
  - Gift cards or cash for participation in wellness program (7%)
  - Free/discounted smoking cessation program (7%)
  - Gift cards or cash for positive changes in health status (7%)
  - Lower insurance premiums for positive changes in health status (6%)
  - Healthier food options in vending machines or cafeteria (5%)
  - Free/discounted weight loss program (4%)
  - On-site health education classes (3%)
  - Gift cards or cash for positive changes in health status (3%)
  - On-site fitness facility (2%)

- Twenty-two percent (22%) of Seneca County adults did not have access to any wellness programs.

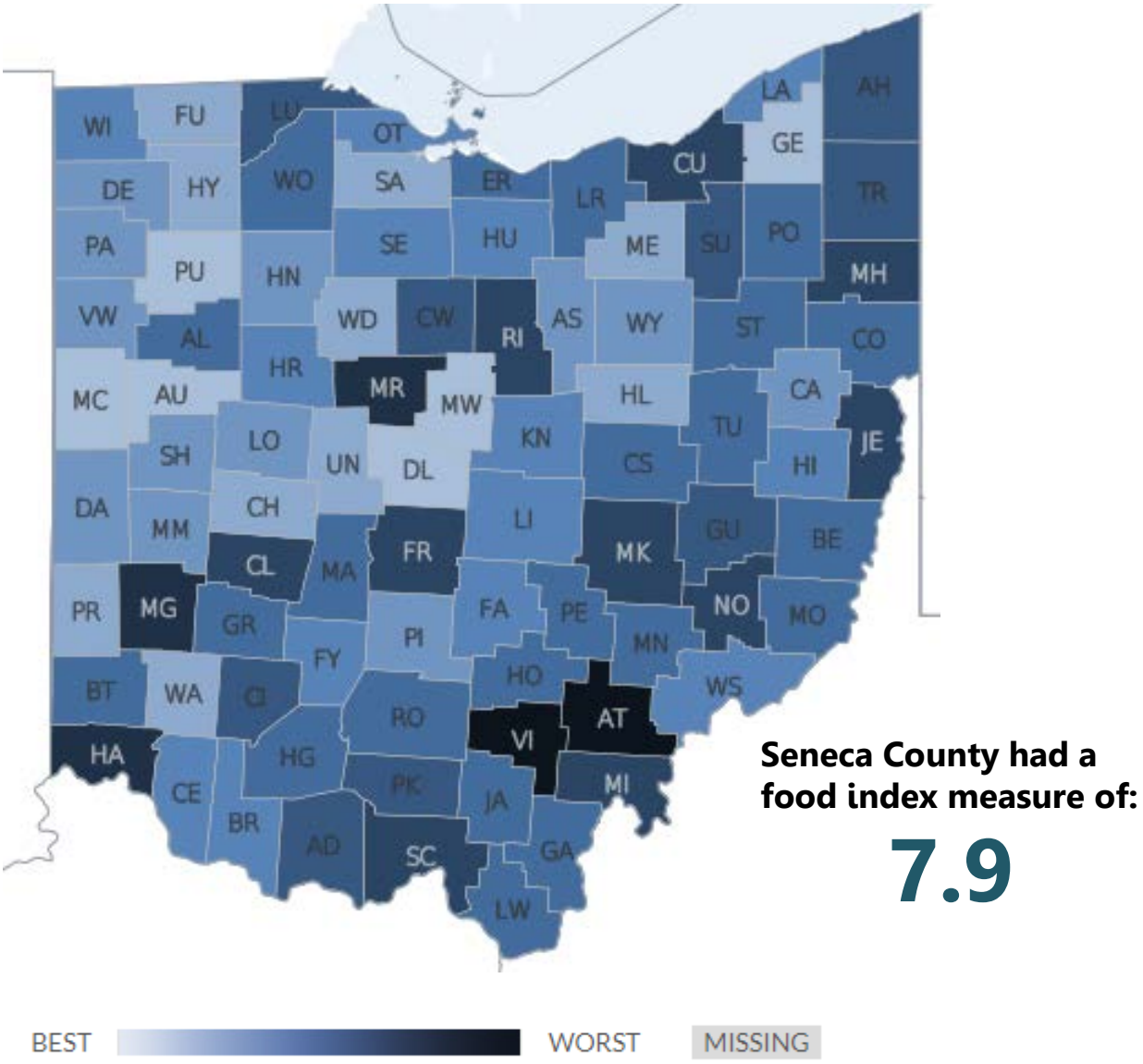
American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

1. *Achieve and maintain a healthy weight throughout life*
   - Be as lean as possible throughout life without being underweight.
   - Avoid excess weight gain at all ages. For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
   - Get regular physical activity and limit intake of high calorie foods and drinks as keys to help maintain a healthy weight.
2. *Be physically active*
   - Get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.
   - Limit sedentary behavior such as sitting, lying down, watching TV, and other forms of screen-based entertainment.
   - Doing some physical activity above usual activities, no matter what one's level of activity, can have many health benefits.
3. *Eat a healthy diet, with an emphasis on plant foods*
   - Choose foods and drinks in amounts that help you get to and maintain a healthy weight.
   - Read food labels to become more aware of portion sizes and calories. Be aware that "low-fat" or "non-fat" does not necessarily mean "low-calorie."
   - Eat smaller portions when eating high-calorie foods.
   - Choose vegetables, whole fruit, and other low-calorie foods instead of calorie-dense foods such as French fries, potato and other chips, ice cream, donuts, and other sweets.
   - Limit your intake of sugar-sweetened beverages such as soft drinks, sports drinks, and fruit-flavored drinks.
   - When you eat away from home, be especially mindful to choose food low in calories, fat, and added sugar, and avoid eating large portion sizes.

(Source: American Cancer Society, ACS Guidelines on Nutrition and Physical Activity, Updated on April 13, 2017)

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 Seneca County is 7.9.
- The food environment index in Ohio is 6.7.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2019)

Health Behaviors: Adult Tobacco Use

Key Findings

Fourteen percent (14%) of Seneca County adults were current smokers, and 22% were considered former smokers. Six percent (6%) of adults used e-cigarettes in the past year. One-third (33%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Adult Tobacco Use Behaviors

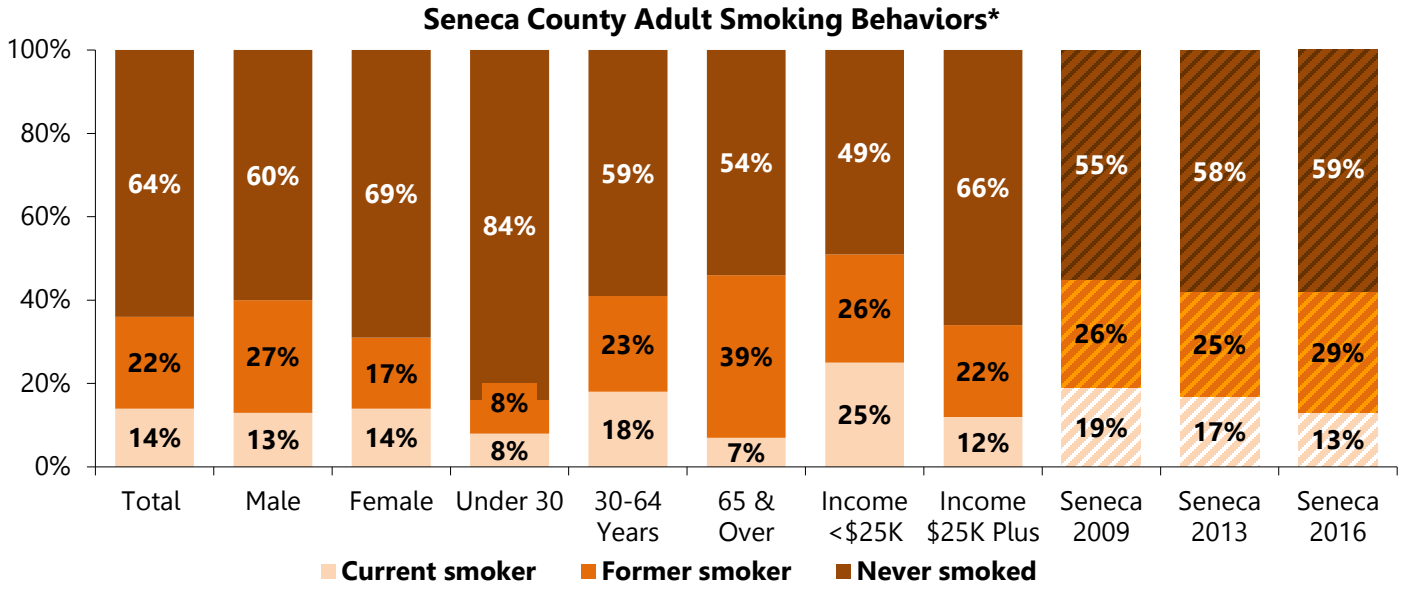
- Nearly one-in-five (14%) Seneca County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Twenty-two percent (22%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

5,934 Seneca County adults were current smokers.

- Seneca County adult smokers were more likely to have:
  - Been married (61%)
  - Had children under the age of 18 (57%)
  - Incomes less than $25,000 (25%)
  - Rated their overall health as fair or poor (18%)
  - Been ages 30 to 64 (18%)
  - Been diagnosed with asthma (8%)
- Seneca County adults used the following tobacco products in the past year: cigarettes (18%); e-cigarettes or other electronic vaping products (6%); little cigars (5%); cigars (5%); chewing tobacco, snuff, dip, Betel quid (4%); hookah (4%); pipes (3%); pouch (3%); cigarillos (3%); and dissolvable tobacco (1%).
- More than one-third (35%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit.
- Adults that used e-cigarettes in the past 12 months put the following in their e-cigarette: (e-liquid or e-juice with nicotine (13%), e-liquid or e-juice without nicotine (2%), and marijuana or THC in their e-liquid (4%).
- Sixty percent (60%) of adults believed e-cigarette vapor was harmful to themselves, and 50% believed it was harmful to others. Four percent (4%) of adults did not believe e-cigarette vapor was harmful to anyone. One-third (33%) of adults did not know if e-cigarette vapor was harmful.

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Current smoker (currently smoke some or all days)	19%	17%	13%	14%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	25%	29%	22%	24%	25%

The following graph shows the percentage of Seneca County adults' smoking behaviors. An example of how to interpret the information includes: 14% of all adults were current smokers, 22% of all adults were former smokers, and 64% 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.
**Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"*

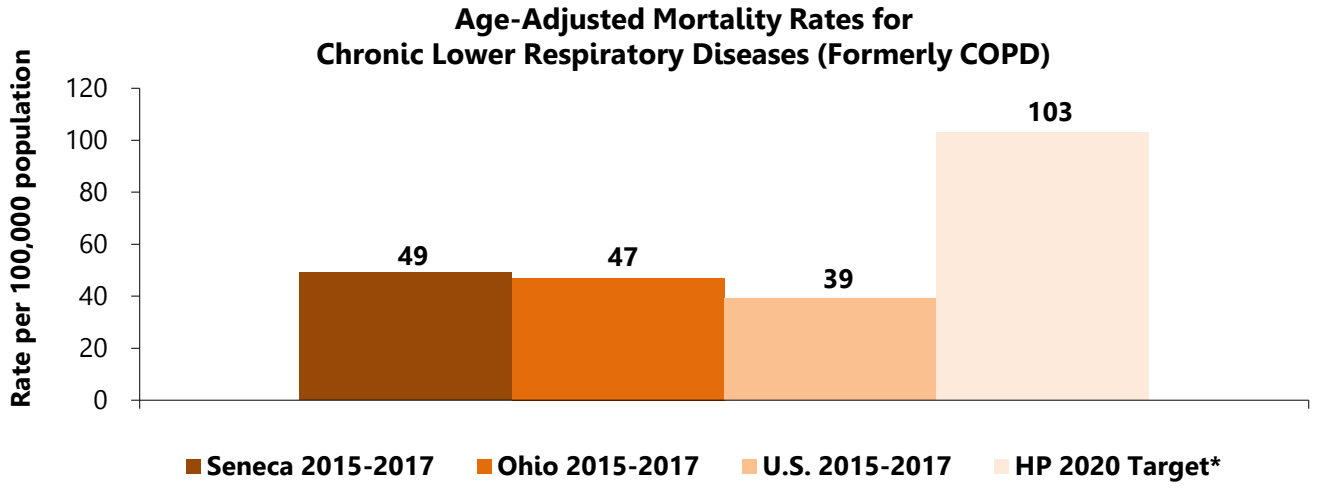
E-Cigarette Health Effects

- **Most e-cigarettes contain nicotine, which has known health effects.**
  - Nicotine is highly addictive.
  - Nicotine is toxic to developing fetuses.
  - Nicotine can harm adolescent brain development, which continues into the early-to-mid-20s.
  - Nicotine is a health danger for pregnant women and their developing babies.
- **Besides nicotine, e-cigarette aerosol can contain substances that harm the body.**
  - This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.
- **E-cigarettes can cause unintended injuries.**
  - Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
  - The Food and Drug Administration (FDA) collects data to help address this issue.
  - In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

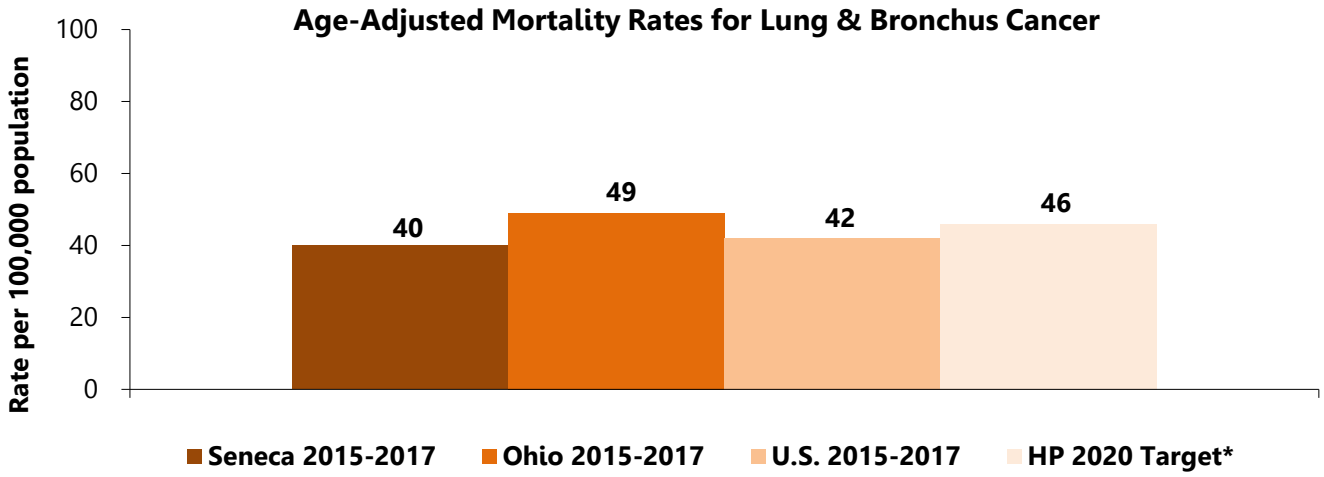
(Source: CDC, Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes), updated November 29, 2018)

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

- From 2015 to 2017, Seneca County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Ohio and U.S. rate and lower than Healthy People 2020 target objective rate.
- Seneca County's age-adjusted mortality rate for lung and bronchus cancer was lower than the Ohio and U.S. rate as well as the Healthy People 2020 target objective.



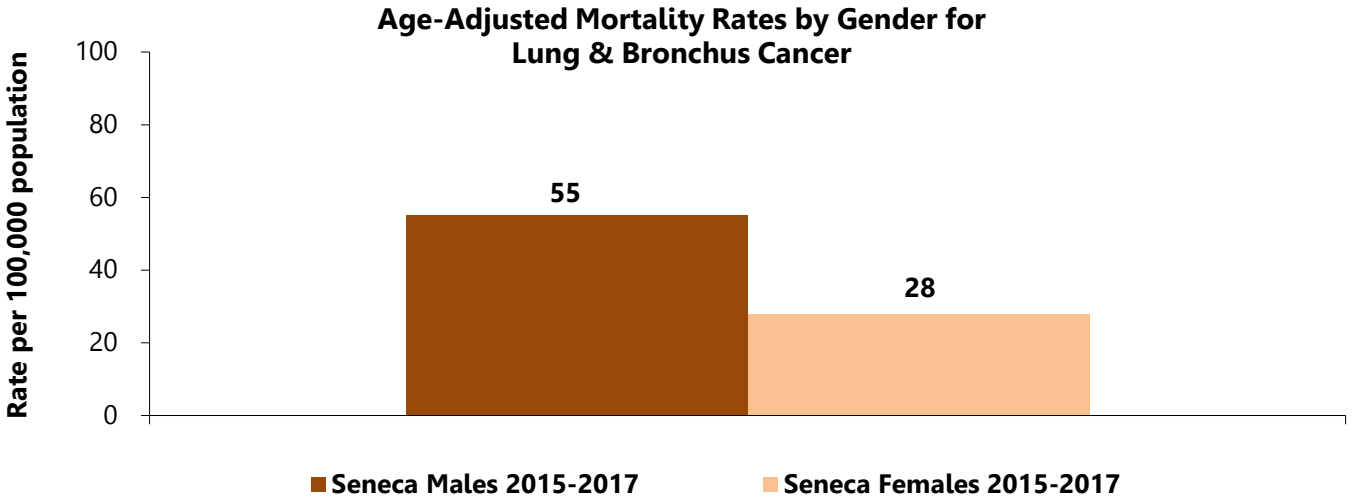
(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017 and Healthy People 2020)
**Healthy People 2020's target rate is for adults aged 45 years and older.*



(Sources: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017 and Healthy People 2020)
**The Health People 2020 target objective only includes the age-adjusted lung cancer death rate*

The following graph shows the Seneca County age-adjusted mortality rates for lung and bronchus cancer by gender. The graph shows:

- Disparities existed by gender for Seneca County lung and bronchus cancer age-adjusted mortality rates. The Seneca County male rate was higher than the female rate.



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

Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status

- Adults who have lower levels of educational attainment, who are unemployed, or who live at, near, or below the U.S. federal poverty level are considered to have low socioeconomic status (SES).
- In the U.S., people living below the poverty level and people having lower levels of educational attainment have higher rates of cigarette smoking than the general population.

Cigarette smoking disproportionately affects the health of people with low SES. Lower income cigarette smokers suffer more from diseases caused by smoking than do smokers with higher incomes.

- Populations in the most socioeconomically deprived groups have higher lung cancer risk than those in the most affluent groups.
- People with less than a high school education have higher lung cancer incidence than those with a college education.
- People with family incomes of less than $12,500 have higher lung cancer incidence than those with family incomes of $50,000 or more.
- People living in rural, deprived areas have 18–20% higher rates of lung cancer than people living in urban areas.6
- Lower-income populations have less access to health care, making it more likely that they are diagnosed at later stages of diseases and conditions.

Secondhand smoke exposure is higher among people living below the poverty level and those with less education.

- Low SES populations are more likely to suffer the harmful health consequences of exposure to secondhand smoke.
- Blue-collar workers are more likely to be exposed to secondhand smoke at work than white-collar workers.
- Service workers, especially bartenders and wait staff, report the lowest rates of workplace smoke-free policies than other occupation categories.

(Source: CDC, Smoking & Tobacco Use, Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status, updated August 21, 2018)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Fifty-eight percent (58%) of Seneca County adults had at least one alcoholic drink in the past month and would be considered current drinkers. More than one-quarter (26%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

24,585 of Seneca County adults had at least one alcoholic drink in the past month

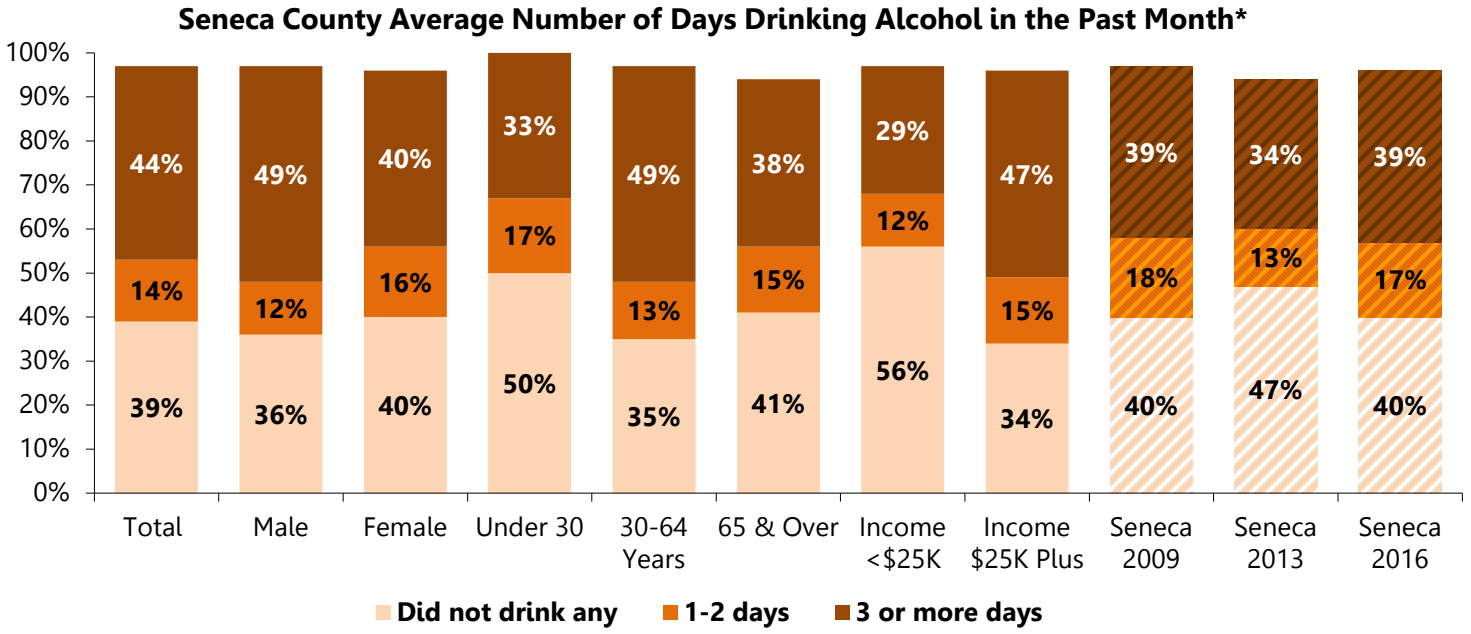
Adult Alcohol Consumption

- Fifty-eight percent (58%) of Seneca County adults had at least one alcoholic drink in the past month, increasing to 62% of those with incomes more than $25,000.
- Of those who drank, Seneca County adults drank 3.2 drinks on average, increasing to 10.4 drinks for those with incomes less than $25,000.
- More than one-quarter (26%) of Seneca 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. Of those who drank in the past month, 45% had at least one episode of binge drinking.
- More than one-third (35%) of adults reported driving after drinking any alcoholic beverage.
- During the past month, 4% of adults reported driving after having perhaps too much alcohol to drink.
- Seneca County adults reported driving the following motor vehicles after having 5 or more drinks:
  - Motor-vehicle (8%)
  - Farm machinery (1%)
  - Gator or other utility vehicle (1%)
  - Golf cart (1%)
  - Other motor vehicle (2%)

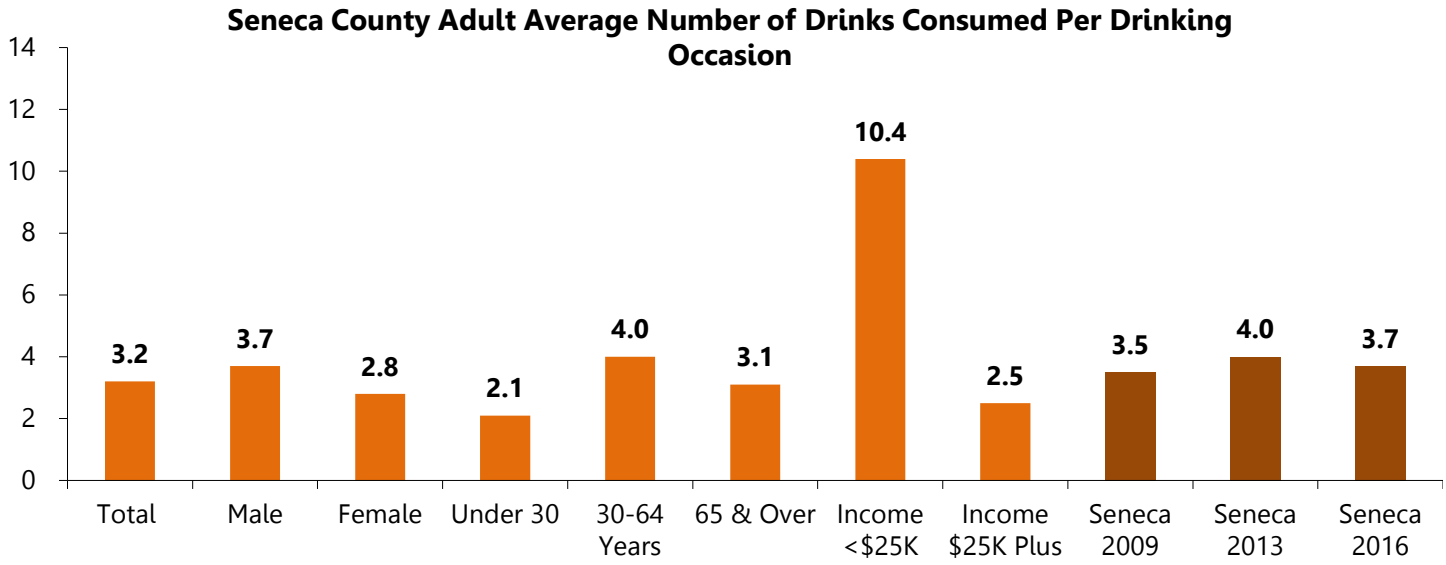
Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	56%	47%	56%	58%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	21%	19%	19%	26%	19%	17%
Drove after having perhaps too much alcohol to drink	N/A	N/A	7%	4%	4%*	4%*

**2016 BRFSS*
N/A- Not Available

The following graphs show the percentage of Seneca County adults who consumed alcohol and the amount consumed on average in the past month. An example of how to interpret the information shown on the first graph includes: 39% of all adults did not drink alcohol in the past month, including 36% of males and 40% of females.



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



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

Adult Prescription Drug Misuse

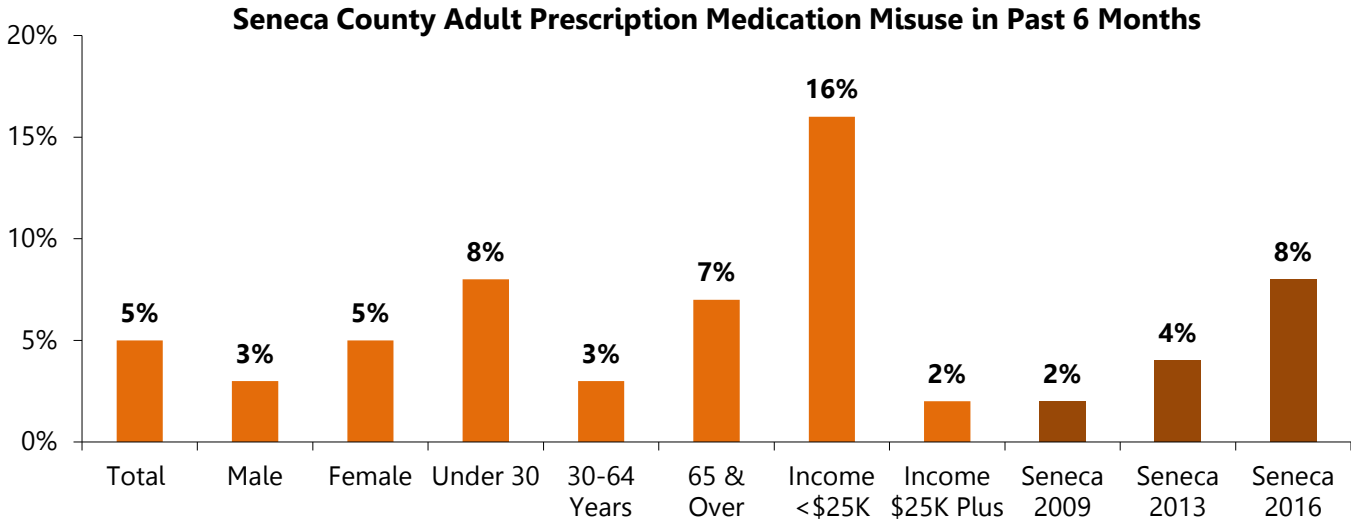
- Five percent (5%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

- Adults who misused prescription medication obtained their medication from the following:
  - Primary care physician (62%)
  - Bought from friend or family member (38%)
  - Bought from a drug dealer (27%)
  - Free from friend or family member (23%)
  - From multiple doctors/health care providers (8%)
  - Stole from a friend or family member (4%)

- When asked about their frequency of medication use not prescribed for them, 48% of adult drug users did so almost every day, and 7% did so less than once a month.

- Seneca County adults indicated they did the following with their unused prescription medication: took all medication as prescribed (24%), took it to the medication collection program (16%), flushed it down the toilet (14%), kept it (13%), took it to the sheriff's office (10%), threw it in the trash (10%), took it in on drug take back days (7%), kept in a locked cabinet (3%), trade it (1%), gave it away (<1%) , drugs were stolen (<1%), sell it (<1%), and some other method (2%). Forty-two percent (42%) of adults did not have unused medication.

The following graph shows adult medication misuse in the past six months. An example of how to interpret the information in the graph includes: 5% of adults used misused medication in the past six months, increasing to % of those ages 65 and older and 16% of those with incomes less than $25,000.

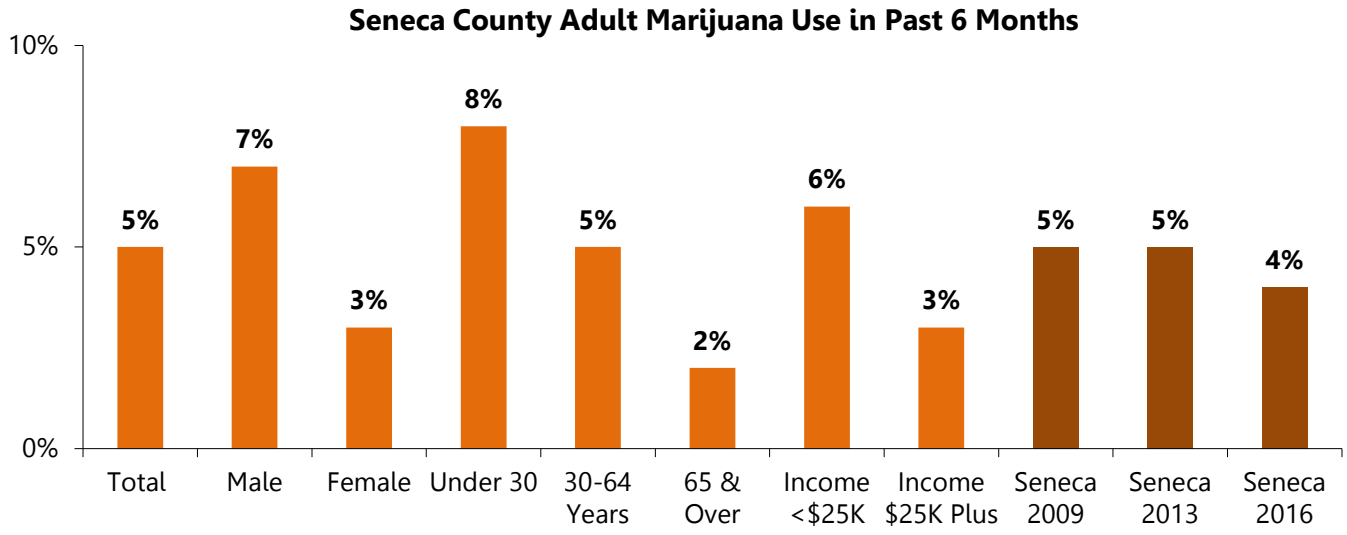


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Marijuana and Other Drug Use

- Five percent (5%) of Seneca County adults had used recreational marijuana or hashish in the past 6 months.
- Six percent (6%) of Seneca County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past 6 months, 15% of adult drug users did so almost every day, and 5% did so less than once a month.
- Two percent (2%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: stigma of seeking drug services (2%), did not want to miss work (2%), did not want to get in trouble (2%), had not thought of it (1%), could not afford to go (1%), stigma of seeking alcohol services (<1%), fear (<1%), insurance did not cover it (<1%), wait time (<1%), did not have any openings (<1%), could not get to the office or clinic (<1%), transportation (<1%), and other reasons (3%). Ninety-six percent (96%) of adults indicated such a program was not needed.

The following graph shows adult recreational marijuana or hashish use in the past six months. An example of how to interpret the information in the graph includes: 5% of Seneca County adults used recreational marijuana or hashish in the past six months, including 7% of males and 8% of those under the age of 30.

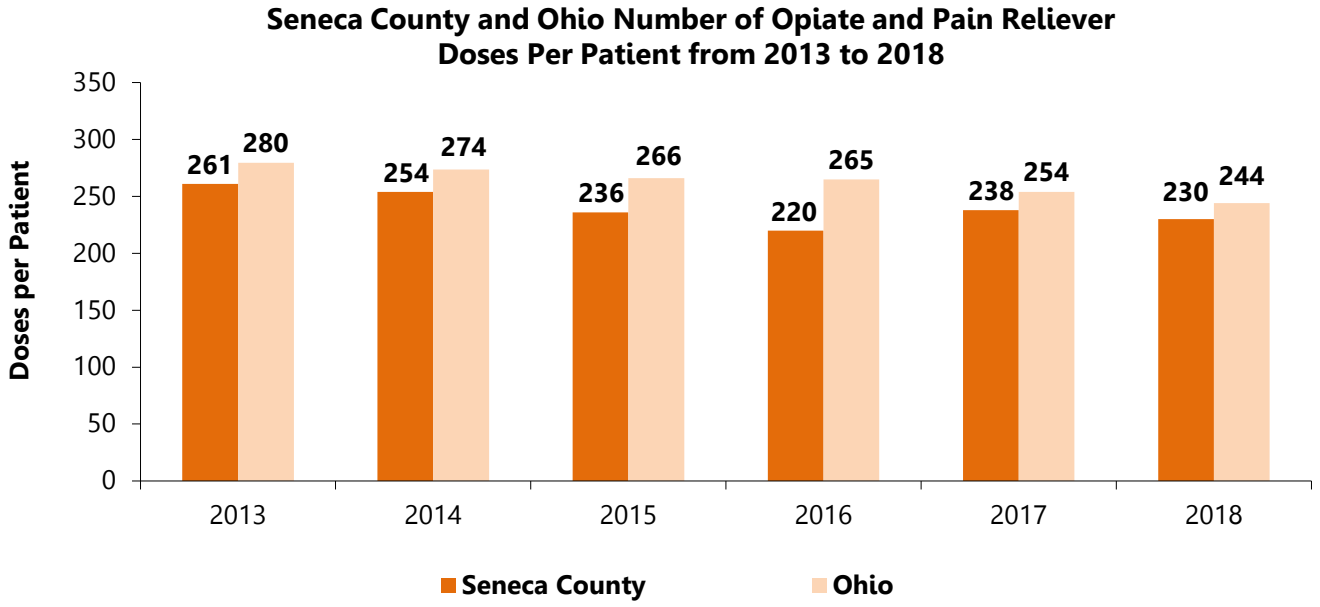


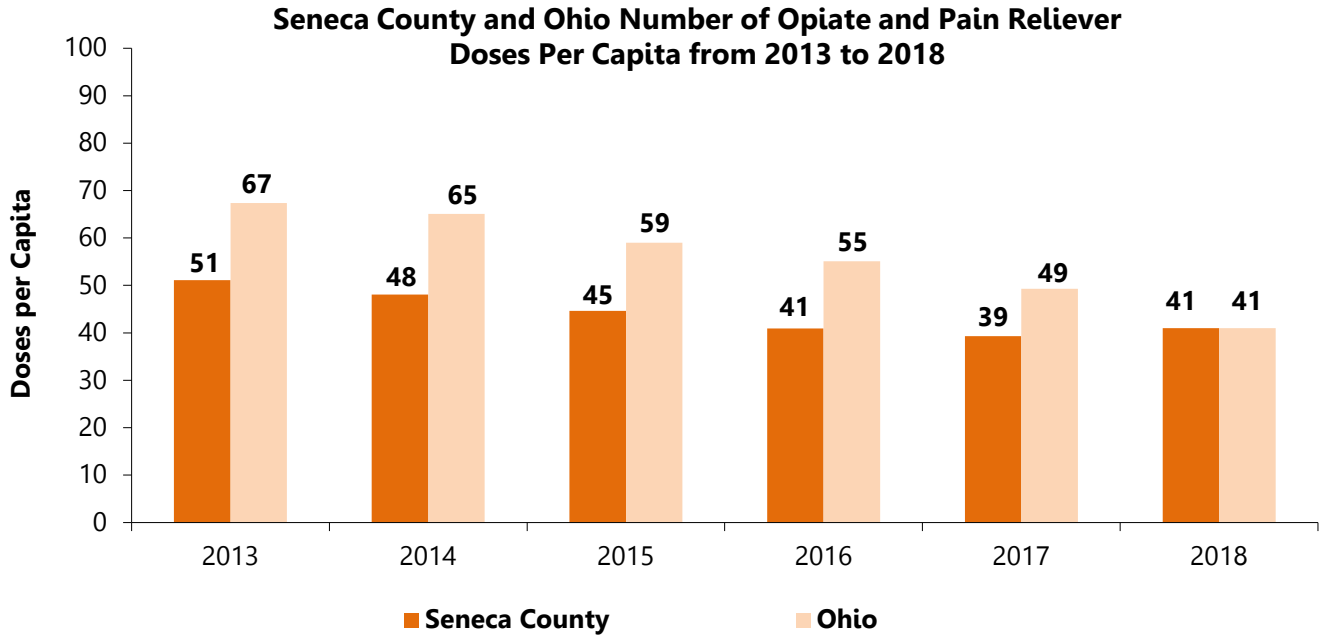
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Adults who used marijuana in the past 6 months	5%	5%	4%	5%	N/A	N/A
Adults who used recreational drugs in the past 6 months	0%	<1%	1%	6%	N/A	N/A
Adults who misused prescription medication in the past 6 months	2%	4%	8%	5%	N/A	N/A

N/A – Not Available

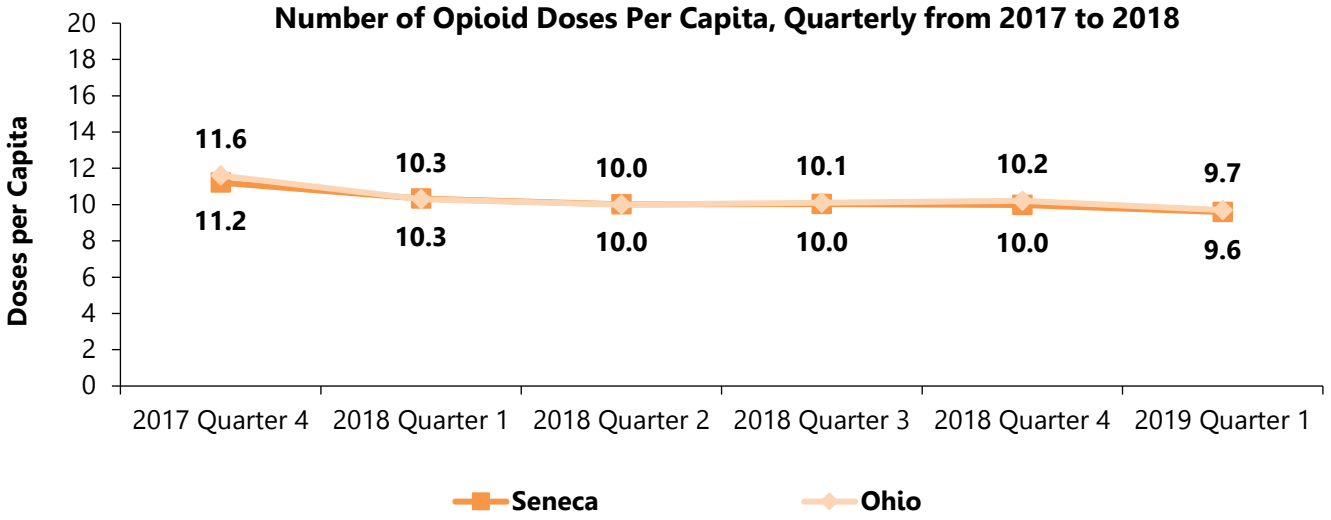
The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Seneca County and Ohio opiate and pain reliever doses per patient, as well as doses per capita.

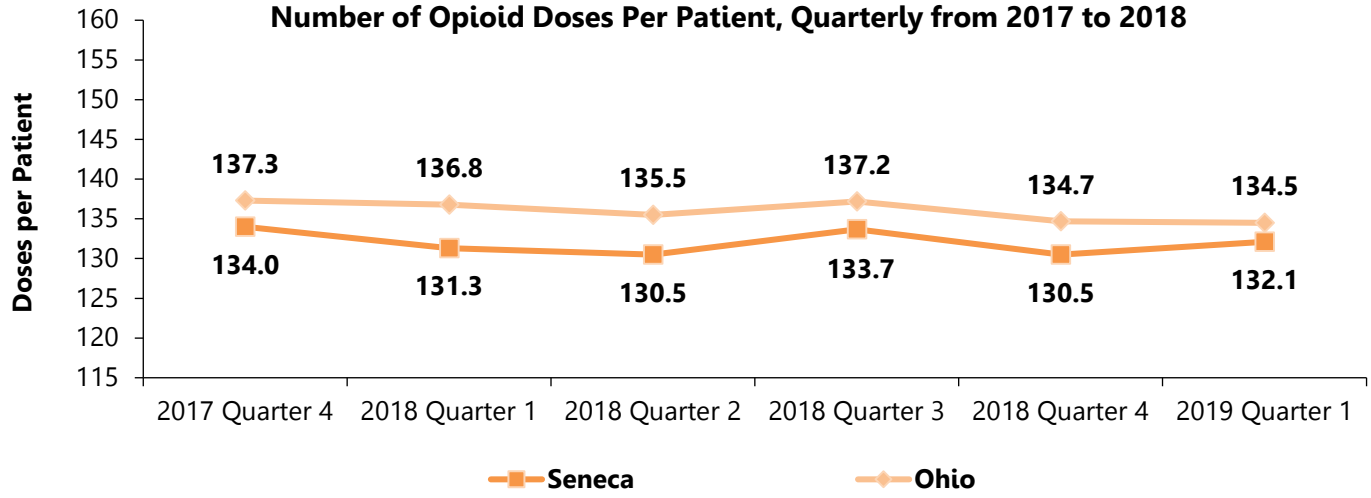




(Source for graphs: Ohio's Automated Rx Reporting System, 2013-2018, retrieved on 1/29/18)

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





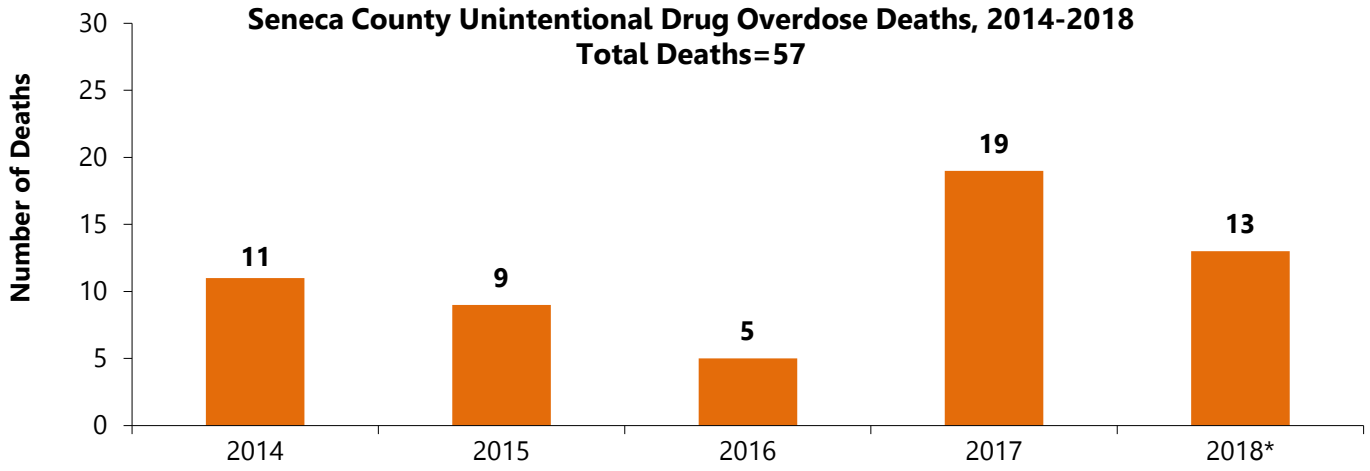
(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2019, retrieved on 7/11/19)

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.

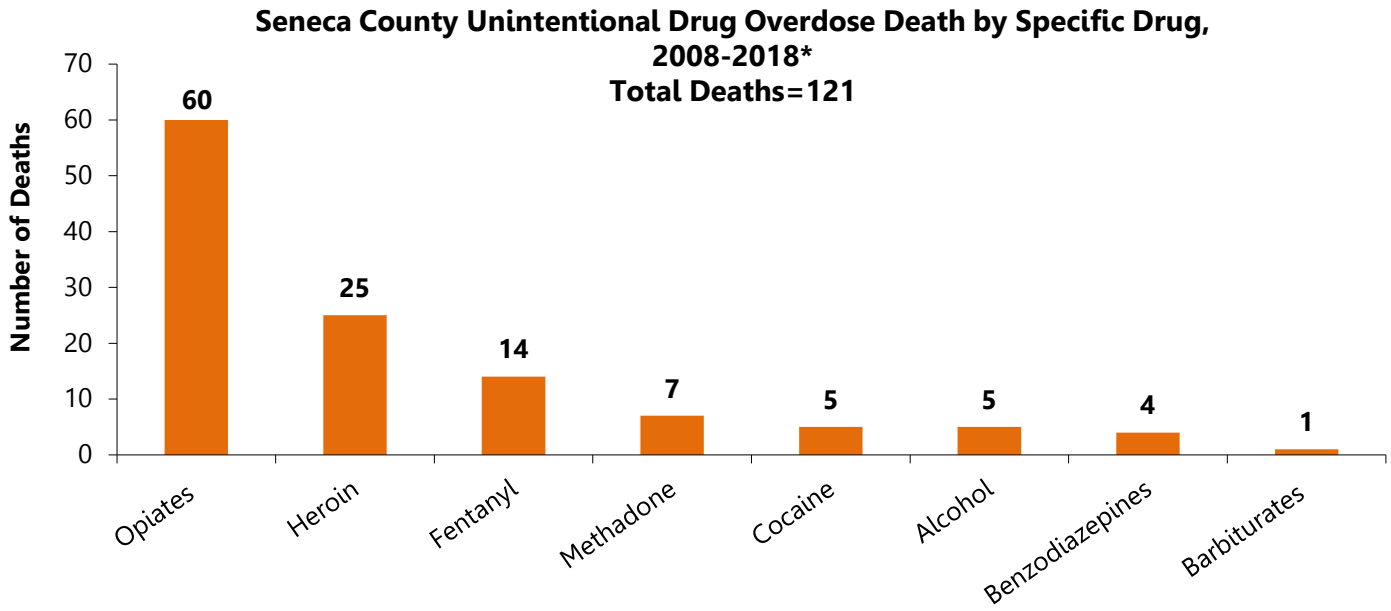
(Source: Ohio Automated RX Reporting System; What is OARRS?, updated August 15, 2017)

The following graph shows the number of unintentional drug overdose deaths from 2014 to 2018 in Seneca County.



**2018 data is considered partial and may be incomplete*
(Source for graphs: Ohio Public Health Data Warehouse, 2013-2017, Updated 5/9/19)

The following graph shows the number of unintentional drug overdose deaths by specific drug from 2008 to 2018 in Seneca County.



**2018 data is considered partial and may be incomplete*
(Source: Ohio Public Health Data Warehouse, 2007-2017 updated 7/9/19)

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

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

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2012-2017 Total	Crude Rate	Age Adjusted Rate
Seneca County	3	3	2	1	7	0	8	6	7	11	9	5	19	57	17.1	18.9
Ohio	1,020	1,261	1,351	1,473	1,423	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	18,509	26.6	27.9

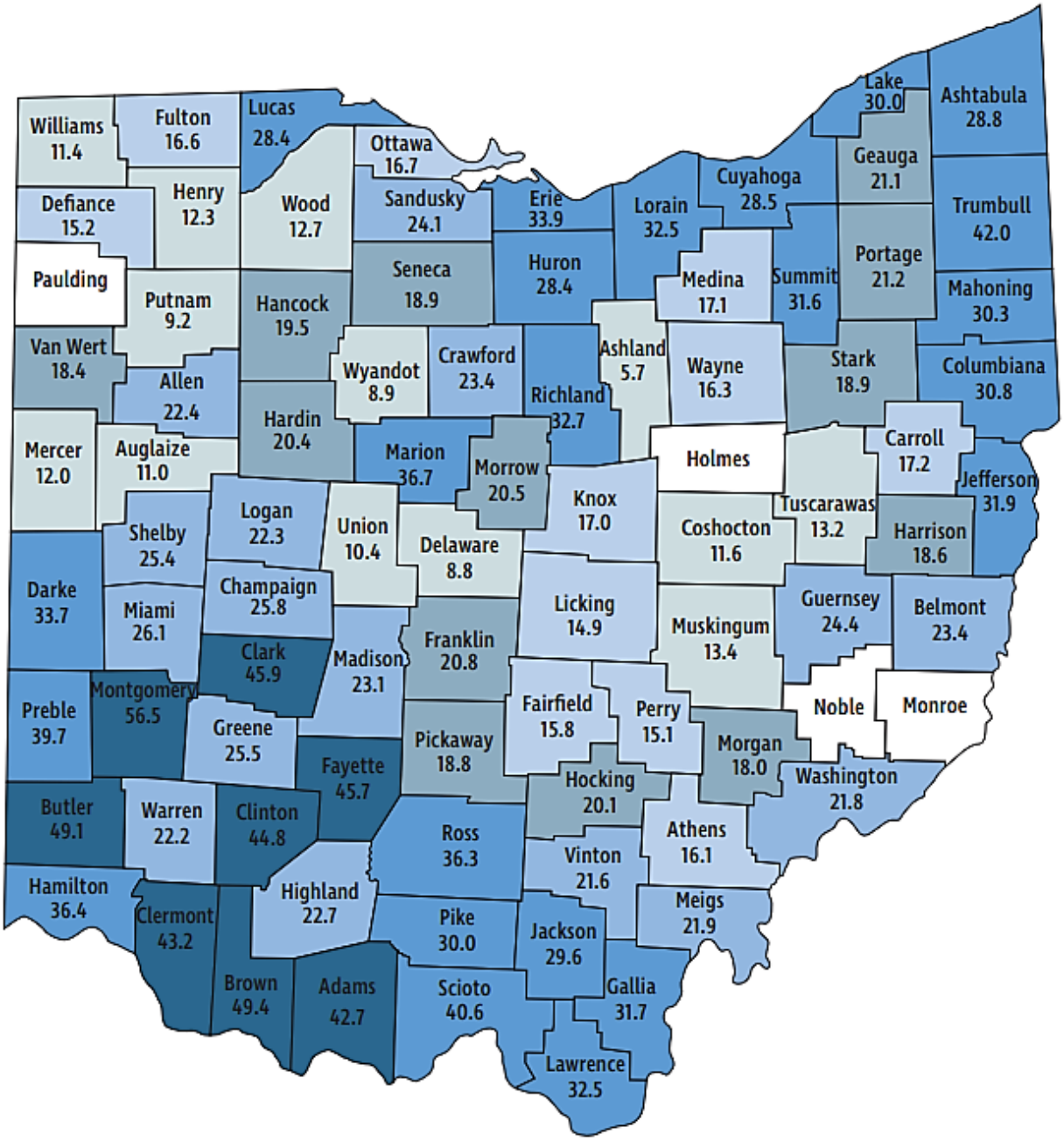
(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

Ohio's New Limits on Prescription Opiates

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

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

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



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

Health Behaviors: Adult Sexual Behavior

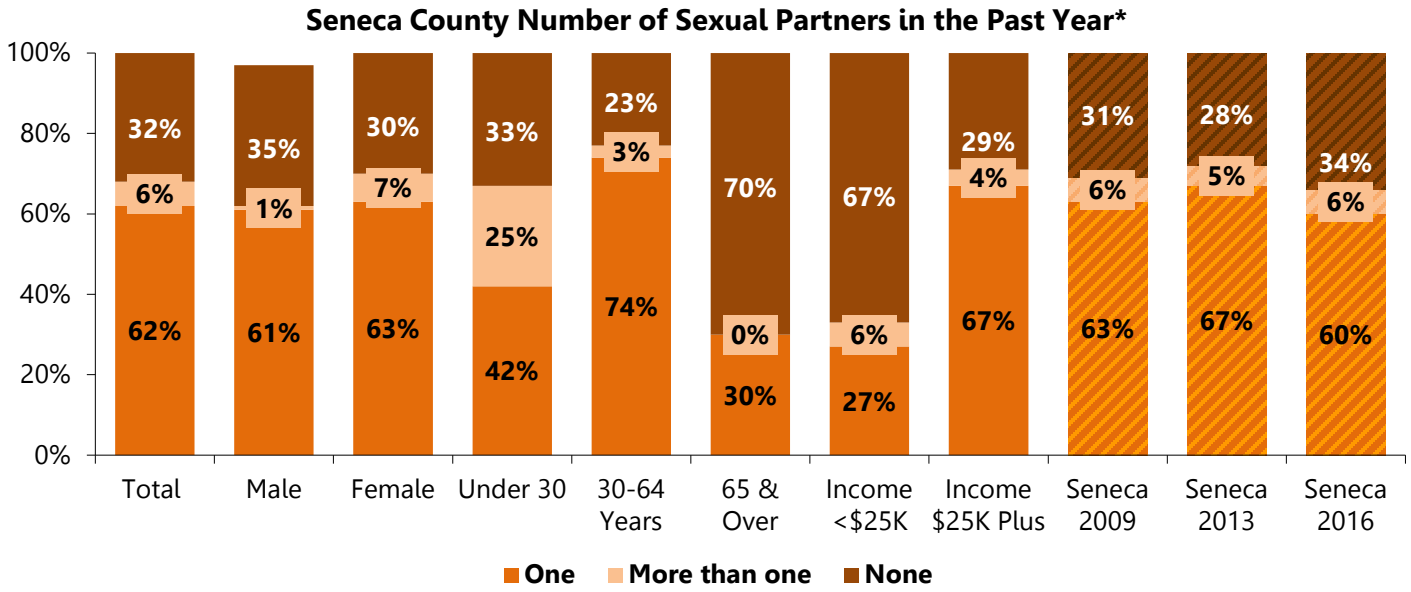
Key Findings

Sixty-eight percent (68%) of Seneca County adults had sexual intercourse in the past year. Six percent (6%) of adults had more than one partner in the past year.

Adult Sexual Behavior

- Sixty-eight percent (68%) of Seneca County adults had sexual intercourse in the past year.
- Six percent (6%) of adults reported they had intercourse with more than one partner in the past year.
- Seneca County adults used the following methods of birth control: no partner/not sexually active (abstinent) (26%); they or their partner were too old (17%); vasectomy (12%); hysterectomy (11%); tubes tied (11%); condoms (11%); birth control pill (7%); IUD (7%); rhythm method (5%); withdrawal (5%); infertility (4%); contraceptive implants (2%); ovaries or testicles removed (2%); shots (2%); emergency contraception (2%); and diaphragm, cervical ring, or cap (<1%). Three percent (3%) were currently trying to get pregnant and 3% were currently pregnant.
- Nine percent (9%) of Seneca County adults were not using any method of birth control.
- Seneca County adults did not use birth control for the following reasons:
  - They or their partner had a hysterectomy/vasectomy/tubes tied (31%)
  - They or their partner were too old (22%)
  - They did not think they or their partner could get pregnant (9%)
  - They wanted to get pregnant (6%)
  - They or their partner did not like birth control/fear of side effects (6%)
  - Their partner did not want to use birth control (6%)
  - No regular partner/not sexually active (6%)
  - They did not care if they or their partner got pregnant (5%)
  - Religious preferences (4%)
  - They or their partner had just had a baby (3%)
  - They did not want to use birth control (3%)
  - They had a same-sex partner (1%)
  - Lapse in use of method (<1%)
  - They had a problem getting birth control when they needed it (<1%)
  - They or their partner could not pay for birth control (<1%)
- The following situations applied to Seneca County adults: had sex without a condom in the past year (26%), had sex with someone they met on social media (5%), had sex with someone they did not know (3%), had 4 or more sexual partners in the past year (3%), had anal sex without a condom in the past year (3%), had sexual activity with someone of the same gender (2%), given or received money or drugs in exchange for sex in the past year (2%), engaged in sexual activity that they would not have done if sober (2%), were forced to have sex (1%), injected any drug other than those prescribed in the past year (1%), treated for an STD in the past year (1%), knew someone involved in sex trafficking (<1%), and tested positive for HIV (<1%).
- Seneca County adults were diagnosed with the following sexually transmitted diseases in the past five years: human papilloma virus (HPV) (3%), chlamydia (2%), genital herpes (1%), and other STDs (1%).

The following graph shows the number of sexual partners Seneca County adults had in the past year. An example of how to interpret the information in the graph includes: 62% of all adults had one sexual partner in the past 12 months and 6% had more than one.



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

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Had more than one sexual partner in past year	6%	5%	6%	6%	N/A	N/A

N/A – Not Available

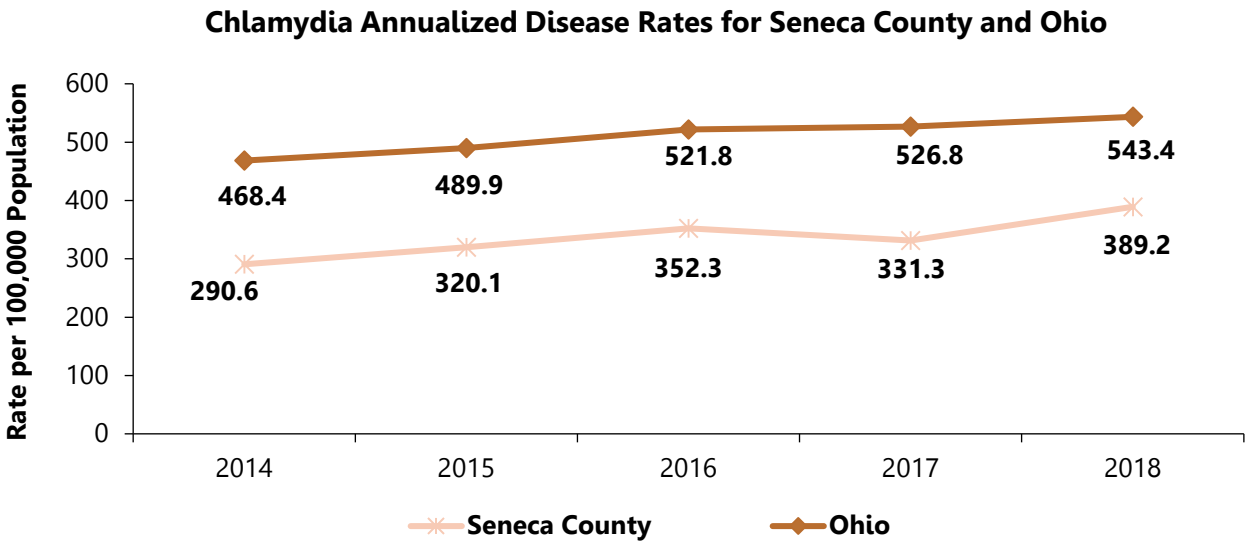
Sexual Violence Prevention

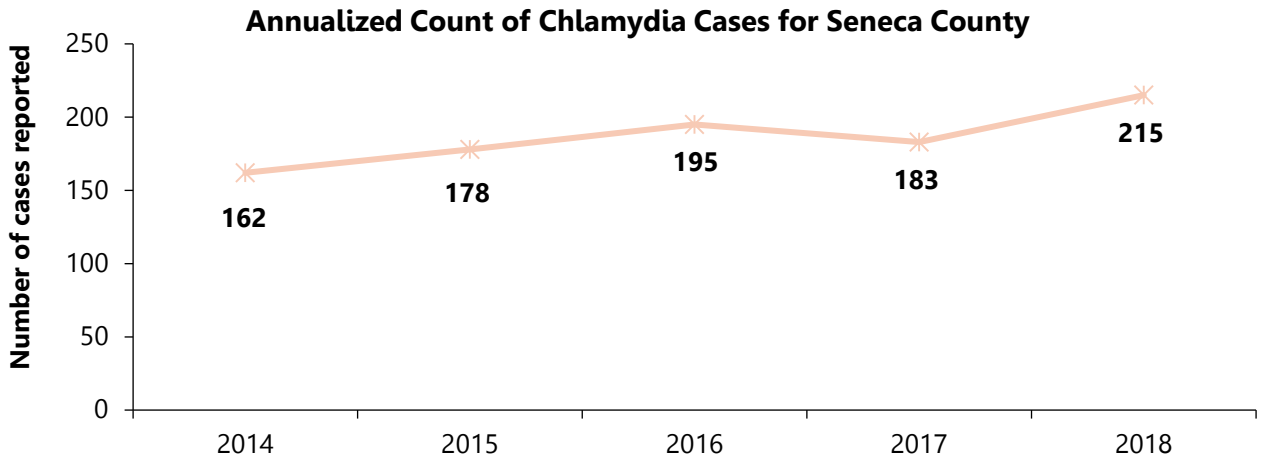
- Sexual violence refers to any sexual activity where consent is not obtained or freely given.
- There are many types of sexual violence including unwanted touching, unwanted sexual penetration, sexual harassment, and threats.
- Anyone can experience or perpetrate sexual violence.
  - Most victims of sexual violence are female
  - Perpetrators are usually someone known to the victim
- Sexual violence is a significant problem in the United States, even though many cases are not reported.
  - 7.3% of high school students reported having been forced to have sex
  - An estimated 20 to 25% of college women in the U.S. were victims of attempted or completed rape during their college career
  - 1 in 3 women and 1 in 6 men have experienced sexual violence involving physical contact at some point in their lives.
- Sexual violence can negatively impact health in many ways and can lead to long-term physical and mental health problems. Victims may experience chronic pain, headaches, and STDs. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.

(Source: CDC, Sexual Violence Prevention, last updated April 5, 2018)

The following graphs show Seneca County chlamydia rates per 100,000 population and the number of chlamydia disease cases. The graphs show:

- Seneca County increased rates increased from 2014 to 2018.
- The number of chlamydia cases in Seneca County decreased from 2016 to 2017.

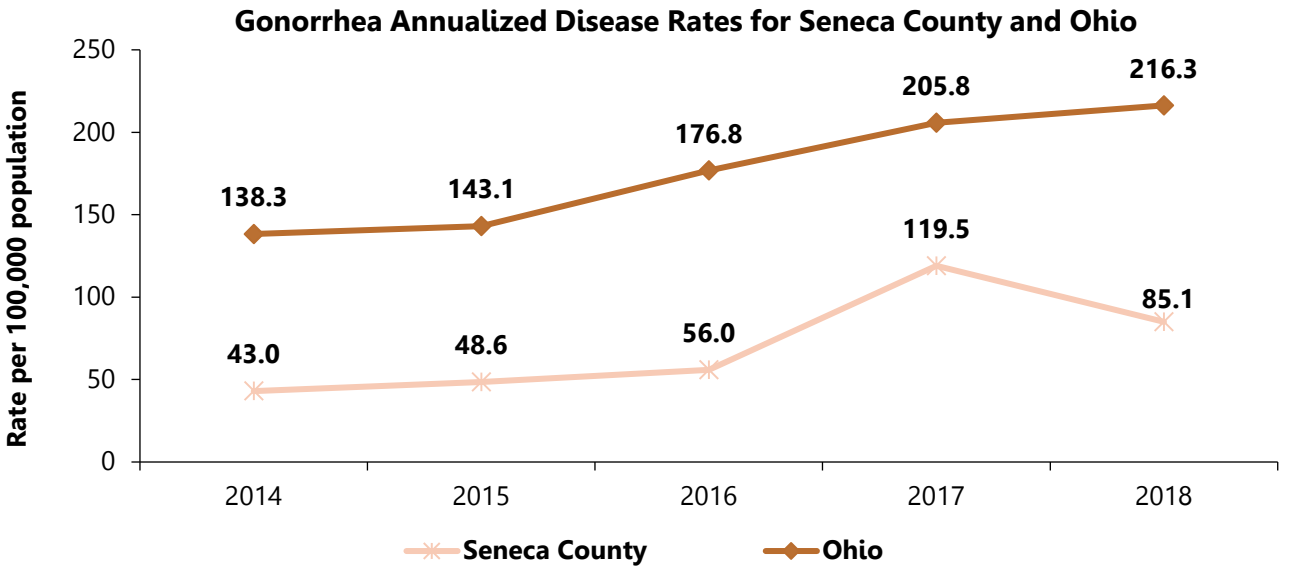


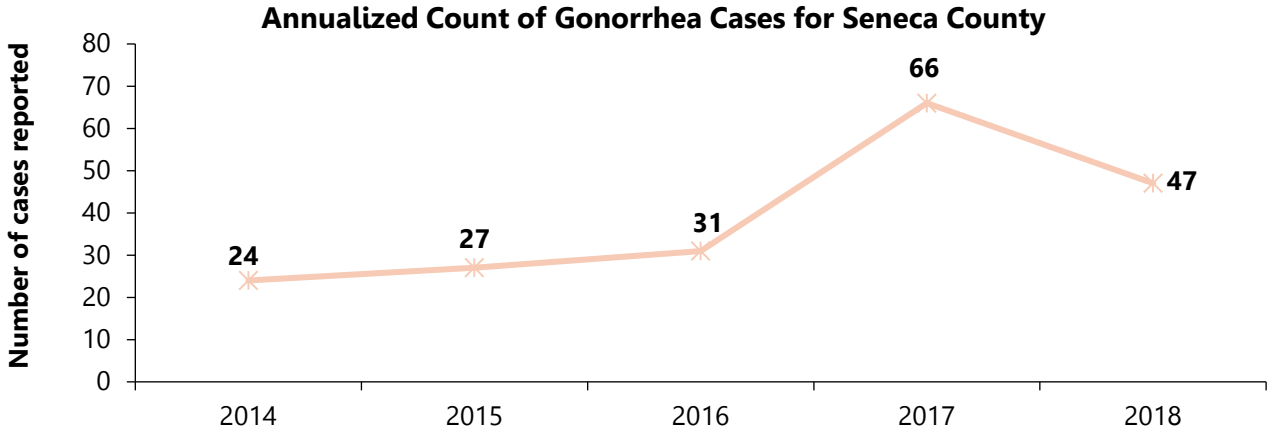


(Source: Ohio Department of Health, STD Surveillance Program. Data reported through 5/2/2019, updated on 7/11/19)

The following graphs show Seneca County gonorrhea rates per 100,000 population and the number of gonorrhea disease cases. The graphs show:

- The Seneca County gonorrhea rate increased from 2017 to 2018.
- The number of gonorrhea cases in Seneca County decreased from 2017 to 2018.





(Source: Ohio Department of Health, STD Surveillance Program. Data reported through 5/2/2019, updated on 7/11/19)

Health Behaviors: Adult Mental Health

Key Findings

Three percent (3%) of Seneca County adults considered attempting suicide in the past year. One-fourth (25%) of adults reported they or family member were diagnosed with or treated for anxiety or emotional problems in the past year.

Adult Mental Health

- Eleven percent (11%) of Seneca County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 25% of those with incomes less than $25,000.
- Three percent (3%) of Seneca County 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

- 47,173 people in the U.S. died from suicide, and 1,179,325 people attempted suicide in 2016.
- 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 3.5 male deaths.
- In 2016, there were 1,740 suicide deaths in Ohio.
- The leading suicide methods included:
  - Firearm suicides (50.6%)
  - Suffocation/Hanging (27.7%)
  - Poisoning (13.9%)
  - Cutting/Piercing (1.8%)
  - Drowning (1.0%)

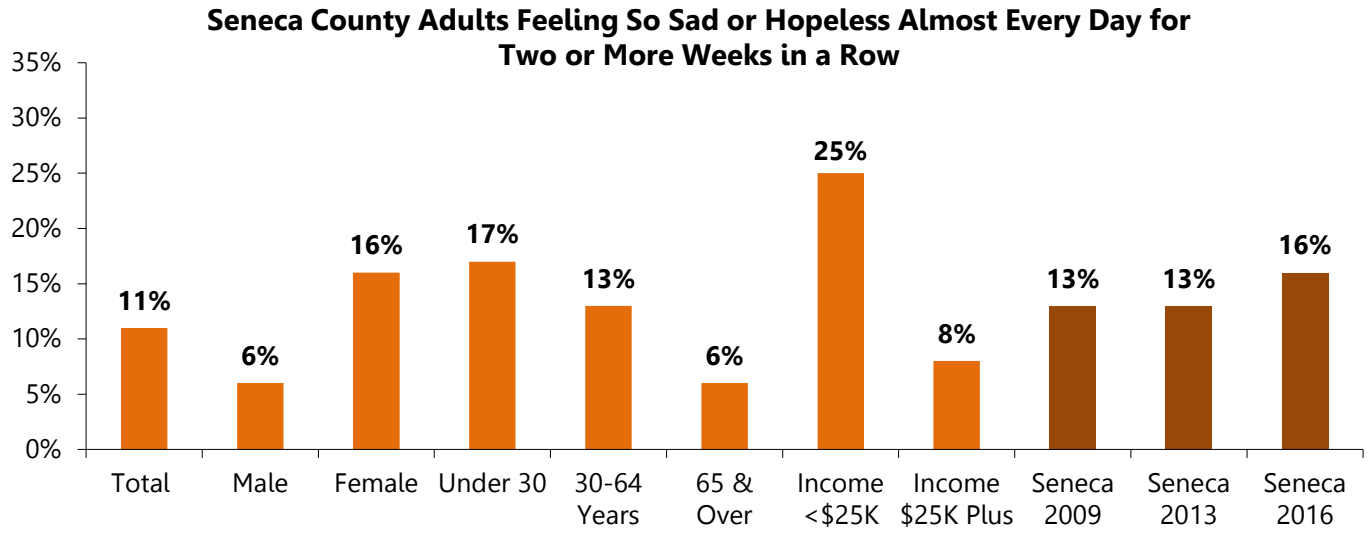
(Source: American Association of Suicidology, Facts & Statistics, 2016, Updated December 2018)

- Seneca County adults reported they or a family member were diagnosed with or treated for the following mental health issues in the past year:
  - Anxiety or emotional problems (25%)
  - Depression (23%)
  - An anxiety disorder (e.g. panic attacks, phobia, obsessive compulsive disorder) (16%)
  - Attention Deficit Disorder (ADD/ADHD) (9%)
  - Bipolar Disorder (7%)
  - Developmental disability (cognitive/intellectual) (6%)
  - Alcohol and illicit drug abuse (6%)
  - Post-traumatic stress disorder (PTSD) (5%)
  - Autism spectrum (5%)
  - Eating disorder (2%)
  - Life-adjustment disorder/issue (2%)
  - Other trauma (2%)
  - Psychotic disorder (e.g. schizophrenia, schizoaffective disorder) (2%)
  - Problem gambling (1%)
  - Some other mental health disorder (1%)
- On a typical day, adults rated their stress level as: very low (20%), low (41%), moderate (32%), high (6%), and very high (<1%).
- Adults indicated the following caused them anxiety, stress or depression: job stress (31%), financial stress (35%), death of close family member or friend (22%), poverty/no money (16%), fighting at home (14%), marital/dating relationship (14%), sick family member (14%), other stress at home (13%), unemployment (9%), family member with mental illness (7%), caring for a parent or others (7%), not having enough to eat (4%), not having a place to live (2%), not feeling safe at home (2%), not feeling safe in the community (1%), divorce/separation (1%), and other causes (10%).

- Sixteen percent (16%) of adults 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: had not thought of it (9%), could not afford to go (7%), other priorities (5%), co-pay/deductible too high (4%), took too long to get in to see a doctor (3%), did not know how to find a program (3%), could not get to the office/clinic (3%), could not find a mental health doctor or provider (3%), stigma of seeking mental health services (3%), fear (2%), transportation (1%), and other reasons (6%). Over three-fourths (77%) of adults indicated they did not need such a program.

- Adults would do the following if they knew someone who was suicidal: talk to them (77%), try to calm them down (61%), call 9-1-1 (55%), call a crisis line (51%), call a friend (29%), take them to the ER (28%), call their spiritual leader (15%), and text crisis line (10%).

The following graph shows Seneca County adults 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: 11% of all adults felt sad or hopeless for two or more weeks in a row, including 16% of females and 25% of those with incomes less than $25,000.



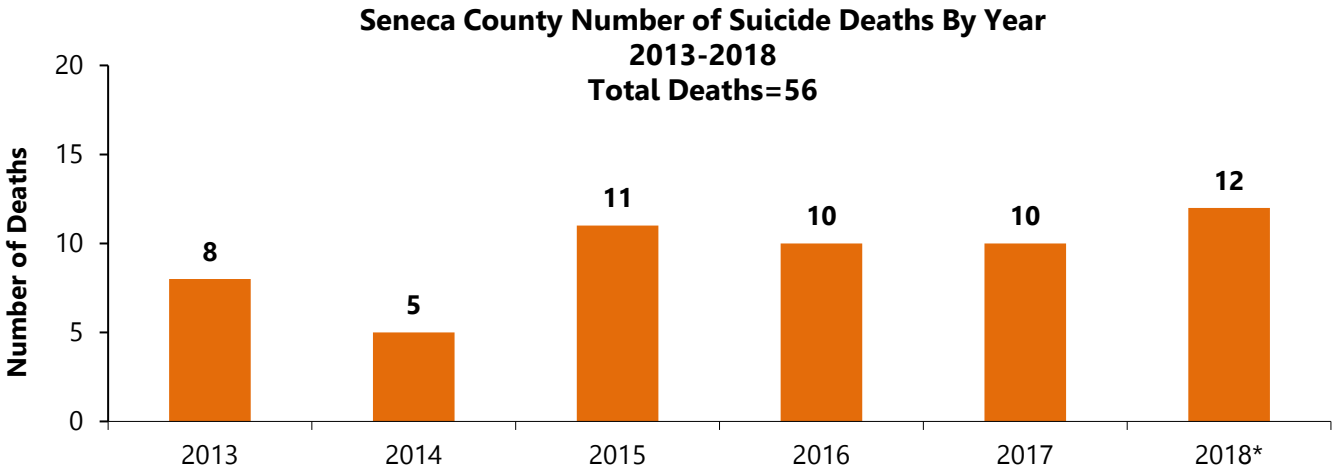
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

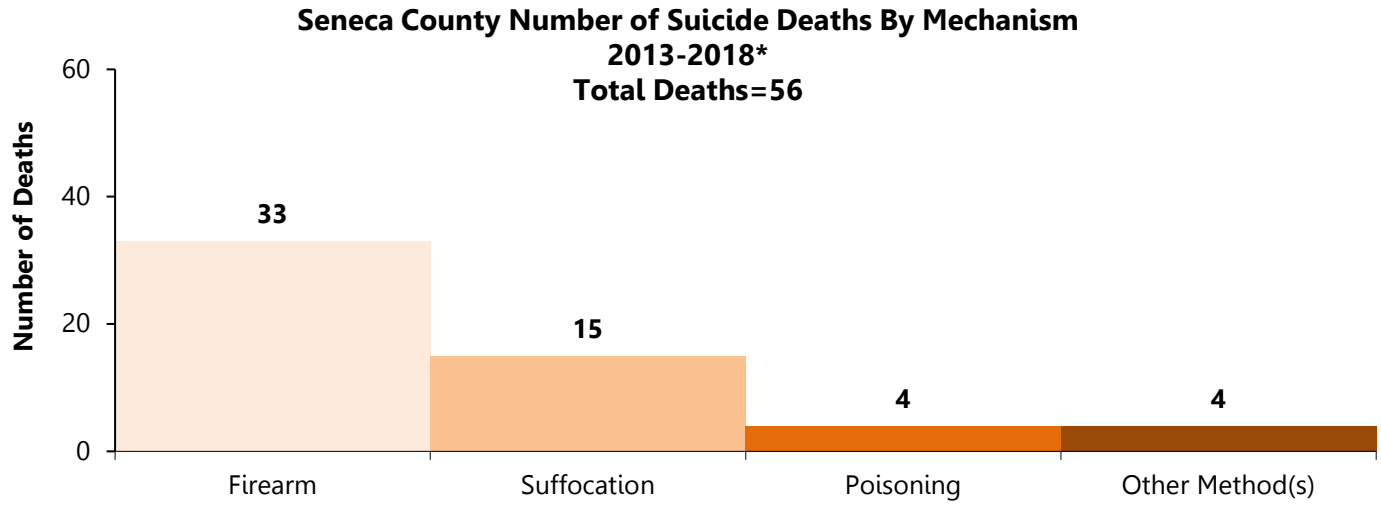
Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Considered attempting suicide in the past year	4%	4%	6%	3%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	3%	<1%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	13%	13%	16%	11%	N/A	N/A

N/A-Not Available

The graphs below show the number of suicide deaths by year and means from 2013-2018 in Seneca County
The graphs shows:

- From 2013 to 2018, there was an average of 9 suicide deaths per year in Seneca County.
- Fifty-nine percent (59%) of deaths by suicide in Seneca County from 2013 to 2018 were completed by firearms.

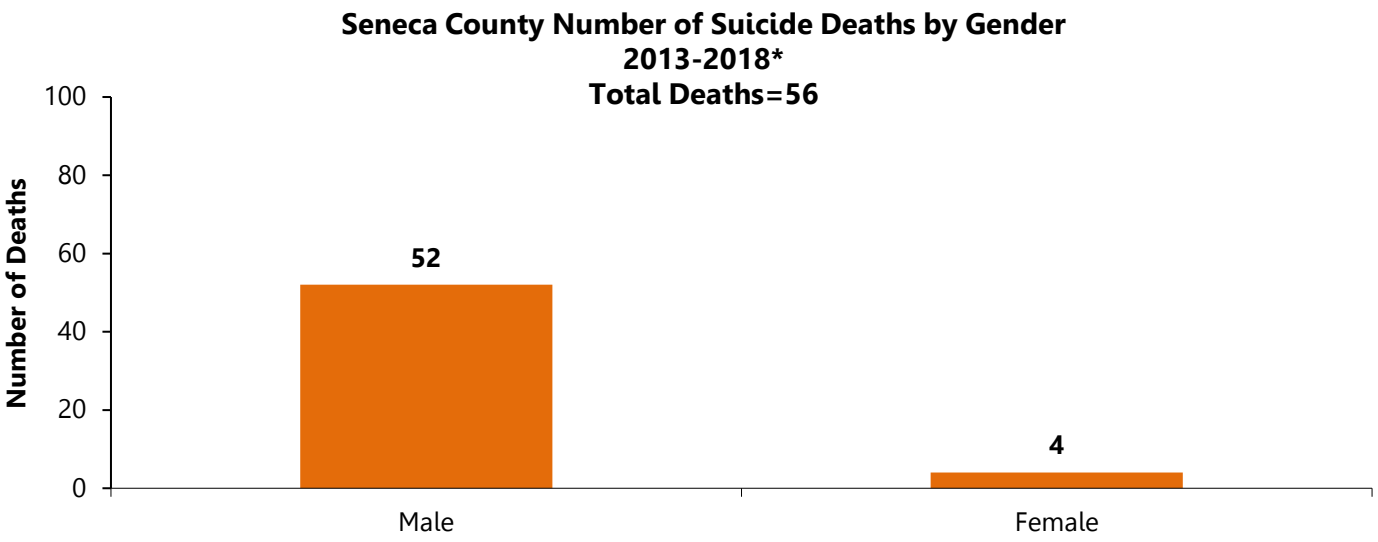




** Considered partial and may be incomplete*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 7/19/19)

The graphs below show the number of suicide deaths by gender from 2013 to 2018 in Seneca County. The graphs show:

- From 2013 to 2018, Seneca County males were significantly more likely to die by suicide than females.



** Considered partial and may be incomplete*
(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 7/9/19)

Suicide Rising Across the U.S.

- Suicide is a leading cause of death in the U.S. Suicide rates have increased more than 30% in half of states since 1999.
- Nearly 45,000 lives were lost to suicide in 2016.
- More than half (54%) of people who died by suicide did not have a known mental health condition. Many factors contribute to suicide among those with and without known mental health conditions. For instance, relationship problems, crisis in the past or upcoming two weeks, physical health problems, problematic substance use, or job/financial problems.
- Making sure government, public health, healthcare, employers, education, the media and community organizations are working together is important for preventing suicide. Public health departments can bring together these partners to focus on comprehensive state and community efforts with the greatest likelihood of preventing suicide.
- States and communities can:
  - Identify and support people at risk of suicide.
  - Teach coping and problem-solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
  - Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
  - Offer activities that bring people together so they feel connected and not alone.
  - Connect people at risk to effective and coordinated mental and physical healthcare.14
  - Expand options for temporary help for those struggling to make ends meet.
  - Prevent future risk of suicide among those who have lost a loved one to suicide.

(Source: CDC, Suicide rising across the US, Updated on June 7, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Three percent (3%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than one-third (37%) of Seneca County adults had high blood cholesterol, 37% had high blood pressure, 39% were obese, and 14% were current smokers, four known risk factors for heart disease and stroke.

Seneca County
Leading Causes of Death
2015-2017

Total Deaths: 1,823

1. Heart Disease (28% of all deaths)
2. Cancer (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Unintentional Injuries (5%)
5. Stroke (5%)

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

Ohio
Leading Causes of Death
2015-2017

Total Deaths: 361,238

1. Heart Disease (23% of all deaths)
2. Cancers (21%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

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

Heart Disease and Stroke

- Three percent (3%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 12% of those over the age of 65.
- Three percent (3%) of Seneca County adults reported they had survived a stroke, increasing to 7% of those over the age of 65.
- Eight percent (8%) of adults reported they had angina or coronary heart disease, increasing to 15% of those over the age of 65.
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 10% of those with incomes less than $25,000 and 7% of those over the age of 65.

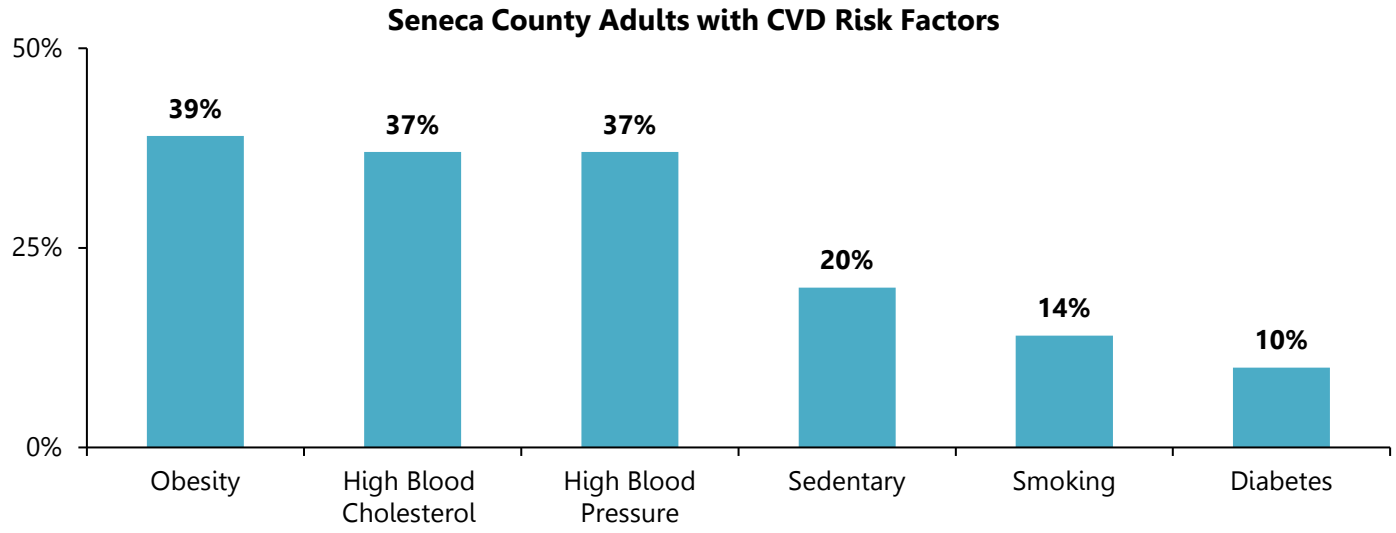
High Blood Pressure (Hypertension)

- More than one-third (37%) of adults had been diagnosed with high blood pressure.
- Eight percent (8%) of adults were told they were pre-hypertensive/borderline high.
- Eighty-seven percent (87%) of adults had their blood pressure checked within the past year.
- Seneca County adults diagnosed with high blood pressure were more likely to have:
  - Been ages 65 years or older (67%)
  - Incomes less than $25,000 (59%)
  - Been classified as obese by Body Mass Index (57%)
  - Rated their overall health as fair or poor (25%)

High Blood Cholesterol

- Thirty-seven percent (37%) of adults had been diagnosed with high blood cholesterol.
- More than four-fifths (83%) of adults had their blood cholesterol checked within the past 5 years.
- Seneca County adults with high blood cholesterol were more likely to have:
  - Been ages 65 years or older (59%)
  - Been classified as obese by Body Mass Index (52%)
  - Incomes less than $25,000 (38%)
  - Rated their overall health as fair or poor (22%)

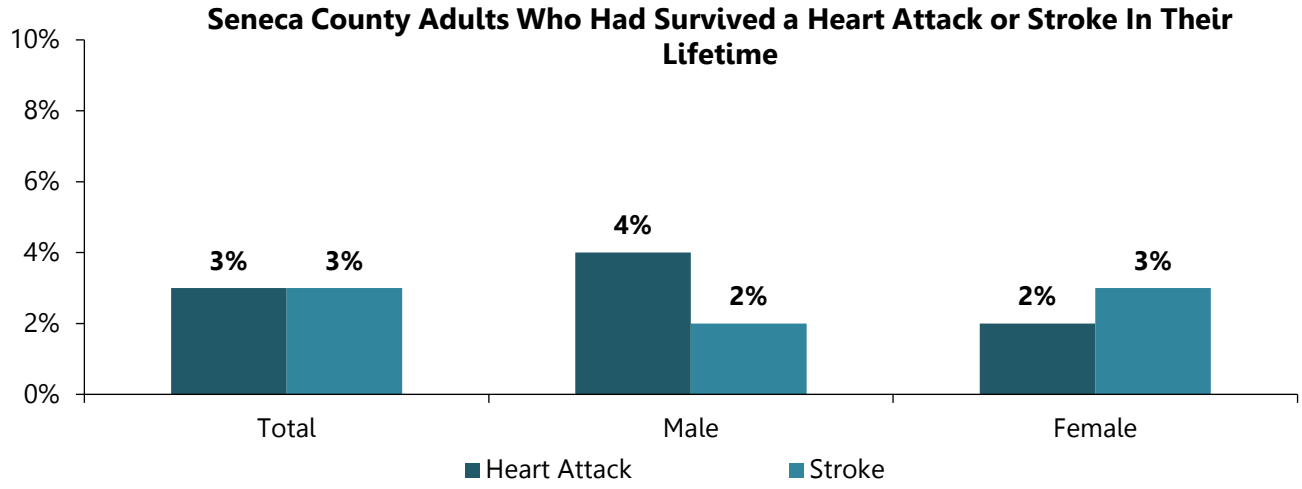
The following graph shows the percentage of Seneca County adults who had major risk factors for developing cardiovascular disease (CVD).



Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Had angina or coronary heart disease	N/A	6%	5%	8%	5%	4%
Had a heart attack	5%	7%	6%	3%	6%	4%
Had a stroke	3%	2%	2%	3%	4%	3%
Had high blood pressure	33%	30%	28%	37%	35%	32%
Had high blood cholesterol	31%	36%	37%	37%	33%	33%
Had blood cholesterol checked within past 5 years	N/A	79%	79%	83%	85%	86%

N/A – Not Available

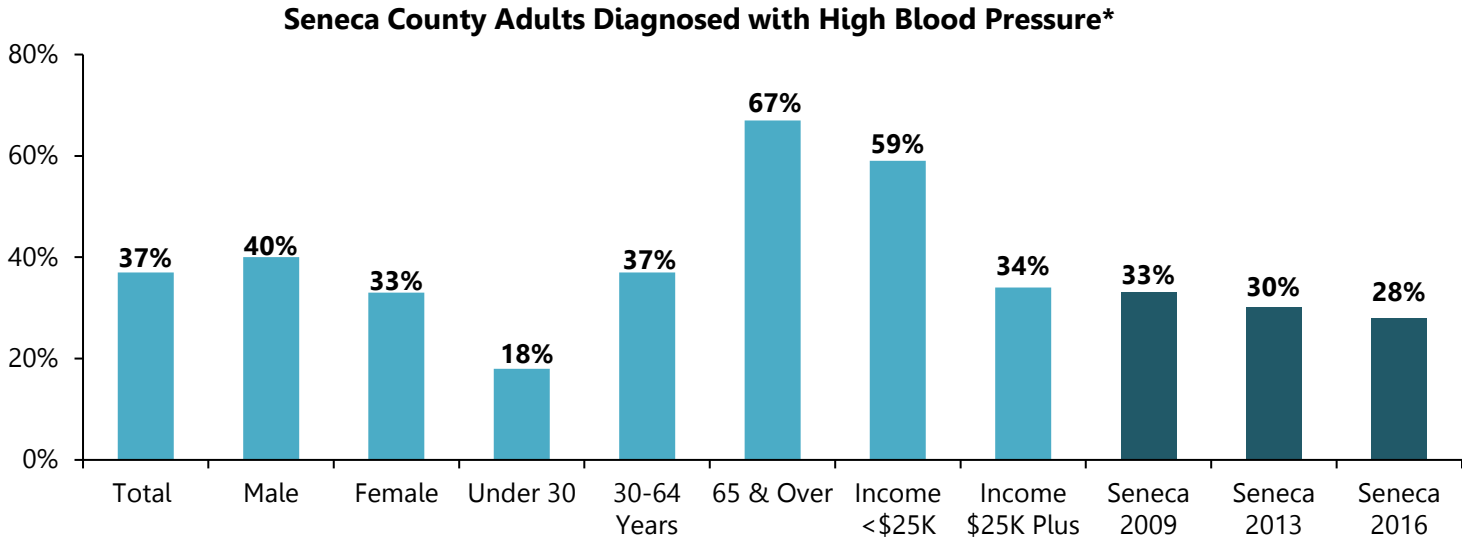
The following graph shows the percentage of Seneca County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 4% of Seneca County males survived a heart attack compared to 2% of females.



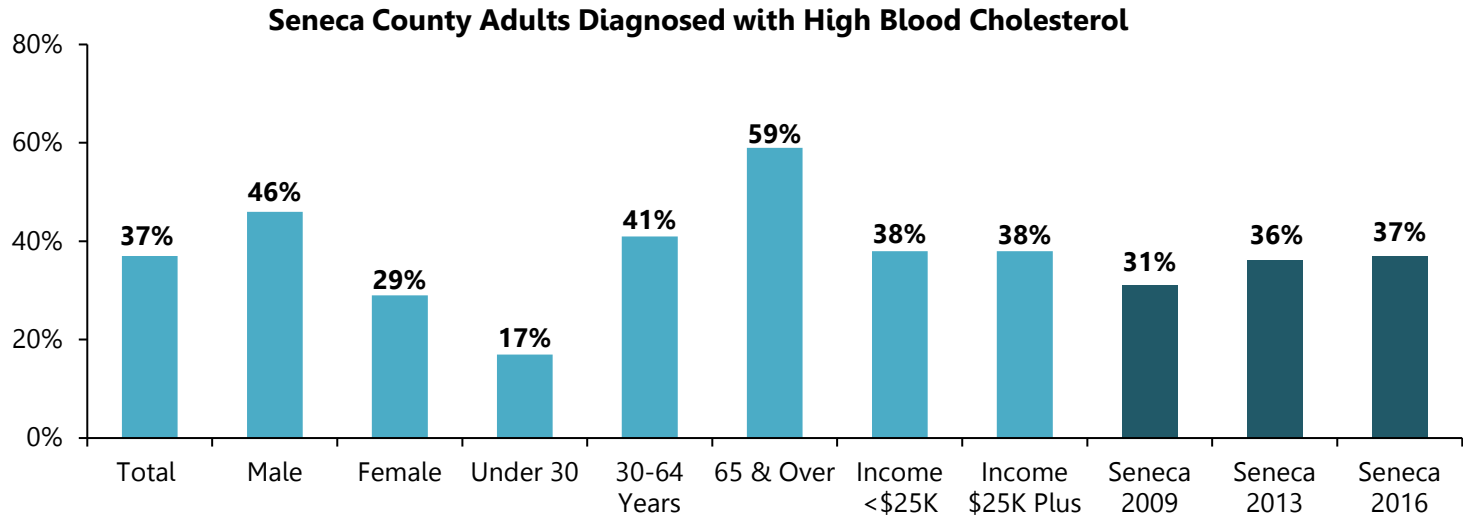
(Source: 2019 Seneca County Health Assessment)

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

The following graphs show the percentage of Seneca County adults who had been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 37% of all Seneca County adults had been diagnosed with high blood pressure, including 40% of males and 67% of those over the age of 65.



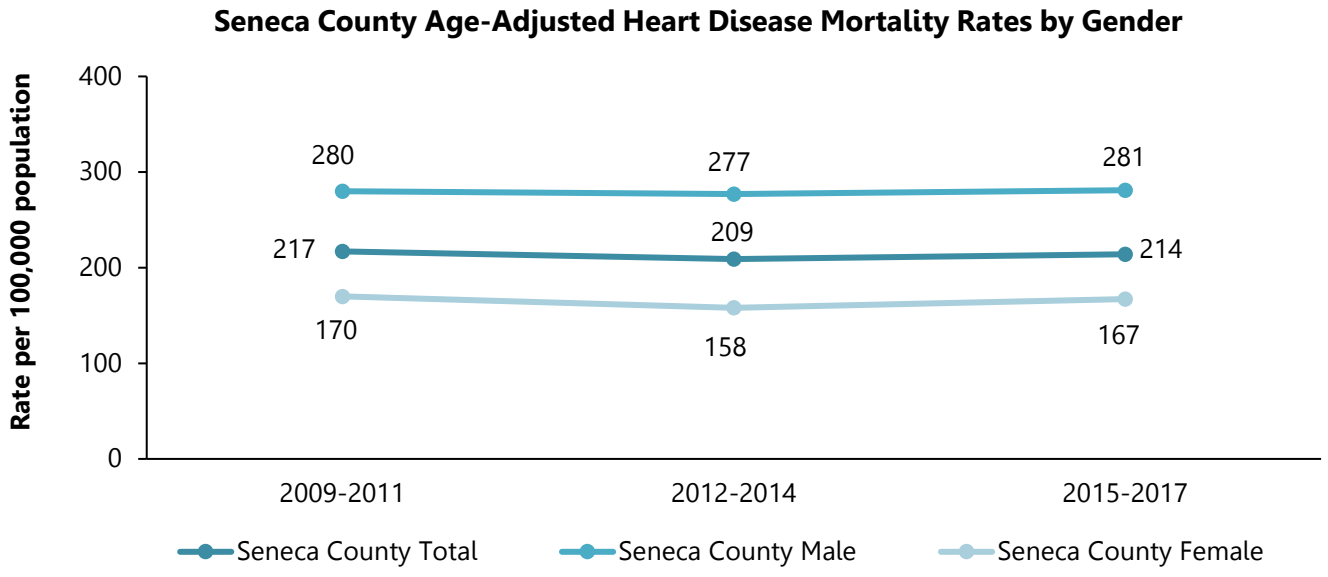
**Does not include respondents who indicated high blood pressure during pregnancy only.*

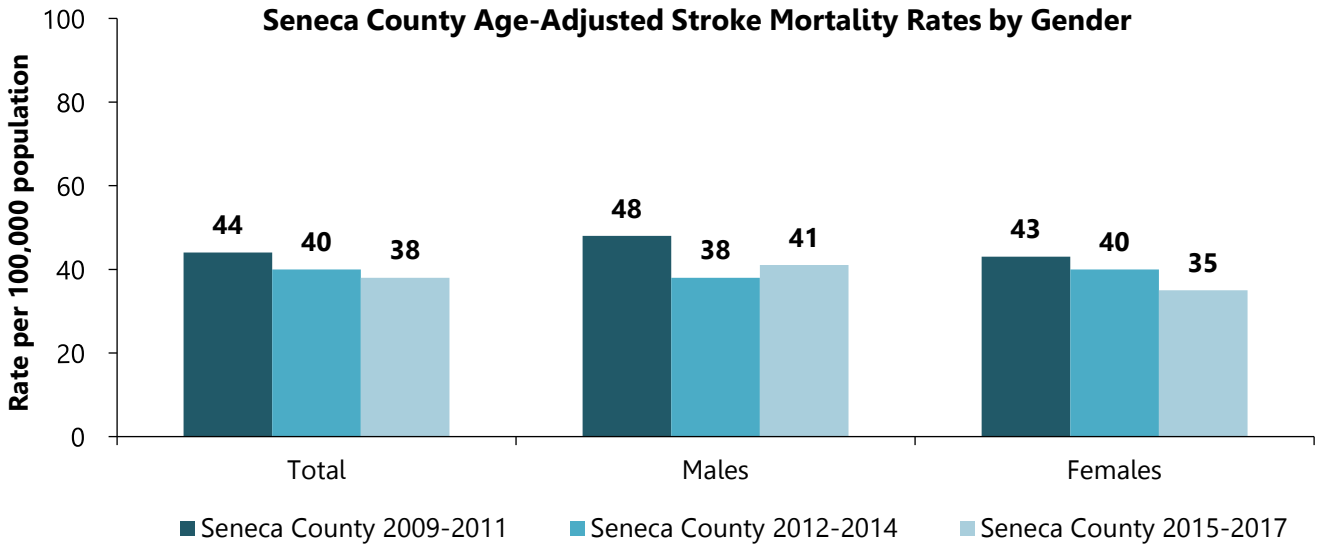


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

- From 2009 to 2017, the total Seneca County age adjusted heart disease mortality rate fluctuated.
- From 2009 to 2017, the Seneca County stroke mortality rate fluctuated for both genders.

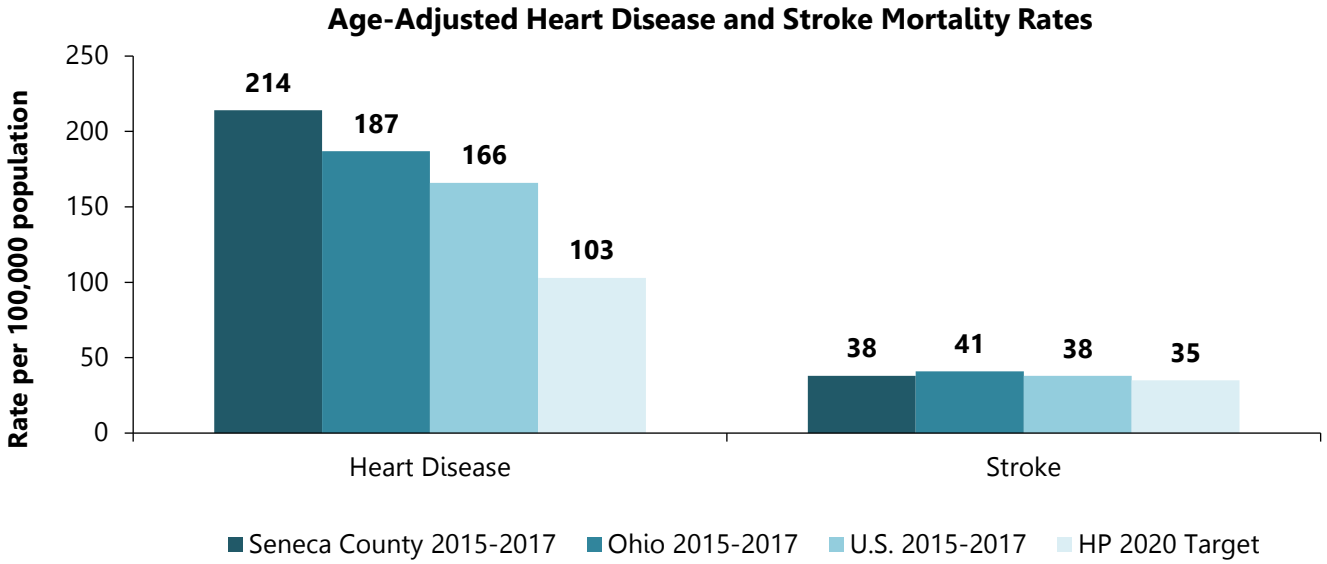




(Source for graphs: Ohio Public Health Data Warehouse, 2009-2017)

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 from 2015 to 2017 the Seneca County heart disease mortality rate was higher than the Ohio rate, the U.S. rate and the Healthy People 2020 target objective.
- The Seneca County age-adjusted stroke mortality rate was lower than the state, the U.S., and the Healthy People 2020 target objective from 2015 to 2017.



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

Healthy People 2020 Objectives
Heart Disease and Stroke

Objective	2019 Seneca Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5.1: Reduce proportion of adults with hypertension	37%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	83%	86% Adults age 18 & up	82%
HDS-7: Reduce the proportion of adults with high total blood cholesterol (TBC)	37%	33% Adults age 20+ with TBC>240 mg/dl	13.5%

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

Chronic Disease: Cancer

Key Findings

Eight percent (8%) of Seneca County adults had been diagnosed with cancer at some time in their life. Thirty-one percent (31%) of adults had been screened for colorectal cancer in the past five years.

Seneca County
Incidence of Cancer, 2012-2016

All Types: 1,540 cases

- Lung and Bronchus: 245 (16%)
- Breast: 216 cases (14%)
- Colon and Rectum: 170 cases (11%)
- Prostate: 146 cases (9%)

From 2015-2017, there were 372 cancer deaths in Seneca County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, Updated 1/5/18)

Cancer

- Eight percent (8%) of Seneca County adults were diagnosed with cancer at some point in their lives, increasing to 24% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (30%), breast (25%), lung (11%), testicular (8%), ovarian (8%), melanoma (7%), colon (7%), bladder (4%), bone (1%), and other types of cancer (4%). Eleven percent (11%) of adults were diagnosed with multiple types of cancer.
- Adults reported being screened for the following: colorectal cancer in the past five years (31%), oral cancer in the past year (19%), skin cancer in the past year (17%), and lung cancer in the past 3 years (5%).

Cancer Facts

- The Ohio Public Health Data Warehouse indicates that from 2015-2017, cancers caused 20% (372 of 1,823 total deaths) of all Seneca County resident deaths *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose), and sinuses; larynx (voice box); pharynx (throat); and esophagus (swallowing tube). Also, smoking has been associated with the following cancers: lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia *(Source: American Cancer Society, Facts & Figures 2019).*

Lung Cancer

- The largest percent (25%) of cancer deaths in Seneca County were from lung and bronchus cancers *(Source: Ohio Public Health Data Warehouse, 2015-2017).*

Breast Cancer

- Fifty percent (50%) of Seneca County females reported having had a clinical breast examination in the past year.
- Fifty-four percent (54%) of Seneca County females over the age of 40 had a mammogram in the past year.
- 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 2018).*

Prostate Cancer

- Fifty-one percent (51%) of Seneca County males had a prostate-specific antigen (PSA) test at some time in their life and 27% had one in the past year.
- Prostate cancer deaths accounted for 10% of all male cancer deaths from 2015-2017 in Seneca County *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 *(Source: American Cancer Society, Facts & Figures 2018).*

Colon and Rectum Cancers

- ODH indicates that colon and rectum cancer deaths accounted for 13% of all male and female cancer deaths from 2015-2017 in Seneca County *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- Modifiable factors that increase colon and rectum cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes *(Source: American Cancer Society, Facts & Figures 2018).*

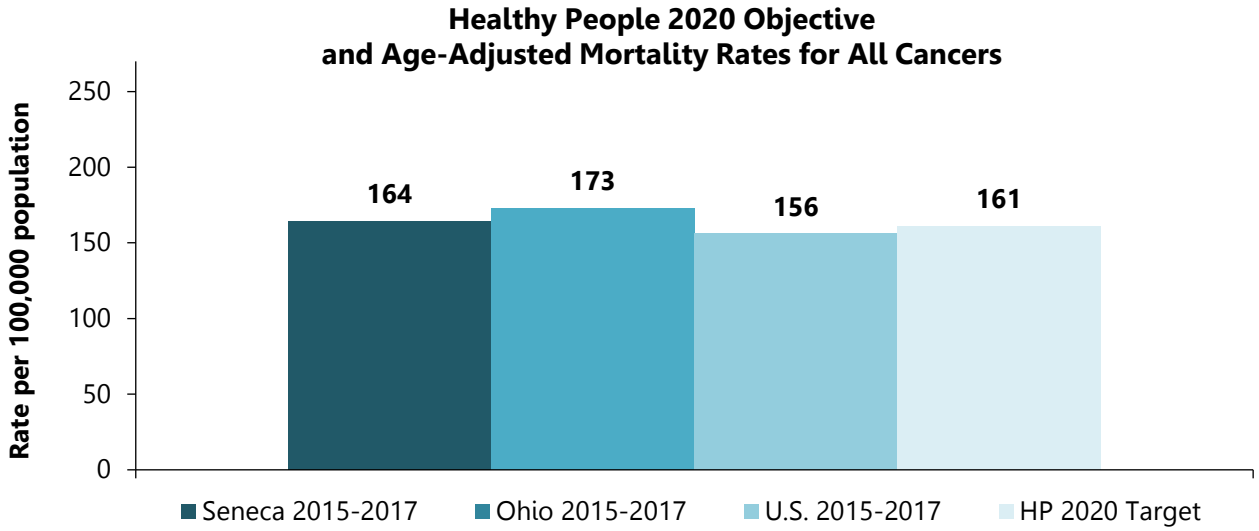
2019 Cancer Estimates

- In 2019, about 1,762,450 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2019 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 609,640 Americans are expected to die of cancer in 2019.
- Almost one third of cancer deaths are attributed to smoking.
- In 2019, estimates predict that there will be 56,590 new cases of cancer and 25,740 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,760 (16%) will be from lung and bronchus cancers and 5,550 (8%) will be from colon and rectum cancers.
- About 10,610 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,810 (8%).

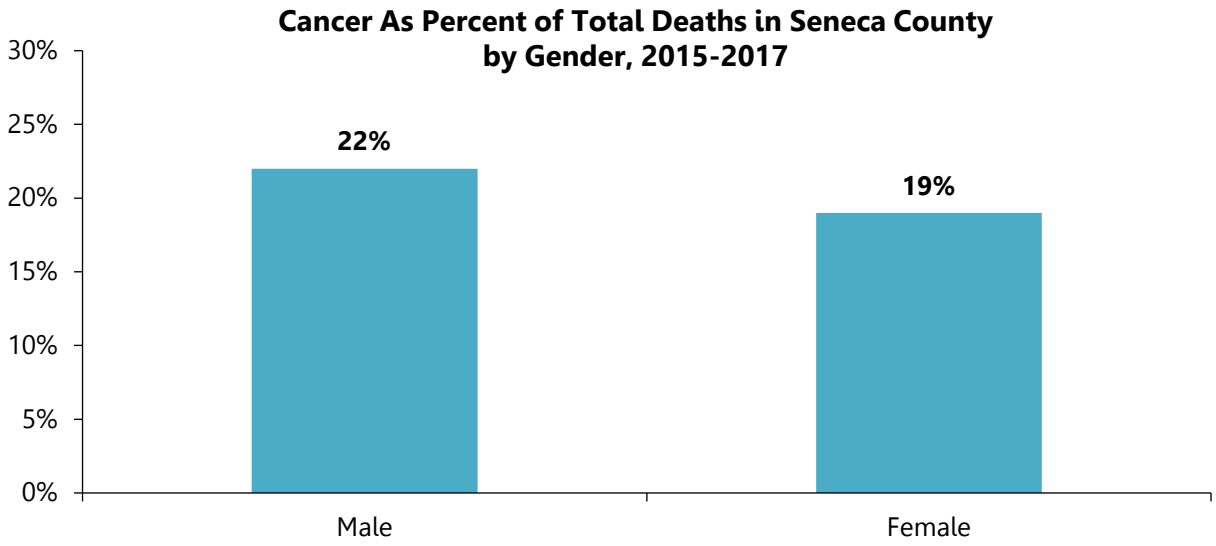
(Source: American Cancer Society, Facts and Figures 2019)

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

- The Seneca County age-adjusted cancer mortality rate was lower than the Ohio rate, U.S. rate, and the Healthy People 2020 target objective.
- The percentage of Seneca County males who died from all cancers is higher than the percentage of Seneca County females who died from all cancers.



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



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

Seneca County Incidence of Cancer, 2012-2016

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	245	16%	68.6
Breast	216	14%	64.6
Colon & Rectum	170	11%	47.1
Prostate	146	9%	81.9
Other Sites/Types	122	8%	34.6
Bladder	91	6%	25.0
Melanoma of Skin	66	4%	18.0
Kidney & Renal Pelvis	65	4%	19.5
Non-Hodgkins Lymphoma	54	4%	15.3
Pancreas	50	3%	13.6
Uterus	48	3%	26.7
Thyroid	44	3%	15.5
Leukemia	39	3%	11.4
Oral Cavity & Pharynx	36	2%	10.3
Multiple Myeloma	28	2%	8.4
Brain and Other CNS	23	1%	7.4
Ovary	19	1%	9.6
Liver & Intrahepatic Bile Duct	14	1%	3.8
Stomach	14	1%	4.5
Esophagus	14	1%	3.4
Testis	12	1%	9.0
Cervix	10	1%	6.0
Larynx	9	1%	2.4
Hodgkins Lymphoma	5	<1%	1.9
Total	**1,540**	**100%**	**440.7**

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 1/5/19)

Chronic Disease: Arthritis

Key Findings

More than one-third (34%) of Seneca County adults were told by a doctor or other health professional that they had some form of arthritis.

Arthritis

- More than one-third (34%) of Seneca County adults were told by a health professional that they had some form of arthritis, increasing to 64% of those over the age of 65.
- Seneca County adults reported they had been diagnosed with the following: fibromyalgia (5%), rheumatoid arthritis (4%), gout (3%), and lupus (1%).

Arthritis in the U.S.

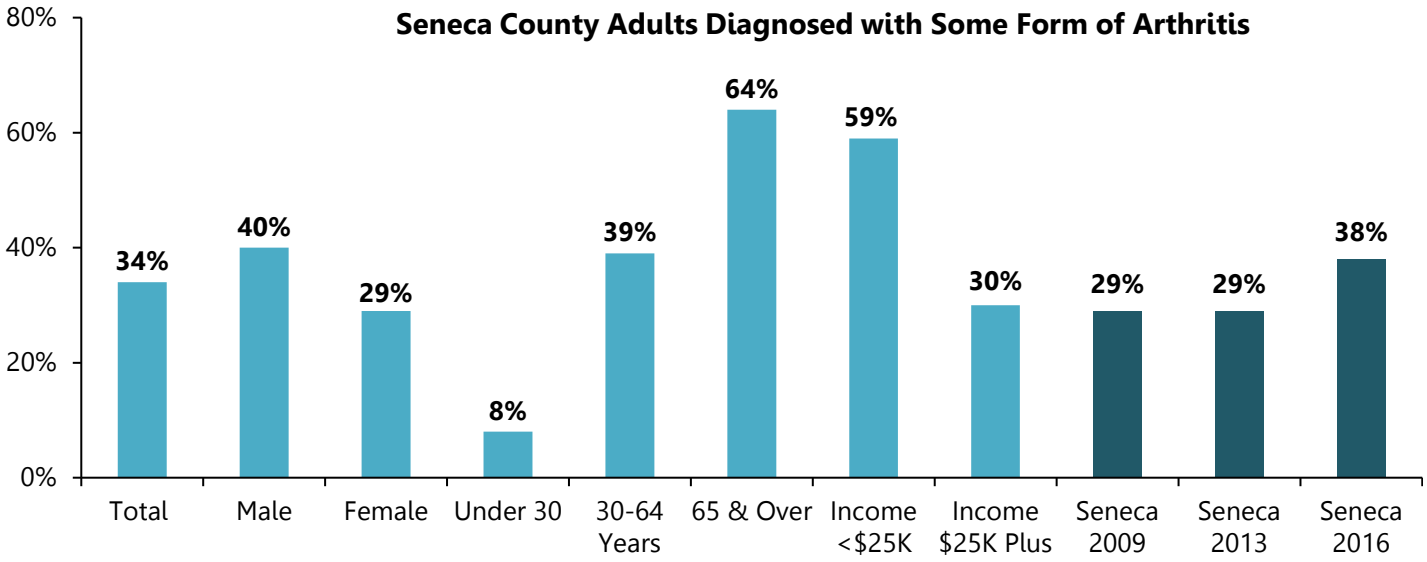
- In the United States, 54 million people (23% of all adults) have arthritis. It is a leading cause of work-related disability. The annual direct costs are at least **$140 billion**.
- Arthritis commonly occurs with other chronic diseases. About half of US adults with heart disease or diabetes and one-third of people who have obesity also have arthritis. Having arthritis and other chronic conditions can reduce quality of life, reduce physical activity, and make disease management harder.

(Source: CDC. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), updated on October 19, 2018)

- Three-fourths (75%) of adults diagnosed with some form of arthritis were overweight or obese.

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	29%	29%	38%	34%	29%	25%

The following graph shows the percentage of Seneca County adults who were diagnosed with arthritis. An examples of how to interpret the information includes: 34% of adults were diagnosed with arthritis, including 40% of males and 59% of adults with incomes less than $25,000.



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

Chronic Disease: Asthma

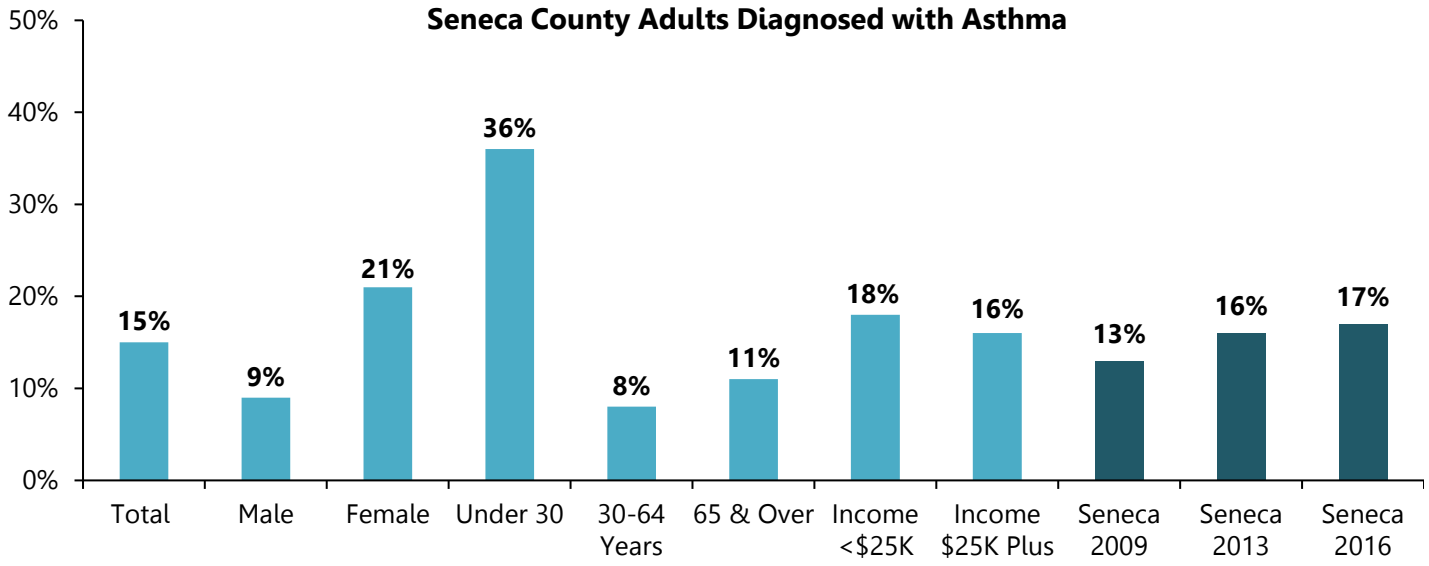
Key Findings

Fifteen percent (15%) of Seneca County adults had been told by a doctor, nurse, or other health professional that they had asthma.

Asthma

- Fifteen percent (15%) of Seneca County adults had been told by a doctor, nurse, or other health professional that they had asthma, increasing to 21% of females.

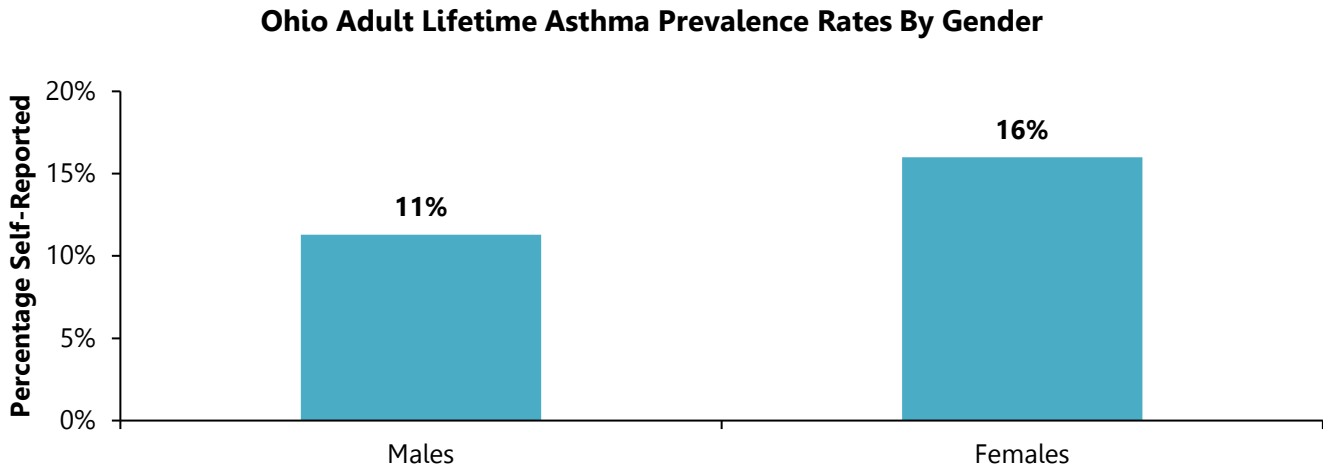
The following graph shows the percentage of Seneca County adults who were diagnosed with asthma. An example of how to interpret the information includes: 15% of adults were diagnosed with asthma, including 36% of adults under the age of 30 and 21% of females.

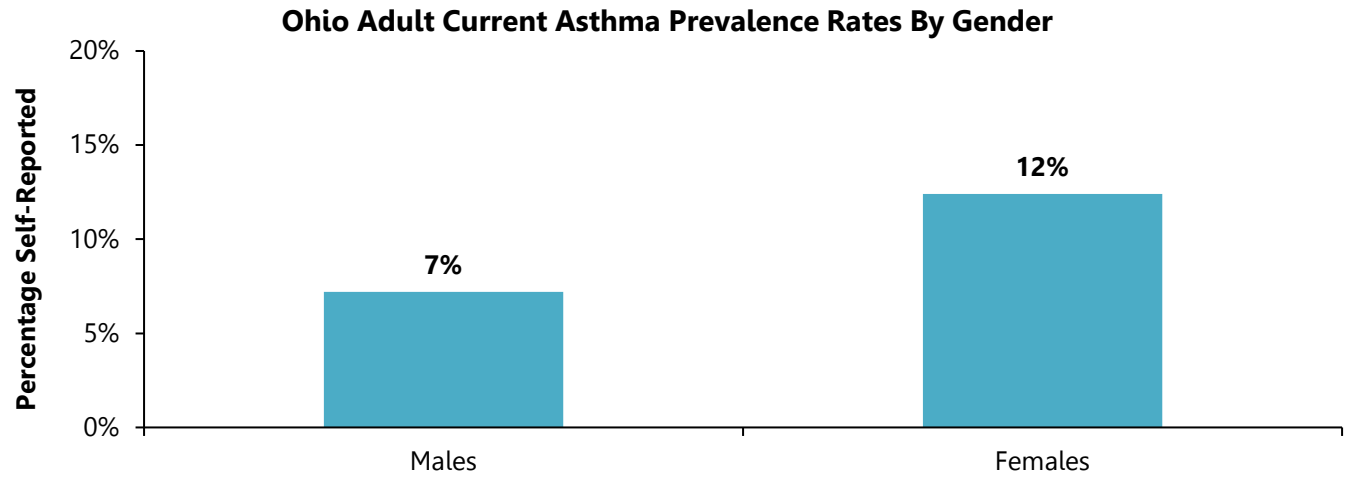


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Had been diagnosed with asthma	13%	16%	17%	15%	14%	14%

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





(Source for graphs: 2017 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 8.3% of Americans have asthma. Of the 26.5 million, 20.4 million are adults.
- Almost 3,500 people die of asthma each year, nearly half of whom are age 65 or older.
- Asthma results in 439,000 hospitalizations and 1.3 million emergency room visits annually.
- Patients with asthma reported 11 million visits to a doctor's office and 1.7 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, 2018)

Chronic Disease: Diabetes

Key Findings

Ten percent (10%) Seneca County adults had ever been diagnosed with diabetes. More than two-fifths (41%) of diabetics rated their health as fair or poor in the past year.

Diabetes

- Ten percent (10%) Seneca County adults had been diagnosed with diabetes, increasing to 21% of those over the age of 65.
- Eight percent (8%) of adults had been diagnosed with pre-diabetes or borderline diabetes.
- Three percent (3%) of adults had only been diagnosed with diabetes during pregnancy.
- More than two-fifths (41%) of adults with diabetes rated their health as fair or poor.
- Seneca County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 81% had been diagnosed with high blood cholesterol
  - 55% were obese
  - 36% were overweight

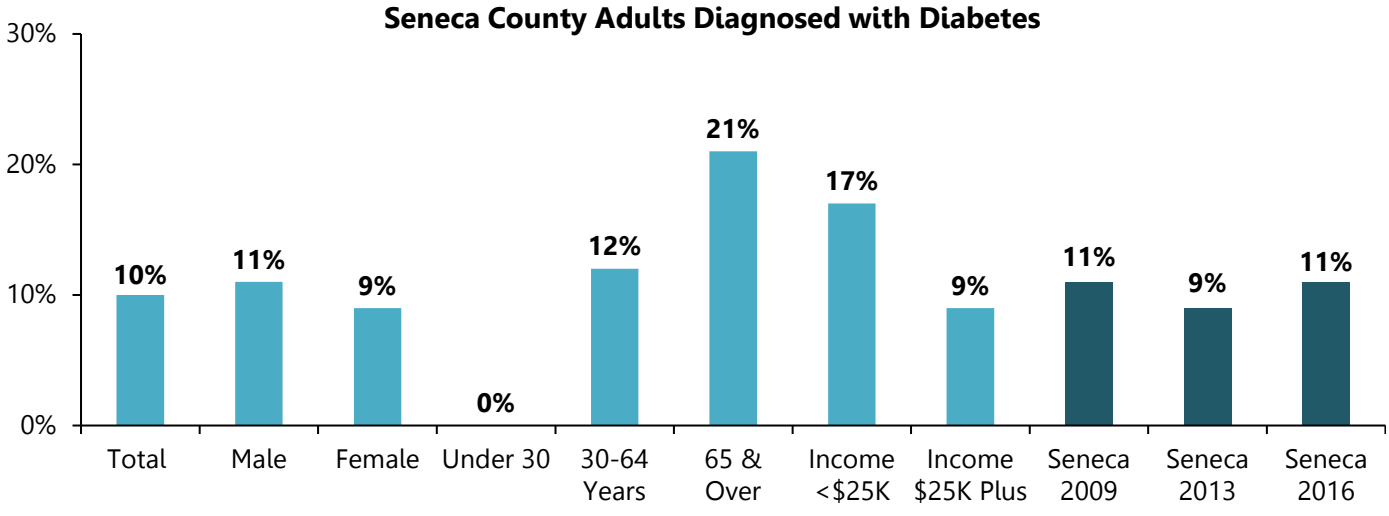
Statistics About Diabetes

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

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

2,328 of adults had been diagnosed with diabetes in their lifetime

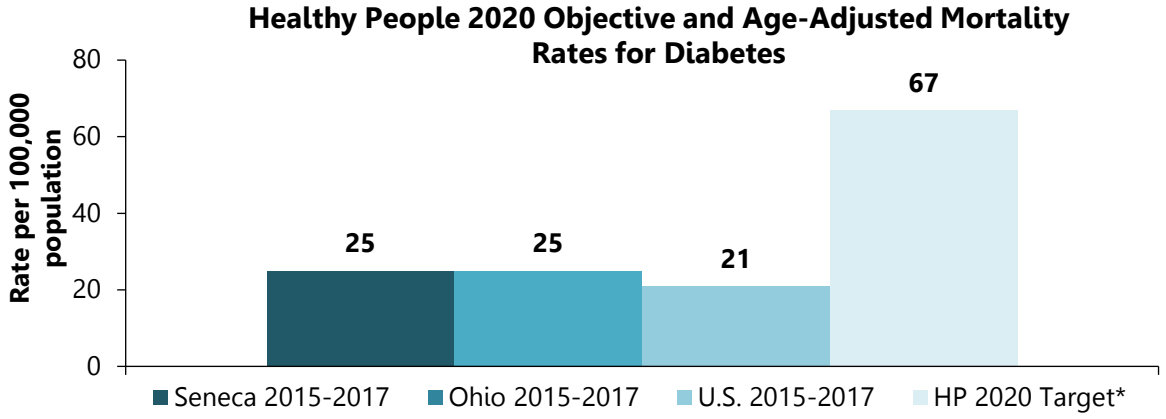
The following graph shows the percentage of Seneca County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 10% of adults were diagnosed with diabetes, including 21% of adults ages 65 and older and 17% of those with incomes less than $25,000.



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

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

- When age differences are accounted for, Seneca County the same diabetes mortality rate than Ohio. but a lower mortality rate than the Healthy People 2020 objective.



**Note: The Healthy People 2020 rate is for all diabetes-related deaths*
(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017, Healthy People 2020)

Adult Comparisons	Seneca County 2009	Seneca County 2013	Seneca County 2016	Seneca County 2019	Ohio 2017	U.S. 2017
Had been diagnosed with diabetes	11%	9%	11%	10%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	N/A	6%	7%	8%	2%	2%
Ever been diagnosed with pregnancy-related diabetes	N/A	N/A	5%	3%	1%	1%

N/A-Not Available

Types of Diabetes

Diabetes is a chronic disease that affects how your body turns food into energy. There are three main types of diabetes: type 1, type 2 and gestational diabetes (diabetes while pregnant).

- **Type 1 diabetes** is caused by an autoimmune reaction (the body attacks itself by mistake) that stops your body from making insulin. About 5% of the people who have diabetes have type 1. Symptoms of type 1 diabetes often develop quickly. It's usually diagnosed in children, teens, and young adults. If you have type 1 diabetes, you'll need to take insulin every day to survive. Currently, no one knows how to prevent type 1 diabetes.
- **Type 2 diabetes** is when the body doesn't use insulin well and is unable to keep blood sugar at normal levels. Most people with diabetes—9 in 10—have type 2 diabetes. It develops over many years and is usually diagnosed in adults (though increasingly in children, teens, and young adults). Symptoms sometimes go unnoticed. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight if you're overweight, healthy eating, and getting regular physical activity.
- **Gestational diabetes (or pregnancy-related diabetes)** develops in pregnant women who have never had diabetes. Babies born to women with gestational diabetes could be at higher risk for health complications. Gestational diabetes usually goes away after the baby is born but increases the mothers risk for type 2 diabetes later in life. The baby is more likely to become obese as a child or teen, and more likely to develop type 2 diabetes later in life too.

(Source: CDC, About Diabetes, Updated: July 1, 2017)

Chronic Disease: Quality of Life

Key Findings

Forty-four percent (44%) of Seneca County adults reported they were limited by any impairment or health problem. The most limiting health problems were back or neck problems (58%); arthritis/rheumatism (46%); stress, depression, anxiety, or emotional problems (29%); and fitness level (28%).

Impairments and Health Problems

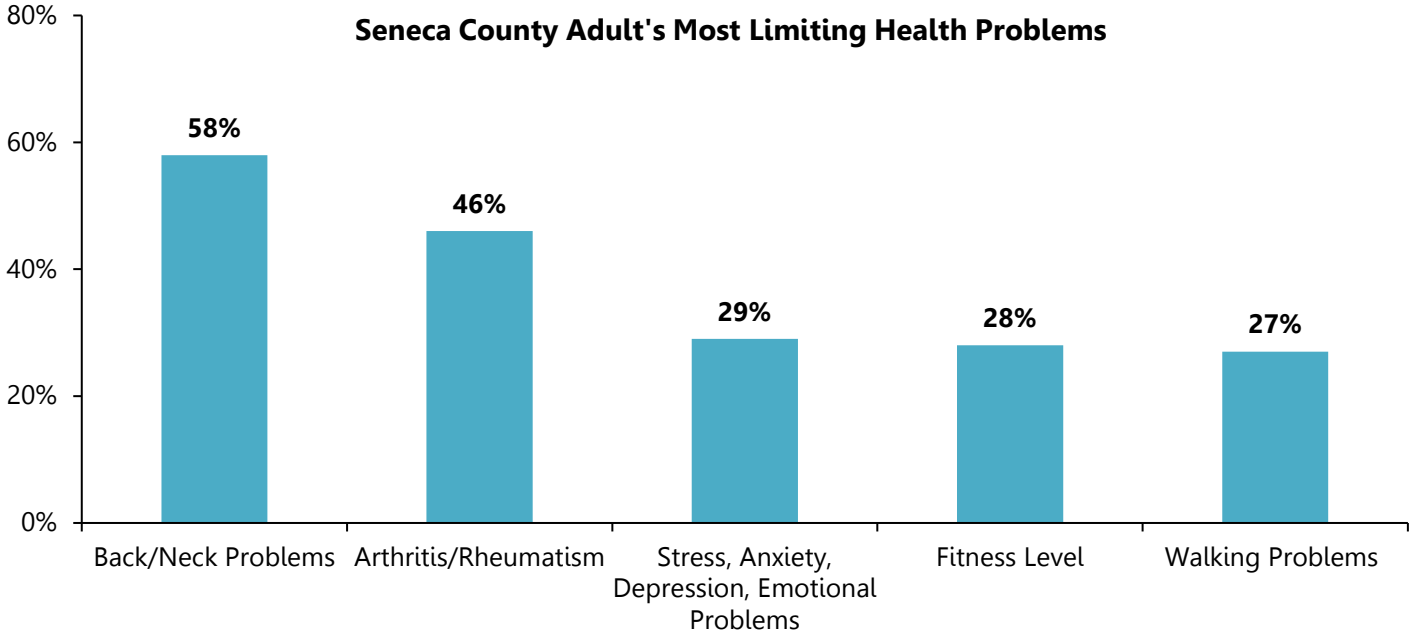
- In 2019, 44% of Seneca County adults reported they were limited by an impairment or health problem. Among those who were limited, the following most limiting health problems or impairments were reported:
  - Back or neck problems (58%)
  - Arthritis/rheumatism (46%)
  - Stress, depression, anxiety, or emotional problems (29%)
  - Fitness level (28%)
  - Walking problems (27%)
  - Weight (26%)
  - Sleep problems (23%)
  - Chronic illness (e.g., diabetes, cancer, heart and stroke related problems, high blood pressure) (18%)
  - Chronic pain (16%)
  - Lung/breathing problems (12%)
  - Hearing problems (11%)
  - Fractures, bone/joint injuries (11%)
  - Eye/vision problems (11%)
  - Mental health illness/disorder (6%)
  - Drug addiction (5%)
  - Memory loss (4%)
  - Dental problems (4%)
  - Confusion (4%)

- Seneca County adults needed the following services or equipment in the past year:
  - Eyeglasses or vision (26%)
  - Help with routine needs (everyday household chores, doing necessary business) (8%)
  - Hearing aids or hearing care (6%)
  - Durable medical equipment (e.g., P.R. Medical Connection) (6%)
  - Help with personal care needs (eating, bathing, dressing, getting around the house) (6%)
  - Pain management (5%)
  - Cane (5%)
  - Walker (4%)
  - Medical supplies (2%)
  - Wheelchair (2%)
  - Personal emergency response system (2%)
  - Oxygen or respiratory support (1%)
  - Wheelchair ramp (1%)
  - Communication aids or devices (1%)
  - Mobility aids or devices (1%)
  - Special bed (<1%)
  - Special telephone (<1%)

- In the past year, 10% of adults fell resulting in injury that caused them to limit their regular activities for at least a day or caused them to go see a doctor.

- Seneca County adults were responsible for providing regular care or assistance to the following:
  - Multiple children (24%)
  - An elderly parent or loved one (10%)
  - A friend, family member or spouse with a health problem (7%)
  - Grandchildren (6%)
  - An adult child (5%)
  - A friend, family member or spouse with a mental health issue (3%)
  - A friend, family member or spouse with dementia (3%)
  - Children with discipline issues (2%)
  - Someone with special needs (2%)
  - Children whose parent(s) use drugs and/or are unable to care for their child(ren) (2%)
  - Children whose parent(s) lost custody due to other reason (1%)
  - Foster children (1%)

The following graph show the most limiting health problems for Seneca County adults. An example of how to interpret the information shown on the graph includes: 58% of adults reported back or neck problems were their most limiting health problem.



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Seneca County 2019	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	46%	36%

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

Social Conditions: Social Determinants of Health

Key Findings

Six percent (6%) of Seneca County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Thirteen percent (13%) of Seneca County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Fourteen percent (14%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Economic Stability

- Seven percent (7%) of Seneca County adults needed help meeting their general daily needs such as food, clothing, shelter or paying for utilities in the past month, increasing to 24% of those with incomes less than $25,000.

- Fourteen percent (14%) adults had experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following: had to choose between paying bills and buying food (7%), did not eat because they did not have enough money for food (6%), loss of income led to food insecurity issues (6%), their food assistance was cut (5%), went hungry/ate less to provide more food for their family (3%), and they were worried food might run out (2%). Eight percent (8%) of adults experienced more than one issue related to hunger/food insecurity in the past year.

Food Insecurity

- Food secure households had access, at all times, to enough food for an active, healthy life for all household members. 88.2 percent (112.3 million) of U.S. households were food secure throughout 2017.
- Food-insecure households are uncertain of having, or unable to acquire, at some time during the year, enough food to meet the needs of all their members because they had insufficient money or other resources for food. 11.8 percent (15.0 million) of U.S. households were food insecure at some time during 2017.
- Households with very low food security are food insecure to the extent that normal eating patterns of some household members were disrupted at times during the year, with self-reported food intake below levels considered adequate.

(Source: United States Department of Agriculture (USDA), Food Insecurity in the U.S., Interactive Charts and Highlights, Updated on September 5, 2018)

- Seneca County adults or a loved one received assistance for the following in the past year:
  - Medicare or Medicaid (12%)
  - Prescription assistance (10%)
  - Dental care (9%)
  - Health care (9%)
  - Food (7%)
  - Mental illness issues including depression (5%)
  - Employment (5%)
  - Utilities (4%)
  - Clothing (3%)
  - Transportation (3%)
  - Home repair (3%)
  - Emergency shelter or temporary living arrangements (2%)
  - Drug or alcohol addiction (1%)
  - Legal aid services (1%)
  - Free tax preparation (1%)
  - Rent/mortgage (1%)
  - Gambling addiction (1%)
  - Septic/well repairs (1%)
  - Credit counseling/budgeting money (1%)
  - Affordable childcare (1%)
  - Diapers (1%)
  - Post incarceration transition issues (<1%)
  - Unplanned pregnancy (<1%)

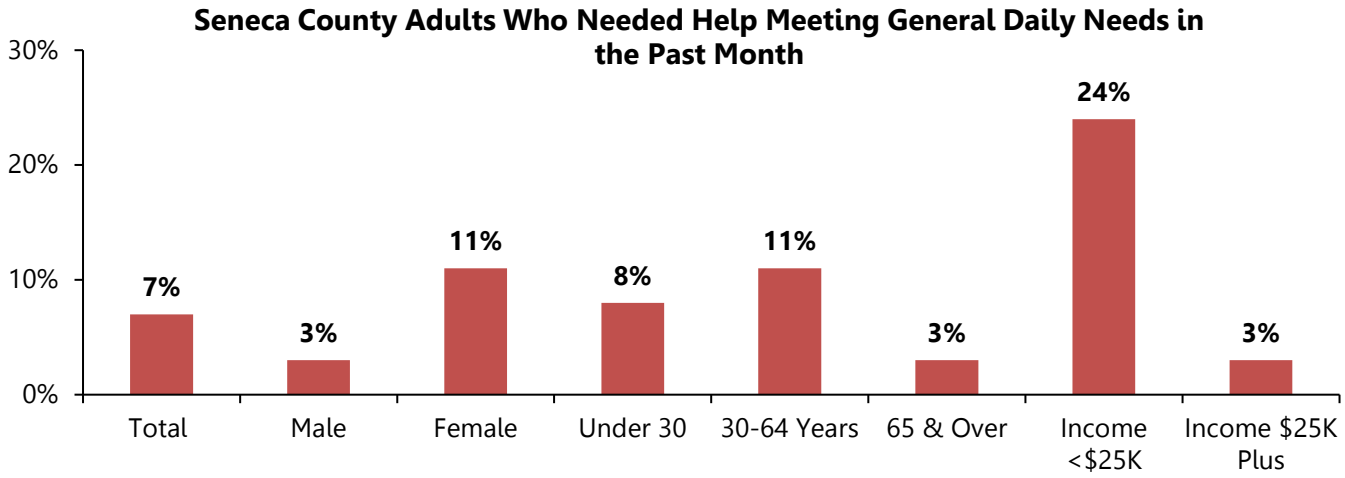
- The median household income in Seneca County was $47,805. The U.S. Census Bureau reports median income levels of $52,407 for Ohio and $57,652 for the U.S *(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).*

- Fourteen percent (14%) of all Seneca County residents were living in poverty, and 17% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017).*

- The unemployment rate for Seneca County was 5.5 as of January 2019 *(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).*

- There were 24,105 housing units. The owner-occupied housing unit rate was 89%. Rent in Seneca County cost an average of $672 per month *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

The following graph shows the percentage of Seneca County adults who needed help meeting general daily needs such as food, clothing, shelter or paying utilities bills in the past 30 days. An example of how to interpret the information on the graph includes: 7% of all Seneca County adults needed help meeting their general daily needs, including 11% of females, and 24% of those with incomes less than $25,000.



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

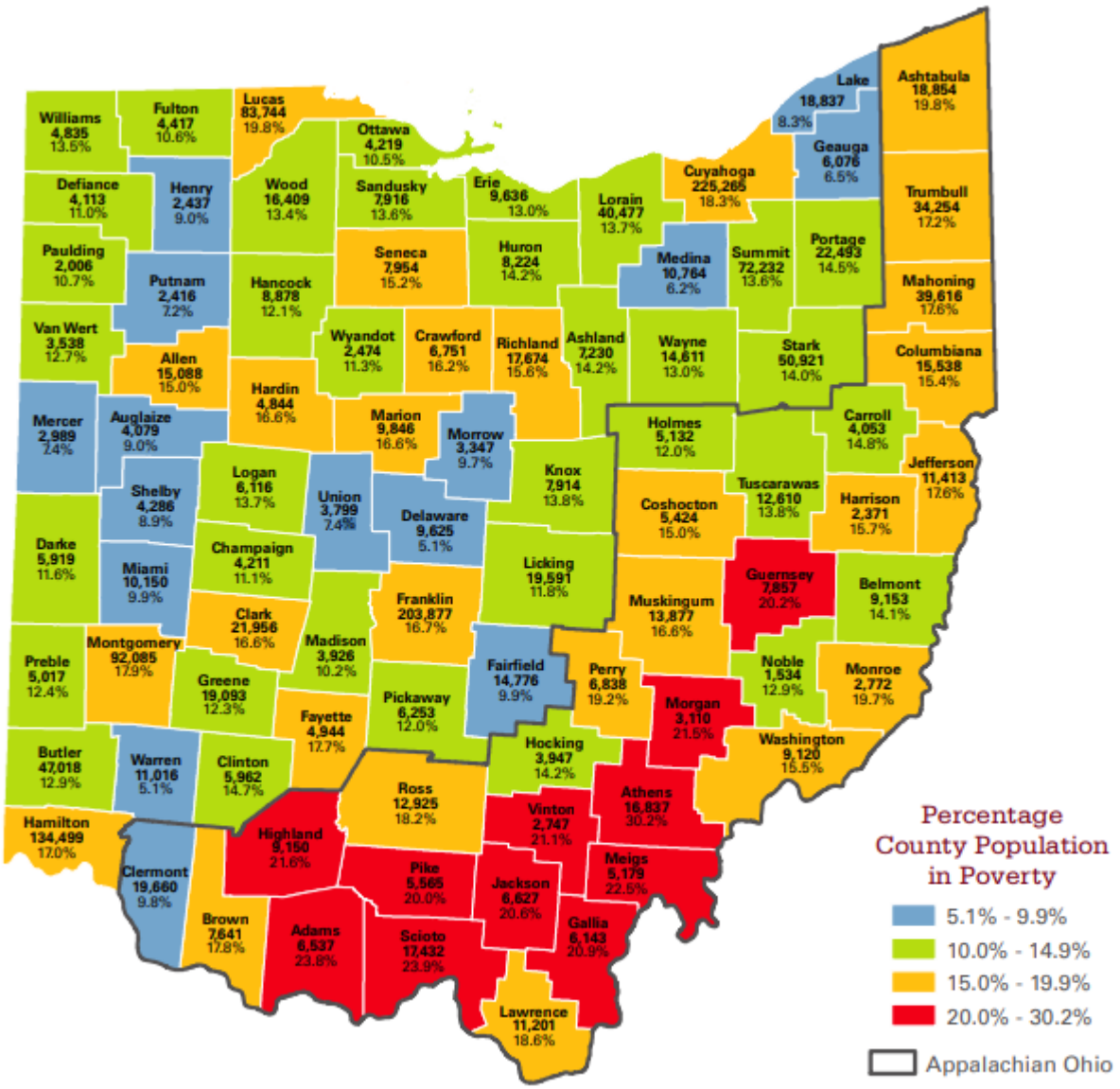
Seneca County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Medicare or Medicaid	16%	12%	4%
Health care	14%	9%	5%
Prescription assistance	12%	10%	2%
Dental care	11%	9%	2%
Food	9%	7%	2%
Home repair	7%	3%	4%
Utilities	7%	4%	3%
Mental illness issues including depression	6%	5%	1%
Employment	6%	5%	1%
Septic/well repairs	5%	1%	4%
Transportation	5%	3%	2%
Credit counseling/budgeting money	5%	1%	4%
Clothing	4%	3%	1%
Rent/mortgage	4%	1%	3%
Legal aid services	3%	1%	2%
Drug or alcohol addiction	3%	1%	2%
Diapers	3%	1%	2%
Affordable child care	2%	1%	1%
Emergency shelter or temporary living arrangements	2%	2%	0%
Free tax preparation	1%	1%	<1%
Gambling addiction	1%	1%	0%
Post incarceration transition issues	1%	<1%	1%
Unplanned pregnancy	<1%	<1%	0%

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

- The 2013 to 2017 American Community Survey 5-year estimates that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 3,538 or 15.2% of Seneca County residents were in poverty.

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



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

Education

- Ninety-two percent (91%) of Seneca County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

- Sixteen percent (15%) of Seneca County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

Health and Health Care

- In the past year, 9% of Seneca County adults were uninsured.

- More than two-thirds (68%) of Seneca County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.

- More than three-fifths (63%) of adults reported they had one person they thought of as their personal doctor or health care provider. Twenty-seven percent (27%) of adults had more than one person they thought of as their personal health care provider, and 10% did not have one at all.

- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Seneca County adults.

Social and Community Context

- Seneca County adults reported experiencing the following situations as result of gambling: borrowed money or relied on someone else to pay their bills (1%); lied to family members or others to hide their gambling (1%); were unable to pay bills (1%); consumed more alcohol or drugs while gambling (<1%); someone expressed a concern about their gambling (<1%); felt restless or irritable when trying to cut down or stop gambling (<1%); tried to cut down or stop gambling (<1%); needed to gamble with larger amounts of money to get the same feeling of excitement (<1%); jeopardized a significant relationship (<1%); and felt the need to lie to hide the extent of their gambling (<1%).

- Seneca County adults experienced the following in the past 12 months: a close family member went to the hospital (42%); death of a family member or close friend (31%); someone in their household had their hours at work reduced (12%); decline in their own health (12%); someone close to them had a problem with drinking or drugs (9%); were a caregiver (9%); had bills they could not pay (8%); moved to a new address (7%); household income was cut by 50% (6%); were abused by someone physically, emotionally, sexually or verbally (3%); knew someone who lived in a hotel (3%); had someone homeless living with them (2%); became separated or divorced (1%); their child was threatened or abused by someone physically, emotionally, sexually, or verbally (1%); were homeless (1%); were at risk for losing their home (1%); and witnessed someone in their family being hit or slapped (1%).

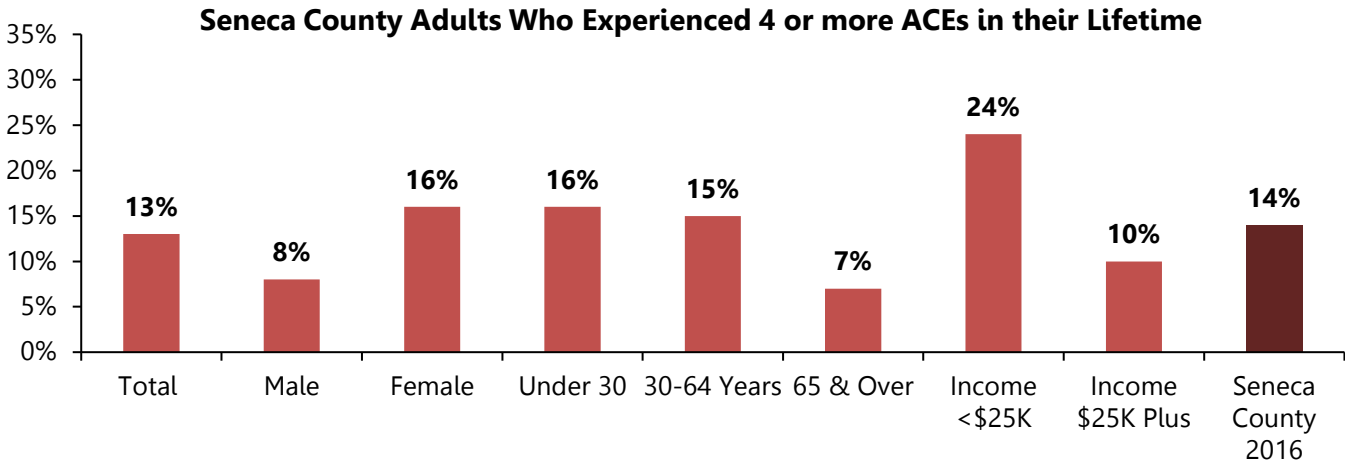
- Six percent (6%) of Seneca County adults were abused in the past year. They were abused by the following:
  - A spouse or partner (4%)
  - Someone outside their home (3%)
  - A parent (2%)
  - Another family member in the household (1%)
  - someone else (1%)

- As a result of military service during the past 15 years, the following have affected veterans' immediate family members: post-traumatic stress disorder (PTSD) (11%), had problems getting VA benefits (5%), access to medical care at a VA facility (4%), had problems getting information on VA eligibility and applying (3%), suicide attempt (3%), substance/drug abuse/overdose (1%), access to mental health treatment (1%), major health problems due to injury (1%), and marital problems (1%).

- Seneca County adults experienced the following adverse childhood experiences (ACEs):
  - Their parents became separated or were divorced (19%)
  - Lived with someone who was a problem drinker or alcoholic (18%)
  - A parent or adult in their home swore at, insulted, or put them down (17%)
  - Someone at least 5 years older than them or an adult touched them sexually (12%)
  - Lived with someone who was depressed, mentally ill, or suicidal (11%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (10%)
  - Their family did not look out for each other, feel close to each other, or support each other (10%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (9%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (8%)
  - Lived with someone who used illegal street drugs, or who abused prescription medications (6%)
  - Their parents were not married (3%)
  - Someone at least 5 years older than them or an adult forced them to have sex (3%)
  - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (3%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (2%)

- Thirteen percent (13%) of Seneca County adults had experienced 4 or more ACEs in their lifetime, increasing to 17% of females.

The following graph shows the percentage of Seneca County adults who had experienced 4 or more Adverse Child Experiences (ACEs) in their lifetime. An example of how to interpret the information on the graph includes: 13% of all Seneca County adults had experienced 4 or more ACEs in their lifetime, including 16% of females and 24% of those with incomes less than $25,000.



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

The table below indicates correlations between those who experienced 4 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: 36% of those who experienced four or more ACEs were current smokers, compared to 11% of those who did not experience any ACEs.

Behaviors of Seneca 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
Classified as overweight or obese by BMI	83%	77%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	78%	50%
Current drinker (had at least one alcoholic beverage in the past month)	49%	57%
Felt sad or hopeless for two or more weeks in a row	41%	6%
Current smoker (currently smoke on some or all days)	36%	11%
Used recreational drugs in the past 6 months	19%	3%
Medication misuse in the past 6 months	15%	3%

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

Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. Some ACEs include:
  - — Physical abuse
  - — Sexual abuse
  - — Mother treated violently
  - — Physical/emotional neglect
  - — Emotional abuse
  - — Household mental illness
  - — Parental separation or divorce
  - — Incarcerated household member
  - — Substance misuse within household
  - — Intimate partner violence
- Preventing ACEs and engaging in early identification of people who have experienced them could have a significant impact on a range of critical health problems. You can strengthen your substance misuse prevention efforts by: increasing awareness of ACEs among state and community level substance misuse prevention professionals, emphasizing the relevance of ACEs to behavioral health disciplines.
- Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

(Source: CDC, Violence Prevention, Updated 4/2/2019)

Neighborhood and Built Environment

- Seneca County adults considered their neighborhood to be extremely safe (40%), quite safe (51%), slightly safe (8%), and not at all safe (1%) from crime.

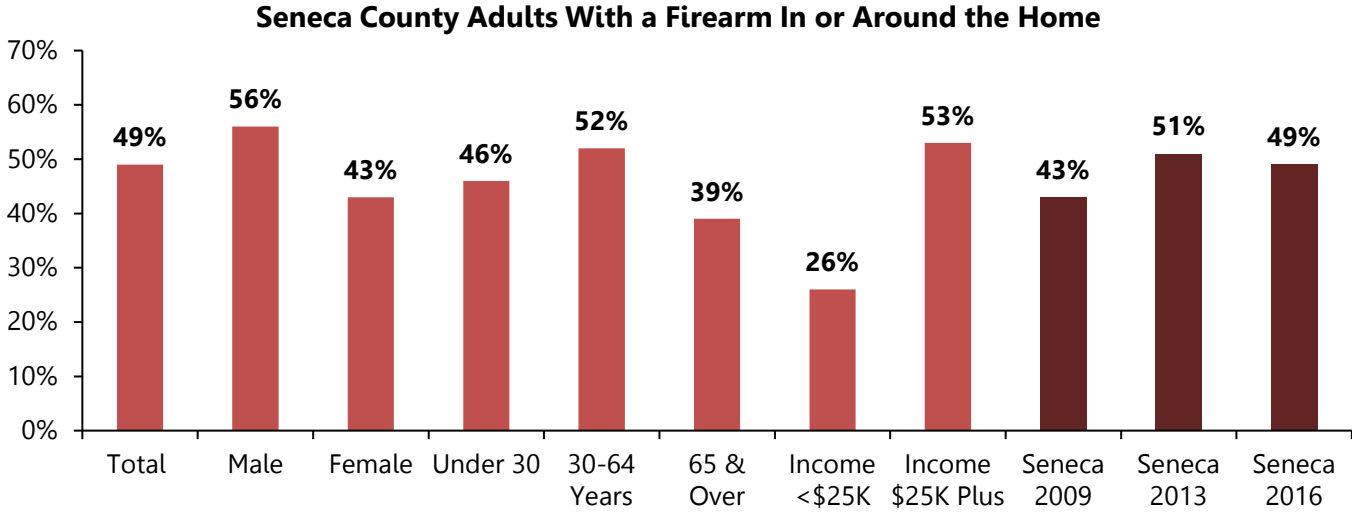
- Seneca County adults reported doing the following while driving: talking on hand-held cell phone (45%), eating (44%), talking on hands-free cell phone (40%), texting (15%), not wearing a seatbelt (13%), using Internet on their cell phone (9%), being under the influence of prescription drugs (5%), being under the influence of alcohol (4%), reading (3%), being under the influence of recreational drugs (2%), and other activities (such as applying makeup, shaving, etc.) (3%).

- Nearly half (47%) of adults reported they had more than one distraction while driving.

- Seneca County adults reported they would support the following community improvement initiatives:
  - More locally grown foods or farmer's markets (65%)
  - Safe roadways (55%)
  - Local agencies partnering with grocery stores to provide healthier, low cost food items (47%)
  - Bike/walking trail accessibility or connectivity (41%)
  - Neighborhood safety (37%)
  - New and/or updated recreation centers (34%)
  - New and/or updated parks (33%)
  - Sidewalk accessibility (31%)
  - Community gardens (31%)

- Nearly half (49%) of Seneca County adults kept a firearm in or around their home. Three percent (3%) of adults reported they were unlocked and loaded.

The following graph shows the percentage of Seneca County adults that had a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 49% of all Seneca County adults had a firearm in or around the home, including 56% of males, and 39% of those ages 65 and older.



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

Social Conditions: Environmental Conditions

Key Findings

The top three environmental health issues for Seneca County adults that threatened their health in the past year were mold (7%), moisture issues (7%), and insects (5%). Forty-five percent (45%) of adults had a 3-day supply of prescription medication for each person who takes prescribed medicines.

Environmental Health

- Seneca County adults thought the following threatened their health or their family's health in the past year:
  - Mold (7%)
  - Moisture issues (7%)
  - Insects (mosquitos, ticks, flies) (5%)
  - Rodents (mice or rats) (4%)
  - Bed bugs (4%)
  - Air quality (4%)
  - Agricultural chemicals (3%)
  - Temperature regulation (heating and air conditioning) (3%)
  - Unsafe water supply/wells (3%)
  - Plumbing problems (3%)
  - Sewage/waste water problems (3%)
  - Lice (2%)
  - Safety hazards (<1%)
  - Asbestos (<1%)
  - Chemicals found in household products (<1%)

Mold Prevention Tips

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

(Source: CDC, Facts about Mold and Dampness, Updated August 2017)

Disaster Preparedness

- Seneca County adults indicated the following about fire safety in their home: checked smoke detectors at least every 6 months (68%), had the recommended amount of smoke detectors (56%), and had a fire escape plan (51%).

- Seneca County households had the following disaster preparedness supplies: cell phone (85%), working smoke detector (81%), working flashlight and working batteries (81%), cell phone with texting (80%), computer/tablet (75%), 3-day supply of nonperishable food for everyone in the household (45%), 3-day supply of prescription medication for each person who takes prescribed medicines (45%), working battery-operated radio and working batteries (44%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (42%), home land-line telephone (38%), generator (32%), communication plan (23%), a family disaster plan (14%), and a disaster plan (10%). Seven percent (7%) of adults had none of the above disaster preparedness supplies.

- Seneca County adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency:
  - Television (82%)
  - Radio (69%)
  - Internet (67%)
  - Facebook (49%)
  - Friends/family (63%)
  - Seneca County Emergency Alert System (50%)
  - Neighbors (48%)
  - Wireless emergency alerts (42%)
  - Text messages (42%)
  - Newspaper (32%)
  - Landline phone (12%)
  - Other social media (12%)
  - Twitter (10%)
  - Other methods (2%)

Social Conditions: Parenting

Key Findings

Over half (54%) of Seneca County parents talked to their 12 to 17-year-old about dating and relationships in the past year. Thirteen percent (13%) of adults reported their entire family in their home at a meal together every day of the week.

Parenting

- In an average week, adults reported having a meal with their entire family in their home at the following frequencies: 1 day (7%), 2 days (11%), 3 days (18%), 4 days (16%), 5 days (14%), 6 days (12%), and 7 days (13%). Nine percent (9%) of parents reported they did not eat a meal together on any day in the past week.
- Ninety-five percent (95%) of parents reported their child up to age five who met weight and/or height limits always rode in a car seat when a passenger in a car, and 5% reported their child never rode in a car seat when a passenger in a car.
- Eighty-four percent (84%) of parents reported their child who weighs less than 80 pounds and is under 4' 9" always rode in a booster seat, as compared to 5% who never rode in a booster seat.
- More than three-fourths (80%) of parents whose child was old enough and/or tall enough to not be in a booster seat reported their child always wore a seat belt, and 15% reported their child never wore a seat belt.
- Parents discussed the following health topics with their 5-11 year old and/or their 12-17 year old in the past year:

Topic Discussed With Child	5 to 11-Year-Old	12 to 17-Year-Old	Both Age Groups	Did Not Discuss
Bullying	37%	43%	12%	8%
Education after high school or graduation	29%	46%	19%	6%
Body image	29%	41%	26%	4%
Weight status	29%	45%	18%	8%
Volunteering	24%	37%	30%	9%
Negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs	19%	35%	35%	11%
Refusal skills/peer pressure	17%	43%	34%	6%
Dating and relationships	17%	54%	2%	27%
Social media issues	15%	37%	37%	11%
Changes in the body	13%	44%	36%	7%
Depression, anxiety, suicide	13%	27%	57%	3%
School/legal consequences of alcohol, tobacco, or other drugs	10%	38%	40%	12%
Energy drinks	5%	31%	56%	8%
Abstinence and how to refuse sex	2%	50%	0%	48%
Birth control/condoms/safety sex/STD prevention	0%	41%	0%	59%

Youth Health: Weight Status

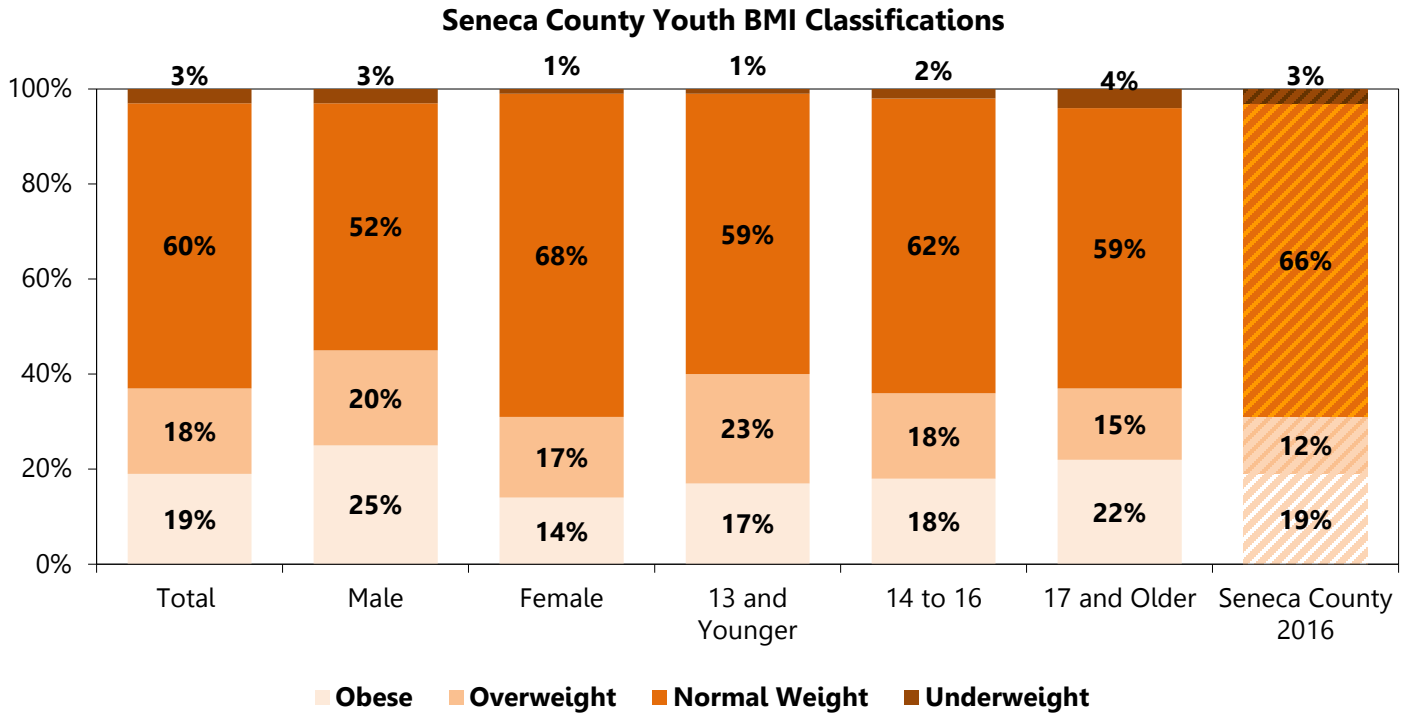
Key Findings

Nearly one-fifth (19%) of Seneca County youth were obese, according to body mass index (BMI) by age. Ten percent (10%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week. Fourteen percent (14%) of youth ate zero servings of fruit and vegetables per day.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific, as children's body fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- Nearly one-fifth (19%) of Seneca County youth were classified as obese by body mass index (BMI) calculations, 18% youth were classified as overweight, 60% were healthy weight, and 3% were underweight.
- Youth reported they were trying to either lose weight (52%), gain weight (10%), or stay the same weight (15%). Nearly one-quarter (23%) of youth reported they were not trying to do anything about their weight.

The following graph shows the percentage of Seneca 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: 60% of all Seneca County youth were classified as normal weight, 19% were obese, 18% were overweight, and 3% were underweight.



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

Youth Nutrition

- Ten percent (10%) of youth ate 5 or more servings of fruit and vegetables per day, 77% of youth ate 1-4 servings, and 14% of youth ate 0 servings of fruit and vegetables per day.
- In the last week, Seneca County youth reported drinking soda or pop at the following frequencies: no soda in the past week (36%), 1-3 times in the last week (36%), 4-6 times in the last week (9%), 1 time per day (7%), 2 times per day (7%), 3 times per day (3%), and 4 or more times per day (3%).

Youth Physical Activity

- More than three-quarters (77%) of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week, 60% did so on 5 or more days in the past week, and 26% did so every day in the past week. Ten percent (10%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes a day, children should engage in aerobic activity, muscle strengthening, and bone strengthening, as appropriate to their age. Children should participate in each of these types of activity on at least three days per week *(Source: CDC, Physical Activity Facts).*
- Half (50%) of youth spent 3 or more hours per day playing video or computer games that were not school work.
- Nineteen percent (19%) of youth spent 3 or more hours watching TV on an average day.

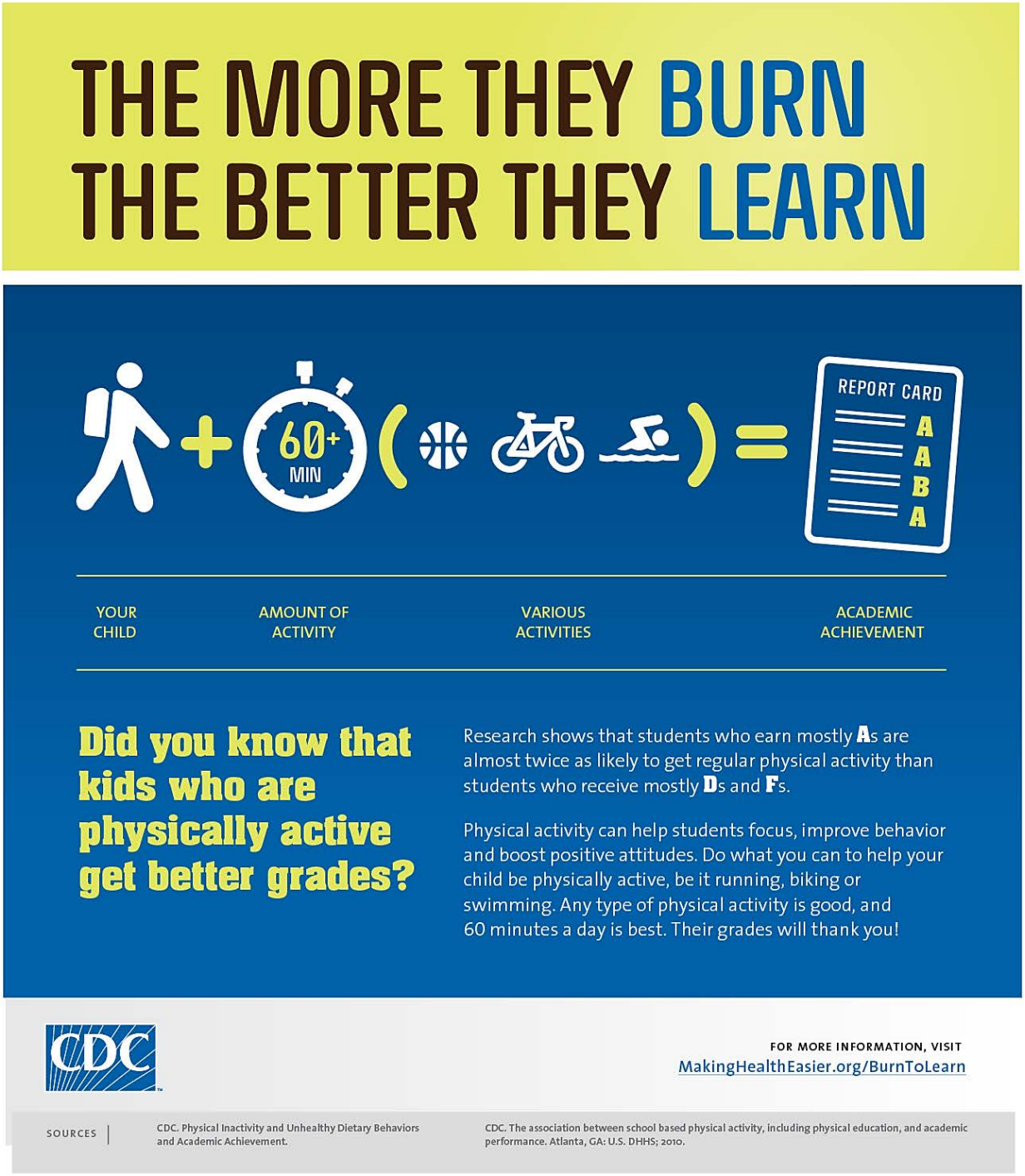
Youth Comparisons*	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/2019 OHYES (7th– 12th)	Seneca County 2018/2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Obese	13%	17%	19%	19%	19%	15%
Overweight	14%	14%	12%	18%	17%	16%
Were trying to lose weight	50%	48%	48%	52%	48%	47%
Ate 5 or more servings of fruits and/or vegetables per day	N/A	10%	3%	10%	10%	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	6%	8%	14%	14%	N/A
Physically active at least 60 minutes per day on every day in past week	29%	21%	32%	26%	24%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	54%	43%	53%	60%	57%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	8%	16%	9%	10%	10%	15%
Watched 3 or more hours per day of television (on an average school day)	N/A	N/A	37%	19%	14%	21%

N/A – Not Available
**Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.*

Healthy People 2020
Nutrition and Weight Status (NWS)

Objective	Seneca County 2018/ 2019 OHYES	U.S. 2017 YRBS	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	19% (7-12 Grade) 19% (9-12 Grade)	15% (9-12 Grade)	14.5%

Note: The Healthy People 2020 target is for children and youth aged 2-19 years.
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018/2019 Seneca County OHYES Survey)



Youth Health: Tobacco Use

Key Findings

Nine percent (9%) of Seneca County youth were current smokers, increasing to 17% of those ages 17 and older. Twenty-two percent (22%) of youth were current electronic vapor product users, having vaped at some time in the past 30 days.

Youth Tobacco Use Behaviors

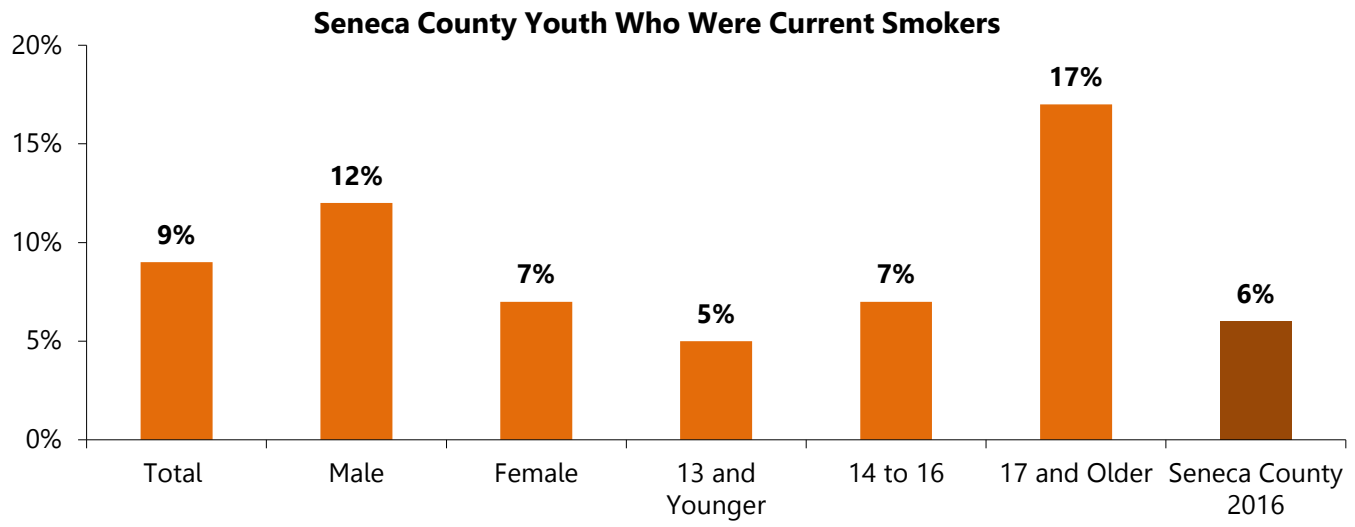
- Nine percent (9%) of youth were current smokers, having smoked at some time in the past 30 days.
- Two percent (2%) of all youth smoked cigarettes on 20 or more days during the past month.
- During the past 30 days, youth reported they obtained cigarettes in the following ways:
  - Borrowed or bummed them (4%)
  - Adult gave it to them (4%)
  - Gave someone money to buy them (3%)
  - Stole them from a family member (2%)
  - Bought them from a store (2%)
  - Obtained them another way (2%)
- Eight percent (8%) of youth were current cigar smokers, having smoked cigars at some time in the past 30 days.
- Twenty-two percent (22%) of youth were current electronic vapor product users, having vaped at some time in the past 30 days.
- Four percent (4%) of youth were current smokeless tobacco users, having used smokeless tobacco at some time in the past 30 days.

Healthy People 2020
Tobacco Use (TU)

Objective	Seneca County 2018/2019 OHYES	U.S. 2017 YRBS	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	9% (7-12 Grade) 11% (9-12 Grade)	9% (9-12 Grade)	16%*

**The Healthy People 2020 target is for youth in grades 9-12.*
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018/2019 Seneca County OHYES Survey)

The following graph shows the percentage of Seneca County youth who were current smokers (i.e., having smoked cigarettes in the past 30 days). An example of how to interpret the information includes: 9% of all Seneca County youth were current smokers, including 12% of males and 7% 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.

E-Cigarettes and Young People: A Public Health Concern

- E-cigarettes, devices that typically deliver nicotine, flavorings, and other additives to users through an inhaled aerosol, are a rapidly emerging trend and are especially popular among youth and young adults.
- E-cigarettes can also be used to deliver other drugs besides nicotine, such as marijuana.
- Today, more high school students use e-cigarettes than regular cigarettes.
  - In 2016, more than 2 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.3% of middle school students and 11.3% of high school students.
- Besides nicotine, e-cigarettes can contain harmful and potentially harmful ingredients, including:
  - Ultrafine particles that can be inhaled deep into the lungs
  - Flavorants such as diacetyl, a chemical linked to serious lung disease
  - Volatile organic compounds
  - Heavy metals, such as nickel, tin, and lead
- E-cigarette use poses a significant – and avoidable – health risk to young people in the United States.
  - Nicotine exposure during periods of significant brain development, such as adolescence, can disrupt the growth of brain circuits that control attention, learning, and susceptibility to addiction.
  - The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders.
  - The nicotine in e-cigarettes and other tobacco products can prime young brains for addiction to other drugs, such as cocaine and methamphetamine.
- It is important to prevent harm to youth and young adults from e-cigarettes. Everyone has a role, including parents, health care providers, teachers, and others who work with and care about young people.

(Sources: CDC, E-Cigarettes and Young People: A Public Health Concern, January 2017; CDC, About E-Cigarettes, August 2018; U.S. Surgeon General, Know the Risks: E-Cigarettes & Young People, 2018; Surgeon General's Report, E-Cigarette Use Among Youth and Young Adults, 2016)

Youth Comparisons*	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Current smoker (smoked on at least 1 day during the past 30 days)	11%	9%	6%	9%	11%	9%
Current cigar smoker (cigars, cigarillos, or little cigars, on at least 1 day during the 30 days)	N/A	N/A	N/A	8%	9%	8%
Current electronic vapor product user (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days)	N/A	N/A	N/A	22%	26%	13%
Current smokeless tobacco user (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products—such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs—not counting any electronic vapor products, on at least 1 day during the 30 days)	N/A	N/A	N/A	4%	5%	6%

N/A – Not Available
**Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.*

Youth Health: Alcohol Consumption

Key Findings

More than two-fifths (41%) of youth had at least one drink of alcohol in their life, increasing to 63% of those ages 17 and older. Fourteen percent (14%) youth had at least one drink in the past 30 days, defining them as a current drinker. Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers.

Youth Alcohol Use

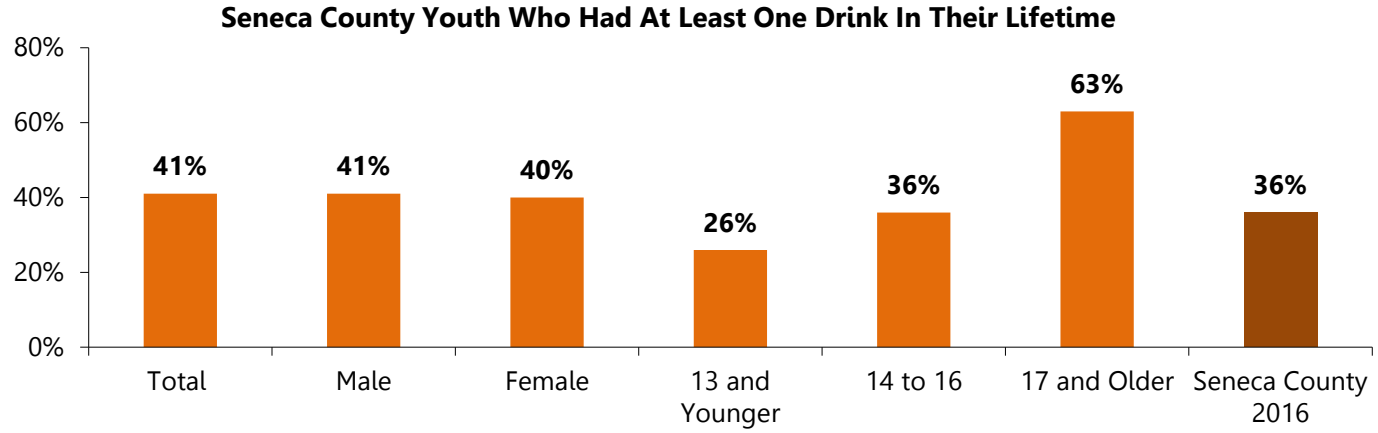
- More than two-fifths (41%) of youth had at least one drink of alcohol in their life, increasing to 63% of those ages 17 and older.
- Fourteen percent (14%) youth had at least one drink in the past 30 days, increasing to 28% of those ages 17 and older.
- Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 16% of those ages 17 and older.
- Of all youth, 16% drank alcohol (more than a few sips) for the first time before the age of 13.
- More than one-third (38%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 25% took their first drink between the ages of 13 and 14, and 37% started drinking between the ages of 15 and 18.
- During the past 30 days, youth reported they obtained alcohol from the following:
  - Someone gave it to them (7%)
  - A parent gave it to them (5%)
  - Gave someone else money to buy it for them (4%)
  - Took it from a store or family member (1%)
  - A friend's parent gave it to them (1%)
  - Bought it in a liquor store/convenience store/gas station (<1%)
  - Some other way (4%)
- Two percent (2%) of Seneca County youth drove after drinking alcohol in the past 30 days.

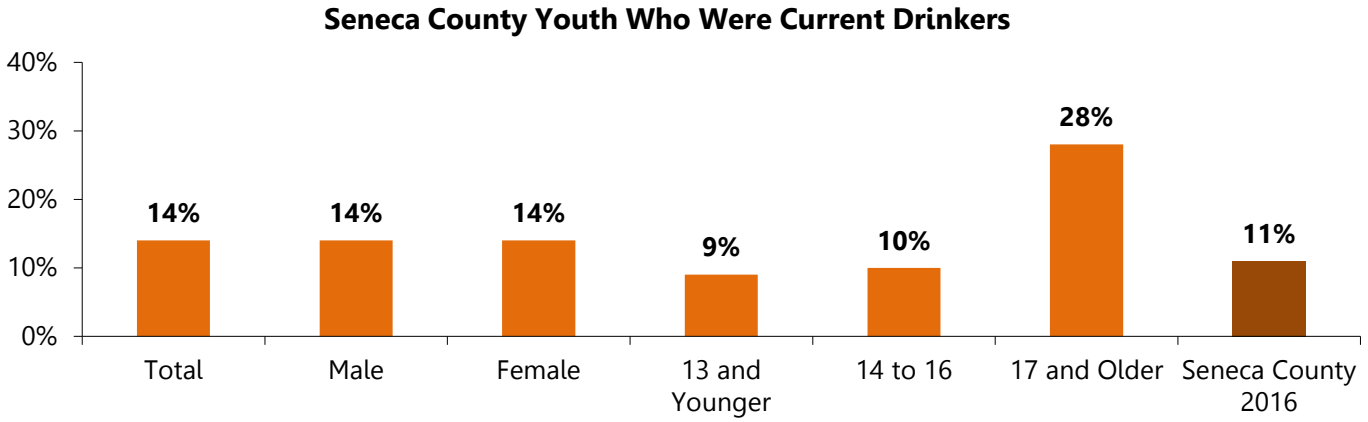
Healthy People 2020
Substance Abuse (SA)

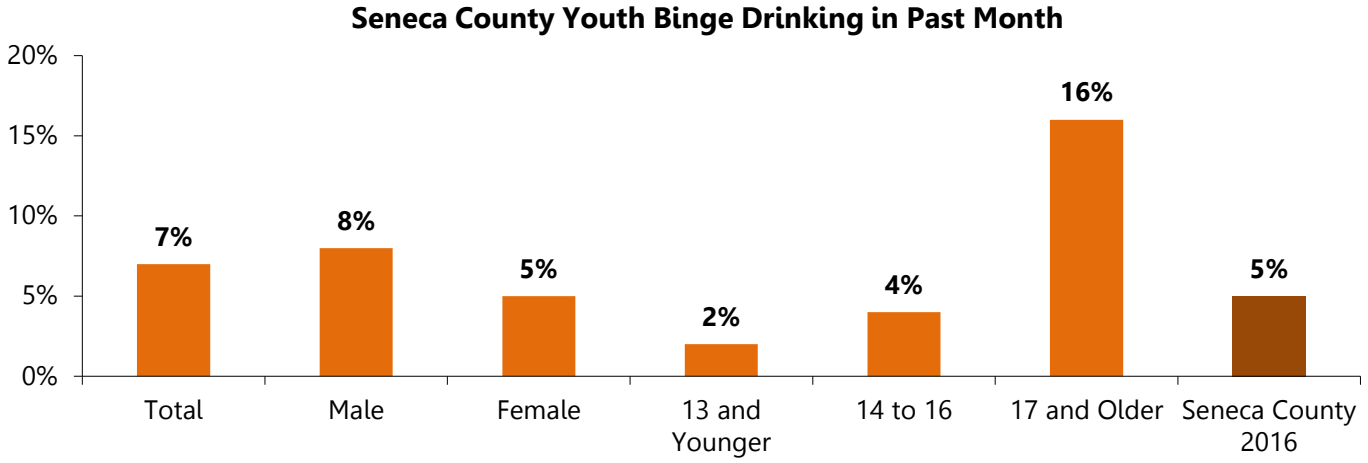
Objective	Seneca County 2018/2019 OHYES	U.S. 2017 YRBS	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	7% (7-12 Grade) 9% (9-12 Grade)	14% (9-12 Grade)	9%*

**Note: The Healthy People 2020 target is for youth aged 12-17 years.*
(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018/2019 Seneca County OHYES Survey)

The following graphs show the percentage of Seneca County youth who drank in their lifetime, were current drinkers, and were binge drinkers. An example of how to interpret the information includes: 41% of all Seneca County youth have drank at some time in their life, including 41% of males and 40% of females.







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

Youth Comparisons*	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	60%	50%	36%	41%	47%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	29%	20%	11%	14%	17%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least 1 day during the past 30 days)	18%	11%	5%	7%	9%	14%
Drank for the first time before age 13 (of all youth)	25%	17%	11%	16%	13%	16%
Drank and drove (of youth drivers)	4%	5%	2%	2%	2%	6%

**Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.*

Consequences of Underage Drinking

- Youth who drink alcohol are more likely to experience the following:
  - School problems, such as higher absence and poor or failing grades
  - Social problems, such as fighting and lack of participation in youth activities
  - Legal problems, such as arrest for driving or physically hurting someone while drunk
  - Physical problems, such as hangovers or illnesses
  - Unwanted, unplanned, and unprotected sexual activity
  - Disruption of normal growth and sexual development
  - Physical and sexual assault
  - Higher risk for suicide and homicide
  - Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning
  - Memory problems
  - Abuse of other drugs
  - Changes in brain development that may have life-long effects
  - Death from alcohol poisoning
- In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink.
- Early initiation of drinking is associated with development of an alcohol use disorder later in life.

(Source: CDC, Alcohol and Public Health, updated on August 2, 2018)

Youth Health: Drug Use

Key Findings

Ten percent (10%) of Seneca County youth used marijuana at least once in the past 30 days, increasing to 19% of those ages 17 and older. Ten percent (10%) took over the counter medications to get high one or more times in their life.

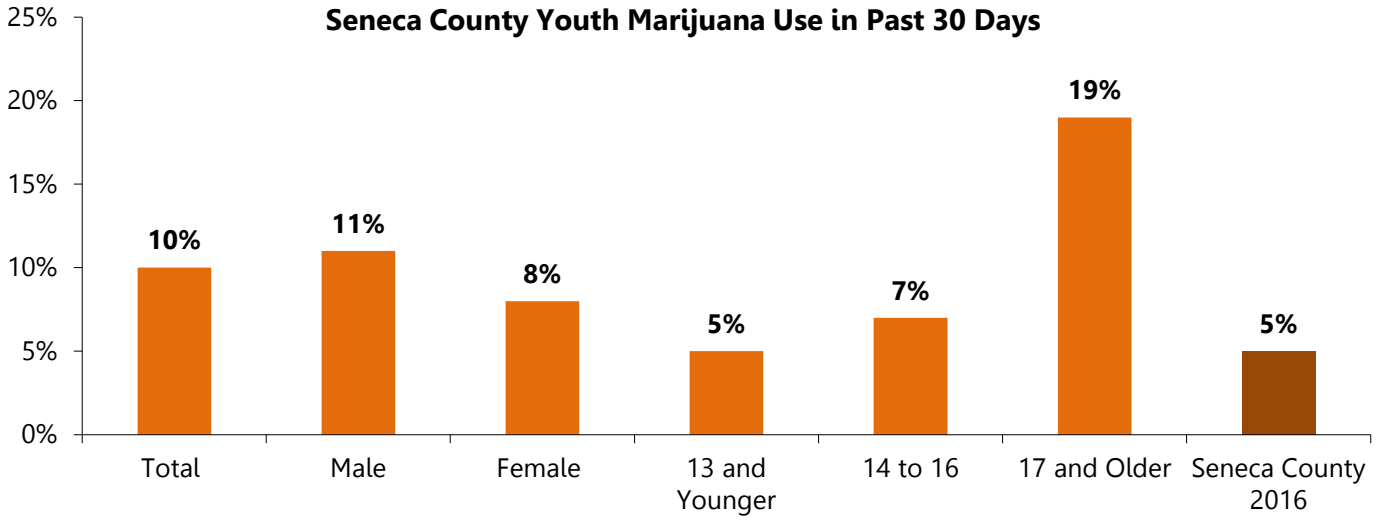
Youth Drug Use

- More than one-fifth (21%) of youth had used marijuana one or more times during their life, increasing to 39% of those ages 17 and older.
- Ten percent (10%) of Seneca County youth used marijuana at least once in the past 30 days, increasing to 19% of those ages 17 and older.
- Of all youth, 3% tried marijuana for the first time before the age of 13.
- Eleven percent (11%) of youth took medications that were not prescribed to them in their lifetime.
- In the past 30 days, 1% of Seneca County youth used prescription drugs not prescribed to them.
- Ten percent (10%) of youth took over the counter medications to get high one or more times in their life.
- In the past 12 months, 5% of youth reported being offered, sold, or given an illegal drug on school property.
- In the past 12 months, youth reported being offered, sold, or given an illegal drug at the following places:
  - A friend's house (7%)
  - In their neighborhood (5%)
  - On the school bus (2%)

Youth Comparisons*	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Ever used marijuana (one or more times during their life)	N/A	N/A	N/A	21%	27%	36%
Currently use marijuana (in the past 30 days)	10%	9%	5%	10%	12%	20%
Tried marijuana for the first time before age 13	N/A	3%	4%	3%	3%	7%
Ever took prescription drugs without a doctor's prescription (in their lifetime)	10%	7%	4%	11%**	11%**	14%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	9%	5%	2%	5%	6%	20%

N/A – Not Available
**Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.*
***OHYES questionnaire asked this question slightly different from the YRBSS. Please compare with caution.*

The following graph indicates youth marijuana use in the past 30 days. An example of how to interpret the information includes: 10% of youth used marijuana in the past 30 days, including 11% of males and 8% 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.

Marijuana Use and Teens

- Marijuana remains the most used illicit substance among youth. Recent public discussions about medical marijuana and the public debate over its legal status is leading to a reduced perception of harm among young people. However, using marijuana can have harmful and long-lasting effects on a teen's health and well-being. Consider these facts:
  - Research suggests that the effects on attention, memory, and learning can be long-term and even permanent in people who begin using marijuana regularly as teens.
  - Marijuana use has been linked to a range of mental health problems in teens such as depression or anxiety. Psychosis (loss of reality) has also been seen in teens at higher risk like those with a family history of marijuana use.
  - Drugs, including marijuana, affect the way teens drive, which puts them, their passengers, and other drivers on the road at risk. Drugs can alter a teen's perception, attention, balance, coordination, reaction time, and other skills they need to stay alert and safe.
  - Research shows that about 1 in 6 teens who repeatedly use marijuana can become addicted, which means they may make unsuccessful efforts to quit using marijuana or give up important activities with friends and family in favor of using marijuana.
- Various factors can contribute to teen marijuana use, from a family history of drug abuse to hanging around people who use marijuana. However, research has shown that parents do have a big influence on their teens even when it doesn't appear that way. In fact, teens are more likely to use marijuana if their parents or friends use it, and less likely to use marijuana if their parents do not approve of it.
- The bottom line: using marijuana can have harmful and long-lasting effects on a teen's health and well-being. Unlike adults, the teen brain is actively developing and often will not stop until the mid-20s. Marijuana use during this period can have a detrimental impact, affecting a teen's brain and their ability to progress and grow.

(Source: Marijuana Use and Teens, Centers for Disease Control and Prevention, April 2017)

Youth Health: Mental Health

Key Findings

Thirty percent (30%) of youth had seen a health care provider for a mental health problem in the past year. In the past year, 34% of youth felt sad or hopeless almost every day for two weeks or more in row, increasing to 46% of females.

Youth Mental Health

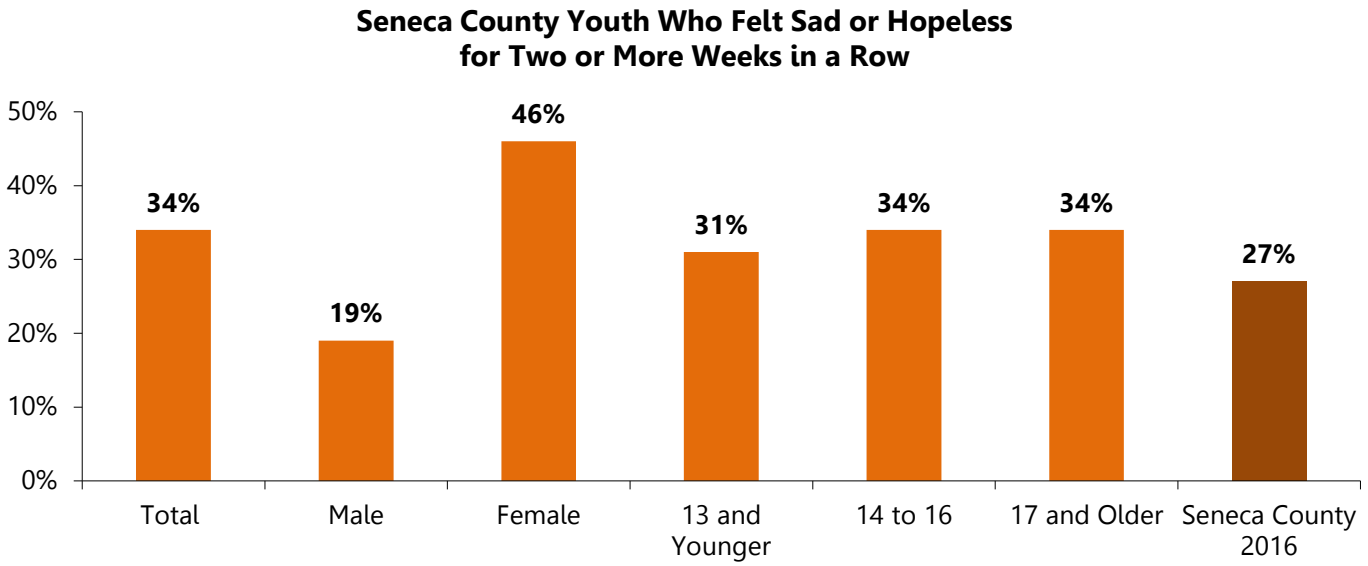
- In the past year, 34% of youth felt sad or hopeless almost every day for two weeks or more in row, increasing to 46% of females.
- Youth managed their stress in the following ways:
  - Avoiding people who create drama (47%)
  - Physical activity (46%)
  - Creative expression (35%)
  - Support from others (29%)
  - Participating in hobbies or community service (23%)
  - Limiting social media (19%)
  - Meditation, prayer, or relaxation (18%)
  - Do not have any stress (10%)
- Sixty-three percent (63%) of youth used more than one coping mechanism to manage their stress.
- Thirty percent (30%) of youth had seen a health care provider for a mental health problem in the past year.

Variable	Not at all	Several days	More days than not	Nearly every day
Bothered by feeling nervous, anxious or on edge over the past two weeks	39%	31%	10%	20%
Bothered by not being able to stop or control worrying over the past two weeks	52%	24%	10%	15%
Bothered by feeling down, depressed, or hopeless over the past two weeks	52%	24%	10%	14%
Bothered by little interest or pleasure doing things over the past two weeks	61%	21%	9%	8%

Youth Comparisons*	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
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)	21%	23%	27%	34%	34%	32%

**Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.*
N/A – Not Available

The following graph shows Seneca County youth who felt sad or hopeless for two or more weeks in a row. An example of how to interpret the information includes: 34% of youth felt sad or hopeless for two or more weeks in a row, including 19% of males, and 46% 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.

Youth Depression: Signs and Symptoms

- Occasionally being sad or feeling hopeless is a part of every child's life. However, some children feel sad or uninterested in things that they used to enjoy or feel helpless or hopeless in situations where they could do something to address the situations. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.
- Examples of behaviors often seen when children are depressed include
  - Feeling sad, hopeless, or irritable a lot of the time
  - Not wanting to do or enjoy doing fun things
  - Changes in eating patterns – eating a lot more or a lot less than usual
  - Changes in sleep patterns – sleeping a lot more or a lot less than normal
  - Changes in energy – being tired and sluggish or tense and restless a lot of the time
  - Having a hard time paying attention
  - Feeling worthless, useless, or guilty
  - Self-injury and self-destructive behavior
- Extreme depression can lead a child to think about suicide or plan for suicide. For youth ages 10-24 years, suicide is the leading form of death.
- Some children may not talk about helpless and hopeless thoughts, and they may not appear sad. Depression might also cause a child to make trouble or act unmotivated, so others might not notice that the child is depressed or may incorrectly label the child as a trouble-maker or lazy.

(Source: CDC, Children's Mental Health: Anxiety and Depression, March 15, 2018)

Youth Health: Social Determinants of Health

Key Findings

Thirty percent (30%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime. Ninety percent (90%) of youth reported they felt safe in their neighborhood.

Youth Personal Health

- Youth last saw a doctor or nurse for a routine check-up at the following frequencies: less than a year ago (52%), 1 to 2 years ago (12%), more than 2 years ago (6%), never (8%), and unsure (22%).
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (67%), 1 to 2 years ago (11%), more than 2 years ago (8%), never (3%), and unsure (11%).
- Youth slept at the following frequencies on an average school night: 4 hours or less (10%), 5 hours (12%), 6 hours (21%), 7 hours (29%), 8 hours (20%), 9 hours (6%), and 10 or more hours (2%).
- Youth ate breakfast at the following frequencies during the past week: 0 days (23%), 1-3 days (27%), 4-6 days (22%), and 7 days (28%).
- Eleven percent (11%) of youth suffered a head injury while playing with a sports team in the past year.
- Six percent (6%) of youth used an indoor tanning devise in the past year, increasing to 9% of females.

Youth Personal Safety

- In the past 30 days, 14% of Seneca County youth rode in a car with a driver who had been drinking alcohol.

Youth Social and Community Context

- Ninety percent (90%) of youth reported they felt safe in their neighborhood.

The following tables indicate youth responses regarding school connectedness:

Variable	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I enjoy coming to school	17%	14%	44%	20%	5%
I feel like I belong at my school	13%	12%	35%	33%	8%
I can go to adults at my school for help if I needed it	11%	14%	25%	34%	16%
My school provides various opportunities to learn about and appreciate different cultures and ways of life	9%	14%	34%	34%	10%
My parents talk to me about what I do in school	9%	12%	23%	36%	22%
My parents push me to work hard at school	4%	3%	14%	35%	44%

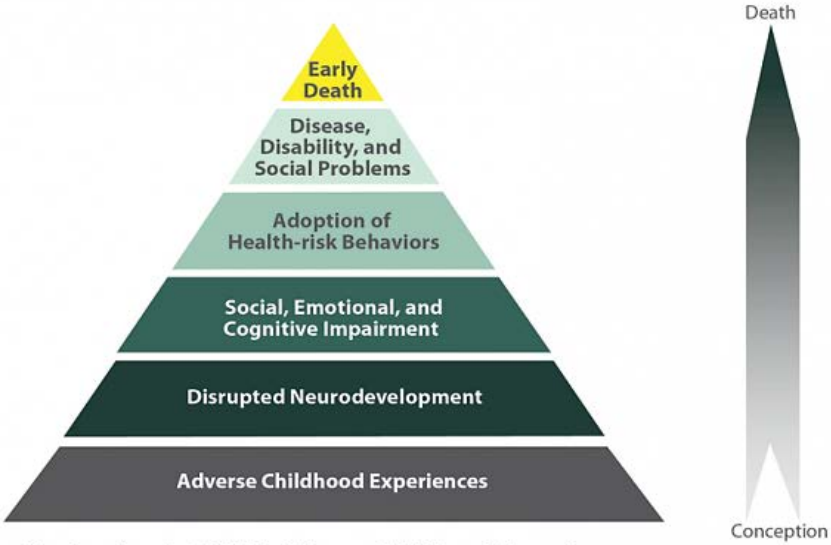
- Seventy percent (70%) of youth reported experiencing at least one of the following adverse childhood experiences (ACEs):
  - Parents became separated or divorced (43%)
  - Parents or adults in their home swore at them, insulted them or put them down (35%)
  - Lived with someone who was depressed, mentally ill or suicidal (32%)
  - Lived with someone who was a problem drinker or alcoholic (29%)
  - Lived with someone who served time or was sentenced to serve in prison or jail (23%)
  - Parents were not married (21%)
  - Parents or adults in their home physically abused each other (11%)
  - Parents or adults in their home physically abused them (10%)
  - Someone at least 5 years older than them or an adult forced them to have sex (7%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (3%)
  - Someone 5 years older than them or an adult touched them sexually (3%)

- Thirty percent (30%) of youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime.

Adverse Childhood Experiences (ACEs)

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

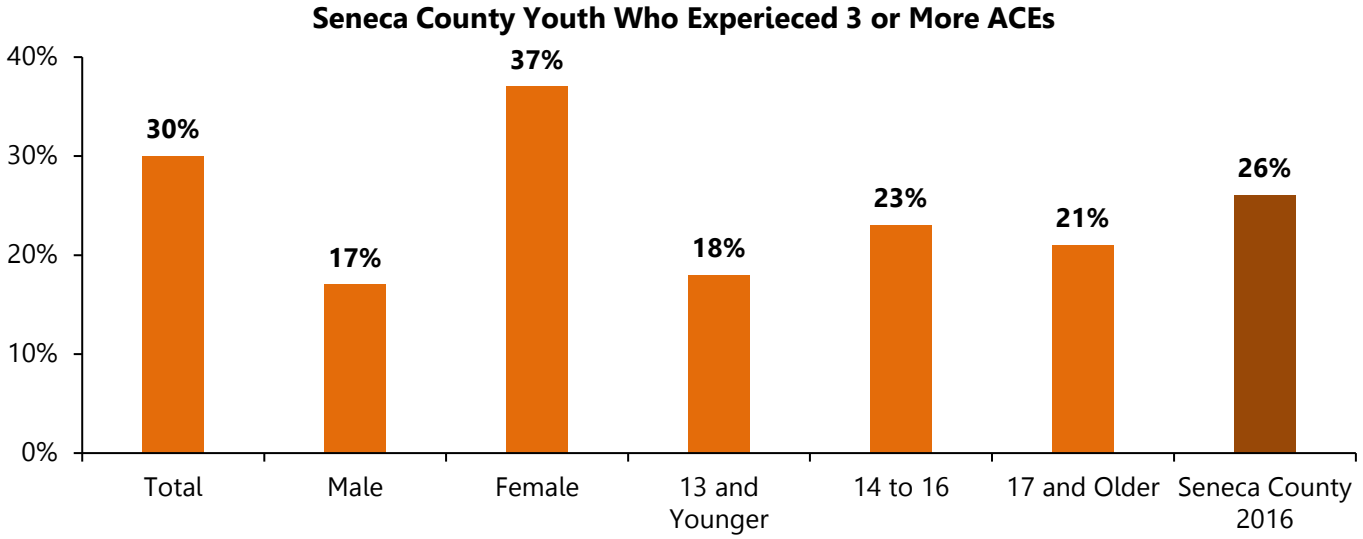
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(Source: CDC, Adverse Childhood Experiences, Updated on June 14, 2016)

The following graphs show Seneca County youth who experienced 3 or more adverse childhood experiences (ACEs) in their lifetime and youth who visited a doctor within the past year. An example of how to interpret the information includes: 30% of youth experienced 3 or more ACES in their lifetime, including 17% of males, and 37% of females.



Youth Comparisons*	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Visited a doctor or other healthcare professional (for a routine check-up in the past year)	66%	68%	65%	52%	57%	N/A
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	74%	74%	70%	67%	69%	74%**
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	19%	21%	14%	14%	10%	17%

N/A – Not Available
**Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.*
***Comparative YRBS data for U.S. is 2015*

Youth Health: Violence

Key Findings

One-quarter (25%) of youth had been bullied on school property in the past year. In the past year, 8% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school.

Youth Violence-Related Behaviors

- Eleven percent (11%) of youth were threatened or injured with a weapon on school property in the past year.
- In the past year, 80% of youth reported they feel safe and secure at school most of the time or all of the time.
- Eight percent (8%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school in the past year.

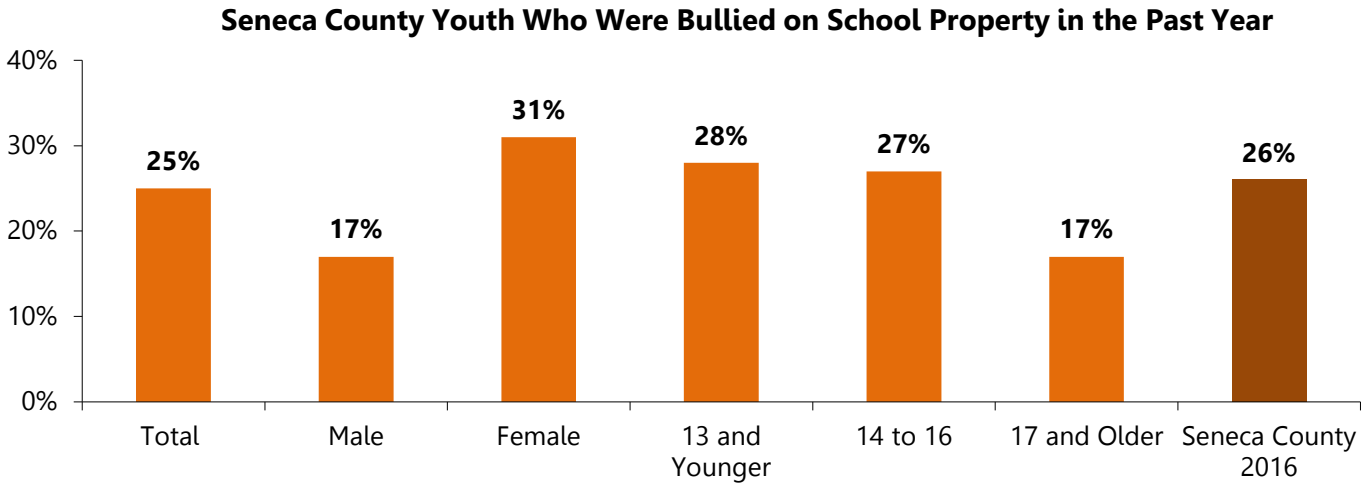
Youth Physical Violence

- In the past year, 20% of youth had been involved in a physical fight, increasing to 29% of males.
- In the past year, 8% of youth had been involved in a physical fight on school property.

Youth Bullying

- One-quarter (25%) of youth had been bullied on school property in the past year.
- Youth experienced the following types of bullying in the past year:
  - 28% were emotionally bullied (teased, taunted or called harmful names)
  - 25% were relationally bullied (spread mean rumors about them or kept them out of a "group")
  - 10% were electronically bullied (through e-mail, chat rooms, instant messaging, websites or texting)
  - 9% were physically bullied (were hit, kicked, punched or people took their belongings)
  - 3% 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)

The following graph shows Seneca County youth who were bullied on school property in the past year. An example of how to interpret the information includes: 25% of youth were bullied on school property in the past year, including 17% of males, and 31% 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.

Youth Comparisons*	Seneca County 2009 (6th-12th)	Seneca County 2013 (6th-12th)	Seneca County 2016 (6th-12th)	Seneca County 2018/ 2019 OHYES (7th– 12th)	Seneca County 2018/ 2019 OHYES (9th-12th)	U.S. 2017 YRBS (9th-12th)
Were in a physical fight (in the past 12 months)	N/A	N/A	N/A	20%	20%	24%
Were in a physical fight on school property (in the past 12 months)	N/A	N/A	N/A	8%	6%	9%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	5%	5%	11%	11%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	4%	5%	4%	8%	7%	7%
Bullied on school property (in the past year)	N/A	33%	26%	25%	23%	19%
Electronically bullied (bullied through e-mail, chat rooms, instant messaging, websites or texting in the past year)	10%	13%	9%	10%	10%	15%

**Survey sampling methods differed for Seneca County in 2018/2019. Please compare with caution.*
N/A- Not Available

Youth Health: Perceptions

Key Findings

More than one-quarter (26%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Eighty-three percent (83%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

Perceived Risk of Drug Use

- Fifty-eight percent (58%) of Seneca 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. Eleven percent (11%) of youth thought that there was no risk in smoking one or more packs of cigarettes per day.
- Thitry-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. Twelve percent (12%) of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.
- More than one-quarter (26%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Thirty percent (30%) of youth thought that there was no risk if they smoked marijuana once or twice a week.
- More than half (59%) 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.

Degree of Disapproval of Use by Parents

- Nearly three-quarters (73%) of Seneca County youth reported their parents would feel it was very wrong for them to smoke tobacco.
- Sixty-five percent (65%) 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.
- Seventy-two percent (72%) of youth reported their parents would feel it was very wrong for them to smoke marijuana.
- Eighty-three percent (83%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

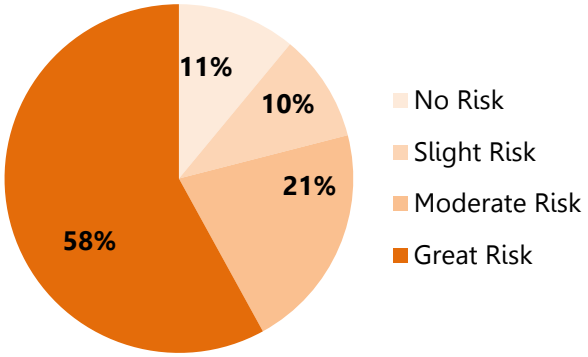
Degree of Disapproval of Use by Peers

- More than two-fifths (46%) of Seneca County youth reported their peers would feel it was very wrong for them to smoke tobacco.
- More than one-third (37%) 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.
- More than two-fifths (43%) of youth reported their peers would feel it was very wrong for them to use marijuana.
- Sixty-one percent (61%) of youth reported their peers would feel it was very wrong for them to misuse prescription medication.

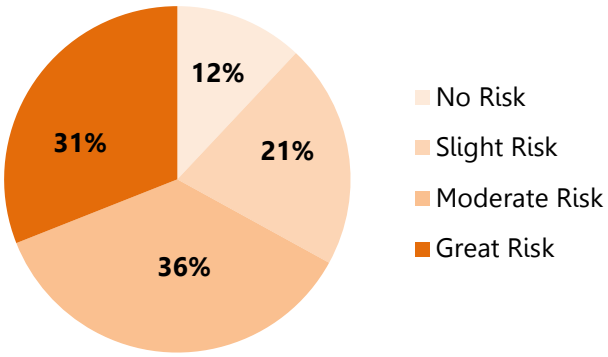
Perceived Risk of Drug Use

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

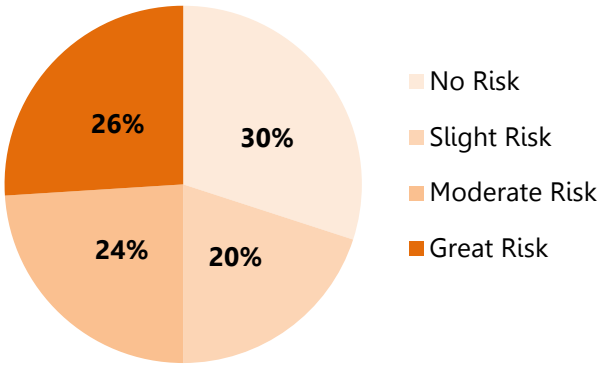
Smoke one or more packs of cigarettes per day



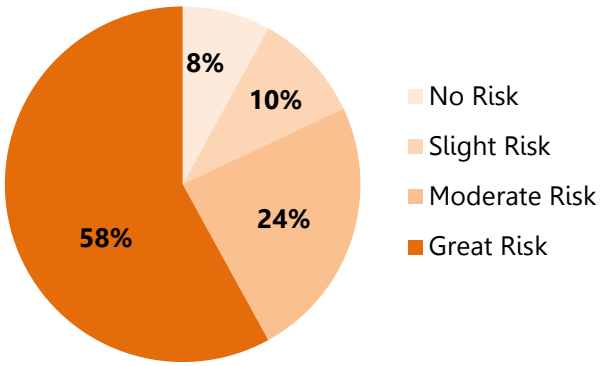
Have five or more drinks of an alcoholic beverage once or twice a week



Smoke marijuana once or twice a week



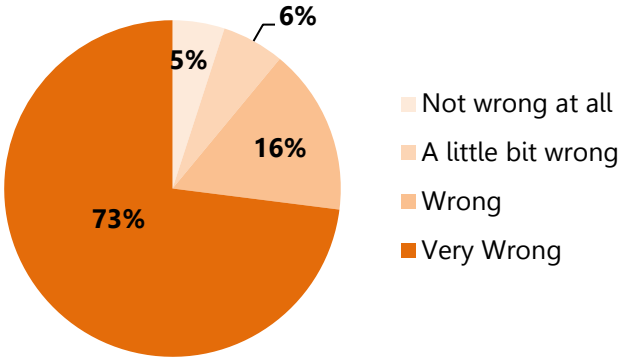
Misuse prescription drugs



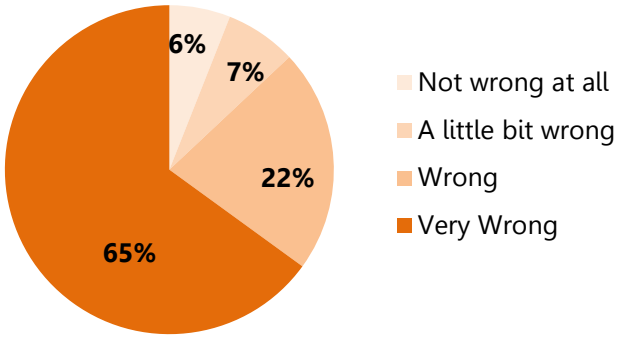
Degree of Disapproval by Parents

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

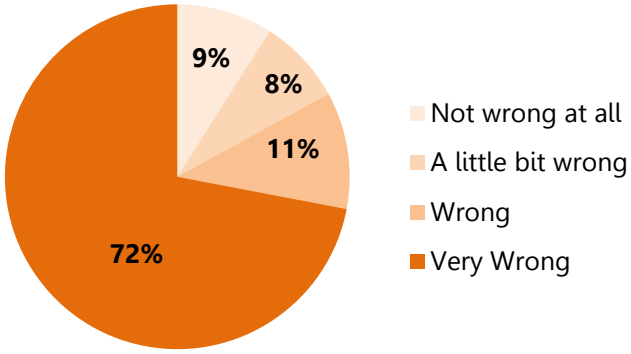
Smoke Tobacco



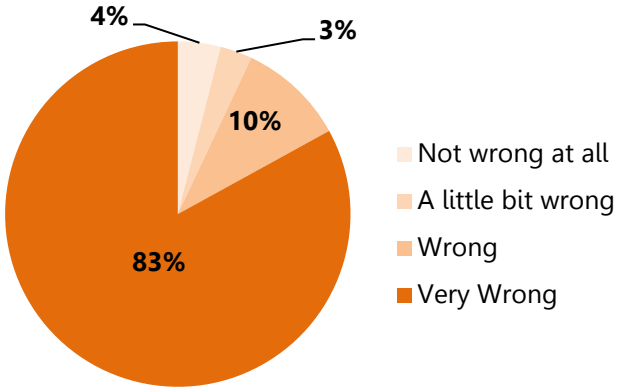
Have one or two drinks of an alcoholic beverage nearly every day



Smoke marijuana



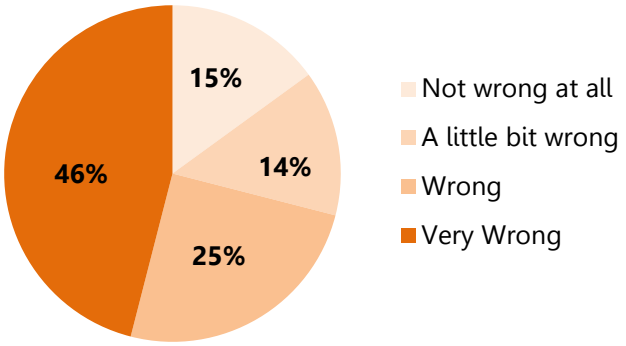
Misuse prescription drugs



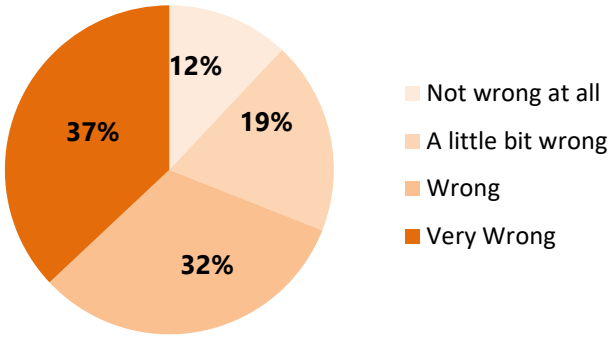
Degree of Disapproval by Peers

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

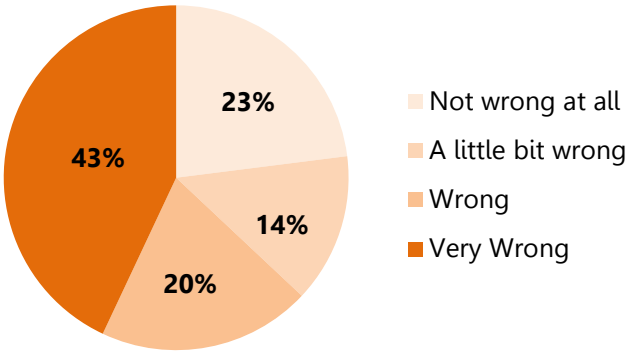
Smoke Tobacco



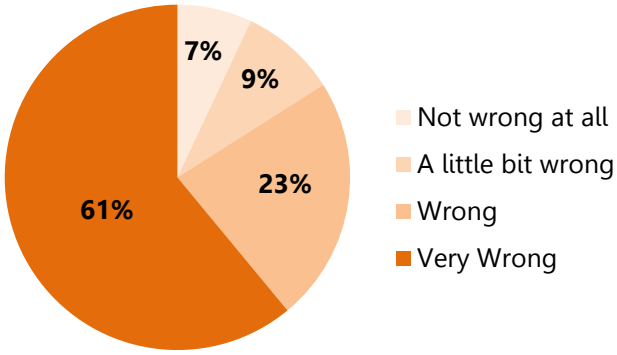
Have one or two drinks of an alcoholic beverage nearly every day



Smoke marijuana



Misuse prescription drugs



Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	• National suicide Statistics	https://www.suicidology.org/resources/facts-statistics
American Cancer Society, Cancer Facts and Figures 2018. Atlanta: ACS, 2018	• 2018 Cancer Facts, Figures, and Estimates	www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf
American Cancer Society (ACS), 2016	• Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity	https://www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/summary.html
American College of Allergy, Asthma & Immunology	• Asthma Facts	https://acaai.org/news/facts-statistics/asthma
American Diabetes Association	• Statistics About Diabetes	http://www.diabetes.org/diabetes-basics/statistics/
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• 2009 – 2017 Adult Ohio and U.S. Correlating Statistics	www.cdc.gov
CDC, Arthritis	• Arthritis in the U.S.	www.cdc.gov/arthritis/data_statistics/arthritis-related-stats.htm
CDC, Breast Cancer	• What Can I do to Reduce My Risk of Breast Cancer?	www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Children's Mental Health	• Youth Depression: Signs and Symptoms	www.cdc.gov/childrensmentalhealth/depression.html
CDC, Diabetes	• About Diabetes	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Healthy Living	• E-Cigarettes and Young People: A Public Health Concern	https://www.cdc.gov/features/ecigarettes-back-to-school/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fecigarettes-young-people%2Findex.html
CDC, Marijuana and Public Health	• What you need to know about marijuana use in teens	https://www.cdc.gov/marijuana/factsheets/teens.htm
CDC, Mold	• Mold Prevention Tips	www.cdc.gov/mold/dampness_facts.htm
CDC, Oral Health	• Facts About Adult Oral Health	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Sexual Violence Prevention	• Sexual Violence Prevention	www.cdc.gov/features/sexualviolence/index.html
CDC, Smoking & Tobacco Use	• E-Cigarette Health Effects	www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
	• Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status	www.cdc.gov/tobacco/disparities/low-ses/index.htm
CDC, Violence Prevention	• Adverse Childhood Experiences	www.cdc.gov/violenceprevention/acestudy/index.html

Source	Data Used	Website
CDC, Vital Signs, Suicide Rising Across the U.S.	• Suicide Rising Across the U.S.	www.cdc.gov/vitalsigns/suicide/index.html
CDC Wonder, About Underlying Cause of Death, 2009-2017	• U.S. comparison statistics	https://wonder.cdc.gov/
County Health Rankings, 2018	• Food Environment Index	http://countyhealthrankings.org
Healthy People 2020: U.S. Department of Health & Human Services	• All Healthy People 2020 Target Data Points • Social Determinants of Health	www.healthypeople.gov/2020/topicsobjectives2020
Henry J. Kaiser Family Foundation, 2019	• Key Facts about the Uninsured Population	www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/
National Alliance on Mental Illness (NAMI)	• Know the Warning Signs	https://www.nami.org/learn-more/know-the-warning-signs
Ohio Department of Health	• 2017 Ohio Drug Overdose Data: General Finding	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf
Ohio Department of Health, Public Health Data Warehouse	• Leading Causes of Death, 2015-2017 • Age-Adjusted Mortality Rates, 2015-2017 • Incidence of Cancer • Prescription Opiate Related Drug Overdose • Unintentional Drug Overdose Deaths • Suicide Deaths	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Health, STD Surveillance	• Chlamydia Annualized Disease Rates and Cases • Gonorrhea Annualized Disease Rates and Cases	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics
Ohio Development Services Agency	• Ohio Poverty Report, February 2018	www.development.ohio.gov/files/research/P7005.pdf
Ohio Automated Rx Reporting System (OARRS), 2017-2018	• Opiate and Pain Reliever Doses Per Capita • Opiate and Pain Reliever Doses Per Patient • Ohio Automated Rx Reporting System (OARRS)	www.ohiopmp.gov/County.aspx
Ohio Mental Health and Addiction Services	• Ohio's New Limits on Prescription Opiates	https://workforce.mha.ohio.gov/Workforce-Development/Health-Professionals/Opioid-Prescribing-Limits
U.S. Census Bureau, American Community Survey 5-year estimates	• Various 5-year Seneca County estimates (poverty, education, income, etc.)	https://www.cenUnitsus.gov/data.html
United States Department of Agriculture (USDA)	• Food Insecurity in the U.S.	https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx

Appendix II: Acronyms and Terms

AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	**A**rthritis, **O**steoporosis, and **C**hronic **B**ack **C**onditions
BMI	**B**ody **M**ass **I**ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	**B**ehavior **R**isk **F**actor **S**urveillance **S**ystem, an adult survey conducted by the CDC.
CDC	**C**enters for **D**isease **C**ontrol and **P**revention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	**C**alendar **Y**ear
FY	**F**iscal **Y**ear
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke, Topic of Healthy People 2020 objectives
HP 2020	**H**ealthy **P**eople **2020**, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic $\geq$140 and Diastolic $\geq$ 90
IID	**I**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	**N**ational **S**urvey of **C**hildren's **H**ealth
ODH	**O**hio **D**epartment of **H**ealth
OSHP	**O**hio **S**tate **H**ighway **P**atrol
Race/Ethnicity	**Census 2010:** U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age
YPLL/65	**Y**ears of **P**otential **L**ife **L**ost before age 65. Indicator of premature death.

Youth BMI Classifications	**Underweight** is defined as BMI-for-age $\leq$ 5th percentile **Overweight** is defined as BMI-for-age 85th percentile to < 95th percentile. **Obese** is defined as $\geq$ 95th percentile.

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

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2019 Seneca County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Seneca 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 Seneca County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2019 Seneca County Survey and the 2017 Census estimates.

	2019 Seneca Survey		**2017 Census**		**Weight**
Sex	Number	Percent	Number	Percent	
Male	178	51.89504	27,734	49.92709	0.962078
Female	165	48.10496	27,815	50.07291	1.040910

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Seneca County. The weighting for males was calculated by taking the percent of males in Seneca County (based on Census information) (49.92709%) and dividing that by the percent found in the 2019 Seneca County sample (51.89504%) [49.92709 / 51.89504= weighting of 0.962078 for males]. The same was done for females [50.07291/48.10496 = weighting of 1.040910 for females]. Thus, males' responses are weighted less by a factor of 0.962078 and females' responses weighted heavier by a factor of 1.040910.

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 1.60514 [1.04091 (weight for females) x 0.94997 (weight for White) x 1.45830 (weight for age 35-44) x 1.11312 (weight for income $50-$75k)]. Thus, each individual in the 2019 Seneca County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 24.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus, a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Seneca County Sample	%	2017 Census	%	Weighting Value
Sex:					
Male	178	51.89504	27,734	49.92709	0.962078
Female	165	48.10496	27,815	50.07291	1.040910
Age:					
20 to 34 years	18	5.30973	10,315	25.46599	4.79610
35 to 44 years	37	10.91445	6,447	15.91655	1.45830
45 to 54 years	40	11.79941	7,134	17.61264	1.49267
55 to 59 years	34	10.02950	4,098	10.11727	1.00875
60 to 64 years	47	13.86431	3,882	9.58400	0.69127
65 to 74 years	96	28.31858	5,078	12.53672	0.44270
75 to 84 years	57	16.81416	2,068	5.10554	0.30365
85+ years	10	2.94985	1,483	3.66128	1.24117
Race:					
White	329	95.08671	50,177	90.32926	0.94997
Non-White	17	4.91329	5,372	9.67074	1.96828
Household Income:					
Less than $25,000	81	25.79618	4,682	21.76966	0.84391
$25,000 to $34,999	36	11.46497	2,640	12.27507	1.07066
$35,000 to $49,999	65	20.70064	3,584	16.66434	0.80502
$50,000 to $74,999	58	18.47134	4,422	20.56075	1.11312
$75,000 to $99,999	36	11.46497	2,914	13.54908	1.18178
$100,000 to $149,999	28	8.91720	2,275	10.57795	1.18624
$150,000 or more	10	3.18471	990	4.60315	1.44539

Appendix IV: Seneca County Sample Demographic Profile*

Adult Variable	2018 Seneca County Adult Survey Sample	Seneca County Census 2013-2017 (5-year estimates)	Ohio Census 2017 (1-year estimates)
Age			
20-29	3.4%	13%	13.3%
30-39	5.4%	11.6%	12.5%
40-49	10.9%	11.5%	12.0%
50-59	17.1%	14.4%	13.7%
60 plus	60.0%	23.6%	23.4%
Race/Ethnicity			
White	94.0%	93.8%	81.3%
Black or African American	0.9%	2.7%	12.4%
American Indian and Alaska Native	0.2%	0.2%	0.2%
Asian	0.6%	0.6%	2.2%
Other	1.7%	0.8%	0.9%
Hispanic Origin (may be of any race)	1.1%	4.9%	3.7%
Marital Status†			
Married Couple	58.3%	48.1%	47.4%
Never been married/member of an unmarried couple	13.2%	30.9%	32.6%
Divorced/Separated	11.5%	14.4%	13.7%
Widowed	15.4%	6.5%	6.3%
Education†			
Less than High School Diploma	6.0%	9.2%	9.7%
High School Diploma	36.9%	45.5%	33.3%
Some college/ College graduate	47.4%	45.4%	56.9%
Income (Families)			
$14,999 and less	8.9%	8.3%	6.9%
$15,000 to $24,999	14.3%	6.6%	6.6%
$25,000 to $49,999	28.9%	25.2%	21.2%
$50,000 to $74,999	16.6%	23.5%	19.5%
$75,000 or more	21.2%	36.3%	45.9%

** The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).*

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

Appendix V: Demographics and Household Information

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

Age	Total	Males	Females
Seneca County	**56,745**	**28,337**	**28,408**
0-4 years	**3,553**	**1,852**	**1,701**
1-4 years	2,908	1,526	1,382
< 1 year	645	326	319
1-2 years	1,437	742	695
3-4 years	1,471	784	687
5-9 years	**3,767**	**1,950**	**1,817**
5-6 years	1,522	822	700
7-9 years	2,245	1,128	1,117
10-14 years	**3,767**	**1,950**	**1,817**
10-12 years	2,278	1,164	1,114
13-14 years	1,461	779	682
12-18 years	5,505	2,870	2,635
15-19 years	**4,432**	**2,288**	**2,144**
15-17 years	2,309	1,176	1,133
18-19 years	2,123	1,112	1,011
20-24 years	3,986	2,109	1,877
25-29 years	3,114	1,601	1,513
30-34 years	3,305	1,719	1,586
35-39 years	3,225	1,641	1,584
40-44 years	3,320	1,704	1,616
45-49 years	4,021	2,032	1,989
50-54 years	4,454	2,235	2,219
55-59 years	4,083	2,062	2,021
60-64 years	3,321	1,650	1,671
65-69 years	2,340	1,118	1,222
70-74 years	1,802	830	972
75-79 years	1,590	663	927
80-84 years	1,359	528	831
85-89 years	863	288	575
90-94 years	368	106	262
95-99 years	91	17	74
100-104 years	12	1	11
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	**1,334**	**412**	**922**
Total 65 years and over	**8,425**	**3,551**	**4,874**
Total 19 years and over	**42,388**	**20,886**	**21,502**

SENECA COUNTY PROFILE

(Source: U.S. Census Bureau, 2013-2017)
2013-2017 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	55,549	100%
Largest City – Seneca		
2017 Total Population	17,638	100%
Population by Race/Ethnicity		
Total Population	55,549	100%
White	52,110	93.8%
African American	1,473	2.7%
Hispanic or Latino (of any race)	2,719	4.9%
Two or more races	1,118	2.0%
Asian	307	0.6%
Some other race	432	0.8%
American Indian and Alaska Native	109	0.2%
Population by Age		
Under 5 years	2,864	5.1%
5 to 17 years	9,535	17.2%
18 to 24 years	6,109	11.0%
25 to 44 years	12,698	22.9%
45 to 64 years	15,114	27.3%
65 years and more	9,229	16.6%
Median age (years)	**39.5**	**N/A**
Household by Type		
Total households	21,507	100%
Total families	14,335	66.6%
Households with children <18 years	6,301	29.3%
Married-couple family household	10,563	49.1%
Married-couple family household with children <18 years	3,580	33.9%
Female householder, no husband present	2,611	12.1%
Female householder, no husband present with children <18 years	1,833	70.2%
Nonfamily household (single person)	7,172	33.3%
Nonfamily household (single person) living alone	5,845	81.5%
Nonfamily household (single person) 65 years and >	2,116	36.2%
Households with one or more people <18 years	6,301	29.3%
Households with one or more people 60 years and >	8,710	40.5%
Average household size	2.44 people	N/A
Average family size	2.94 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	$98,600	N/A
Median housing units with a mortgage	$989	N/A
Median housing units without a mortgage	$404	N/A
Median value of occupied units paying rent	$672	N/A
Median rooms per total housing unit	6.2	N/A
Total occupied housing units	21,507	N/A
No telephone service available	542	2.1%
Lacking complete kitchen facilities	216	1.0%
Lacking complete plumbing facilities	42	0.2%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	14,360	100%
Nursery & preschool	888	6.2%
Kindergarten	571	4.0%
Elementary School (Grades 1-8)	5,867	40.9%
High School (Grades 9-12)	3,047	21.2%
College or Graduate School	3,987	27.8%
Educational Attainment		
Population 25 years and over	37,041	100%
< 9th grade education	930	2.5%
9th to 12th grade, no diploma	2,482	6.7%
High school graduate (includes equivalency)	16,856	45.5%
Some college, no degree	7,291	19.7%
Associate degree	3,799	10.3%
Bachelor's degree	3,588	9.7%
Graduate or professional degree	2,095	5.7%
Percent high school graduate or higher	N/A	90.8%
Percent Bachelor's degree or higher	N/A	15.3%
Marital Status		
Population 15 years and over	45,435	100%
Never married	14,039	30.9%
Now married, excluding separated	21,854	48.1%
Separated	682	1.5%
Widowed	2,953	6.5%
Widowed females	292	9.9%
Divorced	5,861	12.9%
Divorced females	768	13.1%
Veteran Status		
Civilian population 18 years and over	43,150	100%
Veterans 18 years and over	3,754	8.7%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	54,607	100%
Civilian with a disability	7,592	13.9%
Under 18 years	12,379	22.7%
Under 18 years with a disability	813	8.3%
18 to 64 years	33,466	20.8%
18 to 64 years with a disability	3,848	7.0%
65 Years and over	8,762	16.0%
65 Years and over with a disability	2,931	5.3%

Selected Economic Characteristics

Employment Status		
Population 16 years and over	44,651	100%
16 years and over in labor force	27,444	61.5%
16 years and over not in labor force	17,207	38.5%
Females 16 years and over	22,629	100%
Females 16 years and over in labor force	12,980	57.4%
Population living with own children <6 years	3,463	100%
All parents in family in labor force	2,745	79.3%
Class of Worker		
Civilian employed population 16 years and over	25,833	100%
Private wage and salary workers	21,658	83.8%
Government workers	2,856	11.1%
Self-employed workers in own not incorporated business	1,298	5.0%
Unpaid family workers	21	0.1%
Occupations		
Employed civilian population 16 years and over	25,833	100%
Production, transportation, and material moving occupations	7,183	27.8%
Management, business, science, and art occupations	6,913	26.8%
Sales and office occupations	5,029	19.5%
Service occupations	4,306	16.7%
Natural resources, construction, and maintenance occupations	2,402	9.3%
Leading Industries		
Employed civilian population 16 years and over	25,833	100%
Educational, health and social services	5,921	22.9%
Retail trade	3,062	11.9%
Wholesale trade	582	2.3%
Manufacturing	7,193	27.8%
Arts, entertainment, recreation, accommodation, and food services	1,774	6.9%
Professional, scientific, management, administrative, and waste management services	1,179	4.6%
Transportation and warehousing, and utilities	1,285	5.0%
Construction	1,539	6.0%
Other services (except public administration)	1,169	4.5%
Finance, insurance, real estate and rental and leasing	686	2.7%
Public administration	741	2.9%
Information	258	1.0%
Agriculture, forestry, fishing and hunting, and mining	444	1.7%

Selected Economic Characteristics, Continued

Income In 2017		
Households	21,507	100%
< $10,000	1,191	5.5%
$10,000 to $14,999	1,018	5.5%
$15,000 to $24,999	2,473	11.5%
$25,000 to $34,999	2,640	12.3%
$35,000 to $49,999	3,584	16.7%
$50,000 to $74,999	4,422	20.6%
$75,000 to $99,999	2,914	13.5%
$100,000 to $149,999	2,275	10.6%
$150,000 to $199,999	627	2.9%
$200,000 or more	363	1.7%
Median household income	***$49,153***	N/A
Income in 2017		
Families	14,335	100%
< $10,000	720	5.0%
$10,000 to $14,999	475	3.3%
$15,000 to $24,999	948	6.6%
$25,000 to $34,999	1,390	9.7%
$35,000 to $49,999	2,224	15.5%
$50,000 to $74,999	3,371	23.5%
$75,000 to $99,999	2,325	16.2%
$100,000 to $149,999	1,993	13.9%
$150,000 to $199,999	565	3.9%
$200,000 or more	324	2.3%
Median family income	***$59,713***	N/A
Per capita income in 2017	**$25,004**	N/A
Poverty Status in 2017		
Families	N/A	11.3%
Individuals	N/A	15.2%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2017	$38,221	56th of 88 counties
BEA Per Capita Personal Income 2016	$37,876	50th of 88 counties
BEA Per Capita Personal Income 2015	$36,941	54th of 88 counties
BEA Per Capita Personal Income 2014	$34,252	65th of 88 counties
BEA Per Capita Personal Income 2013	$33,158	63rd of 88 counties

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

Poverty Rates, 2013-2017 5-year averages

Category	Seneca County	Ohio
Population in poverty	15.2%	14.9%
< 125% FPL (%)	19.0%	19.3%
< 150% FPL (%)	23.6%	23.6%
< 200% FPL (%)	33.2%	32.5%
Population in poverty (2002)	8.8%	10.2%

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

Employment Statistics

Category	Seneca County	Ohio
Labor Force	27,300	5,788,200
Employed	26,100	5,519,000
Unemployed	1,300	269,200
Unemployment Rate* in February 2019	4.7	4.7
Unemployment Rate* in January 2019	5.5	5.4
Unemployment Rate* in February 2018	4.9	5.0

**Rate equals unemployment divided by labor force*
(Source: Ohio Department of Job and Family Services, January 2019, http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf)

Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Seneca County				
All ages in poverty	6,782	5,638 to 7,926	12.9%	10.7 to 15.1
Ages 0-17 in poverty	2,120	1,672 to 2,568	17.7%	13.9 to 21.5
Ages 5-17 in families in poverty	1,399	1,070 to 1,728	15.5%	11.8 to 19.2
Median household income	$49,546	$46,250 to $52,842		
Ohio				
All ages in poverty	1,639,636	1,614,177 to 1,665,095	14.5%	14.3 to 14.7
Ages 0-17 in poverty	521,730	506,894 to 536,566	20.4%	19.8 to 21.0
Ages 5-17 in families in poverty	348,713	335,691 to 361,735	18.7%	18.0 to 19.4
Median household income	$ 52,357	$52,083 to $52,631		
United States				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	57,617	$57,502 to $57,732		

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

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

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

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

Appendix VI: County Health Rankings

	Seneca County 2019	Ohio 2019	U.S. 2019
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2015-2017)	7,200	8,500	6,900
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	15%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.9	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	3.9	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2011-2017)	8%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	20%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2015)	33%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 and 2016)	7.9	6.7	7.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2015)	25%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2018)	73%	84%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	17%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2013-2017)	34%	33%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2016)	353	521	497.3
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2011-2017)	27	26	25

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

	Seneca County 2019	Ohio 2019	U.S. 2019
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2016)	7%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2016)	2,310:1	1,300:1	1,330:1
Access to dental care. Ratio of population to dentists (2017)	2,510:1	1,620:1	1,460:1
Access to behavioral health care. Ratio of population to mental health providers (2018)	950:1	470:1	440:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2016)	4,532	5,135	4,520
Mammography screening. Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening (2016)	40%	41%	41%
Flu vaccinations. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination (2016)	48%	47%	45%
Social and Economic Factors			
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	94%	85%	85%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2013-2017)	57%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2017)	5%	5%	4%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2017)	17%	20%	18%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2013-2017)	3.7	4.8	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2013-2017)	39%	36%	33%
Family and social support. Number of membership associations per 10,000 population (2016)	15	11	9
Violence. Number of reported violent crime offenses per 100,000 population (2014 and 2016)	172	293	386
Injury. Number of deaths due to injury per 100,000 population (2013-2017)	81	82	67

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

	Seneca County 2019	Ohio 2019	U.S. 2019
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2014)	11.5	11.5	8.6
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2017)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2011-2015)	11%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2013-2017)	84%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2013-2017)	27%	30%	35%

N/A – Data is not available
(Source: 2019 County Health Rankings for Seneca County, Ohio, and U.S. data)