

2019



Fulton County **Community Health Assessment**

Examining the health of Fulton County

Released on January 16, 2020

Foreword

We appreciate your interest in the data presented in the 2019 Adult Community Health Assessment of Fulton County. This is the most recent in a series of community health assessments that span over twenty years. The information collected is reported along with health information from the Ohio Department of Health and relevant national, state and local data sources. New this year is a summary of three focus groups that describe health challenges for Fulton County older adults, parents of young children and Latino/Hispanic residents.

This report would not have been possible without the assistance of a number of community leaders and organizations that comprise the Fulton County Partners for Health. We thank them for their support or financial assistance in making this health assessment a reality and the Healthy Communities Foundation of the Hospital Council of Northwest Ohio for guiding the process. The information in this publication can ultimately benefit our community.

This health assessment publication contains a tremendous amount of data which can serve as one source for strategic planning with respect to making Fulton County a healthier community. It can influence the current course of action and support new areas of interest. When using this publication for planning purposes the process should look more in depth at the results obtained, seek additional sources of information from service providers and identify the target population to put the findings in perspective. We hope you will consider joining the Fulton County Partners for Health and contribute to the planning process that results in a county-wide Community Health Improvement Plan for the next three years.

We encourage you to be open to new ideas and collaborations as you use this information. The challenge is to focus our efforts and resources to make the healthy choice the easy choice. Let us combine our efforts to work toward the vision of healthier residents and a better quality of life. Working together, we can continue to positively impact the health of this community. May you find purpose and satisfaction in the everyday decisions that move each of us toward a healthier future.

Sincerely,

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Fulton County Health Department

Patricia A. Finn
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Acknowledgements

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To see Fulton 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 Fulton County Health Assessment is available on the following websites:

Fulton County Health Department

<http://fultoncountyhealthdept.com/>

Healthy Choices Caring Communities – HC3

<http://hc3partnership.org/#/welcome/hc3>

Fulton County Health Center

<https://www.fultoncountyhealthcenter.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 Fulton County adults (ages 19 and older) who participated in a county-wide health assessment survey from March through May 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). 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.

The state of Ohio mandated by law (ORC 3701.981) that all hospitals must collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). In addition, local hospitals must align with the Ohio State Health Assessment (SHA), requiring alignment of the CHA process timeline and indicators. This local alignment must take place by October 2020. Fulton Health collaborated with the Fulton County General Health District and other partners to create the 2019 Fulton County CHA. Fulton Health will also be participating in the upcoming CHIP, which along with the CHA, will align partners to be in compliance by 2020.

Internal Revenue Services (IRS) Requirements

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

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

The community has been defined as Fulton County. Fulton County Partners for Health collaborate with multiple stakeholders, most of which provide services at the county level. For these reasons, the county was defined as the community.

INCLUSION OF VULNERABLE POPULATIONS

Fulton County is a rural county. Approximately 24.1% of Fulton County residents were below the poverty line, according to the 2013-2017 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

PROCESS & METHODS FOR ENGAGING COMMUNITY

This community health needs assessment process was commissioned by the Fulton County Partners for Health. This coalition has been in existence for 2012 with approximately 20 organizations. Multiple sectors, including the general public, were asked through email listservs, social media, and public notices to participate in the process which included defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs. Twenty organizations worked together to create one comprehensive assessment and plan.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

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

CHNA AVAILABILITY

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

Fulton County Health Department: <http://fultoncountyhealthdept.com/data-resources/health-assessments>

Fulton County Health Center: <https://www.fultoncountyhealthcenter.org/>

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

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, discover 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 Fulton 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 adults in 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 the majority 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 HCNO conducted a series of meetings with the planning committee from Fulton County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS survey. Based on input from the Fulton County planning committee, the project coordinator composed a draft of the survey containing 112 items for the survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING

The sampling frame for the adult survey consisted of adults ages 19 and older living in Fulton County. There were 31,066 persons ages 19 and older living in Fulton County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings). A sample size of at least 379 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Fulton County was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

PROCEDURE

Prior to mailing the survey, the project team mailed an advance letter to 1,200 adults in Fulton County. This advance letter was personalized; printed on Fulton County Partners for Health letterhead; and signed by Kim Cupp, Health Commissioner, Fulton County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, the project team implemented a three-wave mailing procedure to maximize the survey return rate. The initial mailing included a personalized hand-signed cover letter (on Fulton County Partners for Health letterhead) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. To maximize survey responses, a third wave mailing was sent out to 200 additional adults in Fulton County. A letter explaining the purpose of the health assessment project, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive were included.

The response rate for the mailing was 28% ($n=379$; $CI=\pm 5.0$). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 24.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Fulton 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 IV.

LIMITATIONS

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Fulton County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Fulton 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 sites, including county-level data, wherever 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 in the section of the report it corresponds with. All primary data collected in this report is from the 2019 Fulton County Community Health Assessment (CHA). All other data is cited accordingly.

2016 Ohio State Health Assessment (SHA)

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

Similar to the 2016 Ohio SHA, the 2019 Fulton 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.

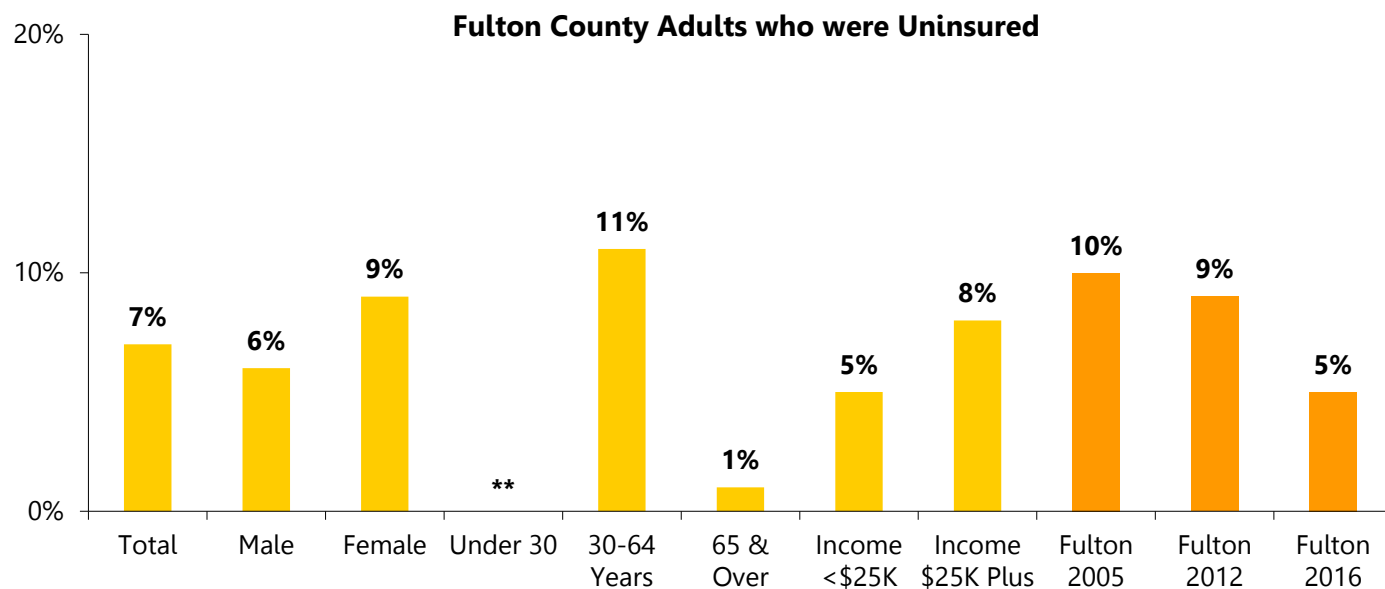
To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

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



HEALTH CARE COVERAGE

One-in-fourteen (7%) Fulton County adults were without health care coverage. The main reason adults gave for being without health care coverage were because they lost their job or changed employers (42%).

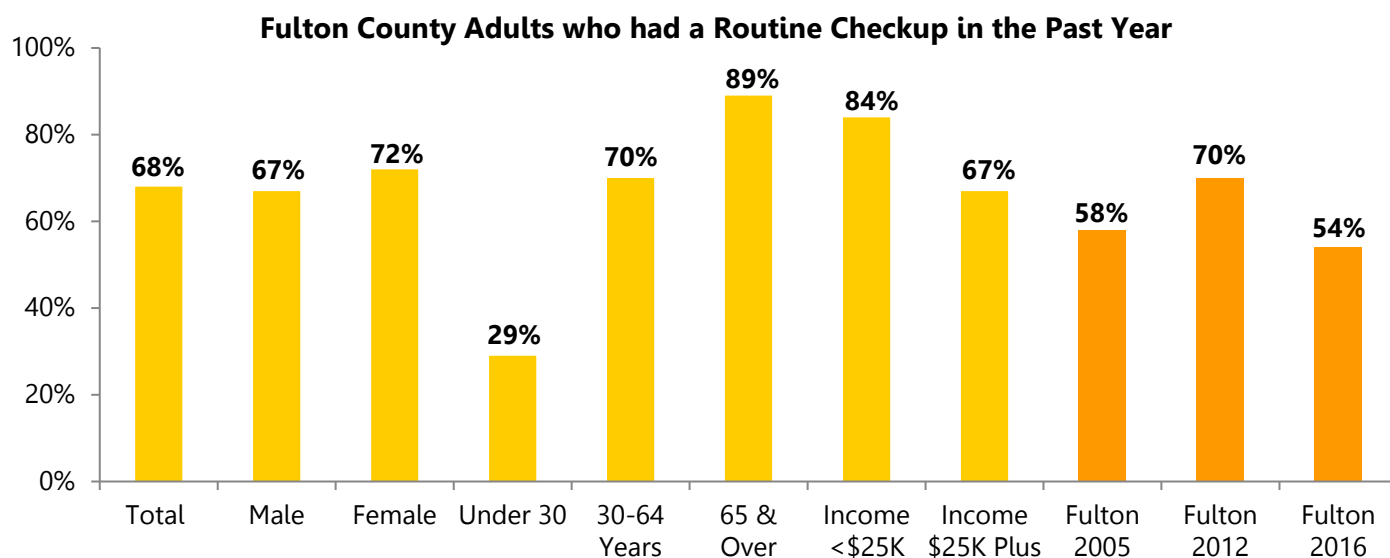


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

*** Subpopulation sample sizes were too low to accurately report on this item.*

ACCESS AND UTILIZATION

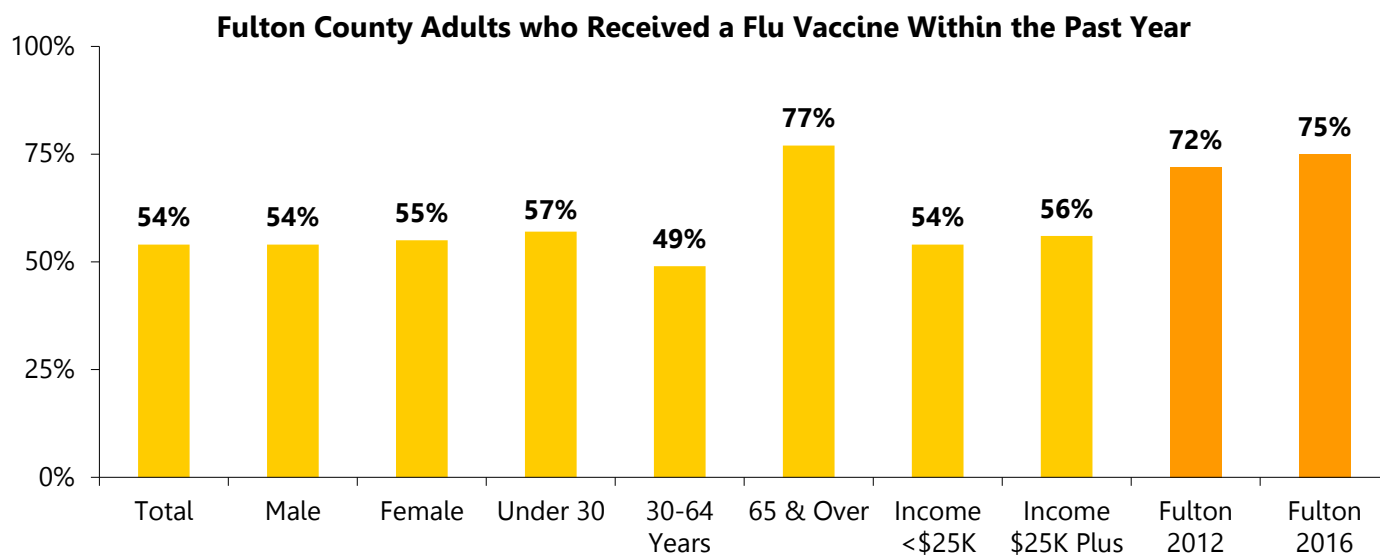
Sixty-eight percent (68%) of Fulton County adults had visited a doctor for a routine checkup in the past year. Sixty-six percent (66%) of adults went outside of Fulton County for health care services in the past year.



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.

PREVENTIVE MEDICINE

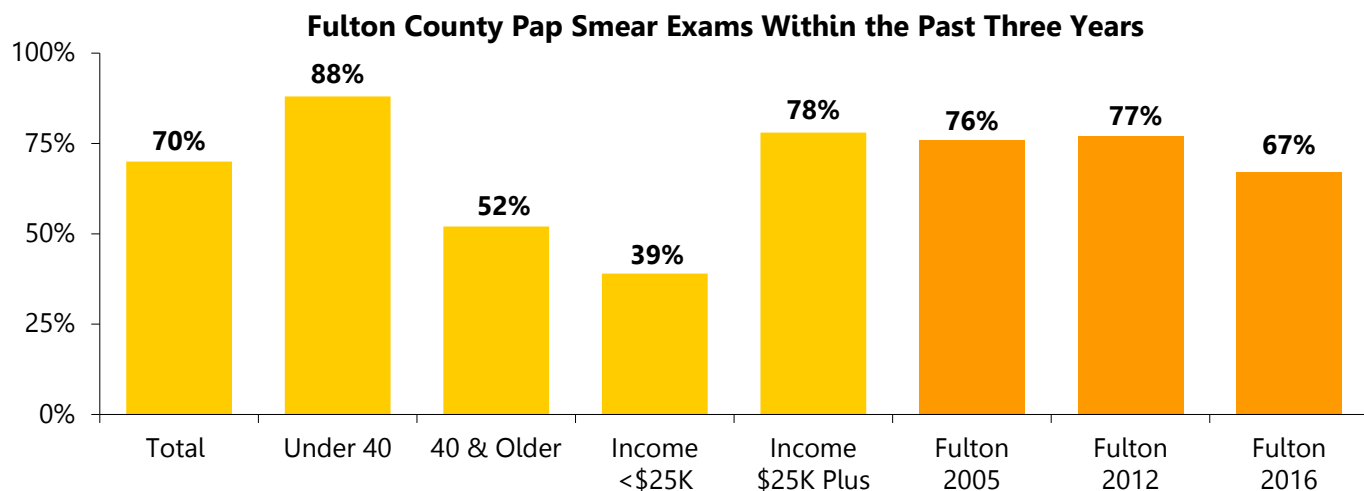
Seventy-one percent (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Fifty-six percent (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.



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.

WOMEN'S HEALTH

Fifty-five percent (55%) of Fulton County women over the age of 40 reported having a mammogram in the past year. Forty-one percent (41%) of all women had a Pap smear to detect cancer of the cervix in the past year. Sixty-four percent (64%) of Fulton County women were overweight or obese, 29% had high blood cholesterol, 28% had high blood pressure, and 13% were identified as current smokers, known risk factors for cardiovascular diseases.

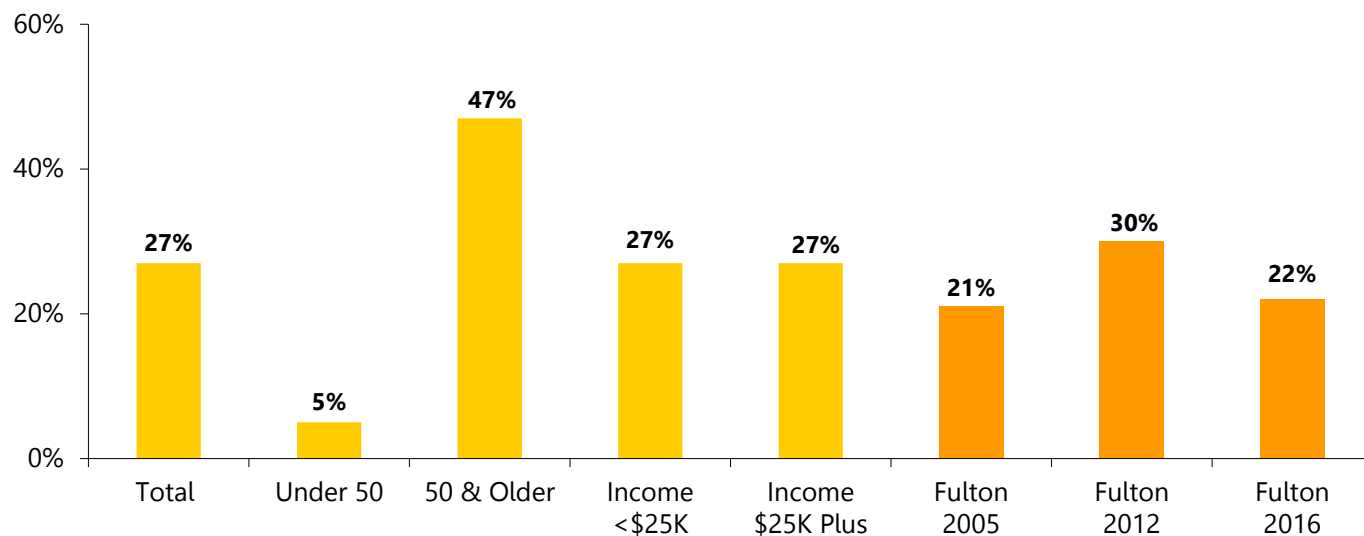


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

MEN'S HEALTH

Nearly half (47%) of Fulton County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. Eighty-one percent (81%) of men were overweight or obese, 39% had high blood pressure, 31% had been diagnosed with high blood cholesterol, and 11% were identified as current smokers, known risk factors for cardiovascular diseases.

Fulton County Prostate-Specific Antigen (PSA) Test Within the Past Year

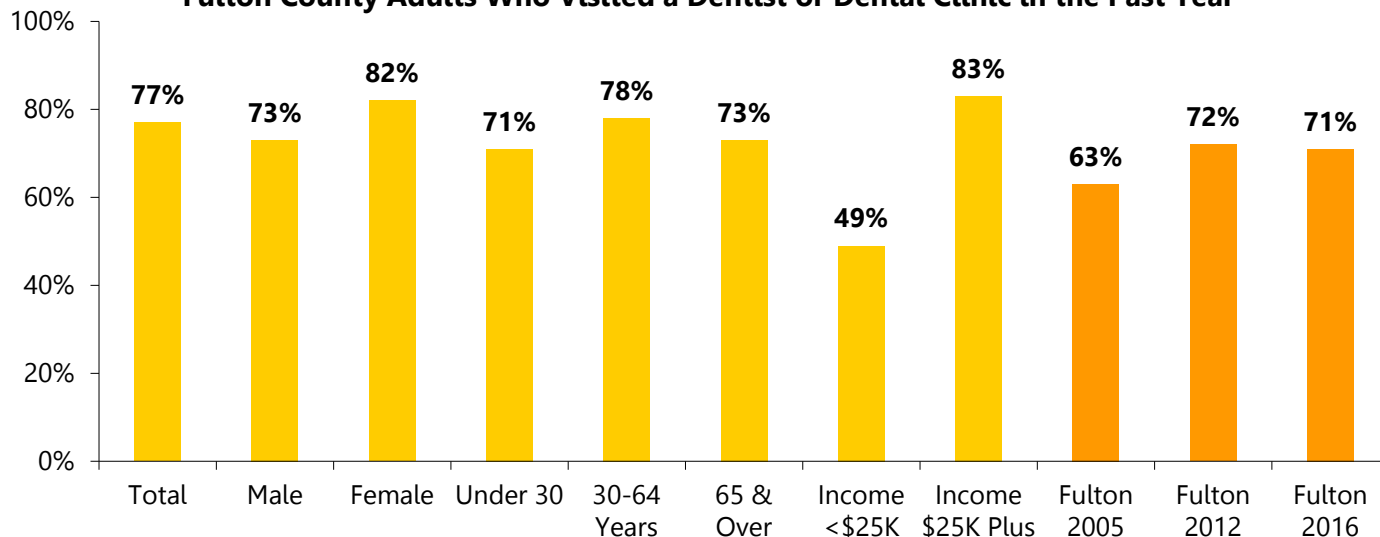


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ORAL HEALTH

Seventy-seven percent (77%) of Fulton 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 (36%), had no reason to go/had not thought of it (17%), and had dentures (15%).

Fulton County Adults Who Visited a Dentist or Dental Clinic in the Past Year

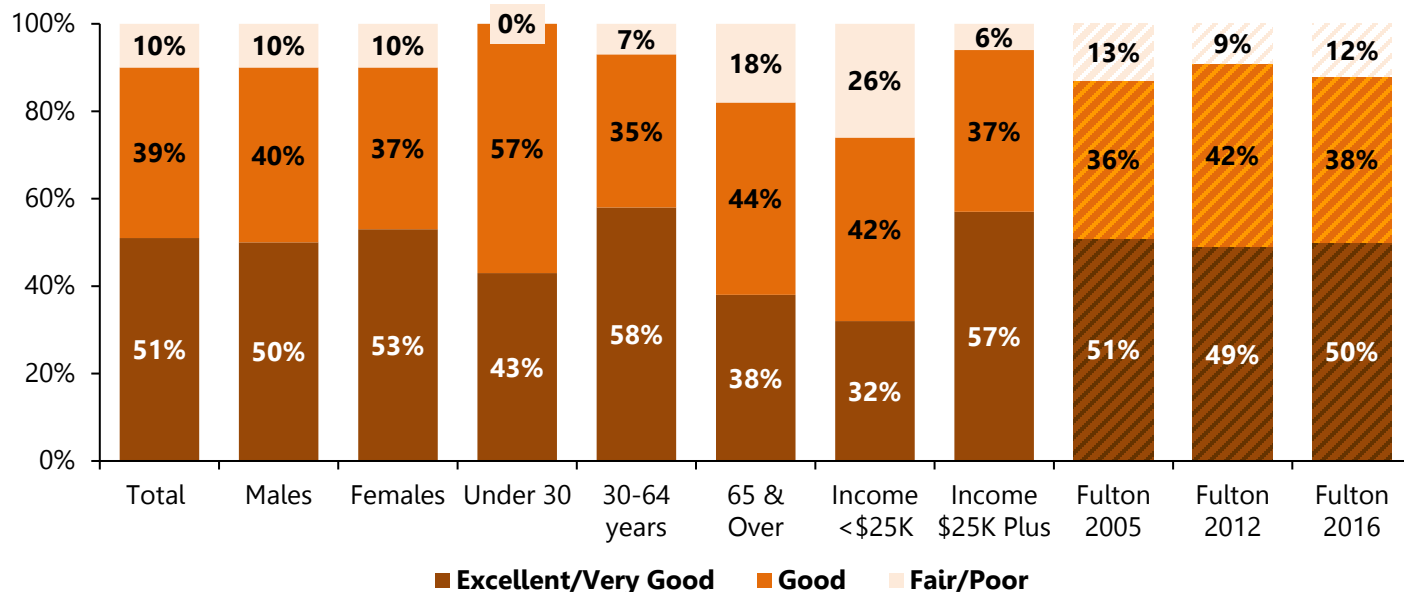


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

HEALTH STATUS PERCEPTIONS

More than half (51%) of Fulton County adults rated their health status as excellent or very good. Conversely, 10% of adults described their health as fair or poor, increasing to 26% of those with incomes less than \$25,000.

Fulton County Adult Health Perceptions*

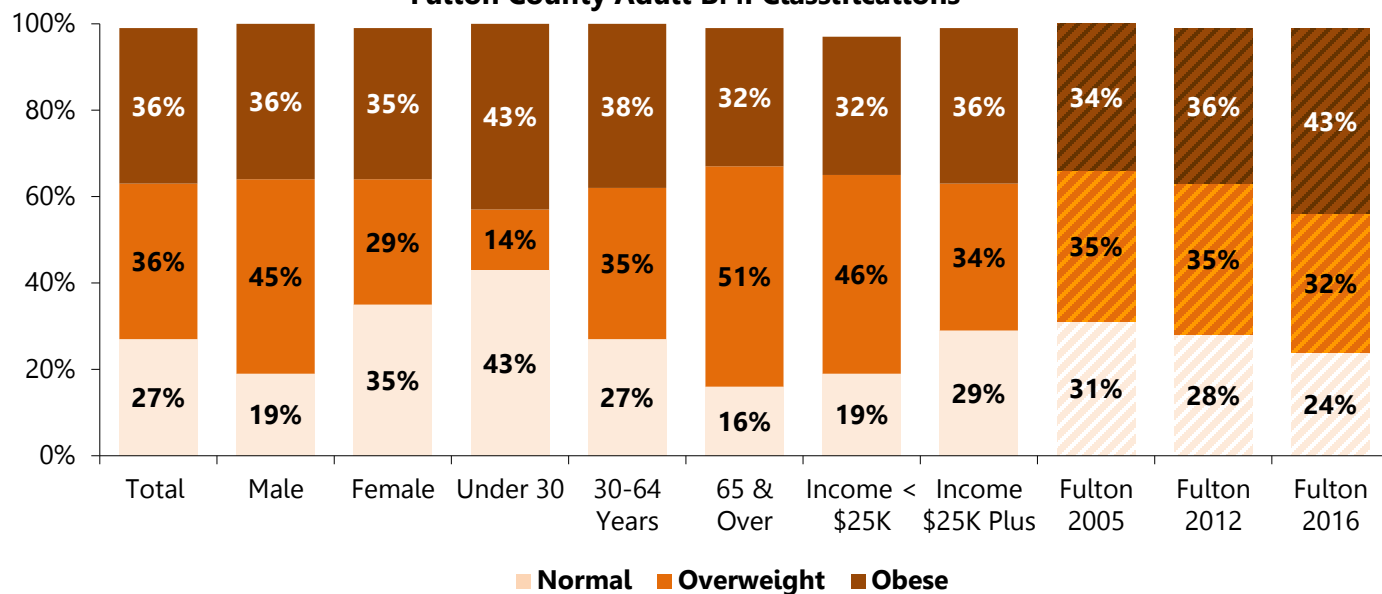


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

WEIGHT STATUS

Seventy-two percent (72%) Fulton County adults were overweight or obese based on body mass index (BMI). Nearly one-fifth (18%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

Fulton County Adult BMI Classifications*

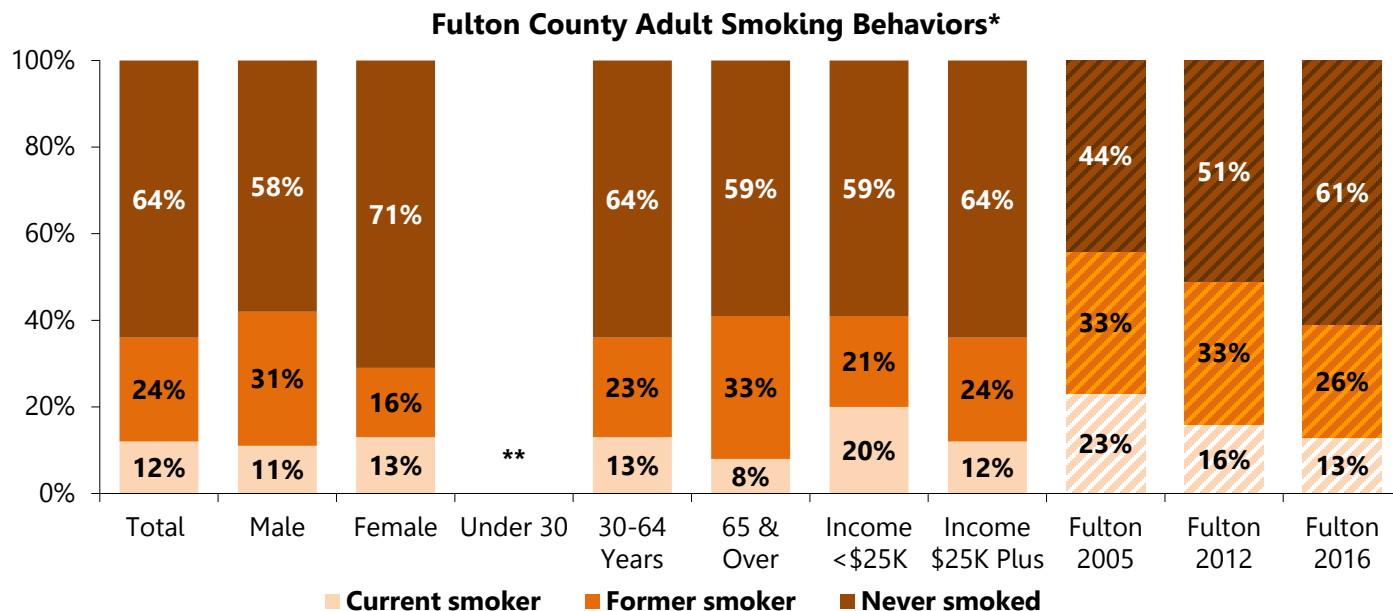


*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight.

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

TOBACCO USE

Twelve percent (12%) of Fulton County adults were current smokers, and 24% were considered former smokers. Two percent (2%) of adults used e-cigarettes in the past year.



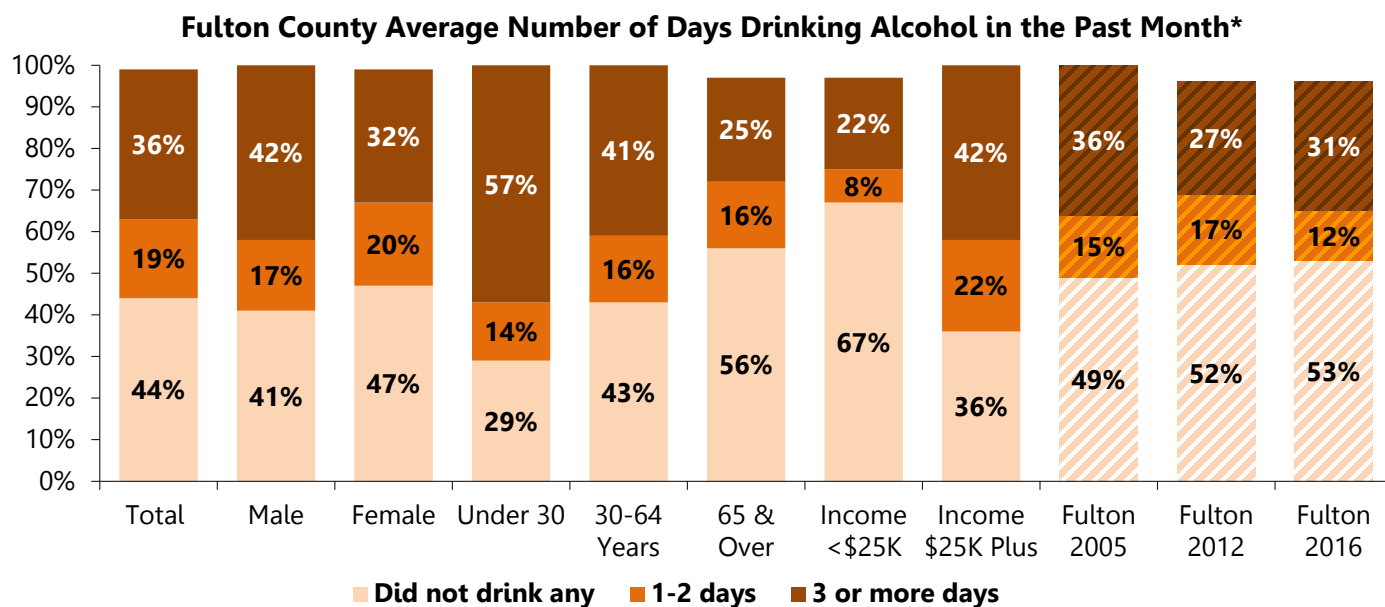
*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

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.

** Subpopulation sample sizes were too low to accurately report on this item.

ALCOHOL CONSUMPTION

Fifty-five percent (55%) of Fulton County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Nearly one-fifth (18%) 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.

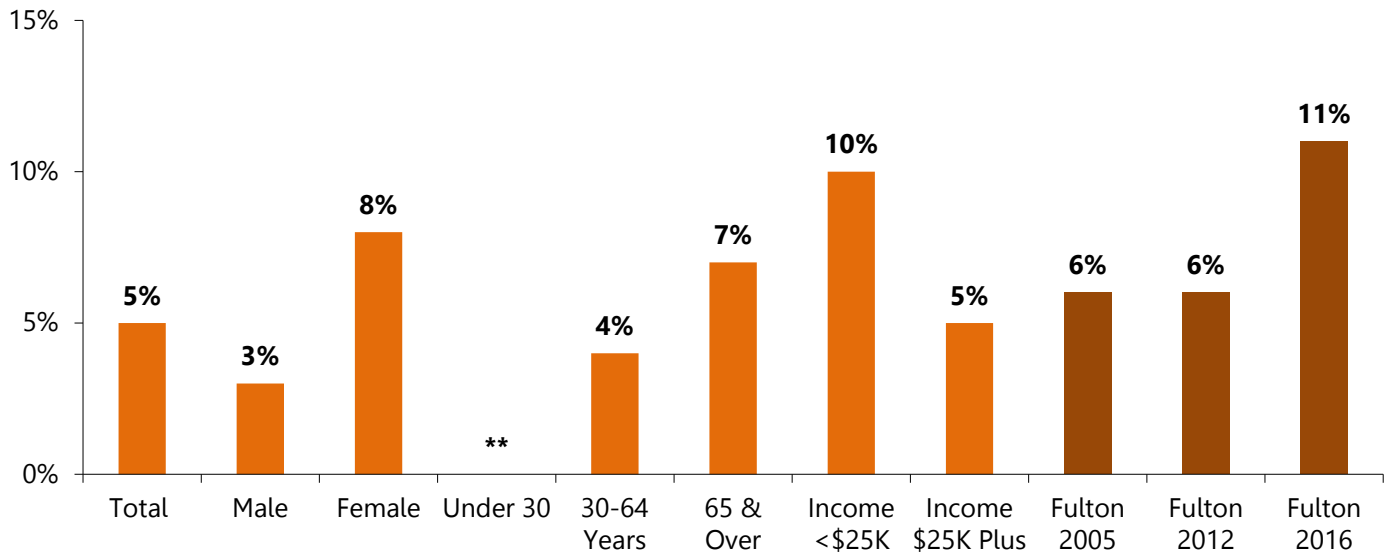


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

DRUG USE

Three percent (3%) of Fulton County adults had used recreational marijuana or hashish during the past six 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.

Fulton County Adult Prescription Medication Misuse in Past 6 Months



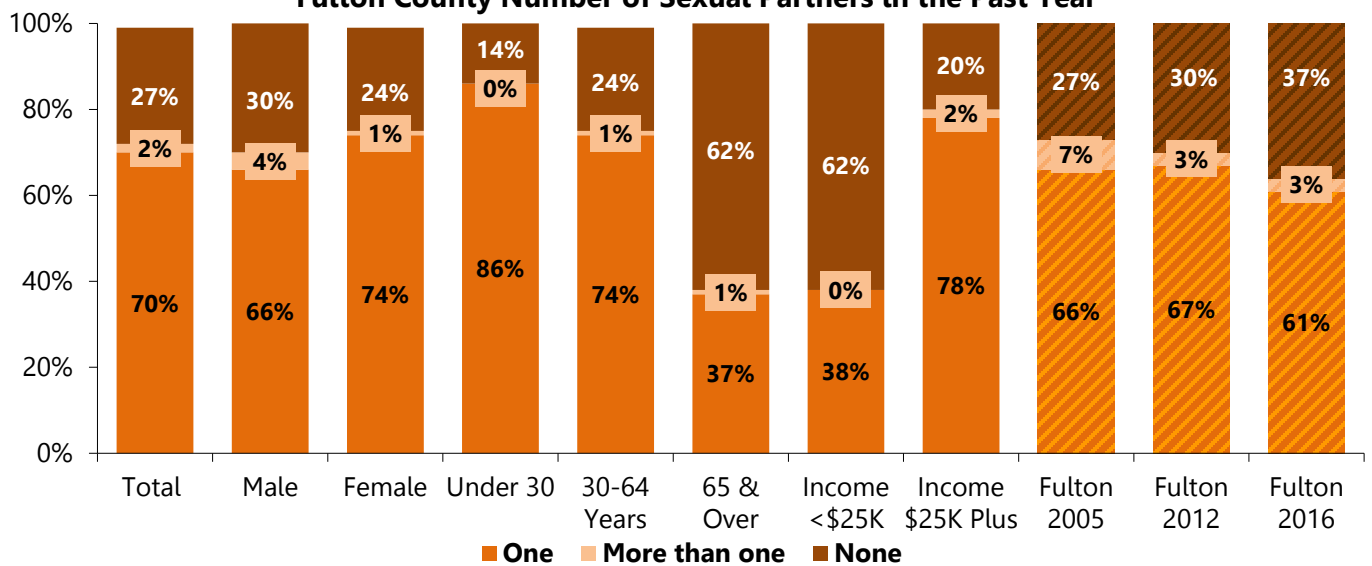
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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SEXUAL BEHAVIOR

Seventy-two percent (72%) of Fulton County adults had sexual intercourse in the past year. Two percent (2%) of adults had more than one partner. Nine percent (9%) of adults did not use any form of birth control.

Fulton County Number of Sexual Partners in the Past Year*

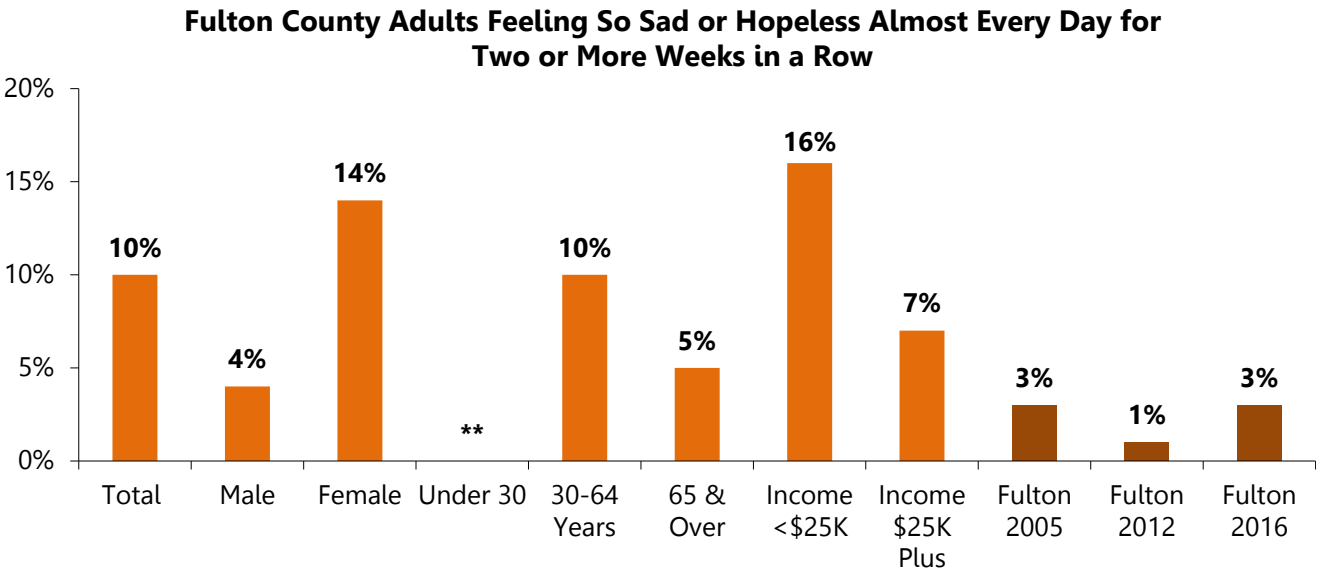


**Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"*

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.

MENTAL HEALTH

Four percent (4%) of Fulton County adults considered attempting suicide in the past year. Fourteen percent (14%) of adults had used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.



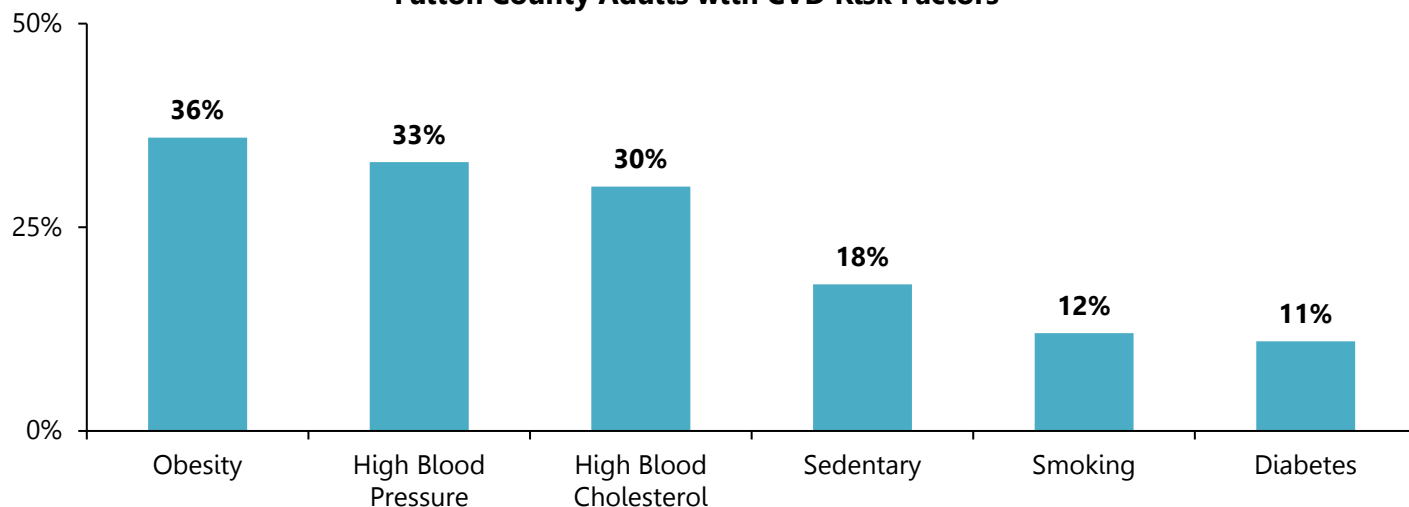
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
*** Subpopulation sample sizes were too low to accurately report on this item.*

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Three percent (3%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Over one third (36%) of Fulton County adults were obese, 33% had high blood pressure, 30% had high blood cholesterol, and 12% were current smokers, four known risk factors for heart disease and stroke.

Fulton County Adults with CVD Risk Factors



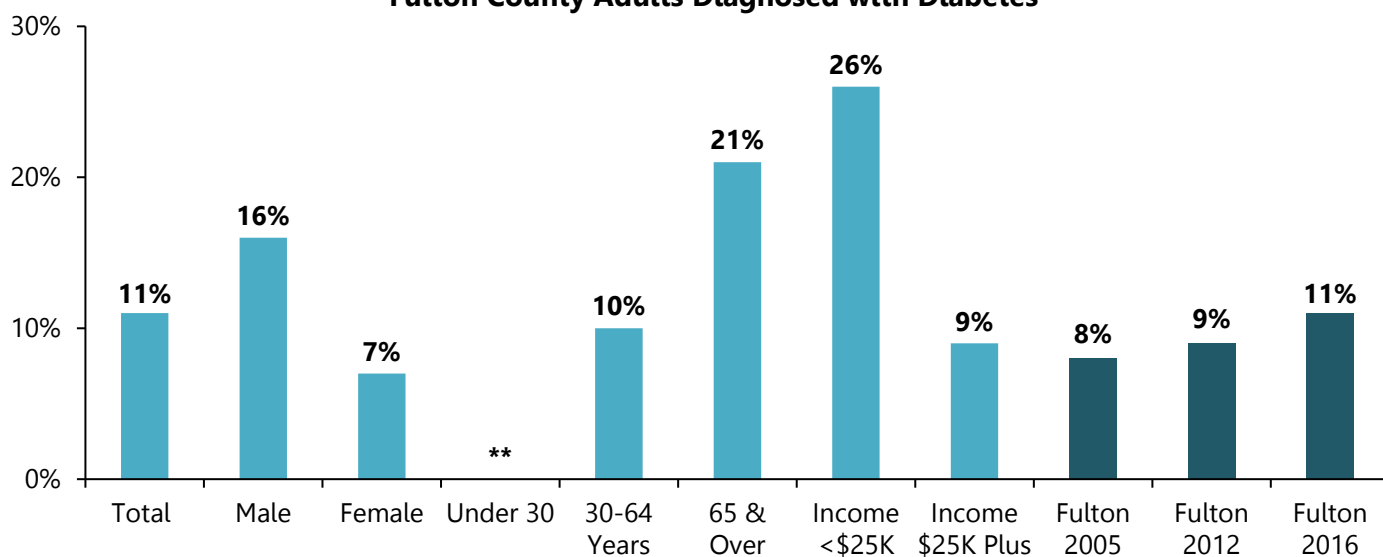
CANCER

Eighteen percent (18%) of Fulton County adults had been diagnosed with cancer at some time in their life.

DIABETES

One-in-nine (11%) Fulton County adults had been diagnosed with diabetes in their lifetime. Ten percent (10%) of diabetics rated their health as fair or poor in the past year.

Fulton County Adults Diagnosed with Diabetes

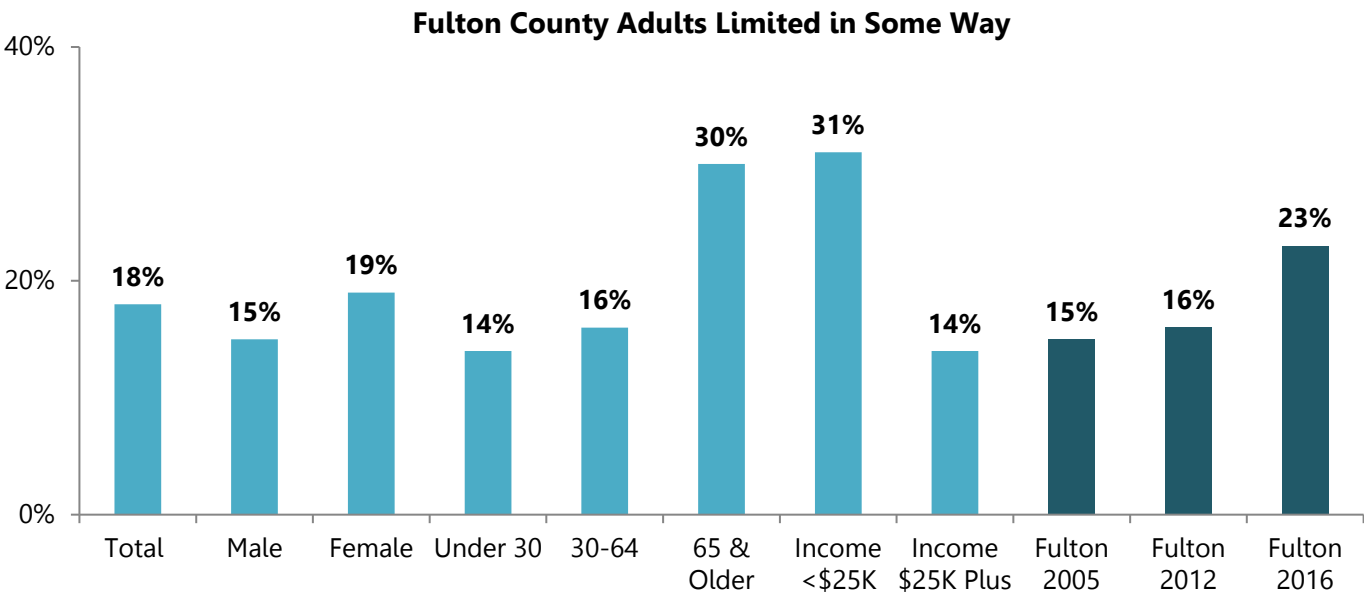


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QUALITY OF LIFE

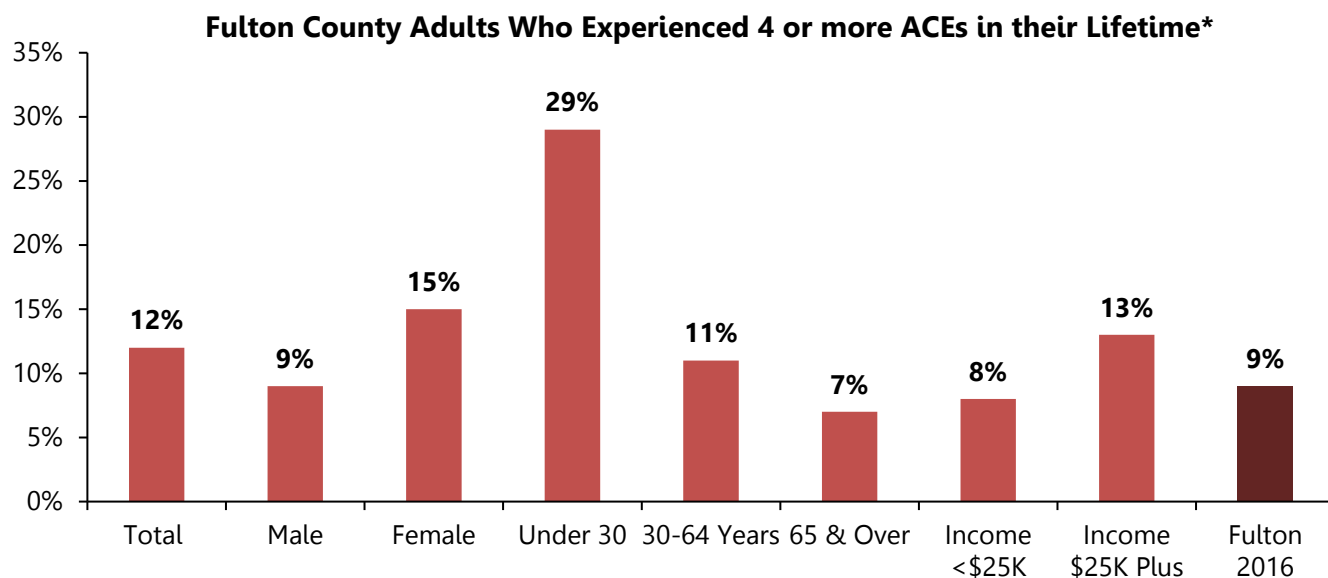
Nearly one-fifth (18%) of Fulton County adults reported they were limited by any impairment or health problem.



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

SOCIAL DETERMINANTS OF HEALTH

Four percent (4%) Fulton County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Twelve percent (12%) of Fulton County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Eleven percent (11%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.



**The 2016 Fulton County Health Assessment reported those adults who had experienced 3 or more ACEs in their lifetime.*

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





ENVIRONMENTAL HEALTH

The top three environmental health issues for Fulton County adults that threatened their health in the past year were insects (8%), moisture issues (5%), and agricultural chemicals (4%). Eighty-four percent (84%) of adults had a working smoke detector in preparation for a disaster.

PARENTING

In 2019, 82% of Fulton County parents talked to their 12-to-17-year-old about dating and relationships and weight status.


Trend Summary







Adult Variables	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Health Care Coverage, Access, and Utilization						
Uninsured	10%	9%	5%	7%	8%	11%
Visited a doctor for a routine checkup (in the past 12 months) 	58%	70%	54%	68%	72%	70%
Preventive Medicine						
Ever had a pneumonia vaccination (age 65 and older)	N/A	58%	64%	71%	76%	75%
Had a flu shot within the past year (age 65 and older)	N/A	72%	75%	77%	63%	60%
Ever had a shingles or zoster vaccine	N/A	N/A	14%	21%	29%	29%
Had a sigmoidoscopy or colonoscopy within the past 5 years (age 50 and older)	N/A	48%	46%	56%	72%*	74%*
Women's Health						
Had a mammogram in the past two years (age 40 and older)	63%	74%	72%	68%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	76%	77%	67%	77%	82%*	80%*
Men's Health						
Had a PSA test in within the past two years (age 40 and older)	47%	52%	47%	54%	39%*	40%*
Oral Health						
Visited a dentist or dental clinic (within the past year)	63%	72%	71%	77%	68%*	66%*
Health Status Perceptions						
Rated general health as good, very good, or excellent	87%	91%	88%	90%	81%	83%
Rated general health as excellent or very good	51%	49%	50%	51%	49%	51%
Rated general health as fair or poor 	13%	9%	12%	10%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	N/A	18%	17%	16%	22%*	22%*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings) 	N/A	3.1	3.2	2.8	4.0*	3.7*
Rated mental health as not good on four or more days (in the past 30 days)	20%	17%	21%	27%	24%*	23%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings) 	N/A	2.6	3.2	3.6	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)	N/A	18%	19%	22%	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	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Weight Status						
Normal weight (BMI of 18.5 – 24.9)	31%	28%	24%	27%	30%	32%
Overweight (BMI of 25.0 – 29.9)	35%	35%	32%	36%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 	34%	36%	43%	36%	34%	32%
Tobacco Use						
Current smoker (currently smoke some or all days) 	23%	16%	13%	12%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	33%	26%	26%	24%	24%	25%
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	51%	44%	43%	55%	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%	17%	15%	18%	19%	17%
Drug Use						
Adults who used recreational marijuana or hashish in the past 6 months	4%	2%	2%	3%	N/A	N/A
Adults who misused prescription medication in the past 6 months	6%	6%	11%	5%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	7%	3%	3%	2%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	3%	1%	3%	4%	N/A	N/A
Attempted suicide in the past year	0%	<1%	2%	1%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	16%	10%	8%	10%	N/A	N/A
Cardiovascular Health						
Ever diagnosed with angina or coronary heart disease 	N/A	1%	4%	4%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	5%	2%	5%	3%	6%	4%
Ever diagnosed with a stroke	2%	1%	4%	2%	4%	3%
Had been told they had high blood pressure 	26%	32%	37%	33%	35%	32%
Had been told their blood cholesterol was high	24%	29%	32%	30%	33%	33%
Had their blood cholesterol checked within the last five years	61%	77%	81%	84%	85%	86%
Diabetes						
Ever been told by a doctor they have diabetes (not pregnancy-related) 	8%	9%	11%	11%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	2%	1%	1%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	3%	5%	6%	4%	2%	2%
Quality of Life						
Limited in some way because of physical, mental, or emotional problems	15%	16%	23%	18%	21%**	21%**

N/A - Not Available

**2015 BRFSS Data

 Indicates alignment with Ohio SHA

Health Care Access: Health Care Coverage

Key Findings

One-in-fourteen (7%) Fulton County adults were without health care coverage. The main reason adults gave for being without health care coverage were because they lost their job or changed employers (42%).

2,175 Fulton County adults were uninsured.

Health Coverage

- In 2019, 93% Fulton County adults had health care coverage.
- In the past year, 7% of adults were uninsured.
- Nine percent (9%) of adults with children did not have health care coverage, compared to 5% of those who did not have children living in their household.
- Adults used the following types of health coverage:
 - Employer (49%)
 - Medicare (22%)
 - Someone else's employer (14%)
 - Self-paid plan (6%)
 - Health Insurance Marketplace (4%)
 - Medicaid or medical assistance (3%)
 - Military, CHAMPUS, TriCare, CHAMPVA, or the VA (2%)
- Fulton County adult health care coverage included the following:

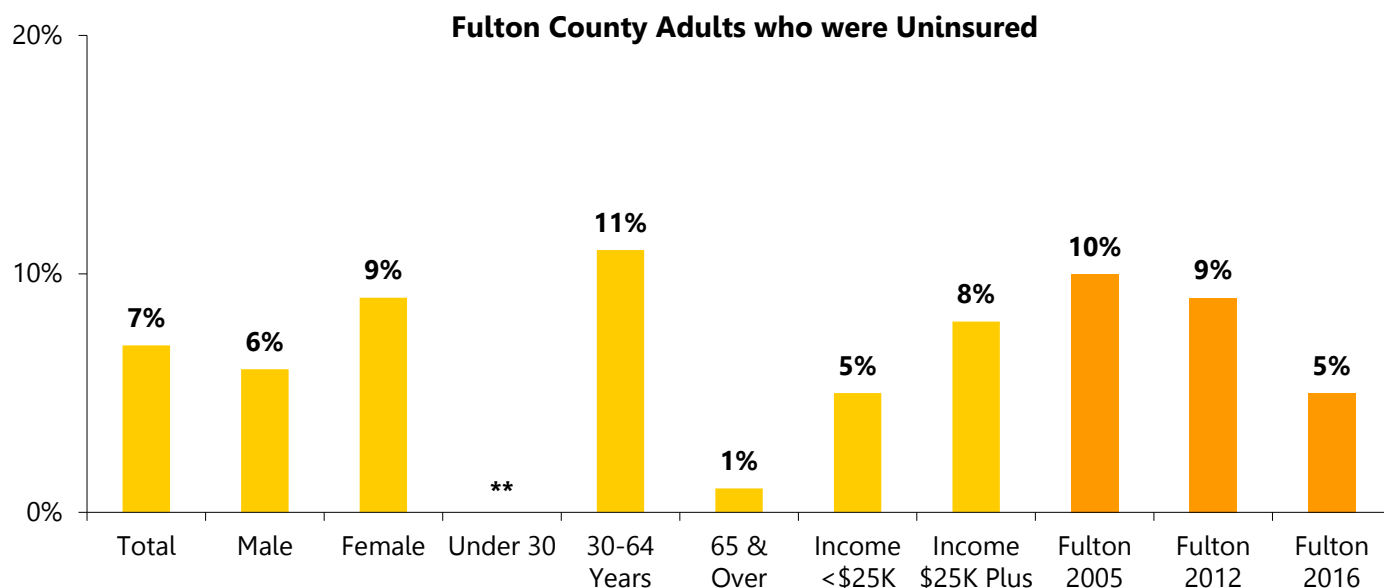
— Medical (93%)	— Mental health (56%)
— Prescription coverage (93%)	— Durable medical equipment (45%)
— Fulton County Physicians (83%)	— Alcohol and drug treatment (36%)
— Immunizations (80%)	— Skilled nursing/assisted living (27%)
— Outpatient therapy (79%)	— Hospice (22%)
— Preventive health (79%)	— In-home care (22%)
— Vision/eyeglasses (66%)	— Transportation (15%)
— Dental (64%)	
- Fulton County adults had the following issues regarding their health care coverage:
 - Cost (35%)
 - Opted out of certain coverage because they could not afford it (9%)
 - Service not deemed medically necessary (7%)
 - Opted out of certain coverage because they did not need it (7%)
 - Could not understand their insurance plan (5%)
 - Working with their insurance company (5%)
 - Provider no longer covered (5%)
 - Limited visits (3%)
 - Service no longer covered (2%)
 - Pre-existing conditions (1%)

Health Coverage, Continued

- The top three reasons uninsured adults gave for being without health care coverage were:
 - They lost their job or changed employers (42%)
 - Cost (high co-pays, premiums, deductibles) (18%)
 - They became ineligible (14%)

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

The following graph shows the percentage of Fulton County adults who were uninsured. An example of how to interpret the information in the graph includes: 7% of all adults were uninsured, including 5% of those with an income 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.

*** Subpopulation sample sizes were too low to accurately report on this item.*

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Uninsured	10%	9%	5%	7%	8%	11%

Healthy People 2020 Access to Health Services (AHS)

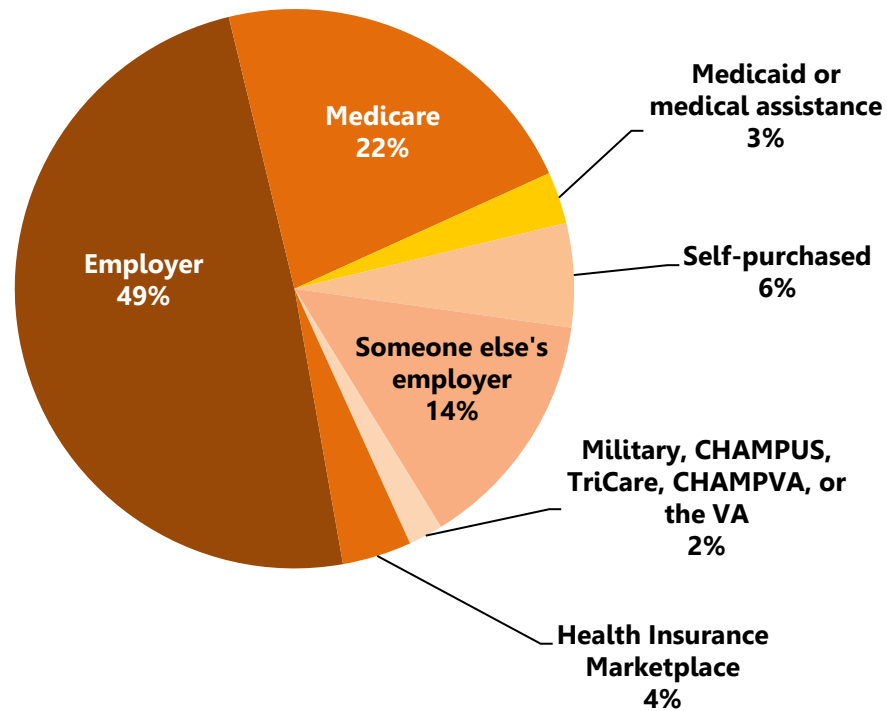
Objective	Fulton County 2019	Ohio 2017	U.S. 2016*	Healthy People 2020 Target
AHS-1.1: Persons under the age of 65 years with health insurance	100% age 20-24 89% age 25-34 94% age 35-44 86% age 45-54 90% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% 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.*

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

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

Source of Health Coverage for Fulton County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	93%	1%	6%
Prescription Coverage	93%	3%	4%
Fulton County Physicians	83%	6%	11%
Immunizations	80%	4%	16%
Outpatient Therapy	79%	1%	20%
Preventive Health	79%	2%	19%
Vision/Eyeglasses	66%	29%	5%
Dental	64%	31%	5%
Mental Health	56%	4%	39%
Durable Medical Equipment	45%	3%	52%
Alcohol and Drug Treatment	36%	8%	56%
Skilled Nursing/Assisted Living	27%	3%	70%
Hospice	22%	5%	73%
In-Home Care	22%	6%	72%
Transportation	15%	16%	69%

Health Care Access: Access and Utilization

Key Findings

Sixty-eight percent (68%) of Fulton County adults had visited a doctor for a routine checkup in the past year. Sixty-six percent (66%) of adults went outside of Fulton County for health care services in the past year.

Health Care Access

- More than two-thirds (68%) of Fulton County adults visited a doctor for a routine checkup in the past year, increasing to 89% of those over the age of 65.
- Fourteen percent (14%) of Fulton County adults changed doctors in the past year for the following reasons:
 - Provider moved or retired (8%)
 - Changed health care coverage (3%)
 - Dissatisfied with former provider/liked new provider better (3%)
 - Changed residence or moved (1%)
 - Medical care needs changed (1%)
 - Other reasons (2%)
- The following might prevent Fulton County adults from seeing a doctor if they were sick, injured, or needed some kind of health care:
 - Cost/no insurance (26%)
 - Doctor would not take their insurance (16%)
 - Difficult to get an appointment (13%)
 - Hours not convenient (9%)
 - Could not get time off work (8%)
 - Worried they might find something wrong (7%)
 - Frightened of the procedure or doctor (4%)
 - Did not trust or believe doctors (4%)
 - No childcare (2%)
 - Difficult to find/no transportation (2%)
- Fulton County adults had the following problems when they needed health care in the past year:
 - Could not get appointments when they wanted them (7%)
 - Could not find a doctor they were comfortable with (6%)
 - Did not have enough money to pay for health care or insurance (5%)
 - Too busy to get the health care they needed (5%)
 - Too embarrassed to seek help (5%)
 - Health care plan did not allow them to see doctors in Fulton County (4%)
 - Could not find a doctor to take them as a patient (2%)
 - Concerned about their confidentiality (1%)
 - No transportation (1%)
 - No childcare (1%)
 - Other problems (3%)
- Adults sought the following when they were sick or needed advice about their health:

— A doctor's office (82%)	— Chiropractor (1%)
— Urgent care center (5%)	— Alternative therapies (1%)
— Internet (3%)	— A hospital emergency room (1%)
— Department of Veteran's Affairs (VA) (2%)	— In-store health clinic (<1%)
— Family and friends (1%)	— Some other place (1%)
— A public health clinic or community health center (1%)	— Did not have a usual place (3%)

- Fulton County adults used the following alternative therapies in their life:
 - Massage (24%)
 - Yoga or tai chi (9%)
 - Acupuncture (5%)
 - Aromatherapy (4%)
 - Herbalism (3%)
 - Reflexology (3%)
 - Hypnosis (2%)
 - Cannabidiol (CBD) oil (2%)
 - Reiki (2%)
 - Medical marijuana (1%)
 - Another alternative therapy (4%)

- Sixty-six percent (66%) of adults went outside of Fulton County for the following health care services in the past year:
 - Dental services (28%)
 - Primary care (27%)
 - Specialty care (23%)
 - Obstetrics/gynecology (16%)
 - Dermatological care (11%)
 - Female health services (9%)
 - Cardiac care (8%)
 - Ear, nose, throat care (8%)
 - Mental health care/counseling services (8%)
 - Pediatric care (7%)
 - Podiatry care (5%)
 - Orthopedic care (4%)
 - Cancer care (4%)
 - Bariatric care (3%)
 - Hospice/palliative care (2%)
 - Pediatric therapies (2%)
 - Addiction services (1%)
 - Skilled nursing rehabilitation (1%)
 - Other services (9%)

- Reasons for seeking health care services outside of Fulton County included:
 - Service not available locally (20%)
 - Used to live there (12%)
 - Insurance restrictions (12%)
 - Did not like local services/providers (11%)
 - Word-of-mouth (7%)
 - Better quality program (7%)
 - Closer to work (6%)
 - Bad experience locally (4%)
 - Inconvenient hours (2%)
 - Confidentiality/anonymity (2%)
 - Wait list too long in Fulton County (2%)
 - Other reasons (16%)

- Adults traveled to the following locations outside of Fulton County for their health care needs: Toledo (57%), Defiance (4%), Ann Arbor (3%), Fort Wayne (3%), Adrian (1%), and other places (25%).

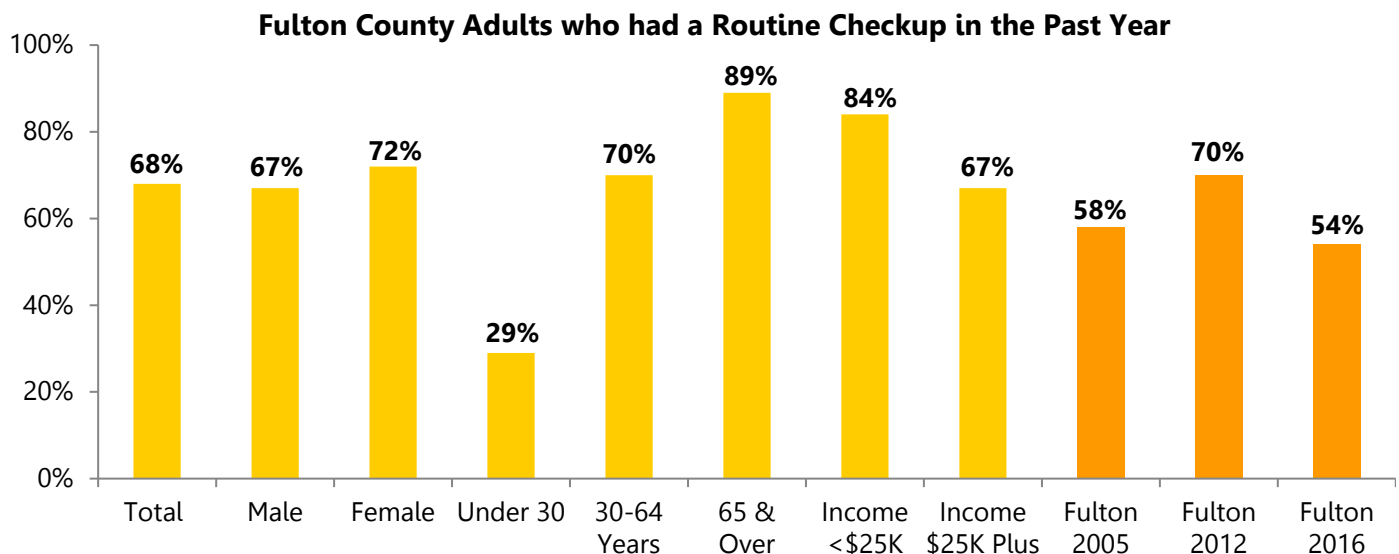
- Sixty-three percent (63%) of adults traveled less than 20 miles for their health care needs. Thirty-one percent (31%) traveled 20-to-40 miles, 5% traveled 41-to-60 miles, and 2% traveled more than 60 miles for their health care needs.

- More than one-in-five (22%) adults did not get their prescriptions from their doctor filled in the past year. Those adults reported the following reasons for not getting their prescriptions filled in the past 12 months:
 - Too expensive (35%)
 - No prescriptions to be filled (18%)
 - Did not think they needed it (16%)
 - Stretched current prescription by taking less than what was prescribed (10%)
 - Side effects (10%)
 - No generic equivalent of what was prescribed (8%)
 - No insurance (4%)
 - Other reasons (25%)

Availability of Services

- Twenty-four percent (24%) of Fulton County adults had looked for a program to assist in care for the elderly, for either themselves or a loved one. Of those who looked, 38% looked for in-home care, 21% looked for out-of-home placement, 12% looked for an assisted living program, 11% looked for respite or overnight care, 10% looked for a disabled adult program, and 5% looked for day care.
- Fulton County adults reported they had looked for the following programs for themselves or a loved one:
 - Depression, anxiety or mental health (22%)
 - Elder care (12%)
 - Weight problems (10%)
 - Marital/family problems (8%)
 - Disability (8%)
 - In-home care (8%)
 - Disabled care (7%)
 - End-of-life/hospice care (7%)
 - Cancer support group/counseling (5%)
 - Family planning (5%)
 - Alcohol abuse (3%)
 - Tobacco cessation (2%)
 - Detoxification for opiates/heroin (2%)
 - Drug abuse (1%)
 - Gambling abuse (<1%)

The following graph shows the percentage of Fulton 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 67% of males and 72% 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	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Visited a doctor for a routine checkup (in the past 12 months)	58%	70%	54%	68%	72%	70%

Fulton County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Fulton County adults who have looked but have <u>NOT</u> found a specific program	Fulton County adults who have looked and have found a specific program
Depression, anxiety, or some other mental health problem (22% of all adults looked)	8%	92%
Elder care (12% of all adults looked)	12%	88%
Weight problem (10% of all adults looked)	16%	84%
Marital/family problems (8% of all adults looked)	37%	63%
Disability (8% of all adults looked)	11%	89%
In-home care (8% of all adults looked)	7%	93%
Disabled care (7% of all adults looked)	14%	86%
End of life/hospice care (7% of all adults looked)	4%	96%
Cancer support group/counseling (5% of all adults looked)	22%	78%
Family planning (5% of all adults looked)	6%	94%
Alcohol abuse (3% of all adults looked)	0%	100%
Tobacco cessation (2% of all adults looked)	0%	100%
Detoxification for opiates/heroin (2% of all adults looked)	33%	67%
Drug abuse (1% of all adults looked)	40%	60%
Gambling abuse (<1% of all adults looked)	0%	100%

Health Care Access: Preventive Medicine

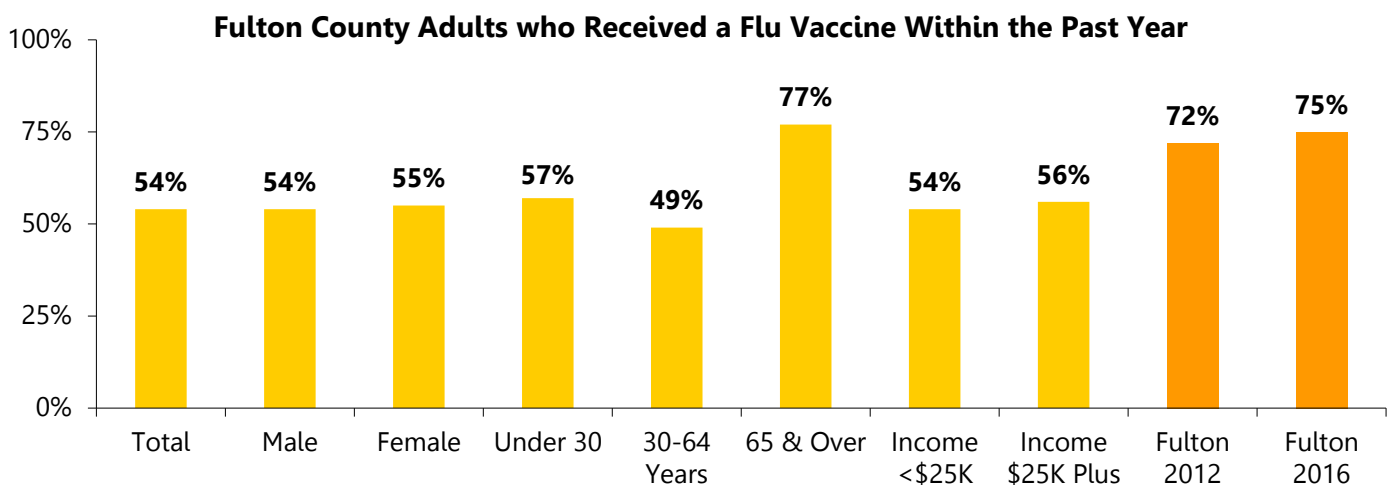
Key Findings

Seventy-one percent (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Fifty-six percent (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

Preventive Medicine

- Fifty-four percent (54%) of Fulton County adults had a flu vaccine during the past 12 months.
- Seventy-seven percent (77%) of Fulton County adults ages 65 and older had the flu shot in the past 12 months.
- More than one-third (36%) of adults had a pneumonia vaccine in their life, increasing to 71% of those ages 65 and over.
- Fulton County adults have had the following vaccines:
 - Measles, mumps, and rubella (MMR) in their lifetime (80%)
 - Tetanus, diphtheria, and pertussis (Tdap/Td) in the past 10 years (78%)
 - Chicken pox (Varicella) in their lifetime (59%)
 - Hepatitis B in their lifetime (49%)
 - Hepatitis A in their lifetime (42%)
 - Influenza type B in their lifetime (36%)
 - Meningococcal vaccine in their lifetime (27%)
 - Shingles (Zoster) in their lifetime (21%)
 - Human papillomavirus (HPV) in their lifetime (17%)

The following graph shows the percentages of Fulton County adults who received a flu vaccine within the past year. An example of how to interpret the information in the graph includes: 54% of all adults received the flu vaccine in the past year, including 77% 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	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Had a pneumonia vaccination (age 65 and older)	N/A	58%	64%	71%	76%	75%
Had a flu shot within the past year (age 65 and older)	N/A	72%	75%	77%	63%	60%
Ever had a shingles or zoster vaccine	N/A	N/A	14%	21%	29%	29%
Had a sigmoidoscopy or colonoscopy within the past 5 years (age 50 and older)	N/A	48%	46%	56%	72%*	74%*

N/A – Not Available

*2016 BRFSS

Preventive Health Screenings and Exams

- Adults reported they were at risk for the following based on family history:
 - High blood cholesterol (67%)
 - Cancer (54%)
 - High blood pressure (49%)
 - Heart disease (42%)
 - Diabetes (37%)
 - Alzheimer's disease/dementia (21%)
 - Mental illness (12%)
 - Alcohol addiction (11%)
 - Drug addiction (4%)
 - Suicide (1%)
 - Other addictions (gambling, sex, etc.) (1%)
 - Unexplained sudden death (1%)
- Fulton County adults had the following screenings in the past year:
 - Blood stool test (FIT or Cologuard) (13%)
 - Depression (12%)
 - Bone density (11%)
 - Oral cancer (11%)
 - Skin cancer (9%)
 - Balance/falls (6%)
 - Genetic testing (3%)
 - BRCA gene test (1%)
- One percent (1%) of adults had a lung cancer screening in the past three years.
- One-in-ten (10%) adults had a colorectal cancer screening in the past five years.
- Fifty-six percent (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
- Fulton County adults indicated a doctor or health professional talked to them about following topics in the past 12 months:
 - Immunizations (31%)
 - Family history (30%)
 - Weight control (28%)
 - Depression, anxiety or emotional problems (22%)
 - Safe use of prescription medication (20%)
 - Tobacco use (11%)
 - Bone density (10%)
 - Family planning (9%)
 - Falls (8%)
 - Injury prevention (8%)
 - Alternative pain therapy (6%)
 - Safe use of opiate-based pain medication (6%)
 - Alcohol use (5%)
 - Sexually transmitted diseases (STDs) (3%)
 - Testicular self-exams (3%)
 - Genetic testing (3%)
 - Firearm safety (3%)
 - Illicit drug abuse (2%)
 - Domestic violence (1%)

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Fulton County 2019	Ohio 2017	U.S. 2017	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	71%	76%	75%	90%
IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	77%	63%	60%	90%

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

Recommended Adult Immunization Schedule by Age Group United States, 2019

Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live attenuated (LAIV)	1 dose annually or 1 dose annually				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs				
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)				
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)				2 doses or 1 dose	
Human papillomavirus (HPV) Female	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)	1 dose				
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication				1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine				
Hepatitis B (HepB)	2 or 3 doses depending on vaccine				
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication				
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication				

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

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

No recommendation

(Source: Immunization Schedules, Centers for Disease Control and Prevention, 2019)

Health Care Access: Women's Health

Key Findings

Fifty-five percent (55%) of Fulton County women over the age of 40 reported having a mammogram in the past year. Forty-one percent (41%) of all women had a Pap smear to detect cancer of the cervix in the past year. Sixty-four percent (64%) of Fulton County women were overweight or obese, 29% had high blood cholesterol, 28% had high blood pressure, and 13% were identified as current smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- Seventy percent (70%) of women had a mammogram at some time in their life, and 40% had this screening in the past year.
- Fifty-five percent (55%) of women ages 40 and over had a mammogram in the past year, and 68% had one in the past two years.
- Eighty-eight percent (88%) of Fulton County women have had a Pap smear, and 41% reported having had the exam in the past year.
- Seventy-seven percent (77%) of women ages 21 to 65 had a Pap smear in the past three years.
- Women used the following as their usual source of services for female health concerns: private gynecologist (48%), general or family physician (36%), midwife (4%), nurse practitioner/physician assistant (3%), health department clinic (3%), and family planning clinic (2%). Four percent (4%) of women indicated they did not have a usual source of services for female health concerns.

Women's Health Concerns

- One percent (1%) of Fulton County women had survived a heart attack at some time in their life.
- Two percent (2%) had survived a stroke at some time in their life.
- Two percent (2%) of women reported that a health professional diagnosed them with angina or coronary heart disease.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Fulton County, the 2019 health assessment identified that:
 - 64% of women were overweight or obese (2017 BRFSS reported 64% for Ohio and 2016 BRFSS reported 59% for the U.S.)
 - 29% were diagnosed with high blood pressure (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 30% for the U.S.)
 - 28% were diagnosed with high blood cholesterol (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 35% for the U.S.)
 - 13% of all women were current smokers (2017 BRFSS reported 20% for Ohio and 2016 BRFSS reported 14% for the U.S.)
 - 7% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)

Fulton County Female Leading Causes of Death 2015–2017

Total female deaths: 613

1. Heart disease (24% of all deaths)
2. Cancers (21%)
3. Alzheimer's disease (8%)
4. Stroke (6%)
5. Chronic lower respiratory diseases (6%)

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

Ohio Female Leading Causes of Death 2015–2017

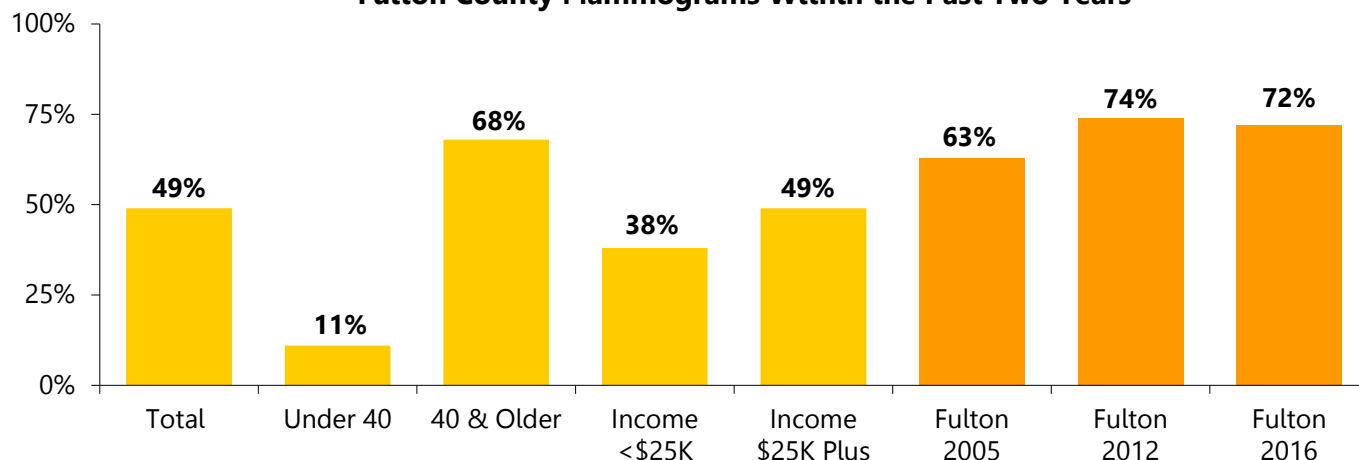
Total female deaths: 180,539

1. Heart disease (22% of all deaths)
2. Cancers (20%)
3. Chronic lower respiratory diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (6%)

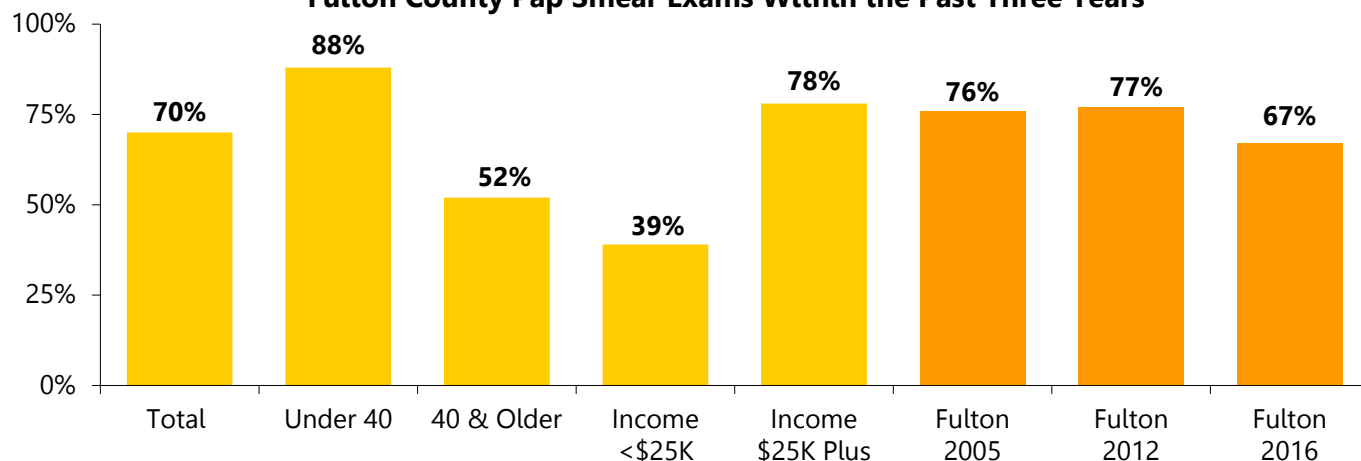
(Source: Ohio Public Health Data Warehouse, 2015–2017)

The following graphs show the percentage of Fulton County female adults who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 49% of Fulton County females had a mammogram within the past two years, and 70% had a Pap smear exam within the past three years.

Fulton County Mammograms Within the Past Two Years



Fulton County Pap Smear Exams Within the Past Three Years



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	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Had a mammogram in the past two years (age 40 and over)	63%	74%	72%	68%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	76%	77%	67%	77%	82%*	80%*

*2016 BRFSS

Health Care Access: Men's Health

Key Findings

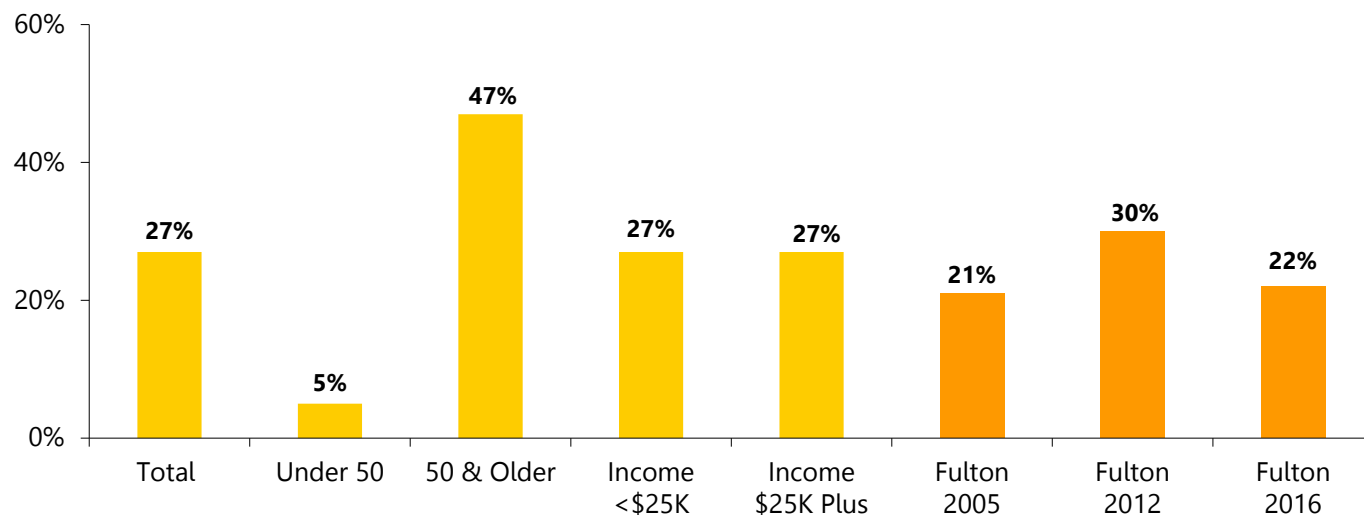
Nearly half (47%) of Fulton County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. Eighty-one percent (81%) of men were overweight or obese, 39% had high blood pressure, 31% had been diagnosed with high blood cholesterol, and 11% were identified as current smokers, known risk factors for cardiovascular diseases.

Men's Health Screenings

- Forty-one percent (41%) of Fulton County males had a prostate-specific antigen (PSA) test at some time in their life and 27% had one in the past year.
- Sixty-one percent (61%) of males age 40 and over had a PSA test at some time in their life, and 54% had one in the past two years.
- Seventy percent (70%) 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 testicular self-exam in the past year, increasing to 38% of those under the age of 50.
- Thirteen percent (13%) of men reported they had never been taught how to do testicular self-exams by a health care professional.

The following graph shows the percentage of Fulton County male adults who had a prostate-specific antigen (PSA) test in the past year. An example of how to interpret the information shown on the graph includes: 27% of Fulton County males had a PSA test within the past year, including 47% of those over the age of 50.

Fulton County Prostate-Specific Antigen (PSA) Test Within the Past Year



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

Fulton County Male Leading Causes of Death 2015–2017

Total male deaths: 672

1. Cancers (27% of all deaths)
2. Heart disease (23%)
3. Chronic lower respiratory diseases (7%)
4. Accidents, unintentional injuries (7%)
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 disease (24% of all deaths)
2. Cancers (22%)
3. Accidents, unintentional injuries (8%)
4. Chronic lower respiratory diseases (6%)
5. Stroke (4%)

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

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Had a PSA test within the past year (of all males)	21%	30%	22%	27%	N/A	N/A
Had a PSA test within the past two years (age 40 and over)	47%	52%	47%	54%	39%*	40%*

N/A – Not available

*2016 BRFSS

Men's Health Concerns

- Five percent (5%) of Fulton County men had survived a heart attack at some time in their life.
- Three percent (3%) had survived a stroke at some time in their life.
- Five percent (5%) of men reported that a health professional diagnosed them with angina or coronary heart disease.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, and diabetes. In Fulton County, the 2019 health assessment identified that:
 - 81% of men were overweight or obese (2017 BRFSS reported 72% for Ohio and 2016 BRFSS reported 71% for the U.S.)
 - 39% had been diagnosed with high blood pressure (2017 BRFSS reported 37% for Ohio and 2016 BRFSS reported 34% for the U.S.)
 - 31% had been diagnosed with high blood cholesterol (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 38% for the U.S.)
 - 16% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)
 - 11% of all men were current smokers (2017 BRFSS reported 22% for Ohio and 2016 BRFSS reported 19% for the U.S.)

Men's Health National Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- Sixteen 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-seven percent (37%) of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, accessed November 1, 2019)

Health Care Access: Oral Health

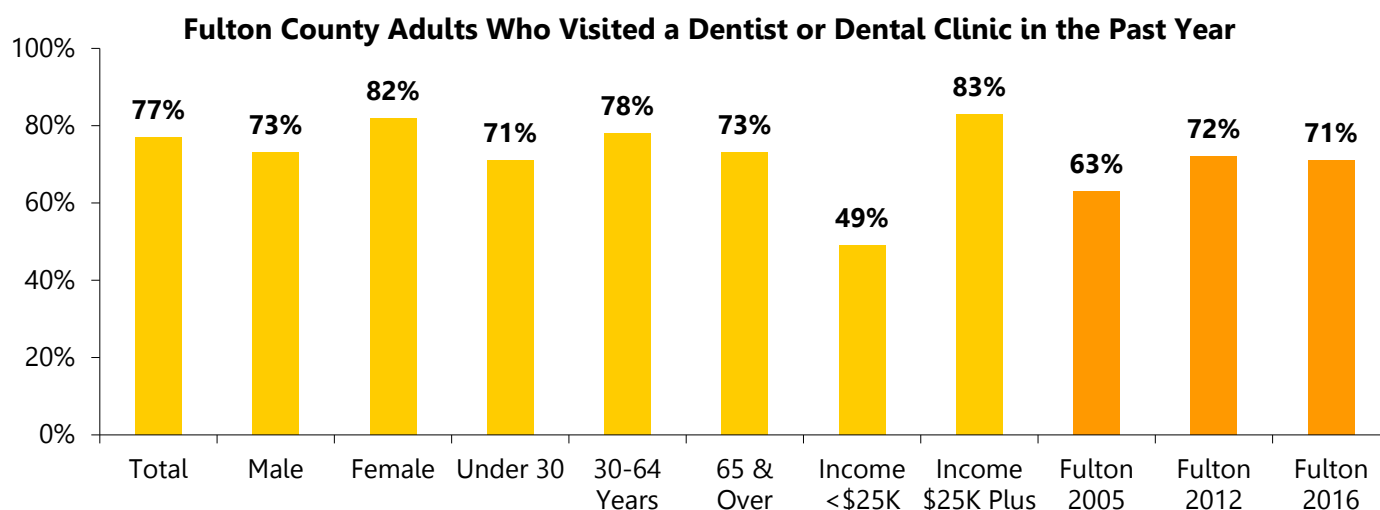
Key Findings

Seventy-seven percent (77%) of Fulton 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 (36%), had no reason to go/had not thought of it (17%), and had dentures (15%).

Access to Dental Care

- In the past year, 77% of Fulton County adults had visited a dentist or dental clinic, decreasing to 49% of those with incomes less than \$25,000.
- Seventy-eight percent (78%) of Fulton County adults with dental insurance had been to the dentist in the past year, compared to 75% of those without dental insurance.

The following graph shows the percentage of Fulton 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: 77% of adults had been to the dentist or dental clinic in the past year, including 71% of those under the age of 30 and 49% 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.

- Fulton County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
 - Cost (36%)
 - No reason to go/had not thought of it (17%)
 - Had dentures (15%)
 - Fear, apprehension, nervousness, pain, dislike going (14%)
 - Could not find a dentist that takes Medicaid (7%)
 - Did not have or know a dentist (3%)
 - Dentist did not accept their insurance (1%)
 - Other reasons (7%)

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Visited a dentist or dental clinic (within the past year)	63%	72%	71%	77%	68%*	66%*

*2016 BRFSS

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never	Don't Know
Time Since Last Visit to Dentist/Dental Clinic						
Males	73%	8%	5%	11%	<1%	3%
Females	82%	7%	5%	3%	1%	1%
Total	77%	9%	5%	7%	1%	2%

Oral Health Basics

- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.
- Cavities (also called tooth decay) are one of the most common chronic conditions in the United States. By age 34, more than 80% of people had at least one cavity. More than 40% of adults have felt pain in their mouth in the last year. On average, the nation spends more than \$113 billion a year on costs related to dental care. More than \$6 billion of productivity is lost each year because people miss work to get dental care.
- Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.
- Public health strategies such as community water fluoridation and school dental sealant programs have been proven to save money and prevent cavities.

(Source: CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, updated July 2019)

Health Behaviors: Health Status Perceptions

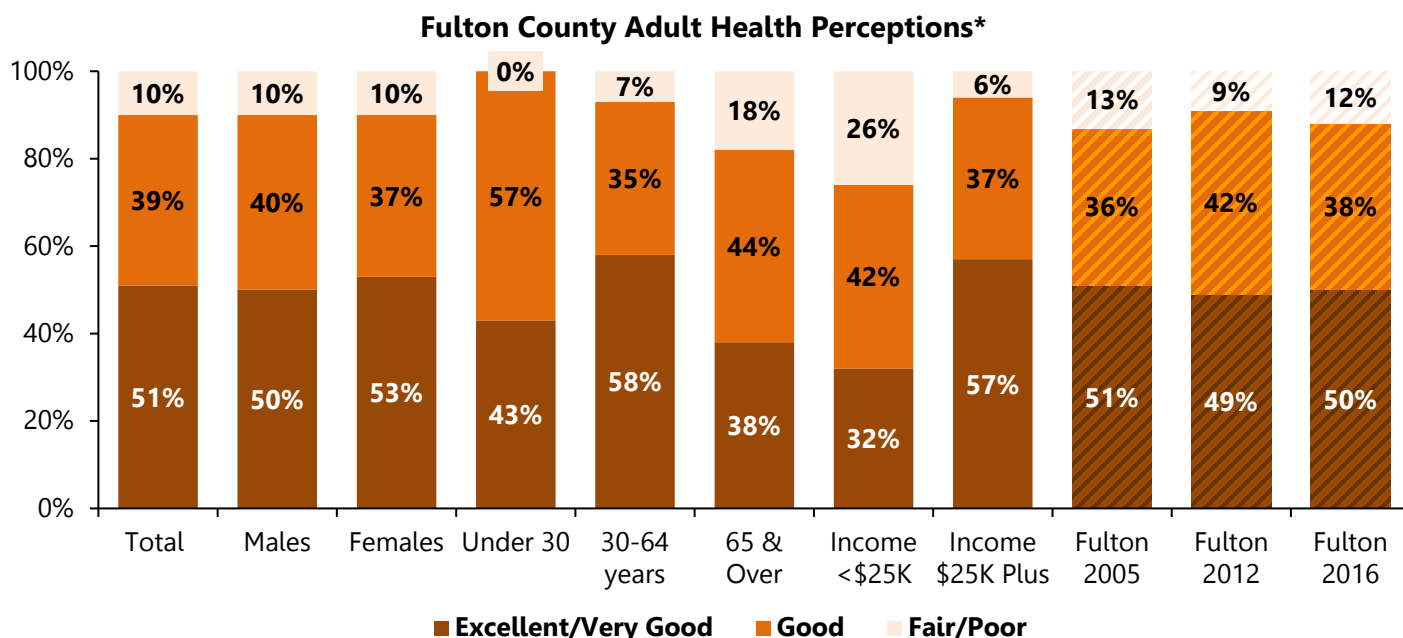
Key Findings

More than half (51%) of Fulton County adults rated their health status as excellent or very good. Conversely, 10% of adults described their health as fair or poor, increasing to 26% of those with incomes less than \$25,000.

General Health Status

- Fifty-one percent (51%) of Fulton County adults rated their health as excellent or very good. Adults with higher incomes (57%) were most likely to rate their health as excellent or very good, compared to 32% of those with incomes less than \$25,000.
- Ten percent (10%) of adults rated their health as fair or poor.
- Fulton County adults were most likely to rate their health as fair or poor if they:
 - Had an annual household income under \$25,000 (26%)
 - Were widowed (22%)
 - Had been diagnosed with high blood pressure (19%)
 - Had been diagnosed with high blood cholesterol (16%)
- In the past month, 22% of adults reported that poor physical or mental health kept them from doing usual activities such as self-care, work, or recreation.

The following graph shows the percentage of Fulton 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: 51% of all adults, 50% of males and 43% of those under age 30 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

- Sixteen percent (16%) of Fulton County adults rated their physical health as not good on four or more days in the previous month.
- Fulton County adults reported their physical health as not good on an average of 2.8 days in the previous month.
- Fulton County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (29%)

Mental Health Status

- Twenty-seven percent (27%) of Fulton County adults rated their mental health as not good on four or more days in the previous month.
- Fulton County adults reported their mental health as not good on an average of 3.6 days in the previous month.
- Fulton County adults were most likely to rate their mental health as not good if they:
 - Were female (34%)

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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	64%	13%	3%	2%	11%
Females	59%	14%	7%	4%	7%
Total	61%	14%	5%	3%	9%
Mental Health Not Good in Past 30 Days*					
Males	65%	11%	2%	1%	15%
Females	47%	13%	13%	4%	14%
Total	55%	12%	8%	2%	15%

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

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Rated general health as good, very good, or excellent	87%	91%	88%	90%	81%	83%
Rated general health as excellent or very good	51%	49%	50%	51%	49%	51%
Rated general health as fair or poor	13%	9%	12%	10%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	N/A	18%	17%	16%	22%*	22%*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings)	N/A	3.1	3.2	2.8	4.0 [‡]	3.7 [‡]
Rated mental health as not good on four or more days (in the past 30 days)	20%	17%	21%	27%	24%*	23%*
Average number of days that mental health not good (in the past 30 days) (County Health Rankings)	N/A	2.6	3.2	3.6	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)	N/A	18%	19%	22%	22%*	22%*

N/A – Not Applicable

*2016 BRFSS

[‡]2016 BRFSS data as compiled by 2018 County Health Rankings

Health Behaviors: Weight Status

Key Findings

Seventy-two percent (72%) Fulton County adults were overweight or obese based on body mass index (BMI). Nearly one-fifth (18%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

11,184 Fulton County adults were obese.

Adult Weight Status

- Seventy-two percent (72%) of Fulton County adults were either overweight (36%) or obese (36%) by body mass index (BMI).
- Forty-five percent (45%) of adults were trying to lose weight, 33% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.
- Adults did the following to lose weight or keep from gaining weight:
 - Ate less food, fewer calories, or foods low in fat (51%)
 - Drank more water (47%)
 - Exercised (44%)
 - Followed a special diet (8%)
 - Used a weight loss program (3%)
 - Health coaching (2%)
 - Smoked cigarettes (1%)
 - Took prescribed medications (1%)
 - Went without eating 24 or more hours (1%)
 - Used e-cigarettes or other electronic vaping products (1%)
 - Took laxatives (<1%)
 - Had bariatric surgery (<1%)
 - Participated in a prescribed dietary or fitness program (<1%)

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Normal weight (BMI of 18.5 – 24.9)	31%	28%	24%	27%	30%	32%
Overweight (BMI of 25.0 – 29.9)	35%	35%	32%	36%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	34%	36%	43%	36%	34%	32%

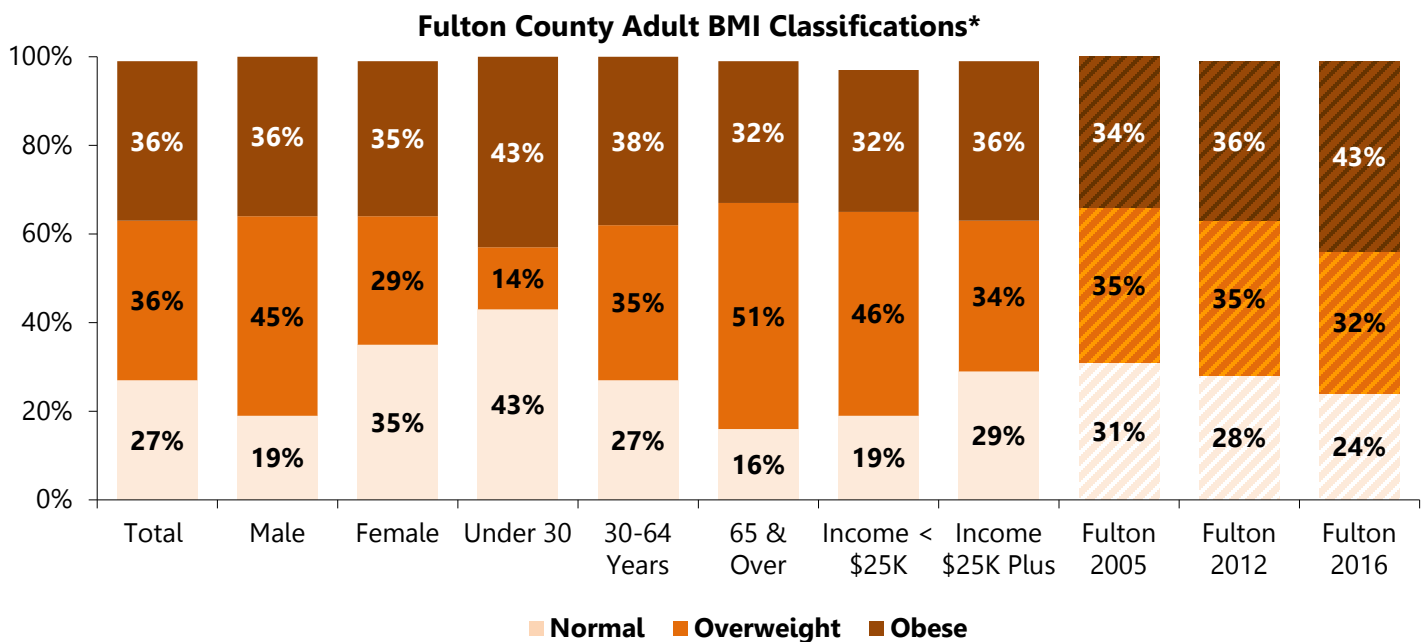
BMI Measurements

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

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

(Source: CDC, Healthy Weight, Updated on August 11, 2017)

The following graph shows the percentage of Fulton County adults who were normal weight, overweight or obese by body mass index (BMI). An example of how to interpret the information includes: 27% of all adults were classified as normal weight, 36% were overweight, and 36% 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.

Physical Activity

- Three-fifths (61%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week; 33% of adults exercised 5 or more days per week; and 18% of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- Fulton County adults spent an average of 2.6 hours watching TV, 1.6 hours on their cell phone, 1.1 hours on the computer (outside of work), and 0.2 hours playing video games on an average day of the week.
- Adults reported the following would help them use community parks, bike trails, and walking paths more frequently: more available parks, bike trails, and walking paths (29%); improvements to existing parks, trails, and paths (19%); better promotion and advertising of existing parks, trails, and paths (19%); designated safe routes (18%); and more public events and programs involving parks, trails, and paths (13%).

Nutrition

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

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	10%	74%	15%
Vegetables	3%	20%	72%	5%
Sugar-sweetened beverages	3%	7%	42%	48%
Caffeinated beverages	7%	18%	54%	21%

- In 2019, 31% of adults ate 1-to-2 servings of fruits and vegetables per day, 47% ate 3-to-4 servings per day, and 8% ate 5 or more servings per day. Four percent (4%) of adults ate no servings of fruits and vegetables per day.
- Eighty-four percent (84%) of adults ate out in a restaurant or brought home take-out at least once in a typical week, 3% of whom did so for five or more meals.
- Fulton County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (65%)
 - Healthiness of food (55%)
 - Food they were used to (47%)
 - Ease of preparation/time (46%)
 - Cost (45%)
 - What their family prefers (39%)
 - Nutritional content (31%)
 - Availability (30%)
 - Calorie content (26%)
 - Artificial sweetener content (7%)
 - If it is organic (6%)
 - If it is genetically modified (6%)
 - Availability of food at the food pantry (6%)
 - If it is lactose free (4%)
 - If it is gluten free (3%)
 - Health care provider's advice (2%)
 - Other food sensitivities (2%)
 - Limitations due to dental issues (2%)
 - Limitations set by WIC (1%)
 - Other reasons (4%)
- Adults reported the following barriers to consuming fruits and vegetables:
 - Too expensive (11%)
 - Did not like the taste (8%)
 - No variety (2%)
 - Did not know how to prepare (2%)
 - No access (1%)
 - Transportation (<1%)
 - Stores did not take EBT (<1%)
 - Other barriers (3%)

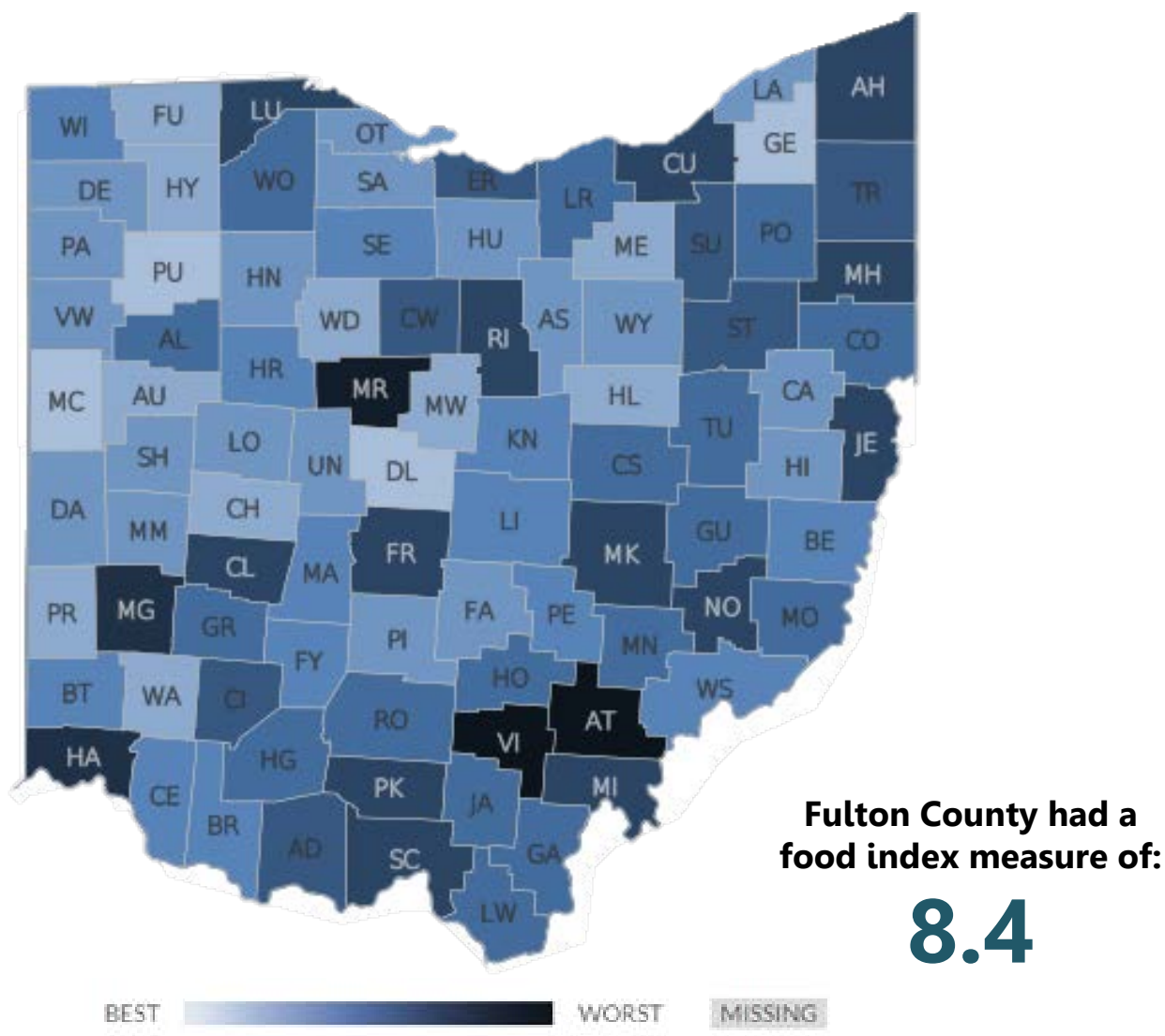
Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

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*
 - **Adults:** 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.
 - **Children and teens:** Get at least 1 hour of moderate or vigorous intensity activity each day, with vigorous activity on at least 3 days each 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.
 - Limit how much processed meat and red meat you eat.
 - Eat at least 2½ cups of vegetables and fruits each day.
 - Choose whole grains instead of refined grain products.

(Source: American Cancer Society, Summary of the ACS Guidelines on Nutrition and Physical Activity, updated on February 5, 2016)

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 Fulton County is 8.4.
- The food environment index in Ohio is 6.6.



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

Health Behaviors: Tobacco Use

Key Findings

Twelve percent (12%) of Fulton County adults were current smokers, and 24% were considered former smokers. Two percent (2%) of adults used e-cigarettes in the past year.

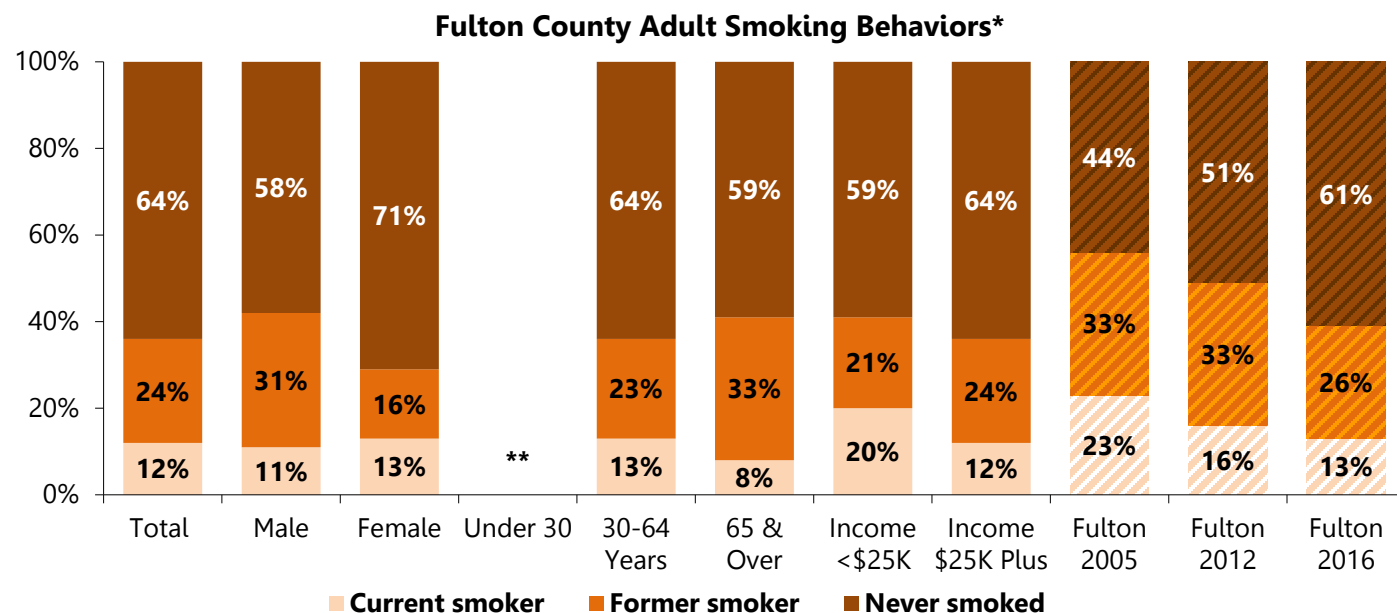
In 2019, 3,728 Fulton County adults were current smokers.

Tobacco Use Behaviors

- Twelve percent (12%) of Fulton County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Nearly one-fourth (24%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Forty-nine percent (49%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Fulton County adult smokers were more likely to have:
 - Been separated (40%)
 - Rated their overall health as poor (25%)
 - Incomes less than \$25,000 (20%)
- Fulton County adults used the following tobacco products in the past year: cigarettes (15%); chewing tobacco, snuff, snus (4%); e-cigarettes or other electronic vapor products (2%); cigars (2%); little cigars (1%); and cigarillos (1%). Three percent (3%) of adults used more than one tobacco product in the past year.
- Adults indicated they would support the following smoking-related issues in Fulton County:
 - Banning smoking/vaping in vehicles with a minor present (68%)
 - Raising the legal age for purchasing tobacco products to 21 (61%)
 - Banning smoking/vaping at public parks or ball fields (58%)
 - Banning smoking/vaping at fairgrounds (56%)
 - Banning smoking/vaping on college and university campuses (55%)
 - Banning smoking/vaping in multi-unit housing (52%)
 - Banning flavored tobacco products/vapes (42%)
- Twenty-one percent (21%) of adults reported they would not support any of the listed smoking-related issues.

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Current smoker (currently smoke some or all days)	23%	16%	13%	12%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	33%	26%	26%	24%	24%	25%

The following graph shows the percentage of Fulton County adults' smoking behaviors. An example of how to interpret the information includes: 12% of all adults were current smokers, 24% of all adults were former smokers, and 64% had never smoked.



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

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

**Subpopulation sample sizes were too low to accurately report on this item.

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. You can report an e-cigarette explosion, or any other unexpected health or safety issue with an e-cigarette, [here](#).
 - 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 15, 2018)



(Source for graphic: CDC, Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes), updated November 15, 2018)

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.

People with low SES tend to smoke cigarettes more heavily.

- People living in poverty smoke cigarettes for a duration of nearly twice as many years as people with a family income of three times the poverty rate.
- People with high school education smoke cigarettes for a duration of more than twice as many years as people with at least a bachelor's degree.
- Blue-collar workers are more likely to start smoking cigarettes at a younger age and to smoke more heavily than white-collar workers.

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: Alcohol Consumption

Key Findings

Fifty-five percent (55%) of Fulton County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Nearly one-fifth (18%) 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.

5,592 Fulton County adults were binge drinkers.

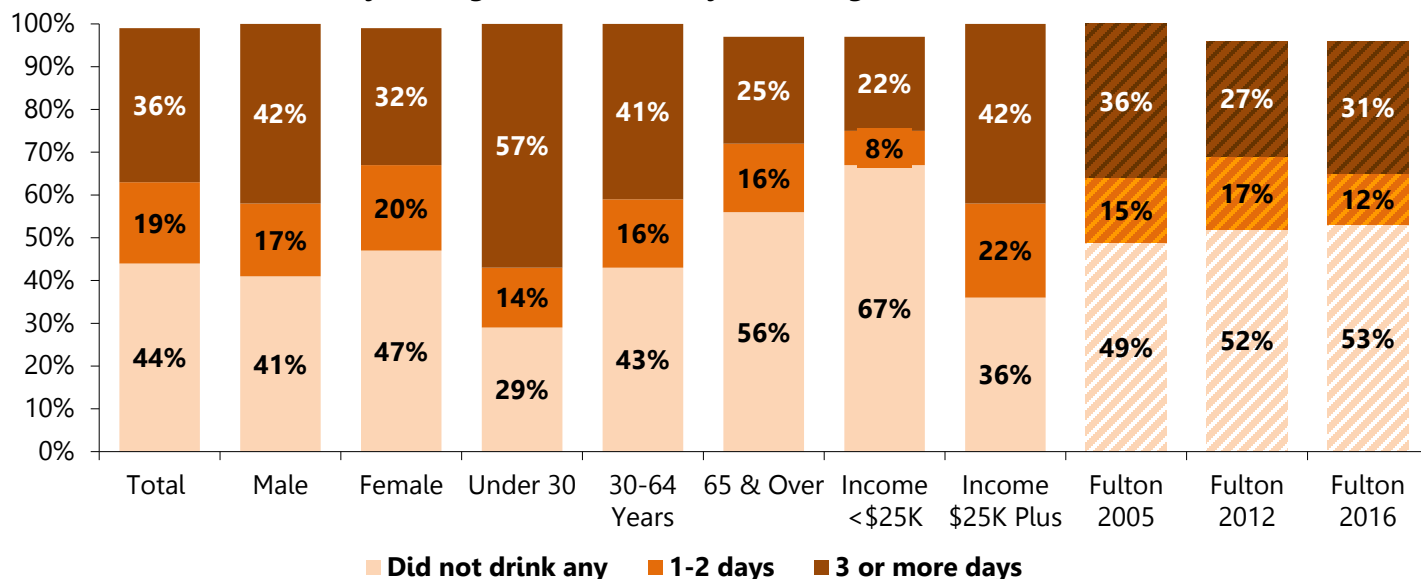
Alcohol Consumption

- Fifty-five percent (55%) of Fulton County adults had at least one alcoholic drink in the past month, increasing to 64% of those with incomes more than \$25,000.
- Nearly one-fifth (18%) of Fulton County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 35% had at least one episode of binge drinking.
- Twenty percent (20%) of current drinkers reported driving after having any alcoholic beverage in the past 30 days.
- Fulton County adults experienced the following in the past six months:
 - Drove a vehicle or other equipment after having any alcoholic beverage (11%)
 - Drank more than they expected (7%)
 - Used prescription drugs while drinking (6%)
 - Spent a lot of time drinking (2%)
 - Drank more to get the same effect (2%)
 - Gave up other activities to drink (2%)
 - Failed to fulfill duties at work, home, or school (2%)
 - Had legal problems (1%)
 - Drank to ease withdrawal symptoms (1%)
 - Placed themselves or their family in harm (1%)
 - Tried to quit or cut down but could not (1%)
 - Continued to drink despite problems caused by drinking (1%)

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	51%	44%	43%	55%	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%	17%	15%	18%	19%	17%

The following graphs show the percentage of Fulton 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: 44% of all adults did not drink alcohol in the past month, including 41% of males and 47% of females.

Fulton County Average Number of Days Drinking Alcohol in the Past Month*



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

Economic Costs of Excessive Alcohol Use

- Excessive alcohol consumption cost the United States \$249 billion in 2010. This cost amounts to about \$2.05 per drink, or about \$807 per person.
- Costs due to excessive drinking largely resulted from loss in workplace productivity (72% of the total cost), health care expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.
- Excessive alcohol use cost states and DC a median of 3.5 billion in 2010, ranging from \$488 million in North America to \$35 billion in California.
 - Excessive alcohol consumption cost Ohio \$8.5 billion in 2010. This cost amounts to \$2.10 per drink or \$739 per person.
- Binge drinking, defined as consuming 4 or more drinks per occasion for women or 5 or more drinks per occasion for men, was responsible for 77% of the cost of excessive alcohol use in all states and DC.
- About \$2 of every \$5 of the economic costs of excessive alcohol use were paid by federal, state, and local governments.

(Source: CDC, Alcohol and Public Health – Excessive Drinking, updated July 13, 2018)

The following table shows the City of Wauseon, Fulton County, and Ohio motor vehicle accident statistics. The table shows:

	<i>City of Wauseon 2019*</i>	<i>Fulton County 2019</i>	<i>Ohio 2019</i>
Total Crashes	154	1,139	294,671
Alcohol or Drug Related Total Crashes	6	55	12,801
Fatal Injury Crashes	0	5	1,041
Alcohol or Drug Related Fatal Crashes	0	2	377
Injury Crashes	31	256	73,823
Alcohol or Drug Related Injury Crashes	2	26	5,442
Property Damage Only Crashes	123	878	219,807
Alcohol or Drug Related Property Damage Only	4	27	6,982
Deaths	0	8	1,155
Alcohol or Drug Related Deaths	0	5	439
Total Non-Fatal Injuries	43	415	107,383
Alcohol or Drug Related Injuries	2	43	7,965

**The City of Wauseon crash statistics are those reported from the Wauseon Police Department.
(Source: Ohio Department of Public Safety, Crash Reports, Obtained 1/28/2020, Traffic Crash Facts)*

Health Behaviors: Drug Use

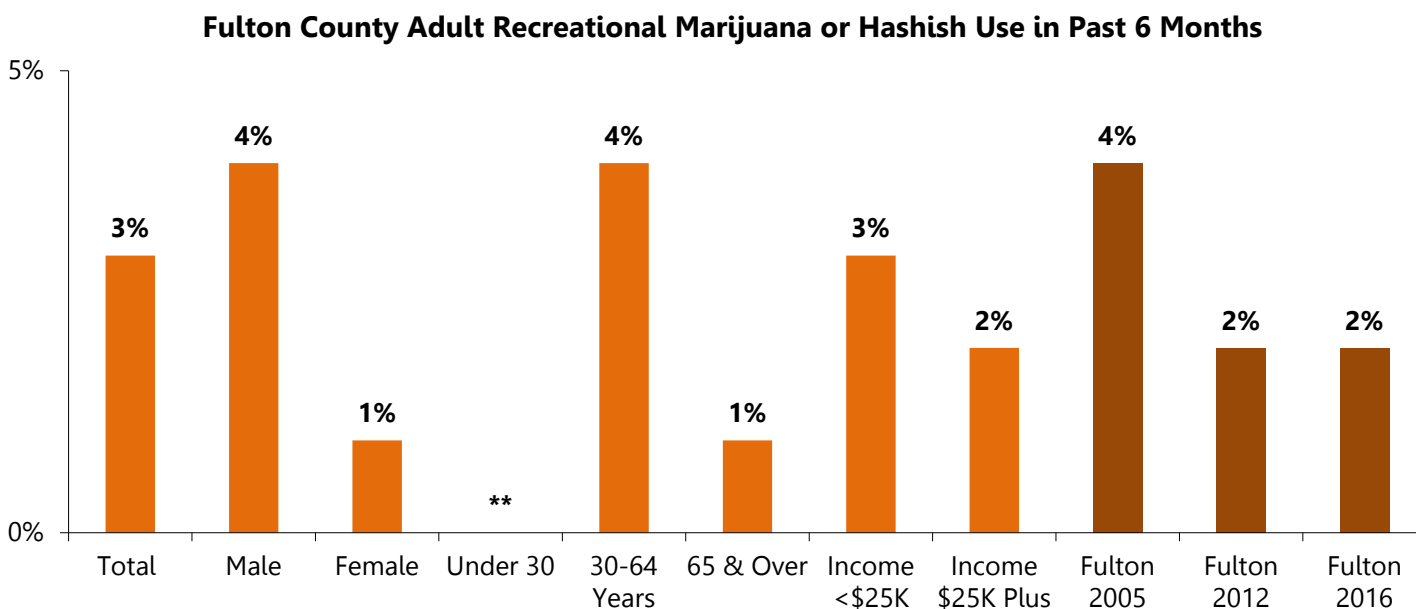
Key Findings

Three percent (3%) of Fulton County adults had used recreational marijuana or hashish during the past six 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.

Drug Use

- Fulton County adults reported using the following in the past 30 days:
 - Recreational marijuana (2%)
 - Medicinal marijuana (1%)
 - Other products that have THC oil (1%)
 - Marijuana that they, a family member, or a friend grew (<1%)
- Three percent (3%) of Fulton County adults had used recreational marijuana or hashish in the past six months.
- Three percent (3%) of Fulton County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, methamphetamines, and CBD oil.

The following graph indicates adult recreational marijuana and hashish use during the past six months. An example of how to interpret the information includes: 3% of Fulton County adults used recreational marijuana or hashish in the past six months, including 4% of males and 3% 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.
 ** Subpopulation sample sizes were too low to accurately report on this item.

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Adults who used recreational marijuana or hashish in the past 6 months	4%	2%	2%	3%	N/A	N/A
Adults who misused prescription medication in the past 6 months	6%	6%	11%	5%	N/A	N/A

N/A – Not Available

Prescription Drug Misuse

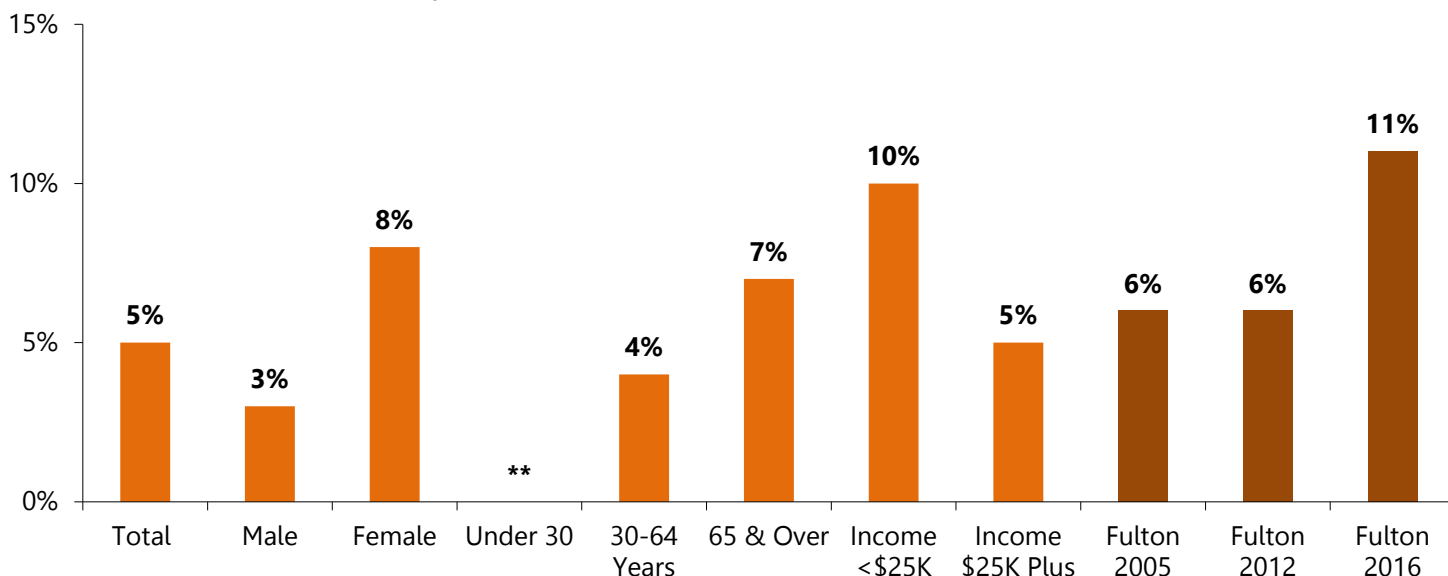
- In the past six months, 5% of adults had used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert, increasing to 10% of those with incomes less than \$25,000.
- Adults reported that they, an immediate family member, or someone in their household took the following medications not prescribed to them to feel good, high, and/or more active or alert during the past six months:
 - Steroids (3%)
 - OxyContin (3%)
 - Tranquilizers such as Valium or Xanax (3%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (2%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (2%)
 - Vicodin (1%)
 - Tramadol/Ultram (1%)
 - Neurontin (<1%)
 - Suboxone or methadone (<1%)

1,553 Fulton County adults used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert.

- Most (90%) adults who misused prescription medications obtained them from their primary care physician, and 5% got them free from a friend or family member.
- Fulton County adults indicated they did the following with their unused prescription medication:
 - Took all medication as prescribed (21%)
 - Took it to a medication collection program (19%)
 - Took it in on drug take back days (17%)
 - Kept it (14%)
 - Threw it in the trash (12%)
 - Flushed it down the toilet (9%)
 - Took it to sheriff's office (6%)
 - Kept it in a locked cabinet (3%)
 - Used drug deactivation pouches (1%)
 - Traded it (<1%)
 - Sold it (<1%)
 - Other (1%)
- As a result of using drugs, adults indicated they or a family member had legal problems (<1%) and failed a drug screen (<1%).

The following graph indicates adult medication misuse in the past six months. An example of how to interpret the information includes: 5% of Fulton County adults misused prescription drugs in the past six months, including 8% of females and 10% of those with incomes less than \$25,000.

Fulton County Adult Prescription Medication Misuse in Past 6 Months



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

*** Subpopulation sample sizes were too low to accurately report on this item.*

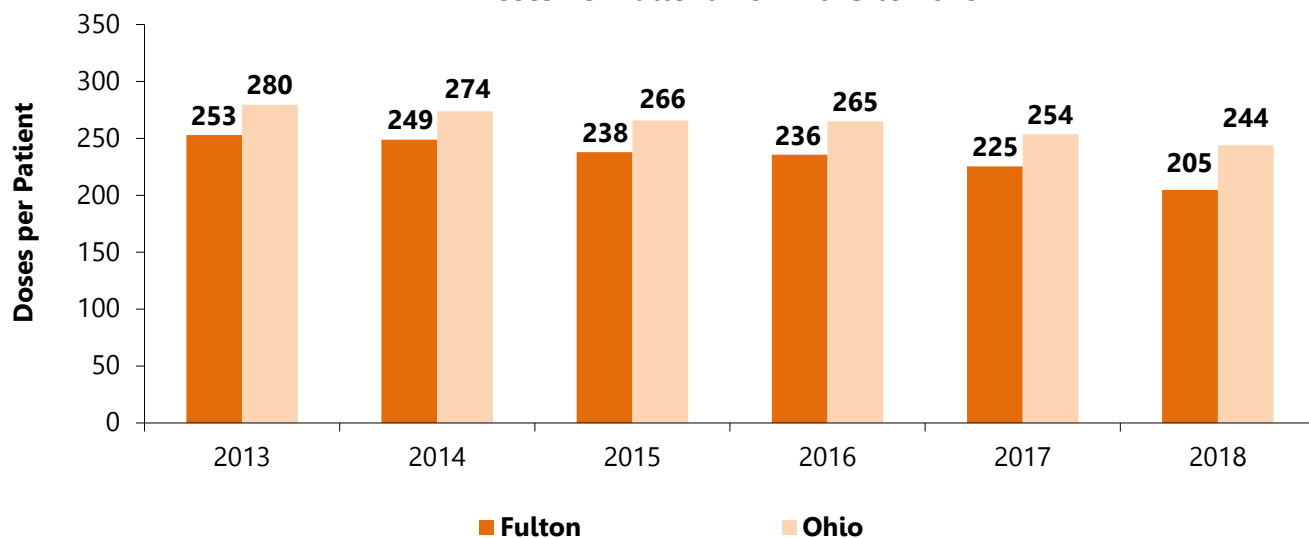
Ohio Automated Rx Reporting System (OARRS)

- OARRS has been collecting information from all Ohio-licensed pharmacies and Ohio personal licensed prescribers regarding outpatient prescriptions for controlled substances 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.

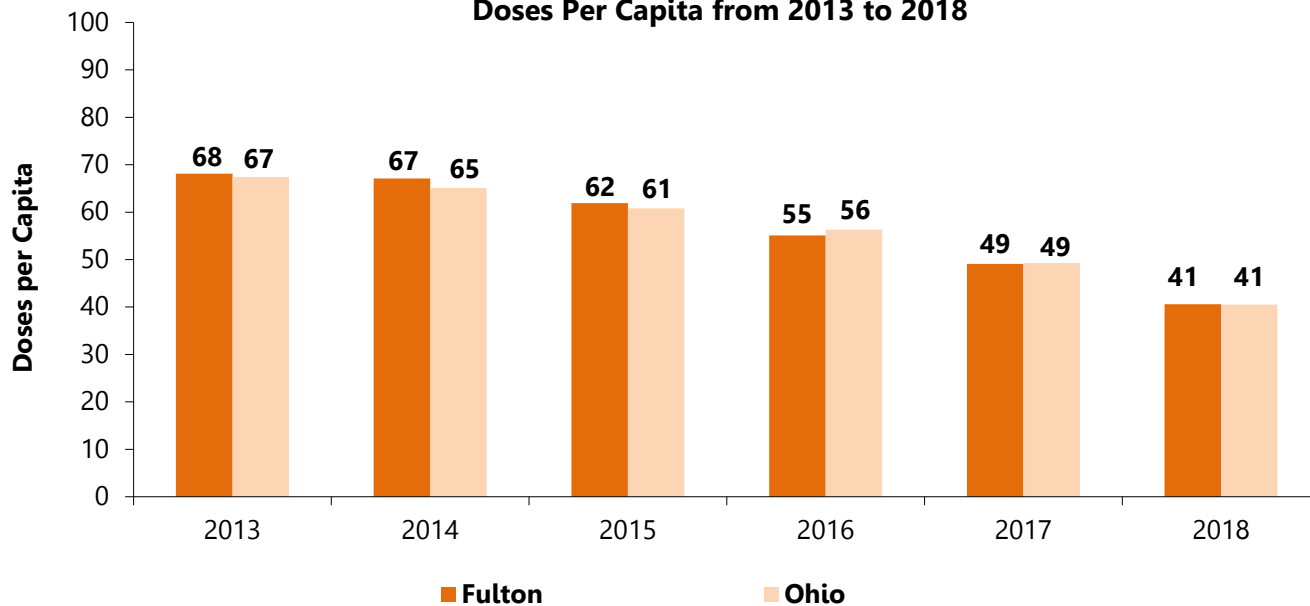
(Source: Ohio Automated RX Reporting System; What is OARRS?, updated August 2017)

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

**Fulton County and Ohio Number of Opiate and Pain Reliever
Doses Per Patient from 2013 to 2018**



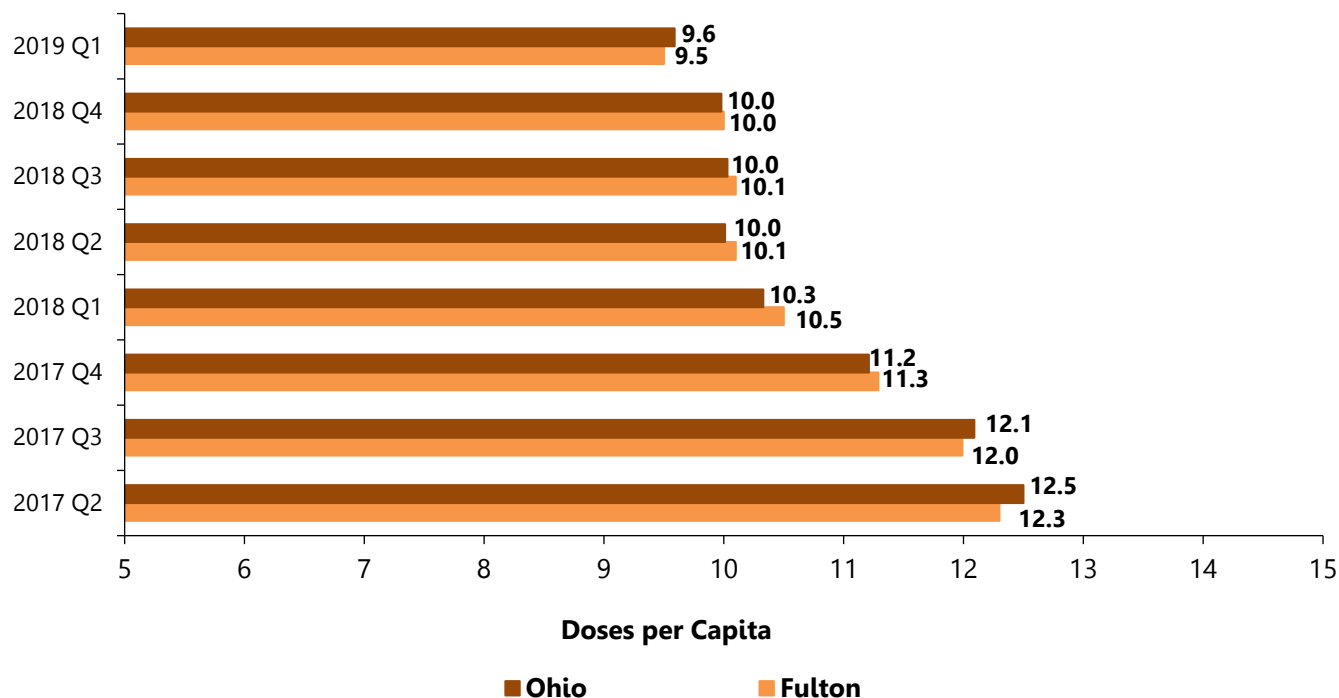
**Fulton County and Ohio Number of Opiate and Pain Reliever
Doses Per Capita from 2013 to 2018**



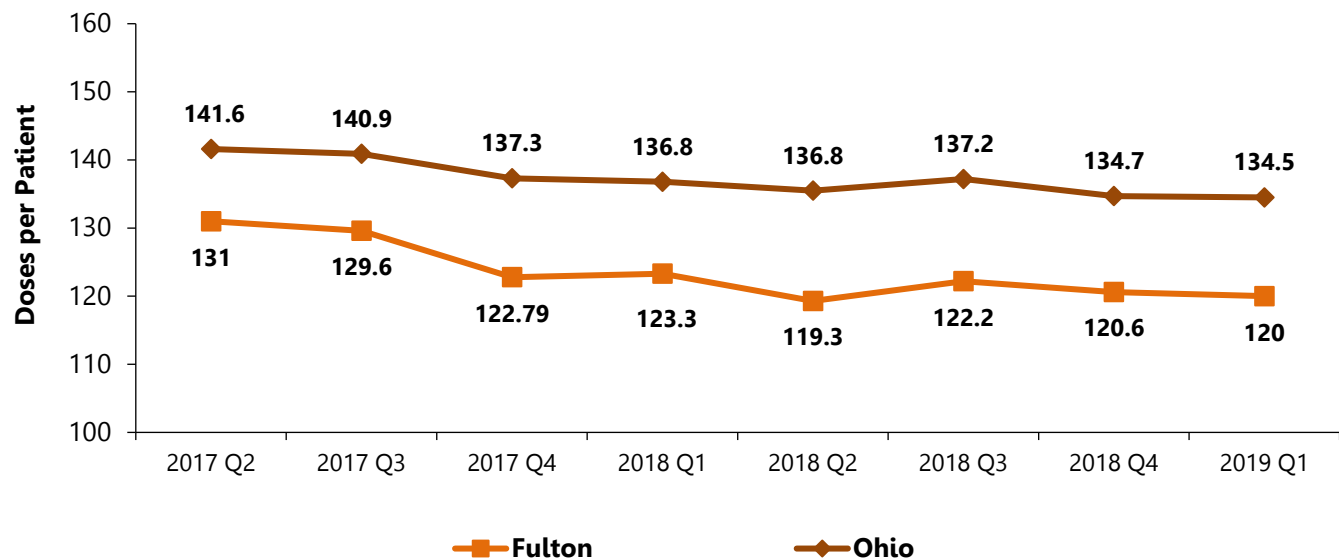
(Source for graphs: Ohio's Automated Rx Reporting System, 2013-2018, retrieved on March 18, 2019)

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

Number of Opioid Doses Per Capita, Quarterly from 2017 to 2019

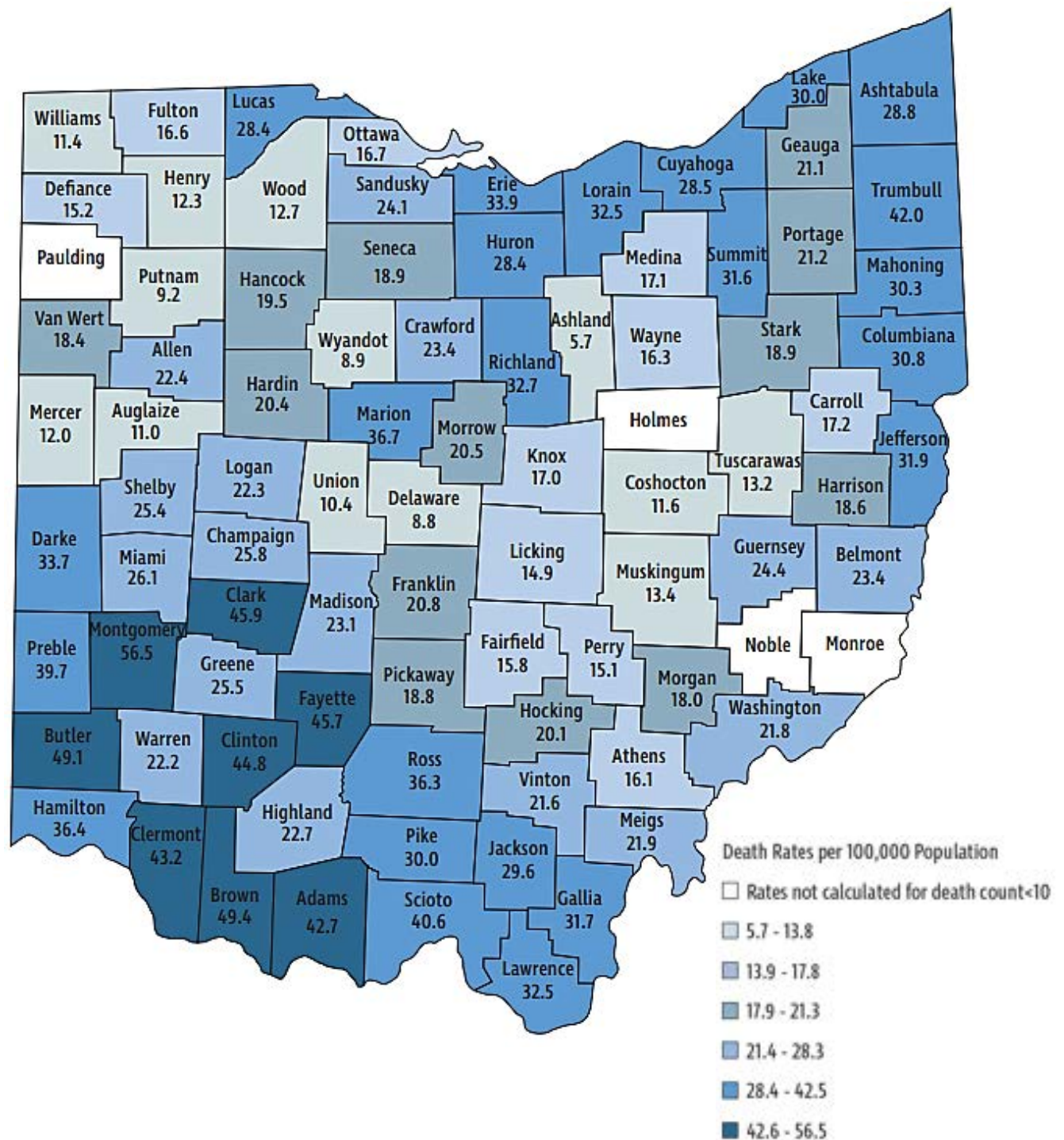


Number of Opioid Doses Per Patient, Quarterly from 2017 to 2019



(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2019)

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: Sexual Behavior

Key Findings

Seventy-two percent (72%) of Fulton County adults had sexual intercourse in the past year. Two percent (2%) of adults had more than one partner. Nine percent (9%) of adults did not use any form of birth control.

621 Fulton County adults had intercourse with more than one partner in the past year.

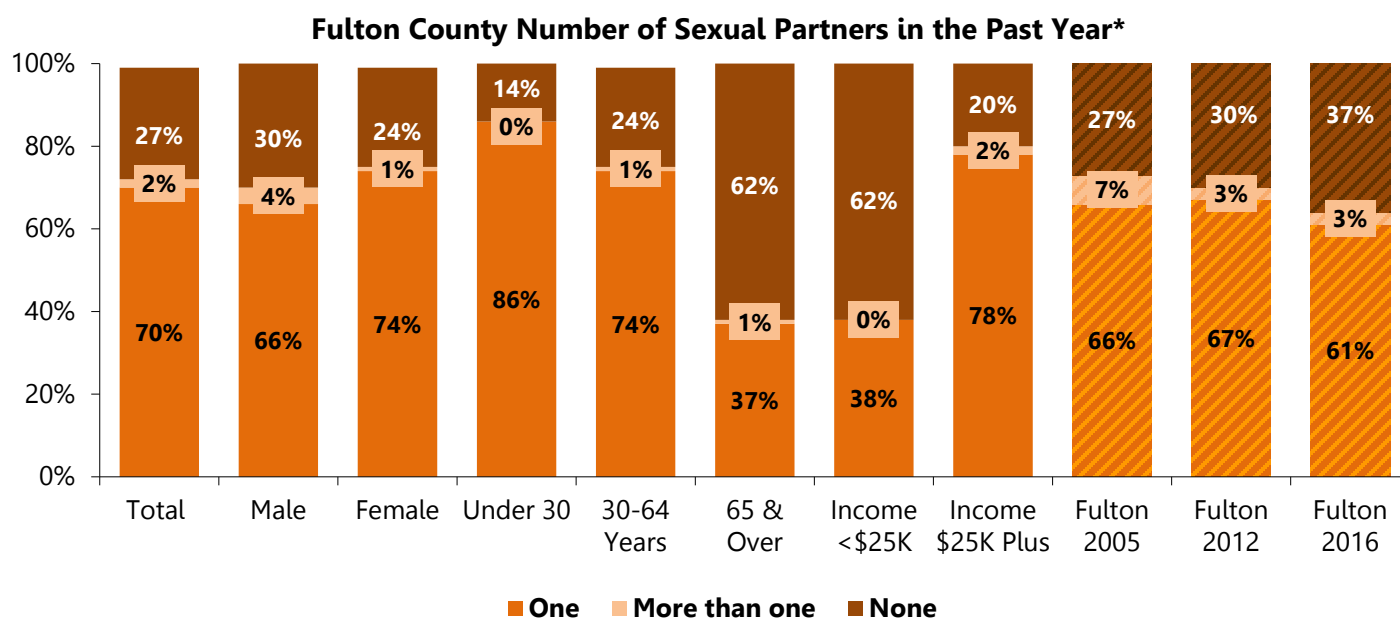
Sexual Behavior

- Seventy-two percent (72%) of Fulton County adults had sexual intercourse in the past year.
- Two percent (2%) of adults reported they had intercourse with more than one partner in the past year, increasing to 4% of males.
- Fulton County adults used the following methods of birth control:
 - Vasectomy (21%)
 - They or their partner were too old (20%)
 - No partner/not sexually active (18%)
 - Tubes tied (13%)
 - Birth control pills (10%)
 - Hysterectomy (8%)
 - Infertility (8%)
 - Condoms (6%)
 - Withdrawal (4%)
 - Having sex only at certain times (2%)
 - Ovaries or testicles removed (2%)
 - Abstinence (2%)
 - IUD (2%)
 - Contraceptive ring (1%)
 - Diaphragm, cervical cap, sponge (<1%)
- Nine percent (9%) of adults were not using any method of birth control, and 3% were trying to get pregnant.
- The following situations applied to Fulton County adults:
 - Had sex without a condom in the past year (21%)
 - Had anal sex without a condom in the past year (4%)
 - Tested positive for HPV (2%)
 - Treated for an STD in the past year (1%)
 - Had sex with someone they met on social media (1%)
 - Had sex with someone they did not know (1%)
 - Had four or more sexual partners in the past year (<1%)
 - Had sexual activity with someone of the same gender (<1%)
 - Tested positive for Hepatitis C (<1%)
 - Had unprotected sex because they could not afford birth control (<1%)

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Had more than one sexual partner in past year	7%	3%	3%	2%	N/A	N/A

N/A – Not Available

The following graph shows the number of sexual partners Fulton County adults had in the past year. An example of how to interpret the information in the graph includes: 70% of all adults had one sexual partner in the past 12 months, and 2% 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.

Scope of the Problem: Sexual Violence

- 1 out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (14.8% completed, 2.8% attempted).
- About 3% of American men—or 1 in 33—have experienced an attempted or completed rape in their lifetime.
- From 2009-2013, Child Protective Services agencies substantiated, or found strong evidence to indicate that 63,000 children a year were victims of sexual abuse.
- A majority of child victims are 12-17. Of victims under the age of 18, 34% of victims of sexual assault and rape are under age 12, and 66% of victims of sexual assault and rape are age 12-17.
- Every 98 seconds, another American is sexually assaulted.
- Number of people victimized each year:
 - 80,600 were sexually assaulted or raped
 - 60,000 were victims of "substantiated or indicated" sexual abuse
 - 321,500 Americans 12 and older were sexually assaulted or raped
 - 18,900 experienced unwanted sexual contact

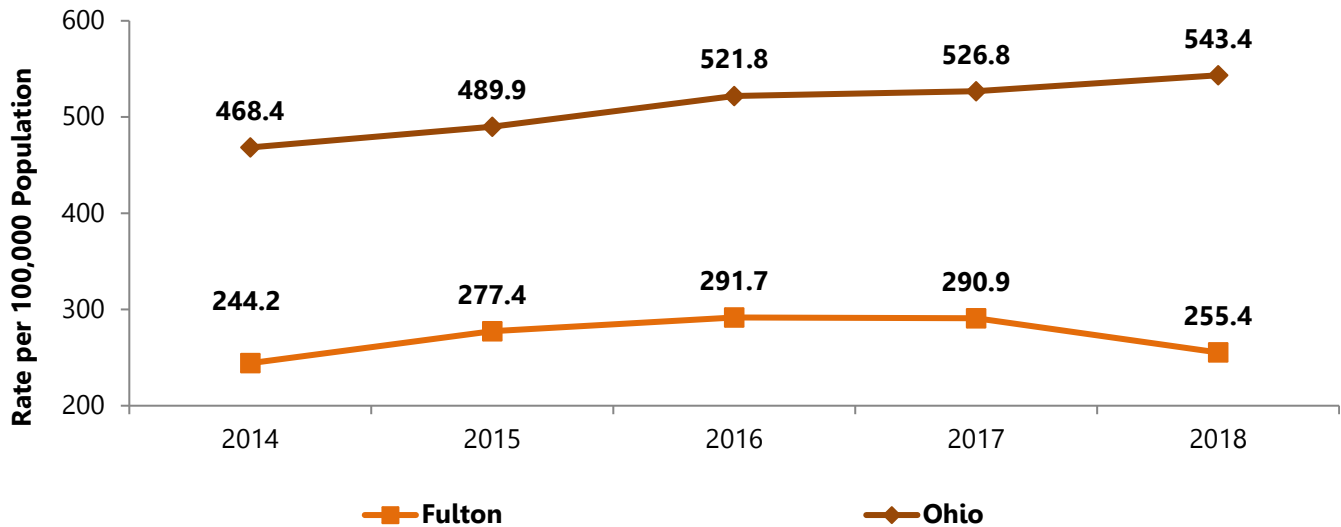
(Source: RAINN 25 years, Scope of the Problem: Statistics, 2019)

Chlamydia

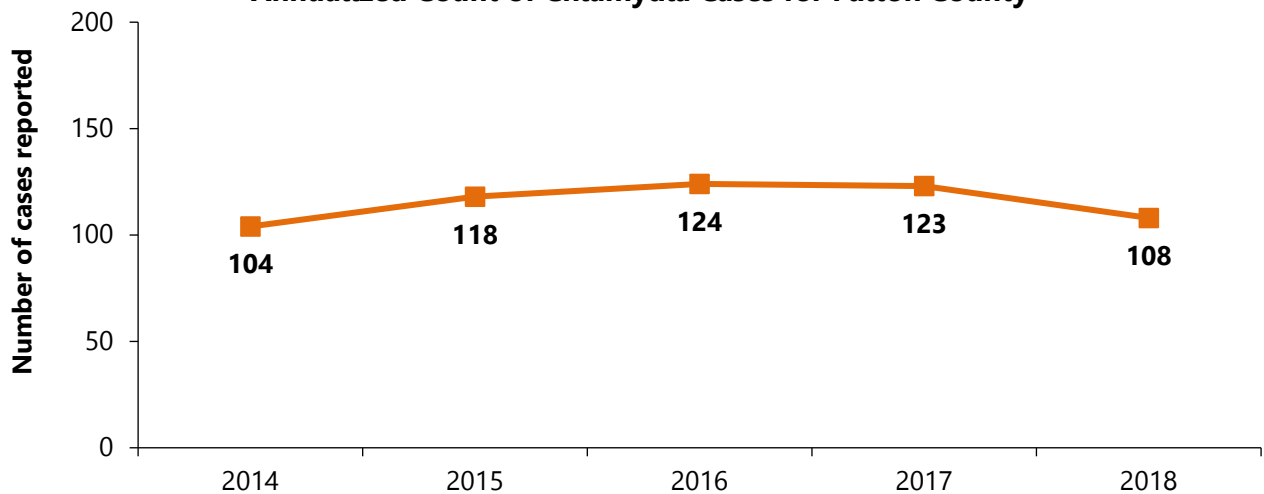
The following graphs show Fulton County chlamydia rates per 100,000 population and the number of chlamydia cases. The graphs show:

- Fulton County chlamydia rates and cases decreased from 2017 to 2018.

Chlamydia Annualized Rates for Fulton County and Ohio



Annualized Count of Chlamydia Cases for Fulton County

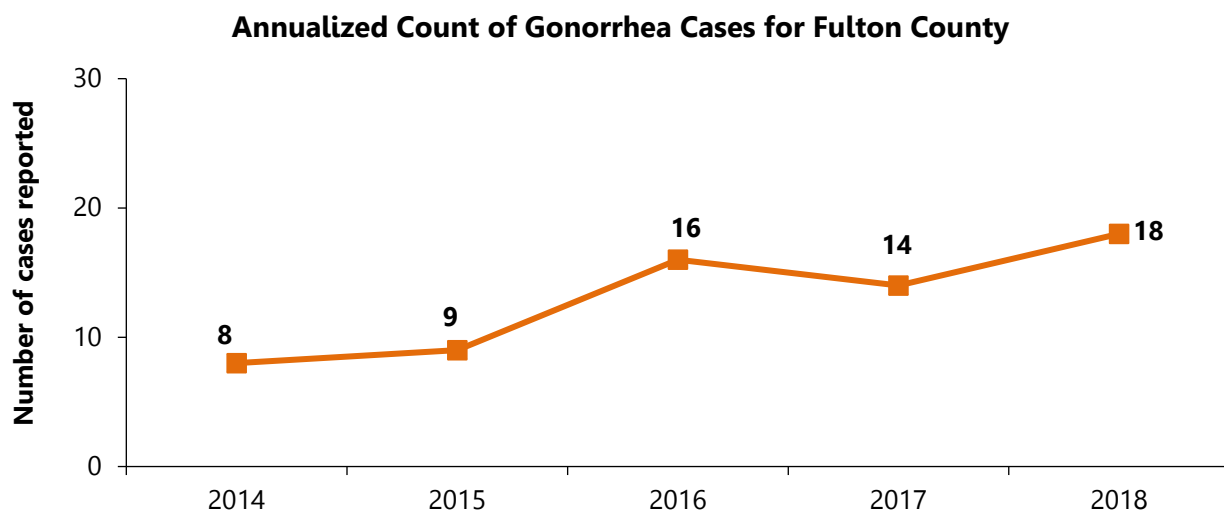
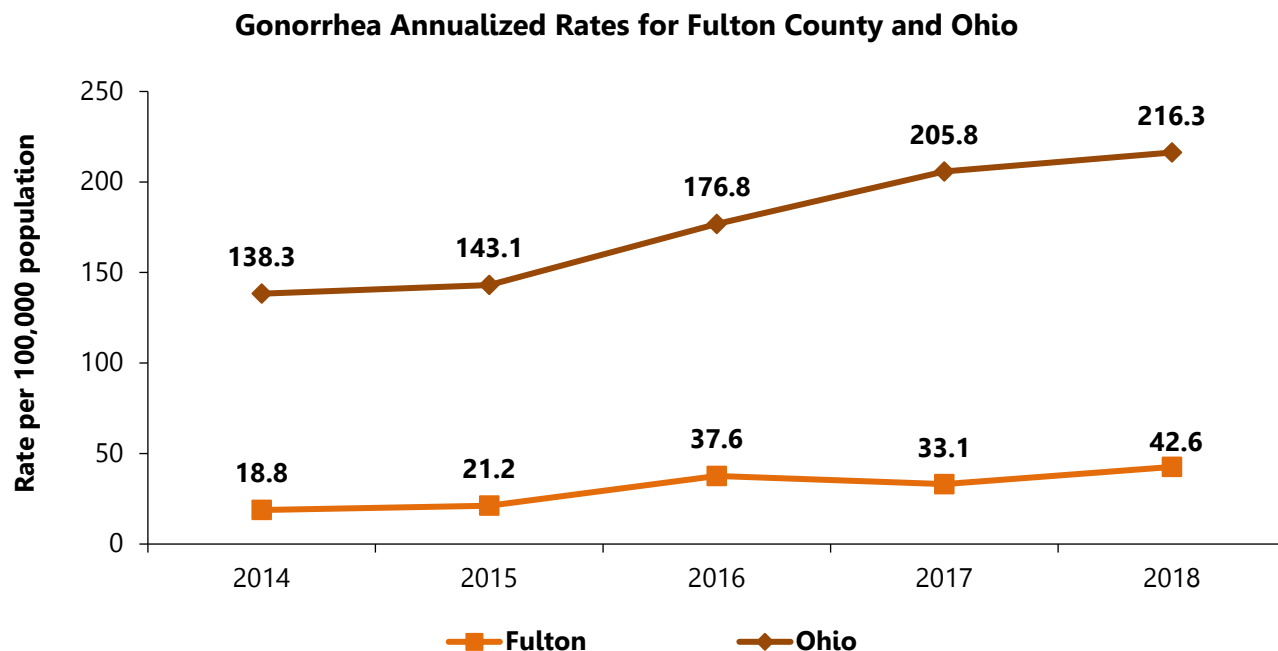


(Source for graphs: ODH, STD Surveillance, data reported through 5/24/18, updated on March 26, 2019)

Gonorrhea

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

- The Fulton County gonorrhea rates and cases fluctuated from 2014 to 2018.



(Source for graphs: ODH, STD Surveillance, data reported through 5/24/18, updated on March 26, 2019)

Health Behaviors: Mental Health

Key Findings

Four percent (4%) of Fulton County adults considered attempting suicide in the past year. Fourteen percent (14%) of adults had used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.

1,243 Fulton County adults considered attempting suicide in the past year.

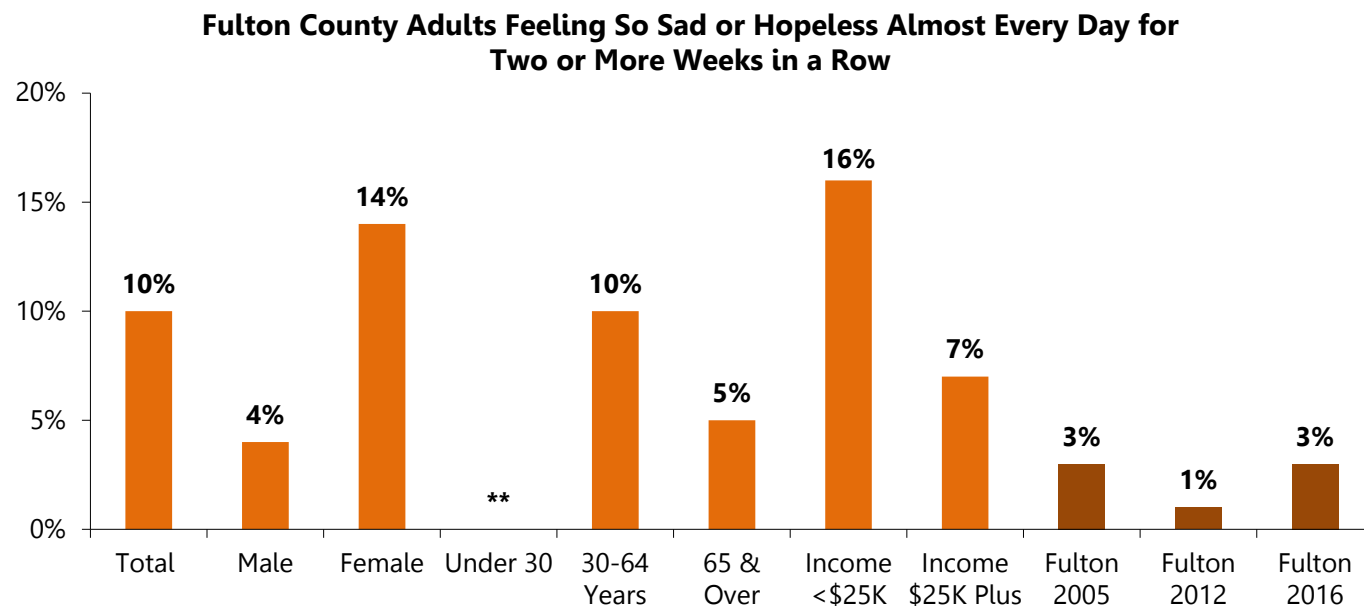
Mental Health

- Ten percent (10%) of Fulton 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 16% of those with incomes less than \$25,000.
- Four percent (4%) of Fulton County adults considered attempting suicide in the past year.
- One percent (1%) of adults attempted suicide in the past year.
- Adults indicated the following caused them anxiety, stress, or depression:
 - Financial stress (38%)
 - Job stress (35%)
 - Death of a close friend or family member (24%)
 - Marital/dating relationships (23%)
 - Fighting at home (22%)
 - Sick family member (21%)
 - Poverty/no money (21%)
 - Raising/caring for children (18%)
 - Other stress at home (14%)
 - Current news/political environment (13%)
 - Caring for a parent (8%)
 - Unemployment (8%)
 - Divorce/separation (6%)
 - Social media (6%)
 - Family member with a mental illness (5%)
 - Not having a place to live (2%)
 - Not feeling safe at home (1%)
 - Not having enough to eat (1%)
 - Not feeling safe in the community (<1%)
 - Other causes (6%)
- Fulton County adults received the social and emotional support they needed from the following:
 - Family (66%)
 - Friends (58%)
 - God/prayer (38%)
 - Church (30%)
 - Neighbors (9%)
 - A professional (7%)
 - Community (4%)
 - Self-help group (2%)
 - Online support group (2%)
 - Internet (1%)
 - Other (2%)
- Ten percent (10%) of adults indicated they did not get the social and emotional support they needed, and 16% indicated they did not need support.
- Fourteen percent (14%) of Fulton County adults had used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following:
 - Did not need a program (57%)
 - Had not thought of it (12%)
 - Embarrassed to seek mental health services (7%)
 - Fear (7%)
 - Co-pay/deductible too high (4%)
 - Could not afford to go (3%)
 - Did not know how to find a program (2%)
 - Other priorities (1%)
 - Transportation (1%)
 - Clinic/office too far away (1%)
 - Could not find a provider to address both mental health and disability (1%)
 - Took too long to get in to see a doctor (<1%)
 - Other reasons (7%)

Mental Health, Continued

- Adults indicated they would do the following if they knew someone who was suicidal: talk to them (68%), try to calm them down (46%), call 9-1-1 (44%), call a crisis line (40%), take them to the ER (26%), call their spiritual leader (22%), call a friend (21%), text a crisis line (7%), and nothing (4%).

The following graph shows Fulton 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: 10% of all adults felt sad or hopeless for two or more weeks in a row, including 14% of females and 16% of those with incomes less than \$25,000.



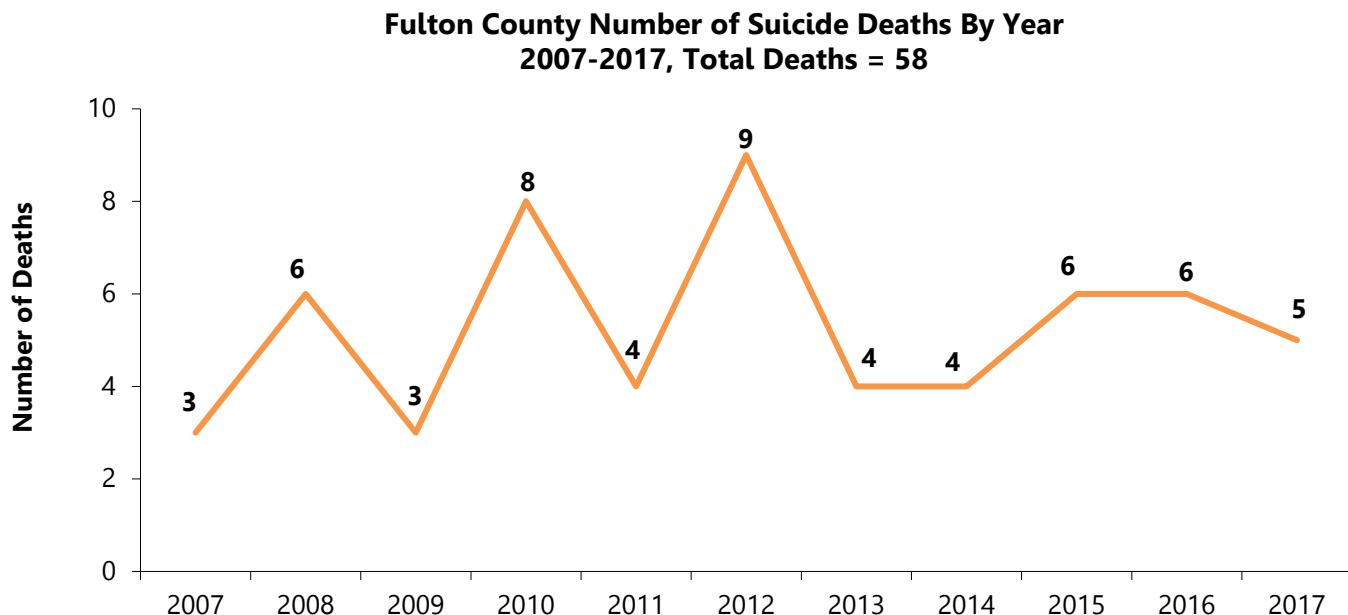
*Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
 ** Subpopulation sample sizes were too low to accurately report on this item.*

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Considered attempting suicide in the past year	3%	1%	3%	4%	N/A	N/A
Attempted suicide in the past year	0%	<1%	2%	1%	N/A	N/A
Felt so sad or hopeless almost every day for two weeks or more in a row	16%	10%	8%	10%	N/A	N/A

N/A – Not Available

The graph below shows the Fulton County suicide counts by year. The graph shows:

- From 2007 to 2017, there was an average of 5.27 suicide deaths per year in Fulton County.



(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated on March 26, 2019)

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.
- More than (54%) half 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, health care, 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 health care.
 - 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 June 11, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Three percent (3%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Over one third (36%) of Fulton County adults were obese, 33% had high blood pressure, 30% had high blood cholesterol, and 12% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Three percent (3%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65 and 13% of those with incomes less than \$25,000.
- Two percent (2%) of Fulton County adults reported they had survived a stroke, increasing to 6% of those over the age of 65.
- Four percent (4%) of adults reported they had angina or coronary heart disease, increasing to 14% of those over the age of 65 and 16% of those with incomes less than \$25,000.
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 6% of those over the age of 65 and 8% of those with incomes less than \$25,000.

High Blood Pressure (Hypertension)

- One-third (33%) of adults had been diagnosed with high blood pressure.
- Three percent (3%) of adults were told they were pre-hypertensive/borderline high.
- Eighty-three percent (83%) of adults with high blood pressure were taking medication for their high blood pressure.
- Fulton County adults diagnosed with high blood pressure were more likely to have:
 - Rated their overall health as fair or poor (61%)
 - Been ages 65 years or older (60%)
 - Incomes less than \$25,000 (58%)
 - Been classified as obese by body mass index (42%)

High Blood Cholesterol

- Thirty percent (30%) of adults had been diagnosed with high blood cholesterol.
- More than four-fifths (84%) of adults had their blood cholesterol checked within the past five years.
- Fulton County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (57%)
 - Rated their overall health as fair or poor (49%)
 - Incomes less than \$25,000 (37%)

Fulton County Leading Causes of Death 2015-2017

Total Deaths: 1,285

- Cancers (24% of all deaths)
- Heart disease (24%)
- Chronic lower respiratory diseases (6%)
- Accidents, unintentional injuries (6%)
- Stroke (5%)

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

Ohio Leading Causes of Death 2015-2017

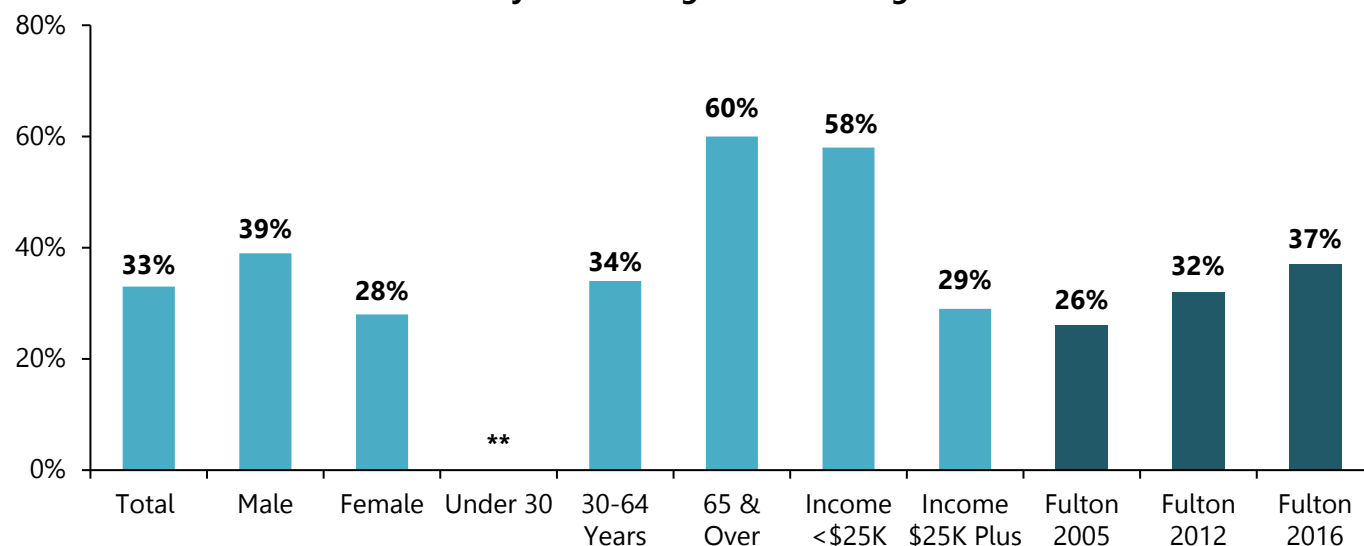
Total Deaths: 361,238

- Heart disease (23% of all deaths)
- Cancers (21%)
- Accidents, unintentional injuries (7%)
- Chronic lower respiratory diseases (6%)
- Stroke (5%)

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

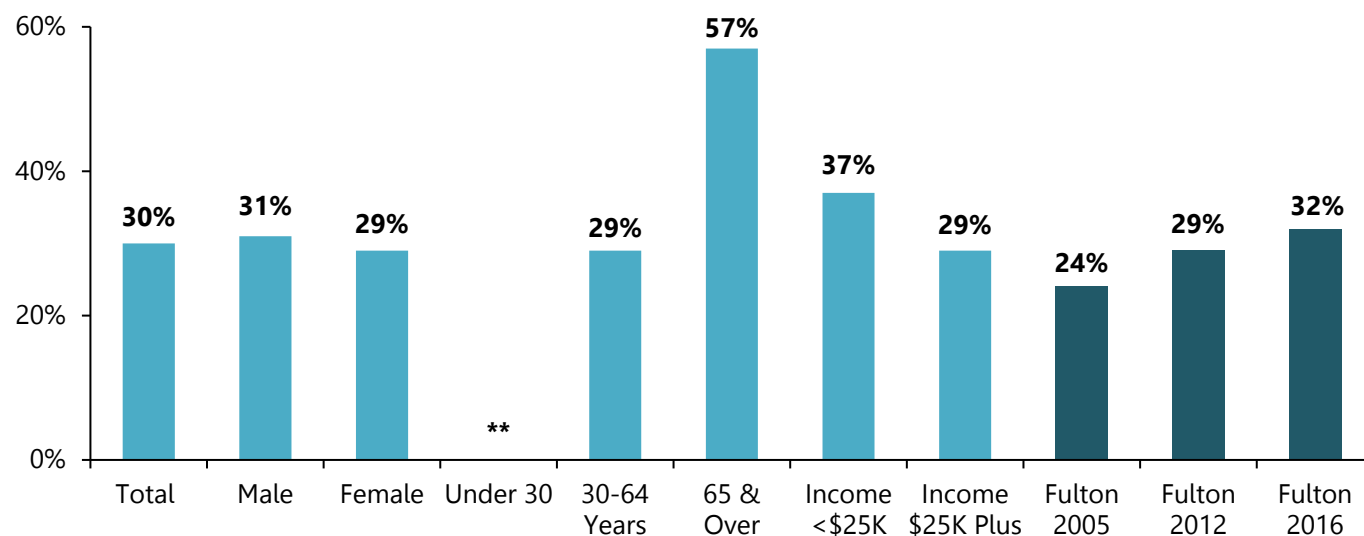
The following graphs show the percentage of Fulton County adults who had been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 33% of all Fulton County adults had been diagnosed with high blood pressure, including 39% of males and 60% of those over the age of 65.

Fulton County Adults Diagnosed with High Blood Pressure*



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

Fulton County Adults Diagnosed with High Blood Cholesterol

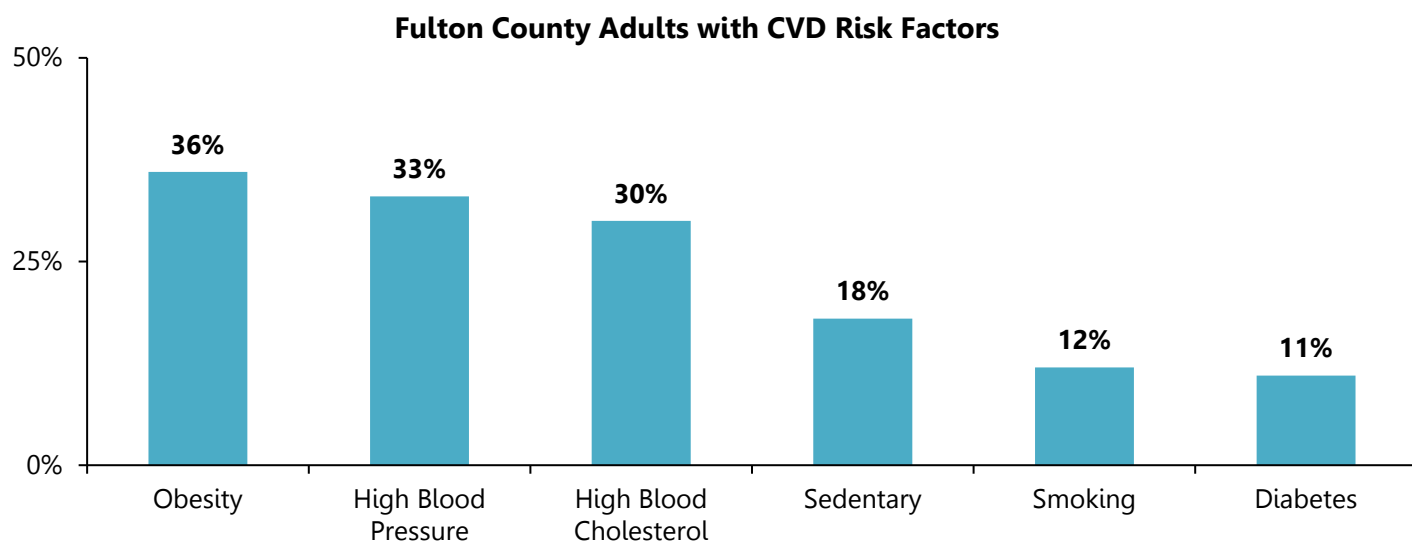


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
 ** Subpopulation sample sizes were too low to accurately report on this item.

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Ever diagnosed with angina or coronary heart disease	N/A	1%	4%	4%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	5%	2%	5%	3%	6%	4%
Ever diagnosed with a stroke	2%	1%	4%	2%	4%	3%
Had been told they had high blood pressure	26%	32%	37%	33%	35%	32%
Had been told their blood cholesterol was high	24%	29%	32%	30%	33%	33%
Had their blood cholesterol checked within the last 5 years	61%	77%	81%	84%	85%	86%

N/A – Not Applicable

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



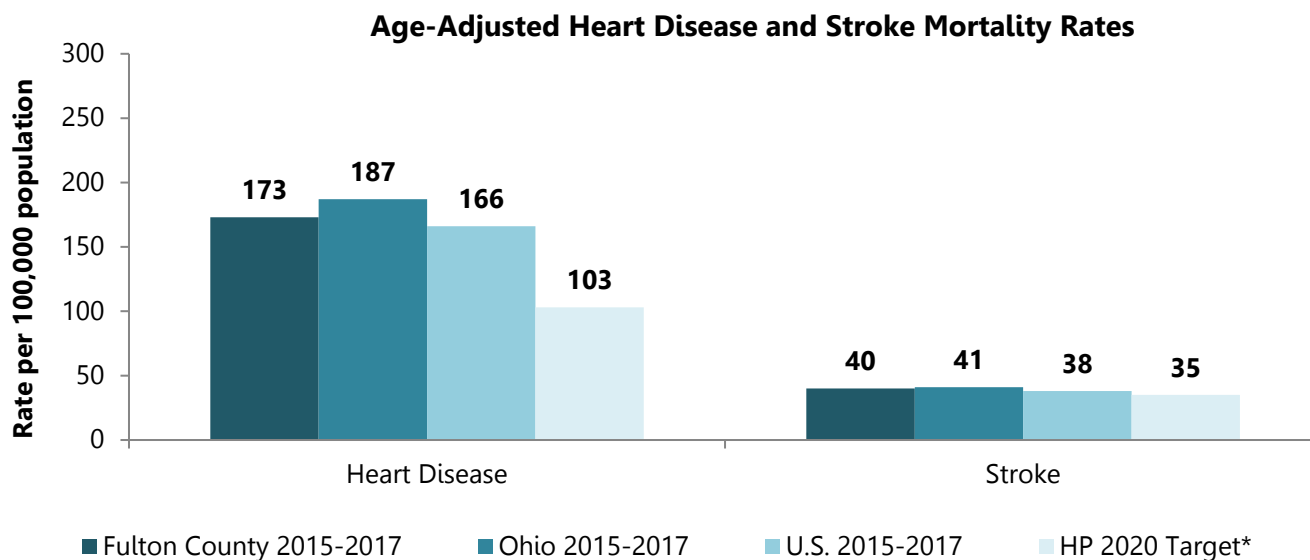
Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	2019 Fulton Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	33%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	84%	86% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC) levels	30%	33% Adults age 20+ with TBC > 240 mg/dl	14%

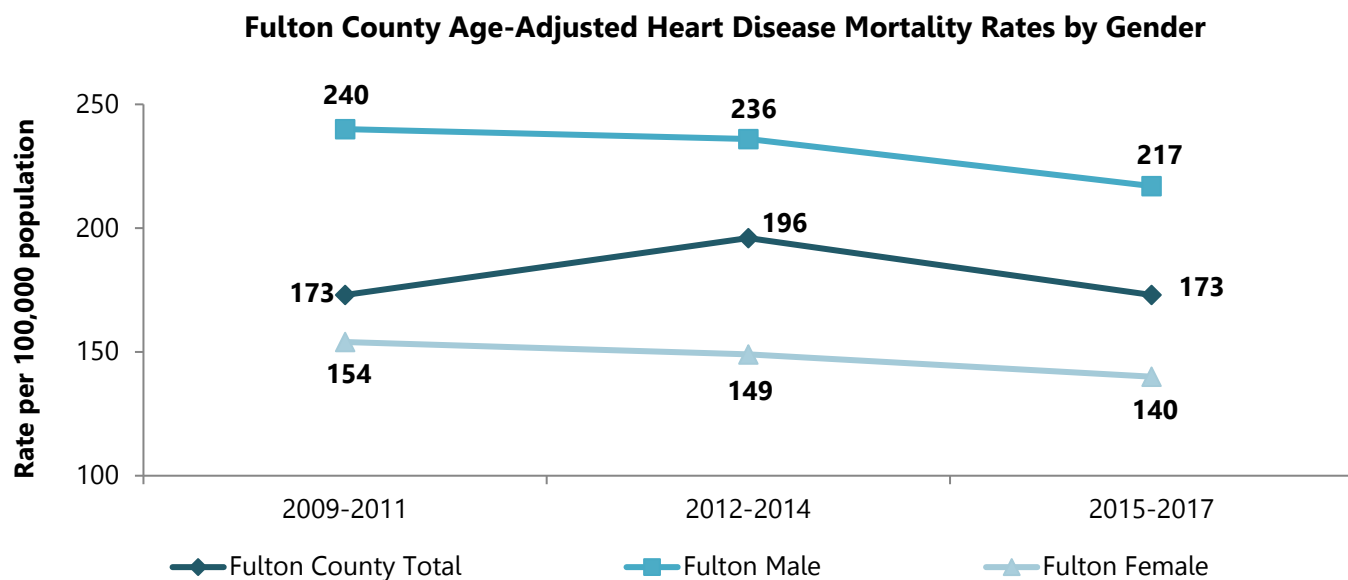
*Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2017 BRFSS, 2019 Fulton County Community Health Assessment)*

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

- When age differences are accounted for, the statistics indicate that the Fulton County heart disease mortality rate was lower than the state rate, higher than the figures for the U.S. rate, as well as the Healthy People 2020 target, from 2015-2017.
- The 2015-2017 Fulton County age-adjusted stroke mortality rate was about equal to the state rate and higher than the U.S. rate as well as the Healthy People 2020 target.
- From 2009-2017, the Fulton County female and male age-adjusted heart disease mortality rates have been on a downward trend.



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

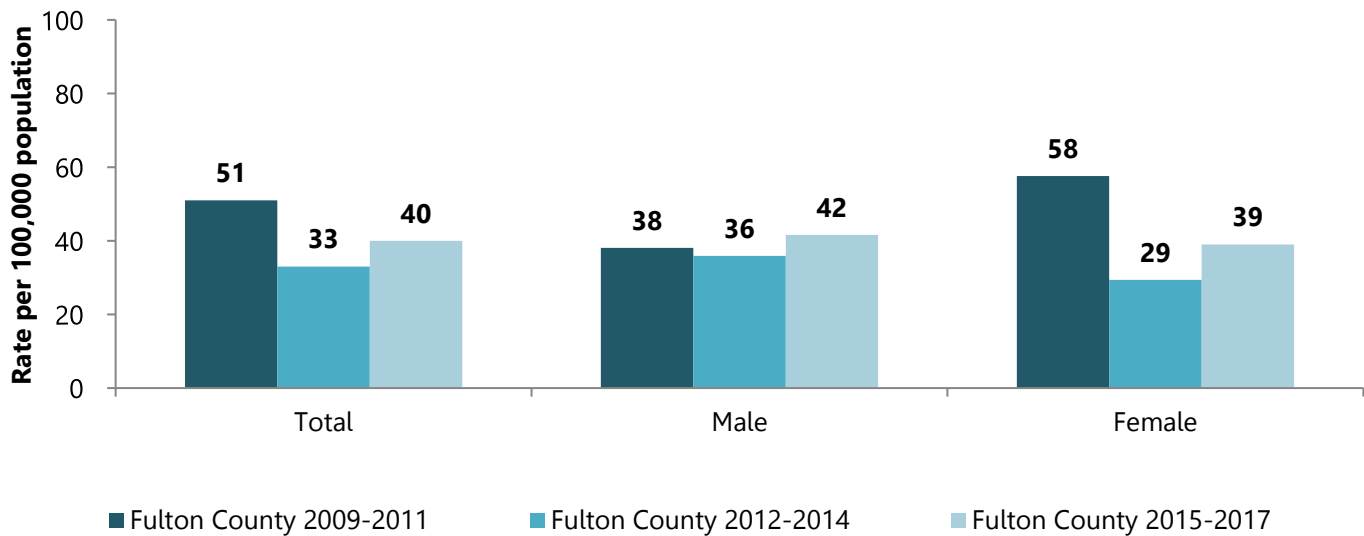


(Source for graphs: Ohio Public Health Data Warehouse, 2009-2017)

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

- From 2009-2017, the Fulton County stroke mortality rate fluctuated.
- The 2012-2017, the Fulton County stroke mortality rate for females increased.

Fulton County Age-Adjusted Stroke Mortality Rates by Gender



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

2018 ACC/AHA Guideline on Cholesterol

- The new 2018 ACC/AHA Guideline on the Management of Blood Cholesterol allows for more personalized care for patients compared to its 2013 predecessor.
- Two of the biggest changes include more detailed risk assessments and new cholesterol-lowering drug options for people at the highest risk for cardiovascular disease.
- In addition to traditional risk factors such as smoking, high blood pressure and high blood sugar, the new guideline adds factors like family history and ethnicity, as well as certain health conditions such as metabolic syndrome, chronic kidney disease, chronic inflammatory conditions, premature menopause or pre-eclampsia and high lipid biomarkers, to help health care providers better determine individualized risk and treatment options.
- The new guideline suggests elective cholesterol screening is appropriate for children as young as two who have a family history of heart disease or high cholesterol.
- In most children, an initial screening test can be considered between the ages of 9 and 11 and then again between 17 and 21.
- Because of a lack of sufficient evidence in young adults, there are no specific recommendations for that age group.

(Source: American College of Cardiology, New ACC/AHA Cholesterol Guideline Allows for More Personalized Care; New Treatment Options, November 10, 2018)

Chronic Disease: Cancer

Key Findings

Eighteen percent (18%) of Fulton County adults had been diagnosed with cancer at some time in their life.

Cancer

- Almost one-fifth (18%) of Fulton County adults were diagnosed with cancer at some point in their lives, increasing to 35% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types:
 - Other skin cancer (51%)
 - Melanoma (29%)
 - Breast (22%)
 - Prostate (17%)
 - Cervical (13%)
 - Colon (3%)
 - Hodgkin's Lymphoma (3%)
 - Liver (3%)
 - Non-Hodgkin's Lymphoma (3%)
 - Renal (3%)
 - Lung (1%)
 - Other types (14%)
- Two percent (2%) of adults were diagnosed with multiple types of cancer.
- The Ohio Public Health Data Warehouse indicates that from 2015-2017, cancers caused 24% of all Fulton County resident deaths. *(Source: Ohio Public Health Data Warehouse, 2015-2017).*

Fulton County Incidence of Cancer, 2012-2016

All Types: 1,171 cases

1. Breast: 163 cases (14%)
2. Lung and bronchus: 153 cases (13%)
3. Prostate: 147 cases (13%)
4. Colon and rectum: 124 cases (11%)
5. Other sites and types: 79 cases (7%)

From 2015-2017, there were 312 cancer deaths in Fulton County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, updated 3/27/19)

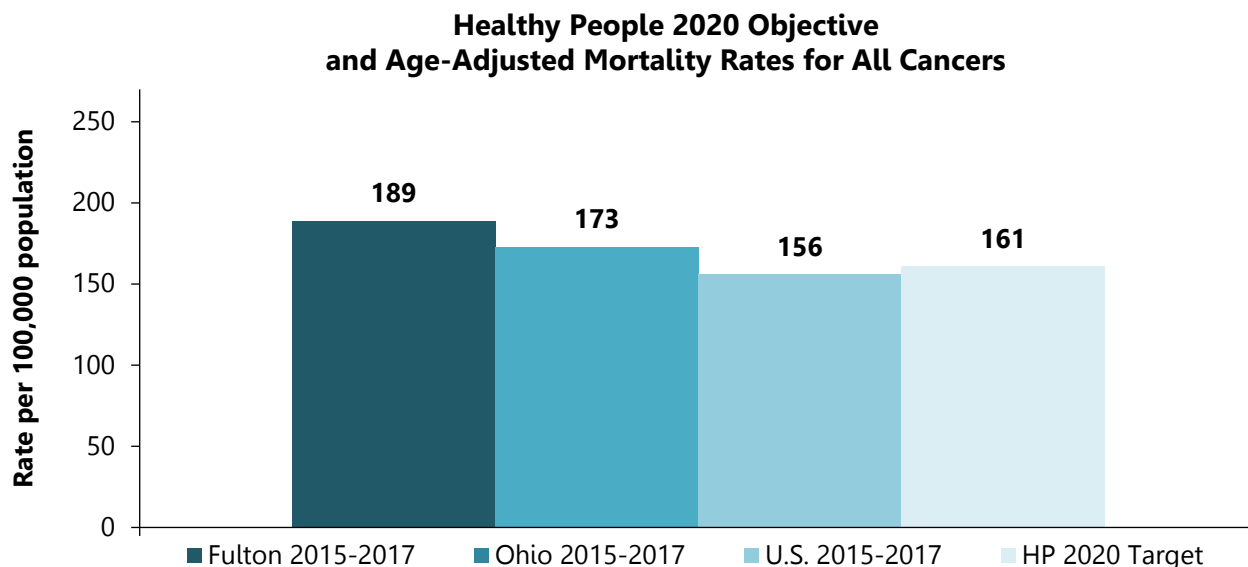
2019 Cancer Estimates

- In 2019, more than 1.7 million new cancer cases are expected to be diagnosed.
- About 606,880 Americans are expected to die of cancer in 2019, which translates to about 1,660 deaths per day.
- A substantial proportion of cancers could be prevented, including all cancers caused by tobacco use and other unhealthy behaviors.
- According to a recent study by American Cancer Society researchers, at least 42% (about 740,000 cases in 2019) of newly diagnosed cancers in the U.S. are potentially avoidable, including:
 - The 19% of all cancers that are caused by smoking
 - The 18% of all cancers that are caused by a combination of excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition
- In 2019, estimates predict that there will be 67,150 new cases of cancer and 25,440 cancer deaths in Ohio.
- Of those new cancer cases, approximately 9,680 (14%) will be from lung and bronchus cancers and 6,200 (9%) will be from colon and rectum cancers.
- About 10,240 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,340 (8%).

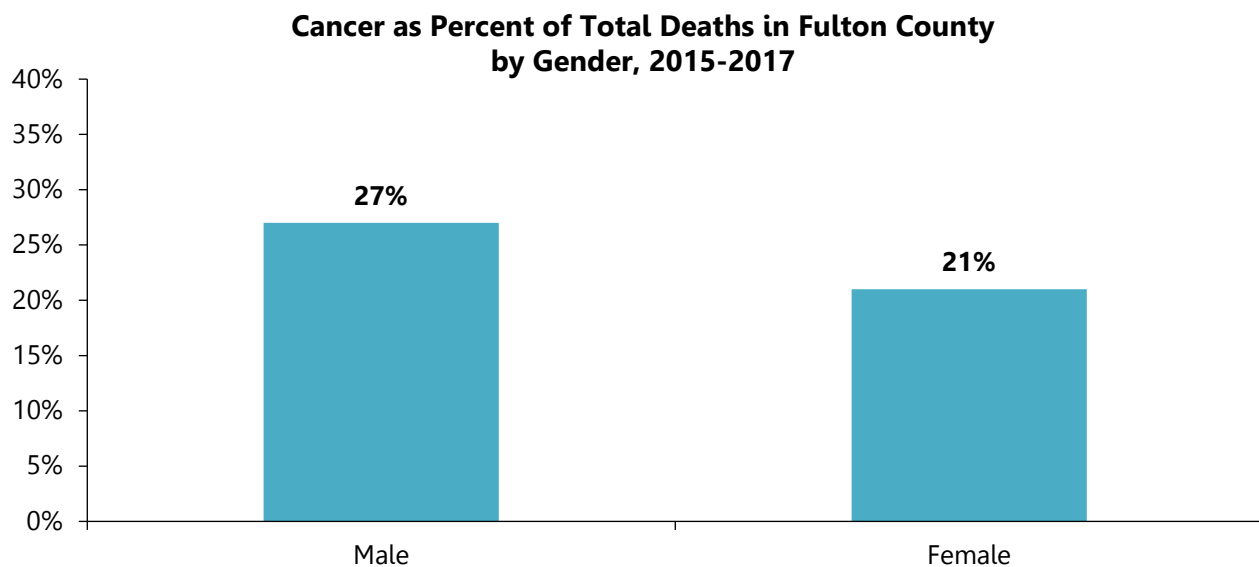
(Source: American Cancer Society, Facts and Figures 2019)

The following graphs show the Fulton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for all types of cancer in comparison to the Healthy People 2020 objective as well as the percent of total cancer deaths in Fulton County by gender. The graphs show:

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

Fulton County Incidence of Cancer, 2012-2016

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Breast	163	14%
Lung and bronchus	153	13%
Prostate	147	13%
Colon and rectum	124	11%
Other sites/types	79	7%
Bladder	67	6%
Non-Hodgkin's lymphoma	58	5%
Melanoma of skin	47	4%
Uterus	44	4%
Kidney and renal pelvis	42	3%
Pancreas	39	3%
Leukemia	32	3%
Liver and intrahepatic bile duct	32	3%
Brain and other CNS	29	2%
Thyroid	27	2%
Oral cavity and pharynx	27	2%
Esophagus	23	2%
Stomach	15	1%
Testis	15	1%
Multiple myeloma	13	1%
Ovary	11	<1%
Larynx	7	<1%
Cervix	6	<1%
Hodgkins lymphoma	5	<1%
Total	1,171	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, updated 3/26/19)

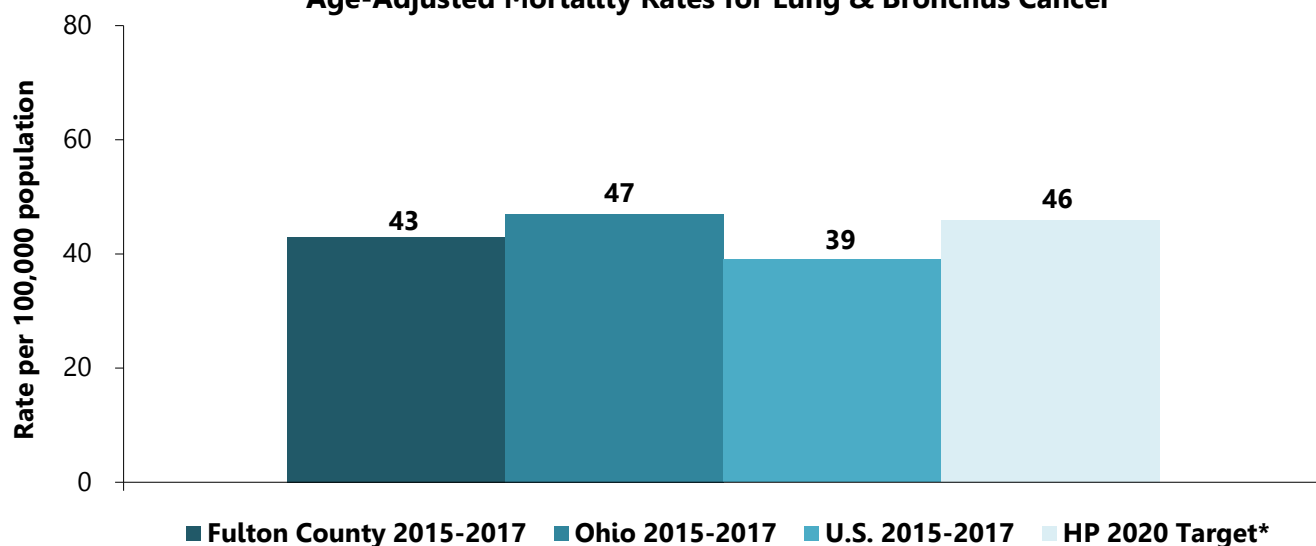
Lung Cancer

- According to the American Cancer Society, smoking causes 81% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2019)*.
- Lung and bronchus cancer was the leading cause of cancer deaths in Fulton County from 2015-2017 *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- In Fulton County, 11% of male adults were current smokers and 31% were former smokers.
- ODH reports that lung and bronchus cancer was the leading cause of male cancer deaths from 2015-2017 in Fulton County *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- In Fulton County, 13% of female adults were current smokers and 16% were former smokers.
- ODH reports that lung and bronchus cancer was the leading cause of female cancer deaths in Fulton County from 2015-2017 *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.

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

- For the age-adjusted mortality rates for lung and bronchus cancer, Fulton County rates were lower than the Ohio rate and the Healthy People 2020 target objective, but higher than the U.S. rate.
- Disparities existed by gender for Fulton County lung and bronchus cancer age-adjusted mortality rates. The 2015-2017 Fulton County male rate was substantially higher than the Fulton County female rate.

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer

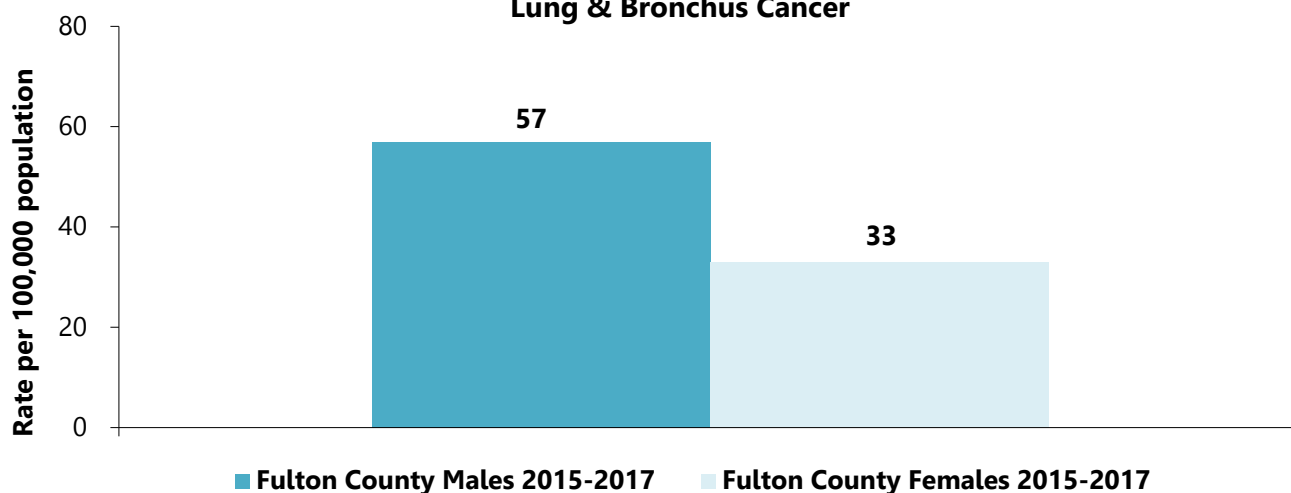


Note: Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.

*Healthy People 2020 Target data is for lung cancer only.

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

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



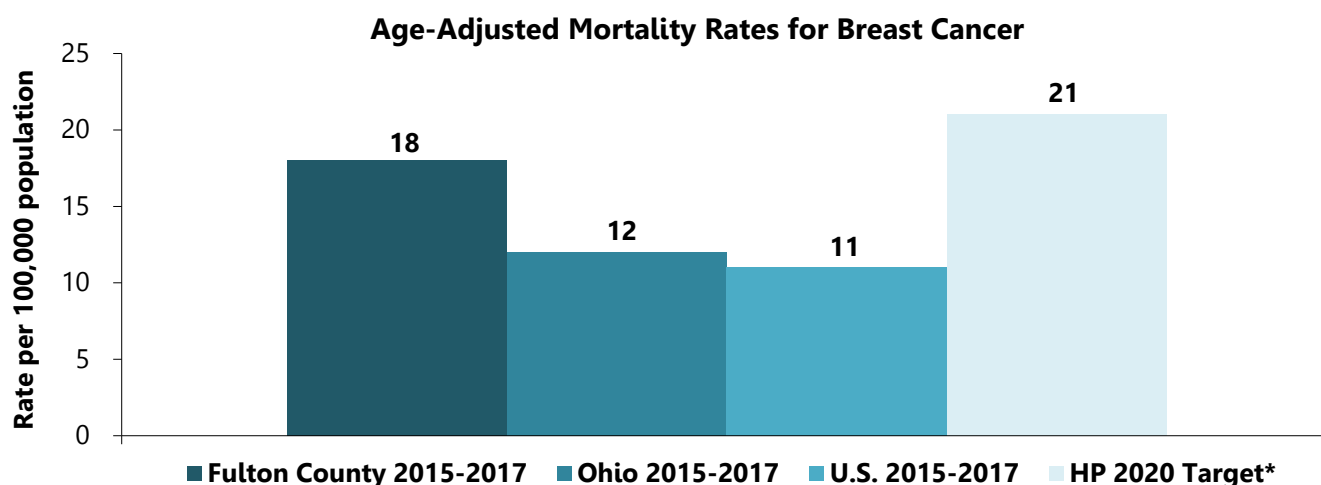
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017)

Breast Cancer

- Fifty-five percent (55%) of Fulton County females over the age of 40 had a mammogram in the past year.
- ODH reports that breast cancer accounted for 10% of all female cancer deaths in Fulton County from 2015-2017 (*Source: Ohio Public Health Data Warehouse, 2015-2017*).
- For women at average risk of breast cancer, the American Cancer Society recommends that those 40 to 44 years of age have the option to begin annual mammography; those 45 to 54 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 to accompany mammography, typically starting at age 30 (*Source: American Cancer Society, Facts & Figures 2019*).

The following graph shows Fulton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for breast cancer in comparison with the Healthy People 2020 target objective. This graph shows:

- For the age-adjusted mortality rates for breast cancer, Fulton County rates were lower than the Healthy People 2020 target, but higher than the Ohio and U.S. rate.



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

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

Many factors can influence breast cancer risk. 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 per 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, talk to your doctor about other ways to reduce your risk.

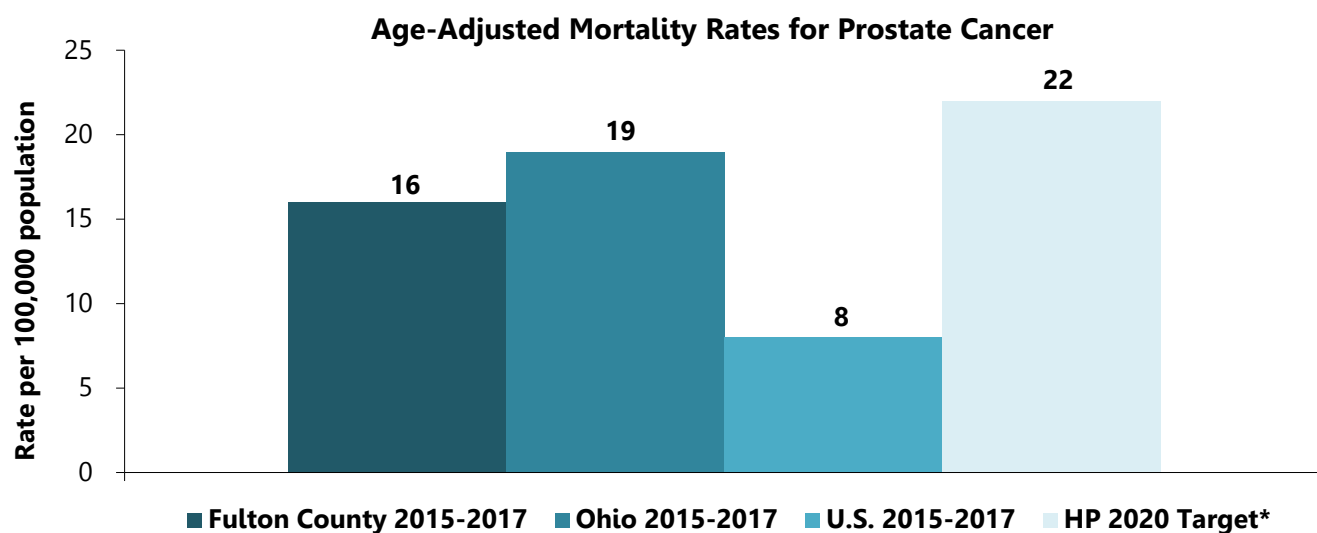
(Source: CDC, What Can I Do to Reduce My Risk of Breast Cancer? Updated September 11, 2018)

Prostate Cancer

- Forty-one percent (41%) of Fulton 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 7% of all male cancer deaths from 2015-2017 in Fulton County (Source: Ohio Public Health Data Warehouse, 2015-2017).

The following graph shows Fulton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for prostate cancer in comparison with the Healthy People 2020 target objective. This graph shows:

- For the age-adjusted mortality rates for prostate cancer, Fulton County rates were lower than the Ohio rate and the Healthy People 2020 target objective, but higher than the U.S. rate.



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

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 one 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.

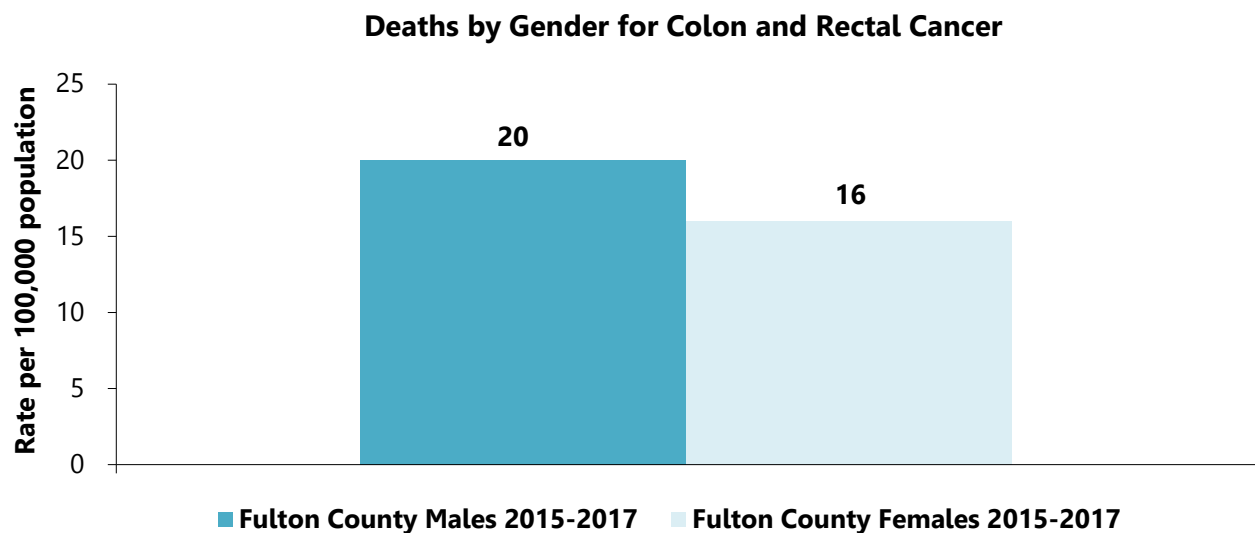
(Source: Center for Disease Control and Prevention, What Are the Benefits and Harms of Screening? Updated on June 11, 2018)

Colon and Rectal Cancers

- Ten percent (10%) of adults have had a colorectal cancer screening in the past five years.
- Fifty-four percent (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
- Colon and rectal cancer deaths accounted for 12% of all male and female cancer deaths from 2015-2017 in Fulton County (Source: Ohio Public Health Data Warehouse, 2015-2017).

The following graph shows Fulton County colon and rectum cancer death count by gender from 2015-2017. This graph shows:

- Disparities existed by gender for Fulton County deaths by colon and rectal cancer. The 2015-2017 Fulton County male rate was higher than the Fulton County female rate.



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

Colorectal Cancer: Risk Factors

- Your risk of getting colorectal cancer increases as you get older. More and 90% of cases occur in people who are 50 years old or older.
- Other risk factors include:
 - Inflammatory bowel disease such as Crohn's disease or ulcerative colitis.
 - A personal or family history of colorectal cancer or colorectal polyps.
 - A genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome).
- Lifestyle factors that may contribute to an increased risk of colorectal cancer include:
 - Lack of regular physical activity.
 - A diet low in fruits and vegetables.
 - A low-fiber and high-fat diet or a diet high in processed meats.
 - Overweight and obesity.
 - Alcohol consumption.
 - Tobacco use.

(Source: CDC, Colorectal (Colon) Cancer, updated January 1, 2019)

Chronic Disease: Diabetes

Key Findings

One-in-nine (11%) Fulton County adults had been diagnosed with diabetes in their lifetime. Ten percent (10%) of diabetics rated their health as fair or poor in the past year.

Diabetes

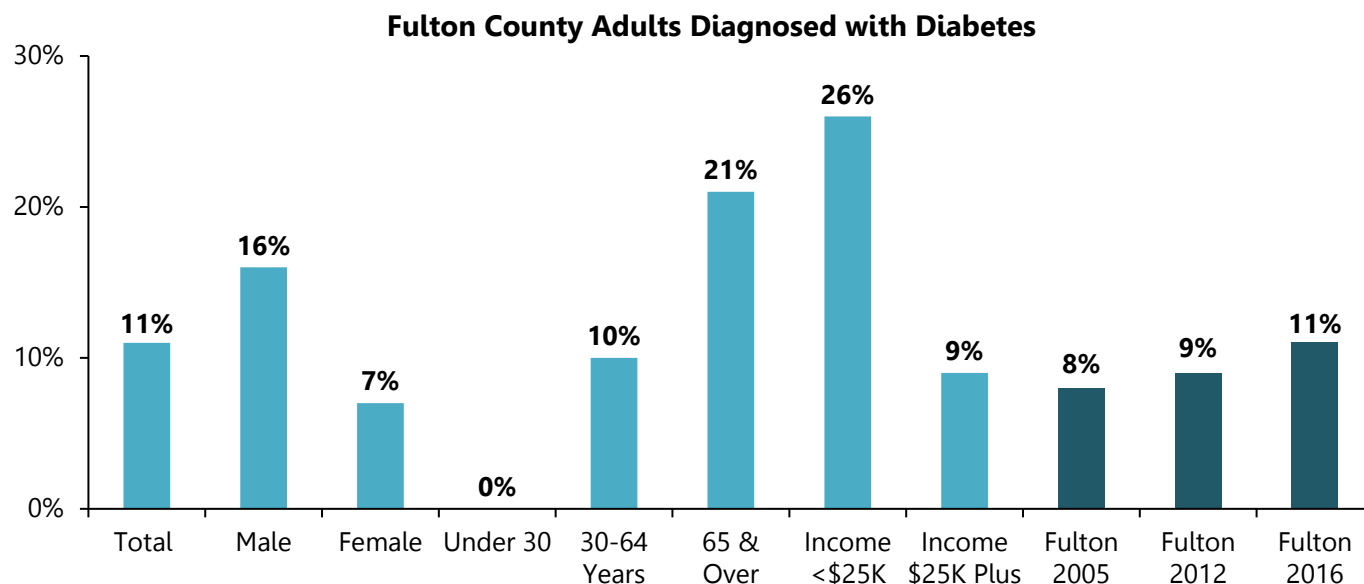
- One-in-nine (11%) Fulton County adults had been diagnosed with diabetes, increasing to 26% of those with incomes less than \$25,000.
- Four percent (4%) of adults had been diagnosed with pre-diabetes or borderline diabetes.

3,417 adults had been diagnosed with diabetes in their lifetime

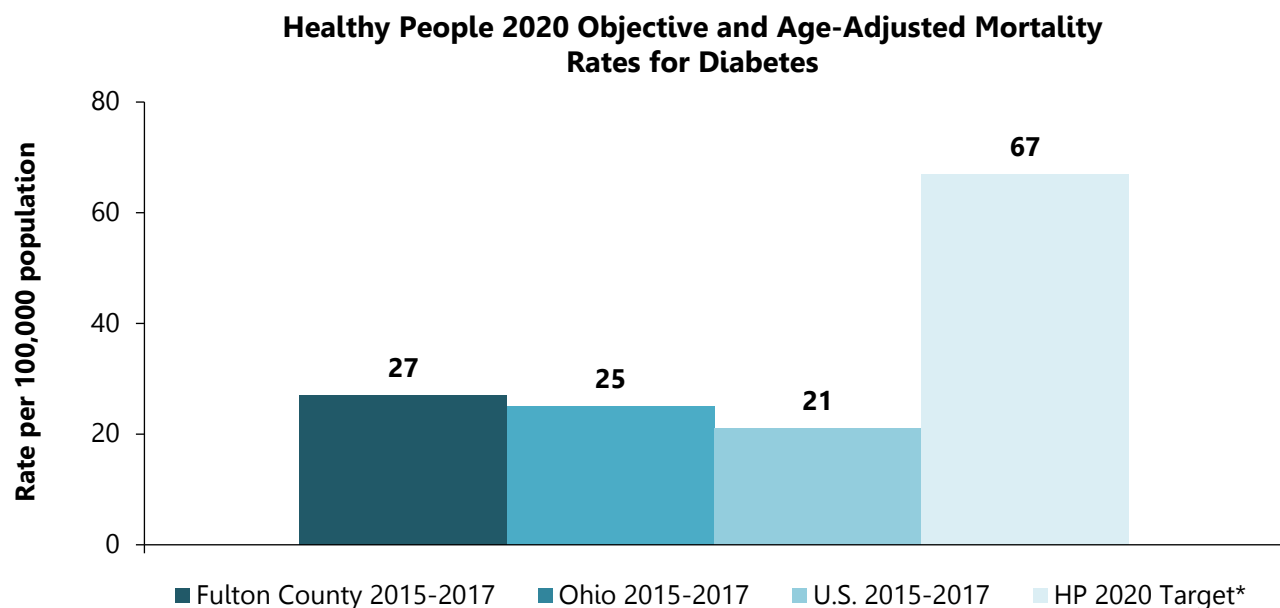
- Diabetics were using the following to treat their diabetes:
 - Checking blood sugar (81%)
 - Checking A1C annually (81%)
 - Diet control (74%)
 - Annual vision exam (71%)
 - Exercise (69%)
 - Diabetes pills (69%)
 - 6-month checkup with provider (64%)
 - Checking their feet (57%)
 - Dental exam (24%)
 - Insulin (21%)
 - Taking a class (17%)
 - Using injectables (e.g., Vyettea, Victoza, Bydurean) (12%)
 - Seeing a registered dietician (12%)
- One-in-ten (10%) adults with diabetes rated their health as fair or poor.
- Fulton County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 80% were obese or overweight
 - 69% had been diagnosed with high blood pressure
 - 43% had been diagnosed with high blood cholesterol

Adult Comparisons	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	8%	9%	11%	11%	11%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	2%	1%	1%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	3%	5%	6%	4%	2%	2%

The following graphs shows the percentage of Fulton County adults who were diagnosed with diabetes as well as the Fulton County, Ohio and U.S. age-adjusted mortality rates per 100,000 population for diabetes in comparison to the Healthy People 2020 objective. An example of how to interpret the information in the first graph includes: 11% of adults were diagnosed with diabetes, including 21% of adults ages 65 and older and 26% 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.



*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)

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** 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

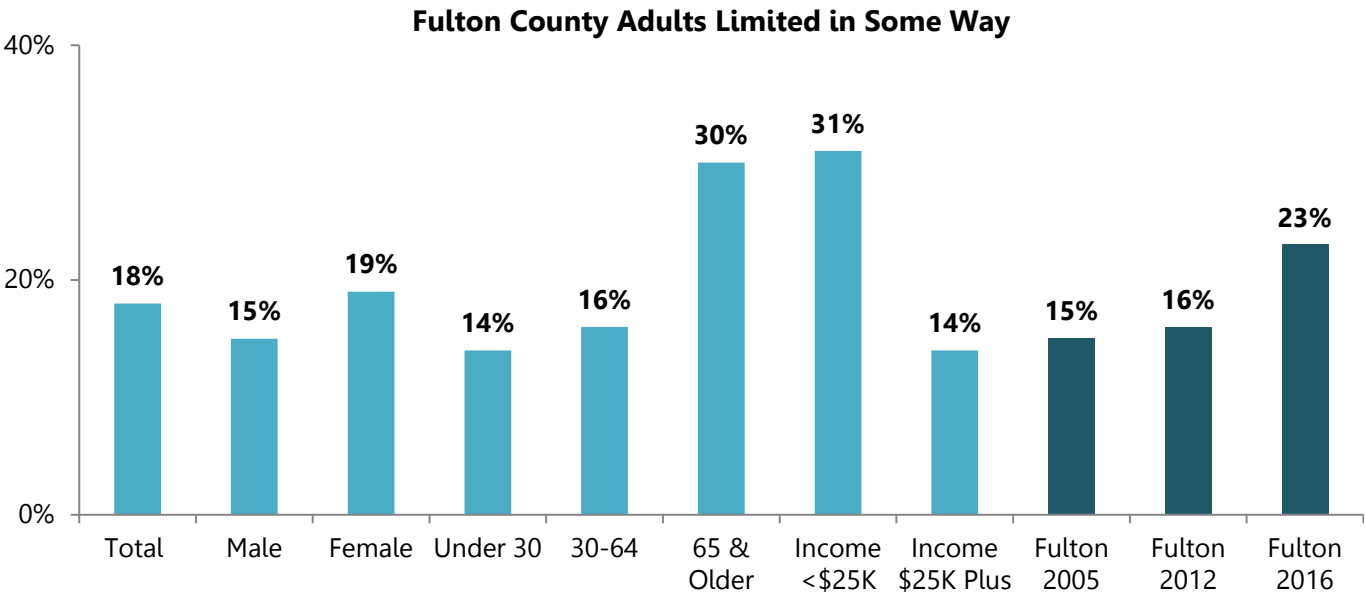
Key Findings

Nearly one-fifth (18%) of Fulton County adults reported they were limited by any impairment or health problem.

Impairments and Health Problems

- In 2019, 18% of Fulton County adults were limited in some way because of a physical, mental or emotional problem, increasing to 31% of those with incomes less than \$25,000.
- Thirteen percent (13%) of adults reported having fallen in the past year. Four percent (4%) reported they have fallen more than one time in the past year, increasing to 8% of those age 65 and older.
- Of those who reported falling in the past year, 42% reported that their falls caused an injury.
- Fulton County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (25%)
 - A friend, family member or spouse with a health problem (9%)
 - An elderly parent or loved one (8%)
 - Someone with special needs (6%)
 - A friend, family member or spouse with memory loss or dementia (5%)
 - An adult child (5%)
 - A friend, family member or spouse with a mental health issue (4%)
 - Children with discipline issues (4%)
 - Grandchildren (4%)
 - Foster children (1%)
 - Children whose parents used drugs and are unable to care for their children (1%)
 - Children whose parents lost custody due to other reasons (<1%)
- Fulton County adults needed the following services or equipment in the past year:
 - Eyeglasses or vision (27%)
 - Pain management (8%)
 - Hearing aids or hearing care (7%)
 - Help with routine needs (everyday household chores, doing necessary business) (6%)
 - Cane (6%)
 - Help with personal care needs (eating, bathing, dressing, getting around the house) (4%)
 - Walker (4%)
 - Durable medical equipment (e.g., Kaiser-Wells or O.E. Meyer) (3%)
 - Medical supplies (3%)
 - Wheelchair (1%)
 - Oxygen or respiratory support (1%)
 - Mobility aids or devices (1%)
 - Special bed (1%)
 - Communication aides or devices (1%)
 - Special telephone (1%)
 - Personal emergency response system (<1%)

The following graph shows the percentage of Fulton County adults who were limited in some way. An example of how to interpret the information shown in the graph includes: 18% of Fulton County adults were limited in some way, including 15% of males and 30% 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	Fulton County 2005	Fulton County 2012	Fulton County 2016	Fulton County 2019	Ohio 2017	U.S. 2017
Limited in some way because of physical, mental, or emotional problems	15%	16%	23%	18%	21%*	21%*

*2016 BRFSS

Social Conditions: Social Determinants of Health

Key Findings

Four percent (4%) of Fulton County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Twelve percent (12%) of Fulton County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Eleven percent (11%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Healthy People 2020

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

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



Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health, including both social and physical determinants.

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

Economic Stability

- Seventy-four percent (74%) of Fulton County adults agreed there is economic opportunity in their community, increasing to 80% of those over the age of 65.
- Seventy-two percent (72%) of adults were satisfied with their community’s efforts to attract a diverse business climate, increasing to 89% of those with incomes less than \$25,000.
- Fulton County adults attempted to get assistance from the following social service agencies: Job & Family Services (8%); food pantries (3%); friend or family member (3%); NWO Community Action Commission (2%); WIC or health department (2%); church (1%); other charities (1%); United Way (<1%); Legal Aid (<1%); personal debts/budgeting (<1%); and somewhere else (1%). One percent (1%) did not know where to look for assistance.

Economic Stability, Continued

- Eleven percent (11%) of adults had experienced at least one of the following issues related to hunger/food insecurity in the past year:
 - Had to choose between paying bills and buying food (9%)
 - Worried food might run out (6%)
 - Did not eat because they did not have enough money for food (4%)
 - Went hungry/ate less to provide more food for their family (4%)
 - Loss of income led to food insecurity issues (3%)
 - Their food assistance was cut (2%)
- Eight percent (8%) of adults experienced more than one issue related to hunger/food insecurity in the past year.
- Eighteen percent (18%) of adults with children experienced at least one issue related to hunger/food insecurity, compared to 6% of those who did not have children living in their household.
- Fulton County adults received assistance for the following in the past year:

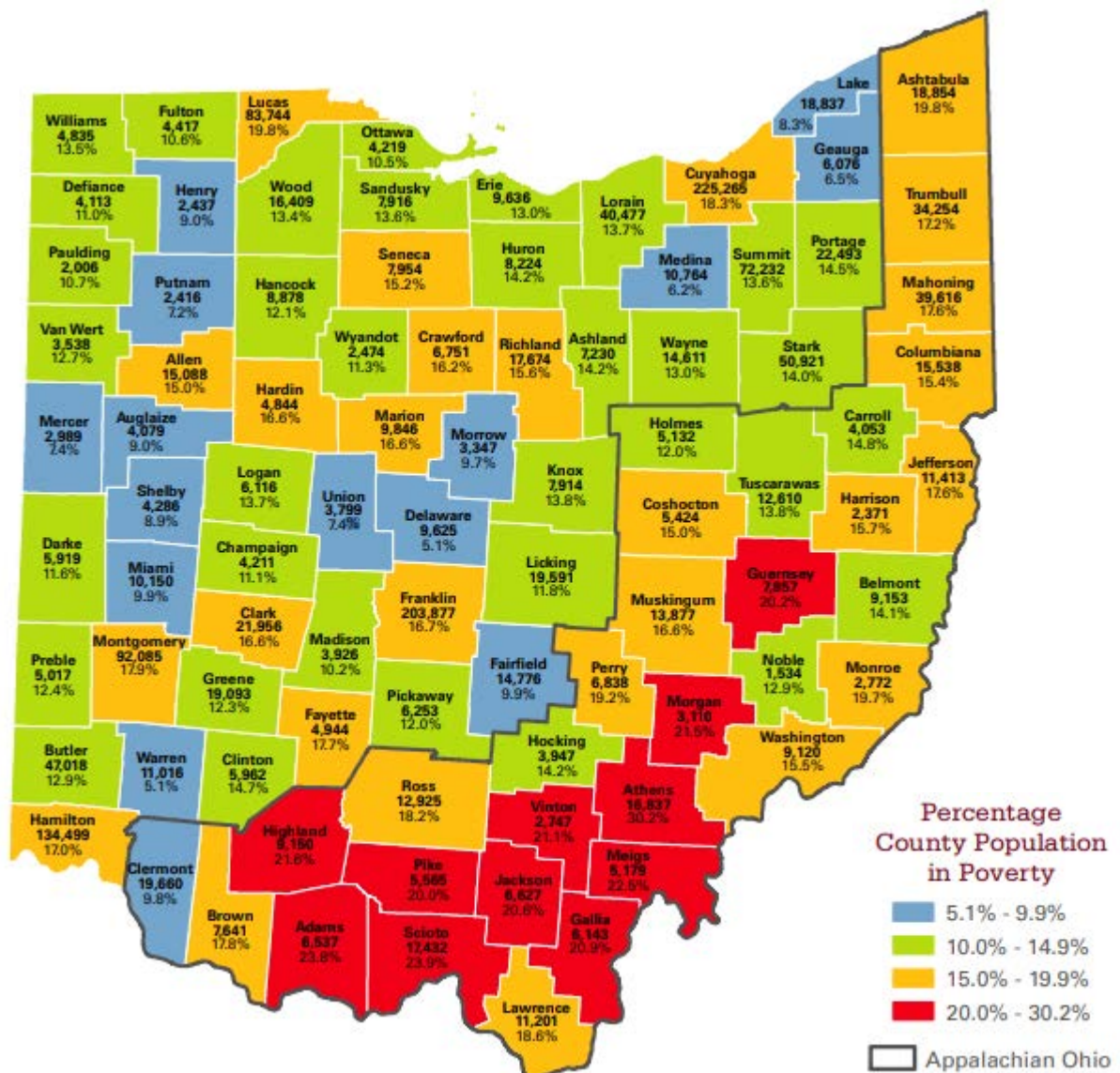
— Medicare (7%)	— Employment (1%)
— Health care (6%)	— Drug or alcohol addiction (1%)
— Mental illness issues (5%)	— Legal aid services (1%)
— Prescription assistance (5%)	— Transportation (1%)
— Food (4%)	— Affordable childcare (1%)
— Dental care (3%)	— Clothing (1%)
— Free tax preparation (3%)	— Gambling addiction (<1%)
— Rent/mortgage (2%)	— Post incarceration issues (<1%)
— Home repair (1%)	— Unplanned pregnancy (<1%)
— Utilities (1%)	
- The median household income in Fulton County was \$59,214. The U.S. Census Bureau reports median income levels of \$54,077 for Ohio and \$60,336 for the U.S. *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017).*
- Approximately 9% of all Fulton County residents were living in poverty, and 11% 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 Fulton County was 5.3 as of February 2019 *(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).*

Fulton 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	7%	7%	0%
Mental illness issues	7%	5%	2%
Dental care	6%	3%	3%
Health care	6%	6%	0%
Prescription assistance	6%	5%	1%
Food	4%	4%	0%
Free tax preparation	4%	2%	2%
Diapers	3%	0%	3%
Home repair	2%	1%	1%
Utilities	2%	1%	1%
Rent/mortgage	2%	2%	<1%
Affordable childcare	2%	1%	1%
Clothing	1%	1%	0%
Legal aid services	1%	1%	<1%
Transportation	1%	1%	0%
Drug or alcohol addiction	1%	1%	0%
Employment	1%	1%	0%
Gambling addiction	<1%	<1%	0%
Credit counseling	<1%	0%	<1%
Unplanned pregnancy	<1%	<1%	0%
Post incarceration transition issues	<1%	<1%	0%
Septic/well repairs	<1%	0%	<1%

- The 2013 to 2017 American Community Survey 5-year estimates report that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 4,417 or 10.6% of Fulton 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-one percent (91%) of Fulton County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*
- Seventeen percent (17%) of Fulton 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, 7% of adults were uninsured.
- More than two-thirds (68%) of Fulton County adults visited a doctor for a routine checkup in the past year, increasing to 89% of those over the age of 65.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Fulton County adults.

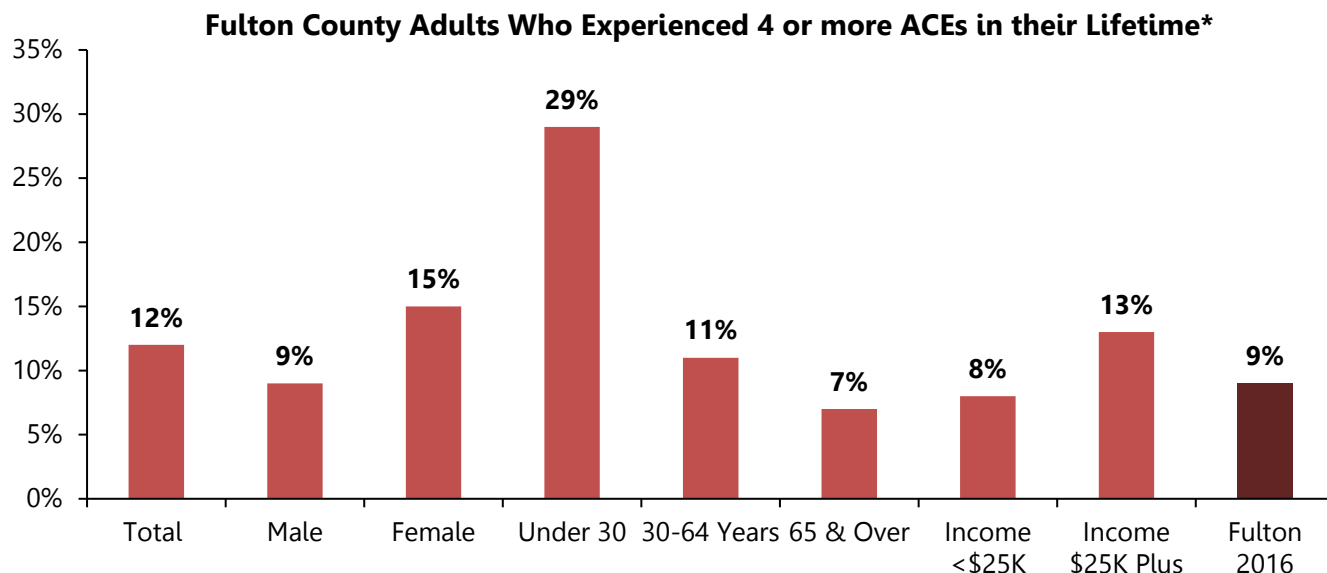
Social and Community Context

- Four percent (4%) of Fulton County adults were threatened or abused in the past year. They were abused by the following: a spouse or partner (56%), someone outside their home (38%), a child (31%), and another family member in the household (25%).
- One percent (1%) of adults were forced or manipulated to participate in sex work and give part or all of the money to someone else.

3,728 Fulton County adults experienced 4 or more ACEs in their lifetime.

- Fulton County adults experienced the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (20%)
 - Lived with someone who was a problem drinker or alcoholic (18%)
 - Lived with someone who was depressed, mentally ill, or suicidal (13%)
 - A parent or adult in their home swore at, insulted, or put them down (12%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (8%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (8%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (6%)
 - Their family did not look out for each other, feel close to each other, or support each other (6%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (5%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (5%)
 - Someone at least 5 years older than them or an adult touched them sexually (4%)
 - Someone at least 5 years older than them or an adult forced them to have sex (2%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (2%)
 - Their parents were not married (1%)
- Twelve percent (12%) of Fulton County adults had four or more ACEs in their lifetime.

The following graph shows the percentage of Fulton County adults who had experienced four or more adverse child experiences (ACEs) in their lifetime. An example of how to interpret the information on the graph includes: 12% of all Fulton County adults had experienced four or more ACEs in their lifetime, including 15% of females.



*The 2016 Fulton County Health Assessment reported those adults who had experienced 3 or more ACEs in their lifetime.

ACEs data is not available for Fulton County for the years 2005 and 2012.

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

The table below indicates correlations between those who experienced four or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 16% of those who experienced four or more ACEs were current smokers, compared to 9% of those who did not experience any ACEs.

Behaviors of Fulton 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	77%	72%
Current drinker (had at least one alcoholic beverage in the past month)	40%	54%
Felt sad or hopeless for two or more weeks in a row	22%	9%
Contemplated suicide in the past 12 months	22%	<1%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	21%	17%
Current smoker (currently smoke on some or all days)	16%	9%
Medication misuse in the past 6 months	5%	5%
Used recreational marijuana in the past 6 months	0%	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)

- Childhood abuse, neglect, and exposure to other traumatic stressors – which we term adverse childhood experiences (ACE) – are common. The most common are separated or divorced parents; verbal, physical or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE while 9% reported five or more ACEs.
- 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
 - STDs
 - 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.
- Studies are finding that there is a repetitive dose-response relationship between ACE and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:
 - Myocardial Infarction
 - Mental Distress
 - Unemployment
 - Diabetes
 - Asthma
 - Disability
 - Stroke
 - Lowered educational attainment

(Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2016)

Neighborhood and Built Environment

Fulton County Adult Travel Time to Work

The following table shows Fulton County adults' travel time to work.

Travel Time	
Less than 10 minutes	22%
10-to-29 minutes	32%
30-to-59 minutes	12%
60-to-89 minutes	<1%
90 or more minutes	2%
Worked from home	2%
Did not work	30%

- Eight percent (8%) of Fulton County adults had the following transportation issues:
 - No public transportation available or accessible (3%)
 - No car (2%)
 - Could not afford gas (2%)
 - Limited public transportation available or accessible (1%)
 - Did not feel safe to drive (1%)
 - Suspended/no driver's license (1%)
 - No car insurance (1%)
 - Disabled (1%)
 - Cost of public or private transportation (<1%)
 - Other car issues/expenses (4%)
- Three percent (3%) of adults reported they had more than one transportation issue.

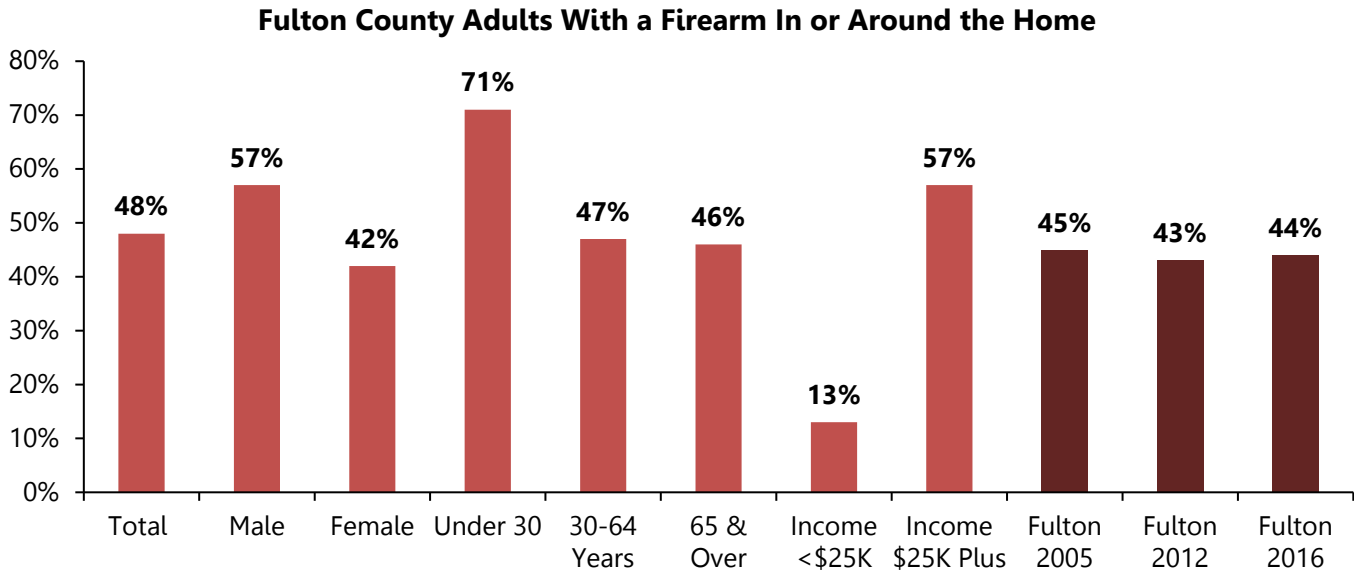
Neighborhood and Built Environment, Continued

- Fulton County adults reported doing the following while driving in the past 30 days:
 - Eating (43%)
 - Talking on hands-free cell phone (43%)
 - Talking on hand-held cell phone (42%)
 - Texting (26%)
 - Not wearing a seatbelt (17%)
 - Using internet on their cell phone (12%)
 - Reading (5%)
 - Being under the influence of alcohol (4%)
 - Being under the influence of prescription drugs (1%)
 - Being under the influence of recreational drugs (<1%)
 - Other activities (such as applying makeup, shaving, etc.) (2%)
- Nearly half (47%) of adults reported they had more than one distraction while driving.
- Adults reported that residents in Fulton County needed more education about the following topics:
 - Drug abuse (37%)
 - Teen drug and alcohol use (37%)
 - E-cigarette use/vaping (33%)
 - Mental health (31%)
 - Prescription misuse (25%)
 - Alcohol use (25%)
 - Driving safety issues (23%)
 - Tobacco use (20%)
 - Medical use of marijuana (19%)
 - Teenage pregnancy (19%)
 - Violence (18%)
 - OVI (operating a vehicle impaired) (16%)
 - Bicycle safety (12%)
 - Cardiovascular disease education (11%)
 - Seatbelt or restraint usage (8%)
 - Falls (3%)
- Adults preferred to get information about their health and/or community concerns from the following:
 - Their doctor or health care provider (69%)
 - Newspaper articles or radio/TV news stories (34%)
 - A family member or friend (29%)
 - The internet (27%)
 - Social media (19%)
 - Faith-based community or church (17%)
 - Advertising or mailings (16%)
 - In-person education/classes (10%)
 - Texts on cell phone (7%)
 - Podcasts/webinars (7%)
 - Billboards (4%)
- Nearly half (48%) of Fulton County adults kept a firearm in or around their home. Four percent (4%) of adults reported they were unlocked and loaded.

Veterans' Affairs

- As a result of military service, the following have affected veterans and their immediate family members:
 - Post-traumatic stress disorder (PTSD) (9%)
 - Access to medical care at a VA facility (7%)
 - Had problems getting information on VA eligibility and applying (6%)
 - Had problems getting VA benefits (6%)
 - Marital problems (4%)
 - Major health problems due to injury (2%)
 - Suicide completion (2%)
 - Could not find/keep a job (1%)
 - Housing issues (1%)
 - Access to medical care at a non-VA facility (1%)
 - Access to mental health treatment (1%)

The following graph shows the percentage of Fulton County adults who had a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 48% of all Fulton County adults had a firearm in or around the home, including 57% of males and 46% 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 Fulton County adults that threatened their health in the past year were insects (8%), moisture issues (5%), and agricultural chemicals (4%). Eighty-four percent (84%) of adults had a working smoke detector in preparation for a disaster.

Environmental Health

- Fulton County adults thought the following threatened their health in the past year:
 - Insects (8%)
 - Moisture issues (5%)
 - Agricultural chemicals (4%)
 - Mold (3%)
 - Rodents (3%)
 - Temperature regulation (3%)
 - Air quality (2%)
 - Plumbing problems (2%)
 - Bed bugs (2%)
 - Chemicals found in household products (1%)
 - Unsafe water supply/wells (1%)
 - Excess medication at home (1%)
 - Sewage/wastewater problems (<1%)
 - Food safety/food borne illness (<1%)
 - Safety hazards (<1%)
 - Lyme disease (<1%)
 - Fracking (<1%)
 - Radiation (<1%)

2,703 Fulton County adults said insects threatened their or their family's health in the past year.

Disaster Preparedness

- Fulton County households had the following disaster preparedness supplies:
 - Working smoke detector (84%)
 - Cell phone (84%)
 - Cell phone with texting (84%)
 - Working flashlight and batteries (81%)
 - Computer/tablet (77%)
 - 3-day supply of nonperishable food for everyone in the household (57%)
 - 3-day supply of prescription medication for each person who takes prescribed medicines (54%)
 - Working battery-operated radio with working batteries (40%)
 - 3-day supply of water for everyone in the household (40%)
 - Home land-line telephone (35%)
 - Generator (29%)
 - Communication plan (23%)
 - A family disaster plan (9%)
 - A disaster plan (9%)
- Adults indicated the following preferred ways of getting information from authorities in a large-scale disaster or emergency:
 - Television (70%)
 - Radio (55%)
 - Fulton county emergency alert system (54%)
 - Internet (46%)
 - Wireless emergency alerts (40%)
 - Facebook (38%)
 - Text messages (36%)
 - Friends/family (34%)
 - Neighbors (24%)
 - Smart phone app (23%)
 - Newspaper (15%)
 - Landline phone (11%)
 - Other social media (8%)
 - Twitter (8%)

Social Conditions: Parenting

Key Findings

In 2019, 82% of Fulton County parents talked to their 12-to-17-year-old about dating and relationships and weight status.

Parenting

- Parents discussed the following health topics with their 12-to-17-year-old in the past year:
 - Dating and relationships (82%)
 - Weight status (82%)
 - Bullying (70%)
 - Abstinence/how to refuse sex (70%)
 - Social media issues (66%)
 - Body image (66%)
 - Career plan/post-secondary education (57%)
 - Anxiety/depression/suicide (57%)
 - Negative effects of alcohol, tobacco, vaping, illegal drugs, or misusing prescription drugs (53%)
 - Volunteering (46%)
 - Birth control/condom use/safer sex/STD prevention (43%)
 - School/legal consequences of using tobacco/alcohol/other drugs (38%)
 - Refusal skills/peer pressure (32%)
 - Energy drinks (26%)

How to Help Increase Your School-Aged Child's Social Ability

Consider the following as ways to foster your school-aged child's social abilities:

- Set and provide appropriate limits, guidelines, and expectations and consistently enforce using appropriate consequences.
- Model appropriate behavior.
- Offer compliments for your child being cooperative and for any personal achievements.
- Help your child choose activities that are appropriate for your child's abilities.
- Encourage your child to talk with you and be open with his or her feelings.
- Encourage your child to read and read with your child.
- Encourage your child to get involved with hobbies and other activities.
- Encourage physical activity.
- Encourage self-discipline; expect your child to follow rules that are set.
- Teach your child to respect and listen to authority figures.
- Encourage your child to talk about peer pressure and help set guidelines to deal with peer pressure.
- Spend uninterrupted time together, giving full attention to your child.
- Limit television, video, and computer time.

(Source: eClinicalWorks, The Growing Child: School Age [6 to 12 Years] 2018)

Focus Group Qualitative Data

Introduction

In April 2019, the Hospital Council of Northwest Ohio (HCNO) conducted focus groups for Fulton County. Focus groups are useful to find a range of opinions across groups of people and are used to gain insight for community needs. The community health assessment incorporated focus groups to uncover attitudes and factors that influence health behaviors that cannot be fully captured through survey research. The interaction between focus group participants is an important dynamic. Participants can share their thoughts and opinions, and others have a chance to reflect on the statements, offer alternative ideas, or build upon other participants' ideas. The qualitative data collected in these focus groups complement the quantitative data captured in the county health assessment survey. Qualitative data provides a deeper understanding as to why participants from the community feel and act a certain way, while quantitative data identifies the extent of a specific health issue.

Methods

PARTICIPANT RECRUITMENT

HCNO staff advised Fulton County Partners for Health on recruitment methods for the focus groups. Fulton County Partners for Health were responsible for identifying the populations they wanted to learn more information from, as well as identifying possible participants for each focus group. Fulton County Partners for Health agreed to conduct focus groups with older adults, parents of children 0-11 years old, and Hispanic/Latino residents. HCNO provided template recruitment flyers to use for advertising and recruitment. Strategies used to recruit participants included utilizing personal connections with organizations that served the populations of interest, advertising at locations that the populations frequently visited, and placing ads or announcements in the media. Potential participants were screened to ensure they lived in Fulton County, identified with the respective populations of interest, were over the age of 18, and were English speaking.

MODERATOR GUIDE

A semi-structured moderator guide was used for the study. Seven key questions were asked with additional probing questions throughout as the moderator felt necessary. The questions asked were related to health priorities, strengths and barriers of the community, social determinants of health, awareness of programs or services within the community, advice for health agencies, and health inequities.

PROCEDURE

All materials including the moderator guide, recruitment flyers, consent forms, and procedures were approved by Advarra Institutional Review Board. Fulton County Partners for Health scheduled three focus groups and secured rooms for each focus group. The focus groups each had between seven and ten participants. As participants entered the site of the focus groups, HCNO staff informed participants about the details of the study and verbally explained the informed consent forms. At the beginning of each focus group, participants were given time to read and sign the consent forms. During each focus group, there was one moderator and two notetakers. The notetakers' duties were to write down observations based on body language and other nonverbal activity of participants while the moderator kept participants engaged. Each focus group lasted one hour, and at the end, a \$30 cash incentive was offered to all participants as a thank-you for their travel and time. After each focus group, the moderator and notetakers had an informal debriefing of the discussions that occurred.

ANALYSIS

Focus groups were recorded using two voice recorders and, after completion of the focus groups, the MP3 recordings were uploaded to a computer. Talk-to-text software was used to prepare a full transcript of each focus group. During transcription, all personal identifiers were excluded from the documents. Notes taken by the notetakers were incorporated into the final transcripts. A staff member who was present at each focus group and who had experience with thematic coding used Microsoft Word to identify and consolidate themes throughout several rounds of revisions.

LIMITATIONS

As with any research method, there are limitations to consider for focus groups. First, although participants were carefully selected, there may have been selection bias that limited the ability to expand the findings to other populations within the county. Second, while the moderator is trained in facilitating and analyzing focus groups, bias could occur. Steps to limit bias in the findings included having notetakers involved in the analysis, report writing, as well as having a debriefing session after each focus group.

Overall Findings

Several themes emerged consistently across the three groups in Fulton County. However, there were also major differences in the perceptions of health across the groups. All three focus groups identified access to health care as a priority Fulton County should work to address. The focus groups identified community programming as a strength in Fulton County. The common social determinants of health discussed in each focus group were employment, lifestyle choices, and access to health programs. The groups were aware of different programs throughout the county that aim to improve health but thought better promotion of the programs was needed to further increase community awareness.

The common barriers that emerged were lack of knowledge and awareness of programs and services in Fulton County, navigating health insurance plans, and the cost of health insurance. Participants suggested providing more programs or services in Fulton County and marketing the existing programs and services more effectively in order to increase community awareness. Disability, age, income, health insurance, and language barriers were discussed as contributors to health inequity in Fulton County.

Older Adult Focus Group

The focus group with older adults consisted of ten participants. The focus group was held at the Fulton County Senior Center in a reserved meeting room.

Individual Priorities

Participants identified the following as priority health topics Fulton County should work to address or prevent:

- *Substance use*—specifically, alcohol and illicit drug use.
- *Access to health care*
 - *Lack of area physicians*—participants mentioned the importance of having enough physicians in the area because they seemed to be spread thin.
 - *Physicians accepting insurance*—participants expressed their struggle with finding a physician in the area that accepts some types of insurance.
 - *Transportation*—participants shared their struggles with finding transportation to appointments, especially when they were required to travel to Toledo. Lack of transportation on the weekends and not feeling safe to drive long distances were identified in this group.

"I was supposed to get a procedure done and I got prepped and everything and found out that morning that, 'I'm sorry, but we don't take the Affordable Care Act (Marketplace Insurance).' There are a lot of places and doctors that don't accept it. I had to do a lot of shopping around. Seems like in this area, there's a lot of them that never embraced it... They just absolutely refuse."

Strengths

Participants identified the following strengths in Fulton County surrounding health:

- *Transportation*—although participants thought their services were limited, they shared that the transportation provided by volunteers at the senior center was very helpful when it was available and thus was a community strength.
- *Programming*—participants shared many thoughts and experiences involving the senior center in Fulton County. They shared that many programs, activities, and services were available to their population through the senior center. Programs such as tai chi, pickleball, and meal delivery were mentioned most frequently when referencing strengths. Participants also identified programs provided by the Fulton County Health Center and the Health Department as strengths in their community.

Social Determinants of Health

The following themes were identified by the group as factors that influence why some people may be healthier than others in Fulton County:

- *Lifestyle*—participants identified that personal lifestyle choices such as activity levels, socializing, engaging in hobbies, and exercising could affect an individual's health.
- *Mental health status*—participants shared that a continual negative outlook on life and not having things to look forward to in life can impact health status.
- *Access to quality and affordable health care*—participants shared that not being able to afford premiums, and thus having to forego preventive medicine or important medical procedures or having to battle with insurance companies to get specific medications directly impacts the health of a person.
- *Occupation*—participants shared that individuals working in an office environment were more likely to be healthier than someone working longer hours in factories or in an environment surrounded by hazardous materials.

Awareness

Focus group participants were aware of the following services and resources within Fulton County that focused on improving health. Participants thought the programs they knew about were successful and provided helpful information to their population.

- *Public services*—participants were aware that the health department provided immunizations as well as a variety of health-related information.
- *Senior center*—participants mentioned that the senior center had educational programs, provided exercise classes, had different speakers visit, and brought health professionals in once a month to do wellness screenings.
- *Food assistance programs*—participants mentioned they were aware that supplemental food items were available once a month at the fairgrounds through the Seagate Center as well as several churches in the area that provided food for those in need.

Barriers

Participants identified the following barriers to people accessing programs, services, or resources in Fulton County:

- *Transportation*—participants thought that the transportation provided by the senior center was very helpful, but it was limited to the hours they could service people because the volunteers were stretched thin. They mentioned that there is no transportation coverage on the weekend which was a significant barrier if they needed to get to places such as the grocery store or the pharmacy.
- *Living on a fixed income*—participants shared the hardships that came with living on a fixed income and agreed that money seems to go so fast when having to pay so many bills. Many expressed needing food assistance at the end of the month, but their pride prevented them from seeking help.
- *Health insurance*—participants expressed concern that costs associated with health care plans seemed to be rising every year and the struggles of paying their increasing monthly premiums on a fixed income. Participants shared frustrations of trying to sign up for programs to receive medications at a lower price only to be told they make too much to qualify for assistance.
- *Lack of knowledge or awareness*—participants shared that unless it was the senior center, they didn't know who to call to get information on programs and/or services that may be available to them. They thought most of the people living in Fulton County did not know about services available in the community or who to contact to find information.

“Seniors talk a lot about money...but I didn't realize that until you get to be a senior, that if something happens in your family, how fast that money goes... And food. I mean people go for food and help and they say, 'oh well you dress nice, you look nice...' Well, there's dignity too. It hurts to have to do that but money, money just goes so fast.”

Advice

Participants suggested the following advice to overcome barriers and help community members live a healthier lifestyle:

- *Increase community awareness*—participants felt very strongly about finding a better way to disseminate information about programs and services available within Fulton County. They suggested advertising via radio stations; online; churches; or posting flyers in store windows, restaurant bulletin boards, and physician offices.
- *Provide a wider range of programs*—participants thought there should be more programs available to the public, specifically outreach programs. They recognized that through the senior center and the Area Office on Aging, there were a lot of programs and services available to them but thought younger people did not have access to the same number of educational programs and services related to health.
- *Increase access*—participants thought that agencies and programs should make it less complicated for the average person to find out about and then navigate programs. They mentioned that some people give up after trying to jump through the hoops of program applications. Participants also suggested having a central location and telephone number for community members to visit/call when looking for services. They shared that sometimes they have called community agencies looking for services, and those agencies did not know where to direct them.

“We have stuff like the Area Office on Aging...that provide[s] a lot of the stuff for us. But...to the community that's not our age, I just wonder what they have available to them and how much access they have to similar programs that are geared to their age. And maybe they need more of that. And maybe they need a place to go to get that information...”

Health Inequities

- Participants thought people in Fulton County treated those with mental disabilities differently and were afraid to interact with them. They shared that it was unfortunate because individuals struggling with disabilities may be the ones who need help the most, but they probably don't get as much help as they should.

Parents of Children ages 0 to 11 years Focus Group

Nine participants that identified as parents of children aged 0-11 were recruited for participation. The focus group was held in a meeting room at the Fulton County Health Department.

Individual Priorities

Participants identified the following as priority health topics Fulton County should work to address or prevent:

- *Access to health care*—participants shared that many people in Fulton County travel far when seeking medical care.
- *Lack of area physicians*—participants mentioned for individuals who do not have a primary care physician, it is very hard to find physicians in the area that are taking new patients.
- *Health literacy*—participants identified the difficulties in navigating and understanding health insurance. They shared that it was confusing for people to understand where they could go to get covered, what would and would not be covered, and who pays for the services.
- *Transportation*—participants mentioned that they were aware of agencies providing transportation through managed care plans, but once those resources were exhausted, many people were without transportation in the county.
- *Lack of support programs*—the parents shared the increase in children experiencing behavioral problems and thought it was a result of parents not being present in the lives of their children. They thought more support programs should be available to children.

“Where I work, we see a lot of people who do not have a primary doctor or someone to see. So, then we try to find them one and it’s really hard to find a doctor who is taking patients. We get that problem a lot.”

Strengths

Participants identified the following strengths in Fulton County surrounding health:

- *Programming*—participants identified several programs such as Meals on Wheels, programs in the school provided by the health department, and a summer program for kids that takes place at parks and provides them with a free lunch.
- *Health care facilities*—participants thought that compared to other small towns, there were a lot of medical resources in Fulton County as well as the opportunity to see specialists that travel to the Fulton County Health Center.

Social Determinants of Health

The following themes were identified by the group as factors that influence why some people may be healthier than others in Fulton County:

- *Lack of awareness*—participants identified that many people in the area struggle with understanding what kind of insurance they have or if they have insurance at all, which could contribute to the ability to seek medical care.
- *Occupation*—participants shared that the type of job and hours worked influences health, especially if people are unable to take off work or afford to miss a day of work to attend medical appointments.
- *Access to programs*—participants talked about a gym that discontinued a program that gave free memberships to people who had a certain BMI. They shared that not everyone could afford gym memberships or lived in an area where they could exercise outside.

“I think depending on what kind of job you’re in or even what hours you work makes a big difference. I mean, if you’re working second shift, third shift, 12-hour shifts...it’s going to be harder for you to be healthy. Your sleep schedule is going to be different, you’re grabbing food when you can - there’s a lot of people that work multiple jobs...”

Awareness

Focus group participants were aware of the following services and resources within Fulton County that focused on improving health:

- *Public services*- the participants were aware of Job and Family Services, United Way, Children’s Services, Northwest Ohio Community Action Commission (NOCAC), a program that helps with rental assistance, Veterans Services, and workforce development.
- *Recreational programs*- the parents mentioned the parks and recreation program in the area that keeps kids active during the summer months.
- *Food assistance programs*—participants mentioned they were aware of a program that sends kids home with food after school, school food pantries at area schools, and WIC.
- *Senior services*—participants mentioned their awareness of an event for the senior population that provides information about the senior center and the services available there.

Barriers

Participants identified the following barriers to people accessing programs, services, or resources in Fulton County:

- *Lack of knowledge or awareness*—participants shared that many people do not understand the eligibility requirements for federal programs or what programs are available to them in general. Lack of awareness on where to get mental health help for all ages and understanding insurance coverage were also identified as barriers.
- *Health literacy*—participants mentioned how some programs require overwhelming amounts of paperwork that is hard to understand, resulting in people losing their services or never receive services in the first place because of the complexity of it all.

- *Language barrier*—participants agreed that language barriers may make it more difficult when trying to access programs, services, and resources.
- *Income guideline programs*—participants shared that programs with income guidelines such as Medicaid and food assistance leave out many people who have a need for those services, but do not meet the income guidelines.
- *Limited services*—participants did not think there were adequate mental health services in Fulton County. They shared that there were limited facilities and long waits to be seen in those facilities.

“Medicaid and food assistance...are successful when you’re at that income guideline, but there are a lot of people who are over those guidelines that still can’t afford - between their bills and what their income is - to access health care, so they’re forced to choose, ‘do I buy groceries or do I pay for insurance?’ So, I think that’s the part where...it’s not successful, that gap there.”

Advice

Participants suggested the following advice to overcome barriers and help community members live a healthier lifestyle:

- *Continuation of training*—participants shared that the high turnover rate in facilities allows people to fall through the cracks because many times information is not continuously passed on to the next person.
- *Provide more services*—the participants talked about how beneficial it would be to have a social worker in each school because school counselors are becoming overwhelmed. They thought that the social workers would have a better knowledge of resources and how to connect families and children with needed mental health services.
- *Provide affordable programs*—participants identified that not all parents could afford to put their kids in summer leagues or recreation programs and suggested more free programs to help keep kids active in the summer.
- *Market services more effectively*—participants suggested marketing the health department differently as a place that can help with much more other than flu shots and WIC.
- *Increase community awareness*—participants had an in-depth conversation about the need to have a list of programs, services, and contact persons all in one place. One member mentioned that there was already a community resource guide in existence, and the group suggested making it more available to the community by putting it online and sending copies to the chamber of commerce, local stores, and physicians’ offices. They thought this could help increase awareness of services in the Fulton County area.
- *Simplify program guidelines*—the participants agreed that programs such as Medicaid should be condensed and simplified.

Health Inequities

- Participants thought that age and language barriers may play a part in people not having access to programs, services, or health care in Fulton County.

"I went one time (to the doctor) with some friend because she doesn't really speak English, and I don't speak very well English, so I tried to do my best and I tried to help her, but the second time, she already had somebody who can help her, so I don't have to go again with her. But she just asked me, 'can you go with me because I am very afraid for that.' So I said, 'I will do my best!'"

Hispanic/Latino Resident Focus Group

Seven participants who self-identified as being Hispanic participated in the focus group held at St. Casper Catholic Church.

Individual Priorities

Participants identified the following as priority health topics Fulton County should work to address or prevent:

- *Assistance with programs*—participants shared that many people in the Hispanic/Latinx community have a hard time getting Medicaid.
- *Access to health care*—participants mentioned that Fulton County should focus on providing a support system to help individuals navigate how to get insurance or finding specific medical services.
- *Prevention*—participants thought that prevention needed to be emphasized in the area because many people would not attend preventive appointments or only saw a physician when health issues became emergent.
- *Education*—participants shared that providing more education on how to care for oneself and eat healthy was needed.

Strengths

Participants identified the following strengths in Fulton County surrounding health:

- *Programming*—participants identified several programs such as health coaching at the Fulton County Health Center for diabetics, Help Me Grow, and CPC Women's Health Resource as strengths in Fulton County.
- *Public services*—participants mentioned Head Start and WIC as strengths in Fulton County that surround health.

Social Determinants of Health

The following themes were identified by the group as factors that influence why some people may be healthier than others in Fulton County:

- *Lifestyle*—participants identified that the way people are raised and the types of foods they grew up eating influenced health.
- *Location*—participants shared that the proximity to grocery stores or fast food restaurants greatly influenced health.

- *Cost*—participants shared the costs of healthy foods and those who could not afford to buy fresh, healthy food were more likely to be unhealthy.
- *Transportation*—participants shared that transportation barriers may not allow people to get to the grocery store to buy fresh foods.
- *Infrastructure*—participants identified that depending on where one lives, he or she may not have sidewalks to utilize and walking on country roads was dangerous.

Awareness

Focus group participants were aware of the following services and resources within Fulton County that focused on improving health:

- *Public services*—participants mentioned services available through the Fulton County Health Center, WIC, and a nutrition program for kids at Head Start.

Barriers

Participants identified the following barriers to people accessing programs, services, or resources in Fulton County:

- *Lack of knowledge or awareness*—participants shared that many people are not aware of the programs available in Fulton County.
- *School standards*—participants talked extensively about how unhealthy the school meals were and mentioned the challenges of working with the schools when having children with certain dietary needs.
- *Health insurance*—participants mentioned the complexity of choosing health insurance plans and the financial barrier of not being able to afford their insurance premiums, leading to people not seeking medical care until it was an emergency.

“Two years ago, I was starting this job, and they gave me...two choices of health insurance... One of them was outrageously expensive and one was very economical, and very tempting. And, ‘We’re gonna give you \$500 to compensate for the huge deductible.’ And I said, okay I’ll get this one! But it was a big mistake because when you tried to go and get an appointment or something, you have to pay the final amount to the doctor because your deductible hasn’t been paid yet... I had to start getting mammograms...but you have to get an order from a doctor first... and had to pay \$150 to the doctor... If I didn’t have \$150 to do that, then I wouldn’t get my mammogram... And then, what if I had a problem? And so many people are like that, they don’t discover they have cancer until they start feeling the symptoms, when they could have done it at the beginning at an early stage for prevention.”

- *Language barrier*—participants shared examples of times where certain people didn’t receive medical help because they could not be understood by staff/ practitioners or having to travel with friends to doctor appointments to translate because there were not enough translators on staff in some medical offices. They shared that some people felt scared to seek a doctor because they did not speak English.

“I worked at...too, and we had some Mexicans come in that didn’t speak any lick of English at all, and there was no one there to translate for them... I mean, I’m not super fluent in Spanish, but I know enough. And that was able to get me by with them, but what if I wasn’t there? How would they let them know what they needed?”

Advice

Participants suggested the following advice to overcome barriers and help community members live a healthier lifestyle:

- *Education*—participants suggested educating on how to eat healthy and the importance of exercise. They also suggested emphasizing healthy eating and exercise more in education to younger children.
- *Provide more services*—participants suggested more classes, specifically exercise classes for all ages and physical abilities, as well as programs that show people how to prepare healthy meals and the proper serving sizes.
- *Market services more effectively*—participants suggested creating a campaign to highlight the programs and services available in the area to Fulton County residents.
- *Healthier program guidelines*—participants also suggested not allowing people to purchase unhealthy foods with their food stamps. They thought if people receiving assistance could only use it on healthy items or receive education on making healthy choices, it would improve overall health.

Health Inequities

- *Income*—participants thought income and health insurance played a part in an individuals' access to programs, services, or health care in Fulton County.
- *Insurance coverage*—Several participants shared that they took the chance of opting out of health insurance because of the cost as well as experiences with being refused care by doctors in the area in an emergency because they didn't have insurance.
- *Disability*—participants also thought that disability played a role in an individuals' access to programs and services in Fulton County.

"One year we opted out of the health insurance which was a \$3,000 deductible. But you have to consider that every month they are also taking money out of your paycheck... We chose to get the penalty which was a fraction of \$3,000. It may sound foolish, but we were willing if we had an emergency to go to the ER, pay the \$250 out-of-pocket for that day... I know I'm not the only person who thinks like that... I have multiple friends that said we choose not to and we just pay the penalty every tax season because we just can't afford it. We need that extra money on her paycheck to help us."

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society (ACS), Cancer Facts and Figures	<ul style="list-style-type: none"> 2019 Cancer Facts, Figures, and Estimates 	www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf
American Cancer Society (ACS)	<ul style="list-style-type: none"> Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity 	www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/summary.html
American College of Cardiology	<ul style="list-style-type: none"> 2018 ACC/AHA Guidelines on Cholesterol 	www.acc.org/latest-in-cardiology/articles/2018/11/07/15/19/sat-1130am-guideline-on-the-management-of-blood-cholesterol
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 – 2017 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
CDC, Alcohol & Public Health	<ul style="list-style-type: none"> Economic Costs of Excessive Alcohol Use 	www.cdc.gov/features/costsofdrinking/index.html
CDC, Breast Cancer	<ul style="list-style-type: none"> What Can I do to Reduce My Risk of Breast Cancer? 	www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Colorectal (Colon) Cancer	<ul style="list-style-type: none"> Colorectal Cancer Risk Factors 	www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm
CDC, Prostate Cancer	<ul style="list-style-type: none"> Screening for Prostate Cancer 	www.cdc.gov/cancer/prostate/basic_info/benefits-harms.htm
CDC, Diabetes	<ul style="list-style-type: none"> About Diabetes 	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Healthy Weight	<ul style="list-style-type: none"> Body Mass Index (BMI) 	www.cdc.gov/healthyweight/assessing/bmi/index.html
CDC, Immunization Schedules	<ul style="list-style-type: none"> Recommended Adult Immunization Schedule, 2019 	www.cdc.gov/vaccines/schedules/index.html
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Men's Health 	www.cdc.gov/nchs/fastats/mens-health.htm
	<ul style="list-style-type: none"> Women's Health 	www.cdc.gov/nchs/fastats/womens-health.htm
CDC, Oral Health	<ul style="list-style-type: none"> Facts About Adult Oral Health 	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Smoking & Tobacco Use	<ul style="list-style-type: none"> E-Cigarette Health Effects 	www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
	<ul style="list-style-type: none"> Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status 	www.cdc.gov/tobacco/disparities/low-ses/index.htm

Source	Data Used	Website
CDC, Vital Signs, Suicide Rising Across the U.S.	<ul style="list-style-type: none"> • Suicide Rising Across the U.S. 	www.cdc.gov/vitalsigns/suicide/index.html
CDC, Violence Prevention	<ul style="list-style-type: none"> • Adverse Childhood Experiences 	www.cdc.gov/violenceprevention/acestudy/index.html
CDC Wonder, About Underlying Cause of Death, 2009-2017	<ul style="list-style-type: none"> • U.S. comparison statistics 	https://wonder.cdc.gov/
County Health Rankings, 2018	<ul style="list-style-type: none"> • Food Environment Index 	http://countyhealthrankings.org
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> • All Healthy People 2020 Target Data Points • Social Determinants of Health 	www.healthypeople.gov/2020/topicsobjectives2020
Ohio Automated Rx Reporting System (OARRS), 2017-2018	<ul style="list-style-type: none"> • 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 Department of Health	<ul style="list-style-type: none"> • 2017 Ohio Drug Overdose Data: General Finding 	https://odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6
Ohio Department of Health, Public Health Data Warehouse	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Ohio Poverty Report 	www.development.ohio.gov/files/research/P7005.pdf
Rape, Abuse and Incest National Network (RAINN)	<ul style="list-style-type: none"> • Scope of the Problem, Sexual Violence 	www.rainn.org/statistics/scope-problem
Stanford Children's Health	<ul style="list-style-type: none"> • The Growing Child: School age (6 to 12 years) 	www.stanfordchildrens.org/en/topic/default?id=the-growing-child-school-age-6-to-12-years-90-P02278

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 eat 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 ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
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.
YPLL/65	Y ears of P otential L ife L ost before age 65. Indicator of premature death.

Appendix III: Methods for Weighting the 2019 Fulton 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 Fulton County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Fulton County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (8 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Fulton 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 Fulton County Survey and the 2017 Census estimates.

<u>2019 Fulton Survey</u>			<u>2017 Census</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Sex</u>	
Male	214	57.21925	20,912	49.44203	0.864080
Female	160	42.78075	21,384	50.55797	1.181793

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Fulton County. The weighting for males was calculated by taking the percent of males in Fulton County (based on Census information) (49.44203%) and dividing that by the percent found in the 2019 Fulton County sample (57.21925%) [$49.44203 / 57.21925 =$ weighting of 0.864080 for males]. The same was done for females [$50.55797 / 42.78075 =$ weighting of 1.181793 for females]. Thus, males' responses are weighted less by a factor of 0.864080 and females' responses weighted heavier by a factor of 1.181793.

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 1.90969 [1.18179 (weight for females) \times 0.93956 (weight for White) \times 1.60291 (weight for age 35-44) \times 1.07297 (weight for income \$50-\$75k)]. Thus, each individual in the 2019 Fulton 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	Fulton County Sample	%	2017 Census	%	Weighting Value
Sex:					
Male	214	57.21925	20,912	49.44203	0.864080
Female	160	42.78075	21,384	50.55797	1.181793
Age:					
20 to 34 years	21	5.78512	7,044	22.83825	3.94775
35 to 44 years	36	9.91736	4,903	15.89664	1.60291
45 to 54 years	56	15.42700	5,846	18.95406	1.22863
55 to 59 years	36	9.91736	3,282	10.64099	1.07297
60 to 64 years	58	15.97796	2,883	9.34734	0.58501
65 to 74 years	92	25.34435	3,870	12.54742	0.49508
75 to 84 years	50	13.77410	2,070	6.71141	0.48725
85+ years	14	3.85675	945	3.06390	0.79443
Race:					
White	355	95.17426	37,822	37,822	0.93956
Non-White	18	4.82574	4,474	4,474	2.19196
Household Income:					
Less than \$25,000	51	15.36145	2,760	16.80468	1.09395
\$25,000 to \$34,999	29	8.73494	1,865	11.35533	1.29999
\$35,000 to \$49,999	49	14.75904	2,481	15.10594	1.02350
\$50,000 to \$74,999	75	22.59036	3,314	20.17779	0.89320
\$75,000 to \$99,999	54	16.26506	2,556	15.56259	0.95681
\$100,000 to \$149,999	45	13.55422	2,259	13.75426	1.01476
\$150,000 or more	29	8.73494	1,189	7.23941	0.82879

Appendix IV: Fulton County Sample Demographic Profile*

Adult Variable	2019 Fulton County Adult Survey Sample	Fulton County Census 2013-2017 (5-year estimates)	Ohio Census 2017 (1-year estimates)
Age			
20-29	1.8%	10.9%	13.3%
30-39	7.4%	11.8%	12.5%
40-49	13.2%	12.1%	12.0%
50-59	16.9%	15.0%	13.7%
60 plus	56.5%	23.1%	23.4%
Race/Ethnicity			
White	95.2%	95.6%	81.3%
Black or African American	0.3%	1.20%	12.4%
American Indian and Alaska Native	0.8%	0.70%	0.2%
Asian	0.5%	0.60%	2.2%
Other	1.3%	3.90%	0.9%
Hispanic Origin (may be of any race)	2.1%	8.40%	3.7%
Marital Status†			
Married Couple	70.2%	58.6%	47.4%
Never been married/member of an unmarried couple	5.6%	23.9%	32.6%
Divorced/Separated	10.6%	11.2%	13.7%
Widowed	12.7%	6.3%	6.3%
Education†			
Less than High School Diploma	5.0%	8.9%	9.7%
High School Diploma	34.0%	41.1%	33.3%
Some college/ College graduate	59.9%	50.1%	56.9%
Income (Families)			
\$14,999 and less	4.3%	5%	6.9%
\$15,000 to \$24,999	9.2%	6%	6.6%
\$25,000 to \$49,999	20.4%	24%	21.2%
\$50,000 to \$74,999	19.8%	22%	19.5%
\$75,000 or more	33.8%	44%	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 Fulton 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

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

Age	Total	Males	Females
Fulton County	42,698	20,984	21,714
0-4 years	2,755	1,417	1,338
1-4 years	2,220	1,128	1,092
< 1 year	535	289	246
1-2 years	1,105	560	545
3-4 years	1,115	568	547
5-9 years	2,933	1,551	1,382
5-6 years	1,139	578	561
7-9 years	1,794	973	821
10-14 years	3,268	1,686	1,582
10-12 years	1,940	996	944
13-14 years	1,328	690	638
12-18 years	4,658	2,397	2,261
15-19 years	3,093	1,600	1,493
15-17 years	2,053	1,045	1,008
18-19 years	1,040	555	485
20-24 years	2,151	1,059	1,092
25-29 years	2,276	1,091	1,185
30-34 years	2,349	1,166	1,183
35-39 years	2,577	1,223	1,354
40-44 years	2,910	1,414	1,496
45-49 years	3,277	1,627	1,650
50-54 years	3,524	1,758	1,766
55-59 years	3,165	1,570	1,595
60-64 years	2,420	1,223	1,197
65-69 years	1,791	858	933
70-74 years	1,317	637	680
75-79 years	1,091	464	627
80-84 years	901	355	546
85-89 years	610	204	406
90-94 years	235	72	163
95-99 years	49	9	40
100-104 years	5	-	5
105-109 years	1	-	1
110 years & over	-	-	-
Total 85 years and over	900	285	615
Total 65 years and over	6,000	2,599	3,401
Total 19 years and over	31,066	14,962	16,104

FULTON 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	42,296	100%
Largest City – Wauseon		
2017 Total Population	7,075	100%
Population by Race/Ethnicity		
Total Population	42,296	100%
White	40,436	95.6%
African American	527	1.2%
Hispanic or Latino (of any race)	3,571	8.4%
Two or more races	847	2.0%
Asian	244	0.6%
Some other race	1,637	3.9%
American Indian and Alaska Native	283	0.7%
Population by Age		
Under 5 years	2,509	5.9%
5 to 19 years	3,116	7.4%
20 to 24 years	2,406	5.7%
25 to 44 years	9,541	22.6%
45 to 64 years	12,011	28.4%
65 years and more	6,885	16.3%
Median age (years)	40.2	N/A
Household by Type		
Total households	16,404	100%
Total families	12,032	73.3%
Households with children <18 years	5,007	30.5%
Married-couple family household	9,698	59.1%
Married-couple family household with children <18 years	3,581	21.8%
Female householder, no husband present	1,571	9.6%
Female householder, no husband present with children <18 years	956	5.8%
Nonfamily household (single person)	4,372	100%
Nonfamily household (single person) living alone	3,764	86.1%
Nonfamily household (single person) 65 years and >	1,421	32.5%
Households with one or more people <18 years	5,545	33.8%
Households with one or more people 60 years and >	6,283	38.3%
Average household size	2.55 people	N/A
Average family size	2.97 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$134,700	N/A
Median housing units with a mortgage	\$1,173	N/A
Median housing units without a mortgage	\$427	N/A
Median value of occupied units paying rent	\$683	N/A
Median rooms per total housing unit	6.3	N/A
Total occupied housing units	16,404	N/A
No telephone service available	197	1.2%
Lacking complete kitchen facilities	231	1.4%
Lacking complete plumbing facilities	120	0.7%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	10,420	100%
Nursery & preschool	733	7%
Kindergarten	579	6%
Elementary School (Grades 1-8)	4,832	46%
High School (Grades 9-12)	2,490	24%
College or Graduate School	1,786	17%
Educational Attainment		
Population 25 years and over	28,437	100%
< 9 th grade education	759	2.7%
9 th to 12 th grade, no diploma	1,771	6.2%
High school graduate (includes equivalency)	11,678	41.1%
Some college, no degree	6,422	22.6%
Associate degree	2,893	10.2%
Bachelor's degree	3,208	11.3%
Graduate or professional degree	1,706	6.0%
Percent high school graduate or higher	N/A	91.1%
Percent Bachelor's degree or higher	N/A	17.3%
Marital Status		
Population 15 years and over	33,959	100%
Never married	8,116	23.9%
Now married, excluding separated	19,900	58.6%
Separated	408	1.2%
Widowed	2,139	6.3%
Widowed females	199	9.3%
Divorced	3,396	10.0%
Divorced females	340	10.0%
Veteran Status		
Civilian population 18 years and over	31,978	100%
Veterans 18 years and over	2,746	8.6%

Selected Social Characteristics, Continued

<i>Disability Status of the Civilian Non-Institutionalized Population</i>		
Total civilian noninstitutionalized population	41,902	100%
Civilian with a disability	5,429	13.0%
Under 18 years	6,622	23.7%
Under 18 years with a disability	319	0.01%
18 to 64 years	16,551	59.1%
18 to 64 years with a disability	2,221	0.08%
65 Years and over	4,812	17.2%
65 Years and over with a disability	1,543	5.5%

Selected Economic Characteristics

<i>Employment Status</i>		
Population 16 years and over	33,280	100%
16 years and over in labor force	22,031	66.2%
16 years and over not in labor force	11,249	33.8%
Females 16 years and over	17,055	100%
Females 16 years and over in labor force	10,523	61.7%
Population living with own children <6 years	2,880	100%
All parents in family in labor force	2,074	72.0%
<i>Class of Worker</i>		
Civilian employed population 16 years and over	20,729	100%
Private wage and salary workers	17,433	84.1%
Government workers	2,135	10.3%
Self-employed workers in own not incorporated business	1,099	5.3%
Unpaid family workers	41	0.2%
<i>Occupations</i>		
Employed civilian population 16 years and over	20,729	100%
Management, business, science, and art occupations	5,763	27.8%
Production, transportation, and material moving occupations	4,705	22.7%
Sales and office occupations	4,415	21.3%
Service occupations	3,296	15.9%
Natural resources, construction, and maintenance occupations	2,550	12.3%
<i>Leading Industries</i>		
Employed civilian population 16 years and over	20,729	100.0%
Manufacturing	5,120	24.7%
Educational, health and social services	4,664	22.5%
Retail trade	1,907	9.2%
Arts, entertainment, recreation, accommodation, and food services	1,617	7.8%
Construction	1,617	7.8%
Transportation and warehousing, and utilities	1,202	5.8%
Professional, scientific, management, administrative, and waste management services	1,119	5.4%
Other services (except public administration)	767	3.7%
Finance, insurance, real estate and rental and leasing	746	3.6%
Wholesale trade	726	3.5%
Public administration	622	3.0%
Agriculture, forestry, fishing and hunting, and mining	497	2.4%
Information	124	0.6%

Selected Economic Characteristics, Continued

<i>Income In 2017</i>		
Households	16,404	100%
< \$10,000	574	4%
\$10,000 to \$14,999	771	5%
\$15,000 to \$24,999	1427	9%
\$25,000 to \$34,999	1870	11%
\$35,000 to \$49,999	2477	15%
\$50,000 to \$74,999	3314	20%
\$75,000 to \$99,999	2559	16%
\$100,000 to \$149,999	2264	14%
\$150,000 to \$199,999	837	5%
\$200,000 or more	328	2%
Median household income	<i>\$57,774</i>	N/A
<i>Income in 2017</i>		
Families	12,032	100%
< \$10,000	325	3%
\$10,000 to \$14,999	289	2%
\$15,000 to \$24,999	698	6%
\$25,000 to \$34,999	1023	9%
\$35,000 to \$49,999	1793	15%
\$50,000 to \$74,999	2587	22%
\$75,000 to \$99,999	2202	18%
\$100,000 to \$149,999	2033	17%
\$150,000 to \$199,999	806	7%
\$200,000 or more	289	2%
Median family income	<i>\$67,327</i>	N/A
Per capita income in 2017	<i>\$27,922</i>	N/A
<i>Poverty Status in 2017</i>		
Families	N/A	8.3%
Individuals	N/A	24.1%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2013	\$38,391	31 st of 88 counties
BEA Per Capita Personal Income 2014	\$39,776	30 th of 88 counties
BEA Per Capita Personal Income 2015	\$41,093	29 th of 88 counties
BEA Per Capita Personal Income 2016	\$42,399	27 th of 88 counties
BEA Per Capita Personal Income 2017	\$43,149	29 th of 88 counties

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

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

Poverty Rates, 2013-2017 5-year averages

Category	Fulton County	Ohio
Population in poverty	10.6%	14.9%
< 125% FPL (%)	13.7%	19.3%
< 150% FPL (%)	17.9%	23.6%
< 200% FPL (%)	26.5%	32.5%
Population in poverty (2002)	6.1%	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	Fulton County	Ohio
Labor Force	22,600	5,788,200
Employed	21,400	5,519,000
Unemployed	1,200	269,200
Unemployment Rate* in February 2019	5.3	4.7
Unemployment Rate* in January 2019	6.0	5.4
Unemployment Rate* in February 2018	5.2	5.0

*Rate equals unemployment divided by labor force

(Source: Ohio Department of Job and Family Services, February 2019, <http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf>)

Estimated Poverty Status in 2017

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Fulton County				
All ages in poverty	3,430	2,795 to 4,065	8.2%	6.7 to 9.7
Ages 0-17 in poverty	1,083	850 to 1,316	10.9%	8.5 to 13.3
Ages 5-17 in families in poverty	708	531 to 885	9.7%	7.3 to 12.1
Median household income	\$59,214	\$54,490 to \$63,938		
Ohio				
All ages in poverty	1,575,401	1,551,281 to 1,599,521	13.9%	13.7 to 14.1
Ages 0-17 in poverty	507,119	493,056 to 521,182	19.8%	19.2 to 20.4
Ages 5-17 in families in poverty	339,888	328,221 to 351,555	18.2%	17.6 to 18.8
Median household income	\$54,077	\$53,670 to \$54,484		
United States				
All ages in poverty	42,583,651	42,342,619 to 42,824,683	13.4%	13.3 to 13.5
Ages 0-17 in poverty	13,353,202	13,229,339 to 13,477,065	18.4%	18.2 to 18.6
Ages 5-17 in families in poverty	9,120,503	9,033,090 to 9,207,916	17.3%	17.1 to 17.5
Median household income	\$60,336	\$60,250 to \$60,422		

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

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

	Fulton 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)	7,300	8,500	6,900
Overall health. 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)	3.4	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	3.7	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2011-2017)	7%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	18%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2015)	37%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 and 2016)	8.4	6.7	7.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2015)	26%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2018)	54%	84%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	19%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2013-2017)	26%	33%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2016)	292	521	497.3
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2011-2017)	22	26	25

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

	Fulton County 2019	Ohio 2019	U.S. 2019
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2016)	6%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2016)	2,500:1	1,300:1	1,330:1
Access to dental care. Ratio of population to dentists (2017)	2,640:1	1,620:1	1,460:1
Access to behavioral health care. Ratio of population to mental health providers (2018)	800:1	470:1	440:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2016)	2,340	5,135	4,520
Mammography screening. Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening (2016)	44%	41%	41%
Flu vaccinations. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination (2016)	52%	47%	45%
Social and Economic Factors			
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	93%	85%	85%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2013-2017)	66%	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)	11%	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)	27%	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)	105	293	386
Injury. Number of deaths due to injury per 100,000 population (2013-2017)	69	82	67

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

	Fulton 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)	11.6	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)	88%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2013-2017)	37%	30%	35%

N/A – Data is not available

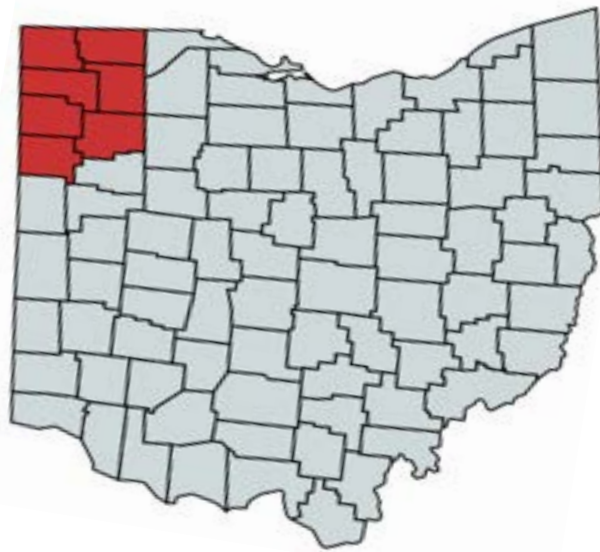
(Source: 2019 County Health Rankings for Fulton County, Ohio, and U.S. data)

6-Pact+ Sub-Region

Annual Summary of Infectious Diseases

2018

Ohio Reportable Conditions



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Introduction

In Ohio, there is a list of notifiable diseases and conditions that are required to be reported to the local health jurisdiction in which the case resides. These conditions have been chosen due to the public health concerns and the potential for epidemic spread. The three classes are:

Class A – Report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

Class B – Report by the end of the next business day after the existence of a case, suspected case, or positive laboratory result is known.

Class C – Report an outbreak, unusual incident or epidemic of other diseases by the end of the next business day.

The Annual Summary of Infectious Diseases, 6-Pact+ Sub-Region, 2018 provides an overview of the incidence of these selected reportable conditions. The local health jurisdictions represented in this report include:

Defiance County General Health District
Fulton County Health Department
Henry County Health Department
Paulding County Health Department
Putnam County Health Department
Van Wert County General Health District
Williams County Health Department

The local health jurisdictions represented here are also collectively referred to as the “6-Pact+” Sub-Region and all jurisdiction are geographically located in northwest Ohio.

Ohio Reportable Conditions

Ohio Administrative Code (OAC) 3701-3

Class A – diseases of major public health concern because of the severity of disease or potential for epidemic spread. Report immediately via telephone upon recognition that a case, a suspected case or a positive laboratory result exists.

- Anthrax
- Botulism, foodborne
- Cholera
- Diphtheria
- Influenza A, novel virus
- Measles
- Meningococcal disease
- Middle East respiratory syndrome

- Plague
- Rabies, human
- Rubella, not congenital
- Severe acute respiratory syndrome
- Smallpox
- Tularemia

- Viral hemorrhagic fever
 - Ebola virus disease
 - Lassa fever
 - Marburg hemorrhagic fever
 - Crimean-Congo hemorrhagic fever
- Yellow fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B – diseases of public health concern needing timely response because of potential for epidemic spread. Report by the end of the next business day after the existence of a case, a suspected case or a positive laboratory result is known.

- Amebiasis
- Arboviral neuroinvasive and non-neuroinvasive disease:
 - Chikungunya virus infection
 - Eastern equine encephalitis virus disease
 - La Cross virus disease
 - Powassan virus disease
 - St. Louis encephalitis virus disease
 - West Nile virus infection
 - Western equine encephalitis virus disease
 - Zika virus infection
 - Other arthropod-borne disease
- Babesiosis
- Botulism, infant
- Botulism, wound
- Brucellosis
- Campylobacteriosis
- Chancroid
- Chlamydia trachomatis infection
- Coccidioidomycosis
- Creutzfeldt-Jakob disease
- Cryptosporidiosis
- Cyclosporiasis

- Dengue
- Escherichia coli, Shiga toxin-producing
- Ehrlichiosis/Anaplasmosis
- Giardiasis
- Gonorrhea
- Haemophilus influenza, invasive disease
- Hantavirus
- Hemolytic uremic syndrome
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis D
- Hepatitis E
- Influenza-associated hospitalization
- Influenza-associated pediatric mortality
- Legionellosis
- Leprosy (Hansen disease)
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Meningitis, aseptic
- Meningitis, other bacterial
- Mumps

- Pertussis
- Poliomyelitis
- Q fever
- Rubella, congenital
- Salmonellosis
- Shigellosis
- Spotted fever rickettsiosis
- Staphylococcus aureus, vancomycin resistant or intermediate resistant
- Streptococcal disease, group A, invasive
- Streptococcal disease, group B, in newborn
- Streptococcal toxic shock syndrome
- Streptococcus pneumonia, invasive disease
- Syphilis
- Tetanus
- Toxic shock syndrome
- Trichinellosis
- Tuberculosis
- Typhoid fever
- Varicella
- Vibriosis
- Yersiniosis

Class C – report an outbreak, unusual incidence or epidemic by the end of the next business day.

- Community
- Foodborne

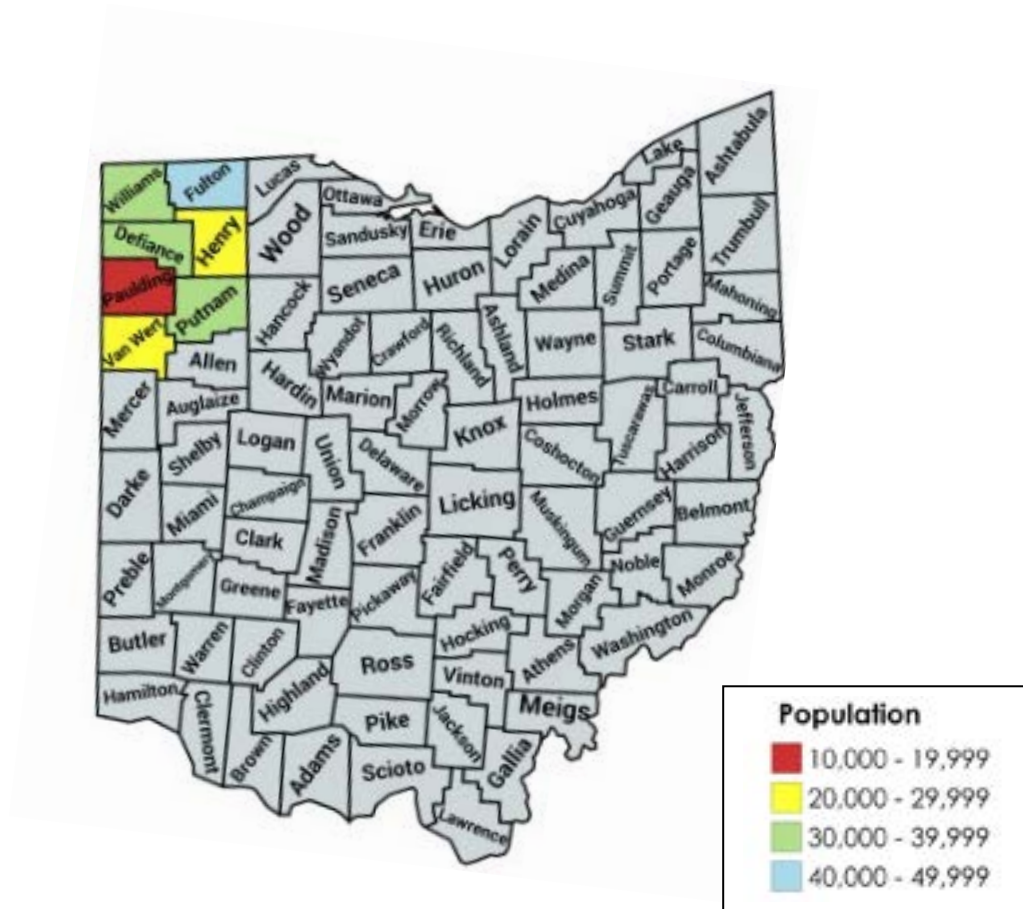
- Healthcare-associated
- Institutional

- Waterborne
- Zoonotic

AIDS and HIV Reporting – cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, and perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the director.

Click [here](#) to see the most current list of reportable conditions in Ohio.

6-Pact+ Sub-Region County Population Map



Source: US Census, April 1, 2010 population data
Map created with mapchart.net

Methods for Analysis

This report utilized data from the Ohio Disease Reporting System (ODRS) which is used by local health jurisdictions to report diseases and conditions to the Ohio Department of Health. These diseases and conditions are then reviewed by local and state public health officials to determine the case classification. There are four classifications used to describe a reportable disease or condition, they are confirmed, probable, suspected and not a case. Clinical and diagnostic criteria is typically used to define each disease or condition case classification. These classifications are developed by the Council for State and Territorial Epidemiologists (CSTE) in combination with the Centers for Disease Control and Prevention (CDC).

Cases identified at the local jurisdiction, once reviewed are then checked to see which case classification they meet. Once they meet the appropriate case classification, they are sent to CDC by the Ohio Department of Health to be counted towards national numbers. These numbers are then published in CDC's Morbidity and Mortality Weekly Report (MMWR). For the purpose of this report and to stay in line with CDC's reporting method, only cases that meet the confirmed or probable case classification were utilized in determining the incidence rate for each disease.

Reportable conditions that had 10 or more confirmed and probable cases combined were analyzed for descriptive statistics. All data reported here are based on aggregate numbers and should not be used to identify any one person. Data obtained from the Ohio Department of Health's data warehouse should only be considered preliminary and thus subject to change. The same holds true to data obtained from ODRS. Incidence rates are based on a population of 100,000 so that comparisons could be compared between county, sub-region and state level data.

6-Pact+ Sub-Region Reportable Conditions, 2018

Reportable Conditions	Confirmed/ Probable	Percent Change	Incidence Rate
Amebiasis	0	(-)100%	0.0
Anthrax	0	0%	0.0
Babesiosis	0	0%	0.0
Botulism, foodborne	0	0%	0.0
Botulism, infant	0	0%	0.0
Botulism, wound	0	0%	0.0
Brucellosis	0	0%	0.0
Campylobacteriosis	71	(+)22%	30.8
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)	4	n/a [†]	1.7
Chancroid	0	0%	0.0
Chikungunya virus disease	0	0%	0.0
Chlamydia infection	759	(+)8%	329.4
Cholera (toxigenic <i>Vibrio cholerae</i> O1 or O139)	0	0%	0.0
Coccidioidomycosis	2	(+)200%	0.9
Creutzfeldt-Jakob disease (CJD)	0	(-)100%	0.0
Cryptosporidiosis	37	(+)9%	16.1
Cyclosporiasis	1	0%	0.1
Dengue	0	0%	0.0
Diphtheria	0	0%	0.0
<i>E. coli</i> - enterohemorrhagic (shiga toxin producing) - Not O157:H7	0	0%	0.0
<i>E. coli</i> - enterohemorrhagic (shiga toxin producing) O157:H7	0	0%	0.0
<i>E. coli</i> - enterohemorrhagic (shiga toxin producing) Unknown serotype	0	0%	0.0
<i>E. coli</i> , Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	14	(+)180%	6.1
Eastern equine encephalitis virus disease	0	0%	0.0
Ehrlichiosis/Anaplasmosis	0	0%	0.0
Giardiasis	12	(+)20%	5.2
Gonorrhea (<i>Neisseria gonorrhoeae</i>)	123	(+)54%	53.4
<i>Haemophilus influenzae</i> (invasive disease)	4	0%	1.7
Hantavirus	0	0%	0.0
Hemolytic uremic syndrome (HUS)	0	0%	0.0
Hepatitis A	5	(+)400%	2.2
Hepatitis B - Perinatal Infection	0	0%	0.0
Hepatitis B (acute)	2	0%	0.9
Hepatitis B (chronic)	9	(+)29%	3.9
Hepatitis C – Perinatal Infection	0	0%	0.0
Hepatitis C (acute)	4	(+)33%	1.7
Hepatitis C (chronic)	149	(-)21%	64.7
Hepatitis D (delta hepatitis)	0	0%	0.0
Hepatitis E	0	0%	0.0
Influenza A - novel virus	0	(-)200%	0.0
Influenza-associated hospitalization	245	(+)31%	106.3

6-Pact+ Sub-Region Reportable Conditions, 2018 – Continued

Reportable Conditions	Confirmed/ Probable	Percent Change	Incidence Rate
Influenza-associated pediatric mortality	0	(-)100%	0.0
LaCrosse virus disease (other California serogroup virus disease)	0	(-)100%	0.0
Legionnaires' disease	8	(+)100%	3.5
Leprosy (Hansen disease)	0	0%	0.0
Listeriosis	0	0%	0.0
Lyme disease	1	(+)100%	0.4
Malaria	0	0%	0.0
Measles	0	0%	0.0
Meningitis, aseptic (viral)	13	(+)8%	5.6
Meningitis, bacterial	3	(+)200%	1.3
Meningococcal disease	0	0%	0.0
Middle Eastern Respiratory Syndrome (MERS)	0	0%	0.0
Mumps	0	(-)400%	0.0
Pertussis	10	(-)17%	4.3
Plague	0	0%	0.0
Poliomyelitis (including vaccine-associated cases)	0	0%	0.0
Powassan virus disease	0	0%	0.0
Psittacosis	0	0%	0.0
Q fever	0	0%	0.0
Rabies, human	0	0%	0.0
Rubella (congenital)	0	0%	0.0
Rubella (not congenital)	0	0%	0.0
Salmonellosis	49	(+)69%	21.3
Severe acute respiratory syndrome (SARS)	0	0	0.0
Shigellosis	4	(-)75%	1.7
Smallpox	0	0%	0.0
Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF)	0	0%	0.0
St. Louis encephalitis virus disease	0	0%	0.0
Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VRSA, VISA)	0	0%	0.0
Streptococcal disease, group A, invasive (IGAS)	7	0%	3.0
Streptococcal disease, group B, in newborn	2	(+)100%	0.9
Streptococcal toxic shock syndrome (STSS)	0	0%	0.0
Streptococcus pneumoniae, invasive disease (ISP) - resistance unknown	14	(+)40%	6.1
Streptococcus pneumoniae, invasive disease (ISP) - resistant/intermediate	6	(+)50%	2.6
Syphilis	6	(+)100%	2.6
Tetanus	0	0%	0.0
Toxic shock syndrome	0	0%	0.0
Trichinellosis	0	0%	0.0
Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)	2	(+)200%	0.9

6-Pact+ Sub-Region Reportable Conditions, 2018 – Continued

Reportable Conditions	Confirmed/ Probable	Percent Change	Incidence Rate
Tularemia	0	0%	0.0
Typhoid fever	0	0%	0.0
Varicella	16	(-)36%	6.9
Vibriosis	0	0%	0.0
Viral hemorrhagic fever (VHF)	0	0%	0.0
West Nile virus infection	4	(+)100%	1.7
Western equine encephalitis virus disease	0	0%	0.0
Yellow fever	0	0%	0.0
Yersiniosis	2	(+)200%	0.9
Zika virus infection	0	0%	0.0

Incidence rate calculated using confirmed and probable cases and 6-Pact+ Sub-Region combined population (230,449)

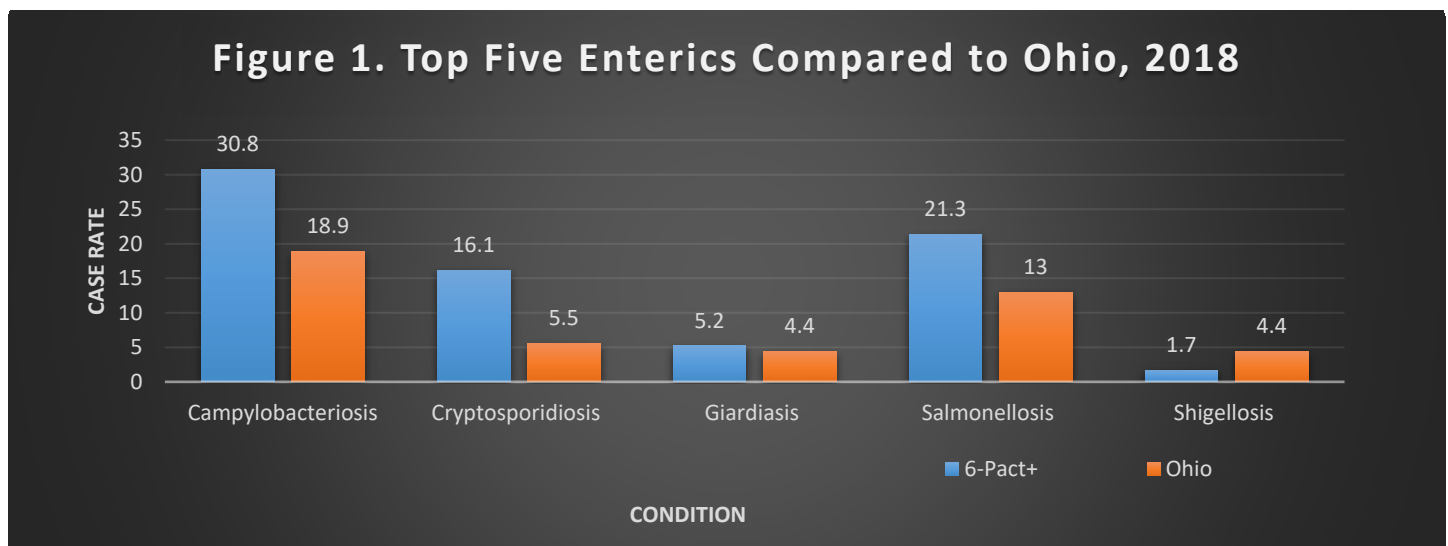
†Newly added reportable condition

Source: Ohio Disease Reporting System, Ohio Department of Health

Enteric Conditions

Enteric Incidence Rates, 2013-2018							
Reportable Condition	2018	5-Yr	2017	2016	2015	2014	2013
Campylobacteriosis	30.8	18.2	25.2	33.8	17.4	8.7	6.1
Cryptosporidiosis	16.1	7.4	14.8	10.8	6.9	1.3	3.0
Giardiasis	5.2	3.6	4.3	3.9	3.9	2.2	3.5
Salmonellosis	21.3	13.5	12.6	13.5	12.6	12.6	16.5
Shigellosis	1.7	3.2	6.9	6.1	0.4	1.3	1.3

The top five enteric reportable conditions for the 6-Pact+ Sub-Region for 2018 were [campylobacteriosis](#) with 71 confirmed and probable cases, [cryptosporidiosis](#) with 37 confirmed and probable cases, [giardiasis](#) with 12 confirmed and probable cases, [salmonellosis](#) with 49 confirmed and probable cases, and [shigellosis](#) with 4 confirmed and probable cases. Campylobacteriosis, cryptosporidiosis, giardiasis, and salmonellosis had incidence rates above the 5 year averages. Shigellosis was below with the 5-year average. Cases of cryptosporidiosis have been increasing within the 6-Pact+ Sub-Region since 2014. Campylobacteriosis was highest among those 17 years and younger (23%). Cryptosporidiosis was greatest among 17 years and younger (30%) and those 18-29 years (24%) and giardiasis was most prevalent among those 18-29 years (33%). Salmonella was most prevalent among persons 50-59 years (18%) and shigellosis was greatest among those 50-59 years of age (75%). Among four of the enteric reportable conditions (campylobacteriosis, cryptosporidiosis, giardiasis, and salmonella), the 6-Pact+ Sub-Region had a higher incidence rate than that of Ohio during 2018 (Figure 1).



Hepatitis Conditions

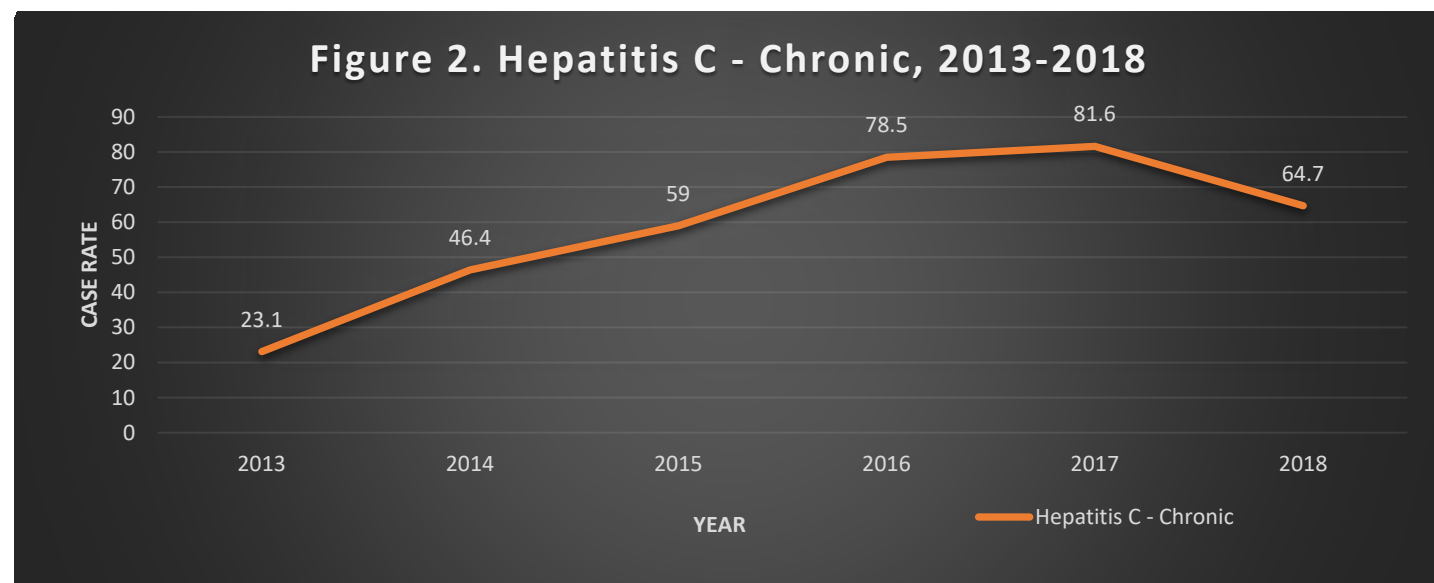
Hepatitis Incidence Rates, 2013-2018							
Reportable Condition	2018	5-Yr	2017	2016	2015	2014	2013
Hepatitis C – acute	1.7	0.9	1.3	0.0	0.9	1.7	0.4
Hepatitis C – chronic	64.7	59.5	83.7	82.9	57.7	46.0	29.9
Hepatitis B – acute	0.9	0.3	0.9	0.4	0.4	0.4	0.0
Hepatitis B – chronic	3.0	3.3	3.0	4.3	3.9	1.3	3.5

The top two hepatitis reportable conditions for the 6-Pact+ Sub-Region during 2018 were hepatitis B and hepatitis C. Due to the small number of reports received for hepatitis B (<10 cases) demographic information will not be discussed due to the potential for case identification. The same is true for hepatitis C – acute infection.

[Hepatitis C](#) – chronic, however, had 149 confirmed and probable cases reported during 2018. The number of reports have nearly doubled since 2014 (Figure 2), but remain below Ohio's incidence rate (156.3). The large numbers may be due to several factors:

- Opioid epidemic that has been occurring in Ohio and across the United States for several years
- Change in case definition
- Change in testing guidelines and recommendations
- Method in which data is collected – cases may not be new cases for the current year

Hepatitis C – chronic infection is most common among those 18-29 years of age (29%) followed by 30-39 years old (25%). Of cases reported during 2018, 60% were female.

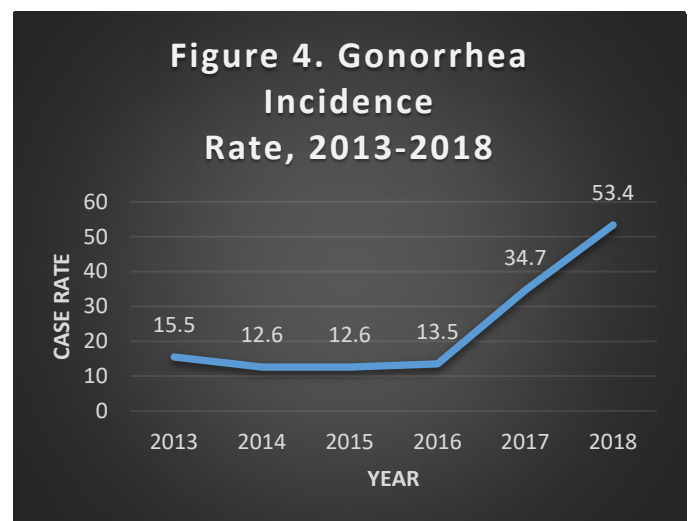
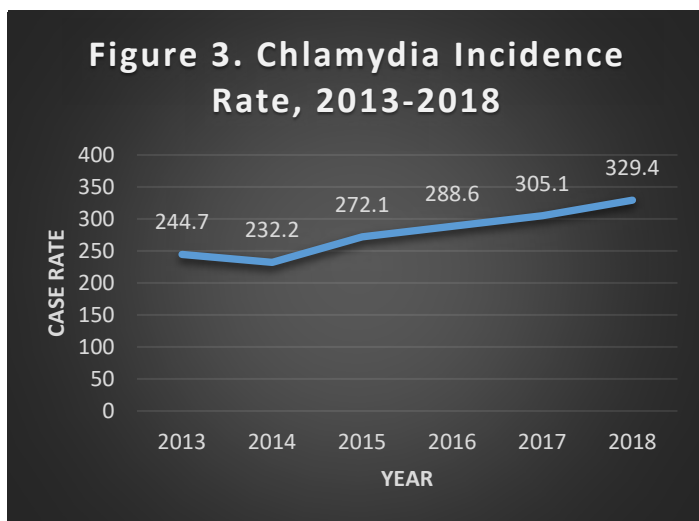


Sexual Transmitted Conditions

Sexual Transmitted Diseases Incidence Rates, 2013-2018							
Reportable Condition	2018	5-Yr	2017	2016	2015	2014	2013
Chlamydia	329.4	268.4	305.1	288.6	272.1	232.2	244.7
Gonorrhea	53.4	23.5	34.7	26.0	26.0	16.9	13.9

During 2018, the top two sexually transmitted diseases were [chlamydia](#) with 759 confirmed cases and [gonorrhea](#) with 123 confirmed cases. Both diseases have continued to rise (Figure 3 & Figure 4) within 6-Pact+ Sub-Region, but both remain below the state incidence rate (chlamydia, 549.1 and gonorrhea, 218.6). Chlamydia was reported among individuals 19 and younger to those 60 and older. The majority (77%) of case occurred among individuals 18-29 years of age, followed by those 17 years and younger (11%). Of cases reported, 71% were female.

Among gonorrhea cases reported in 2018, 70% were among 18-29 year of age and 17% among those 30-39 years old; 59% of cases are female.



Vaccine Preventable Conditions

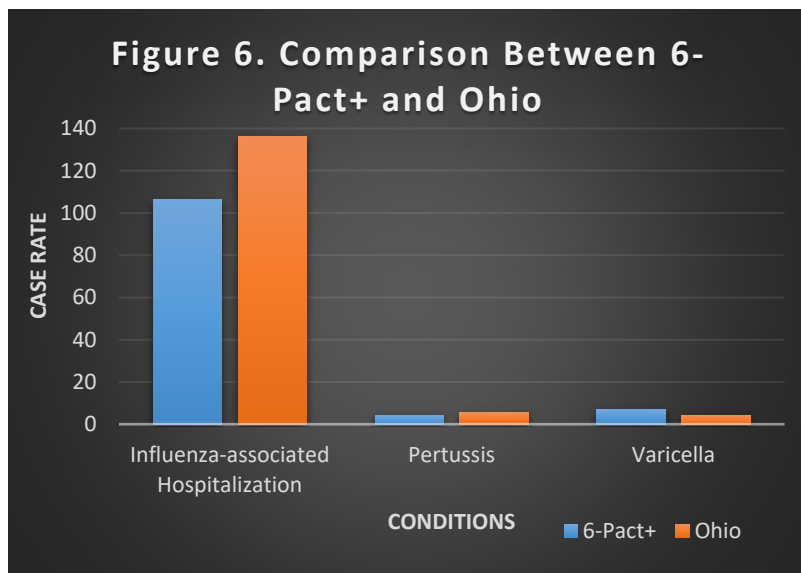
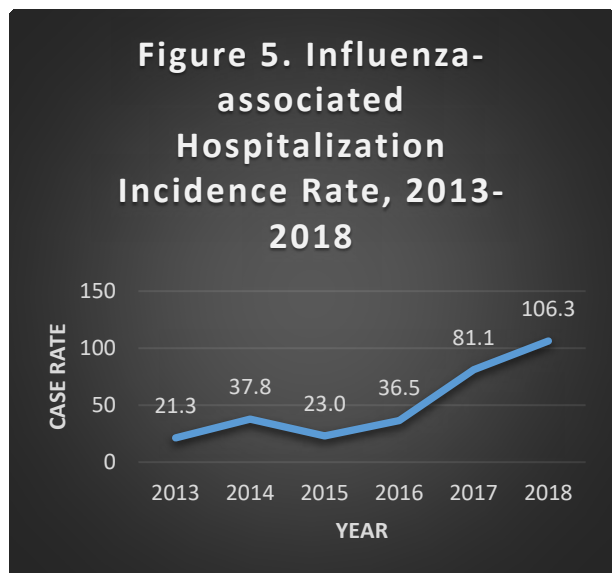
Vaccine Preventable Incidence Rates, 2013-2018							
Reportable Condition	2018	5-Yr	2017	2016	2015	2014	2013
Influenza-associated hospitalization	106.3	39.9	81.1	36.5	23.0	37.8	21.3
Pertussis	4.3	3.1	5.2	3.5	1.7	3.5	1.7
Varicella	6.9	7.4	10.8	8.7	4.3	6.1	6.9

During 2018, 245 confirmed [influenza-associated hospitalizations](#) cases were reported along with 10 confirmed and probable cases of [pertussis](#) and 16 confirmed and probable cases of [varicella](#) also known as chickenpox. Among these reportable conditions, the incidence rate for varicella was higher among residents of the 6-Pact+ Sub-Region (6.9) than that of Ohio (4.1) (Figure 6).

Influenza-associated hospitalizations are shown for calendar year and were highest among those 70 years and older (50%) followed by those 50-69 years (31%). Of cases reported to local health departments, 58% were females. Influenza-associated hospitalizations have risen nearly every year and from 2016 to 2017 there was a 31% increase, the highest among the last five years (Figure 5).

Pertussis occurred mostly (60%) among those 17 years and younger. Of those reported, 60% of cases occurred among females.

Varicella, was highest (94%) among those 17 years and younger. Males made up 63% of cases reported during 2018.



Cross County Comparison

Reportable Condition	Defiance		Fulton		Henry		Paulding		Putnam		Van Wert		Williams		6-Pact+		Ohio	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Campylobacteriosis	5	12.8	21	49.2	5	17.7	3	15.3	13	37.7	13	45.2	11	29.2	71	30.8	2,178	18.9
Chlamydia Infection	190	486.7	111	260.0	70	248.1	57	290.6	90	260.9	87	302.7	154	409.1	759	329.4	63,350	549.1
Cryptosporidiosis	9	23.1	8	18.7	1	3.5	3	15.3	6	17.4	6	20.9	4	10.6	37	16.1	640	5.5
Giardiasis	0	0.0	2	4.7	2	7.1	1	5.1	2	5.8	1	3.5	4	10.6	12	5.2	509	4.4
Gonococcal Infection	34	87.1	18	42.2	12	42.5	14	71.4	9	26.1	13	45.2	23	61.1	123	53.4	25,219	218.6
Hepatitis C – Chronic	32	82.0	37	86.7	12	42.5	9	45.9	8	23.2	18	62.6	33	87.7	149	64.7	18,032	156.3
Influenza-associated Hospitalization	33	56.4	48	112.4	42	148.9	13	66.3	44	127.5	13	45.2	52	138.1	245	106.3	15,728	136.3
Meningitis – Viral	2	5.1	4	9.4	1	3.5	1	5.1	2	5.8	1	3.5	2	5.3	13	5.6	641	5.6
Pertussis – Whooping Cough	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	10.4	7	18.6	10	4.3	636	5.5
Salmonellosis	6	15.4	12	28.1	6	21.3	2	10.2	8	23.2	8	27.8	7	18.6	49	21.3	1,503	13.0
Shigellosis	1	2.6	0	0.0	1	3.5	0	0.0	1	2.9	1	3.5	0	0.0	4	1.7	513	4.4
Streptococcus Pneumoniae – Resistance Unknown	2	5.1	3	7.0	0	0.0	0	0.0	1	2.9	0	0.0	0	0.0	6	2.6	354	3.1
Varicella – Chickenpox	3	7.7	0	0.0	1	3.5	4	20.4	0	0.0	4	13.9	0	0.0	16	6.9	476	4.1

The overall cross comparison for the 6-Pact+ compared to Ohio is that for most enteric conditions, the 6-Pact+ has a higher incidence than Ohio. This is especially true for campylobacteriosis (30.8), cryptosporidiosis (16.1), giardiasis (5.2), and salmonellosis (21.3). For the majority of other conditions listed above, the 6-Pact+ has a lower incidence rate, with the exception for varicella, in which the 6-Pact+ is higher (6.9) and viral meningitis, in which the 6-Pact+ is even with Ohio.



Annual Summary of Infectious Diseases 2018 Ohio Reportable Conditions

A rural community located in northwest Ohio, just west of Toledo. The county has a population of 42,698 (US Census, 2010). During 2018, [Fulton County Health Department](#) reported 283 confirmed and probable infection disease cases. This section provides a listing of those conditions and a summary of the most commonly reported conditions.

Reportable Condition	Case Count	Incidence
Campylobacteriosis	21	49.2
Chlamydia Infection	111	260.0
Coccidioidomycosis	1	2.3
Cryptosporidiosis	8	18.7
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	2	4.7
Giardiasis	2	4.7
Gonococcal Infection	18	42.2
Haemophilus Influenza (invasive disease)	1	2.3
Hepatitis A	1	2.3
Hepatitis B (including delta) – Chronic	1	2.3
Hepatitis C – Chronic	37	86.7
Influenza-associated Hospitalization	48	112.4
Influenza-associated Pediatric Morality	1	2.3
Meningitis, Viral	4	9.4
Meningitis, Bacterial	2	4.7
Salmonellosis	12	28.1
Streptococcal disease, group A invasive (IGAS)	3	7.0
Streptococcus Pneumoniae (invasive antibiotic resistance unknown or non-resistant)	3	7.0
Streptococcus Pneumoniae (invasive antibiotics resistant or intermediate)	2	4.7

Campylobacteriosis

During 2018, Fulton County Health Department reported 21 cases of [campylobacteriosis](#), which is an incidence rate of 49.2 per 100,000. When compared to the Ohio (18.9) and the 6-Pact+ Sub-Region (30.8), Fulton County has a higher incidence of campylobacter infections. The majority (33%) of cases occur among those 17 years and younger. Followed by those 30-39 years of age (19%) and those 70 years of age and older (19%). Among cases reported, 57% were male. Fulton County saw a 40% increase from 2017 to 2018.

Chlamydia infection

A total of 111 (260.0 per 100,000) confirmed cases of [chlamydia](#) were reported by Fulton County Health Department during 2018. This is an 11% decrease from the previous year. Of those reported, 73% were female. The majority of cases (72%) were among those 18-29 years of age, followed by those 17 years and younger (15%). Fulton County remains lower than Ohio's incidence rate (549.1) and the 6-Pact+ Sub-Region (329.4).

Gonococcal Infection

Of the 283 cases reported during 2018, 18 were cases of [gonococcal infection](#), also known as gonorrhea. There was a 20% increase from 2017 to 2018. Most (67%) of cases occurred among females. Sixty-one percent of cases occurred among 18-29 years of age. Fulton County (42.2) had a lower incidence rate when compared to Ohio (218.6), but was higher than the 6-Pact+ Sub-Region (53.4).

Hepatitis C – Chronic

Thirty-seven cases of [hepatitis C – chronic infection](#) were reported during 2018. This is a 9% increase from the year prior. Of those cases reported, 68% were among females. Among Fulton County residents, 30% of cases occurred among persons 18-29 years and 30-39 years, followed by those 50-59 years (19%). Fulton County had an incidence rate of 86.7, below Ohio's 156.3, and above the 6-Pact+ Sub-Region's 64.7.

Influenza-associated Hospitalization

In 2018, Fulton County reported 48 (112.4 per 100,000) cases of [influenza-associated hospitalizations](#), 41% higher than the year prior. Seventy-five percent of cases occurred among females. Of those cases reported, 63% were among those 70 and older. When comparing incidence rates of Ohio (136.3) and the 6-Pact+ Sub-Region (106.3), Ohio was less than Fulton County's rate and the 6-Pact+ Sub-Region was less than Fulton County's incidence rate.

Salmonellosis

In 2018, Fulton County reported 12 (28.1 per 100,000) cases of [influenza-associated hospitalizations](#), 140% higher than the year prior. Fifty-eight percent of cases occurred among females. Of those cases reported, 25% were among those 40-49 years followed by those 17 years and younger and 50-59 years. When comparing incidence rates of Ohio (13.0) and the 6-Pact+ Sub-Region (21.3), both are lower than Fulton County's rate of 28.1.



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