

Shelby

Community Health Assessment 2020



Shelby City
Health Department
Live Healthy. Stay Healthy.

Released December 22, 2020

Foreword

Dear Community Member,

We are pleased to present the 2020 Shelby Community Health Needs Assessment.

This assessment, which is an update of the countywide assessment completed in 2017, is meant to capture the medical, behavioral and community issues that affect the health of adults and children in our community. The assessment includes data from many sources, including local partners and organizations.

We suggest that community organizations, agencies and businesses use this information to:

- Develop action plans
- Seek funding to address identified issues
- Develop and focus future programs or services where needs are the greatest
- Identify new needs
- Prioritize needs

Through this report, we have a better understanding of the health concerns of our community. The ultimate best use of this data is to study it and plan to improve the health of our neighbors and friends. Shelby organizations and agencies have a long-standing history of collaboration. With the data obtained in this assessment, we can better address the community needs to make Shelby a healthier place to live. Continued community support will be critical as we progress from the assessment to the action implementation of health improvement tactics. We hope that you will support and join us in this effort.

We thank our local partners who provided local data for this report. If you have questions or comments, please contact one of the collaborative agencies listed in this report.

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Mayor
City of Shelby

Dr. Ajay Chawla
Medical Director/Health Commissioner
Shelby City Health Department

Acknowledgements

The 2020 Shelby City Health Assessment was commissioned by:

Shelby City Health Department

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Mental Health and Recovery Services Board of Richland County
Richland Public Health
Ohio Health Mansfield and Shelby Hospitals
Avita Health System
Richland County Children Services
Richland County Job and Family Services
Richland County Newhope
Shelby City Health Department
Third Street Family Health Services

The 2016 Richland County Health Assessment report was commissioned by Richland County Community Health Partners:

Mental Health and Recovery Services Board of Richland County
Richland Public Health
Shelby City Public Health
Ohio Health Mansfield and Shelby Hospitals
Avita Health System
Richland County Newhope/Richland County Board of Developmental Disabilities
Richland County Children Services
Third Street Family Health Services
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Mansfield DRCA
Mansfield Memorial Homes
Mansfield YMCA
North End Community Collaborative
Ohio District 5 Area Agency on Aging, Inc.
Richland County Domestic Court
Richland County Juvenile Court
Richland County Regional Planning Commission
Richland County Youth and Family Council
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The 2016 Richland County Health Assessment is available on the following websites:

Richland Public Health

www.Richlandhealth.org/

Hospital Council of Northwest Ohio

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

The 2020 Shelby City Health Assessment is available on the following websites:

Shelby City Health Department

<https://shelbycityhealth.org/>

Hospital Council of Northwest Ohio

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

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Executive Summary

Shelby City Health Department hired the Hospital Council of Northwest Ohio (HCNO) to align the existing 2016 Richland County Community Health Assessment with this 2020 Shelby City Health Assessment report. HCNO collected the data, guided the health assessment process and integrated sources of primary data from the 2016 Richland County Health Assessment, secondary data from 2008-2019, and local community data into the final 2020 Shelby City Health Assessment report.

This executive summary provides an overview of health-related data for Richland County adults (ages 19 and older) who participated in a county-wide health assessment survey during September-November 2016. 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 collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Richland County, and specifically Shelby City. 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

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

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the planning committee from Richland County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions. Based on input from the Richland County planning committee, the project coordinator composed a draft of the survey containing 113 items for the adult survey. Health education researchers from the University of Toledo reviewed and approved the draft.

SAMPLING | Adult Survey

Adults ages 19 and over living in Richland County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Richland County. There were 96,722 persons ages 18 and over living in Richland 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 383 adults was needed to ensure this level of confidence for the general population. The investigators also calculated the population of Shelby City and African American adults living in Richland County. According to the 2015 American Community Survey 5-year estimate data, approximately 8,910 Shelby City adults 19 years and over lived in Richland County. A sample size of at least 364 Shelby City adults was needed to ensure a 95% confidence level for the Shelby City population. The random sample of mailing addresses of adults from Richland County was obtained from Allegra Marketing Services in Louisville, KY.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 3,400 adults in Richland County: 1,200 to the general population, an additional 1,200 to the African American population, and an additional 1,000 to oversample Shelby City. This advance letter was personalized, printed on The Richland County Community Health Assessment Partners stationery and listed the corresponding partners. The letter was signed by Martin Tremmel, Health Commissioner of Richland Public Health, as well as Joseph Trolan, Executive Director of the Mental Health and Recovery Services Board of Richland County. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the entire mailing, including all three groups, was 34% ($n=1,074$; $CI=\pm 2.96$). The response rate for the general population survey was 39% ($n=443$; $CI=\pm 4.65$). The response rate for the Shelby City mailing was 40% ($n=375$; $CI=\pm 4.95$). The response rate for the African American mailing was 9% ($n=97$; $CI=\pm 9.9$). 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 21.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Richland County, the adult data collected was weighted by age, gender, race, and income using 2010 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Richland County adult assessment had a high response rate for the general population. 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 Richland County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.


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

Secondary Data Collection Methods

HCNO collected secondary data from over 50 sites, including county-level data, wherever possible. HCNO utilized sites, such as the Ohio Department of Health database, Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, Census, American Community Survey, American Cancer Society, American Diabetes Association, Healthy People 2020, County Health Rankings, Job & Family Services (Individual & Family Services), etc. Most secondary data is from 2016-2018. All of the data is included in the section of the report it corresponds with. All primary data collected in this report is from the 2016 Richland County Community Health Assessment. All other data will be sourced accordingly.

2019 Ohio State Health Assessment (SHA)

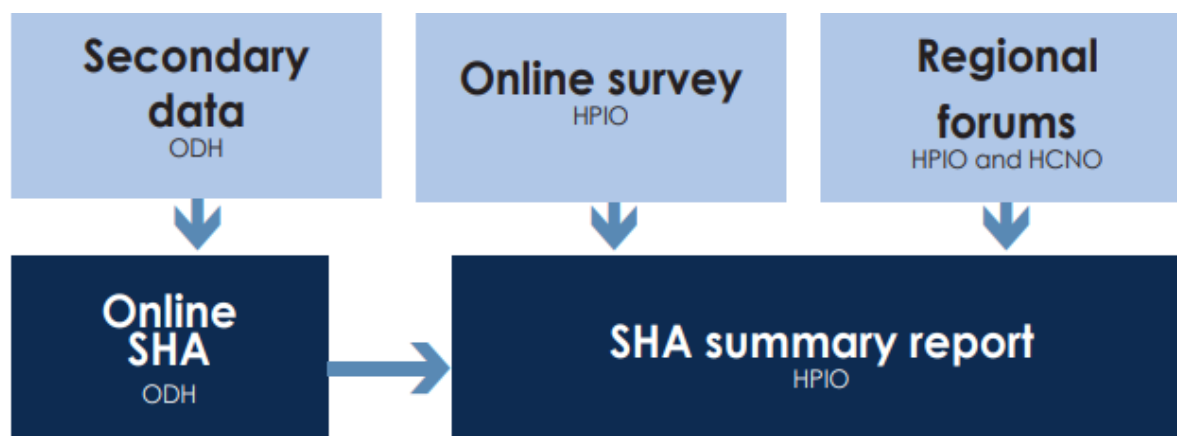
The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over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

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

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

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

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



Data Summary | Health Care Access

HEALTH CARE COVERAGE

The health assessment identified that 9% of Shelby City adults were without health care coverage.

ACCESS AND UTILIZATION

Sixty-five percent (65%) of Shelby City adults had visited a doctor for a routine checkup in the past year. The 2019 BRFSS reported that 78% of Ohio and U.S. adults visited a doctor for a routine checkup in the past year.

PREVENTIVE MEDICINE

Seventy percent (70%) of Shelby City adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (53%) of Shelby City adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

WOMEN'S HEALTH

In 2016, more than one-third (37%) of Shelby City women reported having a mammogram in the past year. Just about half (49%) of Shelby City women ages 19 and over had a clinical breast exam and 36% had a Pap smear to detect cancer of the cervix in the past year.

MEN'S HEALTH

In 2016, 30% of Shelby City males performed a self-testicular exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 28% and cancers accounted for 22% of all male deaths in Richland County from 2016-2018 (Source: Ohio Public Health Data Warehouse, 2016-2018).

ORAL HEALTH

The health assessment has determined almost two-thirds (63%) of Shelby City adults and 65% of Richland County adults had visited a dentist or dental clinic in the past year. The 2018 BRFSS reported that 67% of Ohio adults and 68% of U.S. adults had visited a dentist or dental clinic in the previous 12 months.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

In 2016, almost half (47%) of Shelby City adults rated their health status as excellent or very good. Conversely, 9% of adults described their health as fair or poor.

ADULT WEIGHT STATUS

More than two-thirds (71%) of Shelby City adults were overweight (29%) or obese (42%) based on Body Mass Index (BMI). Fifty-six percent (56%) of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week.

ADULT TOBACCO USE

In 2016, 17% of Shelby City adults were current smokers, and 25% were considered former smokers. The 2019 BRFSS reported current smoker prevalence rates of 21% for Ohio and 16% for the U.S.

ADULT ALCOHOL CONSUMPTION

The health assessment indicated that 51% of Shelby City adults were considered current drinkers. Nineteen percent (19%) of Shelby City 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.

ADULT DRUG USE

Four percent (4%) of Shelby City adults had used marijuana during the past 6 months. Six percent (6%) of Shelby City adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

ADULT SEXUAL BEHAVIOR

In 2016, 69% of Richland County adults and 70% of Shelby City adults had sexual intercourse. Eight percent (8%) of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, STDs in Adolescents and Young Adults, 2017 STD Surveillance).

ADULT MENTAL HEALTH

In 2016, 3% of Shelby City adults made a plan to attempt suicide in the past year. More than one-quarter (28%) of Shelby City adults did not get enough rest or sleep almost every day for two or more weeks.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

The 2016 Health Assessment found that 5% of Shelby City adults had survived a heart attack and 3% had survived a stroke at some time in their life. Just over two-fifths (42%) of Shelby City adults were obese, 32% had high blood pressure, 31% had high blood cholesterol, and 17% were smokers, four known risk factors for heart disease and stroke. Heart disease (23%) and stroke (5%) accounted for 28% of all Richland County adult deaths in 2016-2018 (Source: Ohio Public Health Data Warehouse, 2016-2018).

CANCER

In 2016, 13% of Richland County adults and 15% of Shelby City adults had been diagnosed with cancer at some time in their life. The Ohio Department of Health indicates that from 2016-2018, a total of 946 Richland County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that avoiding tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

ARTHRITIS

According to the 2016 survey data, 30% of Shelby City and 35% of Richland County adults were diagnosed with arthritis. According to the 2019 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they had arthritis.

ASTHMA

According to the survey data, 14% of Shelby City and 18% of Richland County adults had been diagnosed with asthma.

DIABETES

In 2016, 11% of Shelby City and 13% of Richland County adults were diagnosed with diabetes.

QUALITY OF LIFE











In 2016, almost one-quarter (24%) of Shelby City adults were limited in some way because of a physical, mental, or emotional problem.

Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH


In 2016, 5% of Shelby City adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Twelve percent (12%) of Shelby City adults had experienced at least one issue related to hunger in the past year.

Adult Trend Summary

Adult Variables	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Health Status				
Rated health as excellent or very good	47%	45%	48%	51%
Rated general health as fair or poor 	9%	13%	19%	18%
Rated their mental health as not good on four or more days in the previous month	32%	34%	N/A	N/A
Health Care Coverage				
Uninsured 	9%	15%	9%	11%
Health Care Access and Utilization				
Visited a doctor for a routine checkup in the past year	65%	65%	78%	78%
Asthma, Arthritis & Diabetes				
Has been diagnosed with asthma 	14%	18%	16%	15%
Has been diagnosed with arthritis	30%	35%	31%	26%
Has been diagnosed with diabetes 	11%	13%	12%	11%
Cardiovascular Health				
Had angina 	6%	6%	5%	4%
Had a heart attack 	5%	5%	5%	4%
Had a stroke	3%	3%	4%	3%
Has been diagnosed with high blood pressure 	32%	40%	35%	32%
Has been diagnosed with high blood cholesterol	31%	39%	33%	33%
Had blood cholesterol checked within the past 5 years	80%	83%	85%	87%
Weight Status				
Overweight (BMI of 25.0 – 29.9)	29%	31%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 	42%	42%	35%	32%
Alcohol Consumption				
Had at least one alcoholic beverage in past month	51%	50%	53%	54%
Binge drinker (5 or more drinks in a couple of hours on an occasion) 	19%	20%	18%	17%
Tobacco Use				
Current smoker 	17%	16%	21%	16%
Former smoker	25%	24%	24%	25%
Marijuana and Drug Use				
Adults who used marijuana in the past 6 months	4%	6%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	7%	N/A	N/A

N/A - Not Available

*2018 BRFSS Data

 Indicates alignment with Ohio SHA

Adult Variables	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Preventive Medicine				
Had a flu vaccine in the past year (age 65 and older)	76%	78%	63%	64%
Had a pneumonia vaccine (age 65 and older)	70%	72%	75%	73%
Mental Health & Suicide				
Felt sad or hopeless for two or more weeks in a row	6%	9%	N/A	N/A
Made a plan to attempt suicide in the past year	3%	3%	N/A	N/A
Oral Health				
Adults who have visited the dentist in the past year	63%	65%	67%*	68%*
Adults who had one or more permanent teeth removed	53%	51%	45%*	41%*
Sexual Behavior				
Had more than one sexual partner in past year	8%	6%	N/A	N/A

N/A - Not Available

*2018 BRFSS Data

Health Care Access: Health Care Coverage

Key Findings

The health assessment identified that 9% of Shelby City adults were without health care coverage.

Health Coverage

- In 2016, 91% of Shelby City adults had health care coverage.
- 85% percent of Richland County adults had healthcare coverage in 2016.
- Nine percent (9%) of adults were uninsured, compared to 15% of the rest of Richland County adults.
- The 2019 BRFSS reported uninsured prevalence rates as 9% for Ohio and 11% for the U.S.

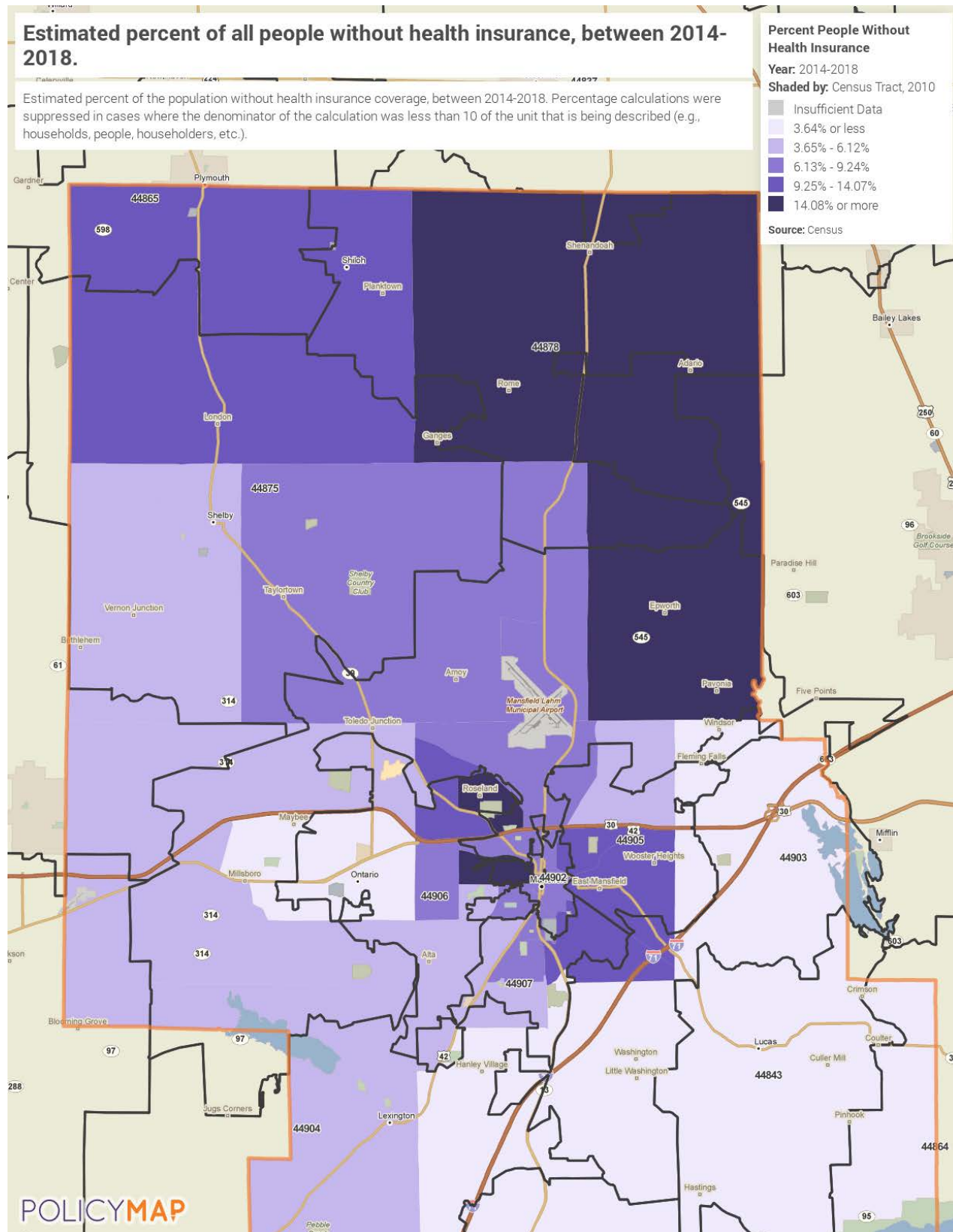
9% of Shelby City adults were uninsured.

- Richland County adult health care coverage included the following: medical (96%); prescription coverage (92%); preventive health (77%); immunizations (75%); outpatient therapy (67%); dental (65%); vision (65%); mental health (57%); durable medical equipment (43%); alcohol and drug treatment (37%); home care (32%); skilled nursing/assisted living (31%); hospice (27%); and transportation (18%).
- The top reasons uninsured Richland County adults gave for being without health care coverage were:
 1. They lost their job or changed employers (45%)
 2. They could not afford to pay the premiums (32%)
 3. They were confused about how to enroll (14%)
 4. Their employer does not offer/stopped offering coverage (13%)
 5. They became a part-time or temporary employee (11%)

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

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Uninsured	9%	15%	9%	11%

Estimated Percent of All People without Health Insurance, between 2014-2018



Source of Estimated Percent Population without Health Insurance: United States Census Bureau. Estimated Percent of All People Without Health Insurance, between 2014-2018. PolicyMap. <https://plcy.mp/zZfCYpV> (04 November 2020).

Health Care Access: Access and Utilization

Key Findings

Sixty-five percent (65%) of Shelby City adults had visited a doctor for a routine checkup in the past year. The 2019 BRFSS reported that 78% of Ohio and U.S. adults visited a doctor for a routine checkup in the past year.

Health Care Access

- Sixty-five percent (65%) of Shelby City adults visited a doctor for a routine checkup in the past year.
- The 2019 BRFSS reported that 78% of Ohio and U.S. adults visited a doctor for a routine checkup in the past year.
- Shelby City adults preferred to access information about their health or health care services from the following: doctor (66%), internet searches (10%), family member or friend (9%), Medical Portal (6%), advertisements or mailings from hospitals, clinics, or doctor's offices (3%), text messages (1%), newspaper articles or radio/television news stories (1%), and social networks (1%). Three percent (3%) of Shelby City adults preferred to get information about their health or health care services from multiple places.
- More than three-fifths (71%) of Shelby City adults rated their satisfaction with their overall health care as excellent or very good. Almost one-quarter (23%) of adults rated their satisfaction with their health care as fair or poor.
- More than three-fifths (62%) of Richland County adults rated their satisfaction with their overall health care as excellent or very good. One-third (33%) of adults rated their satisfaction with their health care as fair or poor.
- 82% of Shelby City adults traveled less than 20 miles to get to the place they usually go for health care services. 14% traveled between 20 and 40 miles. 1% traveled between 41 and 60 miles, and 3% traveled 60 miles or more.

Availability of Services

- One-in-ten (10%) Shelby City adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.
- Reasons for not using such a program included the following: not necessary (23%), could not afford to go (5%), stigma of seeking mental health services (5%), fear (5%), no other priorities (2%), pay/deductible too high (2%), had not thought of it (2%), did not know how to find a program (1%), transportation (1%), and other reasons (1%). 71% of adults indicated they did not need such a program.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Visited a doctor for a routine checkup in the past year	65%	65%	78%	78%

Health Care Access: Preventive Medicine

Key Findings

Seventy percent (70%) of Shelby City adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (53%) of Shelby City adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

Preventive Medicine

- Almost half (47%) of Shelby City adults had a flu vaccine during the past 12 months.
- Nearly half (48%) of Richland County adults have had a flu vaccine in the past 12 months, increasing to 78% of those ages 65 and over.
- The 2019 BRFSS reported that 63% of Ohio and 64% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- One-third (33%) of Shelby City adults had a pneumonia shot in their life, increasing to 70% of those ages 65 and over.
- Nearly one-third (32%) of Richland County adults have had a pneumonia shot in their life, increasing to 72% of those ages 65 and over.
- The 2019 BRFSS reported that 75% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Shelby City adults received the following vaccines:
 - MMR in their lifetime (67%)
 - Tetanus booster (including Tdap) in the past 10 years (55%)
 - Chicken pox vaccine in their lifetime (42%)
 - Pneumonia vaccine in their lifetime (33%)
 - Zoster (shingles) vaccine in their lifetime (15%)
 - Pertussis vaccine in the past 10 years (13%)
 - Human papillomavirus vaccine in their lifetime (8%)

Preventive Health Screenings and Exams

- Fifty-three percent (53%) of Shelby City adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- More than half (56%) of Richland County adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- Nearly one-third (31%) of Richland County adults and 39% of Shelby City adults have been screened by a doctor or other health professional for skin cancer.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Had a pneumonia vaccination (ages 65 and over)	70%	72%	75%	73%
Had a flu vaccine in the past year (ages 65 and over)	76%	78%	63%	64%

Recommended Adult Immunization Schedule by Age Group, United States, 2020

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

(Source: CDC, Adult Immunization Schedules, 2020)

Health Care Access: Women's Health

Key Findings

In 2016, more than one-third (37%) of Shelby City women reported having a mammogram in the past year. Just about half (49%) of Shelby City women ages 19 and over had a clinical breast exam and 36% had a Pap smear to detect cancer of the cervix in the past year.

Women's Health Screenings

- In 2016, 66% of Shelby City women had a mammogram at some time.
- Nearly two-fifths (37%) of Shelby City women had a mammogram in the past year.
- More than half (57%) of Richland County women had a mammogram at some time in their life, and nearly two-fifths (39%) had this screening in the past year.
- Most (91%) Shelby City women had a clinical breast exam at some time in their life, and 49% had one within the past year.
- Most (84%) Richland County women had a clinical breast exam at some time in their life, and 52% had one within the past year.
- The 2016 assessment identified that 86% of Shelby City women had a Pap smear, and 36% reported having had the exam in the past year. Sixty-three percent (63%) of women had a Pap smear in the past three years.
- More than three-quarters (82%) of Richland County women had a Pap smear at some time in their life, and 36% reported having had the exam in the past year. 66% of women had a Pap smear in the past three years.

Women's Health Concerns

- From 2016-2018, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all female deaths in Richland County *(Source: Ohio Public Health Data Warehouse, 2016-2018).*

Richland County Female Leading Causes of Death, 2016 – 2018

Total Female Deaths: 2,126

1. Heart Diseases (22% of all deaths)
2. Cancers (21%)
3. Alzheimer's Disease (5%)
4. Stroke (5%)
5. Chronic Lower Respiratory Diseases (5%)

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Ohio Female Leading Causes of Death, 2016 – 2018

Total Female Deaths: 182,368

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

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Health Care Access: Men's Health

Key Findings

In 2016, 30% of Shelby City males performed a self-testicular exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 28% and cancers accounted for 22% of all male deaths in Richland County from 2016-2018 (Source: Ohio Public Health Data Warehouse, 2016-2018).

Men's Health Screenings and Concerns

- In 2016, 30% of Shelby City males performed a self-testicular exam in the past year. Sixteen percent performed four or more exams in the past year.
- Over one-fourth (26%) of Richland County males performed a self-testicular exam in the past year.
- From 2016-2018, major cardiovascular diseases (heart disease and stroke) accounted for 28% and cancers accounted for 22% of all male deaths in Richland County (Source: Ohio Public Health Data Warehouse, 2016-2018).

Richland County Male Leading Causes of Death, 2016 – 2018

Total Male Deaths: 2,337

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

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Ohio Male Leading Causes of Death, 2016 – 2018

Total Male Deaths: 185,146

1. Heart Diseases (24% of all deaths)
2. Cancers (22%)
3. Accidents, Unintentional Injuries (9%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Cancer and Men

- The most common kinds of cancer among men in the U.S. are skin cancer, prostate cancer, lung cancer, and colorectal cancer.
- Most prostate cancers grow slowly, and don't cause any health problems in men who have them. Treatment can cause serious side effects. Talk to your doctor before you decide to get tested or treated for prostate cancer.
- Some cancers are caused by human papillomavirus (HPV), a very common sexually transmitted infection. The HPV vaccine protects against the types of HPV that most often cause cancers of the penis, anus, and oropharynx (back of the throat, including the base of the tongue and tonsils).
- Tips for lowering your chance of getting cancer:
 - Stay away from tobacco. If you smoke, try to quit and stay away from other people's smoke.
 - Stay up-to-date on screening tests for colorectal and lung cancer.
 - Limit the amount of alcohol you drink.
 - Protect your skin from the sun.
 - Keep a healthy weight and stay physically active.

(Source: CDC, Cancer Prevention and Control, Cancer and Men, Updated June 5, 2019)

Health Care Access: Oral Health

Key Findings

The health assessment has determined almost two-thirds (63%) of Shelby City adults and 65% of Richland County adults had visited a dentist or dental clinic in the past year. The 2018 BRFSS reported that 67% of Ohio adults and 68% of U.S. adults had visited a dentist or dental clinic in the previous 12 months.

Access to Dental Care

- In 2016, 63% of Shelby City adults had visited a dentist or dental clinic in the past year.
- Almost two-thirds (65%) of Richland County adults had visited a dentist or dental clinic in the past year, decreasing to 49% of those with incomes less than \$25,000.
- The 2018 BRFSS reported that 67% of Ohio adults and 68% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.
- When Richland County adults were asked the main reason for not visiting a dentist in the last year, 22% said cost; 22% had no oral health problems/had not thought of it; 15% had dentures; 13% said fear, apprehension, nervousness, pain, and dislike going; 5% said their dentist did not accept their medical insurance; 4% did not have/know a dentist; 1% said transportation; 1% could not find a dentist who took Medicaid; and 12% had other reasons for not visiting the dentist. 5% of adults selected multiple reasons for not visiting a dentist in the past year.
- More than half (51%) of Richland County adults had one or more of their permanent teeth removed, increasing to 65% of those ages 65 and over.
- The 2018 BRFSS reported that 45% of Ohio and 41% of U.S. adults had one or more permanent teeth removed.
- More than half (53%) of Shelby City adults had one or more of their permanent teeth removed and 8% had all of their permanent teeth removed.
- About one-in-eight (13%) Richland County adults ages 65 and over had all of their permanent teeth removed.
- The 2018 BRFSS reported that 17% of Ohio adults and 14% of U.S. adults ages 65 and over had all of their permanent teeth removed.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Adults who had visited the dentist in the past year	63%	65%	67%*	68%*
Adults who have had one or more permanent teeth removed	53%	51%	45%*	41%*

* 2018 BRFSS data

Facts About Oral Health

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

(Source: CDC, Adult Oral Health, Updated December 19, 2019)

Health Behaviors: Health Status Perceptions

Key Findings

In 2016, almost half (47%) of Shelby City adults rated their health status as excellent or very good. Conversely, 9% of adults described their health as fair or poor.

General Health Status

- In 2016, almost half (47%) of Shelby City adults rated their health as excellent or very good, compared to 45% of Richland County adults.
- The 2019 BRFSS has identified that 48% of Ohio and 11% of U.S. adults self-reported their health as excellent or very good.
- Nine percent (9%) of Shelby City adults rated their health as fair or poor, compared to 13% of Richland County adults.
- The 2019 BRFSS has identified that 19% of Ohio and 18% of U.S. adults self-reported their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Shelby City (47%) (2016)
- Richland County (45%) (2016)
- Ohio 48% (2019)
- U.S. 51% (2019)

(Source: BRFSS 2019 for Ohio and U.S.)

Physical Health Status

- In 2016, 22% of Shelby City adults rated their physical health as not good on four or more days in the previous month.
- Over one-quarter (27%) of Richland County adults rated their physical health as not good on four or more days in the previous month.

Mental Health Status

- In 2016, 32% of Shelby City adults rated their mental health as not good on four or more days in the previous month.
- About one-third (34%) of Richland County adults rated their mental health as not good on four or more days in the previous month.
- One-quarter (25%) of Shelby City adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Rated health as excellent or very good	47%	45%	48%	51%
Rated health as fair or poor	9%	13%	19%	18%
Rated their mental health as not good on four or more days in the previous month	32%	34%	N/A	N/A

N/A – Not Available

Health Behaviors: Adult Weight Status

Key Findings

More than two-thirds (71%) of Shelby City adults were overweight (29%) or obese (42%) based on Body Mass Index (BMI). Fifty-six percent (56%) of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week.

Weight Status

- In 2016, the health assessment indicated that more than two-thirds (71%) of Shelby City adults were either overweight (29%) or obese (42%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than two-fifths (44%) of Shelby City adults were trying to lose weight, 35% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.

Physical Activity

- In Shelby City, 56% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week, and 27% of adults exercised 5 or more days per week. Nearly one-fourth (23%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least two hours and 30 minutes every week or vigorous exercise for at least one hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on two or more days per week (*Source: Department of Health and Human Services, Physical Activity Guidelines, 2018*).

Nutrition

- In 2016, 2% of Shelby City adults ate 5 or more servings of fruits and vegetables per day, 19% ate 3-4 servings, and 74% ate 1-2 servings.
- The American Cancer Society recommends that adults eat at least 2½ cups of vegetables and 1½ cups of fruit each day to reduce the risk of cancer and to maintain good health (*Source: American Cancer Society Guideline for Diet and Physical Activity, Updated June 9, 2020*).
- Shelby City adults reported the following reasons they chose the types of food they ate: cost (64%), taste/enjoyment (62%), healthiness of food (47%), what their family prefers (44%), ease of preparation/time (41%), food they were used to (40%), availability (27%), nutritional content (24%), calorie content (19%), artificial sweetener content (8%), health care provider's advice (8%), if it is organic (5%), if it is genetically modified (4%), if it is gluten free (3%), if it is lactose free (3%), other food sensitivities (1%), and other reasons (3%).

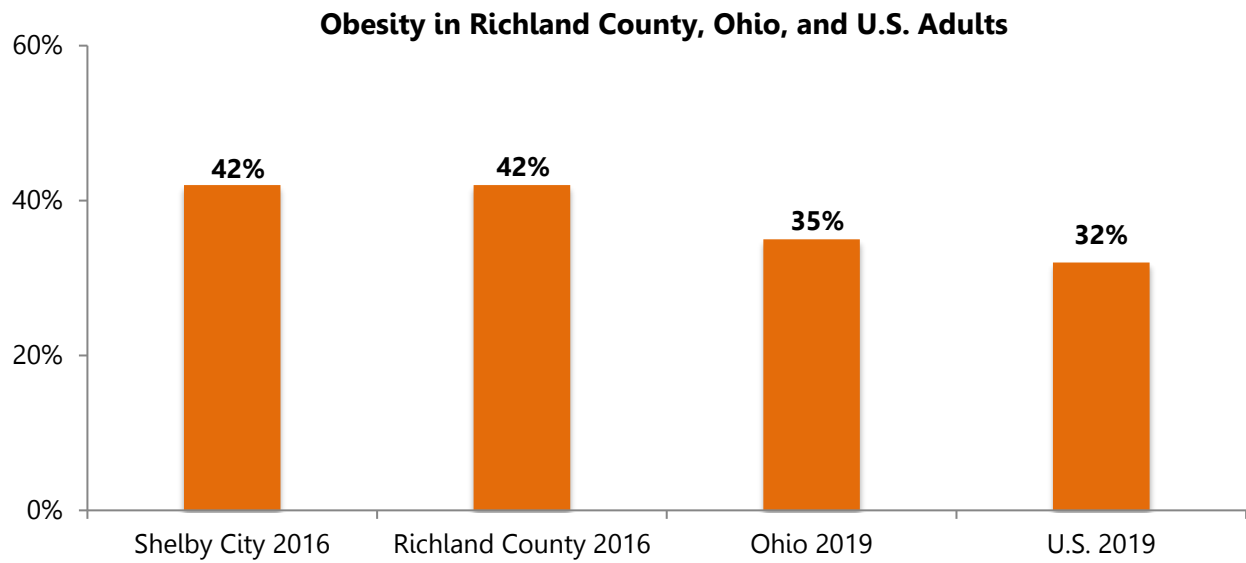
Obesity Facts

- Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer, some of the leading causes of preventable, premature death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (49.6%) followed by Hispanics (44.8%), non-Hispanic whites (42.2%), and non-Hispanic Asians (17.4%).
- Obesity is highest among middle age adults 40-59 years old (44.8%), compared to younger adults age 20-39 (40.0%), and adults over 60 or above (42.8%) adults.

(Source: CDC, Adult Obesity Facts, updated February 27, 2020)

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Overweight	29%	31%	35%	35%
Obese	42%	42%	35%	32%

The following graph shows the percentage of Shelby City and Richland County adults who were obese compared to Ohio and U.S.



(Source: 2016 Richland County Health Assessment and 2019 BRFSS)

SHELBY YMCA

1,750



Active Members

300

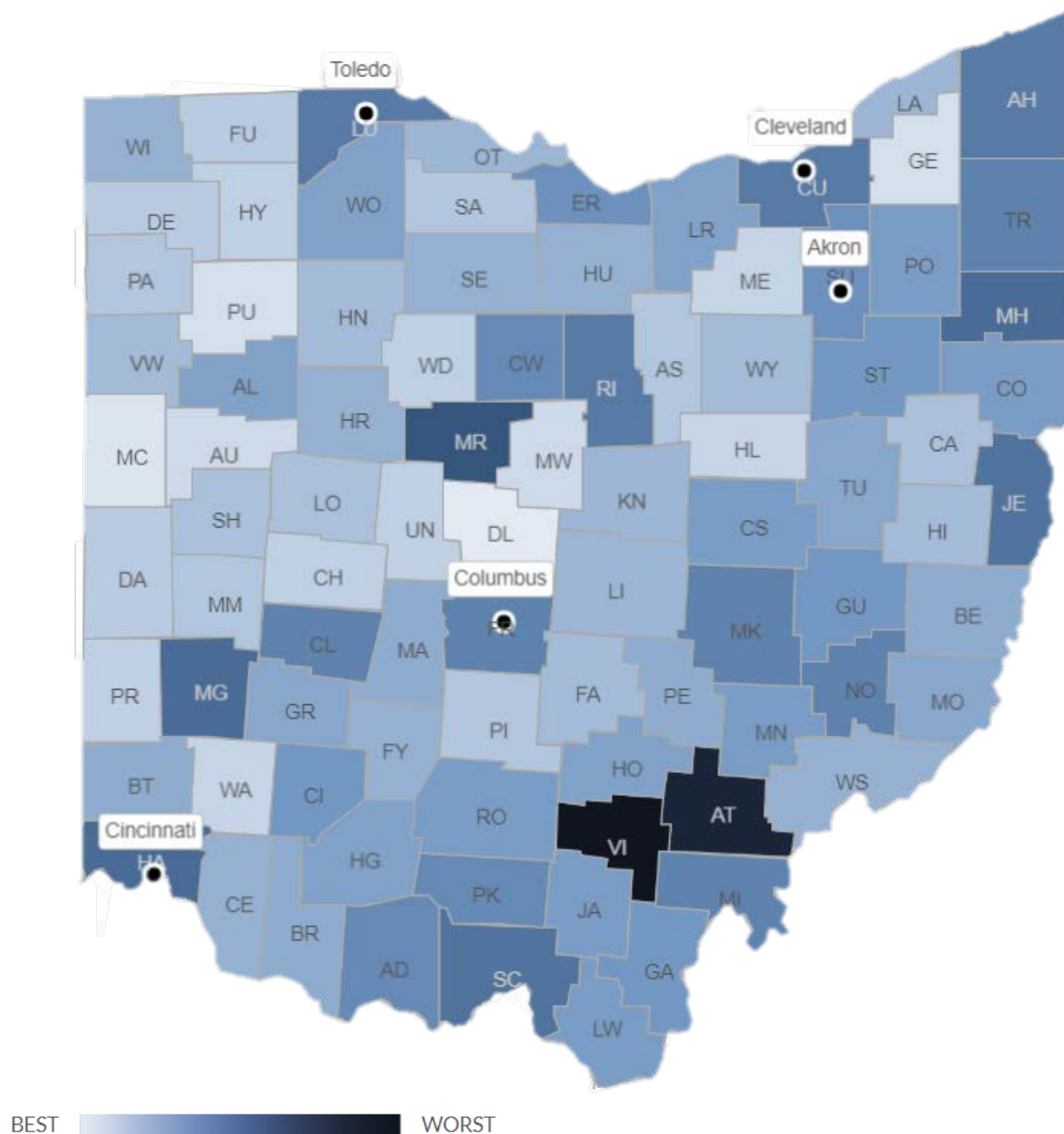


Youth Program Participants

(Source: Shelby City YMCA Membership database, as of 11/15/20, as provided by the Shelby YMCA)

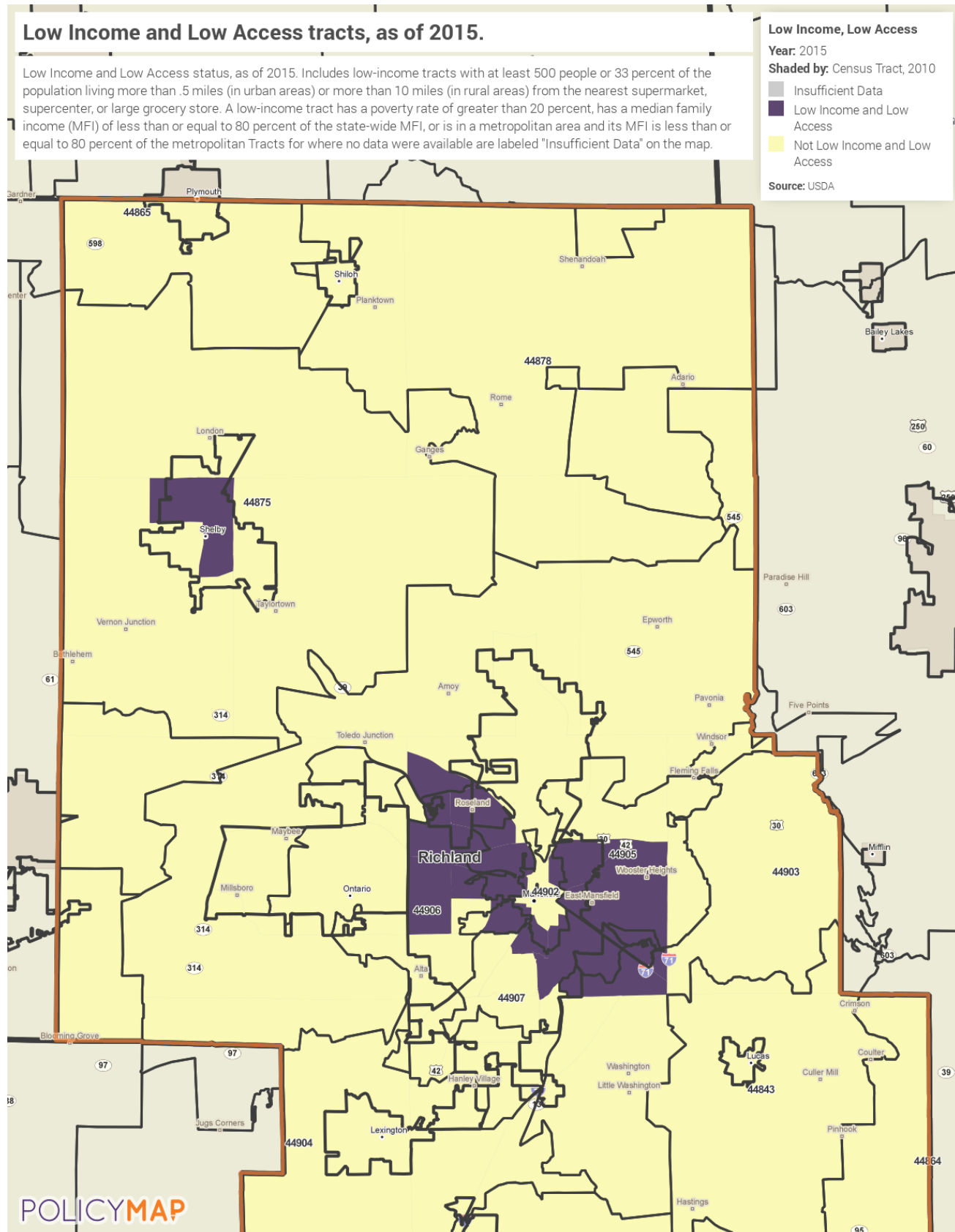
The Food Environment Index measures the quality of the food environment in a county on a scale from 0-10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods & food insecurity.

- The food environment index in Richland County is 6.9.
- The food environment index in Ohio is 6.7.



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

Food Insecurity- Low Income and Low Access Census Tracts, as of 2015



[Source of Food Insecurity Maps: United States Department of Agriculture and Economic Research Services (ERS/USDA). Food Access Research Atlas 2015. PolicyMap. <https://plcy.mp/pWGbTGB> (06 October 2020)]

Health Behaviors: Adult Tobacco Use

Key Findings

In 2016, 17% of Shelby City adults were current smokers, and 25% were considered former smokers. The 2019 BRFSS reported current smoker prevalence rates of 21% for Ohio and 16% for the U.S.

Tobacco Use Behaviors

- The health assessment identified that 17% of Shelby City adults and 16% of all Richland County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- The 2019 BRFSS reported current smoker prevalence rates of 21% for Ohio and 16% for the U.S.
- One-fourth (25%) of Shelby City adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- The 2019 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% for the U.S.

Cost of Smoking Related Illness

Smoking-related illness in the United States costs more than \$300 billion each year, including:

- Nearly \$170 billion for direct medical care for adults
- More than \$156 billion in lost productivity, including \$5.6 billion in lost productivity due to secondhand smoke exposure

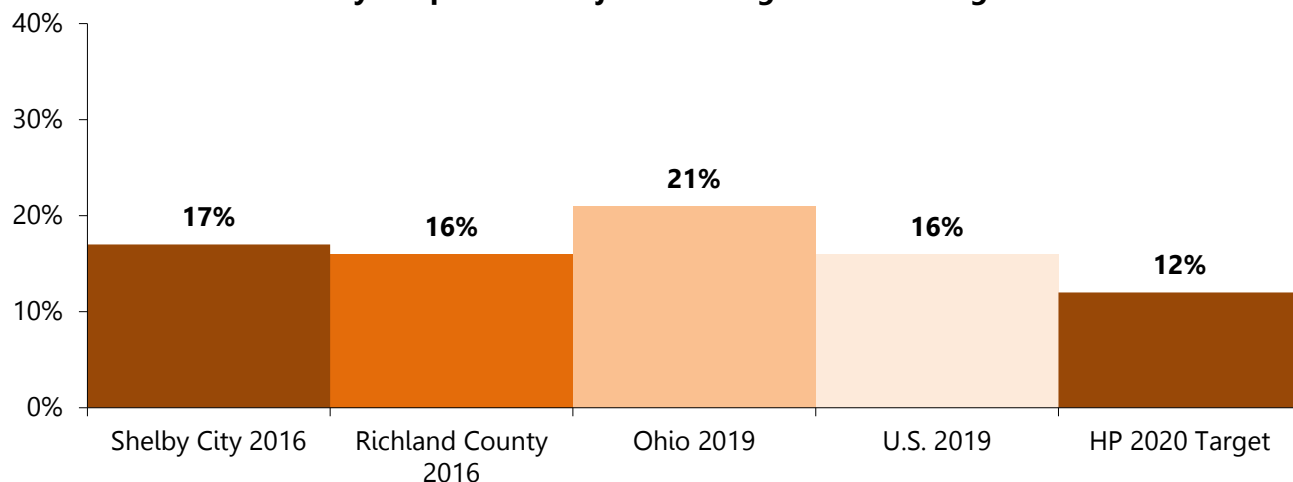
(Source: CDC, Smoking & Tobacco Use, Updated July 23, 2019)

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Current smoker	17%	16%	21%	16%
Former smoker	25%	24%	24%	25%

The following graph shows Shelby City, Richland County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

- The Shelby City adult cigarette smoking rate was lower than the Ohio rate, but higher than the U.S. rate and the Healthy People 2020 target objective.

Healthy People 2020 Objective & Cigarette Smoking Rates



(Source: 2016 Richland County Health Assessment, 2019 BRFSS, and Healthy People 2020)

Benefits of Quitting Smoking Over Time

Quitting smoking lowers your risk of diabetes, lets blood vessels work better, and helps your heart and lungs. Life expectancy for smokers is at least 10 years shorter than that of non-smokers. Quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%.

Quitting while you're younger will reduce your health risks more, but quitting at any age can give back years of life that would be lost by continuing to smoke.

Within minutes of smoking your last cigarette, your body begins to recover:

20 minutes after quitting	Your heart rate and blood pressure drop.
12 hours after quitting	The carbon monoxide level in your blood drops to normal.
2 weeks to 3 months after quitting	Your circulation improves and your lung function increases.
1 to 9 months after quitting	Coughing and shortness of breath decrease. Tiny hair-like structures that move mucus out of the lungs (called cilia) start to regain normal function in your lungs, increasing their ability to handle mucus, clean the lungs, and reduce the risk of infection.
1 year after quitting	The excess risk of coronary heart disease is half that of someone who still smokes. Your heart attack risk drops dramatically.
5 years after quitting	Your risk of cancers of the mouth, throat, esophagus, and bladder is cut in half. Cervical cancer risk falls to that of a non-smoker. Your stroke risk can fall to that of a non-smoker after 2 to 5 years.
10 years after quitting	Your risk of dying from lung cancer is about half that of a person who is still smoking. Your risk of cancer of the larynx (voice box) and pancreas decreases.
15 years after quitting	Your risk of coronary heart disease is that of a non-smoker's.

(Source: American Cancer Society, Benefits of Quitting Smoking Over Time, Updated November 1, 2018)

Health Behaviors: Adult Alcohol Consumption

Key Findings

The health assessment indicated that 51% of Shelby City adults were considered current drinkers. Nineteen percent (19%) of Shelby City 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

Alcohol Consumption

- In 2016, 51% of Shelby City adults had at least one alcoholic drink in the past month.
- Half (50%) of Richland County adults had at least one alcoholic drink in the past month, increasing to 60% of those under the age of 30.
- The 2019 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Shelby City adults drank 4.2 drinks on average, compared to 3.9 drinks for the rest of Richland County adults.

Alcohol Impaired Driving

An alcohol impaired-driving fatality is defined as a fatality in a crash involving a driver or motorcycle rider (operator) with a blood alcohol concentration (BAC) of .08 grams per deciliter (g/dL) or greater.

- Nationwide, more than one-quarter (29%) of the total motor vehicle fatalities were in alcohol-impaired-driving crashes.
- In Ohio, 294 alcohol-impaired-driving fatalities occurred in 2018, accounting for 28% of the total motor vehicle fatalities in the state.

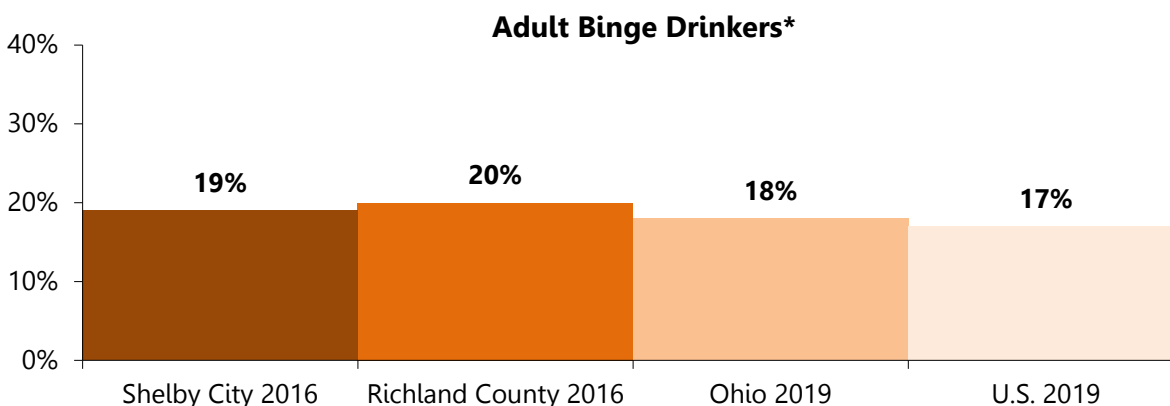
(Source: U.S. Department of Transportation, 2018 Fatal Motor Vehicle Crashes: Overview, Updated October 2019)

19% of Shelby City adults were considered binge drinkers.

- Almost one-fifth (19%) of Shelby City 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.
- One-in-five (20%) of Richland County adults were binge drinkers by definition.
- The 2019 BRFSS reported binge drinking rates of 18% for Ohio and 17% for the U.S.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Drank alcohol at least once in past month	51%	50%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	19%	20%	18%	17%

The following graph shows a comparison of binge drinkers with Shelby City, Richland County, Ohio and U.S. binge drinkers.



(Sources: 2019 BRFSS, 2016 Richland County Health Assessment)

**Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

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 losses 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 Dakota to \$35 billion in California.
 - Excessive alcohol consumption cost Ohio \$8.5 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 about three-quarters (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 January 2, 2020)

Health Behaviors: Adult Drug Use

Key Findings

Four percent (4%) of Shelby City adults had used marijuana during the past 6 months. Six percent (6%) of Shelby City adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

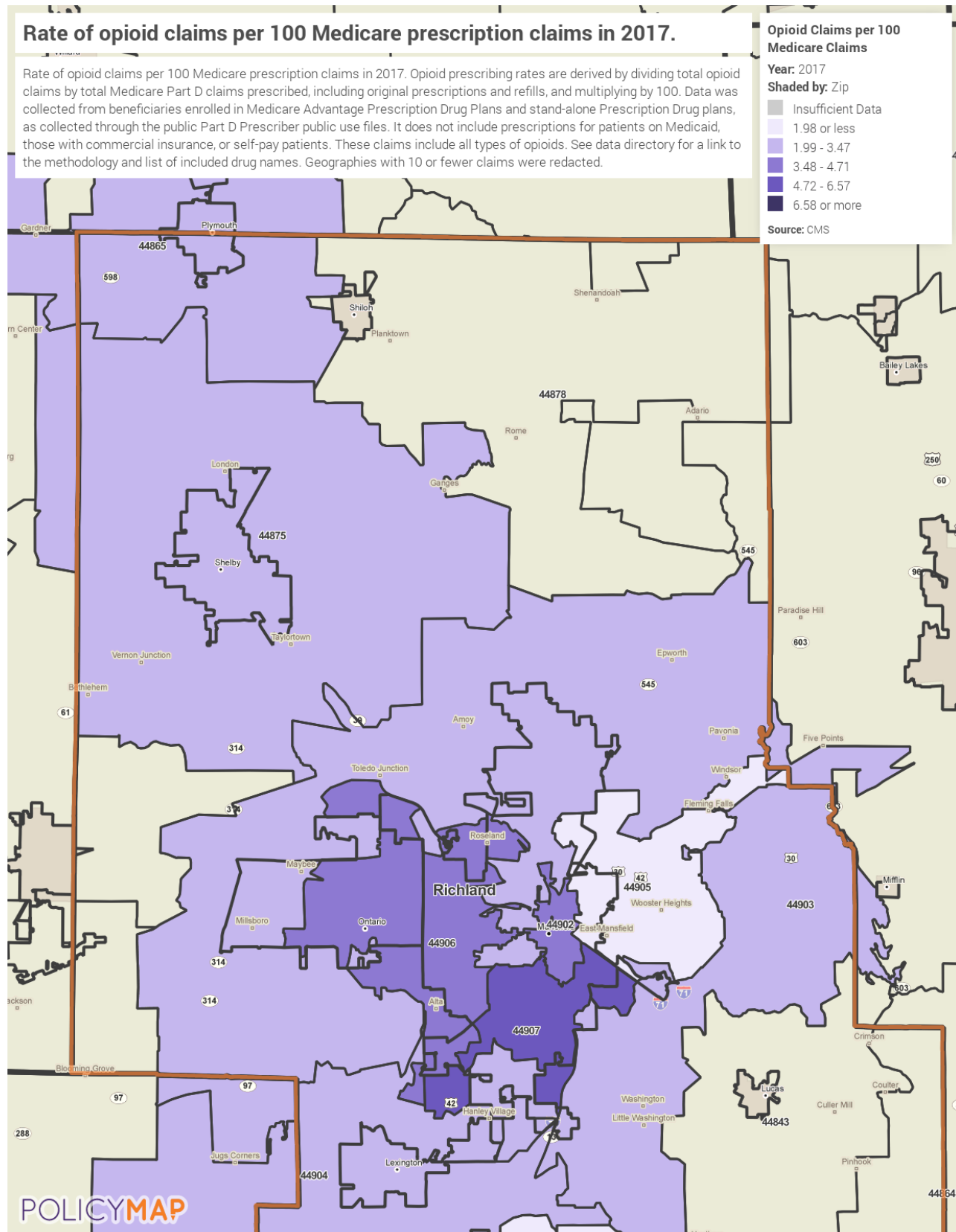
Drug Use

- Four percent (4%) of Shelby City adults had used marijuana in the past 6 months.
- Six percent (6%) of Richland County adults had used marijuana in the past 6 months, increasing to 12% of those under the age of 30.
- One percent (1%) of Richland County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Seven percent (7%) of Richland County adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 10% of those with incomes less than \$25,000.
- Six percent (6%) of Shelby City adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- Richland County adults indicated they did the following with their unused prescription medication: took as prescribed (20%), threw it in the trash (12%), took it to the Medication Collection program (11%), flushed it down the toilet (10%), kept it (10%), took them in on Drug Take Back Days (6%), took them to the sheriff's office (3%), kept in a locked cabinet (3%), gave it away (<1%), mailed to ship back to pharmacy (<1%), and some other destruction method (2%). 54% of adults did not have unused medication.
- Two percent (2%) of Richland County adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included: had not thought of it (2%), could not afford to go (1%), fear (1%), did not want to get in trouble (<1%), did not want to miss work (<1%), no program available (<1%), stigma of seeking drug services (<1%), did not know how to find a program (<1%), could not get to the office or clinic (<1%), transportation (<1%), and other reasons (2%). 95% of adults indicated such a program was not needed.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Adults who used marijuana in the past 6 months	4%	6%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	7%	N/A	N/A

N/A – Not available

Rate of Opioid Claims per 100 Medicare Prescription Claims in 2017



(Source of Medicare Opioid Claims: Centers for Medicare and Medicaid Services (CMS). Rate of Opioid Claims per 100 Medicare Prescription Claims in 2017. PolicyMap. <https://plcy.mp/ZPzzG4W> (07 October 2020).

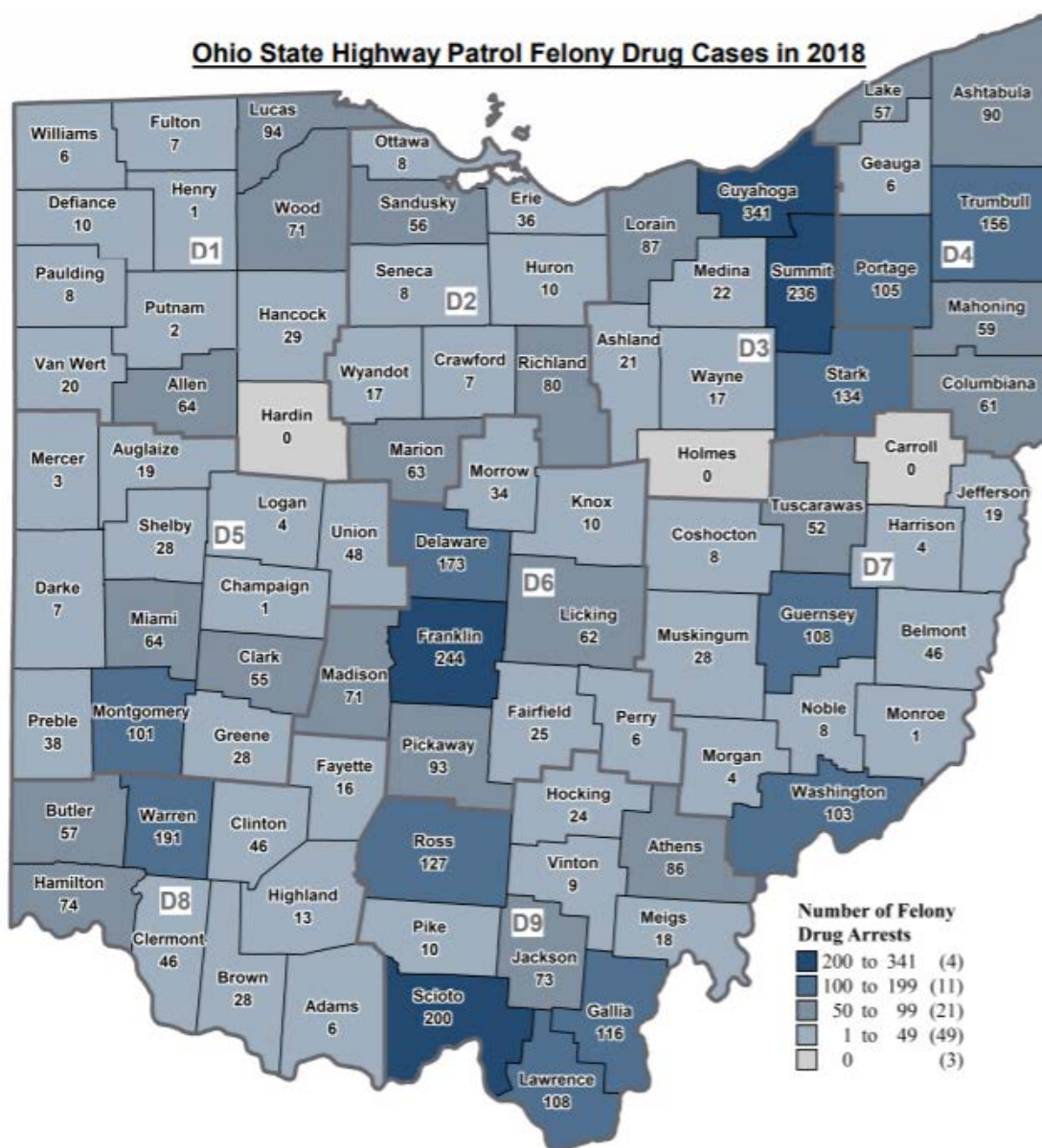
Felony Cases and Drug Arrests 2018

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses in 2018, including vice (4,768), assault (2,170), larceny (686), false pretense (185), property crimes (153), homicide/death (45), robbery/burglary (7), and various other types of felony offenses (307).
- OSHP Troopers made 16,956 total drug arrests in 2018, a 2% increase compared to 2017 and a 20% increase compared to the previous 3-year average (2015-2017). Total drug arrests in 2018 were 76% higher than they were in 2013.
- Of the 16,956 drug arrests, more than one-quarter (4,732 or 28%) included one or more felony drug charges. This represents a 21% increase over the previous 3-year average (2015-2017).

OSHP felony cases by type ¹	
Homicide/Death	45
Robbery/Burglary	7
Larceny	686
Assault	2,170
False pretense ²	185
Vice ³	4,768
Property crimes	153
Other investigations	307
Total:	8,321

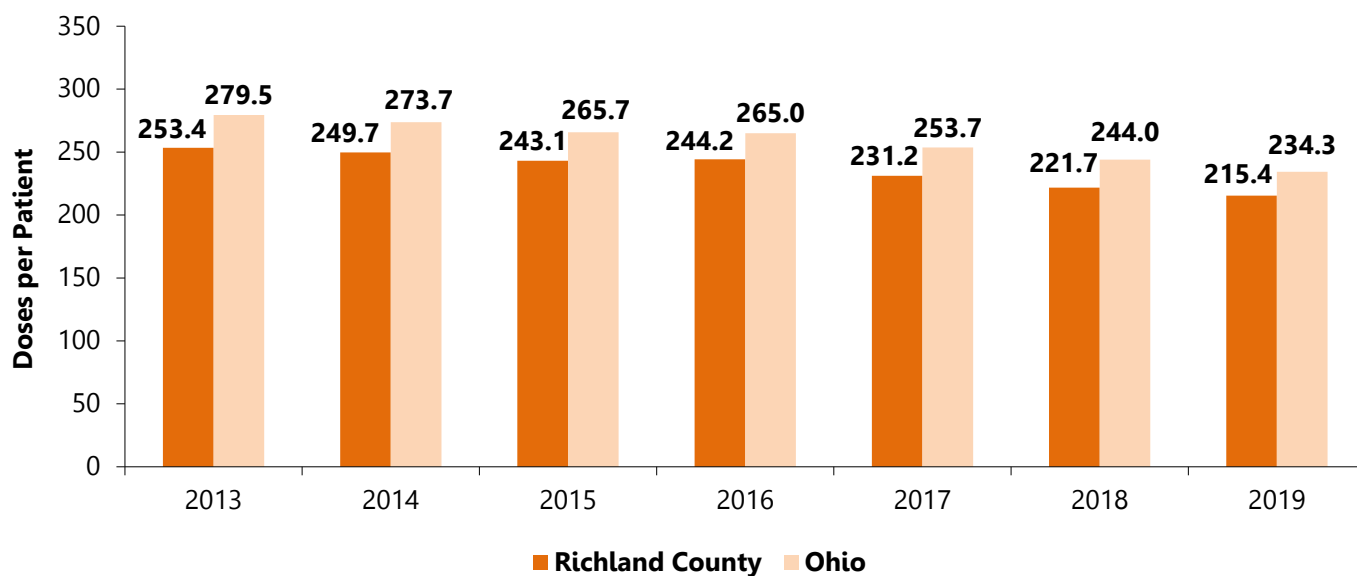
OSHP drug arrests	
Total drug arrests	16,956
Felony drug cases	4,732

OSHP drug seizures in grams	
Marijuana	2,181,948
Cocaine	229,521
Methamphetamine	194,682
Heroin	133,383
OSHP scheduled pill seizures	
Opiate	25,475
Stimulant	4,700
Depressant	8,210
Hallucinogen	736

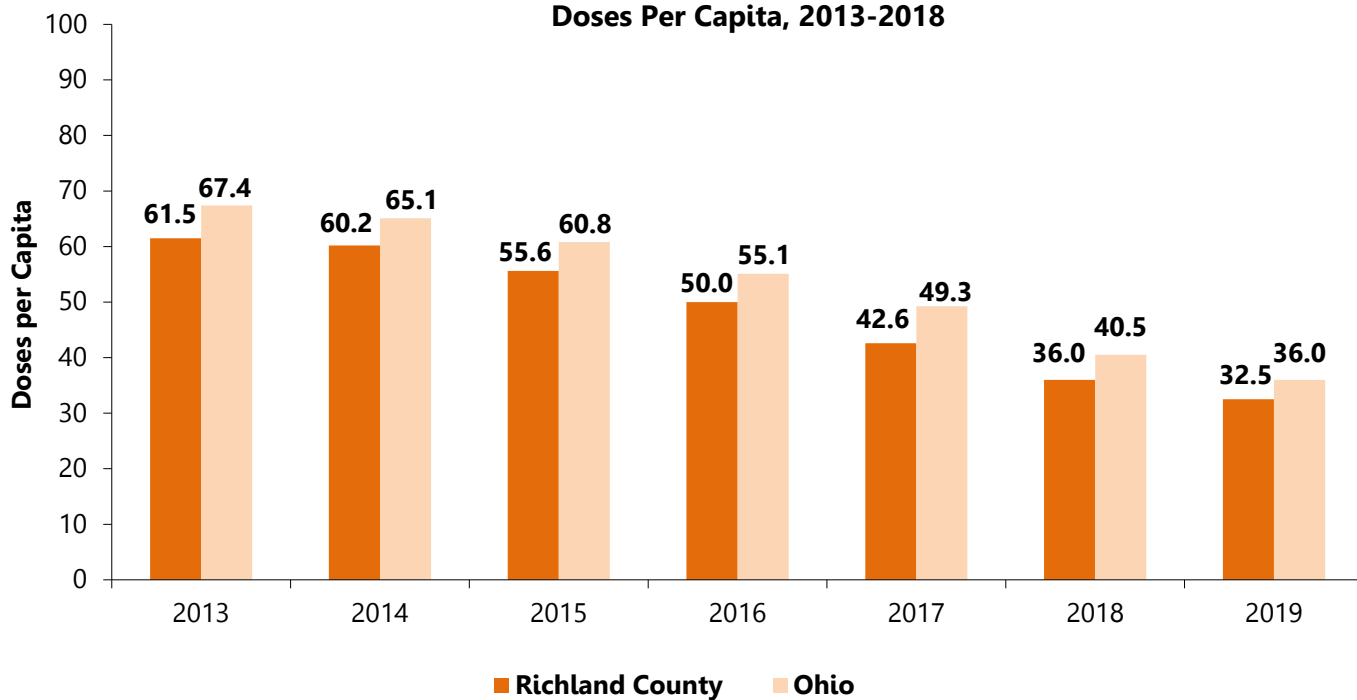


The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Richland County and Ohio opiate and pain reliever doses per patient, as well as doses per capita.

**Richland County and Ohio Number of Opiate and Pain Reliever
Doses Per Patient, 2013-2018**



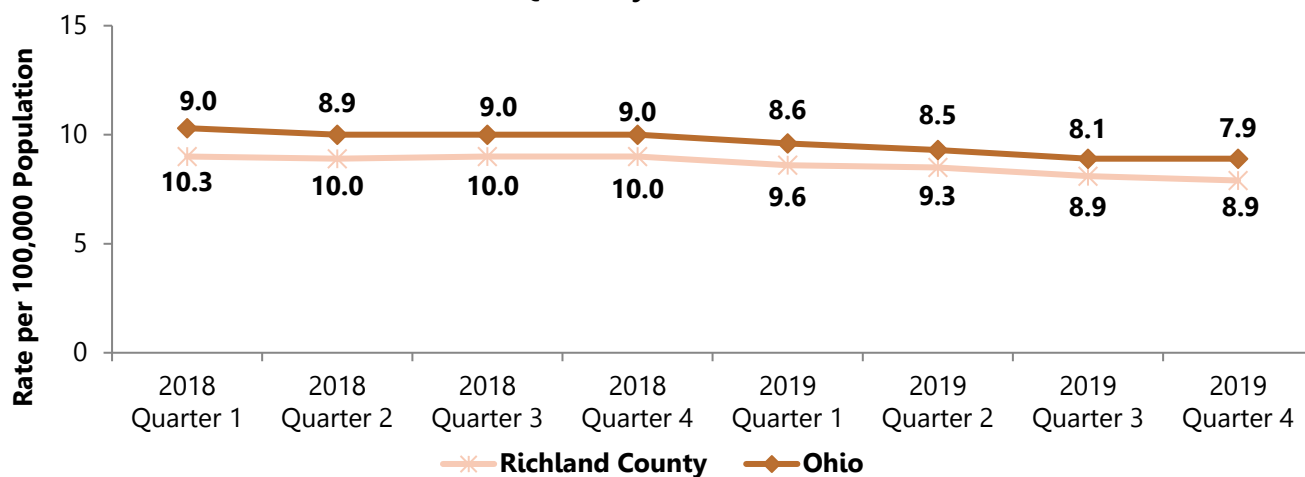
**Richland County and Ohio Number of Opiate and Pain Reliever
Doses Per Capita, 2013-2018**



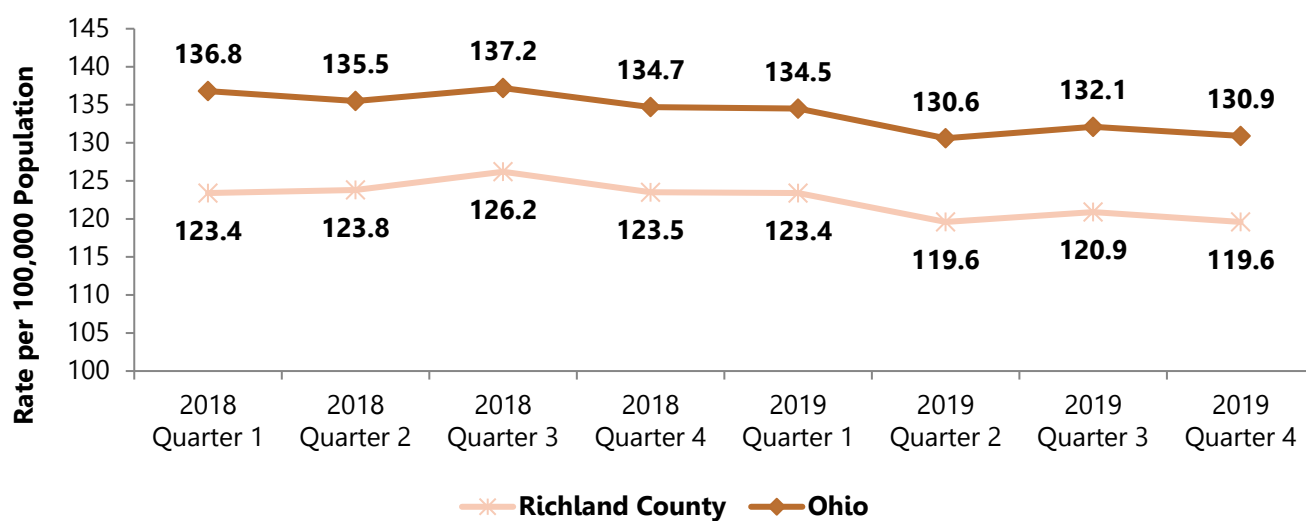
(Source for graphs: Ohio Automated Rx Reporting System, Quarterly County Data)

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

Richland County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2018-2019

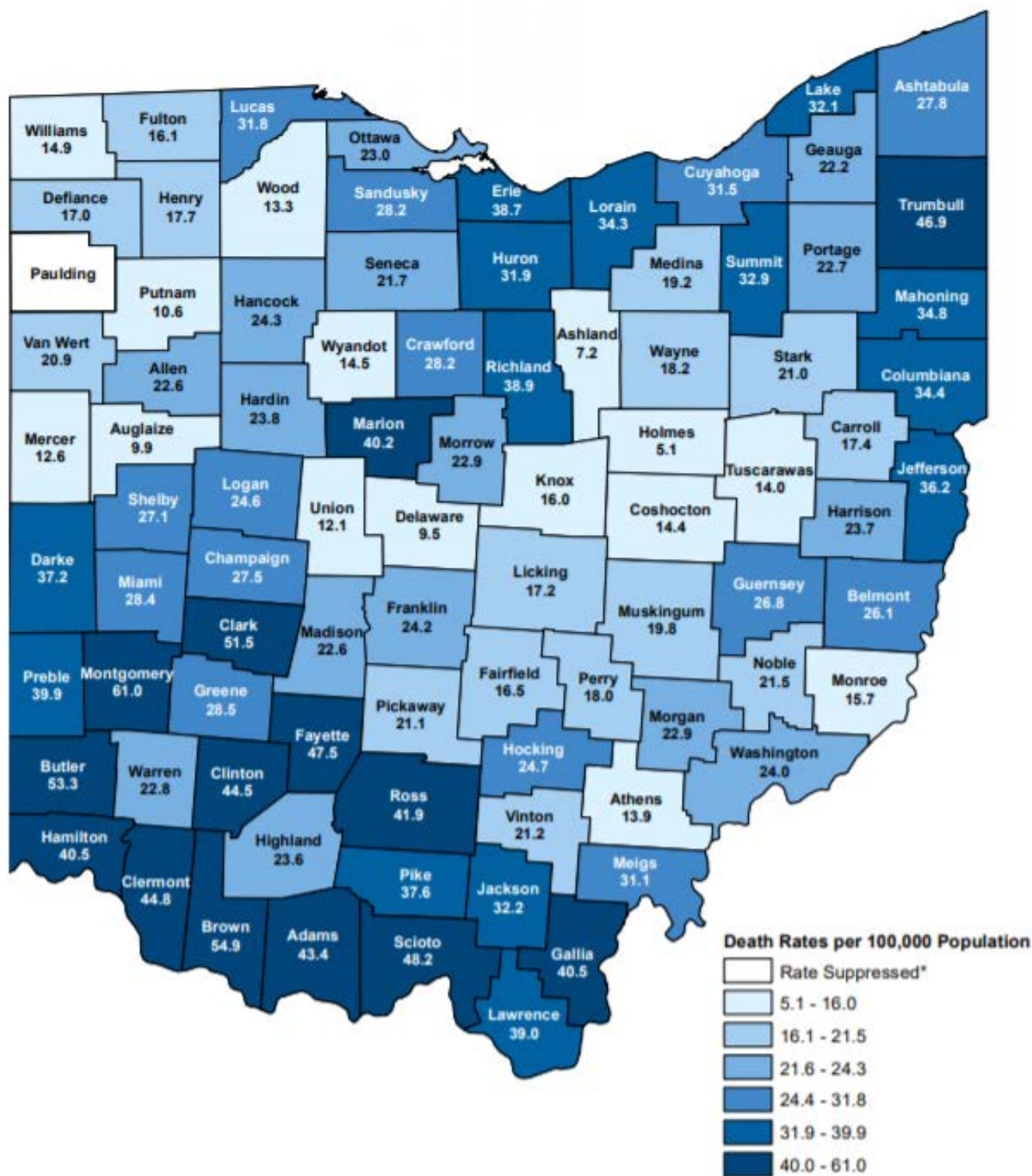


Number of Opioid Doses Per Patient, Quarterly from 2018-2019



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

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2013-2018.



(Source: Ohio Department of Health, 2018 Ohio Drug Overdose Data: General Findings)

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2016, 69% of Richland County adults and 70% of Shelby City adults had sexual intercourse. Eight percent (8%) of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, STDs in Adolescents and Young Adults, 2017 STD Surveillance).

Sexual Behavior

- In 2016, 70% of Shelby City adult had sexual intercourse in the past year.
- Eight percent (8%) of Shelby City adults reported they had intercourse with more than one partner in the past year.
- Shelby City adults used the following methods of birth control: they or their partner were too old (29%), vasectomy (21%), tubes tied (18%), hysterectomy (12%), infertility (9%), condoms (6%), birth control pill (6%), ovaries or testicles removed (6%), withdrawal (4%), rhythm method (2%), IUD (1%), and contraceptive implants (1%), emergency contraception (<1%), and contraceptive patch (<1%).
- In 2016, 69% of Richland County adult had sexual intercourse. 6% of Richland County adults reported they had intercourse with more than one partner in the past year, increasing to 26% of those under the age of 30.
- Richland County adults used the following methods of birth control: they or their partner were too old (18%), tubes tied (16%), condoms (13%), hysterectomy (13%), birth control pill (12%), vasectomy (11%), ovaries or testicles removed (7%), abstinence (5%), withdrawal (5%), infertility (4%), rhythm method (3%), IUD (2%), contraceptive implants (1%), and shots (1%).
- Eight percent (8%) of Shelby City adults and 12% of all Richland County adults had been tested for a sexually transmitted disease (STD) in the past year.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Had more than one sexual partner in past year	8%	6%	N/A	N/A

N/A – Not available

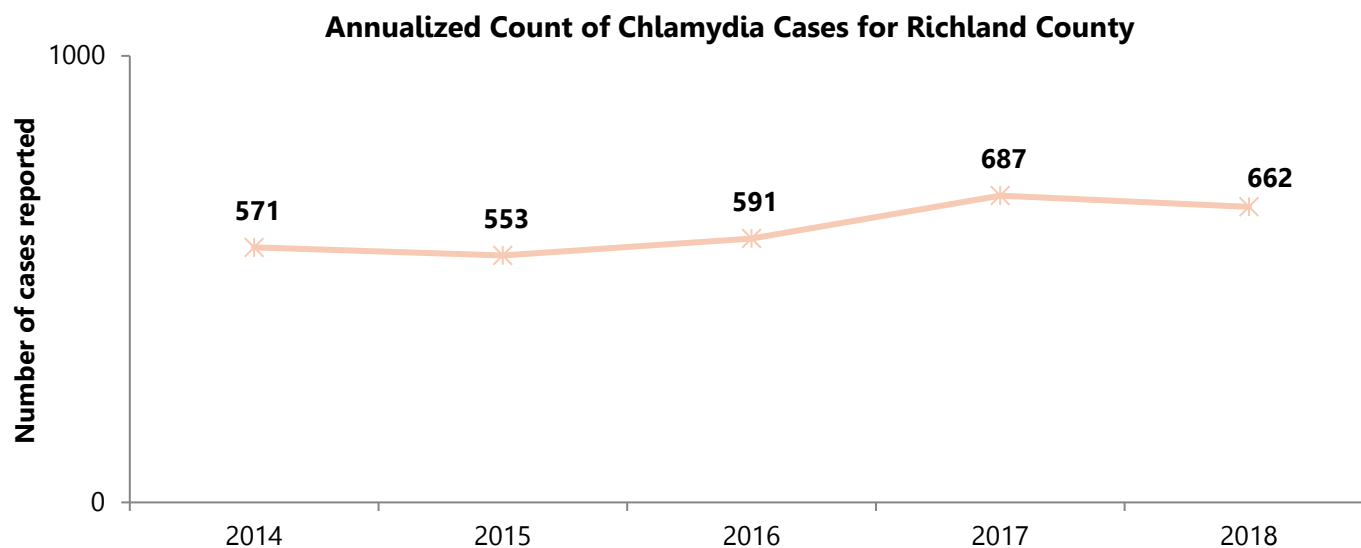
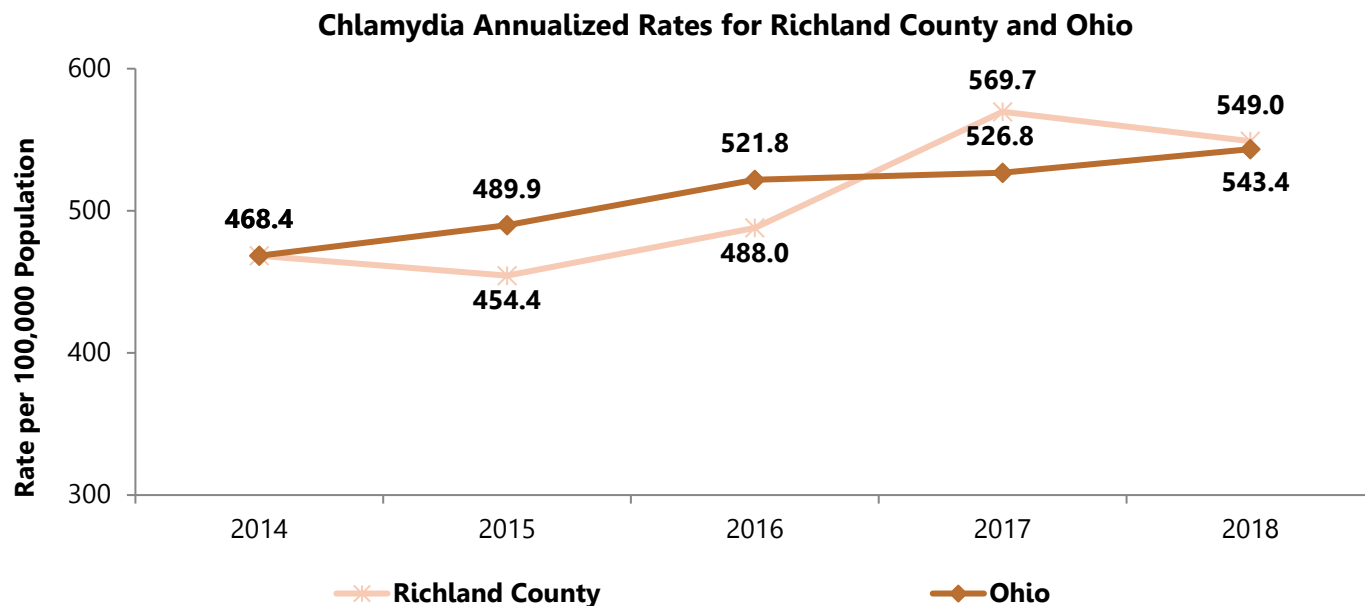
The State of STDs in the United States

- In 2018, STDs surged for the fifth straight year reaching an all-time high of 2.4 million reported cases of chlamydia, gonorrhea, and syphilis.
 - 1.8 million cases of chlamydia were diagnosed in 2018, a 19% increase since 2014
 - 583,405 cases of gonorrhea were diagnosed, a 63% increase since 2014
 - 115,045 cases of syphilis were diagnosed, a 71% increase of infectious syphilis since 2014
 - 1,306 cases of syphilis were diagnosed among newborns in 2018, a 185% increase since 2014
- Anyone who has sex is at risk, but some groups are more affected by STDs including young people aged 15-24, gay and bisexual men, and pregnant women.
- If left untreated, STDs can cause:
 - Increased risk of giving or getting HIV
 - Long-term pelvic/abdominal pain
 - Inability to get pregnant or pregnancy complications

(Source: CDC, Sexually Transmitted Disease Surveillance 2018, June 30, 2019)

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

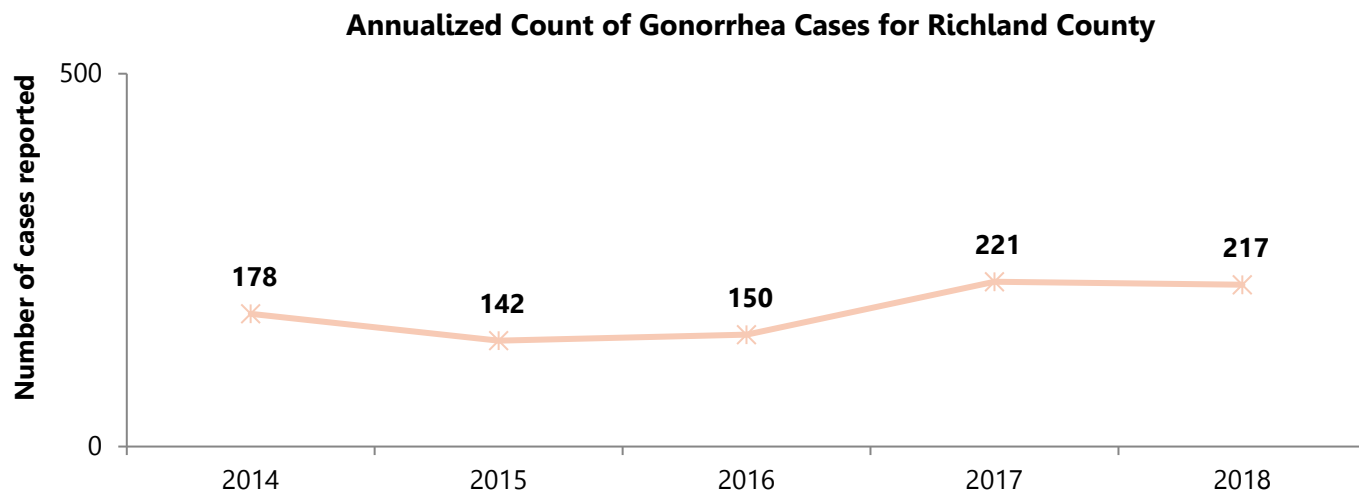
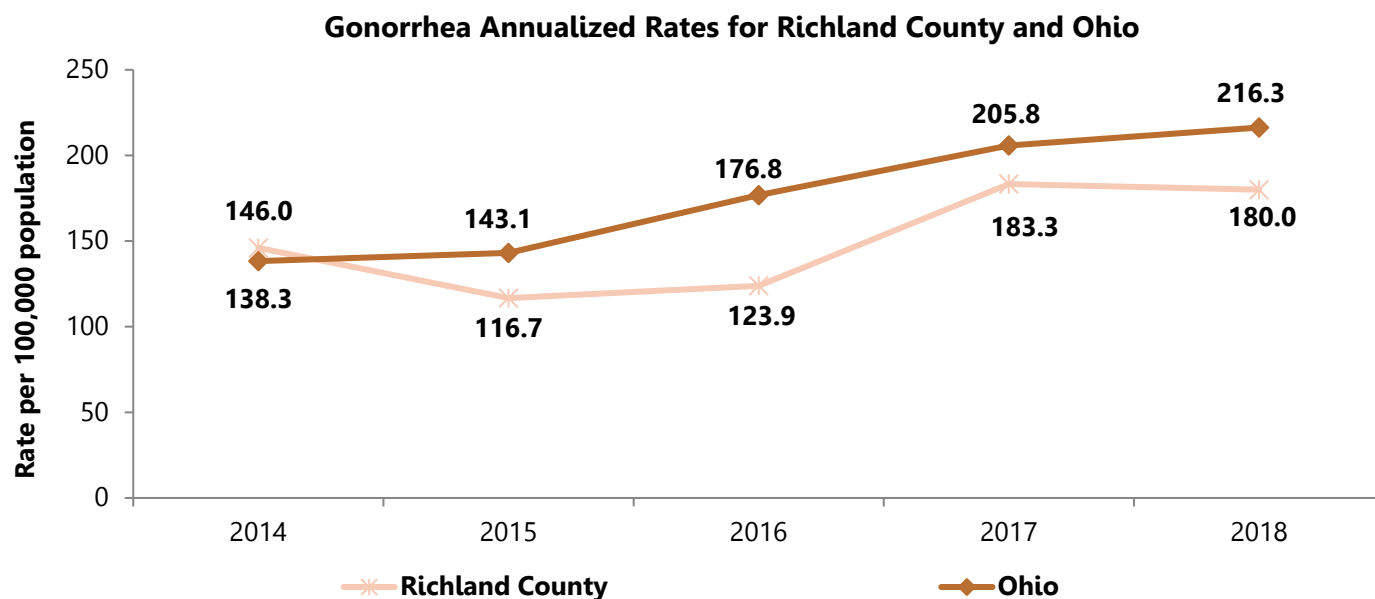
- Richland County chlamydia rates increased from 2015 to 2017.
- Ohio chlamydia rates steadily increased from 2014 to 2018.



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

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

- Richland County gonorrhea rates increased significantly between 2015 and 2017.
- Ohio gonorrhea rates steadily increased from 2015 to 2018.



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

Health Behaviors: Adult Mental Health

Key Findings

In 2016, 3% of Shelby City adults made a plan to attempt suicide in the past year. More than one-quarter (28%) of Shelby City adults did not get enough rest or sleep almost every day for two or more weeks.

Mental Health

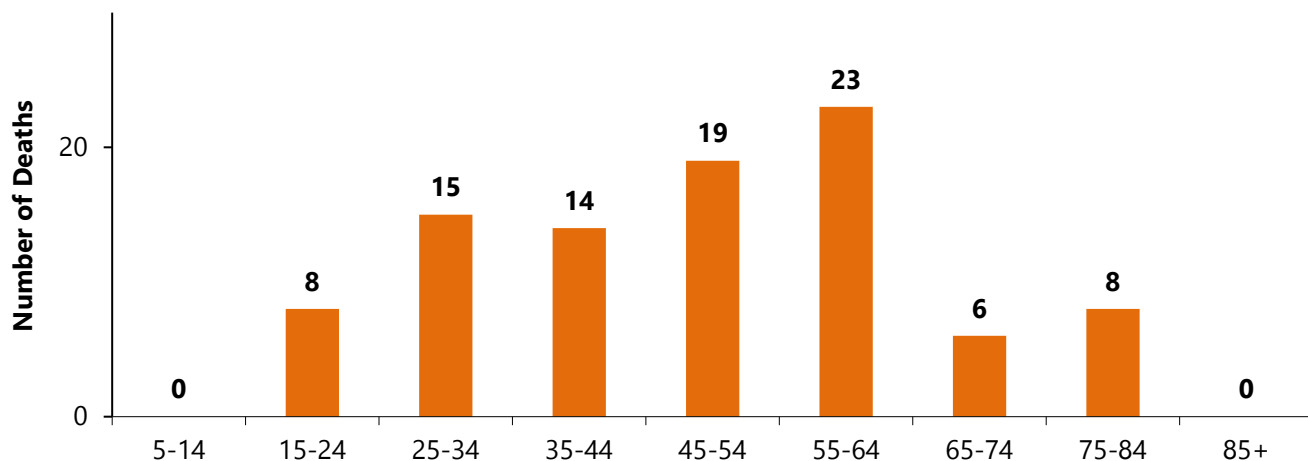
- Shelby City adults experienced the following almost every day for two or more weeks in a row: did not get enough rest or sleep (28%); woke up before they wanted (21%); had trouble sleeping/slept too much (20%); felt fatigued or had no energy (20%); felt worried, tense or anxious (16%); had high stress (16%); felt sad, blue, or depressed (13%); felt healthy and full of energy (12%); felt extremely restless or slowed down (7%); felt worthless or hopeless (6%); had trouble thinking or concentrating (6%); lost interest in most things (6%); had weight/ appetite change (4%); and thought about death or suicide (2%).
- Richland County adults experienced the following almost every day for two or more weeks in a row: did not get enough rest or sleep (31%); had trouble sleeping/slept too much (25%); felt fatigued or had no energy (24%); felt worried, tense or anxious (22%); woke up before they wanted (20%); had high stress (19%); felt sad, blue, or depressed (14%); felt healthy and full of energy (12%); had trouble thinking or concentrating (11%); had weight/ appetite change (9%); lost interest in most things (9%); felt worthless or hopeless (9%); felt extremely restless or slowed down (6%); thought about death or suicide (5%); and attempted suicide (2%).
- Three percent (3%) of Richland County adults made a plan to attempt suicide in the past year.
- In 2016, 3% of Shelby City adults made a plan to attempt suicide in the past year.
- One percent (1%) of Richland County adults reported attempting suicide in the past year.
- No Shelby City adults reported attempting suicide in the past year.
- Nearly one-third (31%) of Richland County adults always received the social and emotional support they need. 9% of adults reported they never receive the social and emotional support they need.
- Nearly one-third (32%) of Shelby City adults always received the social and emotional support they need. 5% of adults reported they never receive the social and emotional support they need.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Felt sad or hopeless for two or more weeks in a row	6%	9%	N/A	N/A
Made a plan to attempt suicide in the past year	3%	3%	N/A	N/A

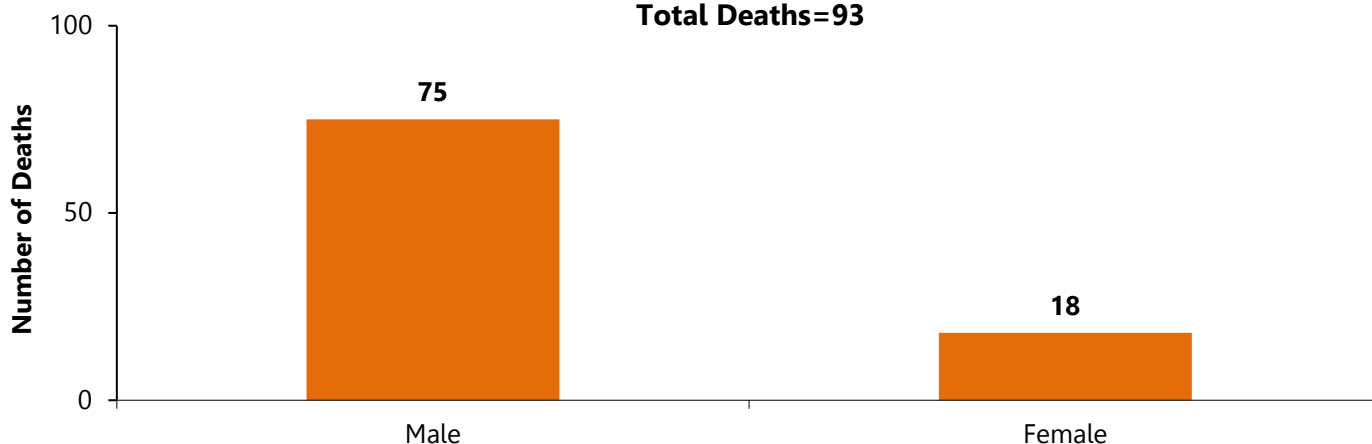
N/A – Not Available

The graphs below show the number of suicide deaths by age group and gender from 2015 to 2019 in Richland County.

Richland County Number of Suicide Deaths By Age Group, 2015-2019
Total Deaths =93



Richland County Number of Suicide Deaths by Gender, 2015-2019
Total Deaths=93



(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 11/18/20)

Note for graphs: Ohio Resident deaths include individuals that resided in Ohio at the time of death regardless of where the death occurred.

Suicide Facts

Several factors can increase the risk for suicide and protect against it. Suicide is connected to other forms of injury and violence, and causes serious health and economic consequences. For example, suicide risk is higher among people who have experienced violence, including child abuse, bullying, or sexual violence. Protective factors like family and community support, or, “connectedness,” and easy access to health care can decrease the risk for suicidal thoughts and behavior.

Suicide is a large and growing public health problem.

- Suicide is the 10th leading cause of death in the United States. It was responsible for more than 48,000 deaths in 2018, resulting in about one death every 11 minutes.
- Every year, many more people think about or attempt suicide than die by suicide. In 2018, 10.7 million American adults seriously thought about suicide, 3.3 million made a plan, and 1.4 million attempted suicide.

Suicide affects all ages.

- Suicide is a problem throughout the life span. It is the second leading cause of death for people 10 to 34 years of age, the fourth leading cause among people 35 to 54 years of age, and the eighth leading cause among people 55 to 64 years of age

Some groups have higher rates of suicide than others.

- Suicide rates vary by race/ethnicity, age, and other population characteristics, with the highest rates across the life span occurring among non-Hispanic American Indian/Alaska Native and non-Hispanic White populations.
- Other Americans disproportionately impacted by suicide include Veterans and other military personnel and workers in certain occupational groups like construction and the arts, design, entertainment, sports, and media fields.
- Sexual minority youth bear a large burden as well, and experience increased suicidal ideation and behavior compared to their non-sexual minority peers

(Source: CDC, Violence Prevention, Fast Facts, Updated 4/21/2020)

Chronic Disease: Cardiovascular Health

Key Findings

The 2016 Health Assessment found that 5% of Shelby City adults had survived a heart attack and 3% had survived a stroke at some time in their life. Just over two-fifths (42%) of Shelby City adults were obese, 32% had high blood pressure, 31% had high blood cholesterol, and 17% were smokers, four known risk factors for heart disease and stroke. Heart disease (23%) and stroke (5%) accounted for 28% of all Richland County adult deaths in 2016-2018 (Source: Ohio Public Health Data Warehouse, 2016-2018).

- Shelby City adults were less likely to have been diagnosed with:
 - High blood cholesterol (31% compared to 39% of Richland County adults).
 - High blood pressure (32% compared to 40% of the rest of Richland County adults).

Heart Disease and Stroke

- In 2016, 5% of Richland County adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65.
- Five percent (5%) of Shelby City adults reported they had survived a heart attack or myocardial infarction.
- Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2019 (Source: 2019 BRFSS).
- Three percent (3%) of Richland County adults reported they had survived a stroke, increasing to 6% of those over the age of 65.
- Three percent (3%) of Shelby City adults reported in 2016 they had survived a stroke.
- In 2019, 4% of Ohio and 3% of U.S. adults reported having had a stroke (Source: 2019 BRFSS).
- Six percent (6%) of Richland County adults reported they had angina or coronary heart disease, increasing to 12% of those over the age of 65.
- Six percent (6%) of Shelby City adults reported they had angina or coronary heart disease.
- Five percent (5%) of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2019 (Source: 2019 BRFSS).
- Three percent (3%) of Richland County adults reported they had congestive heart failure, increasing to 7% of those over the age of 65.
- Two percent (2%) of Shelby City adults reported they had congestive heart failure.

Richland County Leading Causes of Death 2016-2018

Total Deaths: 4,463

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

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Ohio Leading Causes of Death 2016-2018

Total Deaths: 367,518

- 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, 2016-2018)

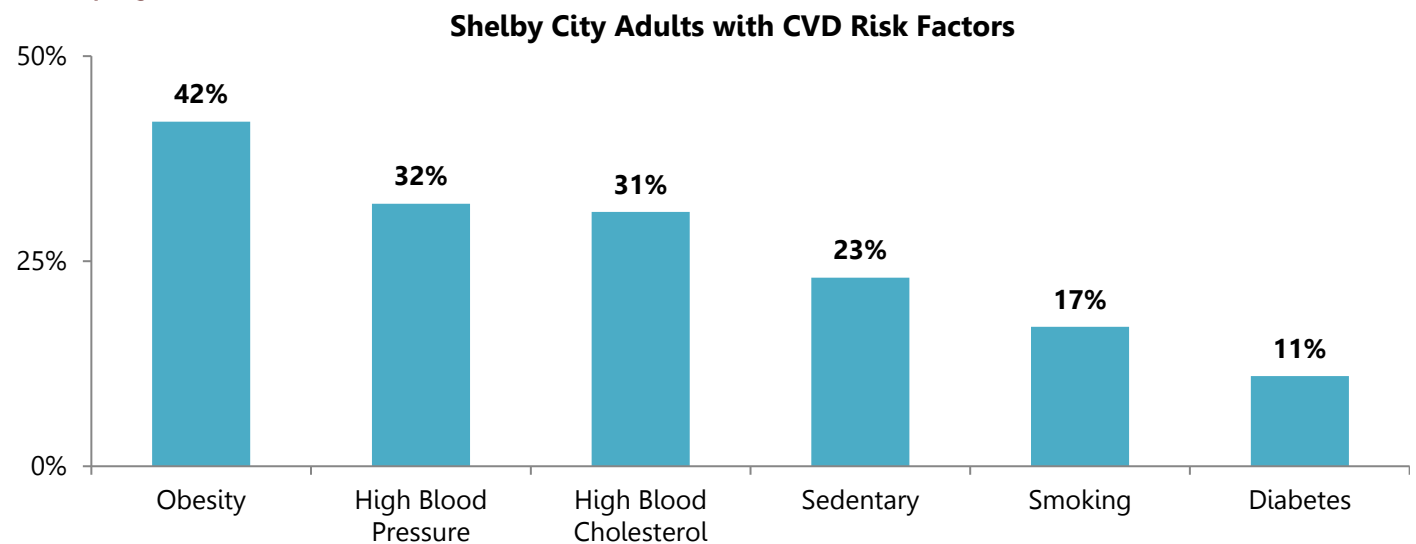
High Blood Pressure (Hypertension)

- About one-third (32%) of Shelby City adults had been diagnosed with high blood pressure, compared to 40% of Richland County adults.
- The 2019 BRFSS reports hypertension prevalence rates of 35% for Ohio and 32% for the U.S.
- Eight percent (8%) of Richland County adults were told they were pre-hypertensive/borderline high, compared to 9% of Shelby City adults.
- Most (89%) Shelby City adults had their blood pressure checked within the past year.

High Blood Cholesterol

- Nearly two-fifths (39%) of Richland County adults and 31% of Shelby City adults had been diagnosed with high blood cholesterol.
- The 2019 BRFSS reported that 33% of Ohio and U.S. adults had been told they have high blood cholesterol.
- More than four-fifths (83%) of Richland County adults and 80% of Shelby City adults had their blood cholesterol checked within the past 5 years. The 2019 BRFSS reported 85% of Ohio and 87% U.S. adults had their blood cholesterol checked within the past 5 years.

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



(Source: 2016 Richland County Health Assessment)

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Had angina	6%	6%	5%	4%
Had a heart attack	5%	5%	5%	4%
Had a stroke	3%	3%	4%	3%
Had high blood pressure	32%	40%	35%	32%
Had high blood cholesterol	31%	39%	33%	33%
Had blood cholesterol checked within past 5 years	80%	83%	85%	87%

Chronic Disease: Cancer

Key Findings

In 2016, 13% of Richland County adults and 15% of Shelby City adults had been diagnosed with cancer at some time in their life. The Ohio Department of Health indicates that from 2016-2018, a total of 946 Richland County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that avoiding tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Adult Cancer

- Almost one-fifth (13%) of Richland County adults were diagnosed with cancer at some point in their lives, increasing to 31% of those over the age of 65. Fifteen percent (15%) of Shelby City adults were diagnosed with cancer at some point in their lives.
- Of those diagnosed with cancer, they reported the following types: breast (31%), other skin cancer (21%), prostate (15%), melanoma (7%), thyroid (7%), colon (5%), Non-Hodgkin's Lymphoma (4%), cervical (3%), lung (2%), renal (2%), bladder (1%), head and neck (1%), pharyngeal (1%), and other types of cancer (10%). 11% of adults had been diagnosed with multiple types of cancer.
- Fifteen percent (15%) of Shelby City adults were diagnosed with cancer at some point in their lives. Of those diagnosed with cancer, they reported the following types: skin cancer (26%), melanoma (15%), prostate (10%), breast (8%), colon (6%), cervical (3%), thyroid (3%), lung (3%), renal (3%), non-Hodgkin's lymphoma (2%), Hodgkin's lymphoma (2%), esophageal (2%), head and neck (2%), and other types of cancer (8%). Eight percent (8%) of adults reported being diagnosed with multiple types of cancer.

Richland County Incidence of Cancer, 2013-2017

All Types: 3,812 cases

- Lung and Bronchus: 609 cases (16%)
- Breast: 499 cases (13%)
- Prostate: 413 cases (11%)
- Colon and Rectal: 366 cases (10%)

In 2018, there were 304 cancer deaths in Richland County.

(Source: Ohio Public Health Data Warehouse, Updated 2/7/2020)

15% of Shelby City adults had been diagnosed with cancer at some time in their life.

- Shelby City adults were less likely than the rest of Richland County adults to:
 - Have had a colonoscopy or sigmoidoscopy in the past 5 years (33% compared to 56% of the rest of Richland County adults).
 - Have had a mammogram in the past year (37% compared to 39% of the rest of Richland County adults).
 - Have had a breast exam in the past year (49% compared to 52% of the rest of Richland County adults).
- Shelby City adults were more likely to have been diagnosed with:
 - Cancer (15% compared to 13% of the rest of Richland County adults).
- The Ohio Department of Health indicates that from 2016-2018, cancers caused 21% (946 of 4,463 total deaths) of all Richland County resident deaths.

Richland County Incidence of Cancer 2013-2017

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	609	16.0%
Breast	499	13.1%
Prostate	413	10.8%
Colon & Rectum	366	9.6%
Other Sites/Types	332	8.7%
Bladder	181	4.7%
Non-Hodgkins Lymphoma	174	4.6%
Melanoma of Skin	152	4.0%
Uterus	136	3.6%
Kidney & Renal Pelvis	130	3.4%
Leukemia	123	3.2%
Oral Cavity & Pharynx	98	2.6%
Pancreas	93	2.4%
Thyroid	85	2.2%
Ovary	67	1.8%
Multiple Myeloma	63	1.7%
Esophagus	57	1.5%
Liver & Intrahepatic Bile Duct	51	1.3%
Brain and Other CNS	49	1.3%
Larynx	37	1.0%
Stomach	37	1.0%
Cervix	24	0.6%
Hodgkins Lymphoma	21	0.6%
Testis	15	0.4%
Total	3,812	100%

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

2020 Cancer Estimates

- In 2020, more than 1.8 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that 18% of the new cancer cases expected to occur in the U.S. in 2020 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 606,520 Americans are expected to die of cancer in 2020.
- Tobacco was responsible for more than 8 million deaths in 2017, including 1.2 million deaths from secondhand smoke exposure among nonsmokers.
- In 2020, estimates predict that there will be 71,850 new cases of cancer and 25,380 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,110 (14%) will be from lung and bronchus cancers and 5,910 (8%) will be from colon and rectum cancers.
- About 10,350 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 7,030.

(Source: American Cancer Society, Facts and Figures 2020)

Chronic Disease: Arthritis

Key Findings

According to the 2016 survey data, 30% of Shelby City and 35% of Richland County adults were diagnosed with arthritis. According to the 2019 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they had arthritis.

Arthritis

- Shelby City adults were less likely to have been diagnosed with arthritis (30% compared to 35% of the rest of Richland County adults).
- According to the 2019 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they had arthritis.
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation that involves repetitive motions, are overweight or obese, and/or have joint injuries or infections (Source: CDC, *Arthritis Risk Factors*, Updated January 6, 2020).
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. The annual direct medical costs are at least \$140 billion in the U.S. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, *Arthritis at a Glance*, Updated January 20, 2019).

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Diagnosed with arthritis	30%	35%	31%	26%

Arthritis and Joint Pain Management

- Chronic pain caused by arthritis affects millions of people in the United States every year. About one in four adults with arthritis—15 million people—report experiencing severe joint pain related to arthritis. Additionally, nearly half of adults with arthritis have persistent pain. Arthritis-related severe joint pain affects adults of all ages, both sexes, and all races and ethnicities.
- Many professional organizations have guidelines for managing arthritis pain. A common theme across guidelines is that pain management strategies should be flexible, include options that do not involve medication, and be tailored to meet the needs of the patient. Such guidelines suggest the following for managing arthritis symptoms such as pain:
 - Over-the-counter medications like acetaminophen (e.g., Tylenol®) or ibuprofen (e.g., Advil® or Motrin®) and other nonsteroidal anti-inflammatory drugs (NSAIDs).
 - Physical activity/exercise or community-based physical activity programs.
 - Exercise therapy, including physical therapy.
 - Self-management education workshops.
 - Weight loss, if overweight or obese.
 - Cognitive behavioral therapy—a psychological, goal-directed approach in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.

(Source: CDC *Pain and Arthritis*, Updated May 22, 2020)

Chronic Disease: Asthma

Key Findings

According to the survey data, 14% of Shelby City and 18% of Richland County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- Fourteen percent (14%) of Shelby City adults had been diagnosed with asthma.
- In 2016, 18% of Richland County adults had been diagnosed with asthma.
- Sixteen percent (16%) of Ohio and 15% of U.S. adults had ever been diagnosed with asthma *(Source: 2019 BRFSS)*.
- Eleven percent (11%) of Ohio and 10% of U.S. adults currently have asthma *(Source: 2019 BRFSS)*.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections like the flu *(Source: American College of Allergy, Asthma & Immunology, Asthma Facts)*.
- Chronic lower respiratory disease was the fourth leading cause of death in Richland County and the fourth leading cause of death in Ohio between 2016 and 2018 *(Source: Ohio Public Health Data Warehouse, 2016-2018)*.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Had been diagnosed with asthma	14%	18%	16%	15%

Chronic Disease: Diabetes

Key Findings

In 2016, 11% of Shelby City and 13% of Richland County adults were diagnosed with diabetes.

Diabetes

- Eleven percent (11%) of Shelby City adults had been diagnosed with diabetes in 2016.
- The 2016 health assessment has identified that 13% of Richland County adults had been diagnosed with diabetes, increasing to 27% of those over the age of 65.
- The 2019 BRFSS reports an Ohio prevalence of 12%, and a U.S. prevalence of 11%.
- Seven percent (7%) of Shelby City adults had been diagnosed with pre-diabetes.
- Thirty-seven percent (37%) of Richland County adults with diabetes rated their health as fair or poor.
- Richland County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 89% were obese or overweight
 - 80% had been diagnosed with high blood cholesterol
 - 80% had been diagnosed with high blood pressure

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2019	U.S. 2019
Diagnosed with diabetes	11%	13%	12%	11%

Statistics About Diabetes

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

(Source: CDC, 2020 National Diabetes Statistics Report, Updated February 14, 2020)

A SNAPSHOT

DIABETES IN THE UNITED STATES

DIABETES

**34.2
MILLION**

34.2 million
people have
diabetes



TYPE 1

**BODY DOESN'T MAKE
ENOUGH INSULIN**

- Can develop at any age
- No known way to prevent it

In adults, type 1 diabetes
accounts for approximately

5-10%

of all diagnosed
cases of diabetes



**Just over 18,000 youth
diagnosed** each year in
2014 and 2015

TYPE 2

**BODY CAN'T USE
INSULIN PROPERLY**

- Can develop at any age
- Most cases can be prevented

In adults, type 2 diabetes
accounts for approximately

90-95%

of all diagnosed
cases of diabetes



**Nearly 6,000 youth
diagnosed** each year in
2014 and 2015

RISK FACTORS FOR TYPE 2 DIABETES:

**1.5
MILLION**

People 18
years or older
diagnosed
with diabetes
in 2018



**BEING
OVERWEIGHT**



**HAVING
A FAMILY
HISTORY**



**BEING
PHYSICALLY
INACTIVE**



**BEING
45 OR
OLDER**

WHAT CAN YOU DO?

You can **prevent** or **delay** type 2 diabetes



**LOSE
WEIGHT
IF NEEDED**



**EAT
HEALTHY**



**BE MORE
ACTIVE**

LEARN MORE AT www.cdc.gov/diabetes/prevention
OR SPEAK TO YOUR DOCTOR

You can **manage** diabetes



**WORK WITH A
HEALTH
PROFESSIONAL**



**EAT
HEALTHY**



**STAY
ACTIVE**

LEARN MORE AT www.cdc.gov/diabetes/managing
OR SPEAK TO YOUR DOCTOR

Chronic Disease: Quality of Life

Key Findings

In 2016, almost one-quarter (24%) of Shelby City adults were limited in some way because of a physical, mental, or emotional problem.

Impairments and Health Problems

- Nearly one-fourth (24%) of Shelby City adults were limited in some way because of a physical, mental or emotional problem.
- In 2016, more than one-fourth (29%) of Richland County adults were limited in some way because of a physical, mental or emotional problem, increasing to 48% of those with incomes less than \$25,000.
- During the past 12 months, 9% of Shelby City adults experienced confusion or memory loss that was happening more often or was getting worse, as compared to 12% of Richland County adults.
- Nearly one-fourth (24%) of Shelby City adults have fallen in the past year. Eleven percent have fallen 2 or more times in the past year.
- In 2016, 23% of Richland County adults had fallen in the past year, increasing to 35% of those ages 65 and older.
- During the past 12 months, 12% of Richland County adults and 9% of Shelby City adults experienced confusion or memory loss that was happening more often or was getting worse.

Health Related Quality of Life

On the individual level, Health Related Quality of Life (HRQOL) includes physical and mental health perceptions (e.g., energy level, mood) and their correlates—including health risks and conditions, functional status, social support, and socioeconomic status. Focusing on HRQOL as an outcome can bridge boundaries between disciplines and between social, mental, and medical services.

- HRQOL is related to both self-reported chronic diseases (diabetes, breast cancer, arthritis, and hypertension) and their risk factors (body mass index, physical inactivity, and smoking status).
- Measuring HRQOL can help determine the burden of preventable disease, injuries, and disabilities, and can provide valuable new insights into the relationships between HRQOL and risk factors.

(Source: CDC, Health-Related Quality of Life (HRQOL), Updated October 31, 2018)

Social Conditions: Social Determinants of Health

Key Findings

In 2016, 5% of Shelby City adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Twelve percent (12%) of Shelby City adults had experienced at least one issue related to hunger 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



Economic Stability

- Shelby City adults received assistance for the following in the past year: healthcare (12%), food (12%), prescription assistance (8%), dental care (7%), Medicare (7%), utilities (6%), rent/mortgage (6%), mental illness issues (4%), transportation (4%), clothing (4%), free tax preparation (3%), home repair (2%), drug or alcohol addiction (2%), credit counseling (1%), employment (1%), unplanned pregnancy (1%) and legal aid services (<1%).
- 12% of Shelby City adults had experienced at least one issue related to hunger in the past year. They experienced the following: had to choose between paying bills and buying food (11%), worried food might run out (8%), did not eat because they did not have enough money for food (6%), went hungry/ate less to provide more food for their family (5%), loss of income led to food insecurity issues (4%) and their food assistance was cut (4%).
- The median household income in Shelby City was \$50,061 (Source: U.S. Census Bureau, American Community Survey, 2014-2018). The U.S. Census Bureau reports median income levels of \$49,668 for Richland County, \$56,155 for Ohio and \$61,937 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2018).
- 13% of all Shelby City residents were living in poverty, and 13% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, American Community Survey, 2014-2018).
- The unemployment rate for Richland County was 7.8 as of September 2020, as compared to 4.2 in September 2019 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- There were 6,222 housing units in Shelby City, of which 7% were vacant. Approximately two-thirds (67%) of occupied housing units in Shelby City were owner-occupied, and 33% were renter-occupied (Source: U.S. Census Bureau, American Community Survey, 2014-2018).
- Rent in Shelby City cost an average of \$691 per month (Source: U.S. Census Bureau, American Community Survey, 2014-2018).
- 2-1-1 is a non-emergency information referral telephone number. More than half (58%) of Shelby City adults had never heard of 2-1-1. Two percent (2%) had called 2-1-1 and received information that assisted them. 2% had called 2-1-1 and received information, but it did not help them with their needs.

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

(Source: Kaiser Family Foundation, *Social Determinants of Health*, 2018)

FISH FOOD PANTRY

2,549 
2018 Regular Assistance

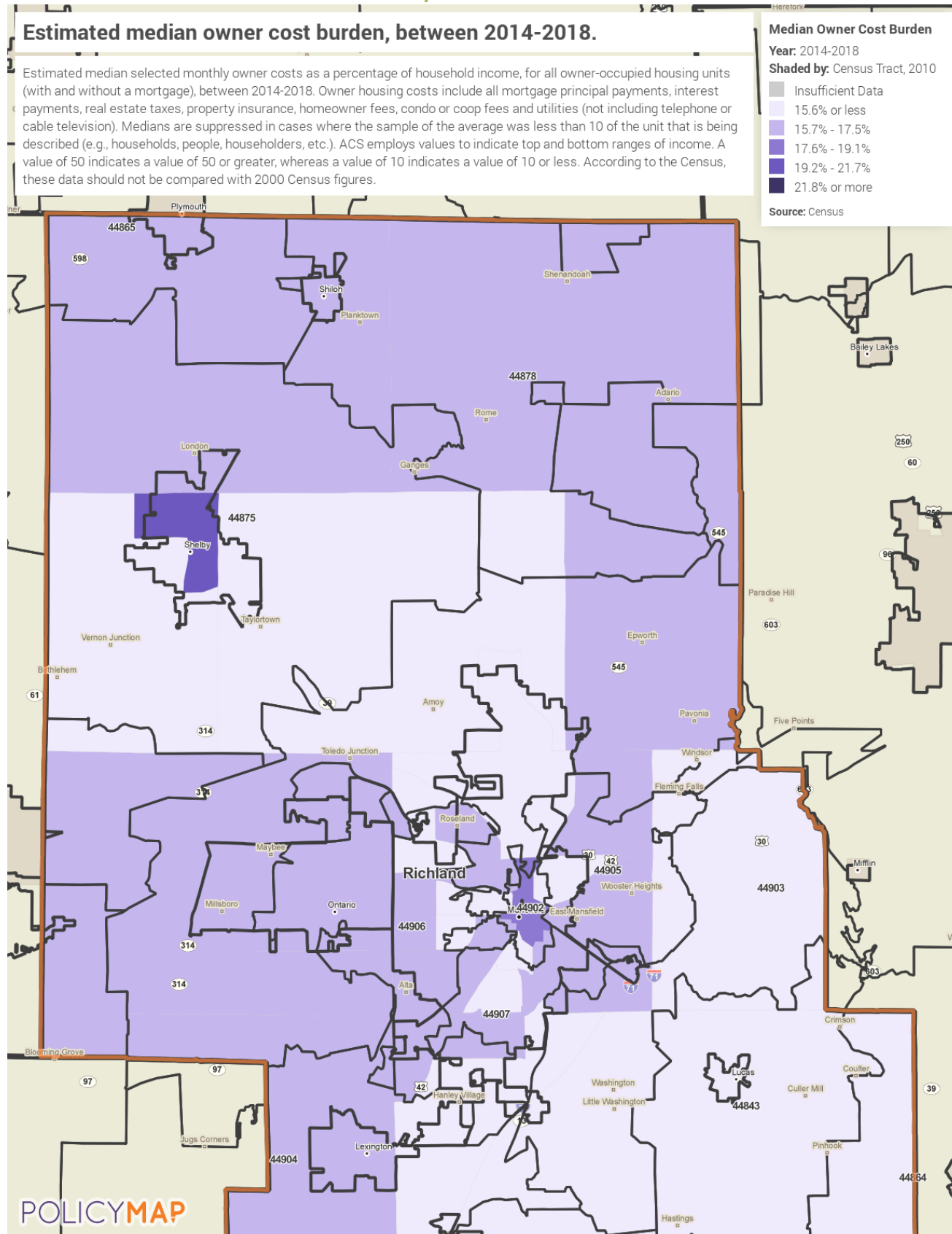
2,183 
2019 Regular Assistance

509 
2018 Emergency Assistance

346 
2019 Emergency Assistance

(Source: 2019 FISH Annual Report, data provided by FISH Food Pantry)

Estimated Median Owner Cost Burden, between 2014-2018



[Source of Estimated Median Owner Cost Burden: United States Census Bureau. Estimated Median Owner Cost Burden, between 2014-2018. PolicyMap. <https://plcy.mp/mWsDmNS> (04 November 2020)]

Estimated Median Renter Cost Burden, between 2014-2018

Estimated median renter cost burden, between 2014-2018.

Median gross rent as a percentage of household income, between 2014-2018. Gross rent is the contract rent plus the estimated average monthly cost of utilities and fuels if these are paid by the renter (or paid for the renter by someone else). Gross rent is intended to eliminate differentials that result from varying practices with respect to the inclusion of utilities and fuels as part of the rental payment. Medians are suppressed in cases where the sample of the average was less than 10 of the unit that is being described (e.g., households, people, householders, etc.). ACS employs values to indicate top and bottom ranges of income. A value of 50 indicates a value of 50 or greater, whereas a value of 10 indicates a value of 10 or less. According to the Census, these data should not be compared with 2000 Census figures.

Median Renter Cost Burden

Year: 2014-2018

Shaded by: Census Tract, 2010

Insufficient Data

24.0% or less

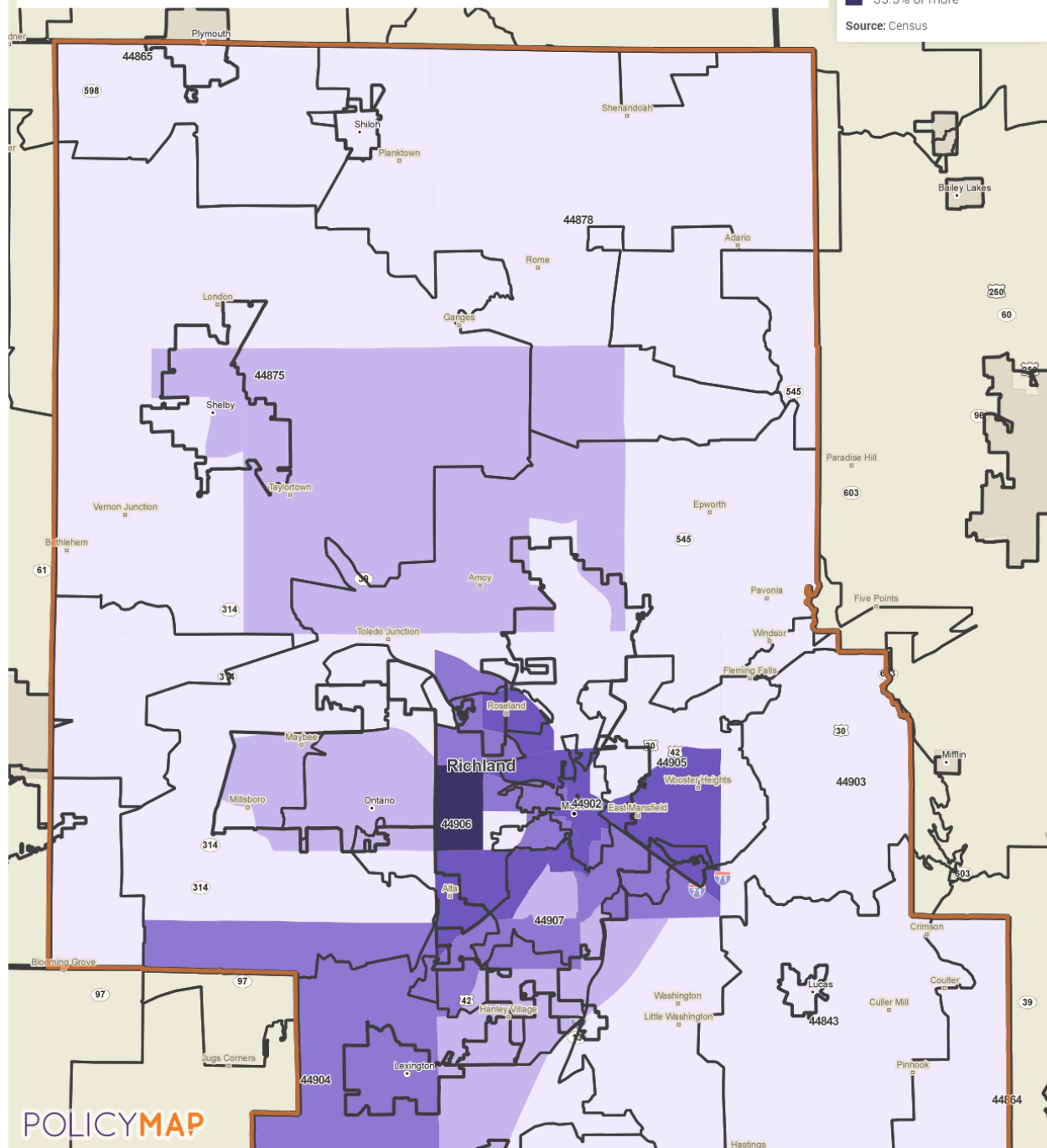
24.1% - 27.6%

27.7% - 30.9%

31.0% - 35.4%

35.5% or more

Source: Census

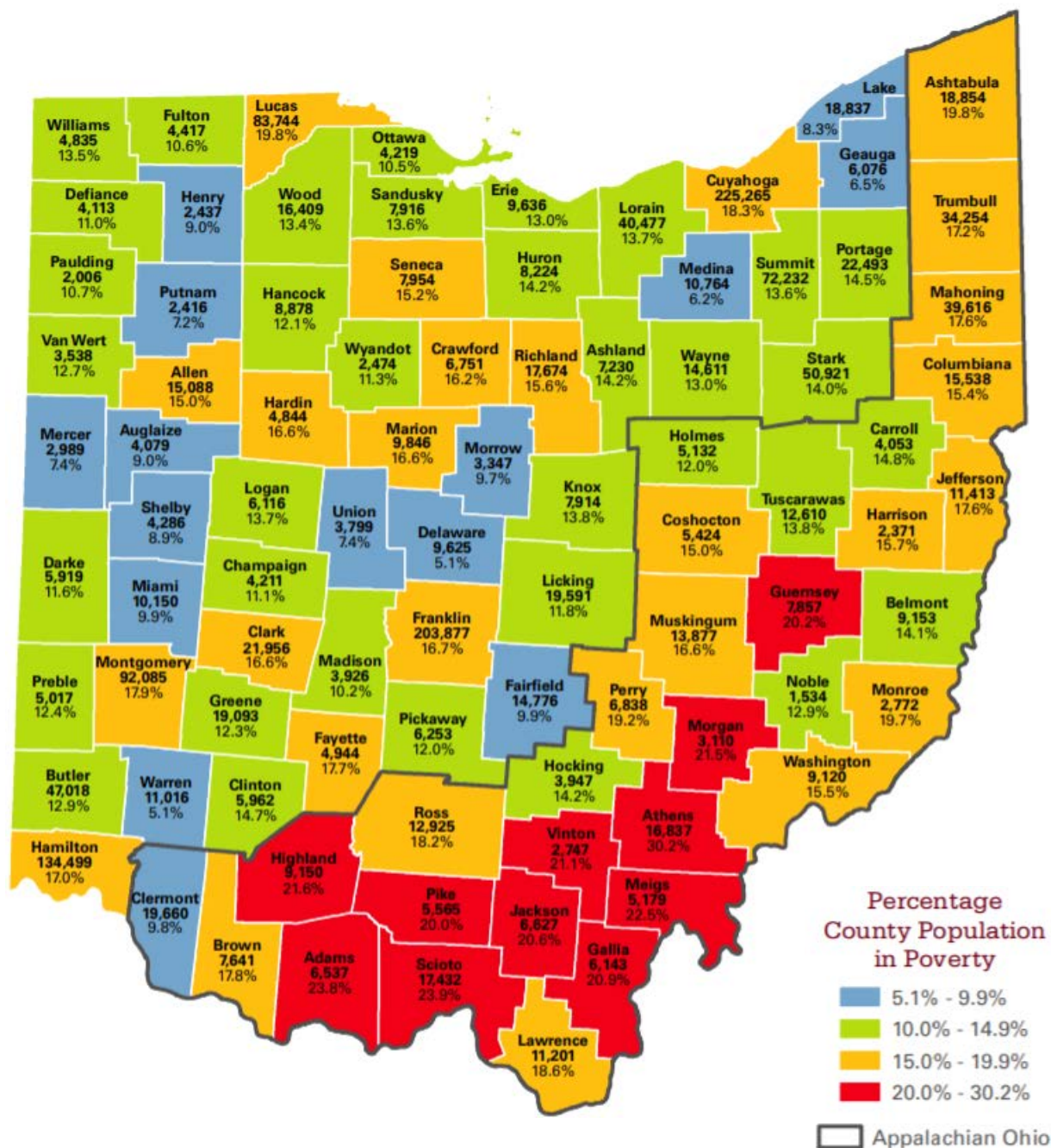


[Source of Estimated Median Renter Cost Burden: United States Census Bureau. Estimated Median Renter Cost Burden, between 2014-2018. PolicyMap. <https://plcy.mp/rbNPZpn> (04 November 2020).]

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

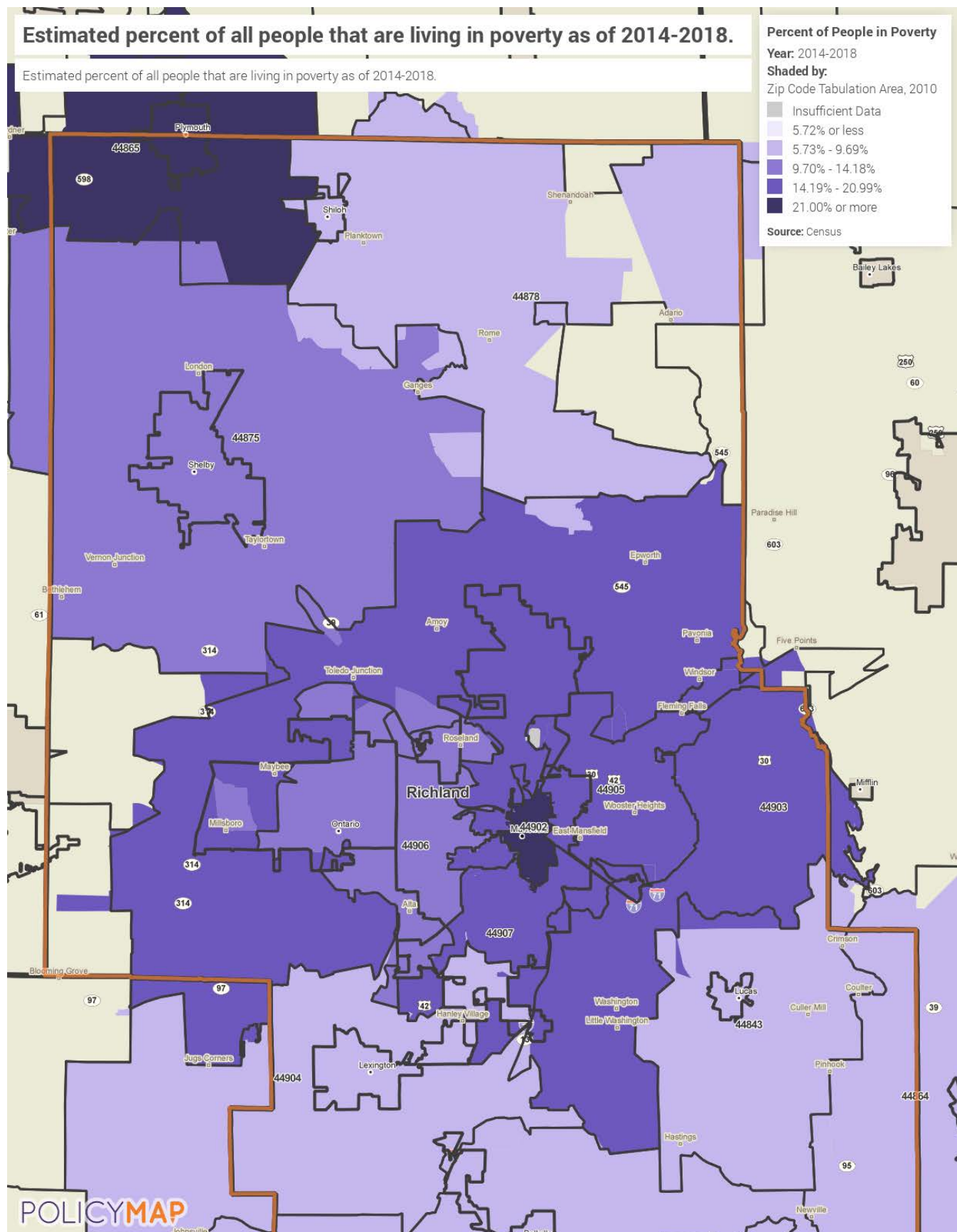
- According to 2013-2017 American Community Survey estimates, approximately 1,683,890 Ohio residents or 14.9% of the population were in poverty.
- From 2013-2017, almost sixteen percent (15.6%) of Richland County residents were in poverty.

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



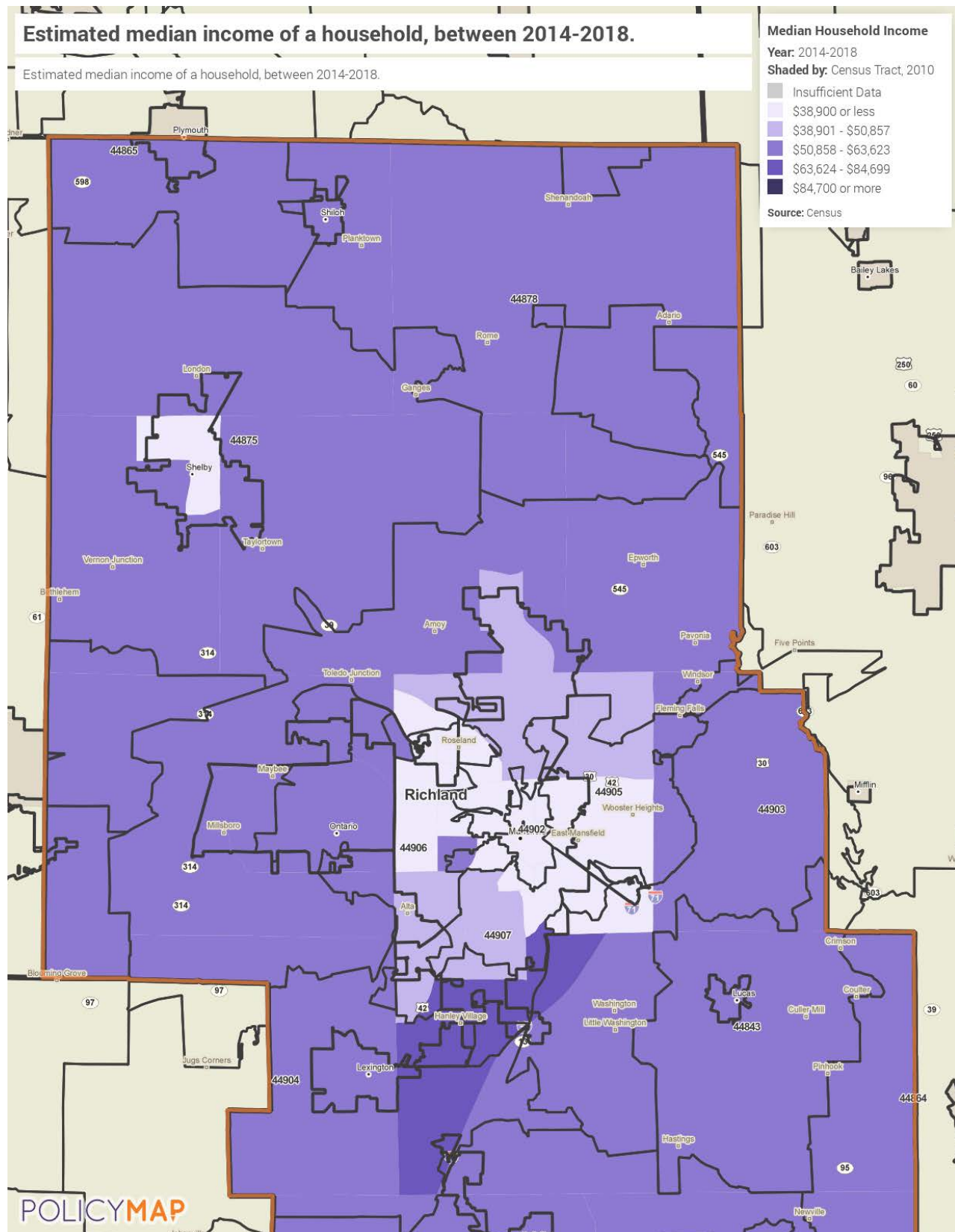
(Source: 2013-2017 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2019)

Estimated Percent of all People Living in Poverty as of 2014-2018



Source of Estimated Percent of Percent of People Living in Poverty: United States Census Bureau. Estimated Percent of all People that are Living in Poverty as of 2014-2018. PolicyMap. <https://plcy.mp/lgTx0K9> (07 October 2020)

Estimated Median Income of a Household, between 2014-2018



Source of Estimated Median Income of a Household: United States Census Bureau. Estimated Median Income of a Household, Between 2014-2018. PolicyMap. <https://plcy.mp/S9gqhzM> (07 October 2020).

Education

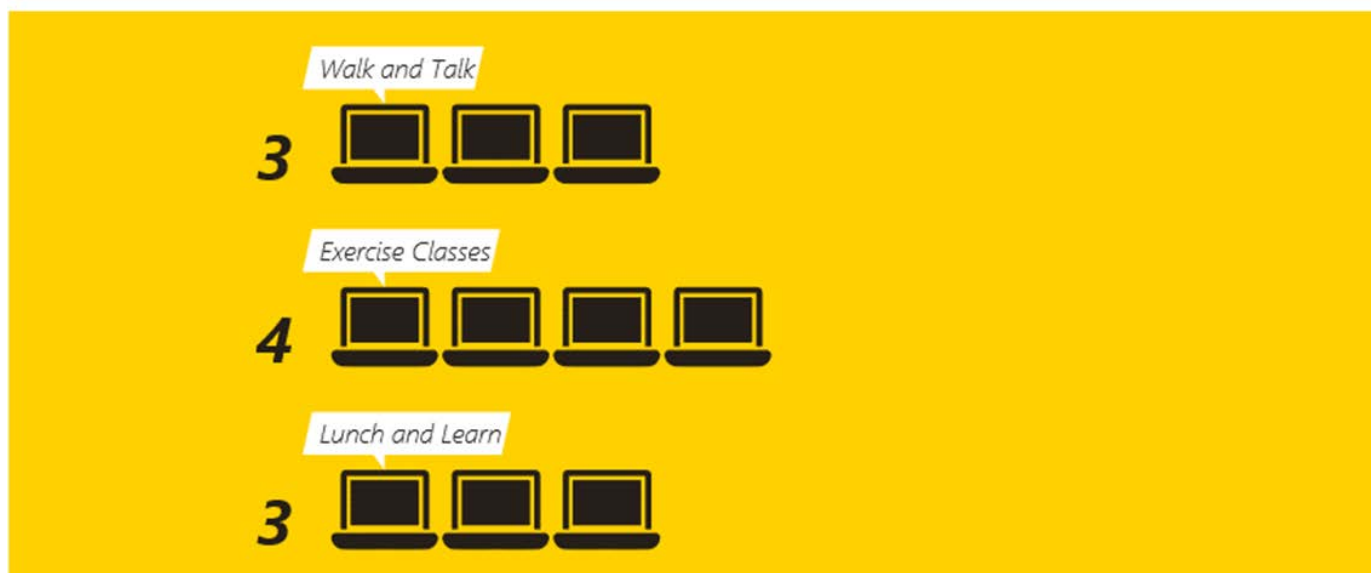
- Eighty-nine percent (89%) of Richland County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2014-2018)*.
- 87% of Shelby City adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2014-2018)*.
- Nineteen percent (19%) of Richland County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2014-2018)*.
- 16% of Shelby City adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2014-2018)*.

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.

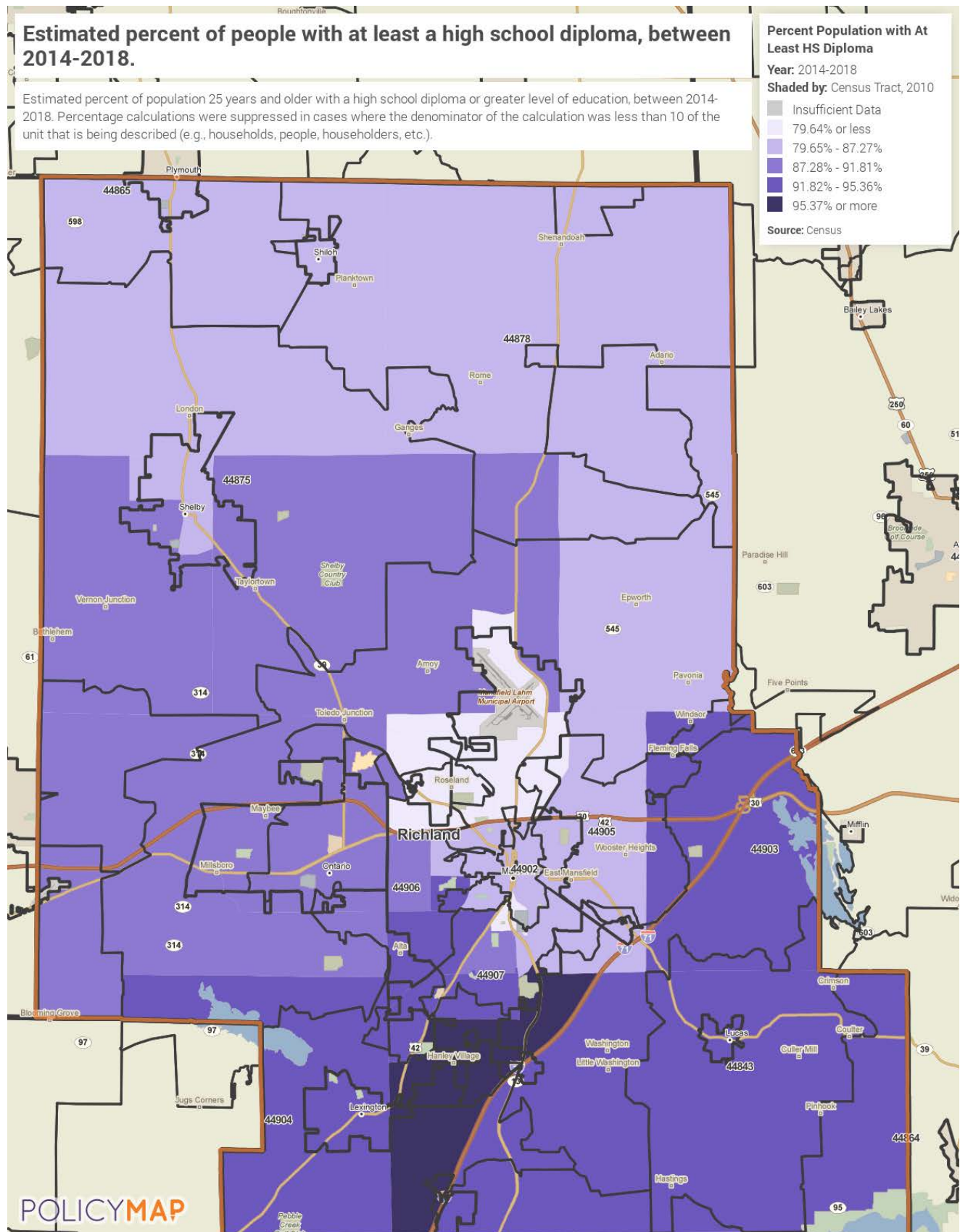
(Source: Healthy People 2020, Retrieved July 6, 2020)

MARVIN MEMORIAL LIBRARY PROGRAMS



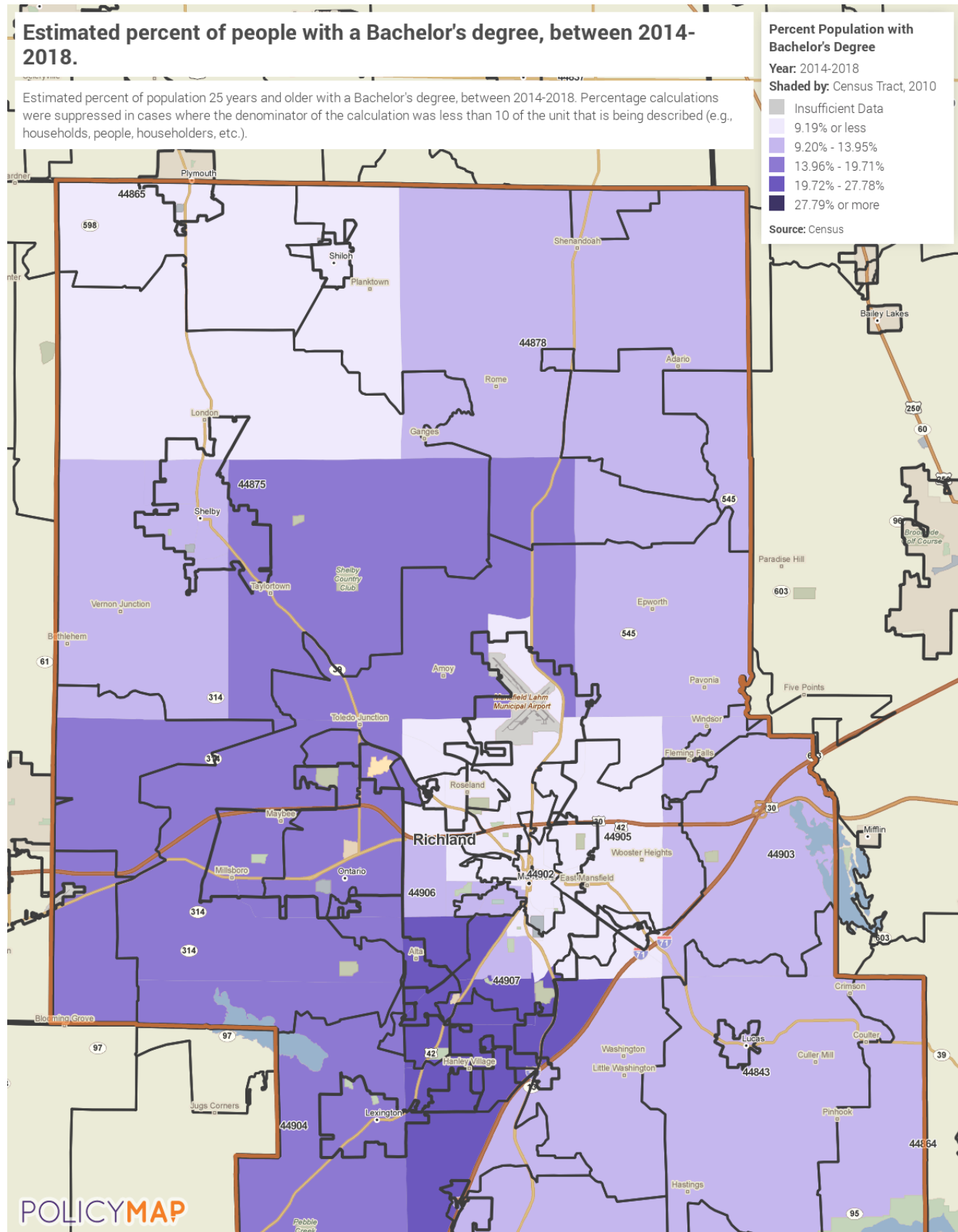
(Source: 2020 Marvin Memorial Library Program Statistics, as provided by Marvin Memorial Library Director)

Estimated Percent of People with a High School Diploma, between 2014-2018



Source of Estimated Percent Population with At Least A High School Diploma: United States Census Bureau. Estimated Percent of People With At Least A High School Diploma, between 2014-2018. PolicyMap. <https://plcy.mp/CbhFzN2> (04 November 2020).

Estimated Percent of People with a Bachelor's degree, between 2014-2018



Source of Estimated Percent Population with a Bachelor's Degree: United States Census Bureau. Estimated Percent of People with a Bachelor's Degree, between 2014-2018. PolicyMap. <https://plcy.mp/Q6hQCRd> (04 November 2020).

Social and Community Context

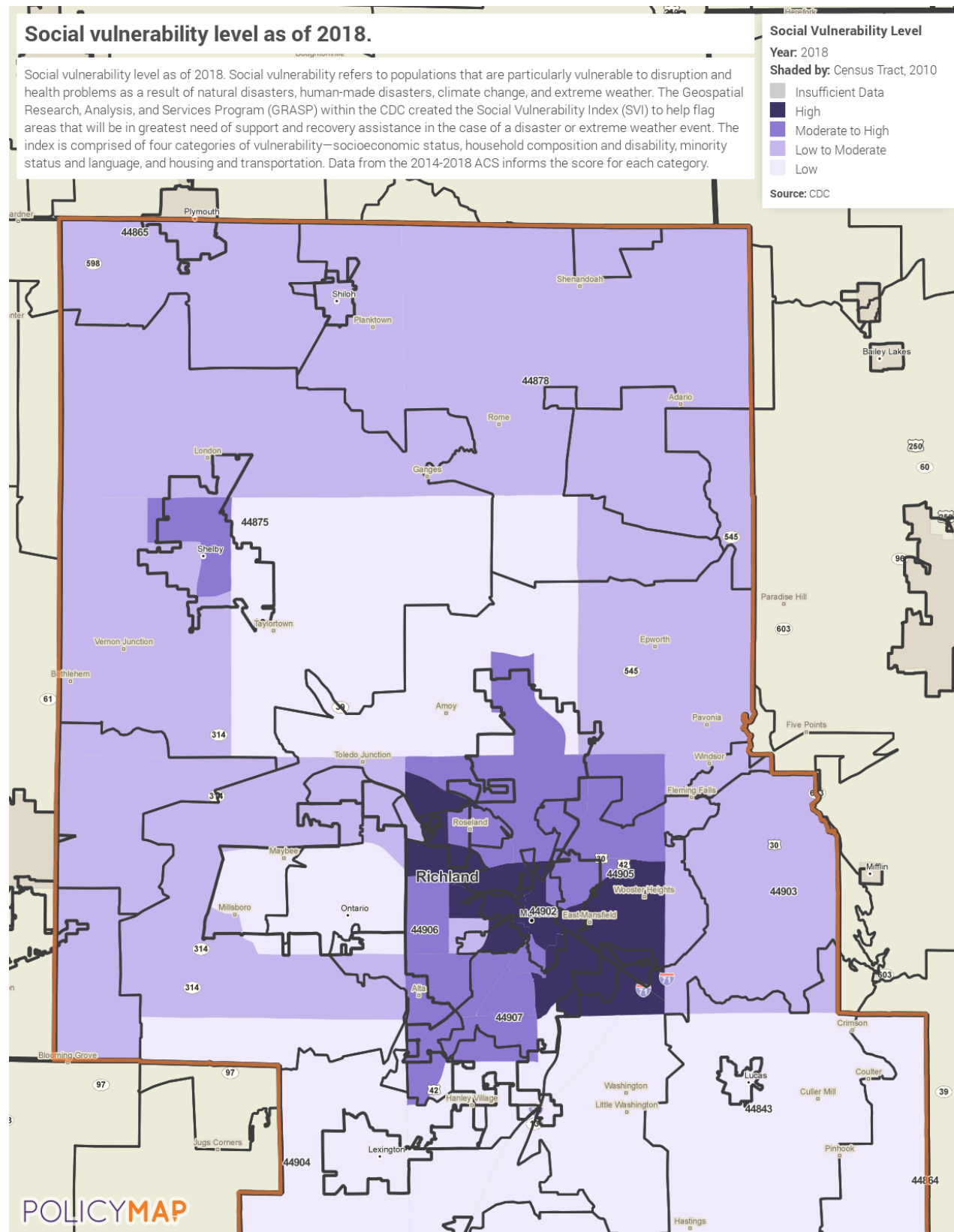
- 19% of Shelby City adults thought their neighborhood was extremely safe from crime. 66% reported their neighborhood was quite safe, 12% said slightly safe, and 1% reported not at all safe from crime. 2% did not know if their neighborhood was safe from crime.
- Five percent (5%) of Shelby City adults were threatened or abused in the past year.
- Nine percent (9%) of Richland County adults were threatened or abused in the past year. They were threatened or abused by the following: someone outside their home (53%), a spouse or partner (38%), a parent (12%), a child (7%), another family member (5%), and someone else (12%).
- Shelby City adults experienced the following adverse childhood experiences (ACEs): lived with someone who was a problem drinker or alcoholic (15%); their parents became separated or were divorced (14%); a parent or adult in their home swore at, insulted, or put them down (14%); lived with someone who was depressed, mentally ill, or suicidal (8%); someone at least 5 years older than them or an adult touched them sexually (7%); a parent or adult in their home hit, beat, kicked, or physically hurt them (7%); 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 (5%); someone at least 5 years older than them or an adult tried to make them touch them sexually (5%); lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (4%), lived with someone who used illegal stress drugs, or who abused prescription medications (2%); someone at least 5 years older than them or an adult forced them to have sex (1%); did not have enough to eat, had to wear dirty clothes, and had no one to protect them (1%); and their parents were not married (1%).
- Sixteen percent (16%) of Shelby City adults have had 3 or more adverse childhood experiences in their lifetime.
- Richland 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 (19%); a parent or adult in their home swore at, insulted, or put them down (18%); lived with someone who was depressed, mentally ill, or suicidal (14%); someone at least 5 years older than them or an adult touched them sexually (11%); their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (9%); their family did not look out for each other, feel close to each other, or support each other (8%); a parent or adult in their home hit, beat, kicked, or physically hurt them (7%); lived with someone who used illegal street drugs, or who abused prescription medications (7%); someone at least 5 years older than them or an adult tried to make them touch them sexually (6%); their parents were not married (6%); lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (5%); someone at least 5 years older than them or an adult forced them to have sex (4%); and they did not have enough to eat, had to wear dirty clothes, and had no one to protect them (4%).
- Eighteen percent (18%) of Richland County adults have had 3 or more adverse childhood experiences in their lifetime.

Adverse Childhood Experiences (ACE)

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

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

Social Vulnerability Level as of 2018



Source of Social Vulnerability Level: Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI). Social Vulnerability Index 2018. PolicyMap. <https://plcy.mp/v7KT1lc> (06 October 2020).

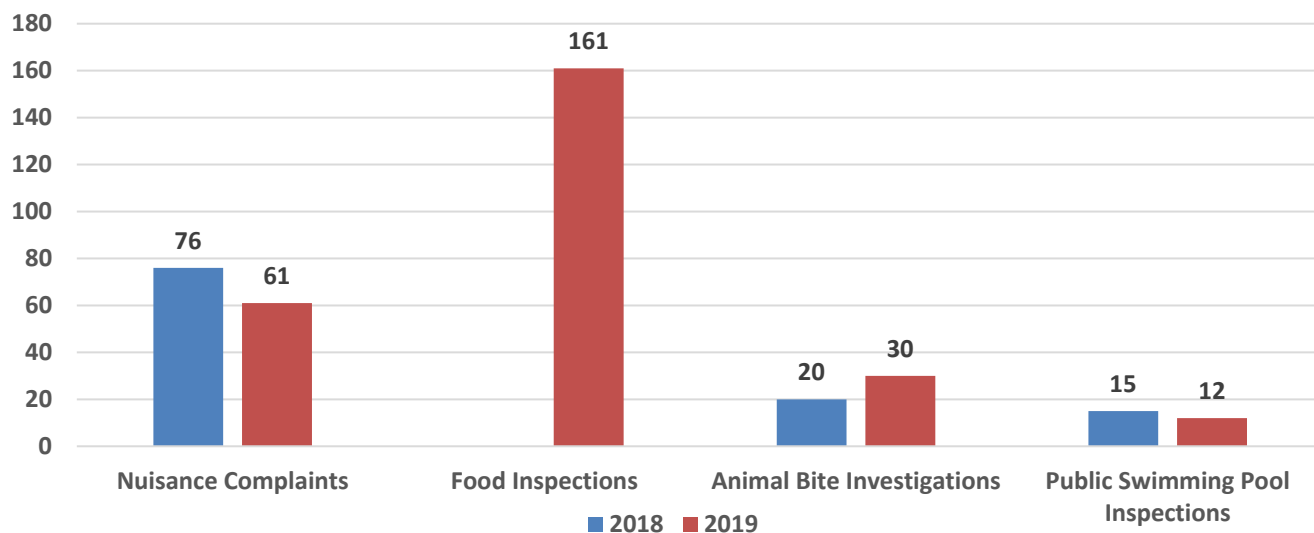
Neighborhood and Built Environment

- Nearly half (49%) of Shelby City adults kept a firearm in or around their home. Five percent (5%) of adults reported they were unlocked and loaded.
- Shelby City adults were more likely than the rest of Richland County adults to:
 - Have a firearm in or around their home (49% compared to 46% of the rest of Richland County adults).

Environmental Health

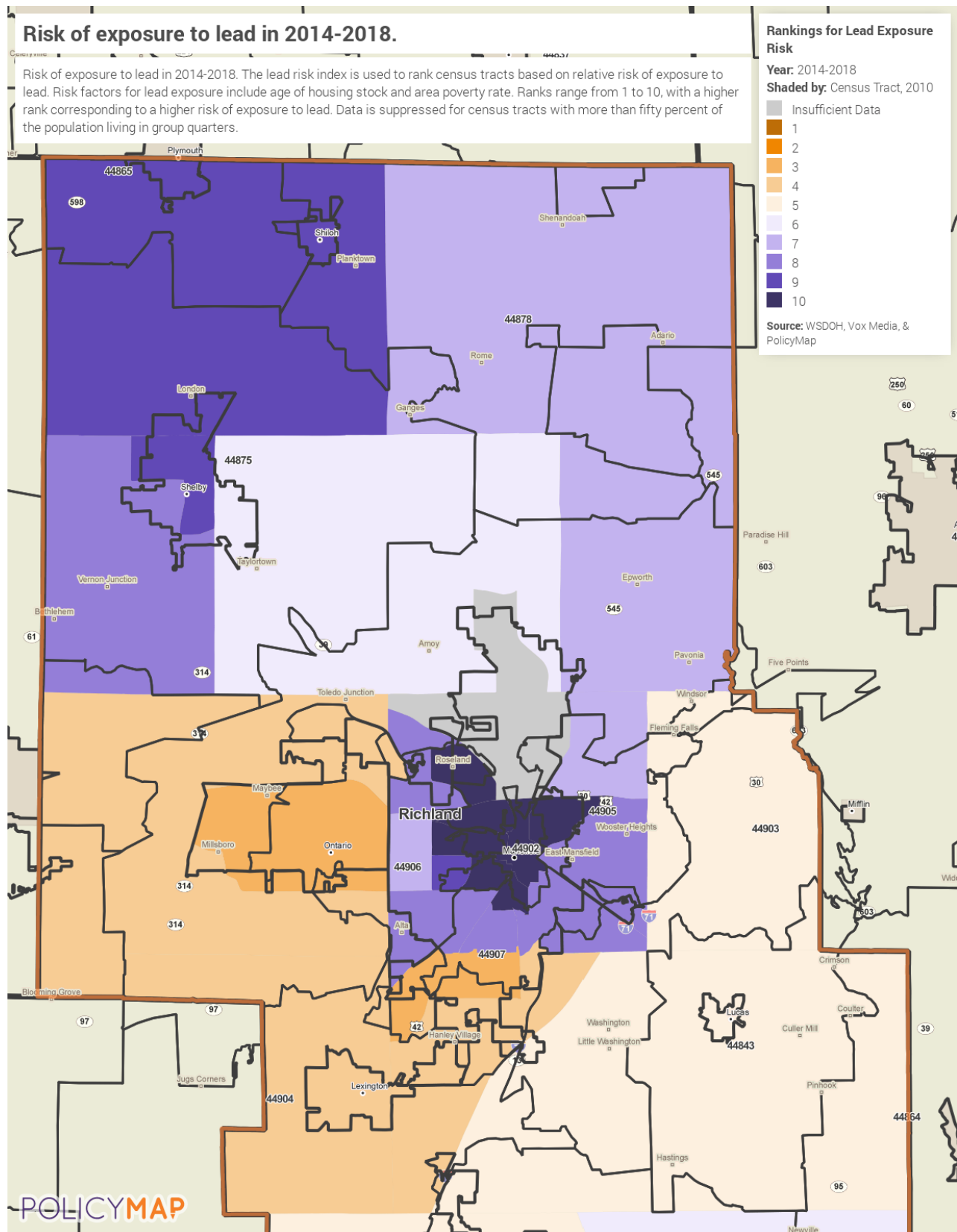
- Shelby City adults thought the following threatened their health in the past year:
 - Insects (7%)
 - Mold (5%)
 - Moisture issues (3%)
 - Indoor air quality (2%)
 - Rodents (2%)
 - Plumbing problems (2%)
 - Temperature regulation (2%)
 - Unsafe water supply/wells (2%)
 - Chemicals in household products (2%)
 - Sewage/wastewater problems (1%)
 - Outdoor air quality (1%)
 - Chemicals found in products (1%)
 - Radon (1%)
 - Asbestos (1%)
 - Bed bugs (1%)
 - Lead paint (1%)
 - Cockroaches (<1%)
 - Lice (<1%)
 - Safety hazards (<1%)
 - Sanitation issues (<1%)
 - Radiation (<1%)
 - Fracking (<1%)

Shelby City Health Department Environmental Health Actions



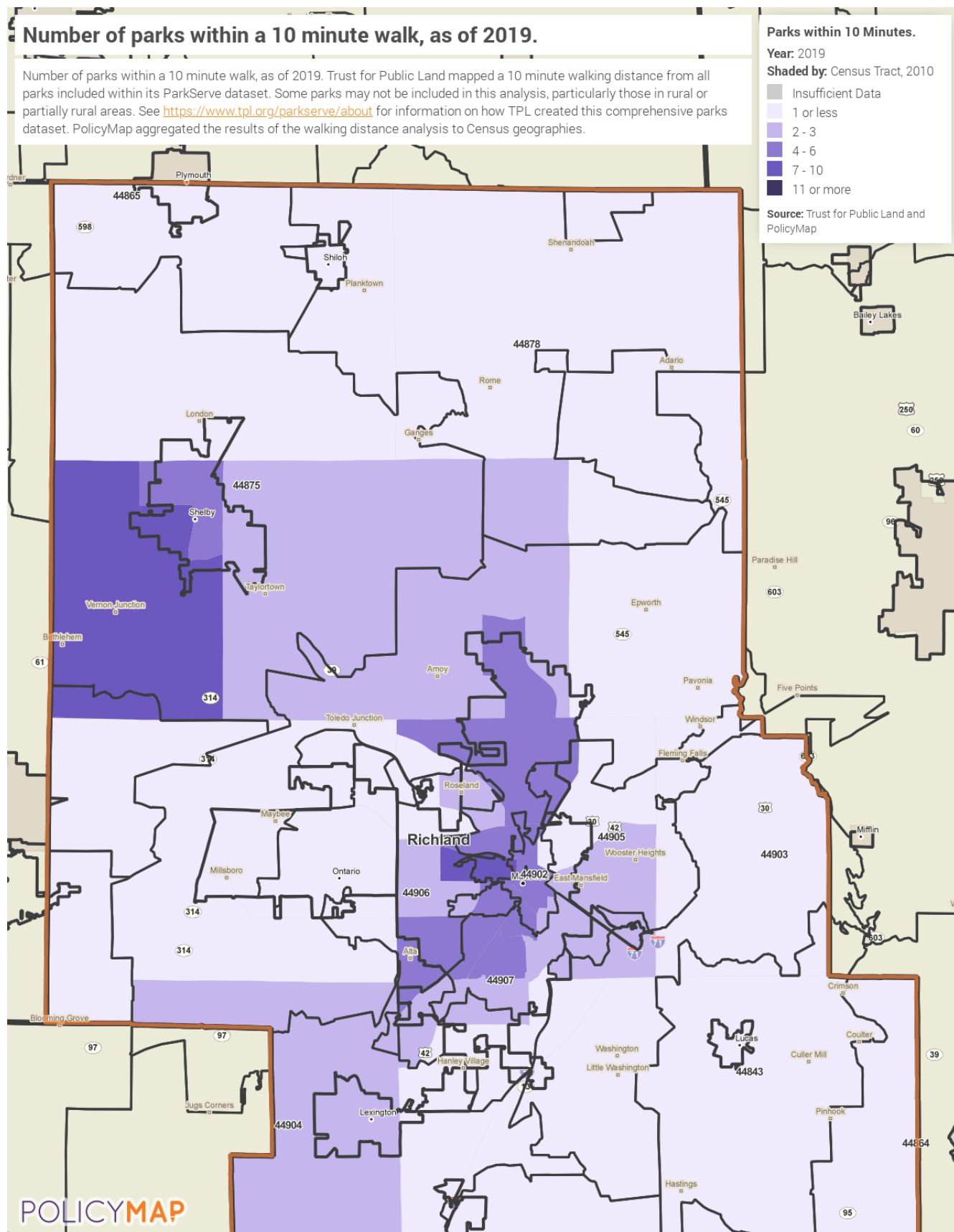
(Source: 2018 Shelby City Health Department Annual Report and 2019 Shelby City Health Department Annual Report provided by the Shelby City Health Department)

Risk of Exposure to Lead in 2014-2018



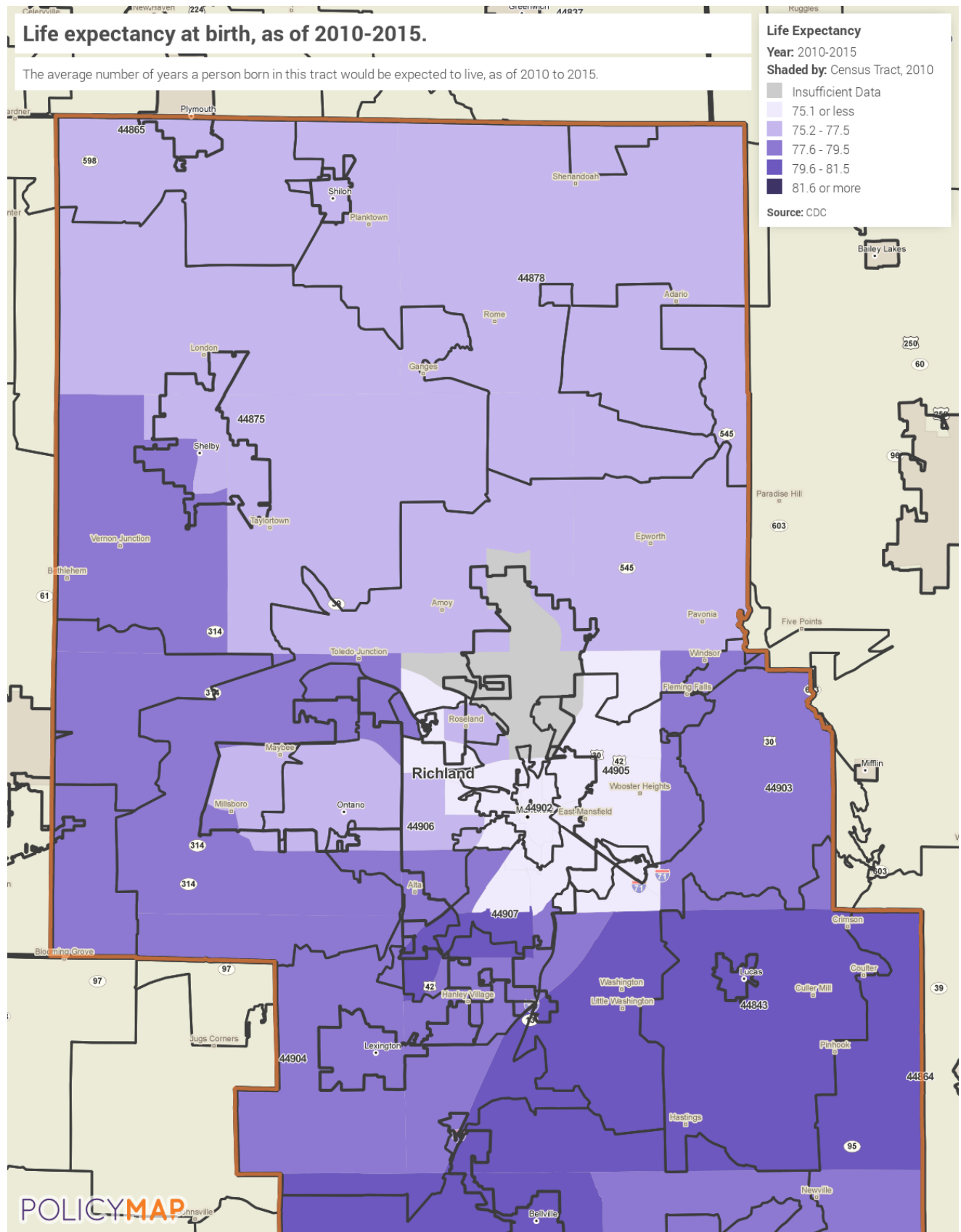
Source of Lead Exposure Risk Maps: Washington State Department of Health, Vox Media, and PolicyMap. Lead Exposure Risk Index 2014-2018. PolicyMap. <https://plcy.mp/G30k3Zh> (06 October 2020).

Number of Parks Within a 10 Minute Walk, as of 2019



Source of Number of Parks Within a 10 Minute Walk: Trust for Public Land. Number of Parks within a 10 Minute Walk 2019. PolicyMap. <https://plcy.mp/NRFfsNw> (06 October 2020).

Life Expectancy at Birth, as of 2010-2015



Source of Life Expectancy: Centers for Disease Control and Prevention (CDC) National Center for Health Statistics, Small-area Life Expectancy Estimates. Life Expectancy at Birth 2010-2015. PolicyMap. <https://plcy.mp/rW9Bc6F> (06 October 2020).

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society	<ul style="list-style-type: none"> Benefits of Quitting Smoking Over Time 	https://www.cancer.org/healthy/stay-away-from-tobacco/benefits-of- quitting-smoking-over-time.html
	<ul style="list-style-type: none"> Guidelines for Diet and Physical Activity 	www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
	<ul style="list-style-type: none"> 2020 Cancer Facts, Figures, and Estimates 	www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	https://acaai.org/news/facts-statistics/asthma#:~:text=Asthma%20results%20in%20439%2C000%20hospitalizations%20and%201.3%20million%20emergency%20room%20visits%20annually.&text=Asthma%20is%20the%20most%20common,lost%20work%20days%20for%20adults.
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2018-2019 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov/brfss/index.html
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Adult Obesity Facts 	www.cdc.gov/obesity/data/adult.html
	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACEs) 	www.cdc.gov/violenceprevention/acestudy/fastfact.html
	<ul style="list-style-type: none"> Arthritis and Joint Pain Management 	www.cdc.gov/arthritis/pain/index.htm
	<ul style="list-style-type: none"> Cancer and Men 	www.cdc.gov/cancer/dcpc/resources/features/cancerandmen/index.htm
	<ul style="list-style-type: none"> Cost of Smoking Related Illness 	www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
	<ul style="list-style-type: none"> Economic Costs of Excessive Alcohol Use 	www.cdc.gov/features/costsofdrinking/index.html#:~:text=Total%20costs,drinks%20per%20occasion%20for%20men.
	<ul style="list-style-type: none"> Facts About Oral Health 	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
	<ul style="list-style-type: none"> National Diabetes Statistics Report, 2020 	www.cdc.gov/diabetes/library/features/diabetes-stat-report.html
	<ul style="list-style-type: none"> Recommended Adult Immunization Schedule 	www.cdc.gov/vaccines/schedules/hcp/imz/adult.html
	<ul style="list-style-type: none"> Sexually Transmitted Disease Surveillance 	www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm

Source	Data Used	Website
Centers for Disease Control and Prevention (CDC), Continued	<ul style="list-style-type: none"> • Suicide Facts, Violence Prevention 	www.cdc.gov/violenceprevention/suicide/fastfact.html
	<ul style="list-style-type: none"> • The State of STDs in the U.S, 	www.cdc.gov/std/stats18/default.htm
County Health Rankings	<ul style="list-style-type: none"> • Richland County, Ohio, and U.S. Rankings • Food Environment Index 	www.countyhealthrankings.org/
FISH Food Pantry	<ul style="list-style-type: none"> • 2019 FISH Food Pantry Utilization 	N/A
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/topics-objectives
Kaiser Family Foundation	<ul style="list-style-type: none"> • Social Determinants of Health 	www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/
Marvin Memorial Library	<ul style="list-style-type: none"> • Marvin Memorial Library Program Statistics, 2020 	
Ohio Automated Rx Reporting System	<ul style="list-style-type: none"> • Richland County and Ohio Opiate and Pain Reliever Doses per Capita, 2015-2019 • Richland County and Ohio Opiate and Pain Reliever Doses per Patient 	www.ohiopmp.gov/Reports.aspx
Ohio Department of Health, Bureau of Vital Statistics, Violence and Injury Prevention Section, 2018 Ohio Drug Overdose Data: General Findings.	<ul style="list-style-type: none"> • Ohio Unintentional Drug Overdose Death Data, 2018 	https://odh.ohio.gov/wps/wcm/connect/gov/d9ee6d3b-bf62-4b4f-8978-d7cfd11348f/2018_OhioDrugOverdoseReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-d9ee6d3b-bf62-4b4f-8978-d7cfd11348f-mXhFqNO
Ohio Department of Health, Public Health Data Warehouse	<ul style="list-style-type: none"> • Richland County and Ohio Leading Causes of Death, 2014-2018 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
	<ul style="list-style-type: none"> • Richland County Cancer Incidence Surveillance System, 2013-2017 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers
Ohio Department of Health, STD Surveillance	<ul style="list-style-type: none"> • STD Surveillance, 2014-2018 	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, February 2019 	www.development.ohio.gov/files/research/p7005.pdf

Source	Data Used	Website
Ohio State Highway Patrol	<ul style="list-style-type: none"> Felony Cases and Drug Arrests 	https://ohiohighwaysafetyoffice.ohio.gov/stats/2019_FelonyAndDrug.pdf
Policy Map	<ul style="list-style-type: none"> Adults with a Bachelor's Degree Adults with a High School Diploma Food Insecurity Lead Exposure Risk Life Expectancy at Birth Median Household Income Number of Parks within a 10 Minute Walk Opioid Claims per Medicare Prescription Claims Owner Cost Burden People Living in Poverty People Without Health Insurance Renter Cost Burden Social Vulnerability Index 	https://www.policymap.com
Shelby City Health Department Annual Reports	<ul style="list-style-type: none"> Shelby City Health Department Environmental Health Actions, 2018 & 2019 	N/A
Shelby Y.M.C.A.	<ul style="list-style-type: none"> Shelby YMCA Active Members Shelby Youth Program Participants 	N/A
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5 year estimate, 2018 Ohio and Richland County 2018 Census Demographic Information Small Area Income and Poverty Estimates, 2018 Federal Poverty Thresholds, 2019 	https://data.census.gov/
U.S. Department of Health and Human Services	<ul style="list-style-type: none"> Physical Activity Guidelines for Americans 	https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

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.
FPL	F ederal P overty L ine
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H ear 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
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.

Appendix III: Methods for Weighting the 2016 Richland 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 2016 Richland County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Richland County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), age (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Richland 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 2016 Richland County Survey and the 2015 Census estimates.

<u>2016 Richland Survey</u>			<u>2015 Census Estimates</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	493	48.95730	61,944	50.64425	1.03446
Female	514	51.04270	60,368	49.35575	0.96695

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Richland County. The weighting for males was calculated by taking the percent of males in Richland County (based on Census information) (50.64425%) and dividing that by the percent found in the 2016 Richland County sample (48.95730%) [$50.64425/48.95730 =$ weighting of 1.03446 for males]. The same was done for females [$49.35575/51.04270 =$ weighting of 0.96695 for females]. Thus males' responses are weighted heavier by a factor of 1.03446 and females' responses weighted less by a factor of 0.96695.

This same thing was done for each of the 20 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 1.757426 [0.96695 (weight for females) x 1.00182 (weight for White) x 2.00388 (weight for age 35-44) x 0.90534 (weight for income \$50-\$75k)]. Thus, each individual in the 2016 Richland 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 23.0) 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	Richland Sample	%	2015 Census Estimate*	%	Weighting Value
Sex:					
Male	493	48.95730	61,944	50.64425	1.03446
Female	514	51.04270	60,368	49.35575	0.96695
Age:					
20-24	19	1.85910	7,514	8.10939	4.36200
25-34	60	5.87084	14,795	15.96732	2.71977
35-44	81	7.92564	14,716	15.88206	2.00388
45-54	159	15.55773	17,112	18.46791	1.18706
55-59	122	11.93738	8,634	9.31814	0.78058
60-64	144	14.09002	8,339	8.99976	0.63873
65+	437	42.75930	21,548	23.25541	0.54387
Race:					
White	901	86.05540	105,448	86.21231	1.00182
African American	87	8.30946	9,094	7.43508	0.89477
Other	59	5.63515	7,770	6.35261	1.12732
Household Income:					
Less than \$10,000	53	5.59072	4,055	8.42983	1.50783
\$10k-\$15k	76	8.01688	2,721	5.65661	0.70559
\$15k-\$25k	125	13.18565	6,772	14.07812	1.06768
\$25k-\$35k	123	12.97468	6,419	13.34428	1.02849
\$35k-\$50	157	16.56118	7,909	16.44180	0.99279
\$50k-\$75k	194	20.46414	8,912	18.52691	0.90534
\$75k-\$100k	100	10.54852	5,615	11.67287	1.10659
\$100k-\$150k	92	9.70464	4,152	8.63148	0.88942
\$150k or more	28	2.95359	1,548	3.21809	1.08955
<p>Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Richland County in each subcategory by the proportion of the sample in the Richland County survey for that same category.</p> <p>* Richland County population figures taken from the 2015 American Community Survey estimates of the U.S. Census.</p>					

Appendix IV: Richland County Sample Demographic Profile*

Variable	2016 Richland County Survey Sample	Richland County Census 2015 (1 year estimate)	Ohio Census 2015
Age			
20-29	13.6%	12.0%	13.3%
30-39	17.4%	12.9%	12.2%
40-49	14.3%	11.5%	12.5%
50-59	19.4%	13.7%	14.3%
60 plus	30.5%	25.8%	22.4%
Race/Ethnicity			
White	87.2%	86.2%	82.0%
Black or African American	8.1%	6.6%	12.3%
American Indian and Alaska Native	3.3%	0.2%	0.2%
Asian	0.7%	0.9%	2.0%
Other	2.3%	0.7%	0.8%
Hispanic Origin (may be of any race)	2.3%	1.8%	3.5%
Marital Status†			
Married Couple	55.4%	47.1%	47.5%
Never been married/member of an unmarried couple	22.7%	27.0%	32.1%
Divorced/Separated	13.5%	17.4%	14.0%
Widowed	6.5%	8.4%	6.4%
Education†			
Less than High School Diploma	6.0%	13.6%	10.3%
High School Diploma	33.8%	40.7%	33.7%
Some college/ College graduate	58.1%	45.7%	56.0%
Income (Families)			
\$14,999 and less	12.5%	5.2%	7.7%
\$15,000 to \$24,999	9.8%	10.1%	7.4%
\$25,000 to \$49,999	24.5%	28.5%	22.1%
\$50,000 to \$74,999	16.0%	23.1%	20.2%
\$75,000 or more	24.7%	33.2%	44.7%

* 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 Richland 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

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

Age	Total	Males	Females
Richland County	124,475	62,927	61,548
0-4 years	7,458	3,790	3,668
1-4 years	6,032	3,043	2,989
< 1 year	1,426	747	679
1-2 years	2,953	1,462	1,491
3-4 years	3,079	1,581	1,498
5-9 years	7,627	3,917	3,710
5-6 years	3,018	1,554	1,464
7-9 years	4,609	2,363	2,246
10-14 years	7,886	4,028	3,858
10-12 years	4,717	2,425	2,292
13-14 years	3,169	1,603	1,566
12-18 years	11,492	5,991	5,501
15-19 years	8,365	4,448	3,917
15-17 years	5,048	2,632	2,416
18-19 years	3,317	1,816	1,501
20-24 years	7,192	3,954	3,238
25-29 years	7,338	4,117	3,221
30-34 years	7,420	4,084	3,336
35-39 years	7,517	4,052	3,465
40-44 years	8,134	4,315	3,819
45-49 years	9,069	4,667	4,402
50-54 years	9,652	4,917	4,735
55-59 years	8,796	4,281	4,515
60-64 years	7,761	3,703	4,058
65-69 years	5,786	2,712	3,074
70-74 years	4,785	2,174	2,611
75-79 years	3,864	1,643	2,221
80-84 years	3,064	1,230	1,834
85-89 years	1,825	622	1,203
90-94 years	738	236	502
95-99 years	179	35	144
100-104 years	19	2	17
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	2,761	895	1,866
Total 65 years and over	20,260	8,654	11,606
Total 19 years and over	94,722	47,603	47,119

Shelby, Ohio Population by Age Groups

(Source: U.S. Census Bureau, 2018)
2014-2018 ACS 5-year estimates

Age	Estimate	Percent
Shelby Total	13,437	100%
Under 5 years	580	4.3%
5 to 9 years	743	5.5%
10 to 14 years	853	6.3%
15 to 19 years	724	5.4%
20 to 24 years	921	6.9%
25 to 34 years	1,332	9.9%
35 to 44 years	1,499	11.2%
45 to 54 years	1,776	13.2%
55 to 59 years	1,235	9.2%
60 to 64 years	1,017	7.6%
65 to 74 years	1,394	10.4%
75 to 84 years	914	6.8%
85 years and over	449	3.3%
Total 65 years and over	2,757	20.5%
Total 18 years and over	10,740	79.9%

SHELBY CITY PROFILE

(Source: U.S. Census Bureau, 2018)
2014-2018 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Population by Race/Ethnicity		
Total Population	13,437	100%
White	13,121	97.6%
African American	29	0.2%
American Indian and Alaska Native	12	0.1%
Asian	23	0.2%
Two or more races	252	1.9%
Hispanic or Latino (of any race)	251	1.9%
Population by Age		
Under 5 years	580	4.3%
5 to 14 years	1,596	11.8%
15 to 24 years	1,645	12.3%
25 to 44 years	2,831	21.1%
45 to 64 years	4,028	30.0%
65 years and more	2,757	20.5%
Median age (years)	45.7	N/A
Household by Type		
Total households	5,819	100%
Total families	3,533	60.7%
Households with children <18 years	1,206	24.9%
Married-couple family household	2,674	46.0%
Married-couple family household with children <18 years	692	11.9%
Female householder, no husband present	596	10.2%
Female householder, no husband present with children <18 years	387	6.7%
Nonfamily household	2,286	39.3%
Nonfamily household (single person) living alone	1,884	82.4%
Nonfamily household (single person) 65 years and >	940	41.1%
Households with one or more people <18 years	1,449	24.9%
Households with one or more people 60 years and >	2,648	45.5%
Average household size	2.26 people	N/A
Average family size	2.78 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$91,900	N/A
Median housing units with a mortgage	\$991	N/A
Median housing units without a mortgage	\$371	N/A
Median value of occupied units paying rent	\$674	N/A
Median rooms per total housing unit	5.7	N/A
Total occupied housing units	4,038	91.9%
No telephone service available	168	4.2%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	2,639	100%
Nursery & preschool	191	7.2%
Kindergarten	147	5.6%
Elementary School (Grades 1-8)	1,205	45.7%
High School (Grades 9-12)	707	26.8%
College or Graduate School	389	14.7%
Educational Attainment		
Population 25 years and over	9,616	100%
< 9 th grade education	331	3.4%
9 th to 12 th grade, no diploma	918	9.5%
High school graduate (includes equivalency)	4,054	42.2%
Some college, no degree	1,780	18.5%
Associate degree	988	10.3%
Bachelor's degree	992	10.3%
Graduate or professional degree	553	5.8%
Percent high school graduate or higher	8,367	87.0%
Percent Bachelor's degree or higher	1,545	16.1%
Marital Status		
Population 15 years and over	11,261	100.0%
Never married	2,815	25.0%
Now married, excluding separated	5,552	49.3%
Separated	270	2.4%
Widowed	1,070	9.5%
Widowed females	908	15.1%
Divorced	1,554	13.8%
Divorced females	956	15.9%

Selected Social Characteristics, Continued

<i>Disability Status of the Civilian Non-Institutionalized Population</i>		
Total civilian noninstitutionalized population	13,173	100%
Civilian with a disability	1,925	14.6%
Under 18 years	2,608	19.8%
Under 18 years with a disability	221	1.7%
18 to 64 years	7,953	60.4%
18 to 64 years with a disability	871	6.6%
65 Years and over	2,612	19.8%
65 Years and over with a disability	833	6.3%

Selected Economic Characteristics

<i>Employment Status</i>		
Population 16 years and over	11,042	100%
16 years and over in labor force	6,774	61.3%
16 years and over not in labor force	4,268	38.7%
Females 16 years and over	5,859	--
Females 16 years and over in labor force	3,327	56.8%
Population living with own children <6 years	696	100%
All parents in family in labor force	429	61.6%
<i>Class of Worker</i>		
Civilian employed population 16 years and over	6,437	100.0%
Private for-profit wage and salary workers	4,959	77.0%
Private not-for-profit wage and salary workers	527	8.2%
Local government workers	457	7.1%
State government workers	133	2.1%
Federal government workers	58	0.9%
Self-employed in own not incorporated business workers and unpaid family workers	303	4.7%
<i>Occupations</i>		
Civilian employed population 16 years and over	6,437	100.0%
Management, business, science, and arts occupations	1,643	25.5%
Production, transportation, and material moving occupations	1,720	26.7%
Service occupations	929	14.4%
Sales and office occupations	1,573	24.4%
Natural resources, construction, and maintenance occupations	572	8.9%
<i>Leading Industries</i>		
Employed civilian population 16 years and over	6,437	100.0%
Manufacturing	1,711	26.6%
Educational services, and health care and social assistance	1,336	20.8%
Retail trade	699	10.9%
Professional, scientific, and management, administrative and waste management services	478	7.4%
Finance and insurance, and real estate and rental and leasing	389	6.0%
Arts, entertainment, and recreation, and accommodation & food services	358	5.6%
Other services, except public administration	291	4.5%
Construction	286	4.4%
Transportation and warehousing, and utilities	274	4.3%
Public administration	242	3.8%
Wholesale trade	167	2.6%
Information	106	1.6%
Agriculture, forestry, fishing and hunting, and mining	100	1.6%

Selected Economic Characteristics, Continued

<i>Income In 2018</i>		
Households	5,819	100%
< \$10,000	325	5.6%
\$10,000 to \$14,999	395	6.8%
\$15,000 to \$24,999	744	12.8%
\$25,000 to \$34,999	611	10.5%
\$35,000 to \$49,999	832	14.3%
\$50,000 to \$74,999	1,041	17.9%
\$75,000 to \$99,999	1,000	17.2%
\$100,000 to \$149,999	645	11.1%
\$150,000 to \$199,999	110	1.9%
\$200,000 or more	116	2.0%
Median household income	<i>\$50,061</i>	N/A
<i>Income in 2018</i>		
Families	3,533	100%
< \$10,000	142	4.0%
\$10,000 to \$14,999	134	3.8%
\$15,000 to \$24,999	272	7.7%
\$25,000 to \$34,999	339	9.6%
\$35,000 to \$49,999	438	12.4%
\$50,000 to \$74,999	678	19.2%
\$75,000 to \$99,999	813	23.0%
\$100,000 to \$149,999	516	14.6%
\$150,000 to \$199,999	134	3.8%
\$200,000 or more	67	1.9%
Median family income	<i>\$65,417</i>	N/A
Per capita income in 2018	<i>\$26,414</i>	N/A
<i>Poverty Status in 2018</i>		
Families	N/A	9.0%
Individuals	N/A	10.9%

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

	Income
BEA Per Capita Personal Income 2018	\$39,234
BEA Per Capita Personal Income 2017	\$37,865
BEA Per Capita Personal Income 2016	\$36,368
BEA Per Capita Personal Income 2015	\$36,240
BEA Per Capita Personal Income 2014	\$35,138

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

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

Employment Statistics

Category	Richland	Ohio
Labor Force	52,400	5,626,700
Employed	48,300	5,174,800
Unemployed	4,100	452,000
Unemployment Rate* in September 2020	7.8	8.0
Unemployment Rate* in August 2020	8.6	8.8
Unemployment Rate* in September 2019	4.2	3.9

**Rate equals unemployment divided by labor force.*

*(Source: Ohio Department of Job and Family Services, September 2020,
<https://ohiolmi.com/portals/206/LAUS/OhioCivilianLaborForceEstimates.pdf>)*

Estimated Poverty Status in 2018

Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Richland County				
All ages in poverty	16,416	13,599 to 19,233	14.4%	11.9 to 16.9
Ages 0-17 in poverty	5,287	4,018 to 6,556	20.7%	15.7 to 25.7
Ages 5-17 in families in poverty	3,241	2,457 to 4,385	18.2%	13.1 to 23.3
Median household income	\$49,668	\$46,407 to \$52,929		
Ohio				
All ages in poverty	1,568,586	1,542,309 to 1,594,863	13.8%	13.6 to 14.0
Ages 0-17 in poverty	489,053	474,343 to 503,763	19.2%	18.6 to 19.8
Ages 5-17 in families in poverty	329,764	317,103 to 342,425	17.8%	17.1 to 18.5
Median household income	\$56,155	\$55,735 to \$56,575		
United States				
All ages in poverty	41,852,315	41,619,366 to 42,085,264	13.1%	13.0 to 13.2
Ages 0-17 in poverty	12,997,532	12,873,127 to 13,121,937	18.0%	17.8 to 18.2
Ages 5-17 in families in poverty	8,930,152	8,834,521 to 9,025,783	17.0%	16.8 to 17.2
Median household income	\$61,937	\$61,843 to \$62,031		

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

Federal Poverty Thresholds in 2019 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	\$13,300					
1 Person 65 and >	\$12,261					
2 people Householder < 65 years	\$17,120	\$17,622				
2 People Householder 65 and >	\$15,453	\$17,555				
3 People	\$19,998	\$20,578	\$20,598			
4 People	\$26,370	\$26,801	\$25,926	\$26,017		
5 People	\$31,800	\$32,263	\$31,275	\$30,510	\$30,044	
6 People	\$36,576	\$36,721	\$35,965	\$35,239	\$34,161	\$33,522
7 People	\$42,085	\$42,348	\$41,442	\$40,811	\$39,635	\$38,262
8 People	\$47,069	\$47,485	\$46,630	\$45,881	\$44,818	\$43,470
9 People or >	\$56,621	\$56,895	\$56,139	\$55,503	\$54,460	\$53,025

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

Appendix VI: County Health Rankings

	Richland County 2020	Ohio 2020	U.S. 2020
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2016-2018)	9,964	8,606	6,900
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2017)	20%	18%	17%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2017)	4.3	3.9	3.8
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2017)	4.3	4.6	4.0
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2012-2018)	8%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2017)	21%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2016)	32%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 & 2017)	6.9	6.7	7.6
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2016)	32%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2019)	67%	84%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2017)	17%	20%	19%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2014-2018)	26%	33%	28%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2017)	569.7	526.6	524.6
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2012-2018)	38	24	23

Source: 2020 County Health Rankings for Richland County, Ohio and U.S. data

	Richland County 2020	Ohio 2020	U.S. 2020
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2017)	8%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2017)	1,855:1	1,312:1	1,330:1
Access to dental care. Ratio of population to dentists (2018)	1,442:1	1,609:1	1,450:1
Access to behavioral health care. Ratio of population to mental health providers (2019)	282:1	409:1	400:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2017)	5,289	5,168	4,535
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2017)	42%	43%	42%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2017)	43%	49%	46%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	90%	85%	85%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2014-2018)	54%	65%	66%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2018)	4.9%	4.6%	3.9%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2018)	21%	19%	18%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2014-2018)	4.1	4.7	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2014-2018)	31%	36%	33%
Family and social support. Number of membership associations per 10,000 population (2017)	15.1	11.2	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014-2016)	237	293	386
Injury. Number of deaths due to injury per 100,000 population (2014-2018)	88	87	70

Source: 2020 County Health Rankings for Richland County, Ohio and U.S. data

	Richland County 2020	Ohio 2020	U.S. 2020
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2014)	11.3	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 (2018)	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 (2012-2016)	12%	14%	18%
Transportation. Percentage of the workforce that drives alone to work (2014-2018)	84%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2014-2018)	21%	31%	36%

Source: 2020 County Health Rankings for Richland County, Ohio and U.S. data
N/A – Data is not available