Foreword

The members of Healthy Lucas County are pleased to present the 2007 Health Assessment of our community. This comprehensive Community Health Assessment is the result of a strong commitment by dedicated community partners to work together to improve the health and well being of residents of Lucas County.

This health assessment provides us with a snapshot of Lucas County, as well as our state and nation. The data presented in this report will provide valuable information to develop strategies that focus on wellness, access to care, and unmet community needs. The assessment will provide additional insight in the areas of health and well being and how they relate to our community structure.

Through collaboration with The Hospital Council of Northwest Ohio and public health researchers at The University of Toledo, every effort has been made to assure that this report contains valid and reliable data. This health assessment follows similar studies conducted in Lucas County in 1999 and 2003. Although some comparisons can be made related to the previous assessments, we are urged by the researchers to be cautious in comparing previous data to this current assessment.

As we review the results of this assessment, the members of Healthy Lucas County will continue to work collaboratively to identify unmet needs in our community. It is the hope of Healthy Lucas County that this assessment will be a valuable tool to assist you in your efforts to improve the health and well being of Lucas County residents. It is also the hope that this assessment will foster new collaborative opportunities and initiate quality programs to improve the lives of Lucas County residents.

Sincerely,

Faith Yingling, Ph.D., CHES
President
Healthy Lucas County

Acknowledgements

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Lucas County Healthy Communities Foundation:
Mercy Health Partners
St. Luke's Hospital
University of Toledo Medical Center

Toledo- Lucas County Health Department

ProMedica Health System

United Way of Greater Toledo

Commissioned by: Healthy Lucas County

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The complete report is available at the following websites:
www.hcno.org
www.lucascountyhealth.com

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Preface

A community health needs assessment is a method of bringing together primary and secondary data related to the health of a community to create a more realistic picture of the health status of the residents of that community. Community health needs assessments can be superficial or they can by very comprehensive and take many months and tens of thousands of dollars to complete. The more thorough the health needs assessment the more accurate is the picture created of the health status of the residents. The more thorough the health needs assessment the more useful the information will be for establishing health priorities to improve the health problems in the community. Thus, this needs assessment has expended considerable time and resources to provide the best picture possible on the health issues affecting Lucas County residents.

Leading Types of Death Versus Actual Causes of Death

The number of deaths in the United States increases each year, primarily due to population growth and the increasing age of the population. Government and health agencies track changes in death rates by examining changes in the "Leading Types of Deaths," that is the technique used in this needs assessment. Identifying the "Leading Types of Death" is a method of identifying the final pathological trauma (outcomes) from which Americans died (Table 1). However, these are not the "actual causes of death" (the major external modifiable factors that were actually the underlying insults to the body) that resulted in the premature mortality of Americans from the various types of death (Table 2).

Table 1
Leading Causes of Death in the United States

Rank	Type of Death	No. of Deaths	Percent
1.	Heart disease	710,760	29.6 %
2.	Cancers	553,091	23.0 %
3.	Stroke (CVD)	167,661	7.0 %
4.	Chronic lower respiratory tract disease	122,009	5.1 %
5.	Unintentional injuries	97,900	4.1 %
6.	Diabetes mellitus	69,301	2.9 %
7.	Influenza and pneumonia	65,313	2.7 %
8.	Alzheimer disease	49,558	2.1 %
9.	Nephritis, nephritic syndrome, and Nephrosis	37,251	1.5 %
10.	Septicemia	31,224	1.3 %

Source: Mokdad AH, Marks JS, Stroup DF, & Gerberding JL. Actual causes of death in the United States, 2000. Journal of the American Medical Association 2004; 291:1238-1245.

Table 2 indicates that the "actual causes of death" are usually behaviors in which Americans engage in when they shouldn't, or do not engage in other behaviors when they should.

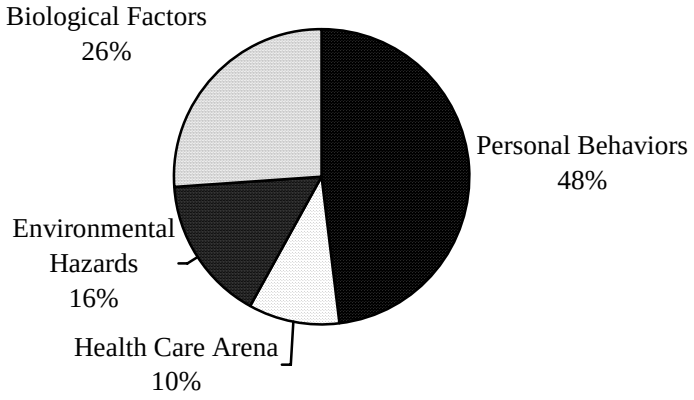
Preface

Table 2
Actual Causes of Death in the United States

Rank	Actual Cause	No. of Deaths	Percent
1.	Tobacco	435,000	18.1
2.	Poor Diet and Physical Inactivity	365,000	15.2
3.	Alcohol Consumption	85,000	3.5
4.	Microbial Agents	75,000	3.1
5.	Toxic Agents	55,000	2.3
6.	Motor Vehicle	43,000	1.8
7.	Firearms	29,000	1.2
8.	Sexual Behavior	20,000	0.8
9.	Illicit Drug Use	17,000	0.7

Source: Mokdad AH, Marks JS, Stroup DF, & Gerberding JL. Actual causes of death in the United States, 2000. Journal of the American Medical Association 2004; 291:1238-1245.

Figure 1 – Risks To Good Health



Source: LaLonde, M. A New Perspective on the Health of Canadians: A Working Document. 1974.

In other words, Figure 1 indicates that the leading causes of premature loss of life in America are due to personal behaviors which cause chronic diseases and injuries, not because of inadequate numbers of medical specialists or hospitals. The major chronic disease killers are heart disease, lung and breast cancer, strokes, chronic lung disease, diabetes, and chronic liver disease. Injuries would include both unintentional ones (also called accidents) and intentional ones (suicides and homicides). These forms of death are caused primarily by personal behaviors, induced in part by environmental factors (social, educational and economic).

The modern epidemics in America today are not going to be "cured" by high-tech medicine. Using unintentional injuries as an example, "when state-of-the-art ambulance systems and specialized trauma emergency rooms are put in place to get patients high-tech

medical care as quickly as possible, the number of injury deaths drops by only 8 percent..." In other words, even with the best care available, better than 90% of critically injured patients can not be saved!

Figure 1 indicates that changing the unhealthy behaviors of Americans is the most beneficial way of reducing premature mortality. In fact, Table 2 indicates that about 37% of US deaths are attributable to 4 behaviors: smoking, poor diet, physical inactivity, and alcohol use. For example, weight loss and exercise can reduce the progression of diabetes by 50%. Other examples of life-saving behaviors would include:

- About 20% of adults smoke, and one-third of smokers will die prematurely due to their smoking. Smoking cessation is beneficial at any age, yet only 28% of smokers are assisted by their physicians to quit smoking. If 90% of smokers were assisted to help quit then 42,000 fewer smokers would die each year. In contrast, if smokers continue to smoke and they develop lung cancer, 8 of 9 will die from their cancer, surgery and cancer treatments are of little benefit.
- Although aspirin is cheap and easily accessible, only about 40% of adults take aspirin daily or every other day. Encouraging age appropriate adults to take low-dose aspirin daily would lower the risk of heart disease. If 90% of adults took low-dose aspirin daily it would reduce the number of cardiovascular deaths by 45,000 a year.
- Fewer than 50% of adults are up to date with recommended colorectal cancer screenings. If we increased to 90% the portion of adults age 50 and older who were up to date with the recommended frequency of colorectal cancer screening we could save 14,000 lives each year.
- Between 5% and 20% of Americans get influenza each year. Most people will recover in less than 2 weeks, but more than 200,000 will need to be admitted to a hospital for treatment as a result of the flu and 36,000 people die annually from the flu. A little less than 40% of adults age 50 and older get vaccinated against influenza. If the vaccination rate for adults for influenza was increased to 90% 12,000 additional lives would be saved each year.

The Consequences of Misplaced Health Priorities

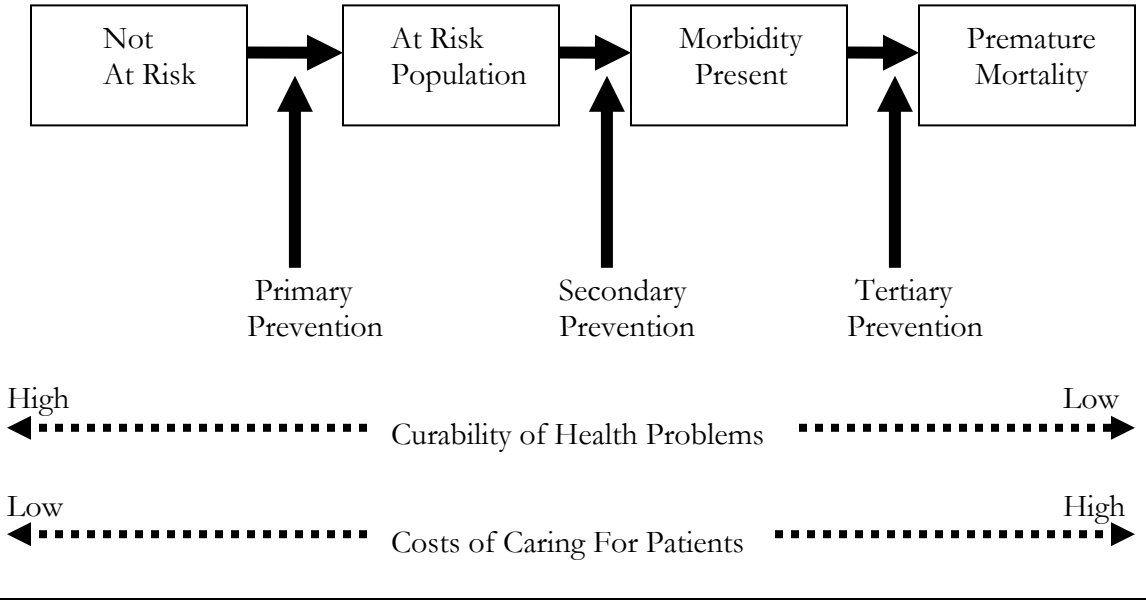
To maximize the health of citizens of a community, health professionals should pursue interventions in proportion to the ability of those interventions to improve the health of the community. A health intervention that is more effective than its alternative should receive more attention and resources, all else being equal. Inadequate decision making in establishing priorities can indirectly claim lives, contribute to the burden of disease in a community, and generate greater health care costs that would not occur if health intervention priorities were appropriately established for the community.

The effectiveness of available options for helping Americans live longer and have a better quality of life are often underappreciated. As an example, regular smoking cessation counseling would save America an estimated 1.3 million quality-adjusted life years (QALYs), whereas increased breast cancer screening would save an estimated 91,000 QALYs. A community that ignores these differences and provides few resources for smoking cessation and concentrates its resources on mammography screening can expect to reduce breast cancer deaths but ultimately more community members may die, primarily from smoking-related diseases. The point is that both interventions should be pursued, but giving

community resources in proportion to the benefit to be derived from each intervention would maximize the number of lives saved and will more likely reduce health care costs.

Primary prevention of a disease is more effective than treating the complications of a disease (secondary or tertiary prevention) (Figure 2).

Figure 2
Primary Prevention Versus Treatments (Secondary and Tertiary Prevention) to Reduce Premature Morbidity and Mortality



Unfortunately, the current health care enterprise concentrates the vast majority of its resources on late-stage disease. It has been estimated that only 2% to 3% of health spending goes to primary prevention. Unfortunately, society tends to under appreciate primary prevention through reduction of risk factors (unhealthy habits) and creating a health literate society. The propensity for spending resources on treatments but comparatively little on primary prevention plays a major role in why the United States was ranked by the World Health Organization 37th in health care systems out of 191 nations.

Identifying the threats to community health is but the first step in improving the health of the community. The more difficult step will be for wise strategists to establish a successful series of interventions in the face of competing agendas by a wide variety of agencies with self-interests.

James H. Price, PhD, MPH, FAAHB
Professor of Health Education
University of Toledo

Lucas County Adult Health Assessment

Executive Summary

This executive summary provides an overview of health-related data for Lucas County adults (19 years of age and older) who participated in a county-wide health assessment survey during 2007. The findings are based on a self-administered survey using a structured questionnaire. The questions were modeled after the survey instrument used by the Center for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Healthy Communities Foundation of 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 Lucas County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment and in providing community relevant data.

Instrument Development

A survey instrument was designed and pilot tested for this study. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the Behavioral Risk Factor Surveillance System Survey.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Lucas County. During these meetings, banks of potential survey questions from the BRFSS survey were reviewed and discussed. Based on input from the Lucas County planning committee, the Project Coordinator composed a draft of a survey containing 115 items. This draft was reviewed and approved by health education researchers at the University of Toledo.

Sampling

Adults ages 19 and over living in Lucas 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 15-74 year olds living in Lucas County. There were 317,082 persons between the ages of 15-74 living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval 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 384 adults from all races, 382 African American adults, and 377 Hispanic adults were needed to ensure this level of confidence.

Primary Data Collection Methods

The random samples of mailing addresses of adults from Lucas County were obtained from American Clearinghouse in Louisville, KY. They select a pool of adults based off of governmental sources such as social security numbers.

Methodology

The 2003 Lucas County Health Assessment used convenience sampling and the 2007 report used a stratified random sampling technique. In convenience sampling you often increase the risk of sampling subjects who have characteristics in common (homogenous characteristics) and reduce your chance of finding the true incidence of the variety of health risks/health problems within a heterogeneous population. The preferred technique is stratified random sampling and thus the two reports results could not be compared with any validity.

Procedure

Prior to mailing the survey to adults, an advance letter was mailed to 2400 adults in Lucas County in February, 2007: 800 to the general population, 800 to African Americans, and 800 to Hispanics. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by David Grossman, M.D., Health Commissioner, Toledo-Lucas County Health Department and W. Scott Fry, President and CEO, Hospital Council of Northwest Ohio. 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.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Healthy Lucas County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a $2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two 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 56% (n=1282). The response rate for the general population survey was 60% (n=452). The response rate for African American households was 54% (n=417). The response rate for Hispanic households was 54% (n=413). These return rates and sample sizes means that the responses in the health assessment should be representative of the entire county.

Data Analysis

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 12.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lucas County, the data collected was weighted by age, gender, race, and income using 2005 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.

Primary Data Collection Methods

IRB Approval

The Hospital Council of Northwest Ohio secured an Institutional Review Board (IRB), Chesapeake Research Review, Inc. based out of Columbia, Maryland. The IRB approves, monitors, and reviews biomedical and behavioral research involving humans with the aim to protect the rights and welfare of the subjects. The IRB approves the methods, letters, and survey instruments involved in this health needs assessment.

Limitations

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Lucas County adult assessment had a very high response rate (56%). 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 Lucas County). In other words, if those who were sent the survey would have answered the questions significantly differently than the almost three-fifths who did respond, the results of this assessment would under-represent or over-represent their perceptions and behaviors. If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, the Hispanic population does not include the migrant population or illegal immigrants. This is due to the source of the mailing addresses being social security numbers. Printed on the front cover of the survey was a statement in Spanish asking non-English speaking/reading respondents to call a certain employee at the Toledo-Lucas County Health Department to have the survey translated. However, those who could not read English could have been less likely to respond to the survey.

Third, it is important to note that, although several questions were asked using the same wording as the CDC questionnaire, the adult data collection method differed. CDC adult data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey. This may have resulted in different responses.

Fourth, the intent of this community health needs assessment was to focus on the "physical health" needs of the adult community. Such a focus is the traditional manner of conducting community health needs assessments. However, we would be remiss if we did not take note of the need for additional information on two other segments of the community: youth and mental health. When looking at a family unit, adult health is only piece. Youth represent 25% of the U.S. population, therefore, an assessment of youth along with adults is needed to see the larger picture. Although some areas of mental health are reported in this assessment, it could be more comprehensive. A more extensive and formal assessment of this area is needed.

Finally, the data were self-report. To any degree that respondents did not answer honestly represents a threat to the internal validity of the results (the accuracy of the data reported). This is a common potential limitation with any type of self-report behaviors and perceptions and efforts were made to limit this concern including the assurance of anonymity to the respondents.

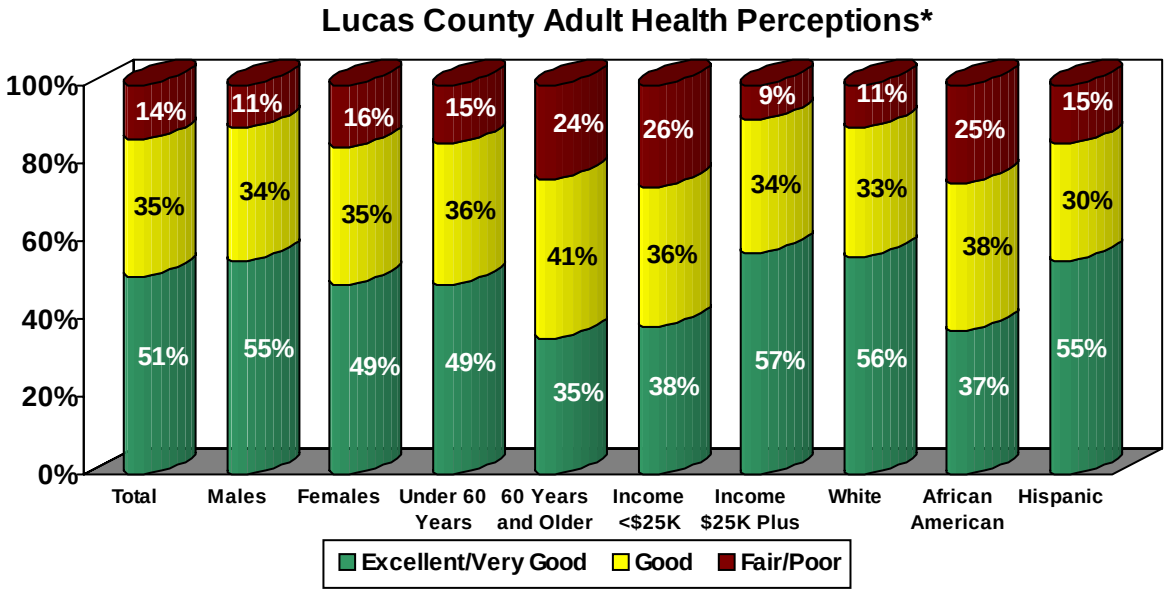
Data Summary

Health Perceptions

In 2007, about half (51%) of the Lucas County adults rated their health status as excellent or very good. Conversely, 14% of the adults increasing to 26% of those with lower annual incomes and 25% of African Americans described their health as fair or poor.

General Health Scale

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

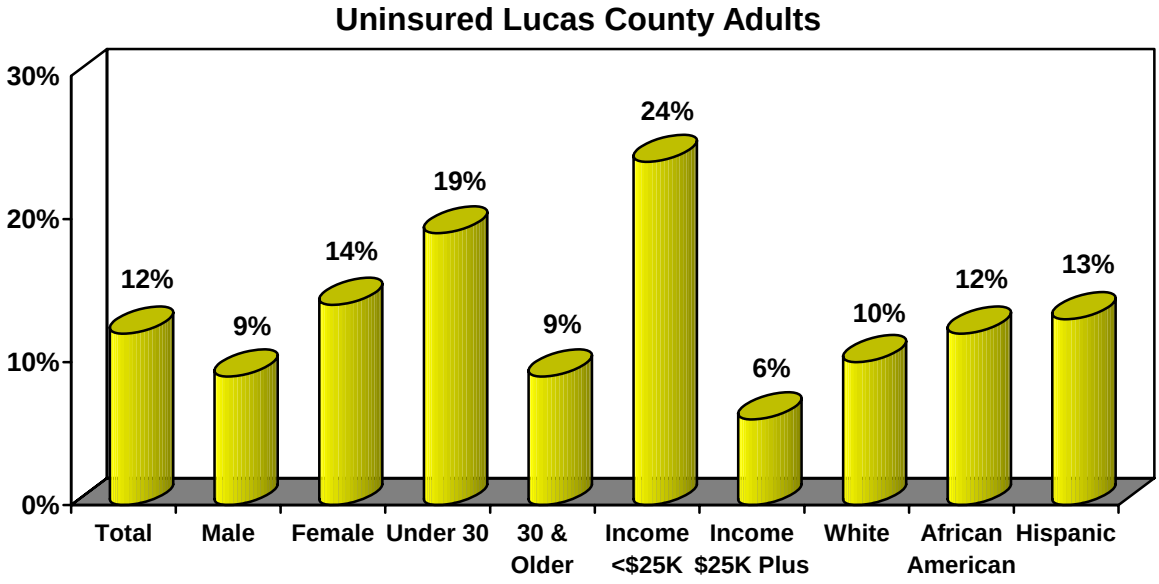


**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"*

Health Care Coverage

The 2007 health assessment data has identified that 12% of Lucas County adults were without health insurance coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under $25,000. In Lucas County, 13% of families and 17% of individuals live below the poverty level. (Source U.S. Census, 2005)

Data Summary



Health Care Access

The 2007 Health Assessment project identified that 87% of Lucas County adults reported they had one particular clinic, health center, doctor's office, or other place they usually go if they are sick or need advice about their health.

Cardiovascular Health

Major cardiovascular diseases (heart disease and stroke) accounted for 36% of all Lucas County adult deaths from 2003-2005 (Source: ODH Information Warehouse). The 2007 Lucas County health assessment found that 7% of adults had angina or coronary heart disease. Just over one-third (35%) of Lucas County adults have been diagnosed with high blood pressure and 34% have high blood cholesterol, two known risk factors for heart disease and stroke.

Lucas County
Leading Causes of Death
2003-2005

Total Deaths: 13,061

1. Heart Disease (30% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Diabetes Mellitus (4%)

(Source: ODH Information Warehouse, updated 6-4-07)

Data Summary

Cancer

Ohio Department of Health statistics indicate that from 1997-2005, a total of 9,111 Lucas County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, changing diet and exercise habits, and early detection may reduce overall cancer deaths.

Lucas County Incidence of Cancer, 2003

- All Types: 2,141 cases
- Colon and Rectum: 239 cases
- Lung and Bronchus: 368 cases
- Breast: 295 cases
- Prostate: 269 cases

From 2003-2005, there were 3,006 cancer deaths in Lucas County.

(Source: Ohio Cancer Incidence Surveillance System & ODH Information Warehouse)

Asthma, Arthritis, and Diabetes

According to the Lucas County survey data, 27% of Lucas County adults were diagnosed with arthritis. The Centers for Disease Control and Prevention (CDC) estimates that approximately 1 of every 3 U.S. adults is affected by arthritis or chronic joint symptoms (CJS). More than one in ten (12%) of Lucas County adults had been diagnosed with asthma. In 2007, 12% of Lucas County adults had been diagnosed with diabetes.

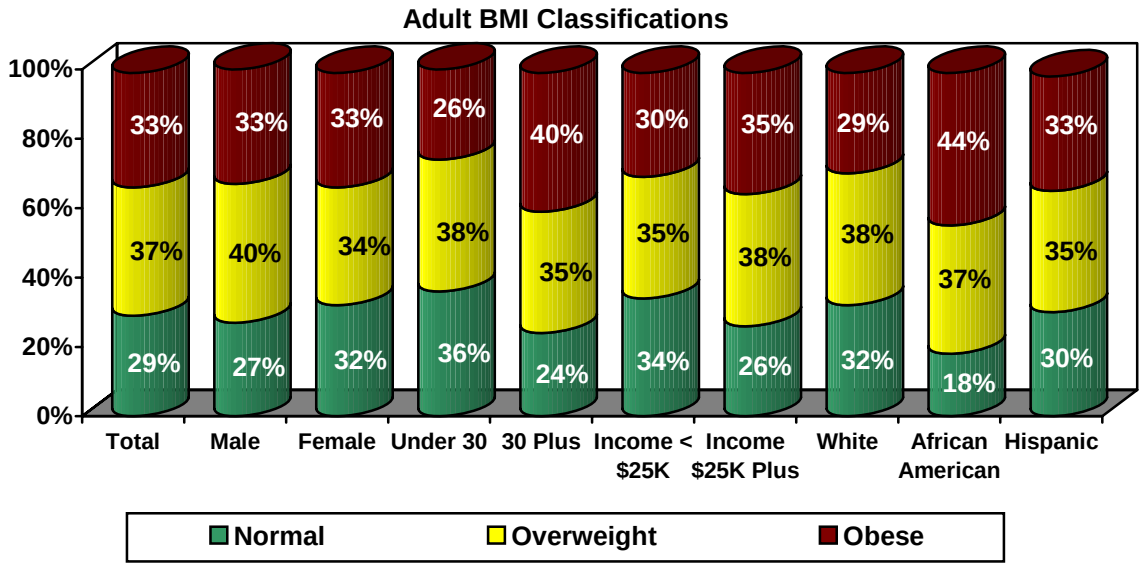
Diabetes Facts

- Diabetes was the 5th leading cause of death in Lucas County for 2003-2005.
- In 2003-2005, Lucas County age-adjusted mortality rates for diabetes by gender were 42.6 for males (35 Ohio) and 30.7 (26 Ohio) deaths per 100,000 for females.
- The risk of death for people with diabetes is twice that of people without diabetes of the same age group. *(Source: American Diabetes Association, ODH Information Warehouse)*

Weight Control

The 2007 Health Assessment project identified that 70% of Lucas County adults were overweight or obese for their height and weight. The 2006 BRFSS had indicated that 28% of Ohio and 25% of U.S. adults were obese by Body Mass Index (BMI). One-third (33%) of Lucas County adults were obese. Over half (54%) of adults were trying to lose weight.

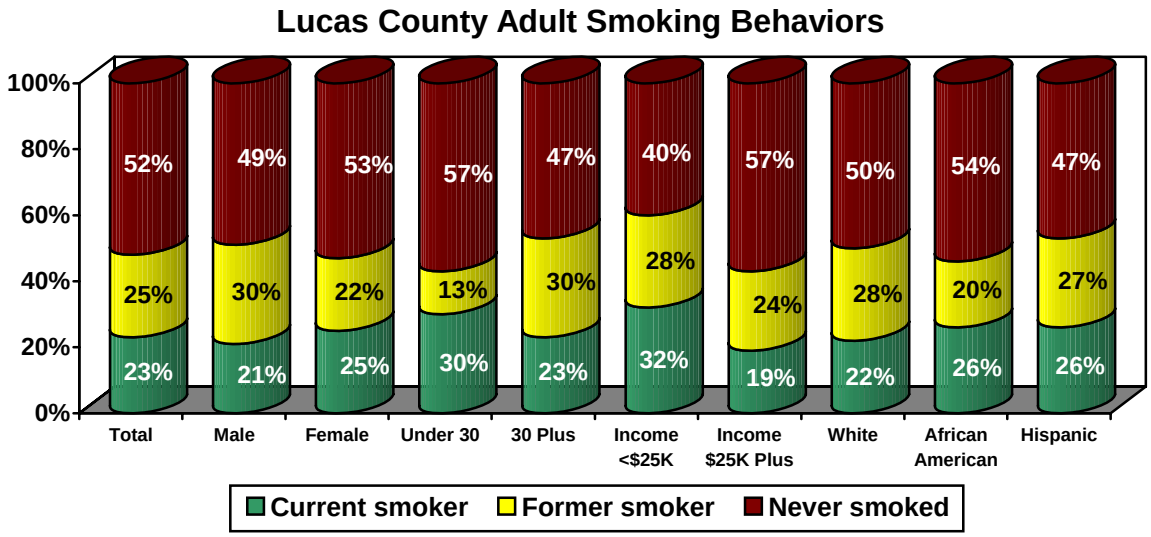
Data Summary



Percentages may not equal 100% due to those who were classified as underweight are not included.

Tobacco Use

In 2007, under one-quarter (23%) of Lucas County adults were current smokers and 25% were considered former smokers. In 2007, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the United States, accounting for approximately 438,000 premature deaths each year from 1997-2001. ACS estimated that tobacco use would be linked to approximately 168,000 cancer deaths in 2007. (Source: Cancer Facts & Figures, American Cancer Society, 2007)



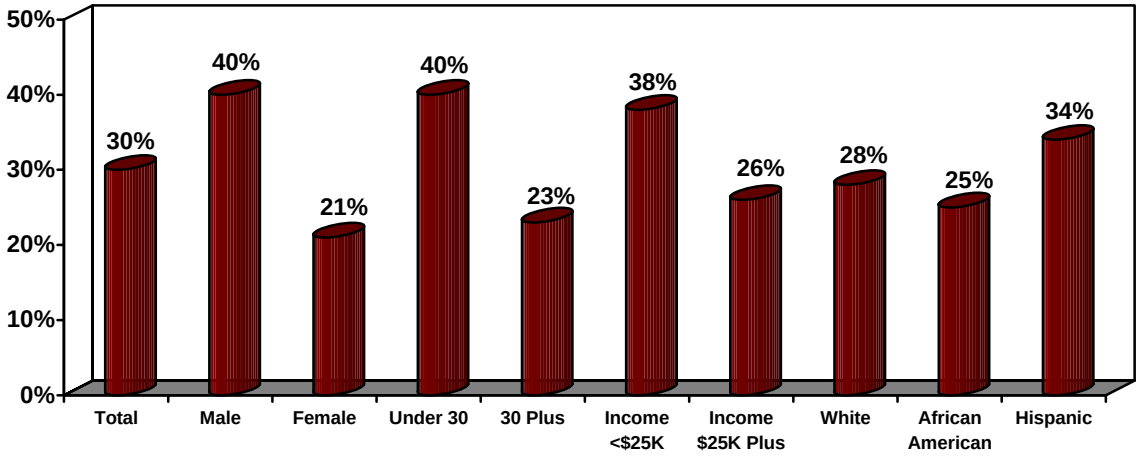
Respondents were asked:
"Have you smoked at least 100 cigarettes in your entire life?
If yes, do you now smoke cigarettes everyday, some days or not at all?"

Data Summary

Alcohol Consumption

In 2007, the health assessment indicated that 13% of Lucas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). Under one-third (30%) of adults who drink had five or more drinks on one occasion (binge drinking) in the past month. Twelve percent of those who drank reported driving after having too much to drink.

Lucas County Adults Binge Drinking in the Past Month*

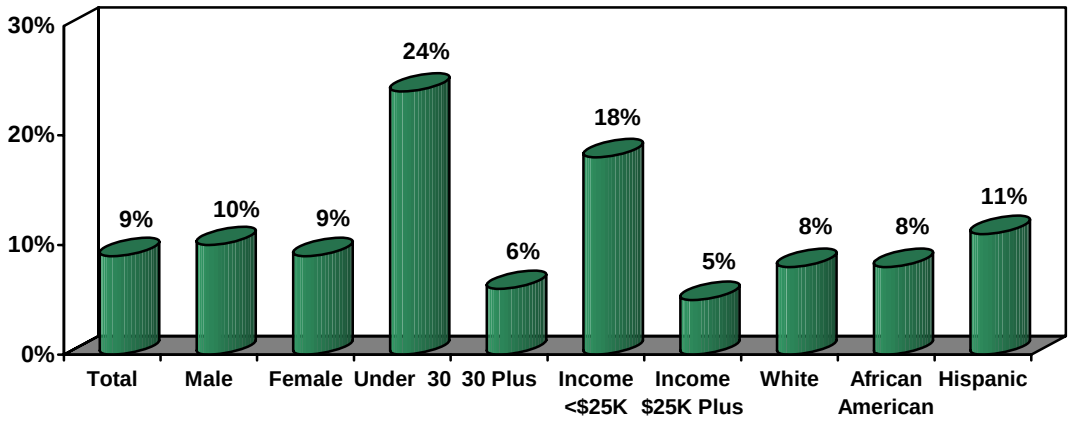


**Based on all adults. Binge drinking is defined as having five or more drinks on an occasion. Adults must have reported drinking five or more drinks on an occasion at least once in the previous month.*

Marijuana and Other Drug Use

In 2007, 9% of Lucas County adults had used recreational drugs during the past 6 months, increasing to 24% of those under the age of 30. Six percent of adults used prescription medications and 9% of adults used marijuana in the past 6 months.

Lucas County Adult Recreational Drug Use in Past 6 Months*

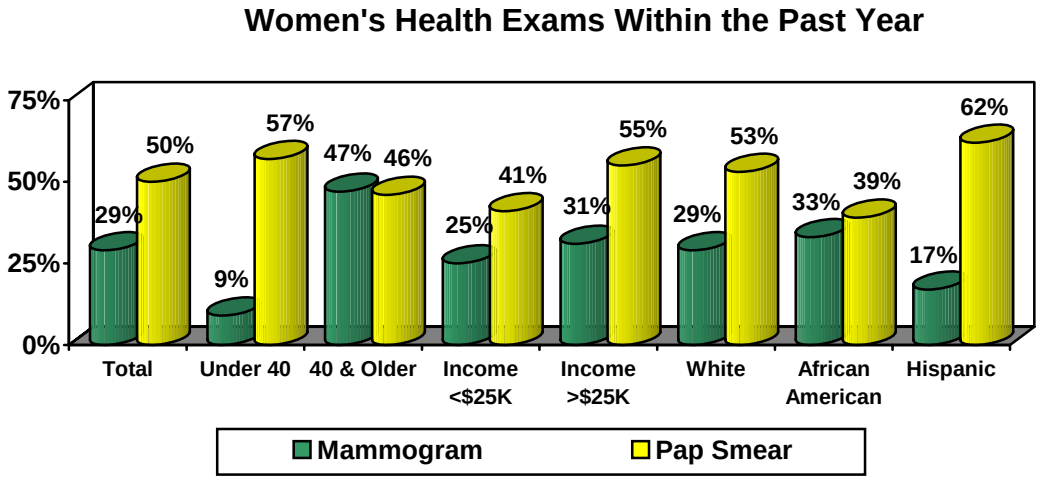


*Includes marijuana, methamphetamines, cocaine, heroin, LSD, inhalants and Ecstasy

Data Summary

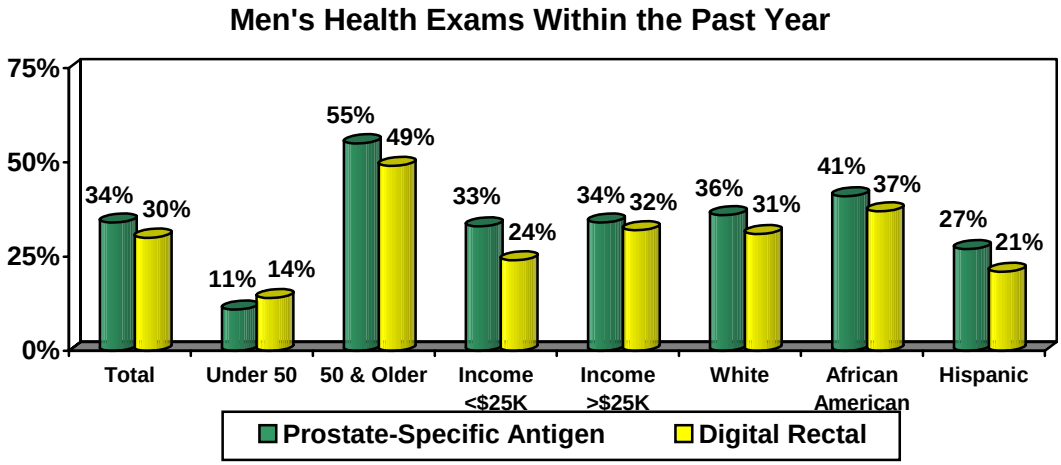
Women's Health

In 2007, 47% of women ages 40 and over had a mammogram in the past year. Over half (56%) of Lucas County women ages 19 and over have had a clinical breast exam and 50% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that just under one-third (30%) of women had high blood pressure, 28% had high blood cholesterol, and 25% were identified as smokers, known risk factors for cardiovascular diseases.



Men's Health

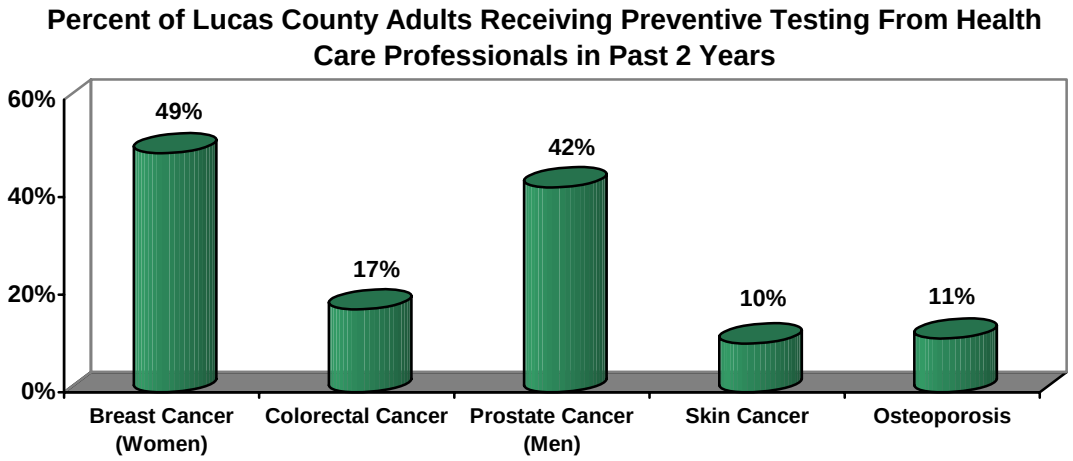
In 2007, over half (55%) of Lucas County males age 50 and over had a Prostate-Specific Antigen (PSA) test in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 34% and cancers caused 25% of all male deaths in Lucas County from 2003-2005. Over one-third (39%) of men had been diagnosed with high blood pressure, 40% had high blood cholesterol, and 21% were identified as smokers, which, along with obesity, are known risk factors for cardiovascular diseases.



Data Summary

Preventive Medicine and Health Screenings

The 2007 health assessment indicates that 21% of Lucas County adults had received a pneumonia vaccination at sometime in their life. Under one-third (31%) of adults had a flu shot during the past 12 months.



Sexual Behavior & Pregnancy Outcomes

In 2007, over two-thirds (70%) of Lucas County adults had sexual intercourse. Ten percent of adults had more than one partner in the past year. Although often drastically underestimated, sexually transmitted infections (STIs or STDs) are one of the most common infections nationwide. Studies have shown that by age 24, 1 in 3 sexually active people will have contracted an STI. (Source: Planned Parenthood Federation of America, Inc.)

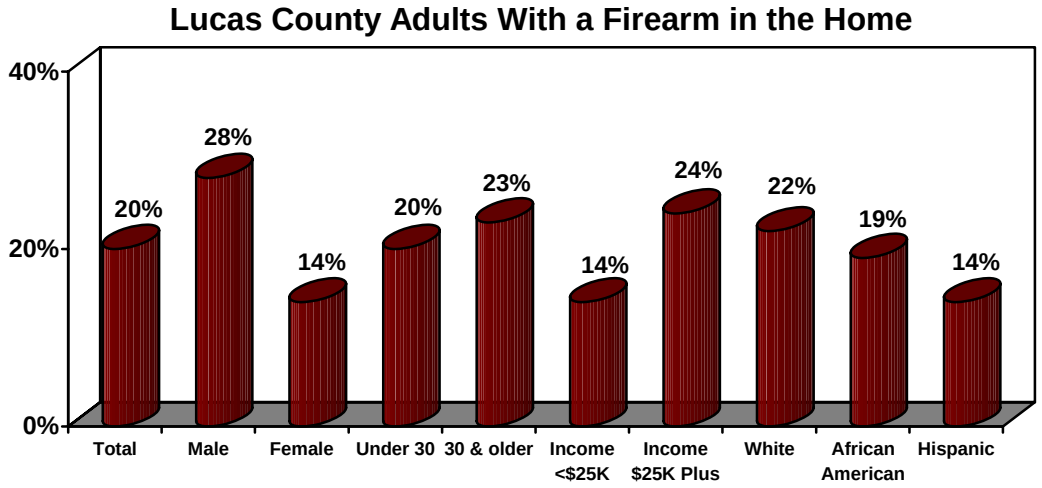
Sexual Partners In Past Year

- None (30%)
- One (60%)
- More than one (10%)

Quality of Life and Safety

Over two-fifths (42%) of Lucas County adults in 2007 reported they had a major impairment or health problem that limited their activities. The health assessment identified that 20% of Lucas County adults kept a firearm in or around their home.

Data Summary



Mental Health

In 2007, 26% of Lucas County adults reported their mental health was not good for more than four days out of the previous month. One percent reported attempting suicide.

Oral Health

The 2007 Health Assessment project has determined that two-thirds (66%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2006 BRFSS reported rates of 70% of U.S. adults and 73% of Ohioans have been to the dentist or dental clinic in the previous twelve months.

Hispanic Health

According to the 2005 U.S. Census, American Community Survey figures, approximately 22,324 Hispanic/ Latinos live in Lucas County (5.1%). The Ohio Department of Health, Information Warehouse, reports that 111 of the 218 (51%) Hispanic/Latino deaths from 2003-2005 were from cardiovascular diseases and cancer. Nine percent of Hispanic males were diagnosed with prostate cancer. Sixty-nine percent of Hispanics were overweight or obese.

African American Health

According to the 2005 U.S. Census American Community Survey approximately 77,440 African Americans live in Lucas County (18%). The 2007 Health Assessment reported that 22% of African Americans were diagnosed with diabetes and 53% with high blood pressure. Eighty-one percent of African Americans were either overweight or obese.

Parenting

The 2007 Health Assessment project identified that 95% of Lucas County adults who have an infant to 4-year-old always put them in a car seat. Most (89%) children had been to the doctor for a regular check-up in the past year.

Data Summary

Adult Variables	Lucas County 2003*	Lucas County 2007	Ohio	U.S.
Alcohol Consumption (comparative data from 2006)				
Had at least one alcoholic beverage in past month	51%	57%	55%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	17%	18%	16%	15%
Tobacco Use (comparative data from 2006)				
Current smoker (currently smoke some or all days)	29%	23%	22%	20%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	25%	24%	25%
Arthritis, Asthma and Diabetes (comparative data from 2005 & 2006)				
Has been diagnosed with arthritis	26%	27%	30%	27%
Has ever been diagnosed with asthma	13%	12%	14%	13%
Has been diagnosed with diabetes	9%	12%	7%	8%
Hypertension and Cholesterol Awareness (comparative data from 1999, 2001, & 2005)				
Had blood pressure checked in past year	87%	87%	91%	89%
Has been diagnosed with high blood pressure	26%	35%	27%	26%
Has had blood cholesterol checked in past year	N/A	51%	72%	72%
Has been diagnosed with high blood cholesterol	25%	34%	37%	36%
Health Care Access (comparative data from 2006)				
Has health care coverage	82%	88%	88%	86%
Health Status (comparative data from 2006)				
Rated general health as fair or poor	15%	14%	15%	15%
Preventive Behaviors (comparative data from 2006)				
Has had a flu shot in past 12 months	31%	31%	N/A	N/A
Age 65 plus having had a pneumonia vaccine in lifetime	N/A	59%	69%	67%
Dental visit within past year	66%	66%	73%	70%
Had mammogram in past year	33%	29%	N/A	N/A
Had clinical breast exam in past year	56%	56%	N/A	N/A
Weight Control (comparative data from 2000)				
Trying to lose weight	47%	54%	38%	38%

**2003 Lucas County data cannot be directly compared to 2007 Lucas County data due to methods of data collection differences.*
N/A = Not available

Demographics

Lucas County Population by Age Groups and Gender
Source: U.S. Census 2000

Category	Total	Males	Females
Lucas County	**455,054**	**218,764**	**236,290**
0-4 years	**31,180**	**15,942**	**15,238**
1-4 years	24,948	12,711	12,237
< 1 year	6,232	3,231	3,001
1-2 years	12,461	6,390	6,071
3-4 years	12,487	6,321	6,166
5-9 years	**34,317**	**17,535**	**16,782**
5-6 years	13,319	6,801	6,518
7-9 years	20,998	10,734	10,264
10-14 years	**34,302**	**17,649**	**16,653**
10-12 years	21,062	10,855	10,207
13-14 years	13,240	6,794	6,446
12-18 years	46,124	23,392	22,732
15-19 years	**32,771**	**16,502**	**16,269**
13-15 years	19,874	10,053	9,821
15-17 years	19,682	9,968	9,714
16-18 years	19,433	9,893	9,540
18-19 years	13,089	6,534	6,555
19-20 years	13,350	6,611	6,739
20-24 years	31,695	15,419	16,276
25-29 years	32,379	15,859	16,520
30-34 years	30,678	15,090	15,588
35-39 years	33,851	16,409	17,442
40-44 years	35,603	17,346	18,257
45-49 years	32,863	16,073	16,790
50-54 years	28,543	13,941	14,602
55-59 years	20,692	9,833	10,859
60-64 years	16,739	7,871	8,868
65-69 years	14,812	6,580	8,232
70-74 years	15,569	6,718	8,851
75-79 years	12,985	5,095	7,890
80-84 years	8,768	3,001	5,767
85-89 years	4,770	1,342	3,428
90-94 years	1,969	440	1,529
95-99 years	505	104	401
100-104 years	53	11	42
105-109 years	7	3	4
110 years & over	3	1	2
Total 85 years and over	**7,307**	**1,091**	**5,406**
Total 65 years and over	**59,441**	**23,295**	**36,146**
Total 19 years and over	**329,188**	**154,486**	**174,702**

Lucas County Profile

General Demographic Characteristics

(Source: U.S. Census Bureau, Census 2000 & 2005 American Community Survey)

Total Population		
2006 Total Population Estimate (July 1)	445,281	(100%)
2000 Total Population	455,054	(100%)
1990 Total Population	462,361	(100%)
Largest City-Toledo		
2005 Total Population	301,285	(100%)
2000 Total Population	313,619	(100%)
1990 Total Population	332,943	(100%)
Population By Race/Ethnicity		
Total Population	437,901	(100%)
White Alone	331,468	(75.7%)
African American	77,440	(17.7%)
Hispanic or Latino (of any race)	22,324	(5.1%)
Some other race	12,230	(2.8%)
Two or more races	10,383	(2.4%)
Asian	5,741	(1.3%)
American Indian and Alaska native	639	(0.1%)
Household By Type		
Total Households	177,304	(100%)
Family Households (families)	109,658	(61.8%)
With own children <18 years	52,535	(29.6%)
Married-Couple Family Households	76,835	(43.3%)
With own children <18 years	31,263	(17.6%)
Female Householder, No Husband Present	24,465	(13.8%)
With own children <18 years	16,093	(9.1%)
Non-family Households	67,646	(38.2%)
Householder living alone	56,449	(31.8%)
Householder 65 years and >	18,321	(10.3%)
Households With Individuals < 18 years	57,431	(32.4%)
Households With Individuals 65 years and >	38,617	(21.8%)
Average Household Size	2.47 people	
Average Family Size	3.15 people	

Lucas County Profile

General Demographic Characteristics

(Source: U.S. Census Bureau, Census 2000 & 2005 American Community Survey)

Housing Occupancy

Total Housing Units	202,426	(100%)
Occupied Housing Units	177,304	(87.6%)
Vacant Housing Units	25,122	(12.4%)

Housing Tenure

Occupied Housing Units	177,304	(100%)
Owner-Occupied Housing Units	118,666	(66.9%)
Renter-Occupied Housing Units	58,638	(33.1%)

Selected Social Characteristics

(Source: U.S. Census Bureau, Census 2000 & 2005 American Community Survey)

School Enrollment

Population 3 Years and Over Enrolled In School	119,930	(100%)
Nursery & Preschool	6,056	(5.0%)
Kindergarten	6,083	(5.1%)
Elementary School (Grades 1-8)	49,315	(41.1%)
High School (Grades 9-12)	26,601	(22.2%)
College or Graduate School	31,875	(26.6%)

Educational Attainment

Population 25 Years and Over	282,874	(100%)
< 9th Grade Education	9,565	(3.3%)
9th to 12th Grade, No Diploma	32,189	(11.4%)
High School Graduate (Includes Equivalency)	94,933	(33.6%)
Some College, No Degree	59,843	(21.2%)
Associate Degree	20,908	(7.4%)
Bachelor's Degree	41,145	(14.5%)
Graduate Or Professional Degree	24,291	(8.6%)
Percent High School Graduate or Higher	241,009	(85.2%)
Percent Bachelor's Degree or Higher	65,436	(23.1%)

Marital Status

Population 15 Years and Over	344,203	(100%)
Never Married	106,359	(30.9%)
Now Married, Except Separated	167,283	(48.6%)
Separated	5,507	(1.6%)
Widowed	22,029	(6.4%)
Female	17,255	(5.0%)
Divorced	43,025	(12.5%)
Female	24,445	(7.1%)

Lucas County Profile

Selected Social Characteristics Continued

(Source: U.S. Census Bureau, Census 2000 & 2005 American Community Survey)

Grandparents As Caregivers		
Grandparent Living in Household with 1 or more own grandchildren <18 years	6,186	(100%)
Grandparent Responsible for Grandchildren	2,764	(36.9%)
Veteran Status		
Civilian Population 18 Years and Over	324,046	(100%)
Civilian Veterans	33,276	(10.3%)
Disability Status of the Civilian Non-institutionalized Population		
Population 5 to 15 Years	68,709	(100%)
With a Disability	7,701	(11.2%)
Population 16 to 64 Years	284,462	(100%)
With a Disability	40,660	(14.3%)
Percent Employed		31.5%
No Disability	243,802	(85.7%)
Percent Employed		74.0%
Population 65 Years and Over	53,012	(100%)
With a Disability	21,971	(41.4%)

Selected Housing Characteristics

(Source: U.S. Census Bureau, Census 2000 & 2005 American Community Survey)

Median Value of Owner-Occupied Units	$118,000
Median Monthly Owner Costs (With Mortgage)	$1,120
Median Monthly Owner Costs (Not Mortgaged)	$461
Median Gross Rent for Renter-Occupied Units	$581
Median Rooms Per Housing Unit	5.6
Total Housing Units	202,426
No Telephone Service	9,657
Lacking Complete Plumbing Facilities	349
Lacking Complete Kitchen Facilities	542

Lucas County Profile

Selected Economic Characteristics

(Source: U.S. Census Bureau, Census 2000 & 2005 American Community Survey)

Employment Status		
Population 16 Years and Over	337,851	(100%)
In Labor Force	220,745	(65.3%)
Not In Labor Force	117,106	(34.7%)
Females 16 Years and Over	176,964	(100%)
In Labor Force	107,475	(60.7%)
Population Living With Own Children <6 Years	36,722	(100%)
All Parents In Family In Labor Force	23,966	(65.3%)
Employment Numbers By Occupation		
Employed Civilian Population 16 Years and Over	200,060	(100%)
Occupations		
Management, Professional, and Related Occupations	62,828	(31.4%)
Service Occupations	35,381	(17.7%)
Sales and Office occupations	49,764	(24.9%)
Farming, Fishing, and Forestry Occupations	449	(0.2%)
Construction, Extraction, and Maintenance Occupations	15,342	(7.6%)
Production, Transportation, and Material Moving Occupations	36,296	(18.1%)
Leading Industries		
Employed Civilian Population 16 Years and Over	200,060	(100%)
Manufacturing	34,695	(17.3%)
Educational, Health and Social Services	47,919	(23.9%)
Retail Trade	24,045	(12.0%)
Arts, Entertainment, Recreation, Accommodation, & Food Services	16,203	(8.1%)
Construction	11,389	(5.7%)
Other Industries (except public administration)	8,818	(4.4%)
Class of Worker		
Employed Civilian Population 16 Years and Over	200,060	(100%)
Private Wage and Salary Workers	165,545	(82.7%)
Government Workers	24,009	(12.0%)
Self-Employed Workers in Own Not Incorporated Business	10,135	(5.1%)
Unpaid Family Workers	371	(0.2%)

Lucas County Profile

Selected Economic Characteristics Continued

(Source: U.S. Census Bureau, Census 2000& 2005 American Community Survey)

Income In 2005 (Inflation-Adjusted Dollars)

Households	177,304	(100%)
< $10,000	21,830	(12.3%)
$10,000 to $14,999	12,740	(7.2%)
$15,000 to $24,999	23,044	(12.9%)
$25,000 to $34,999	21,711	(12.2%)
$35,000 to $49,999	25,544	(14.4%)
$50,000 to $74,999	32,257	(18.2%)
$75,000 to $99,999	17,744	(10.0%)
$100,000 to $149,999	15,782	(8.9%)
$150,000 or $199,999	3,235	(1.8%)
$200,000 or more	3,417	(1.9%)
Median Household Income	***$40,348***	
Mean Household Income	***$53,153***	

Families	109,658	(100%)
< $10,000	7,765	(7.1%)
$10,000 to $14,999	5,275	(4.8%)
$15,000 to $24,999	10,780	(9.8%)
$25,000 to $34,999	12,438	(11.3%)
$35,000 to $49,999	16,077	(14.7%)
$50,000 to $74,999	22,848	(20.8%)
$75,000 to $99,999	14,795	(13.5%)
$100,000 to $149,999	13,898	(12.7%)
$150,000 to $199,999	2,420	(2.2%)
$200,000 or More	3,362	(3.1%)
Median Family Income	***$51,719***	
Mean Family Income	***$65,547***	

Lucas County Profile

Selected Economic Characteristics Continued

(Source: U.S. Census Bureau, Census 2000, 2005 American Community Survey & U.S. Department of Commerce, Bureau of Economic Analysis)

Income In 2005

Per Capita Income	$22,404

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

BEA Per Capita Income 2004	$30,841
BEA Per Capita Income 2003	$30,097
BEA Per Capita Income 2000	$27,853
BEA Per Capita Income 1999	$26,837
BEA Per Capita Income 1994	$22,361

BEA Per Capita Income Rank

1994	13th of the 88 Ohio counties
1999	17th of the 88 Ohio counties
2004	17th of the 88 Ohio counties

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

Median Earnings

Male, Full-time, Year-Round Workers	$43,676
Female, Full-time, Year-Round Workers	$32,318

Poverty Status in 2004

	Number Below Poverty Level	***% Below Poverty Level***
Families	14,585	13.3%
Individuals	76,132	17.4%

Lucas County Profile

Selected Poverty Related Statistics

Category	Lucas	Ohio
Persons of All Ages - Below Poverty Estimates, 2005	76,132	1,450,650
Children (under 18) - Below Poverty Estimates, 2005	28,593	505,642
Persons 65 and Older - Below Poverty Estimates, 2005	4,322	119,765
Total Employment, Second Quarter 2000-2006	-14,455 (-6.1%)	-189,976 (-3.5%)
Mean Earnings of a Job, Second Quarter of 2006	$35,880	$36,685

(Source: The State of Poverty in Ohio 2007, Ohio Association of Community Action Agencies, 2007 Annual Report)

Employment Statistics

Category	Toledo	Lucas	Ohio
Labor Force	147,400	227,800	5,982,800
Employed	138,000	214,300	5,663,300
Unemployed	9,400	13,500	319,500
Unemployment Rate* in May 2007	6.4	5.9	5.3
Unemployment Rate* in April 2007	6.6	6.1	5.6
Unemployment Rate* in May 2006	6.3	5.8	5.0

***** Rate equals unemployment divided by labor force.
(Source: Ohio Department of Job and Family Services, May 2007 Update)

Lucas County Survey Sample Demographic Profile*

Variable	2007 Sample
Age	
20-29	4.6%
30-39	10.9%
40-49	23.0%
50-59	29.2%
60 plus	27.2%
Race / Ethnicity	
White (non-Hispanic)	44.7%
African American (non-Hispanic)	28.1%
Hispanic Origin (any race)	20.6%
Other (non-Hispanic)	2.9%
Marital Status	
Married Couple	52.9%
Never been married/member of an unmarried couple	16.5%
Divorced/Separated	19.6%
Widowed	7.5%
Education	
Less than High School Diploma	9.2%
High School Diploma	29.6%
Some college/ College graduate	59.0%
Income	
$14,999 and less	16.2%
$15,000 to $24,999	12.0%
$25,000 to $49,999	24.5%
$50,000 to $74,999	20.6%
$75,000 or more	19.5%

* 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/ethnicity, sex, and income). Percents may not add to 100% due to missing data (non-responses).

Health Status Perceptions

Key Findings

In 2007, about half (51%) of the Lucas County adults rated their health status as excellent or very good. Conversely, 14% of the adults increasing to 26% of those with lower annual incomes and 25% of African Americans described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Lucas County 51% (2007)
- Ohio 54% (2006)
- U.S. 55% (2006)

(Source: BRFSS 2006 for Ohio and U.S.)

General Health Status

- In 2007, about half (51%) of Lucas County adults rated their health as excellent or very good. Lucas County adults with higher incomes (57%) were most likely to rate their health as excellent or very good, compared to 38% of those with incomes less than $25,000.
- 14% of adults rated their health as fair or poor. The 2006 BRFSS has identified that 15% of Ohio and U.S. adults self-reported their health as fair or poor.
- Lucas County adults were most likely to rate their health as fair or poor if they:
  - Had an annual household income under $25,000 (26%)
  - Were African American (25%)
  - Had high blood cholesterol (25%) or high blood pressure (24%)
  - Were widowed (22%) or divorced (19%)

Physical Health Status

- In 2007, 22% of Lucas County adults rated their physical health as not good on four days or more in the previous month, increasing to 30% of women.
- African Americans (31%) as compared to Whites and Hispanics (19%) reported poorer physical health in the past 30 days.
- 44% of those with health impairments that limit activities reported poorer physical health in the past 30 days as compared to those who do not have any heath impairments (10%).

Mental Health Status

- In 2007, 26% of Lucas County adults rated their mental health as not good on four days or more in the previous month, increasing to 30% of women and 31% of those with lower incomes.
- Of those who reported poorer mental health, 81% felt sad or hopeless almost every day for two or more weeks in a row.

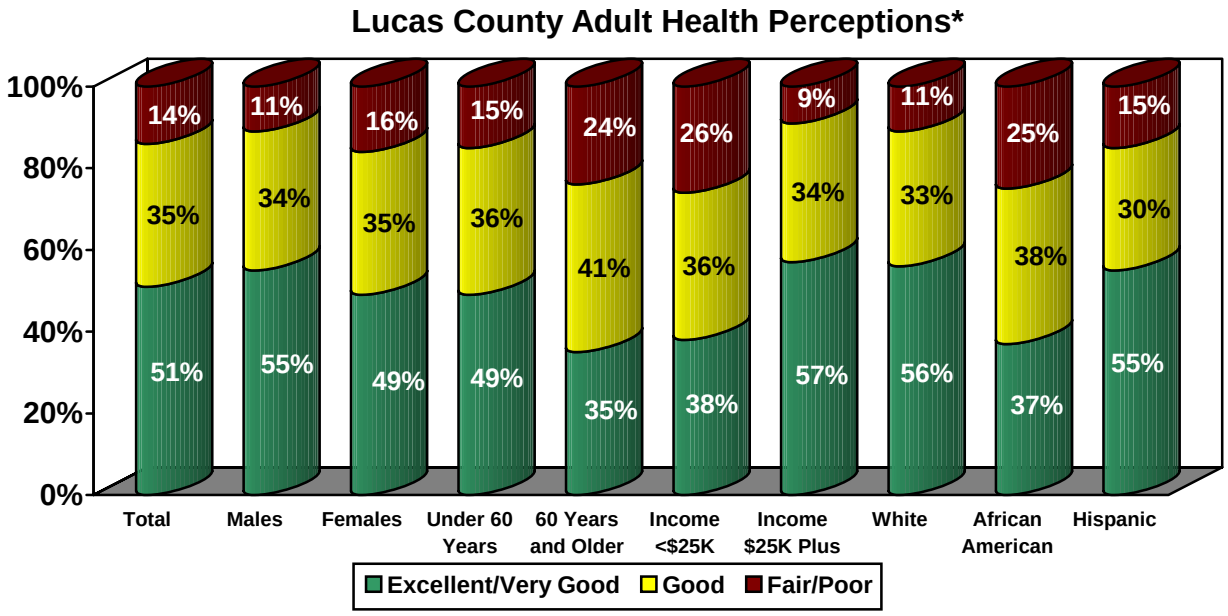
CDC Key Findings Related to Adult Health-Related Quality of Life

- U.S. adults reported feeling unhealthy, either physically or mentally, for about 6 days per month.
- American adults reported feeling "healthy and full of energy" for approximately 19 days per month.
- Almost one-third of adults in the U.S. say they suffer from some mental or emotional problem every month. Ten percent of those adults reported 14 or more days per month where their mental health was not good.
- The age group with the most mental health grief is younger adults, aged 18 to 24 years old.
- Elderly adults suffer from the poorest physical health and more activity limitations of all age groups.
- The highest number of unhealthy days for all racial and ethnic groups was reported from Native Americans and Alaska Natives.
- Those American adults with the lowest income and education level said they had more unhealthy days than their counterparts.
- Adults who suffered from disease or disabilities reported more unhealthy days than those adults who did not have a disability or disease.

(Source: CDC, Healthy-Related Quality of Life: Key Findings)

Health Status Perceptions

The following graph shows the percentage of Lucas County adults, who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 51% of all Lucas County adults, 55% of males, and 49% of females rated their health as excellent or very good.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	71%	10%	5%	2%	12%
Females	61%	15%	5%	3%	15%
Total	65%	13%	5%	3%	14%
Mental Health Not Good in Past 30 Days*					
Males	66%	11%	6%	1%	15%
Females	56%	14%	10%	3%	18%
Total	61%	13%	8%	2%	17%

*Totals may not equal 100% as some respondents answered not sure.

Why is Health Status Important?

- Self-perceptions of health serve as measurements of the existent burden of chronic illness.
- People tend to seek professional care if they perceive their health as poor. This provides an estimate of the pending need for health care providers.
- Perceived health status ratings assist in evaluating a community's quality of life, identifying communities with an increased need for early diagnosis, prevention and education.

(Source: Measuring Healthy Days, CDC)

Health Care Coverage

Key Findings

The 2007 health assessment data has identified that 12% of Lucas County adults were without health insurance coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under $25,000. In Lucas County, 13% of families and 17% of individuals live below the poverty level. *(Source U.S. Census, 2005)*

Lucas County and Ohio Medicaid Statistics 2003

	Lucas	Ohio
Population eligible for Medicaid	20%	17%
Population below poverty	12%	10%
Medicaid pregnant women with 2 or more risk factors for poor birth outcomes	71.2%	65%
Very low birth weight babies born to Medicaid eligible pregnant women	1.7%	1.7%
Statewide Medicaid expenses	4.8%	N/A
Healthy Family/Healthy Start population enrolled in Medicaid HMOs	96.3%	N/A
Hospital services received outside of county	3.0%	22%
Physician visits received outside of county	7.9%	35%

(Source: Ohio Medicaid Report, January 2005 Update for SFY 2003, Office of Ohio Health Plans (OHP), Ohio Job & Family Services)

General Health Coverage

- In 2007, most (88%) Lucas County adults had health insurance coverage, leaving 12% who were uninsured. The 2006 BRFSS reports uninsured prevalence rates for Ohio (12%) and the U.S. (15%).
- In the past year, 12% of Lucas County adults were without health insurance coverage, increasing to 24% of those with incomes less than $25,000 and 19% of those under the age of 30.
- 9% of parents reported their children did not have health insurance coverage (including Medicaid) at some time in the past year. 3% reported their children did not have health insurance right now.
- Those with health care plans included the following: dental (78%), vision (73%), mental health (72%), prescription coverage (95%), home care (29%), skilled nursing (26%), hospice (27%), preventive medicine (56%), your spouse (69%), and your children (63%).
- Households with incomes less than $25,000 had the following health care coverage: dental (71%), vision (69%), mental health (62%), prescription coverage (95%), home care (25%), skilled nursing (20%), hospice (19%), preventive medicine (41%), your spouse (36%), and your children (42%).
- The top five reasons Lucas County adults gave for being without health insurance coverage were:
  1. They lost their job or changed employers (9%);
  2. They could not afford to pay the insurance premiums (6%);
  3. Their employer stopped offering coverage (6%);
  4. They became ineligible (5%); and
  5. They could not afford out of pocket expenses (5%)

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

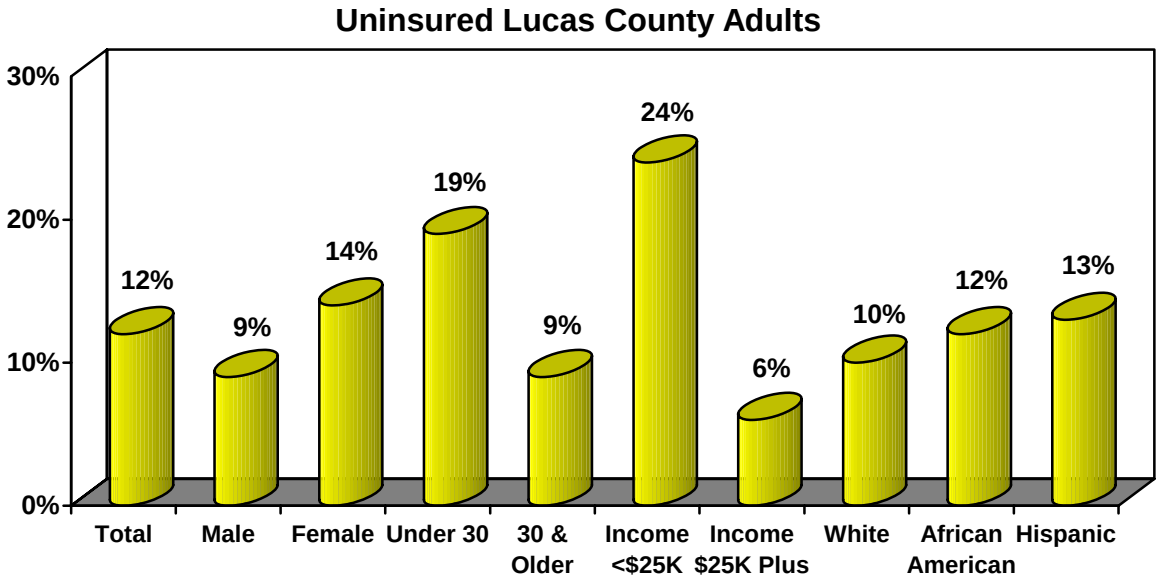
Health Insurance Coverage in Ohio in 2004

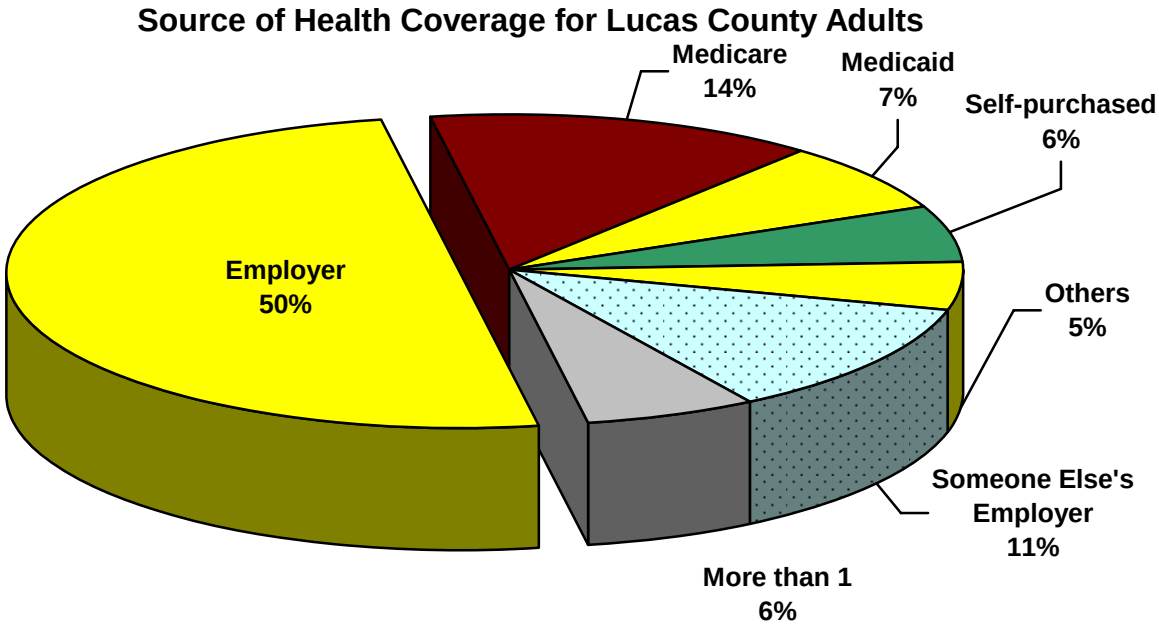
- In Ohio, 12% of adults and 5% of children were uninsured in 2004.
- People with lower incomes, less education, younger age groups, and minorities were more likely to be without health care coverage.
- When compared to whites, African Americans in Ohio were 2.5 times more likely to have Medicaid, 2 times more likely to be uninsured, and less likely to have job-based coverage.
- Hispanics were at least 2 times more likely to be uninsured and less likely to have employer health care coverage or Medicare than non-Hispanics in Ohio.
- By 6 years of age or older, approximately two-thirds of children have job-based coverage.
- Over half of Ohio African American children have Medicaid coverage, compared to 20% of white children.
- Employer-based health care coverage is more than twice as likely in white children as African American children.

(Source: Health Insurance Coverage in Ohio, 2004: The Roles of Public and Private Programs in Assuring Access to Health Care; Ohio Job and Family Services)

Health Care Coverage

The following graph shows the percentages of Lucas County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 12% of all Lucas County adults were uninsured, 24% of adults with an income less than $25,000 reported being uninsured and 19% of those under age 30 lacked health care coverage. The pie chart shows the source of health care coverage for Lucas County adults.





Health Care Coverage

The following table shows insurance sources for the U.S., Ohio, and Lucas County populations.

Health Insurance Source	Lucas County Health Assessment 2007	Ohio-2005*	U.S.-2005*
All ages			
Employer	50%	67%	60%
Individual	6%	8%	9%
Government (Medicare, Medicaid, VA, IHS)	23%	27%	27%
Uninsured	12%	11%	15%
Children under age 18			
Employer	58%	68%	61%
Individual	5%	3%	6%
Government (Medicare, Medicaid, VA, IHS)	13%	27%	30%
Uninsured	12%	8%	11%
Adults age 18-64			
Employer	60%	70%	64%
Individual	5%	5%	7%
Government (Medicare, Medicaid, VA, IHS)	10%	17%	18%
Uninsured	12%	13%	17%

Data Source: U.S. Census: Table HI05. Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2005
** The U.S. and Ohio information comes from a different dataset than the Lucas County information and comparisons between the data should be done with caution.*
*** Percentages may exceed 100% if insured by more than one type of health insurance.*

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	1%	0%
Dental	78%	20%	2%
Vision	73%	24%	3%
Mental Health	72%	7%	21%
Prescription Coverage	95%	4%	1%
Home Care	29%	16%	55%
Skilled Nursing	26%	15%	60%
Hospice	27%	12%	61%
Preventive Health	56%	10%	34%
Your Spouse	69%	26%	5%
Your Children	63%	34%	3%

Health Care Coverage

Lucas County Medicaid and Medicare Enrollees

In 2005, there were approximately 45,095 adults and 54,511 children eligible for Medicaid in Lucas County. Of the adults eligible, 39,268 adults were under the age of 65 and 5,827 adults were 65 years and older. As of July 2003, there were approximately 66,964 people enrolled in Medicare in Lucas County. Of these enrollees, 55,786 were 65 years or older and 11,178 were disabled. *(Source: Ohio Medicaid Report, 2006 Update, Ohio Job and Family Services; Center for Medicare & Medicaid Services, Medicare County Enrollment, 7-1-2003)*

Medicaid Recipients by Aid Category 2005	Lucas County	Ohio
Healthy Families		
Fee for Service	11,717	727,778
Managed Care Plan	54,235	483,823
Healthy Start		
Fee for Service	3,519	202,683
Managed Care Plan	9,174	86,917
SCHIP		
Fee for Service	1,373	122,558
Managed Care Plan	6,354	69,157
Aged, Blind, & Disabled (ABD)*	13,788	255,226
Dual Eligible**	10,773	237,372
TOTAL	90,702	1,815,829

** People who are elderly, blind or who have a disability are categorized as having ABD Medicaid.*

*** People designated as a dual eligible are eligible for both the ABD Medicaid and Covered Families and Children Medicaid simultaneously.*

(Source: Ohio Medicaid Report, 2005 Update, Ohio Job and Family Services)

Health Care Access

Key Findings

The 2007 Health Assessment project identified that 87% of Lucas County adults reported they had one particular clinic, health center, doctor's office, or other place they usually go if they are sick or need advice about their health.

Health Care Access

- 87% of adults reported they had one particular clinic, health center, doctor's office, or other place that they usually go if they are sick or need advice about their health. This percentage increased to 90% for African Americans and decreased to 79% for Hispanics.
- Of those who have a usual place to go for medical care, 86% reported it was a private doctor's office and 8% reported it was a health clinic. Only 1% reported using the hospital emergency room as their usual place to go for medical care.
- Half (50%) of adults rated their satisfaction with their overall healthcare as excellent or very good, decreasing to 20% of those without healthcare insurance. Conversely, 11% of adults rated their satisfaction with their overall healthcare as fair or poor.

Primary Care Professionals (2002)

	Lucas	Ohio
Physician to Population ratio	1:689	1:852
Dentist to Population ratio	1:2,016	1:2,229

- In 2002, Lucas County was reported as having no Health Professional Shortage Area (HPSA) for mental health.
- A shortage of primary medical care physicians is defined through many factors, one of which being an area with a physician to population ratio of at least 1:3,500.

(Source: ODH Primary Care County Profiles; U.S. Department of Health and Human Services, Bureau of Health Professionals)

Availability of Services

- When Lucas County adults were asked what programs they have looked for, for themselves or a loved one, demand was highest for the following programs: depression or anxiety (21%), weight control (20%), and smoking cessation (12%).

Lucas County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Lucas County adults who have looked but have not found a specific program	Lucas County adults who have looked and have found a specific program
Smoking Cessation (12% of all adults looked)	48%	52%
Depression or Anxiety (21% of all adults looked)	19%	81%
Alcohol Abuse (4% of all adults looked)	33%	67%
Drug Abuse (3% of all adults looked)	34%	66%
Weight Control (20% of all adults looked)	44%	56%

Predictors of Access to Health Care…

Adults are more likely to have access to medical care if they:

- Earn a higher income
- Have health insurance
- Have a regular primary care provider
- Utilize preventive services in a clinic setting

(Source: Healthy People 2010 and CDC)

Health Care Access

Healthy People 2010
Objective 01-Access to Quality Health Services

Indicator	Healthy People 2010 Target	Lucas County	Ohio	U.S.*
Persons under age of 65 years with health care insurance	100%	67% age 20-24 86% age 25-34 87% age 35-44 89% age 45-54 90% age 55-64 (2007)	N/A age 18-24 84% age 25-34 87% age 35-44 91% age 45-54 90% age 55-64 (2006)	69% age 18-24 80% age 25-34 86% age 35-44 88% age 45-54 89% age 55-64 (2006)
Persons who report a usual primary care provider	85%	87% (2007)	N/A	78%* (2003)

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

(Sources: Health People 2010 Objectives, BRFSS, ODH Information Warehouse, 3-23-07, 2007 Assessment)

Forces Affecting Health Care Utilization

- Factors that may <u>decrease</u> health service utilization
  - Decreased number of hospitals and/or physicians
  - Public health/sanitation advances
  - Better understanding of diseases, risk factors and preventive measures
  - Discovery/implementation of treatment to cure or eliminate diseases
  - Shifts to other centers for care declines the use in original centers (e.g. from physicians' offices to outpatient surgery centers and assisted living centers)
  - Payer pressures to reduce costs
  - Changes in practice patterns (e.g. encouraging self-care and healthy lifestyles)
  - Changes in consumer preferences (e.g. alternative medicine)
  - Absence of health insurance or underinsured

- Factors that may <u>increase</u> health services utilization
  - Increased number of outpatient surgery centers and assisted living centers
  - Growing population
  - Growing elderly population
  - New procedures and technology
  - New diseases entities (e.g. HIV/AIDS, bioterrorism)
  - New drugs and expanded use of existing drugs
  - Increased health insurance coverage
  - Changes in practice patterns (e.g. more aggressive treatment of elderly)
  - Changes in patient preferences and demand (e.g. hip and knee replacements)

(Source: Health Care in America: Trends in Utilization, National Center for Health Statistics, 2003)

Cardiovascular Health

Key Findings

Major cardiovascular diseases (heart disease and stroke) accounted for 36% of all Lucas County adult deaths from 2003-2005 (Source: ODH Information Warehouse). The 2007 Lucas County health assessment found that 7% of adults had angina or coronary heart disease. Just over one-third (35%) of Lucas County adults have been diagnosed with high blood pressure and 34% have high blood cholesterol, two known risk factors for heart disease and stroke.

Lucas County
Leading Causes of Death
2003-2005

Total Deaths: 13,061

1. Heart Disease (30% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Diabetes Mellitus (4%)

(Source: ODH Information Warehouse, updated 6-4-07)

Heart Disease

- In 2007, 7% of Lucas County adults reported they had angina or coronary heart disease, increasing to 21% of those who rated their health as fair or poor and 18% of those over the age of 60.

High Blood Pressure (Hypertension)

- Just over one-third (35%) of Lucas County adults had been diagnosed with high blood pressure. The 2005 BRFSS reports hypertension prevalence rates of 27% for Ohio and 26% for the U.S.
- 71% of adults had their blood pressure taken in the past 6 months and an additional 16% had it taken in the past year.
- Lucas County adults diagnosed with high blood pressure were more likely to:
  - Have rated their health as fair or poor (66%)
  - Have been age 60 years or older (65%)
  - Be African American (53%)
  - Have been classified as obese by Body Mass Index-BMI (49%)
  - Have incomes less than $25,000 (46%)
  - Be male (39%)

High Blood Cholesterol

- Just over one-third (34%) of adults had been diagnosed with high blood cholesterol. The 2005 BRFSS reported that 37% of Ohio adults and 36% of U.S. adults have been told they have high blood cholesterol.
- 51% of adults had their blood cholesterol checked in the past year.
- Lucas County adults with high blood cholesterol were more likely to:
  - Be age 60 years and older (57%)
  - Have rated their health as fair or poor (57%)
  - Be classified as obese by BMI (44%)
  - Be male (40%)

Ohio Leading Causes of Death 2003-2005

1. Heart Disease (27% of all deaths)
2. Cancers (23%)
3. Stroke (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Accidents- Unintentional Injuries (4%)

(Source: ODH Information Warehouse, updated 6-4-07)

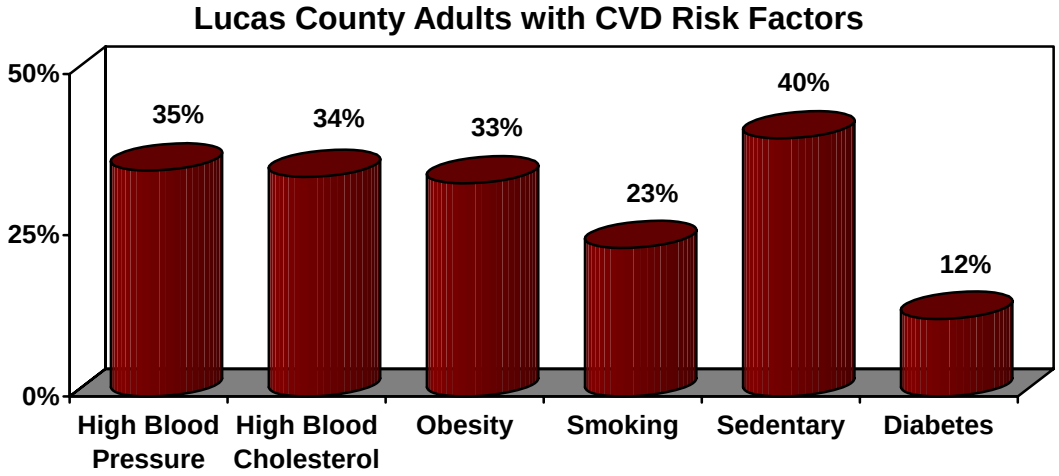
United States Leading Causes of Death 2004

1. Heart Disease (27% of all deaths)
2. Cancers (23%)
3. Stroke (6%)
4. Chronic Lower Respiratory Diseases (5%)
5. Accidents- Unintentional Injury (5%)

(Source: CDC, FASTATS)

Cardiovascular Health

The following graph demonstrates the percentage of Lucas County adults who had major risk factors for developing cardiovascular disease (CVD). *(Source: 2007 Lucas County Health Assessment)*



Risk Factors for Cardiovascular Disease That Can Be Modified or Treated:

High Blood Pressure – High blood pressure causes the heart to enlarge and weaken over time. Other risks associated with high blood pressure include stroke, heart attack, congestive heart failure, and kidney failure. When compounded with risk factors such as smoking, sedentary lifestyle, and obesity, the risk for heart attack and stroke dramatically increases.

High Blood Cholesterol – High blood cholesterol alone increases the risk for stroke and heart disease; however, the risk is even greater when high blood cholesterol is compounded with other risk factors such as smoking, sedentary lifestyle, and obesity.

Obesity and Overweight – Excess weight increases strain on the heart, which could lead to heart disease or stroke even with no other existing risk factors. Being overweight or obese affects blood cholesterol and blood pressure. It can increase the risk of developing diabetes and it may make this disease more difficult to control.

Smoking – Smokers are 2 to 4 times more likely to develop heart disease than nonsmokers. For smokers the risk for sudden death related to heart disease is twice the risk for nonsmokers. Smokers are also ten times more likely to develop peripheral vascular disease than nonsmokers, a disease typically in the peripheral (surface) arteries of the legs in which fatty deposits narrow the arteries, decreasing circulation. Environmental tobacco smoke (secondhand smoke) also increases risk of heart disease.

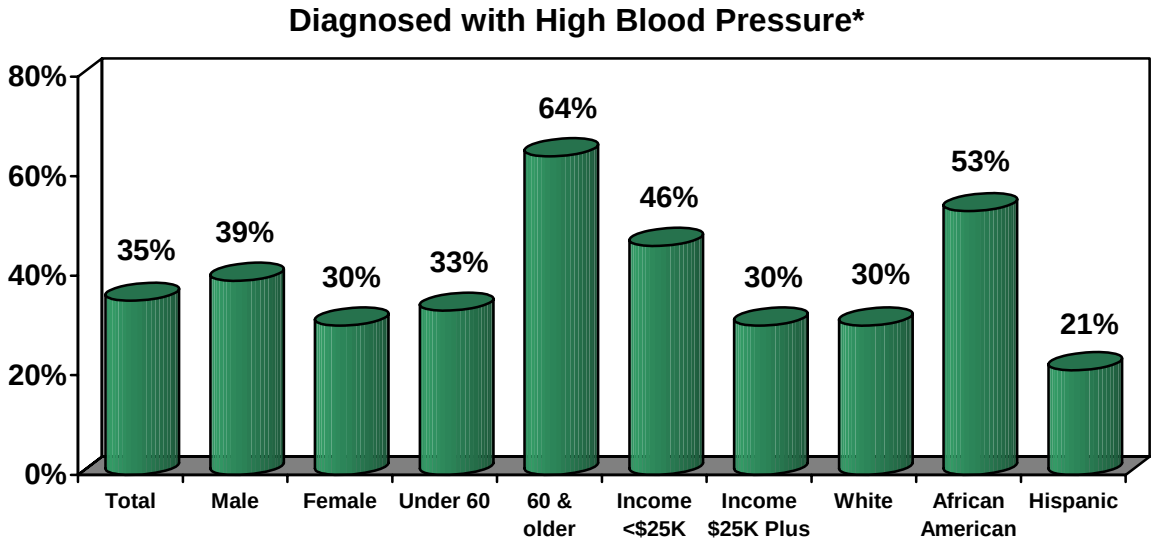
Physical Inactivity – Exercise can lower blood cholesterol and blood pressure, decreases the incidence of diabetes, and help with weight management. Vigorous exercise is most beneficial in preventing cardiovascular disease; however, moderate intensity is also beneficial if done long term.

Diabetes Mellitus – 75% of people with diabetes die from some type of disease affecting blood vessels or the heart. Controlling blood sugar (glucose) is very important, although there remains an increased risk for heart disease even when blood glucose levels are managed.

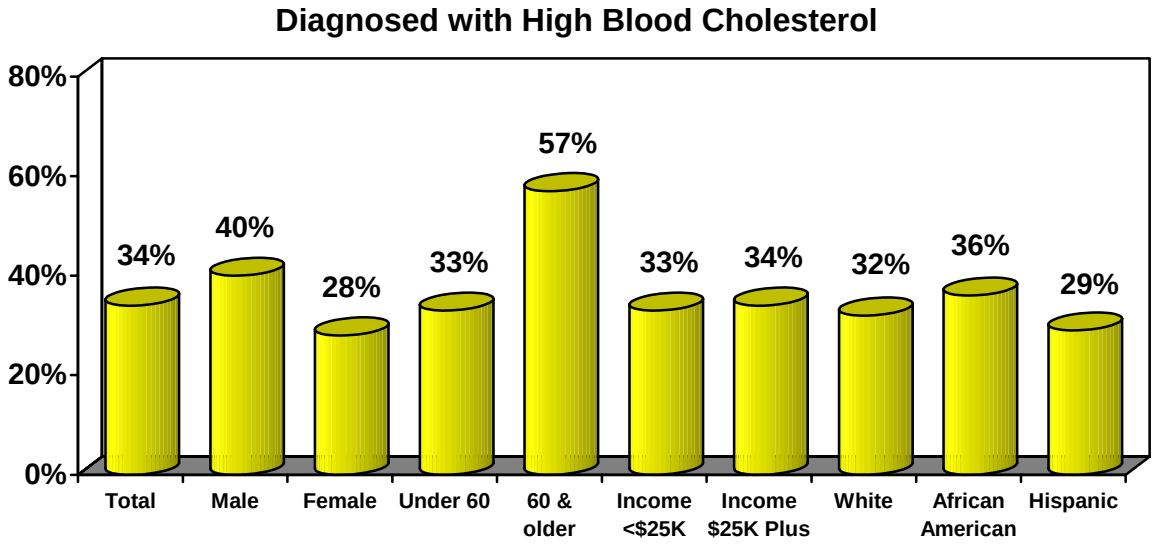
(Source: American Heart Association, Risk Factors and Coronary Heart Disease, 2-9-05)

Cardiovascular Health

The following graphs show the percent of Lucas County adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 35% of all Lucas County adults have been diagnosed with high blood pressure, 39% of all Lucas County males, 30% of all females, 33% of those under 60 years, 64% of those 60 years and older, 46% of those with incomes less than $25,000, and 30% of those with incomes $25,000 or more.



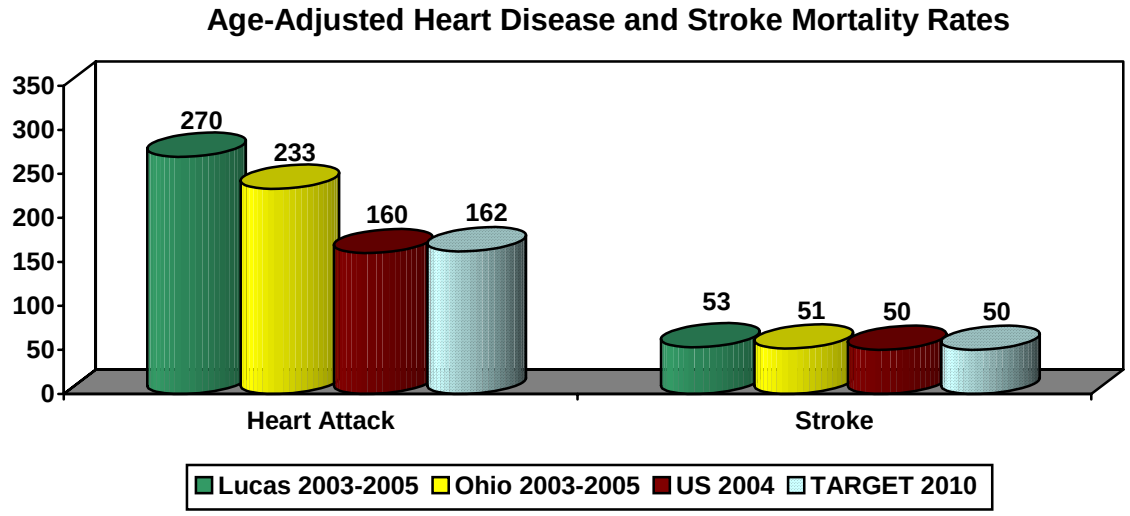
**Does not include respondents who indicated high blood pressure during pregnancy only.*



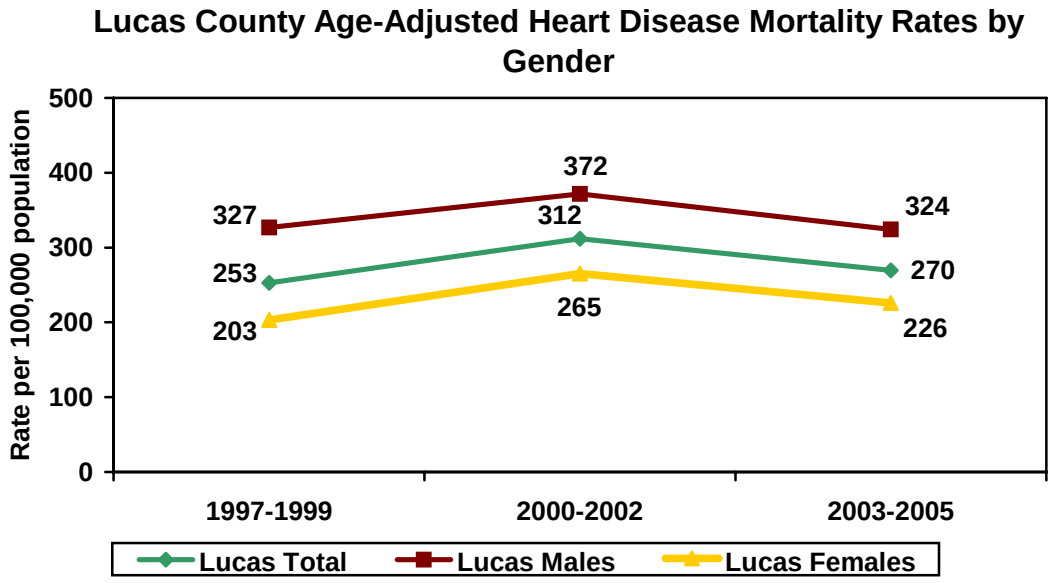
Cardiovascular Health

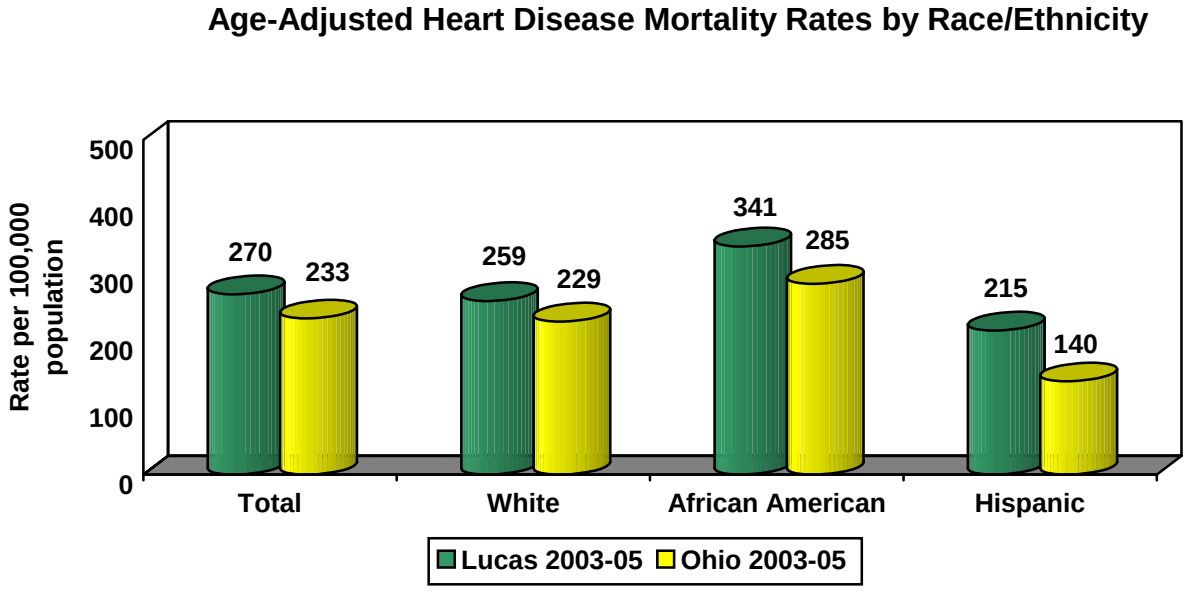
The following graph shows the Lucas County and Ohio age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender and race/ethnicity.

- When age differences are accounted for, the statistics indicate that from 2003-2005, the Lucas County heart disease mortality rate was higher than the figures for Ohio and the U.S. The county heart disease mortality rate exceeded the Healthy People 2010 target.
- The Lucas County age-adjusted stroke mortality rate for 2003-2005 is above the state figures, the nation and the target rate.
- Disparities exist for heart disease mortality rates by gender in Lucas County.



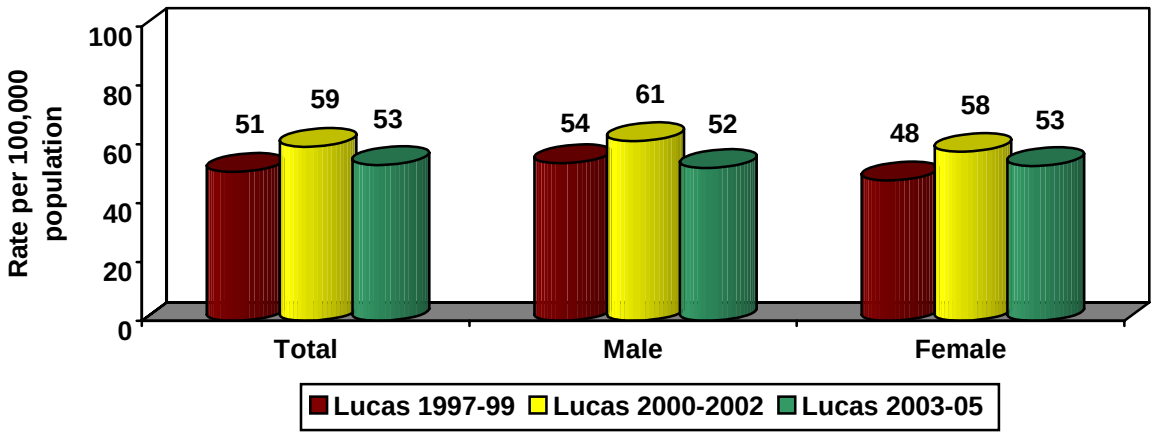
Graph reports age-adjusted rates/100,000 population, 2000 standard
The Healthy People 2010 Target goal of heart attack mortality is reported for Coronary Heart Disease.
(Source: ODH Information Warehouse, updated 6-4-07, CDC Wonder Data 2010)





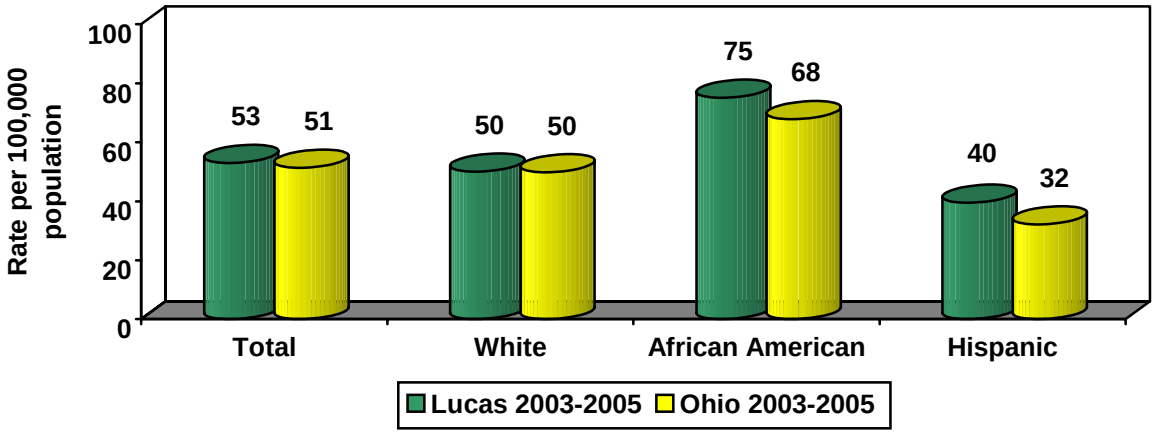
(Source for graphs: ODH Information Warehouse, updated 6-4-07)

Age-Adjusted Stroke Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 3-2-07)

Age-Adjusted Stroke Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse, updated 6-4-07)

Cardiovascular Health

Healthy People 2010 Objectives

High Blood Pressure

Objective	Target	U.S. Baseline*	Lucas Survey Population (2007)
Reduce proportion of adults with high blood pressure (HBP)	14%	26% Adults age 20 and older (1988-94)	35%
Increase proportion of adults with high blood pressure whose BP is under control	68%	25% Adults age 18 and up (1988-94)	N/A
Increase proportion of adults who had BP measured within the preceding 2 years and can state whether BP is normal or higher	95%	90% Adults age 18 and up (1998)	94%
Increase proportion of adults with high BP who are taking action (i.e., losing weight, increased exercise, decreased sodium intake) to control BP	98%	84% Adults age 18 and up (1998)	N/A

N/A= not available **All U.S. figures age-adjusted to 2000 population standard.*

(Source: Healthy People 2010, DATA 2010 and Lucas County Assessment)

Blood Cholesterol

Objective	Target	U.S. Baseline*	Lucas Survey Population (2007)
Decrease proportion of adults with high total blood cholesterol (TBC)	17%	21% Adults age 20 & up with TBC>240 mg/dl (1988-94)	34%
Decrease mean total blood cholesterol levels among adults	199 mg/dl	206 mg/dl Adults age 20 and up (1988-94)	N/A
Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	80%	67% Adults age 18 and up (1998)	72%

N/A= not available **All U.S. figures age-adjusted to 2000 population standard.*

(Source: Healthy People 2010, DATA 2010 and Lucas County Assessment)

Cancer

Key Findings

Ohio Department of Health statistics indicate that from 1997-2005, a total of 9,111 Lucas County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, changing diet and exercise habits, and early detection may reduce overall cancer deaths.

Lucas County Incidence of Cancer, 2003

- All Types: 2,141 cases
- Colon and Rectum: 239 cases
- Lung and Bronchus: 368 cases
- Breast: 295 cases
- Prostate: 269 cases

From 2003-2005, there were 3,006 cancer deaths in Lucas County.

(Source: Ohio Cancer Incidence Surveillance System & ODH Information Warehouse)

Cancer Facts

- The Ohio Department of Health (ODH) vital statistics indicate that from 1997-2005, cancers caused 23% (9,111 of 40,011 total deaths) of all Lucas County resident deaths. The largest percent (30%) of cancer deaths were from lung and bronchus cancer. *(Source: ODH Information Warehouse)*
- Age-adjusted cancer mortality rates (calculated by ODH per 100,000 population) have decreased for Lucas County from 217.9 in 2000-2002 to 212.6 for 2003-2005. Ohio cancer death rates, also, show a downward trend from 208.0 for 2000-2002 to 200.2 for 2003-2005. *(Source: ODH Information Warehouse)*
- The American Cancer Society reports that smoking tobacco is associated with cancers of the esophagus, pharynx, oral cavity, larynx, and lung. Also, smoking has been associated with cancers of the bladder, cervix, kidney, pancreas, stomach, uterus, and certain types of leukemia. *The 2007 health assessment project has determined that 23% of Lucas County adults are current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.*

Lung Cancer

- ODH reports that lung cancer was the leading cause of Lucas County male cancer deaths (1,545) from 1997-2005. In Lucas County, 21% of male adults are current smokers[1] and 80% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2007 Lucas County Health Assessment)*
- According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases your risk of lung cancer.
- ODH reports that lung cancer was the leading cause of Lucas County female cancer deaths (1,194) from 1997-2005. Approximately 25% of female adults in the county are current smokers[1] and 90% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2007 Lucas County Health Assessment)*

Breast Cancer

- In 2007, 56% of Lucas County females over the age of 18 reported having had a clinical breast examination in the past year and another 24% had an exam more than one year but less than two years ago.
- If detected early, the 5-year survival rate for breast cancer is 98%. *(Source: American Cancer Society Facts & Figures 2007).*
- For women age 40 and older, the American Cancer Society recommends annual mammograms and annual clinical breast exams. For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. *(Source: American Cancer Society Facts & Figures 2007).*

Risk Factors for Cancer:

- Tobacco Use (Smoking alone causes 1/3 of all cancer deaths)
- Physical Inactivity
- Unprotected Exposure to Strong Sunlight
- Overweight and Obesity
- Unhealthy Diet
- Alcohol Use

(Source: American Cancer Society, Detailed Guide: Cancer, What are the risk factors for cancer?)

[1]Have smoked over 100 cigarettes in lifetime and currently smoke some or all days.

Cancer

Colon and Rectum Cancer

- The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 22% of all cancer deaths in Lucas County from 1997-2005. *(Source: ODH Information Warehouse, Updated June 4, 2007)*
- The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; alcohol use; a high-fat or low-fiber diet and not eating enough fruits and vegetables; physical inactivity; obesity; diabetes; and, smoking.
- In the U.S., most cases of colon cancer occur to individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2007, almost one-third (30%) of Lucas County adults ages 50 – 59 and 35% of those over the age of 60 reported having been screened for colorectal cancers within the past 24 months.

Prostate Cancer

- The Ohio Department of Health statistics indicate that prostate cancer deaths accounted for 10% of all male cancer deaths from 1997-2005 in Lucas County.
- African American men are twice as likely as white American men to develop prostate cancer and are more likely to die of prostate cancer. In addition, over 65% of prostate cancers occur in men over the age of 65. Other risk factors include family history, nationality, diet and obesity. Prostate cancer is more common in North America and Northwestern Europe, occurring rarely in Asia or South America. *(Source: Cancer Facts & Figures 2007, The American Cancer Society)*

Cancer

Lucas County Cancer Deaths
1997-2005

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Lung and Bronchus	2,739	30%
Colon, Rectum & Anus	999	11%
Other/Unspecified	931	10%
Breast	689	8%
Prostate	455	5%
Pancreas	442	5%
Non-Hodgkins Lymphoma	373	4%
Leukemia	321	4%
Bladder	231	3%
Esophagus	226	2%
Ovary	207	2%
Kidney and Renal Pelvis	198	2%
Brain and CNS	196	2%
Liver and Bile Ducts	186	2%
Multiple Myeloma	186	2%
Lip, Oral Cavity & Pharynx	182	2%
Stomach	176	2%
Melanoma of Skin	121	1%
Cancer of Corpus Uteri	112	1%
Larynx	68	0.7%
Cancer of Cervix Uteri	46	0.5%
Hodgkins Disease	25	0.3%
Other/Unspecified Lymphatic	2	0.02%
Total	9,111	100%*

(Source: ODH Information Warehouse)

** Percents may not equal 100% due to rounding.*

Cancer

Lucas County Cancer Incidence Statistics, 1996-2003

Year	All Sites	Female Breast	Colon & Rectum	Lung	Prostate
1996	2,073	296	288	393	249
1997	2,232	296	271	389	330
1998	2,269	351	269	377	320
1999	2,352	321	277	413	328
2000	2,195	306	250	390	319
2001	2,349	349	263	414	352
2002	2,033	279	217	332	257
2003	2,141	295	239	368	269

(Source: Ohio Cancer Incidence Surveillance System, Age-Adjusted for 11 age groups)

Estimated Lucas County Cancer Statistics, 2006

Estimated Number in 2006	All Sites	Female Breast	Colon & Rectum	Lung	Prostate
New cancer cases	2,139	331	228	273	350
Cancer deaths	865	71	91	228	44
People who will eventually develop cancer	189,120	31,238	25,756	29,943	39,224
People who will eventually die of cancer	96,016	6,876	10,193	24,436	6,782

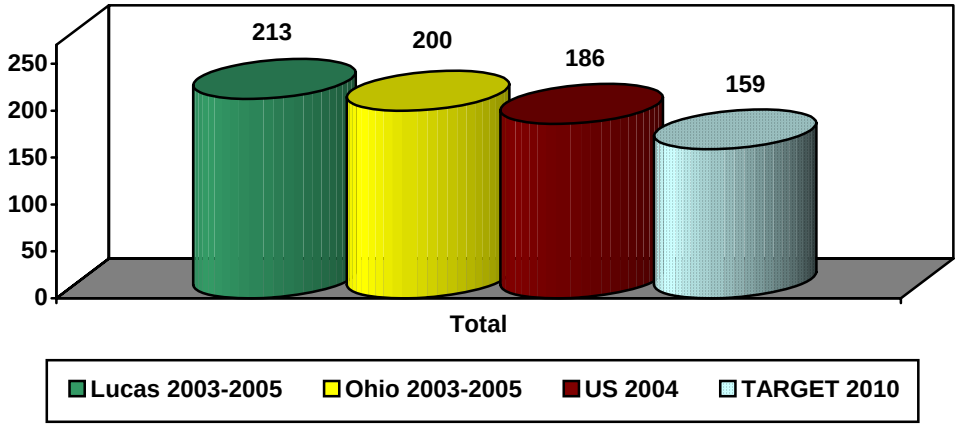
Note: Estimates calculated for Lucas County are based on 2000 U.S. Census population figures for the county and suggested equation multiples from the *Cancer Facts & Figures 2006* published by the American Cancer Society (ACS). ACS cautions: "These figures provide only a rough approximation of the number of people in a specific community who may develop or die of cancer. These estimates should be used with caution because they do not reflect the age or racial characteristics of the population, access to detection and treatment, or exposure to risk factors." The American Cancer Society recommends using data from state cancer registries, when it is available, for the most accurate local cancer statistics.

Cancer

The following graphs show the Lucas County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2010 objective, total and by gender. The graphs indicate that:

- When age differences are accounted for, Lucas County had a higher cancer mortality rate than the state, the Healthy People 2010 target objective and the nation.
- The percentage of Lucas County males who died from all cancers is higher than the percentage for Lucas County females.

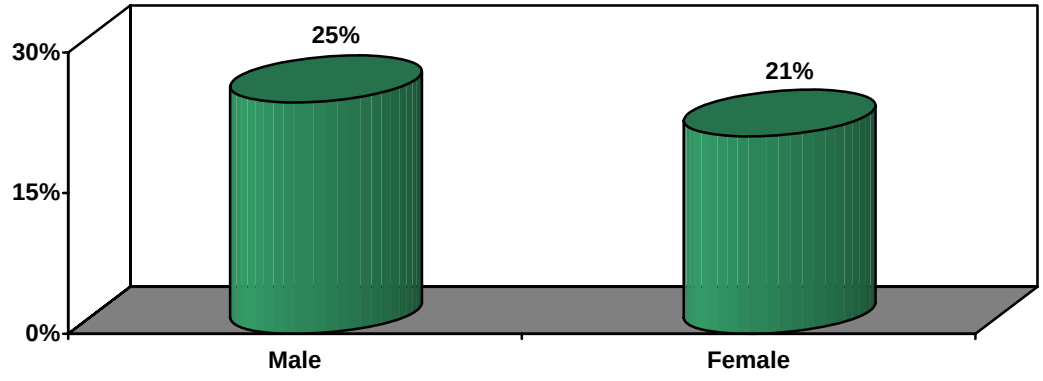
Healthy People 2010 Objective and Age-Adjusted Mortality Rates for All Cancers*



**Age-adjusted rates/100,000 population, 2000 standard*

(Source: ODH Information Warehouse, CDC Wonder: DATA 2010 the Healthy People 2010 Database)

Cancer As Percent of Total Deaths by Gender in Lucas County, 1997-2005



(Source: ODH Information Warehouse)

Diabetes, Arthritis & Asthma

Key Findings

According to the Lucas County survey data, 27% of Lucas County adults were diagnosed with arthritis. The Centers for Disease Control and Prevention (CDC) estimates that approximately 1 of every 3 U.S. adults is affected by arthritis or chronic joint symptoms (CJS). More than one in ten (12%) of Lucas County adults had been diagnosed with asthma. In 2007, 12% of Lucas County adults had been diagnosed with diabetes.

Diabetes Facts

- Diabetes was the 5th leading cause of death in Lucas County for 2003-2005.
- In 2003-2005, Lucas County age-adjusted mortality rates for diabetes by gender were 42.6 for males (35 Ohio) and 30.7 (26 Ohio) deaths per 100,000 for females.
- The risk of death for people with diabetes is twice that of people without diabetes of the same age group.

(Source: American Diabetes Association, ODH Information Warehouse)

Diabetes

- The 2007 health assessment project has identified that 12% of Lucas County adults had been diagnosed with diabetes, increasing to 22% of African Americans. The 2006 BRFSS reports a U.S. prevalence of 8% and 7% for Ohio. Lucas County adults diagnosed with diabetes also had one of the following characteristics or conditions:
  - 94% were obese or overweight (compared to 6% of those considered normal weight by Body Mass Index not diagnosed with diabetes)
  - 73% had been diagnosed with high blood pressure (compared to 27% of those not diagnosed with diabetes)
  - 68% had been diagnosed with high blood cholesterol (compared to 32% of those not diagnosed with diabetes)
  - 54% were age 60 or older (compared to 46% ages 59 and under)

Arthritis

- Just over one-quarter (27%) of Lucas County adults were told by a health professional that they had some form of arthritis. According to the 2005 BRFSS, 30% of Ohio adults and 27% of U.S. adults were told they had arthritis.
- In 2006, arthritis/rheumatism was the leading cause of disability among U.S. adults accounting for 9,500 deaths, 750,000 hospitalizations and 36 million ambulatory care visits (Source CDC).
- Adults are at higher risk of developing arthritis if they have any of the following characteristics: female, Caucasian, 65 years of age or older, have less than 8 years of education, overweight, and live an inactive lifestyle (Source CDC).

Asthma

- In 2007, 12% of Lucas County adults had been diagnosed with asthma, increasing to 20% of African Americans, 15% of females and 14% of those with incomes less than $25,000.
- 14% of Ohio adults and 13% U.S. adults have been told they have asthma (Source: 2006 BRFSS).

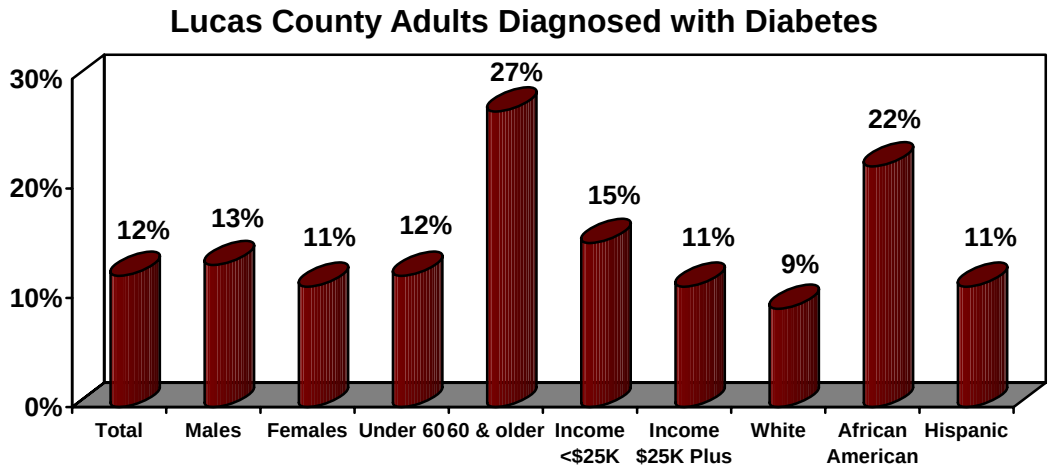
Risk Factors for Type 2 Diabetes Development

- Being age 45 or older
- High blood pressure (140/90 or higher)
- Abnormal cholesterol (HDL <35 and LDL >249)
- Polycystic Ovary Syndrome
- Being overweight or obese
- Physical inactivity (exercising <3 times/week)
- History of Vascular Disease
- Family history of diabetes (parents or siblings)
- Personal history of gestational diabetes or giving birth to at least one child weighing 9 pounds or greater
- Personal heritage (specifically African American, American Indian, Pacific Islander, or Hispanic American/Latino)

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Public Health Resource, 11-10-04 and the American Diabetes Association, Diabetes Care, 2004)

Diabetes

The following graph demonstrates the percentage of Lucas County adults who had been diagnosed with diabetes. Examples of how to interpret the information include: 12% of all Lucas County adults had been diagnosed with diabetes, 12% of adults under age 60 had been diagnosed, and 27% of adults 60 and older reported they had diabetes.



Diabetes Complications

The complications associated with type 2 diabetes are numerous and serious including:

- **Heart disease and stroke** – 2 of 3 people with diabetes die from heart disease and stroke;
- **Nephropathy** (kidney disease) caused by uncontrolled high blood pressure, uncontrolled blood sugar, and/or genetics;
- **Glaucoma** – diabetics are 40% more likely to suffer from glaucoma, which can develop into blindness;
- **Cataracts** – diabetics are 60% more likely to develop cataracts; cataracts can also lead to the development of glaucoma;
- **Retinopathy** – nonproliferative retinopathy does not cause loss of sight but can develop into proliferative retinopathy which causes loss of vision. Those with type 1 diabetes almost always develop nonproliferative retinopathy as do most people with type 2 diabetes; proliferative retinopathy is rare;
- **Neuropathy** is one of the most common complications of diabetes and is usually developed by diabetics who have had the disease for a long time or who have uncontrolled blood sugar. There are many forms of neuropathy but it is important to know that it can be very painful and disabling; however, for early neuropathy, symptoms can disappear with tight control of blood sugar, weight loss toward an ideal weight, and regular exercise;
- Various Foot Complications are experienced more commonly with people who have diabetes. Some of these foot complications include neuropathy, extremely dry skin, calluses that can develop into foot ulcers that do not heal quickly, poor circulation, and amputation. Amputation of the foot or leg is more common, usually as a result of decreased circulation, neuropathy, and/or slowly healing wounds;
- **Skin Complications** – Some of the many skin complications that diabetics are more likely to experience are fungal infections, bacterial infections, atherosclerosis (thickening of the arteries), diabetic dermopathy (harmless patches of light brown, scaly skin), necrobiosis lipoidica diabeticorum (NLD – red skin patches that can be itchy and painful that can break open into sores and need treatment), etc.; and,
- **Gastroparesis** occurs as a result of neuropathy where the nerves to the stomach are damaged and stop working. Multiple complications can result from the stomach taking too long to empty its contents ranging from uncontrolled blood sugar to complete blockage from the stomach to the small intestine.

(Source: American Diabetes Association, *All About Diabetes, Type 2 Diabetes, Complications*)

Diabetes

Adult Diabetes Screening Standards

Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Type 2 diabetes is the most common form of diabetes. In type 2 diabetes, either the body does not produce enough insulin or the body cells ignore the insulin because it may be defective. This is most often associated with obesity.

The American Diabetes Association maintains that community screening is not recommended since there is no sufficient evidence that community screening for type 2 diabetes is cost-effective, as well as the potential harm caused by lack of continuous care following diagnosis; therefore, screening should be based upon clinical judgment and patient preference. Health care provider type 2 diabetes screening standards for adults are as follows:

- Every three years for those age 45 and over, especially for those with a Body Mass Index (BMI) of 25 or greater;
- Testing can be done more frequently for those at younger ages who are overweight and have one or more of the risk factors listed in the box on page 1;
- Patients who experience one or more of the known symptoms for diabetes (e.g. frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability, blurry vision, etc.);
- Patients who have a family history of type 2 diabetes;
- Patients who belong to certain race/ethnic groups (specifically, African American, American Indian, Pacific Islander, or Hispanic American/Latino);
- Patients who have signs of or conditions associated with insulin resistance (e.g., high blood pressure, abnormal cholesterol, polycystic ovary syndrome, etc.); and,
- As deemed necessary by the health care professional.

Youth Diabetes Screening Standards

Since the incidence of type 2 diabetes for children and adolescents has been on the increase, it is important that health care providers also follow the standards for screening youth. The American Diabetes Association has a set of standards that have been developed for youth screening. The standards for screening children and adolescents are similar to those for adults and are as follows:

- Only children at high risk for developing or the presence of type 2 diabetes;
- Overweight youth defined as >85 percentile for BMI or 120% of ideal for weight;
- Youth experiencing any of the two known symptoms for diabetes (e.g. frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability, blurry vision, etc.); and
- Every two years starting at age ten or at the onset of puberty for those experiencing symptoms or are overweight.

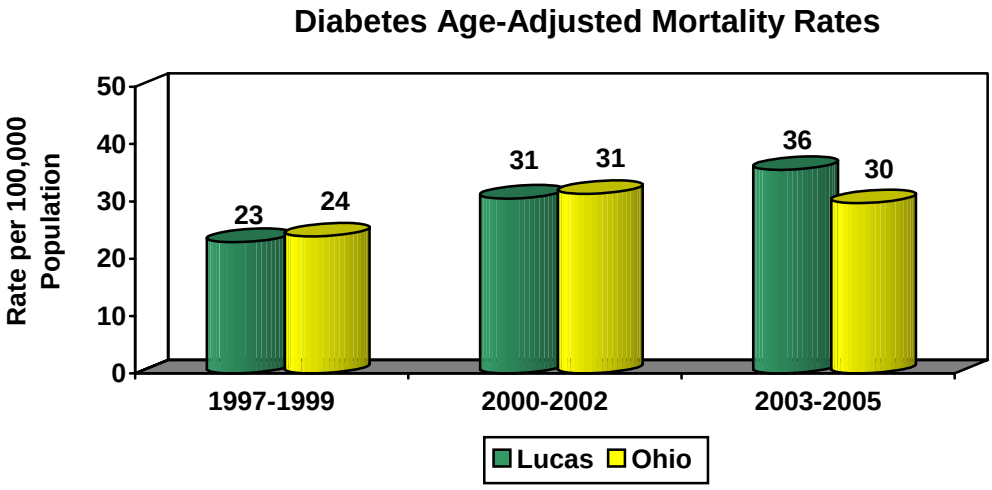
For more information about diabetes, please visit the American Diabetes Association's website at www.diabetes.org.

(Source: American Diabetes Association, Diabetes Care, Screening for Type 2 Diabetes, 2005)

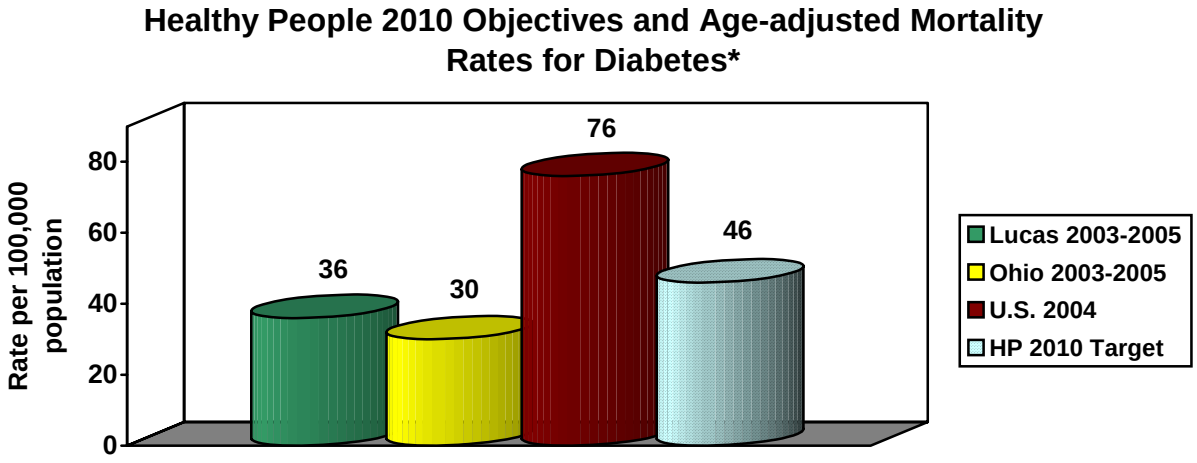
Diabetes

The following graphs demonstrate age-adjusted deaths from diabetes for Lucas County and Ohio residents with comparison to the Healthy People 2010 target objective.

- The 2003-2005 age-adjusted diabetes mortality rates for Lucas County are higher than for Ohio.
- The rates for Lucas County and Ohio met the Healthy People 2010 target objective.



(Source: ODH Information Warehouse)



Age-adjusted rates/100,000 population, 2000 standard

(Source: ODH Information Warehouse and Healthy People 2010, CDC)

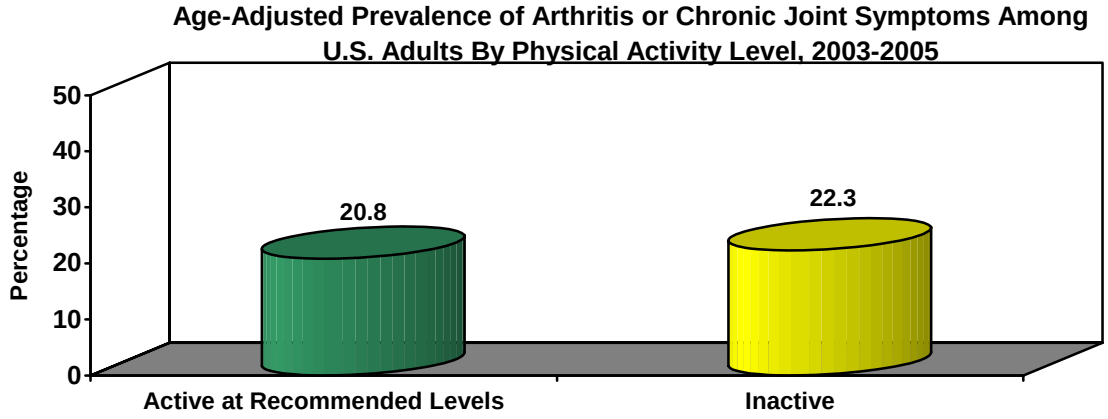
Arthritis Management Strategies

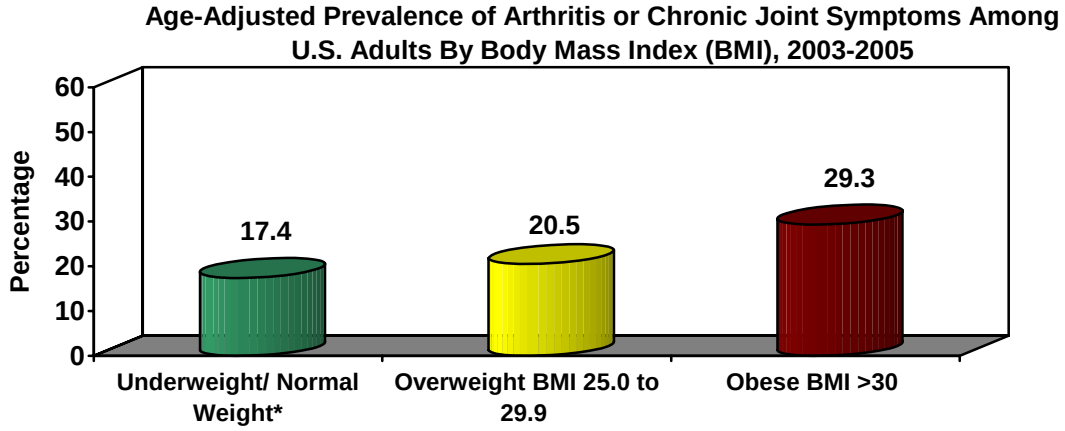
Arthritis at a Glance 2007 suggests activities that support the CDC's Arthritis Program, such as:

- Building state arthritis programs with state health departments and the support of the CDC to expand the reach of interventions.
- Educating the public.
- Improving the science base to develop and evaluate interventions to improve the quality of life of people with arthritis.
- Measuring the burden of arthritis and how it affects the quality of life.
- Making policy and systems changes.

(Source: CDC, Arthritis at a Glance 2007)

The following graphs demonstrate the prevalence of arthritis and chronic joint symptoms among U.S. adults by physical activity level and by weight classification. It appears that those most at risk for developing these chronic problems are above normal weight and are inactive.



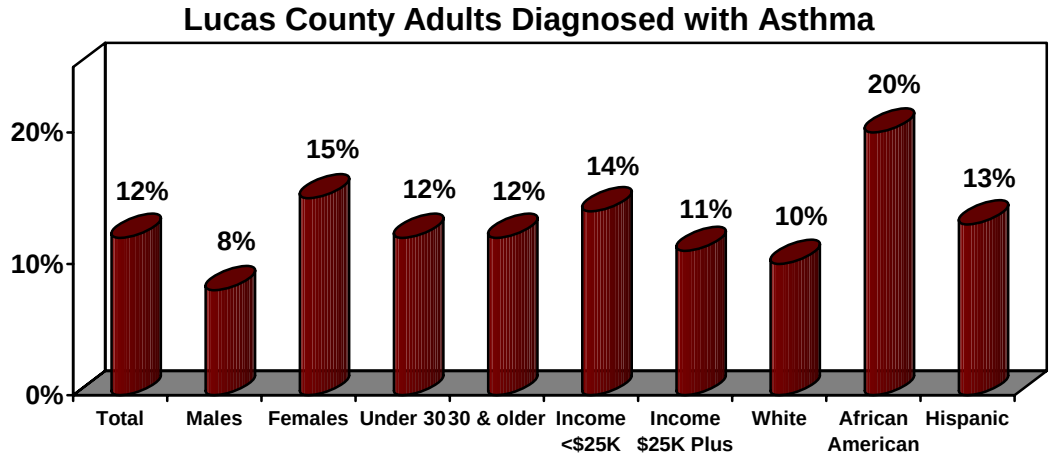


**Underweight is defined as a BMI of less than 18.5. Normal weight is defined as a BMI of 18.5-24.9.*

(Source for graphs: CDC, MMWR Weekly, Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation – U.S. 2003-2005)

Asthma

The following graph demonstrates the percentage of Lucas County adults who had been diagnosed with asthma. Examples of how to interpret the information include: 12% of all Lucas County adults had been diagnosed with asthma, 8% of males had been diagnosed, and 15% of females reported they had asthma.



Asthma Control

Recommendations from the CDC's National Asthma Control Program include:

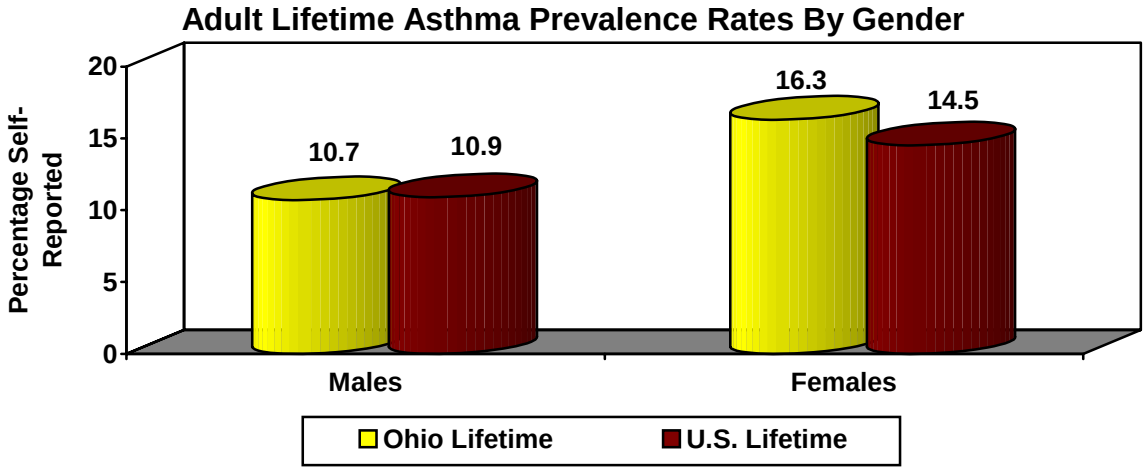
- Tracking: routinely collect and analyze asthma data to determine who is most affected in Lucas County.
- Interventions: assure that research-based public health practices and programs are implemented to reduce the burden of asthma within the county.
- Partnerships: make sure that all stakeholders have the opportunity to be involved in developing, implementing and evaluating the local asthma control programs.

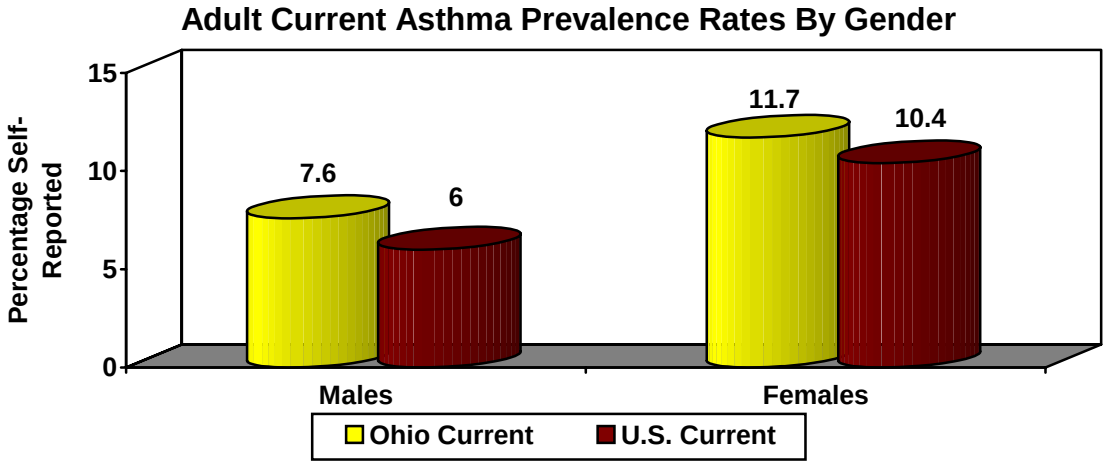
For youth, the CDC has published *Strategies for Addressing Asthma Within a Coordinated School Health Program, 2004*. The six strategies identified include:

- Establishing management and support systems for asthma-friendly schools.
- Providing appropriate school health and mental health services for students with asthma.
- Providing asthma education and awareness programs for students and school staff.
- Providing a safe and healthy school environment to reduce asthma triggers.
- Providing safe, enjoyable physical education and activity opportunities for students with asthma.
- Coordinating school, family and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

Asthma

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





(Source: Data from BRFSS 2006, reported by Air Pollution and Respiratory Health Branch, National Center for Environmental Health, Centers for Disease Control and Prevention)

Adult Weight Status

Key Findings

The 2007 Health Assessment project identified that 70% of Lucas County adults were overweight or obese for their height and weight. The 2006 BRFSS had indicated that 28% of Ohio and 25% of U.S. adults were obese by BMI. One-third (33%) of Lucas County adults were obese. Over half (54%) of adults were trying to lose weight.

Defining the Terms

- Obesity: An excessively high amount of body fat compared to lean body mass.
- Body Mass Index (BMI): The contrasting measurement/relationship of weight to height.
- Underweight: Adults with a BMI less than 18.5.
- Normal: Adults with a BMI of 18.5 to 24.9.
- Overweight: Adults with a BMI of 25 to 29.9.
- Obese: Adults with a BMI of 30 or greater.

(Source: CDC)

Adult Weight Status

- In 2007, the health assessment indicated that over two-thirds (70%) of Lucas County adults were either overweight (37%) or obese (33%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases (see below).
- 73% of males were overweight or obese, compared to females (67%).
- 81% of African Americans were overweight or obese, compared to whites (67%) and Hispanics (69%).
- Over half (54%) of adults were trying to lose weight, 29% were trying to maintain their current weight or keep from gaining weight and 3% were trying to gain weight.
- 56% of adults used physical activity or exercise to lose weight/keep from gaining weight, while 39% were eating fewer calories and less fat.
- In Lucas County, 50% of adults were engaging in vigorous physical activity for at least 20 minutes 3 or more days per week during the summer time and decreased to 33% during the winter.
- Over half (52%) of adults were engaging in light to moderate physical activity for at least 30 minutes 3 or more days per week during the summer time and decreased to 44% during the winter.
- The Centers for Disease Control and Prevention and the American College of Sports Medicine recommend that adults participate in moderate exercise for at least 30 minutes on five or more days of the week or vigorous exercise for 20 minutes or more on three or more weekdays.
- 16% of adults were unable to exercise vigorously and 10% were unable to exercise light to moderately.
- The 2007 health assessment identified that 35% of all adults had been diagnosed with high blood pressure, 34% had high blood cholesterol, and 12% had been diagnosed with diabetes. Weight loss can result in lower blood pressure, normal blood cholesterol levels, lower blood sugar and lessen the risk for many other health problems. (Sources: NHANES 1999-2000, National Academy of Sciences, and CDC – National Center for Chronic Disease Prevention and Health Promotion)
- In 2007, 31% of adults had drank 100% fruit juices at least once per day in the past week, 37% had eaten vegetables such as green salad, carrots and potatoes, and 42% reported drinking at least one glass of milk. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.
- Lucas County adults spent an average of 2.9 hours watching television, 0.2 hours playing video games, and 1.1 hours on the computer outside of work on an average day.

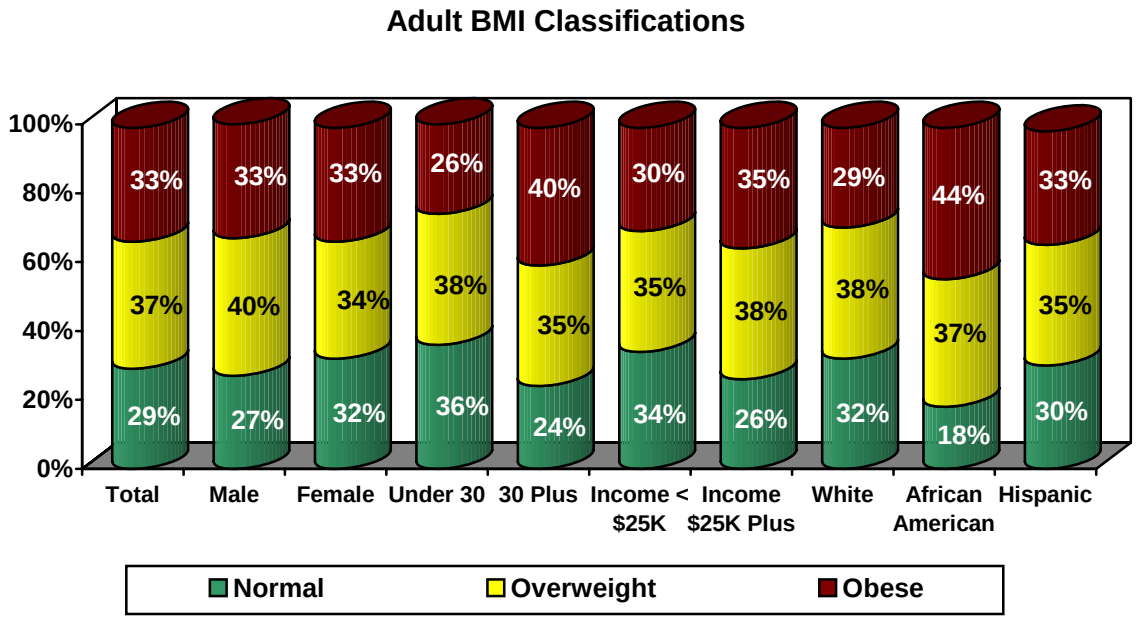
The Health Risks of Being Obese…

- Type II Diabetes
- Congestive heart failure
- Cancer, especially colon cancer
- High blood cholesterol
- Infertility, poor reproductive health
- Pregnancy complications
- Post-menopausal breast cancer
- Insulin resistance
- Gallstones
- High blood pressure
- Chest pain
- Stroke
- Endometrial Cancer
- Gout
- Bladder control
- Osteoarthritis
- Heart Disease
- Obstructive sleep apnea
- Psychological disorders
- Stroke

(Source: CDC. National Center for Chronic Disease Prevention and Health Promotion. Overweight and Obesity. 10-20-04)

Adult Weight Status

The following graph shows the percentage of Lucas County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 29% of all Lucas County adults were classified as normal weight and 37% are overweight, etc.



Percentages may not equal 100% due to those who were classified as underweight are not included.

Lucas County Adults Exercising 3 or More Days Per Week	Total	Males	Females
Moderate Physical Activity			
Summer time	52%	60%	46%
Winter time	44%	51%	33%
Vigorous Physical Activity			
Summer time	50%	52%	48%
Winter time	33%	36%	30%

Adult Weight Status

Calories per Hour Expended in Physical Activity	Calories per hour for 154 lb. person*
Moderate Physical Activity	
Hiking	370
Light gardening/yard work	330
Dancing	330
Golf (walking and carrying clubs)	330
Bicycling (less than 10 miles per hour)	290
Walking (3.5 miles per hour)	280
Weight lifting (general light workout)	220
Stretching	180
Vigorous Physical Activity	
Running/jogging (5 miles per hour)	590
Bicycling (more than 10 miles per hour)	590
Swimming (slow freestyle laps)	510
Aerobics	480
Walking (4.5 miles per hour)	460
Heavy yard work (chopping wood)	440
Weight lifting (vigorous effort)	440
Basketball (vigorous)	440

Calories burned per hour will be higher for persons who weigh more than 154 lbs and lower for persons who weigh less.

(Source: CDC, Division of Nutrition and Physical Activity, Adapted from Dietary Guidelines for Americans 2005)

Adult Tobacco Use

Key Findings

In 2007, under one-quarter (23%) of Lucas County adults were current smokers and 25% were considered former smokers. In 2007, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the United States, accounting for approximately 438,000 premature deaths each year from 1997-2001. ACS estimated that tobacco use would be linked to approximately 168,000 cancer deaths in 2007. *(Source: Cancer Facts & Figures, American Cancer Society, 2007)*

Tobacco Use and Health

- Tobacco use is the most preventable cause of death in the U.S.
- 87% of all lung cancers deaths and at least 30% of all cancer deaths in the U.S. can be attributed to smoking.
- Each year in the U.S., secondhand smoke may be responsible for approximately 3,000 lung cancer deaths in adults who do not smoke themselves.
- When compared to non-smokers, the risk of developing lung cancer is 23 times higher in male smokers and 13 times higher in females.
- Tobacco use is also associated with at least 15 types of cancer such as cervical, mouth, pharyngeal, esophageal, pancreatic, kidney and bladder.
- Tobacco use contributes to heart disease, stroke, bronchitis, emphysema, COPD, chronic sinusitis, severity of colds, pneumonia and low birth weight in infants.

(Source: Cancer Facts & Figures, American Cancer Society, 2007)

Adult Tobacco Use Behaviors

- The 2007 health assessment identified that under one-quarter (23%) of Lucas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2006 BRFSS reported current smoker prevalence rates of 22% for Ohio and 20% for the U.S. One-quarter (25%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). Adult current smokers in the survey population tended to belong to the following groups:
  - Adults under the age of 30 (30% compared to 23% of those over the age of 30)
  - Adult females (25% compared to 21% males)
  - Married adults (38% compared to 31% of those never married or 15% of divorced adults)
  - Those with incomes less than $25,000 (32% compared to 19% of those with incomes more than $25,000)
  - Hispanic and African American adults (26% compared to 22% of Whites)
- Lucas County smokers smoked an average of 14 cigarettes per day.
- Most (85%) of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking. Of those who tried to quit smoking, 76% tried to quit more than once.
- 3% of Lucas County adults reported using chewing tobacco or snuff.
- Over one-quarter (28%) of adults reported that someone smoked cigarettes, cigars, or pipes anywhere inside their home.

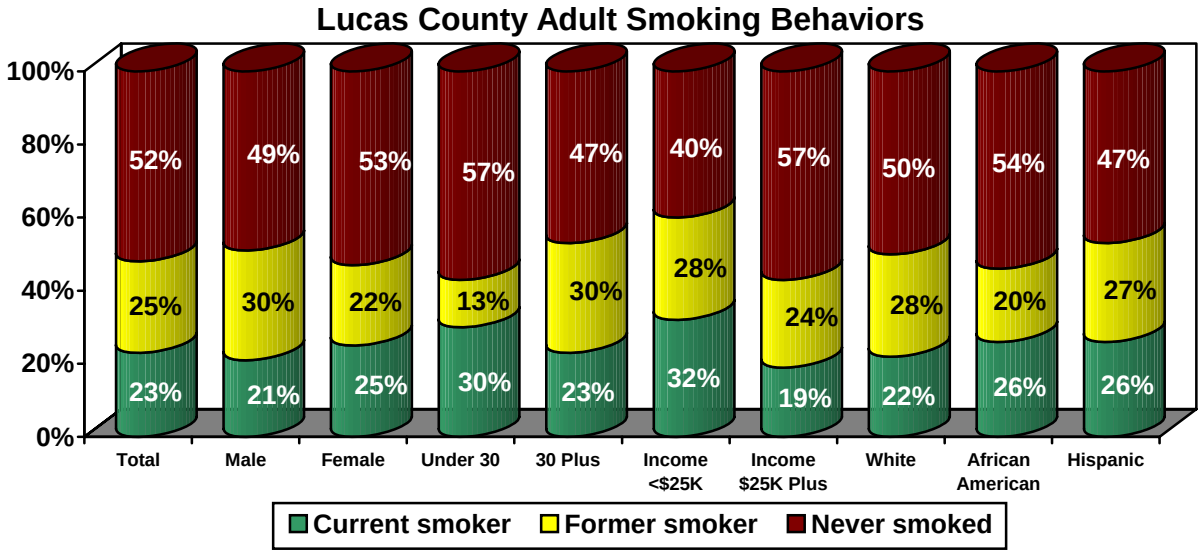
The Health Benefits of Quitting Smoking

- Compared to smokers, the stroke risk is reduced to that of a person who never smoked after 5 to 15 years of not smoking.
- 5 years after quitting, the risk for mouth, throat and esophageal cancer is reduced by half.
- Quitting smoking reduces your risk of laryngeal cancer.
- After 1 year of quitting smoking, the risk of coronary heart disease is half and after 15 years of quitting, you have the same risk of a person who never smoked.
- The risk of getting lung cancer is reduced by up to half after quitting smoking for 10 years.
- The risk of having a low birth weight baby returns to normal if you quit smoking before pregnancy or during the first trimester.

(Source: 2004 Surgeon General's Report – The Health Consequences of Smoking: The Benefits of Quitting)

Adult Tobacco Use

The following graph shows the percentage of Lucas County adults who used tobacco. Examples of how to interpret the information include: 23% of all Lucas County adults were current smokers, 25% of all adults were former smokers, 52% had never smoked, 21% of males were current smokers, and 25% of females were current smokers.



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

Smoking and Tobacco Facts

- Tobacco use is the most preventable cause of death in the U.S.
- Approximately 38,000 deaths per year in the U.S. are from secondhand smoke exposure.
- Typically, smokers die 13 to 14 years earlier than non-smokers.
- Cigarette smoking is highest in prevalence among American Indians/Native Americans (32%), than whites (21.9%), African Americans (21.5%), Hispanics (16.2%), and Asians (13.3%).
- Smoking costs over $167 billion in lost productivity ($92 billion) and health care expenses ($$75.7 billion) per year.
- In 2003, the cigarette industry spent more than $41 million per day on advertising and promotional expenses.

(Source: CDC: Fast Facts on Smoking and Tobacco Use)

Smoking Initiation

- Over 80% of adult smokers started their smoking habit before 18 years of age.
- Tobacco companies have been raising the nicotine content of light/ultralight cigarettes by an average of 10%.
- Expenditures for magazine advertising of methol cigarettes popular with African Americans, increased from 13% of total ad expenditures in 1998 to 49% in 2005.

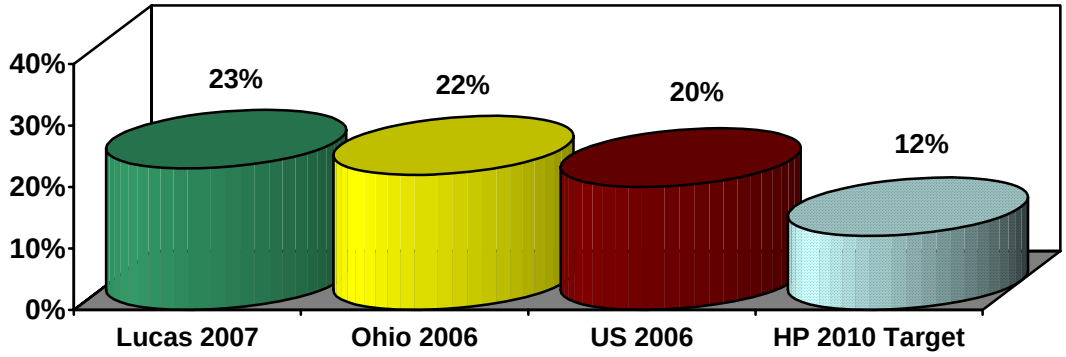
(Source: Dr. Price, 2007)

Adult Tobacco Use

The following graphs show Lucas County, Ohio, and U.S. adult cigarette smoking rates and age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) and trachea, bronchus and lung cancers in comparison with the Healthy People 2010 objectives. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. These graphs show that:

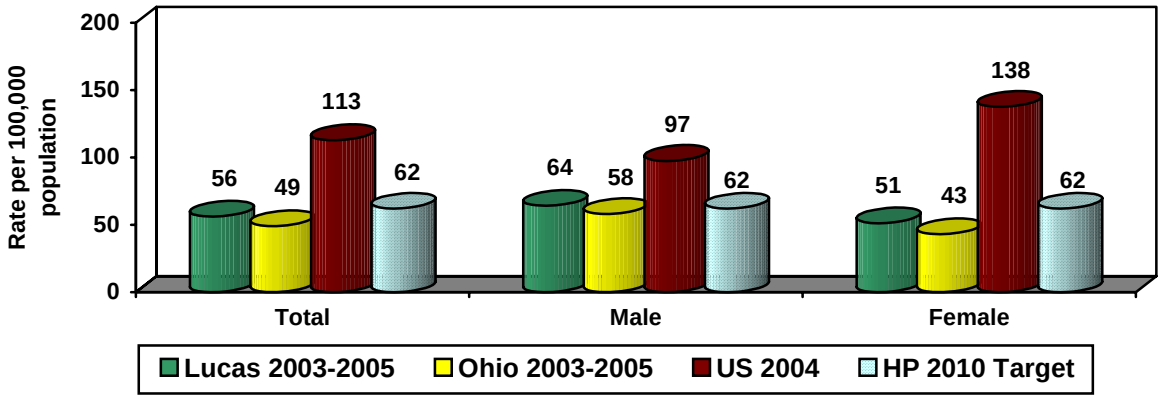
- Lucas County adult cigarette smoking rates were higher than the rates for the U.S. and Ohio, as well as the Healthy People 2010 Goal.
- From 2003-2005, Lucas County's age-adjusted mortality rates for Chronic Lower Respiratory Disease and Trachea, Bronchus, and Lung Cancer were higher than the Ohio rates. The Lucas County rate for Chronic Lower Respiratory Disease met the Healthy People 2010 Goal rates for the total rate.
- Large rate disparities existed by gender for Lucas County trachea, bronchus, and lung cancer age-adjusted mortality rates. The 2003-2005 male rate of 83 deaths per 100,000 population exceeded the female rate of 50.
- The percentage of mothers who smoked during pregnancy in Lucas County fluctuated slightly from year to year, but was higher than Ohio in all years except 2004.

Healthy People 2010 Objectives & Cigarette Smoking Rates



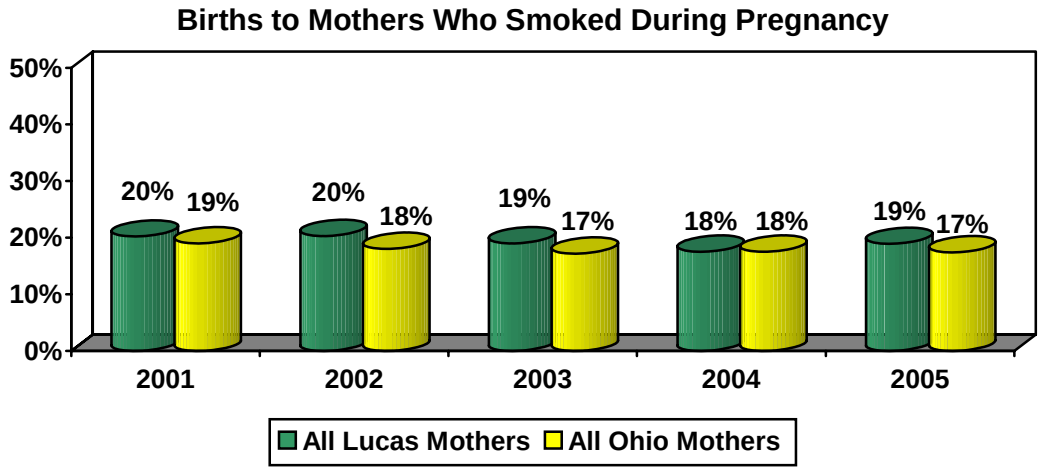
(Source: 2007 Lucas County Health Assessment, BRFSS and CDC Wonder Data)

Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)

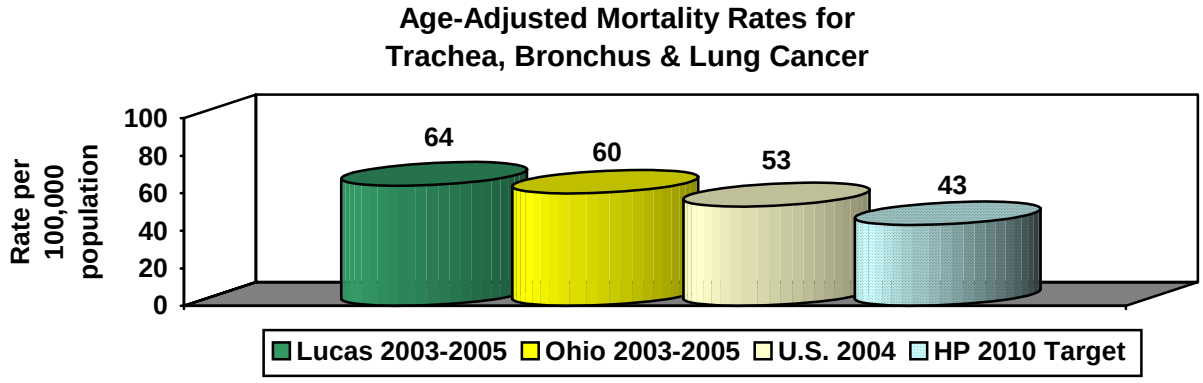


Chronic Lower Respiratory Disease is described through adults 45 years and older for US and Healthy People 2010.
(Source: CDC Wonder Data, and ODH Information Warehouse)

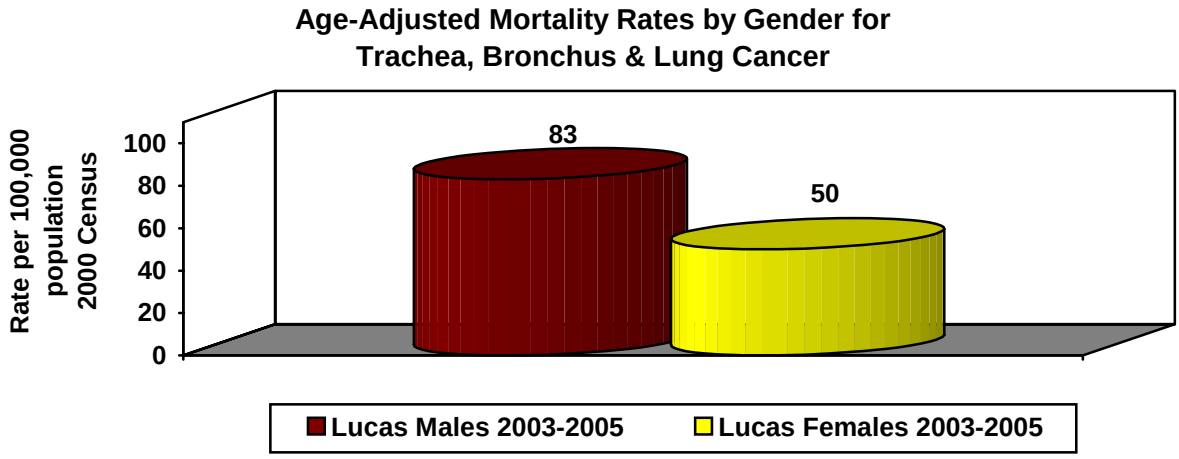
Adult Tobacco Use



(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2001-2005)



(Source: Healthy People 2010, ODH Information Warehouse, updated 6-4-07)



(Source: ODH Information Warehouse, updated 6-4-07)

Adult Alcohol Consumption

Key Findings

In 2007, the health assessment indicated that 13% of Lucas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). Under one-third (30%) of adults who drink had five or more drinks on one occasion (binge drinking) in the past month. Twelve percent of those who drank reported driving after having too much to drink.

U.S. Adult Alcohol Consumption

- In the U.S., approximately 1 in 3 adults who drink report binge drinking (five or more drinks on one occasion or in a short period of time) in the past month.
- Unintentional injuries, violence, alcohol poisoning, hypertension, sexually transmitted diseases, and heart attacks are a few of the adverse health effects of binge drinking.
- In 2002, nearly 6% of U.S. adults reported heavy drinking (>1 drink/day for women; >2 drinks/day for men) in the past 30 days and nearly 4% of past-year drinkers were alcohol dependent.
- Heavy drinking is associated with a number of chronic conditions such as, gastrointestinal cancers, heart disease, stroke, chronic liver disease and cirrhosis, depression, and pancreatitis.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Alcohol and Public Health, 8-4-04.)

Lucas County Adult Alcohol Consumption

- In 2007, over half (57%) of the Lucas County adults had at least one alcoholic drink in the past month, increasing to 67% of those under the age of 30, 63% of males, and 63% of those with incomes more than $25,000.
- 13% of adults were considered frequent drinkers (drank on average of three or more days per week).
- Of those who drank, Lucas County adults drank 2.6 drinks on average, increasing to 3.1 drinks for those under the age of 30 and 3.0 drinks for Hispanics.
- Under one-third (30%) of those who drank reported they had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 40% of those under the age of 30 and 40% of males (See box above). 18% of all Lucas County adults reported binge drinking.
- 12% of those who drank reported driving after having perhaps too much to drink, increasing to 20% of those under the age of 30, 18% of those with incomes less than $25,000, and 16% of Hispanics.
- Lucas County adults experienced the following: drank more than they expected (16%), spent a lot of time drinking (4%), and gave up other activities to drink (3%).

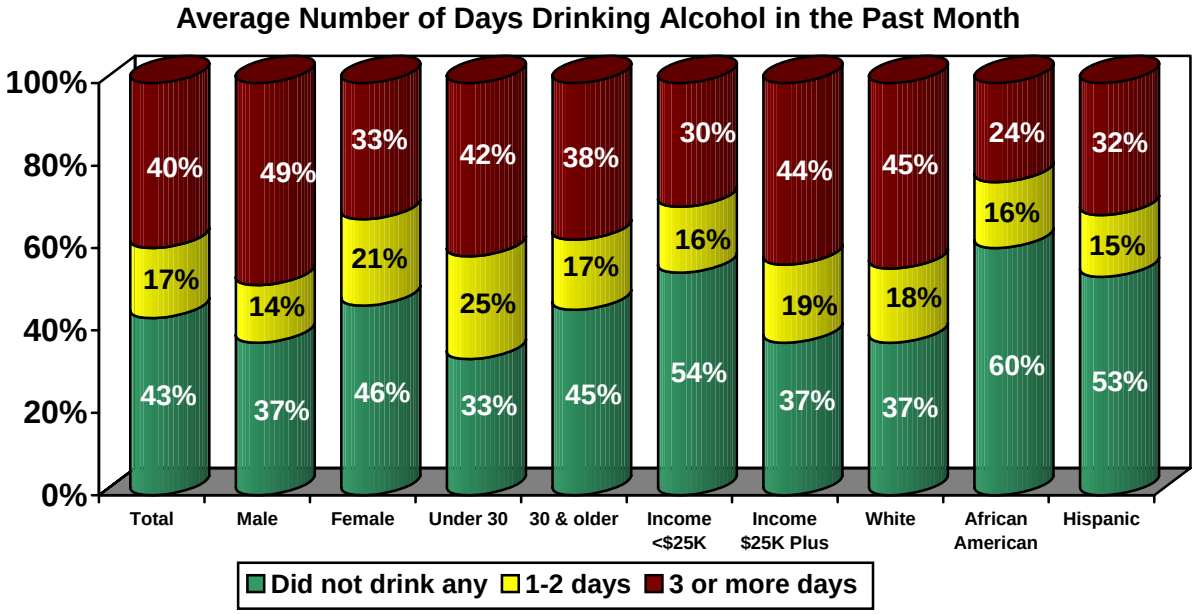
Consequences of Excessive Alcohol Consumption in the U.S.

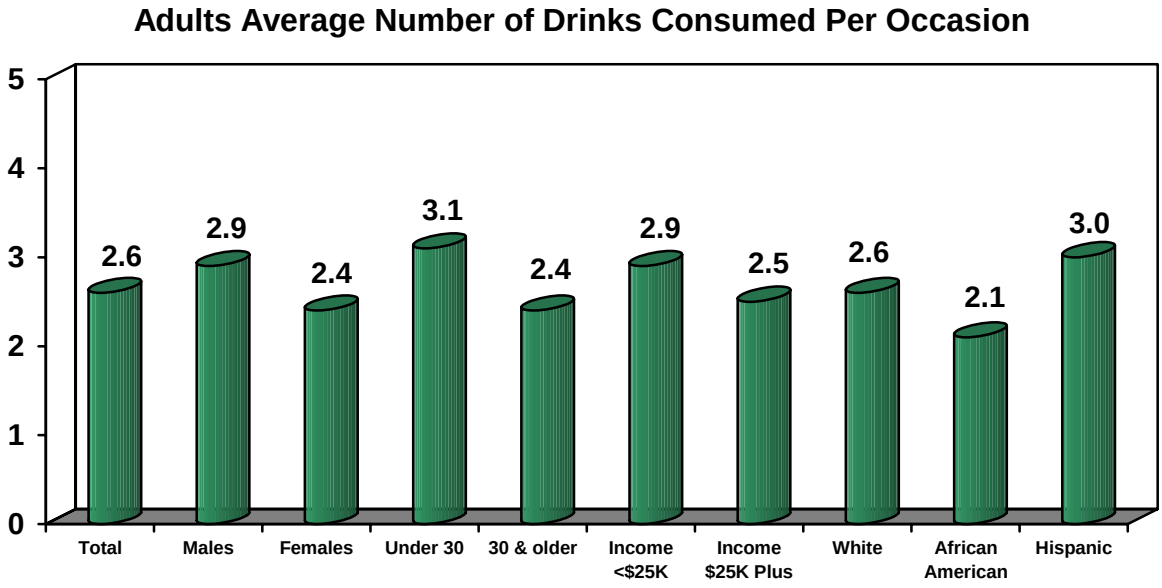
- 41% of all traffic-related deaths in the U.S. are due to alcohol-related motor vehicle crashes.
- 31% of those who die in the U.S. from unintentional, non-traffic injuries have blood alcohol concentrations of 0.10 g/dL (legally intoxicated) or greater.
- 23% of all U.S. suicide mortalities are attributed to alcohol.
- With increasing amounts of alcohol consumption, the risk of some cancers increase.
- Effective prevention involves: implementing alcohol taxes, maintaining a minimum drinking age of 21, implementing community programs, implementing training programs for servers, and screening and interventions that are initiated by a physician.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Alcohol and Public Health, 8-4-04)

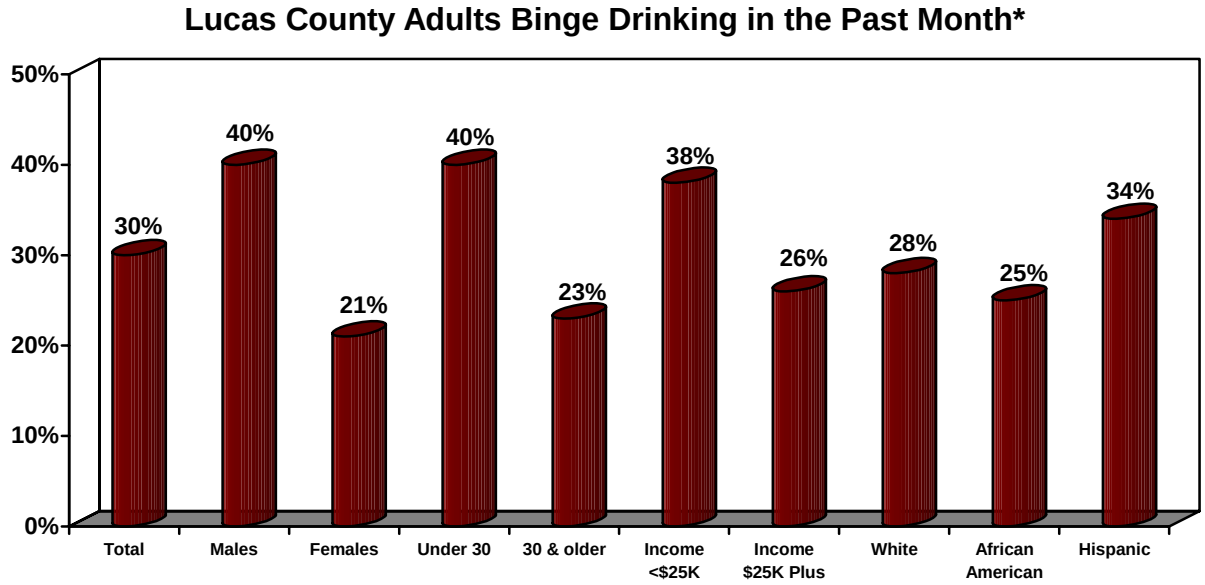
Adult Alcohol Consumption

The following graphs show the percentage of Lucas County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 43% of all Lucas County adults did not drink alcohol, 17% of adults drank an average of 1-2 days a week, 37% of Lucas County males did not drink and 46% of adult females reported they did not drink.





Adult Alcohol Consumption

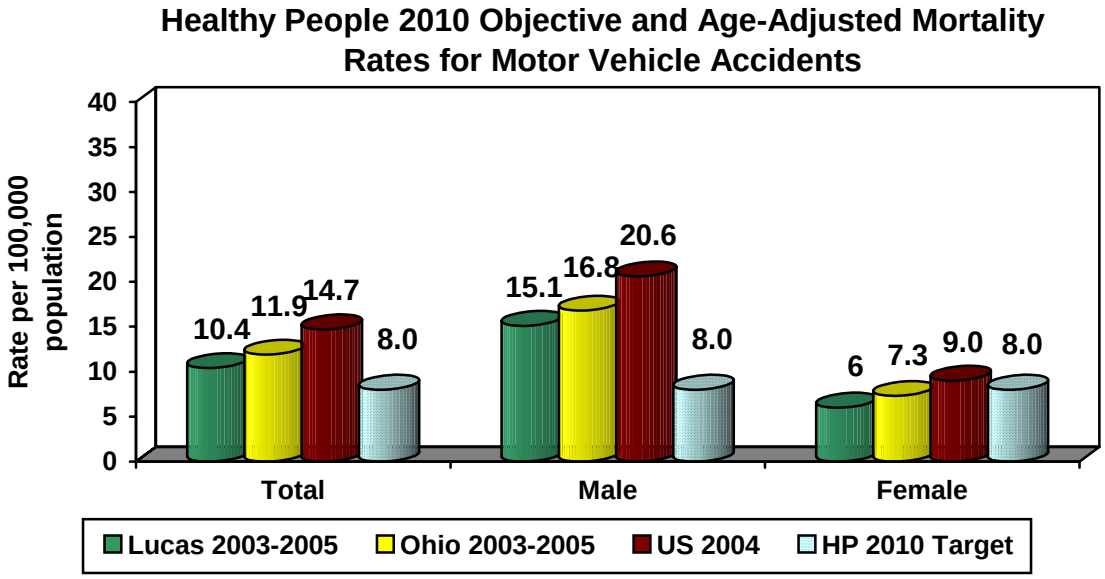


**Based on all adults. Binge drinking is defined as having five or more drinks on an occasion. Adults must have reported drinking five or more drinks on an occasion at least once in the previous month.*

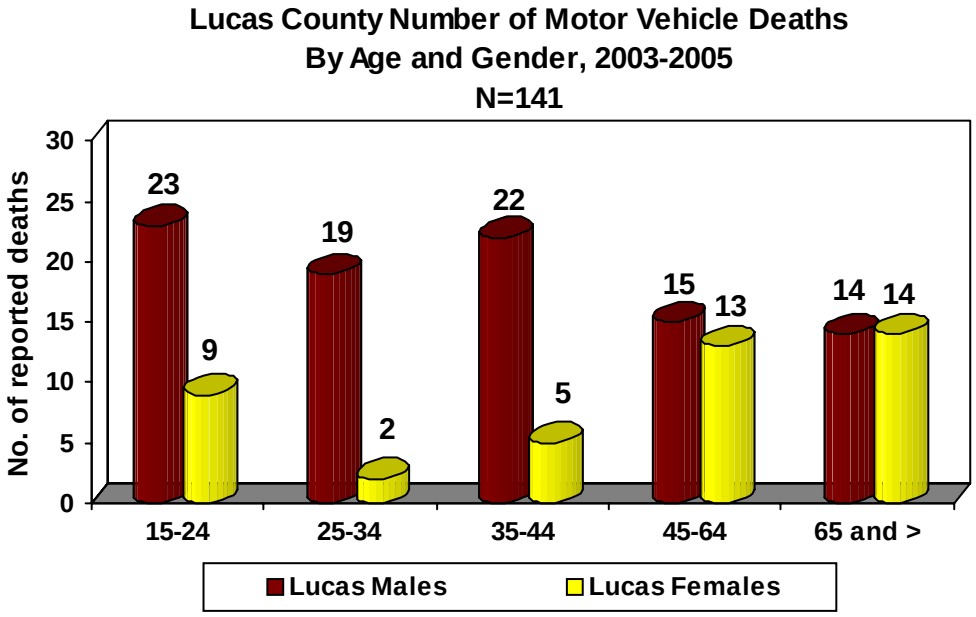
Adult Alcohol Consumption

The following graphs show Lucas County and Ohio age-adjusted motor vehicle accident mortality rates per 100,000 population with comparison to the Healthy People 2010 goals. The graphs show that:

- From 2003-2005, the Lucas County motor vehicle age-adjusted mortality rate of 10.4 deaths per 100,000 population is less than the state rate and national rate. However, it exceeds the Healthy People 2010 target goal of 8 deaths per 100,000.
- The Lucas County motor vehicle age-adjusted mortality rate for males is more than twice the female rate.
- 23% of the motor vehicle accident deaths in 2003-2005 occurred to those ages 15 to 24.



*(Source: ODH Information Warehouse **and** CDC- Wonder Data 2010)*



(Source: ODH Information Warehouse, updated 3-2-07)

Lucas County Crash Statistics

	City of Toledo 2005	City of Maumee 2005	City of Oregon 2005	City of Sylvania 2005	Lucas County 2005	Ohio 2005
Total crashes	12,231	719	636	341	16,758	358,127
Alcohol related total crashes	382	22	34	9	569	16,474
Fatal crashes	31	3	3	0	53	1,227
Alcohol related fatal crashes	13	1	1	0	20	446
Alcohol Impaired Drivers in Crashes	N/A	N/A	N/A	N/A	N/A	16,355
Injury crashes	3,087	141	187	74	4,323	88,533
Alcohol related injury crashes	176	9	18	2	265	7,130
Property Damage Only (PDO)	8,608	565	440	265	11,830	259,401
Alcohol related Property Damage Only (PDO)	175	12	15	7	264	8,564
Deaths	32	3	3	0	56	1,326
Alcohol related deaths	14	1	1	0	21	474
Total Non-Fatal Injuries	4,684	202	279	117	6,574	131,245
Alcohol related injuries	315	18	30	3	451	10,510

(Source: Ohio Department of Public Safety, Crash Reports, 2005 Traffic Crash Facts)

Adult Marijuana and Other Drug Use

Key Findings

In 2007, 9% of Lucas County adults had used recreational drugs during the past 6 months, increasing to 24% of those under the age of 30. Six percent of adults misused prescription medications and 9% of adults used marijuana in the past 6 months.

Adult Drug Use

- 9% of the Lucas County adults had used recreational drugs (including marijuana, Ecstasy, speed) in the past 6 months, increasing to 24% of those under the age of 30.
- When asked about their frequency of recreational drug use in the past six months, 47% of Lucas County adults who used these drugs did so every day, and 15% did so less than once a month.
- The 2007 Health Assessment Project identified that 9% of Lucas County adults reported using marijuana within the past six months, increasing to 24% of those under the age of 30 and 17% of those with incomes less than $25,000.
- 6% of 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. Lucas County adults used tranquilizers (4%), codeine (3%) and OxyContin (1%).
- When asked about their frequency of medication misuse in the past six months, 28% of Lucas County adults who used these medicatitons did so every day and 17% did so less than once a month.
- As a result of using drugs, 1% of adults regularly failed to fulfill obligations at work or home, placed themselves in dangerous situations, or had legal problems.

Prescription Drug Abuse Facts from the 2002/2003 National Survey on Drug Use and Health (NSDUH)

- 20.1% of persons aged 12 or older had used prescription-type drugs for a non-medical purpose at least once in their lifetime.
- In 2003, of the estimated 1.9 million people who reported using prescription drugs non-medically in the past year, nearly half (46%) were ages 12-25.
- In 2002, youth users in the past year are more likely to be: females (4.3% versus 3.6% of males); and, live in a non-metropolitan or small metropolitan area (9% versus 7% in a large metropolitan area).
- In 2002, adult users in the past year were more likely to be young adults aged 18-25 (5.4%).
- Adult use was comparable between males and females in 2002.
- Pain relievers were the prescription drugs most often used non-medically by youths and young adults in the past year.

(Source: Department of Health and Human Services, SAMHSA, NSDUH, 2002 & 2003)

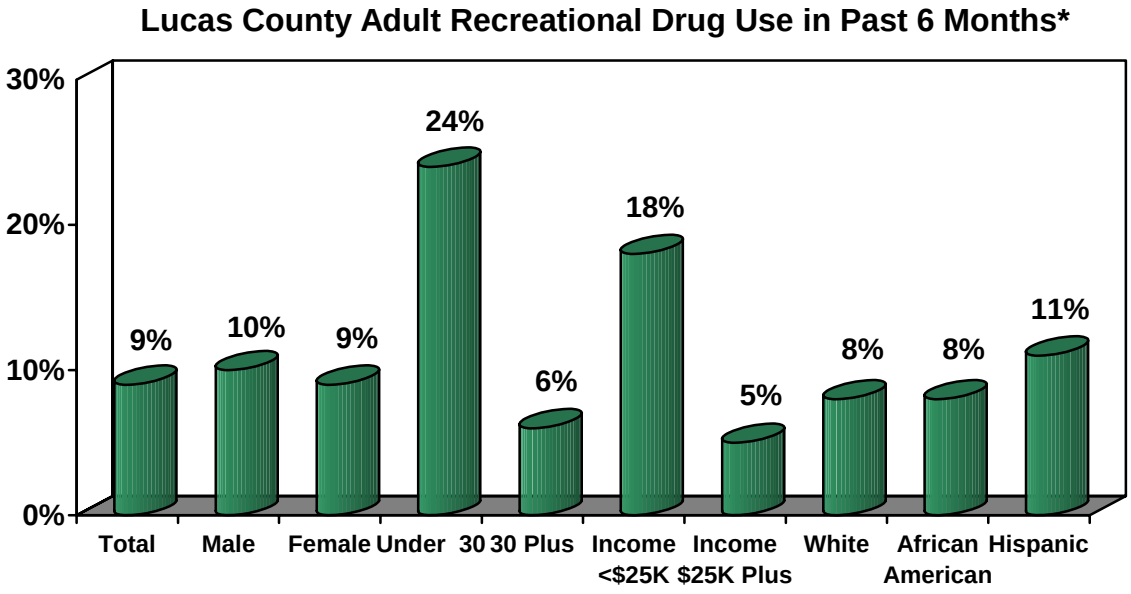
Ohio Drug and Drug Abuse Facts

- Marijuana is the most abused drug in Ohio.
- The number of treatment center admissions for 2006 for cocaine in Ohio was 11,600 as reported by the Ohio Department of Alcohol and Drug Addiction Services.
- Club drug use has steadily increased in Ohio. Some examples of club drugs are Ecstasy (MDMA), GHB, Ketamine and LSD.
- Ohio law enforcement has seen an increase in the abuse of OxyContin among the African American population.
- There were 210 methamphetamine lab incidents in Ohio in 2006. There was a decrease in 2006 when compared to 2005, with 331 meth lab incidents in Ohio.
- There is a direct connection between OxyContin abuse and drug-related robberies.
- In regards to prescription drugs, Benzodiazepines (such as Valium or Xanax) and alprazolam were reported as the most commonly abused and diverted prescriptions in Ohio.
- According to the DEA, there were 691 drug violation arrests in 2006 in Ohio.

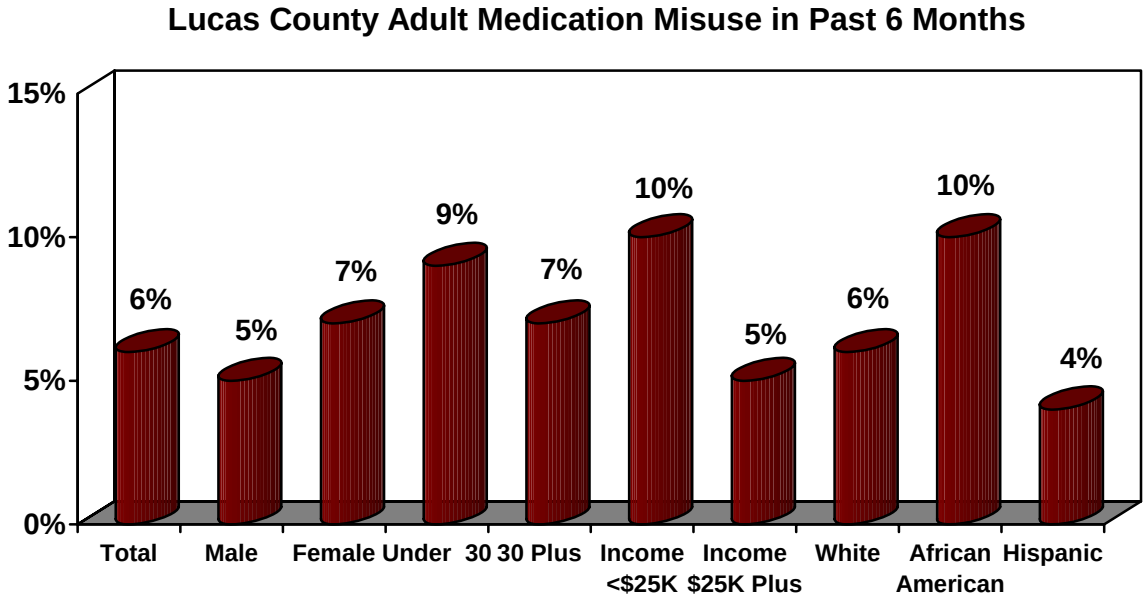
(Source: U.S. Department of Justice : DEA Briefs & Background, Drugs and Drug Abuse)

Adult Marijuana and Other Drug Use

The following graphs are data from the 2007 Lucas County Health Assessment indicating adult recreational drug and medication misuse in the past six months. Examples of how to interpret the information include: 9% of all Lucas County adults used recreational drugs in the past six months, 24% of adults under the age of 30 were current users and 18% of adults with incomes less than $25,000 were current users.

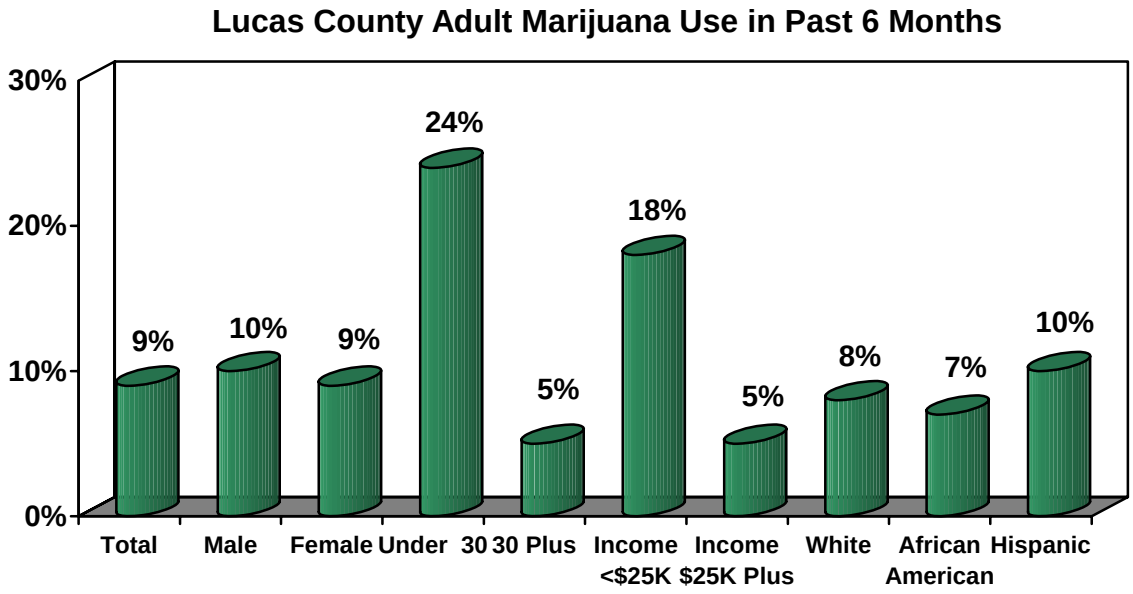


**Includes marijuana, methamphetamines, cocaine, heroin, LSD, inhalants and Ecstasy*



Adult Marijuana and Other Drug Use

The following indicates adult marijuana use in the past six months. Examples of how to interpret the information include: 9% of all Lucas County adults used recreational drugs in the past six months, 24% of adults under the age of 30 were current users and 18% of adults with incomes less than $25,000 were current users.



Women's Health

Key Findings

In 2007, 47% of women ages 40 and over had a mammogram in the past year. Over half (56%) of Lucas County women ages 19 and over have had a clinical breast exam and 50% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that just under one-third (30%) of women had high blood pressure, 28% had high blood cholesterol, and 25% were identified as smokers, known risk factors for cardiovascular diseases.

Lucas County Female
Leading Causes of Death, 2003-2005

1. Heart Diseases (31% of all female deaths)
2. Cancers (21%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's Disease (4%)

(Source: ODH Information Warehouse, Updated 6-4-07)

Ohio Female
Leading Causes of Death, 2003-2005

1. Heart Diseases (27% of all female deaths)
2. Cancers (21%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's Disease (4%)

(Source: ODH Information Warehouse, Updated 6-4-07)

Women's Health Screenings

- In 2007, almost half (47%) of those ages 40 and over had a mammogram in the past year. The 2006 BRFSS reported that 77% of women 40 and over in the U.S. and in Ohio had a mammogram in the past two years.
- 59% of all Lucas County women have had a mammogram at some time and under one-third (29%) had this screening in the past year.
- Most (94%) Lucas County women have had a clinical breast exam at some time in their life and over half (56%) had one within the past year.
- This assessment has identified that 95% of Lucas County women have had a Pap smear and 50% report having had the exam in the past year. The 2006 BRFSS indicated that 84% of U.S. and 83% of Ohio women who were 18 or older had a pap smear in the past three years.
- Half (50%) of women went to a private gynecologist for their usual source of services for female health concerns, 27% went to a family physician, 5% went to a family planning clinic, 2% went to a community health center, and 1% went to the health department clinic. Nine percent did not have a usual source of services.

Pregnancy

- One in five (20%) women were pregnant in the past 5 years.
- Of those who were pregnant, 42% of women wanted to be pregnant then, 17% wanted to be pregnant sooner, 18% wanted to be pregnant later, and 15% did not want to be pregnant then or any time in the future.
- During their last pregnancy, women reported the following:
  - 94% received prenatal care in the first 3 months
  - 93% took a multi-vitamin
  - 59% were married
  - 11% smoked cigarettes
- The ages of women who were pregnant in the past 5 years were as follows:
  - 55% were between the ages of 25 and 34
  - 36% were between the ages of 19 and 24
  - 18% were between the ages of 35 and 44

Women's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Lucas County the 2007 health assessment has identified that:
  - 25% of all women were current smokers (18% U.S., 20% Ohio, 2006 BRFSS)
  - 67% were overweight or obese (54% U.S., 58% Ohio, 2006 BRFSS)
  - 28% were diagnosed with high blood cholesterol (34% U.S., 37% Ohio, 2005 BRFSS)
  - 30% were diagnosed with high blood pressure (25% U.S. and 26% Ohio, 2005 BRFSS)
  - 52% were exercising less than three days per week (includes 18% who were unable to exercise)
  - 11% have been diagnosed with diabetes (7% U.S., 7% Ohio, 2006 BRFSS)

Women's Health

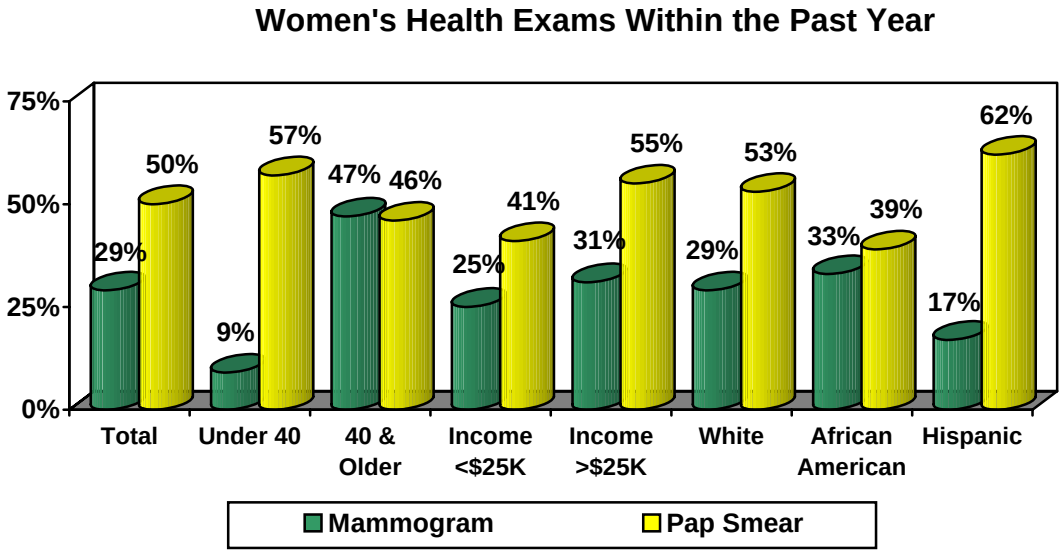
- From 2003-2005, major cardiovascular diseases (heart disease and stroke) accounted for 38% of all female deaths in Lucas County *(Source: ODH Information Warehouse)*.
- From 2003-2005, the Ohio Department of Health Information Warehouse statistics showed that 21% of all female deaths in Lucas County were from cancers.
- In 2003-2005, the leading causes of cancer deaths for Lucas County women were lung, breast, colorectal, pancreatic, and ovarian cancers *(Source: ODH Information Warehouse)*. Statistics from the same period for Ohio show lung, breast, colorectal, pancreas, and ovary as the leading causes of cancer deaths.

Cancer Screening Tips for Early Detection in Women

- Yearly mammograms should begin at age 40, unless there is an increased risk (e.g. family history, genetic tendency, past breast cancer).
- In the case of an increased risk, the physician should be consulted to talk about starting mammograms early, having extra testing or more frequent exams.
- Women in their 20s and 30s should have a clinical breast exam about every 3 years.
- Clinical breast exams should be part of the yearly exam for women 40 years and older.
- Starting at age 50, screening for colon and rectum cancer should begin with one of the following screening schedules depending on risk: fecal occult blood test every year, a flexible sigmoidoscopy every 5 years, a double-contrast barium enema every 5 years, a colonoscopy every 10 years.
- Cervical cancer screenings should be done every year with regular Pap tests.
- At age 30 or after, women with 3 normal pap test results in a row may be able to get screened every 2 to 3 years. However, doctors recommend being screened more often if at higher risk.
- The American Cancer Society recommends women should be informed about the risks and symptoms of endometrial cancer at the point of menopause. Any unexpected bleeding or spotting should be discussed with a doctor.

(Source: American Cancer Society: Cancer Prevention & Early Detection Facts and Figures 2007)

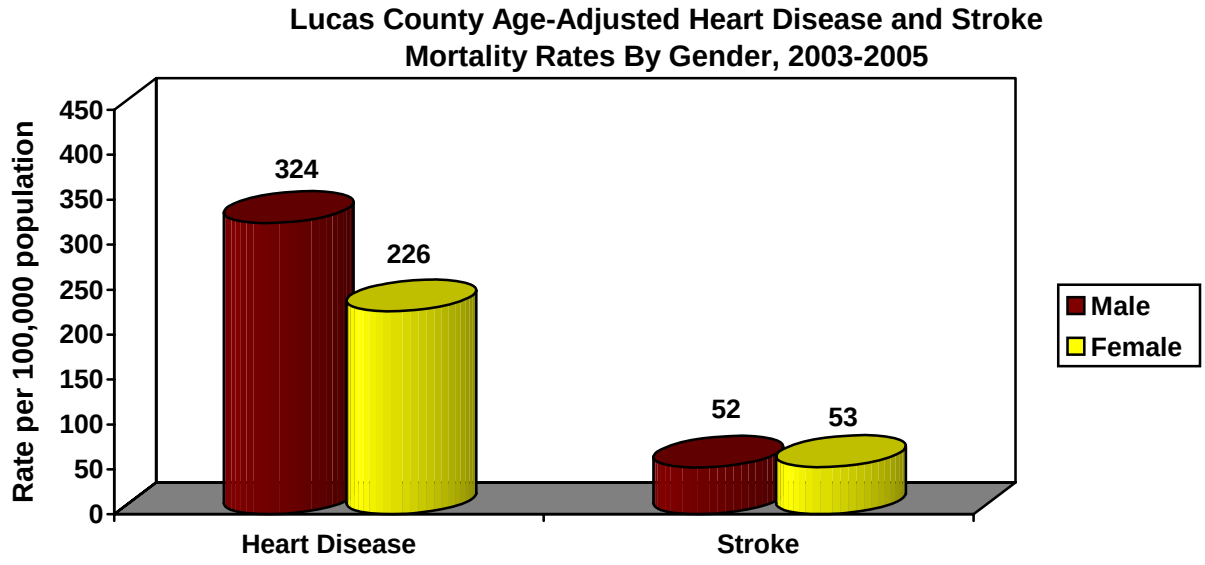
The following graph shows the percentage of Lucas County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 29% of Lucas County females have had a mammogram within the past year and 50% have had a Pap smear.

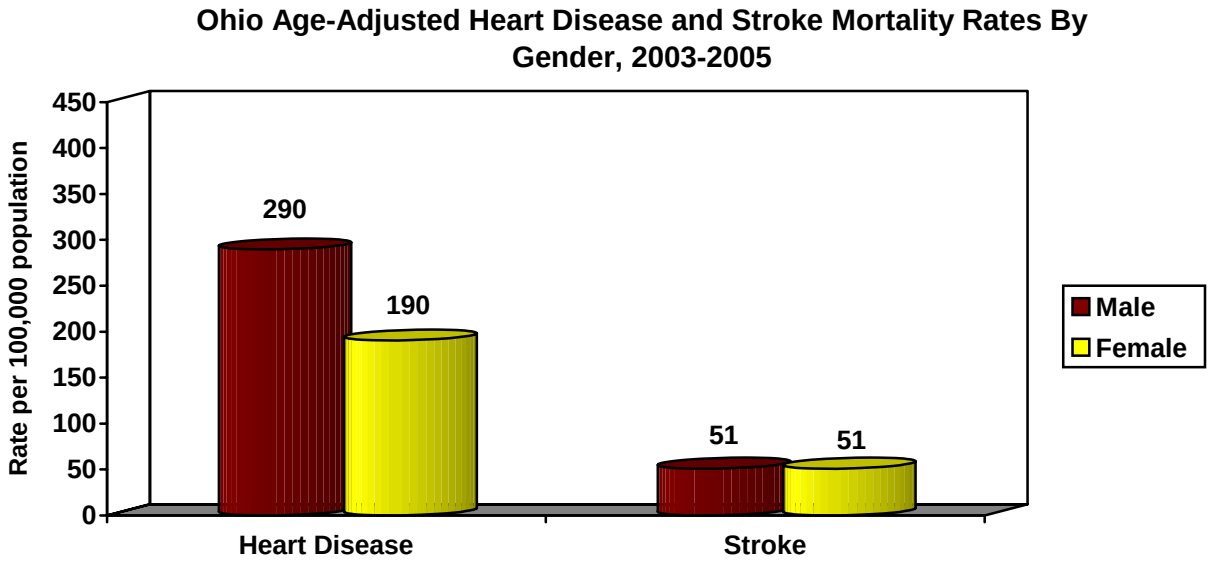


Women's Health

The following graph shows the Lucas County age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show that:

- From 2003-2005, the Lucas County and Ohio female heart disease age-adjusted mortality rate is less than the male rates.
- The female age-adjusted stroke rate is about the same as the male rate in Lucas County.





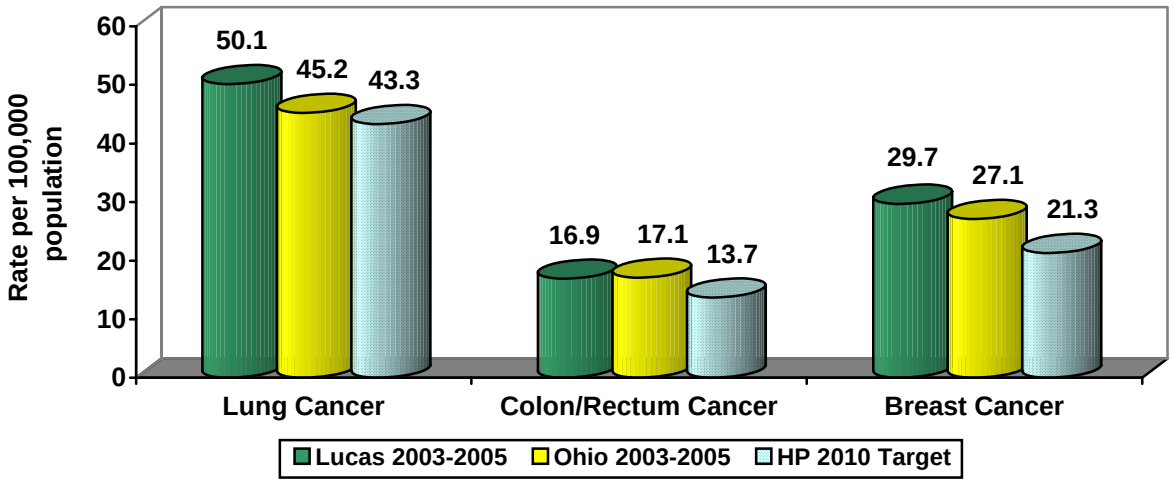
(Source for graphs: ODH Information Warehouse)

Women's Health

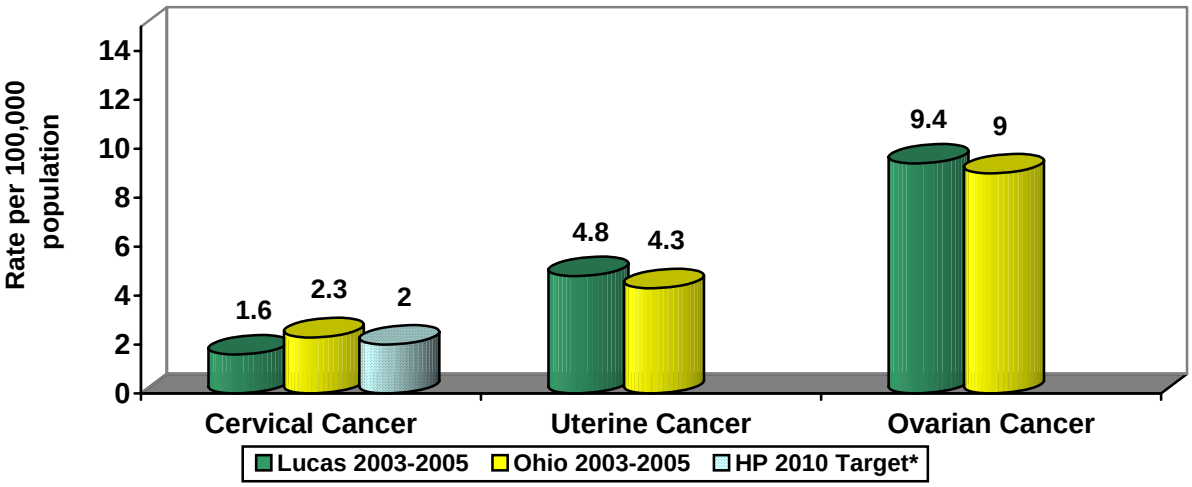
The following graphs show the Lucas County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2010 objectives when available. The graphs show:

- From 2003-2005, the Lucas County age-adjusted mortality rate of 50.1 for female lung cancer was less than the male rate of 83.0 deaths per 100,000 population.
- Additional information from the ODH Information Warehouse indicates that lung, trachea, and bronchus cancer took the lives of 408 women and 485 men in Lucas County from 2003-2005.
- For 2003-2005, the Lucas County age-adjusted cervical cancer mortality rate of 1.6 deaths per 100,000 population meets the Healthy People 2010 target goal of 2.
- The Lucas County age-adjusted ovarian cancer mortality rate for 2003-2005 was slightly above the state rate.

Lucas County Female Age-Adjusted Cancer Mortality Rates



Lucas County Female Age-Adjusted Cancer Mortality Rates



(Source: ODH Information Warehouse and Healthy People 2010)
**Healthy People 2010 Targets may not be available for all diseases.*
Please note the Healthy People 2010 target rates are not gender specific.

Men's Health

Key Findings

In 2007, over half (55%) of Lucas County males age 50 and over had a Prostate-Specific Antigen (PSA) test in the past year. Almost half (49%) of males age 50 and over had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 34% and cancers caused 25% of all male deaths in Lucas County from 2003-2005. Over one-third (39%) of men had been diagnosed with high blood pressure, 40% had high blood cholesterol, and 21% were identified as smokers, which, along with obesity, are known risk factors for cardiovascular diseases.

Lucas County - Male
Leading Causes of Death, 2003-2005

1. Heart Diseases (29% of all male deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents – Unintentional Injuries (4%)

(Source: ODH Information Warehouse)

Ohio - Male
Leading Causes of Death, 2003-2005

1. Heart Diseases (28% of all male deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents- Unintentional Injuries (5%)
5. Stroke (5%)

(Source: ODH Information Warehouse)

Men's Health Screenings

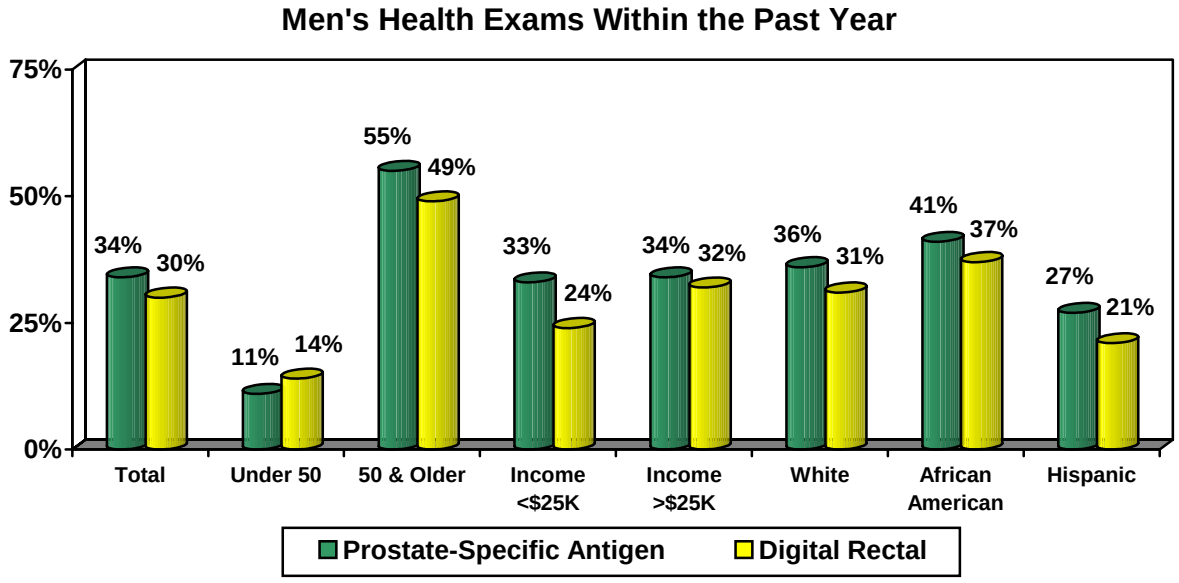
- In 2007, 79% of Lucas County males age 50 and over had a Prostate Specific Antigen (PSA) test at some time in their life, and 55% had one in the past year.
- Over half (51%) of all males had a PSA test at some time in their life and 34% had one in the past year.
- 85% of males age 50 and over had a digital rectal exam at some time in their life, and 49% have had one in the past year.
- 60% of males had a digital rectal exam at some time in their life and 30% had one in the past year.
- 4% of men had been told by a health professional that they had prostate cancer, increasing to 9% of Hispanic males.

Men's Health Concerns

- From 2003-2005, major cardiovascular diseases (heart disease and stroke) accounted for over one-third (34%) of all male deaths in Lucas County *(Source: ODH Information Warehouse)*.
- The ODH Information Warehouse reports Lucas County and Ohio heart disease and cancer age-adjusted mortality rates much higher in men than in women.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Lucas County the 2007 health assessment has identified that:
  - 21% of all men were current smokers (22% U.S., 25% Ohio, 2006 BRFSS)
  - 73% were overweight or obese (69% U.S., 70% Ohio, 2006 BRFSS)
  - 40% were diagnosed with high blood cholesterol (37% U.S., 38% Ohio, 2005 BRFSS)
  - 39% were diagnosed with high blood pressure (25% U.S. and 28% Ohio, 2005 BRFSS)
  - 48% were exercising less than three days per week (includes 12% who were unable to exercise)
  - 13% have been diagnosed with diabetes (8% U.S., 7% Ohio, 2006 BRFSS)
- From 2003-2005, the Ohio Department of Health Information Warehouse statistics showed that 25% of all male deaths in Lucas County were from cancers.
- In 2003-2005, the leading causes of cancer deaths for Lucas County men were lung, colorectal, prostate, esophageal and pancreatic cancers. Statistics from the same period for Ohio show lung, prostate, colorectal, pancreatic, and leukemia as the leading causes of cancer. *(Source: ODH Information Warehouse)*
- In Lucas County and in Ohio lung cancer mortality rates are higher in men than in women.

Men's Health

The following graph shows the percentage of Lucas County males surveyed that have had the listed health exams in the past year. Examples of how to interpret the information shown on the graph include: 34% of Lucas County males have had a PSA test within the past year and 30% have had a digital rectal exam.



Cancer Issues for Men

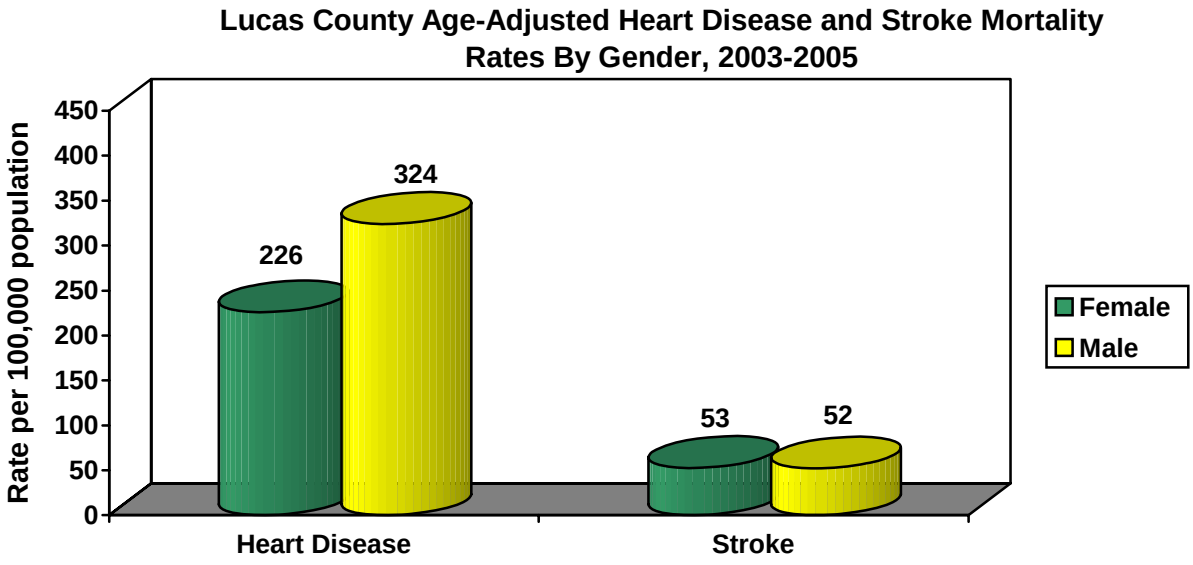
- An American man has a one in two chance of developing cancer over his lifetime.
- Overall, cancer death rates are higher in men than women in every racial and ethnic group, but African American men have the highest rates of dying from cancer among all men.
- Overall, rates of new cases of cancer are higher in men than women. African American men have the highest rates of *new* cases of cancer each year followed by White, Asian/Pacific Islander, Hispanic/Latino, and American Indian/Alaska Native men.
- Lung cancer is, by far, the most common fatal cancer in men (31%), followed by prostate (10%), and colon & rectum cancers (10%). The good news is that the rates of new cases of lung cancer in men have declined in recent years.
- Many cancers can be found early through regular screening tests, especially colon and prostate cancer. These simple tests can save your life. Without them, men usually do not notice symptoms of colon or prostate cancer until the disease is advanced.
- A nationwide survey shows that most men have not talked with their health care providers about their risk for colon cancer, and that almost half are not concerned about developing it — even though it is the nation's second most deadly cancer.
- Men ages 15-35 are more at risk for testicular cancer, one of the most curable cancers when found early.

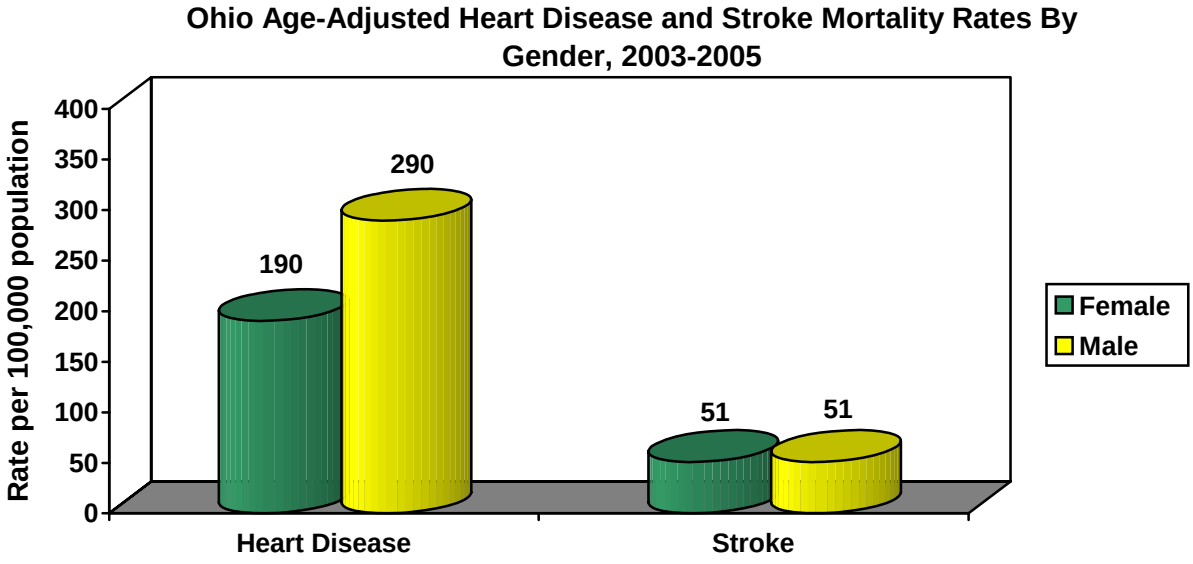
(Source: US Dept. of Health and Human Services, Office on Women's Health, www.4woman.gov/Mens/Cancer.htm)

Men's Health

The following graphs show the Lucas County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show that:

- From 2003-2005, the Lucas County and Ohio male heart disease age-adjusted mortality rates exceeded the female rates.
- In Lucas County, the age-adjusted stroke rate was slightly greater in females than in males.



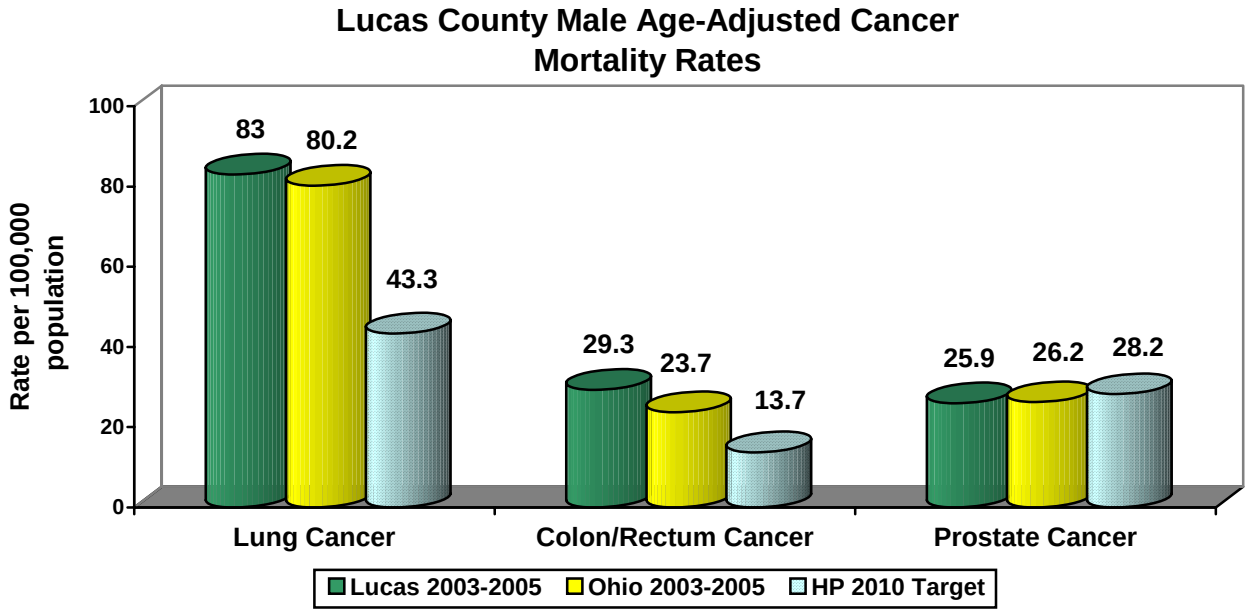


(Source for graphs: ODH Information Warehouse)

Men's Health

The following graph shows the Lucas County age-adjusted mortality rates per 100,000 population for men's health with comparison to Healthy People 2010 objectives when available. The graph shows:

- From 2003-2005, the Lucas County age-adjusted mortality rate of 83.0 for male lung cancer was greater than the female rate of 50.1 deaths per 100,000 population.
- Additional information from the ODH Information Warehouse indicates that lung cancer took the lives of 408 women and 485 men in Lucas County from 2002-2004.
- The age-adjusted prostate cancer mortality rate in Lucas County for 2003-2005 was below the Ohio rate and the Healthy People 2010 target objective.



(Source: ODH Information Warehouse and Healthy People 2010)
Please note the Healthy People 2010 target rates are not gender specific.

Adult Preventive Medicine and Health Screenings

Key Findings

The 2007 health assessment indicates that 21% of Lucas County adults had received a pneumonia vaccination at sometime in their life. Under one-third (31%) of adults had a flu shot during the past 12 months.

Preventive Medicine

- 21% of all Lucas adults have had a pneumonia vaccination at sometime in their life, increasing to 59% of those ages 65 plus.
- Under one-third (31%) of Lucas County adults had a flu shot during the past 12 months.

Who Should Get A Yearly Flu Shot?

Persons at high risk for complications from influenza including:

- All children aged 6–23 months
- Adults aged ≥ 65 years
- Pregnant women in their second or third trimester during influenza season
- Persons aged ≥ 2 years with underlying chronic conditions
- All persons 50 years and older

Who Should Get A Pneumonia Vaccine?

- All persons 65 years and older
- Persons with chronic diseases such as diabetes and kidney diseases

(Source: Centers for Disease Control)

Preventive Health Screenings and Exams

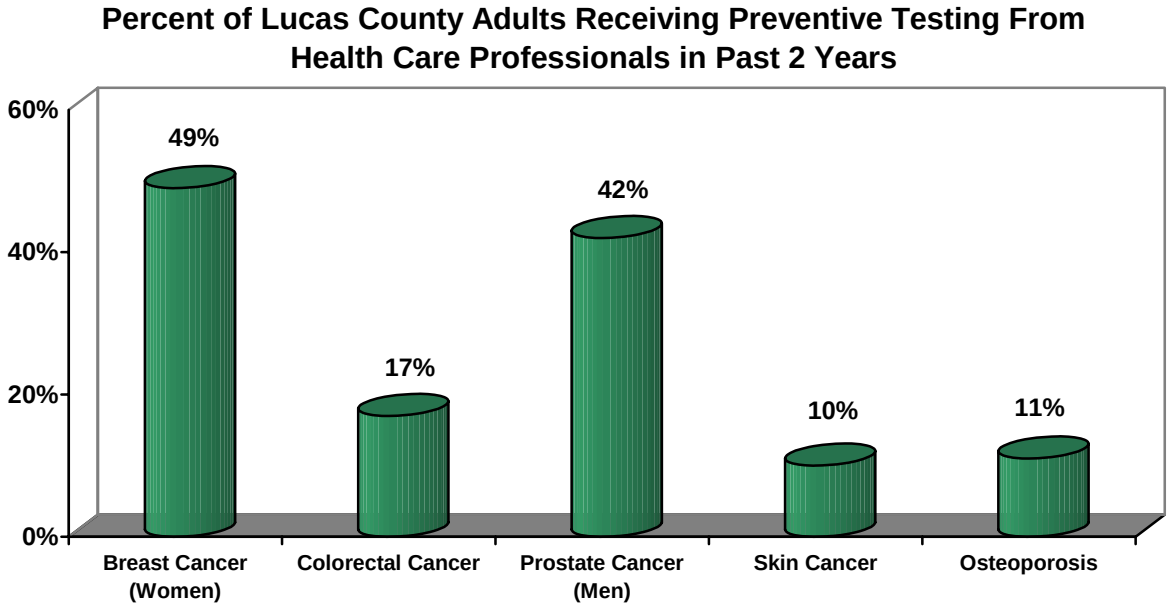
- 17% of Lucas County adults had received preventive testing for colon cancer, increasing to 22% of African Americans.
- 10% received preventive testing for skin cancer.
- 11% of adults were tested for osteoporosis, increasing to 17% of females.
- In the past year, 47% of Lucas County women ages 40 and over have had a mammogram.
- In the past year, 55% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- See the Women and Men's Health Section for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Lucas County adults.

American Cancer Society Cancer Detection Guidelines

- Yearly mammogram at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exam (CBE) every three years for women ages 20-39 and yearly for women 40 and over.
- Beginning at age 50, both men and women should follow one of these five recommended testing schedules for colon and rectal cancer: yearly fecal occult blood test (FOBT) or fecal immunochemical test (FIT), flexible sigmoidoscopy every five years, yearly FOBT or FIT plus flexible sigmoidoscopy every five years, double-contrast barium enema ever five years, or colonoscopy every ten years
- Beginning at age 50, yearly prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) for men with at least a ten-year life expectancy.
- All women should have an initial cervical cancer screening approximately three years after their first incidence of vaginal intercourse, but no later than age 21.

Adult Preventive Medicine and Health Screenings

The following graph indicates the percentage of Lucas County adults who received preventive screenings by a health care professional for several health risk factors and disease categories. Examples of how to interpret the information include: 49% of all women had received a screening for breast cancer in the past two years, 42% of males had received a prostate cancer screening, 10% of adults had received a skin cancer screening and 11% had received an osteoporosis screening.



Lucas County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	35%
Diagnosed with High Blood Cholesterol	34%
Diagnosed with Diabetes	12%
Diagnosed with Angina/Coronary Heart Disease	7%

Adult Preventive Health Behaviors

Key Findings

Three-fourths (75%) of the adults stated they always wear a seatbelt when riding in or driving a car. Almost three-fourths (74%) of Lucas County adults had deliberately tested their smoke detectors in the past year.

Community Action Steps to Promote and Facilitate Healthy Lifestyles

- Create safe walking and cycling trails.
- Provide low-fat/high-fruit-and-vegetable menu selections in restaurants, schools, and employee cafeterias.
- Institute smoke-free policies in workplaces and public areas.
- Fluoridate community water supplies.
- Establish health promotion programs such as smoking cessation and exercise programs where people work and gather.

Source: CDC, Chronic Disease Prevention, Unrealized Prevention Opportunities: Reducing the Health and Economic Burden of Chronic Disease, November 2000.

Preventive Health Behaviors

- Three-fourths (75%) of Lucas County adults reported always wearing a seatbelt in the car with an additional 13% who reported they used seatbelts most of the time.
- Smoke detectors had been deliberately tested in homes by 75% of Lucas County adults in the past year. Approximately 3% reported having no smoke detectors in their Lucas County home.
- Two-fifths (40%) of adults had a carbon monoxide detector in their home.

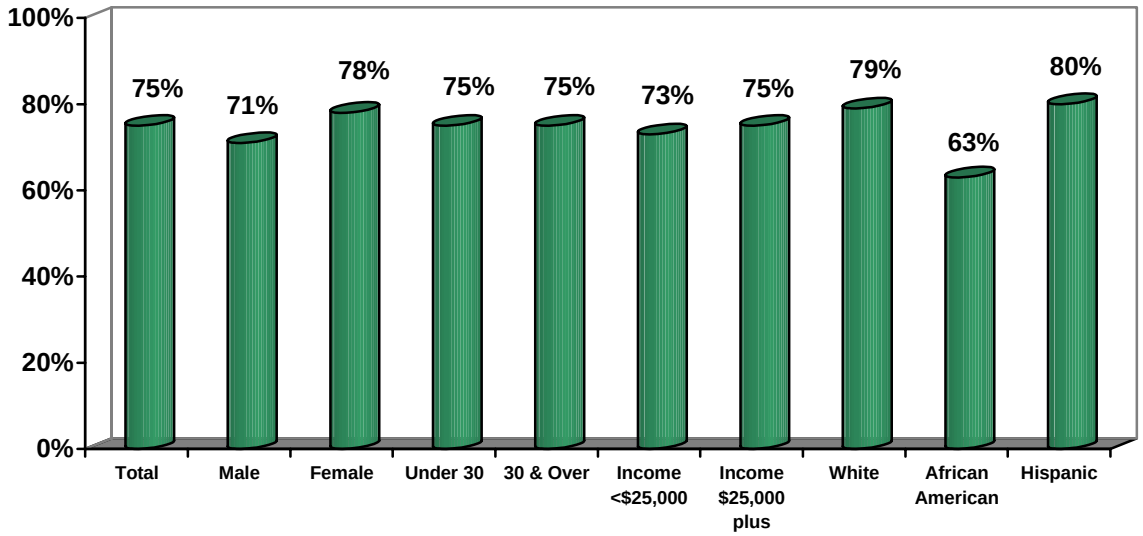
Lucas County Adults Having Discussed Healthcare Topics With Their Healthcare Professional in the Past 12 Months

HEALTHCARE TOPICS	Total Sample
Dieting or Eating Habits	37%
Physical Activity or Exercise	41%
Injury Prevention Such As Safety Belt Use & Helmet Use	8%
Drug Use	6%
Alcohol Use	9%
Alcohol Use When Taking Prescription Drugs	11%
Quitting Smoking	11%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	11%
Depression, Anxiety, or Emotional Problems	16%
Domestic Violence	4%

Adult Preventive Health Behaviors

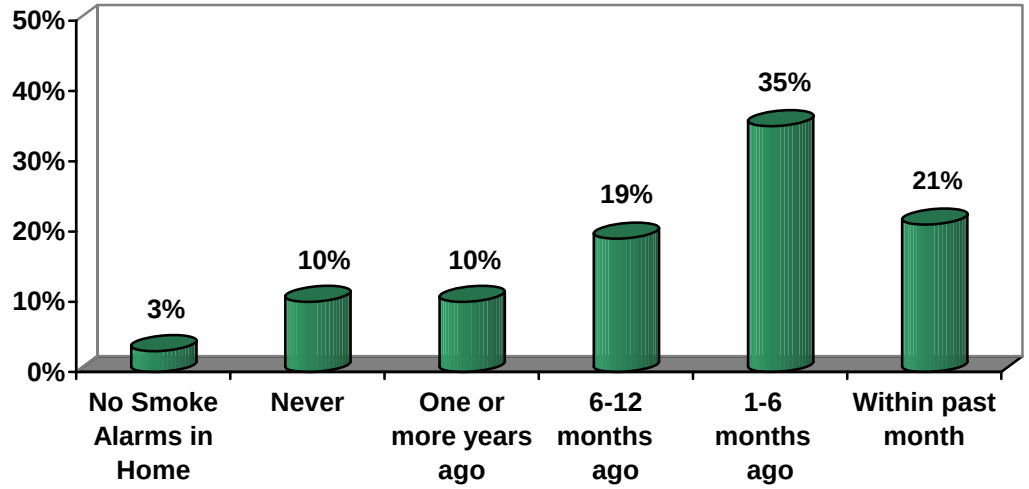
The following graphs show Lucas County adult seatbelt use and those who had checked household smoke alarms. The graphs show the number of adults in each segment giving each answer (i.e., the first graph shows that 75% of all Lucas County adults always used a seatbelt when driving or riding in a car).

Lucas County Adults Always Wearing Their Seatbelt



Respondents were asked: "How often do you use seatbelts when you drive or ride in a car?"

Lucas County Adults Testing All Household Smoke Alarms



Respondents were asked: "When was the last time you or someone else deliberately tested all of the smoke alarms in your home?"

Adult Sexual Behavior and Pregnancy Outcomes

Key Findings

In 2007, over two-thirds (70%) of Lucas County adults had sexual intercourse. Ten percent of adults had more than one partner in the past year. Although often drastically underestimated, sexually transmitted infections (STIs or STDs) are one of the most common infections nationwide. Studies have shown that by age 24, one in three sexually active people will have contracted an STI. *(Source: Planned Parenthood Federation of America, Inc.)*

Adult Sexual Behavior

- Over two-thirds (70%) of Lucas County adults had sexual intercourse in the past year.
- 10% of adults reported they had intercourse with more than one partner in the past year, increasing to 21% of those under the age of 30.
- 6% of adults had been in situations in the past year that put them at greater risk for HIV increasing to 12% of those under the age of 30 and 12% of those with incomes less than $25,000. This includes using intravenous drugs, having been treated for an STD, given or received money or drugs in exchange for sex, and/or had anal sex without a condom.
- Lucas County adults used the following methods for birth control: tubes tied (15%), condoms (12%), birth control pill (12%), hysterectomy (10%), vasectomy (10%), withdrawal (7%), rhythm (2%), IUD (2%), and Depo-Provera (2%).
- Reasons adults were not using birth control were: they wanted to get pregnant (7%), they did not want to use birth control (6%), they did not think they could get pregnant (6%), they cannot pay for birth control (3%), and their partner did not want to use any (1%). Over one third (36%) of adults answered they were not using birth control for some other reason.
- Almost one in five (19%) of adults engaged in sexual activity following alcohol or other drug use that they would not have done if sober.
- 9% of adults were forced to have sexual intercourse when they did not want to, increasing to 14% of females, 13% of African Americans, and 13% of those with incomes less than $25,000.

Facts About Sexually Transmitted Infections (STI) In The U.S.

- In 2000, nearly two-thirds of all STIs occurred in people less than 25 years of age.
- From 1987-2003, overall, the incidence of STIs was rising in the U.S., yet, Chlamydia had declined in some areas that had screening and treatment programs.
- In 2002, the CDC reported that Chlamydia infections were the most commonly reported STI in the U.S.
- The CDC has reported that nearly 40% of women with untreated Chlamydia will develop pelvic inflammatory disease (PID) and approximately 20% of women with PID will become infertile.
- Young adults today are more likely to have multiple sexual partners during their lifetimes due to early initiation of sex, marrying later in life, and the increase in divorces.
- Many STIs are asymptomatic and can go undetected in both men and women.
- Some STIs are more common among African Americans and Hispanic individuals, including syphilis and gonorrhea.

(Source: CDC, Tracking the Hidden Epidemics: Trends in STDs in the United States 2000, CDC, CDC Sexually Transmitted Disease Surveillance 2003 Supplement,, and Planned Parenthood Federation of America, Inc.)

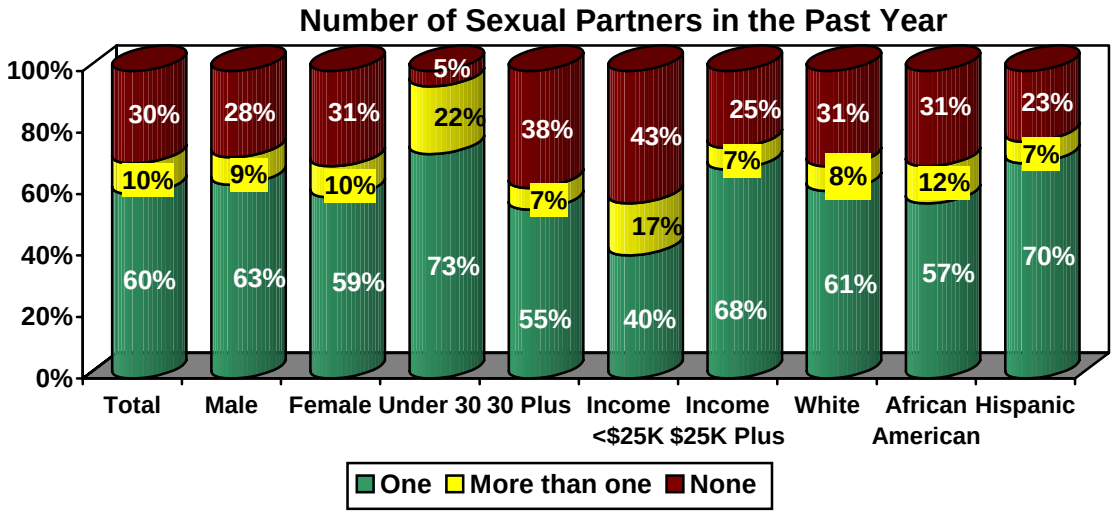
Ways to Have Safer Sex

- Being honest with your partner
- Protect yourself and your partner from body fluids
- Sexual play without intercourse can be enjoyable and safer than intercourse.
- Ask questions about partner's history (drugs, sexual partners, and whether or not they've been tested)
- Get the correct treatment if you become infected
- Getting tested regularly for HIV/AIDS and other sexually transmitted diseases

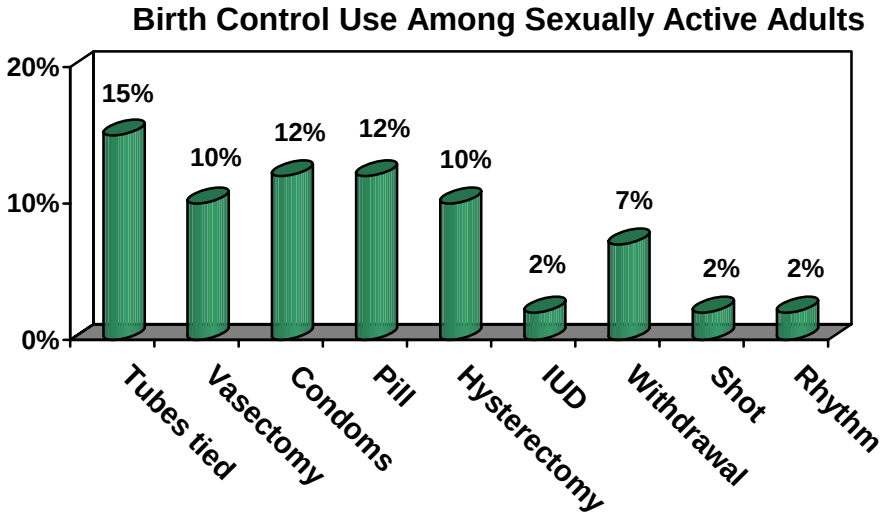
(Source: Planned Parenthood: Preventing STIs/STDs, http://www.plannedparenthood.org/sexual-health/std/preventing-stis-stds.htm)

Adult Sexual Behavior and Pregnancy Outcomes

The following graphs show the sexual activity of the Lucas County adults and the percentage that used various forms of birth control. Examples of how to interpret the information in graph one include: 60% of all Lucas County adults had one sexual partner in the last 12 months and 10% had more than one, and 63% of males had one partner in the past year.



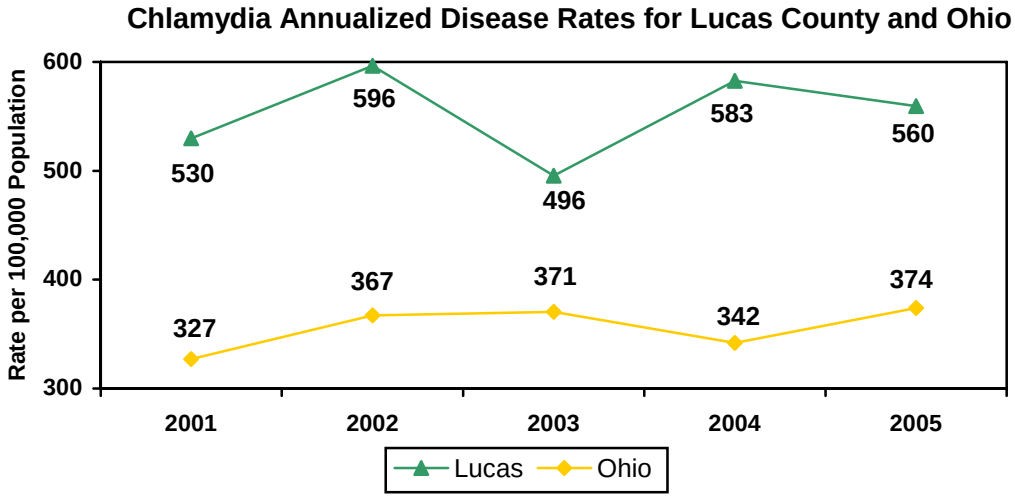
Respondents were asked:
"During the past 12 months, with how many different people have you had sexual intercourse?"

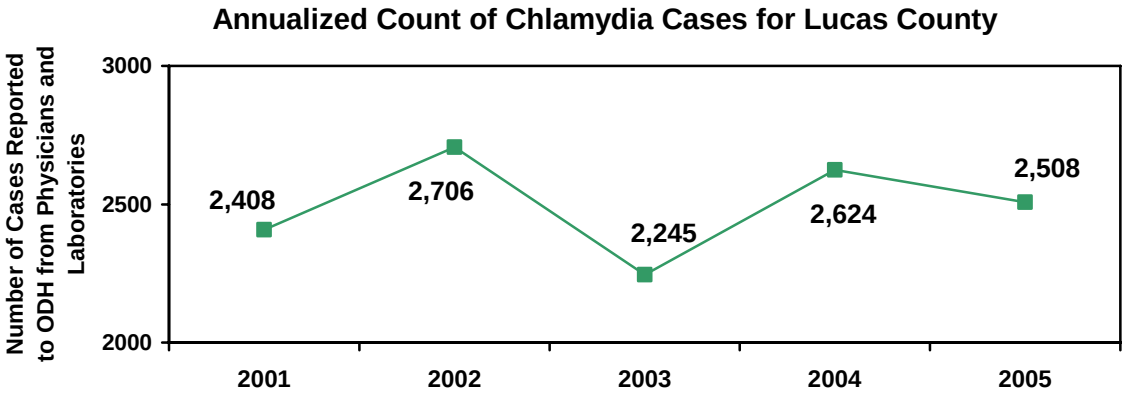


Adult Sexual Behavior and Pregnancy Outcomes

The following graphs show Lucas County Chlamydia and gonorrhea disease rates per 100,000 population updated March 1, 2007 by the Ohio Department of Health. The graphs show that:

- Lucas County Chlamydia rates decreased in 2003 only to increase in 2005. These rates remained well above the state rates.
- In 2005, the U.S. Chlamydia rate was 332.5 cases per 100,000 population. (Source: CDC, STD Surveillance System)

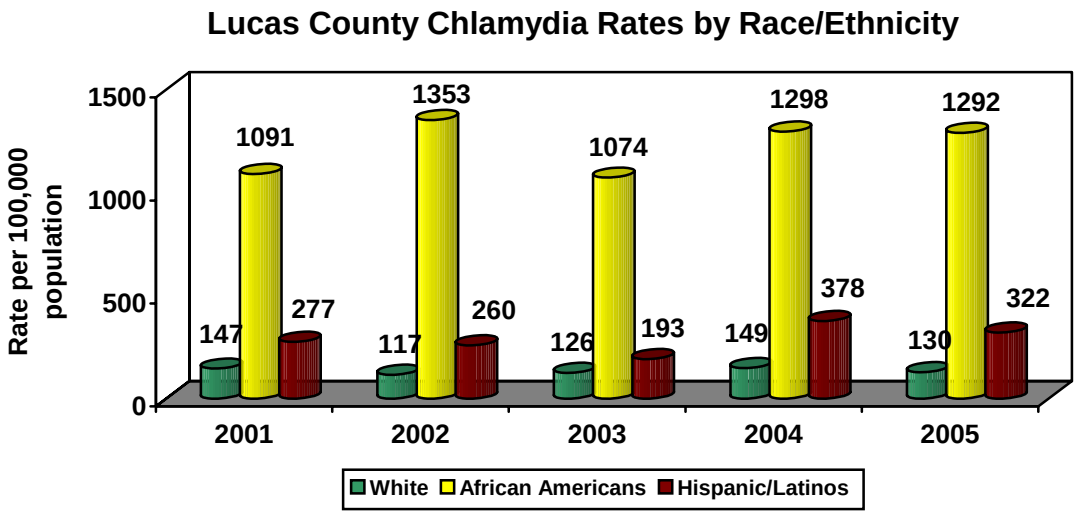


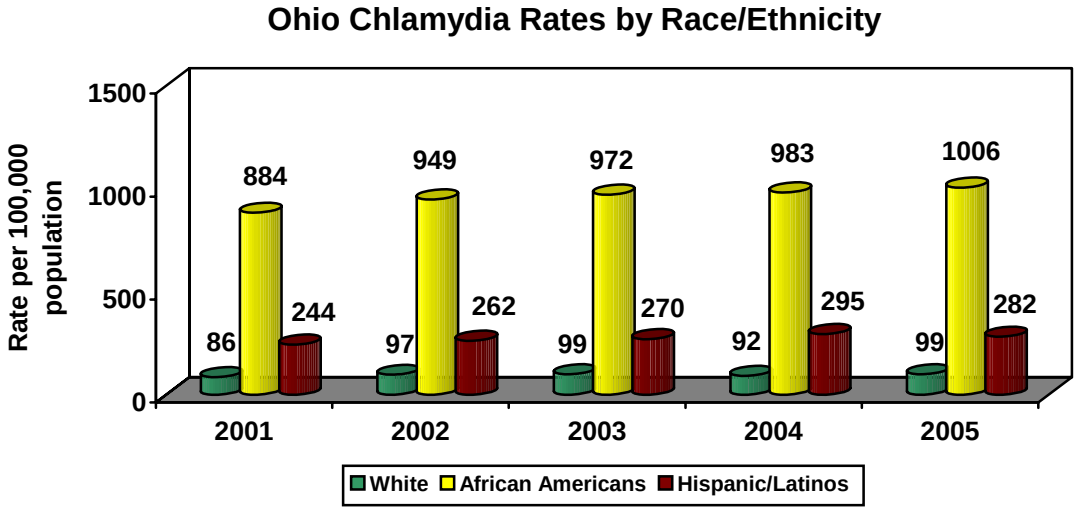


(Source: ODH Information Warehouse Updated 3-1-07)

Adult Sexual Behavior and Pregnancy Outcomes

- In 2005, the Ohio Chlamydia rate for African Americans was almost ten times the rate reported for Whites and almost five times for Hispanics. The Hispanic rate was almost three times the rate of Whites.
- In 2005, the U.S. White Chlamydia rate was 152 per 100,000 population, for African Americans it was 1,247 per 100,000 and for Hispanic/Latinos the national rate was 459 per 100,000. *(Source: CDC, STD Surveillance System)*

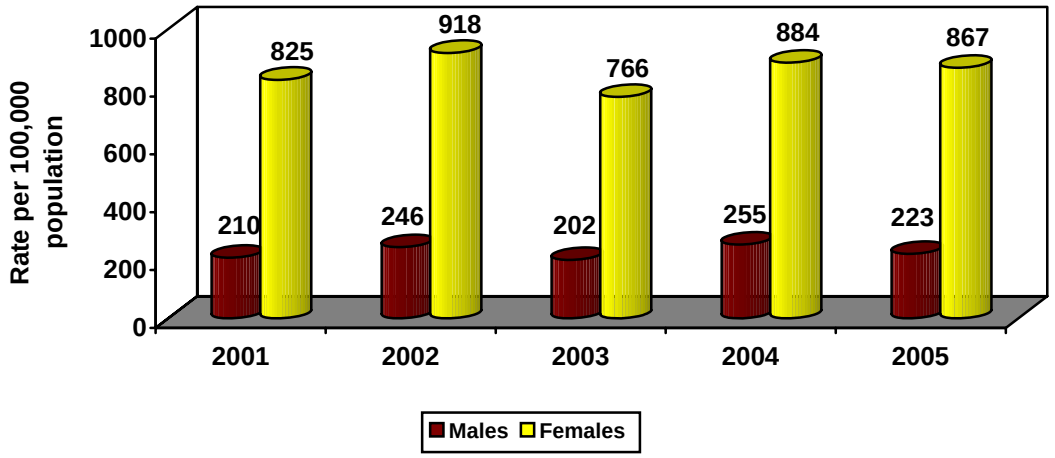




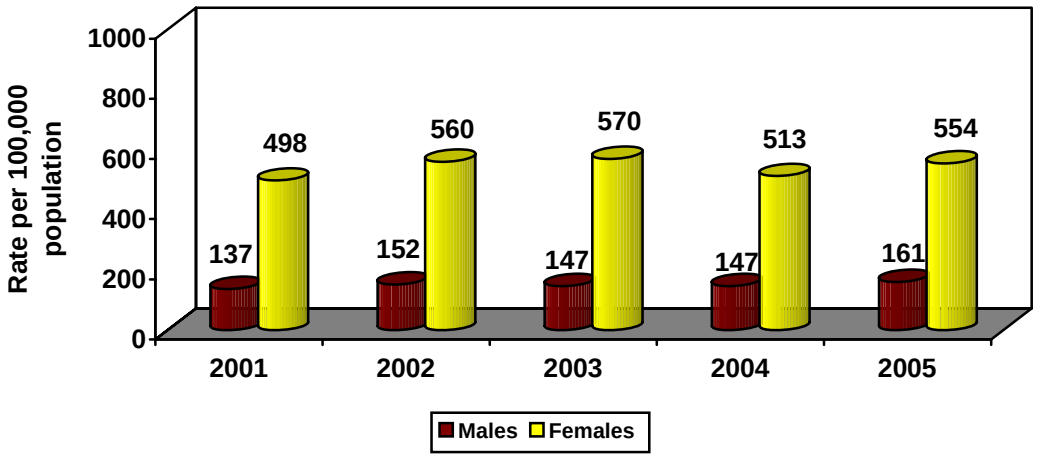
Adult Sexual Behavior and Pregnancy Outcomes

- In 2005, the Lucas County Chlamydia rate for females was higher than the rate for males, and was well above the Ohio rate for the same time period.
- The three-year average (2001-2003) Chlamydia rate for Lucas County females ages 15-24 was 4,503 per 100,000 population compared to 2,842 per 100,000 for Ohio.
- In 2005, the U.S. female Chlamydia rate was 496.5 per 100,000 population and the male rate was 161. (Source: CDC, STD Surveillance System)

Lucas County Annualized Chlamydia Rates By Gender



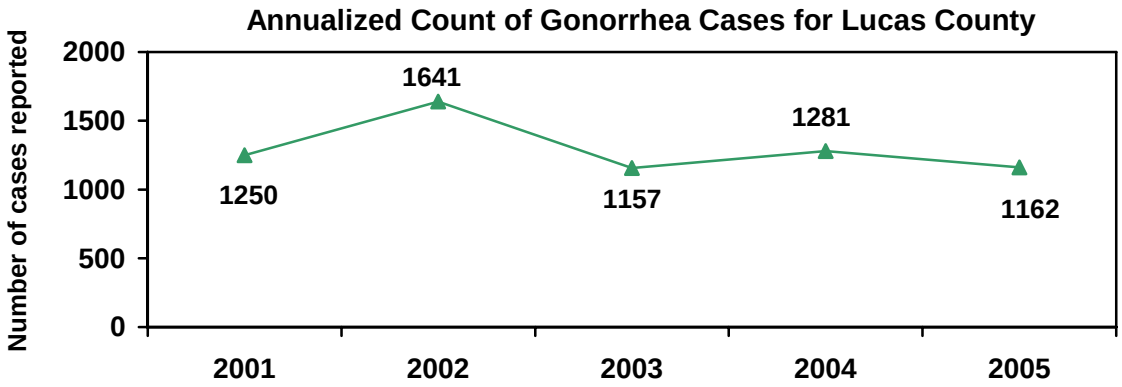
Ohio Annualized Chlamydia Rates By Gender

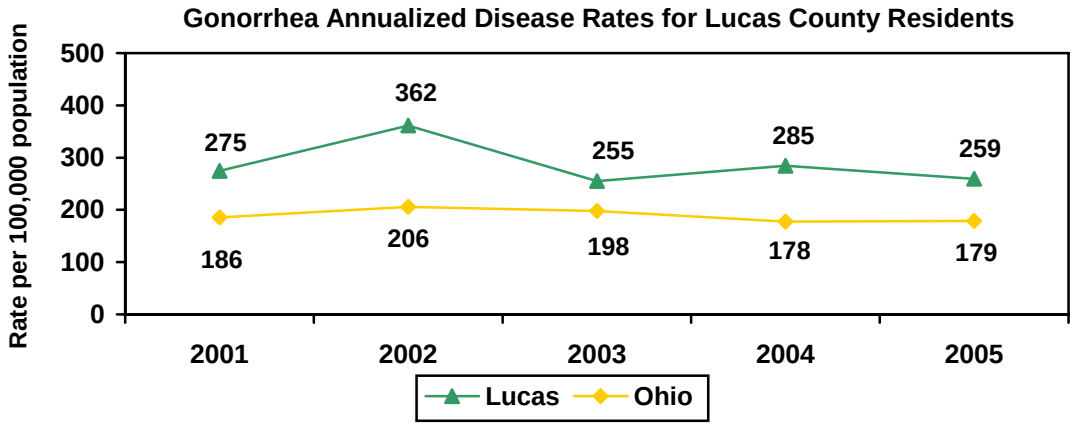


(Source for Graphs: ODH Information Warehouse)

Adult Sexual Behavior and Pregnancy Outcomes

- The Lucas County gonorrhea rate fluctuated between 2001 and 2005.
- The Ohio gonorrhea rate increased from 2001 to 2002 and then decreased slightly through 2004.
- In 2005, the U.S. gonorrhea rate for the total population was 116 per 100,000 population. (Source: CDC, STD Surveillance System)
- The Healthy People 2010 objective for gonorrhea is 19.0 new cases per 100,000 population.



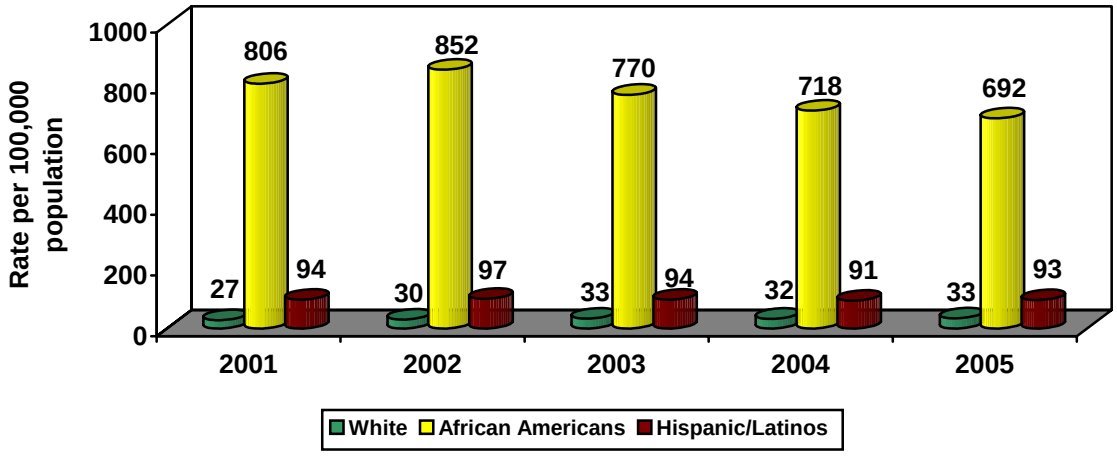


(Source for graphs: ODH Information Warehouse)

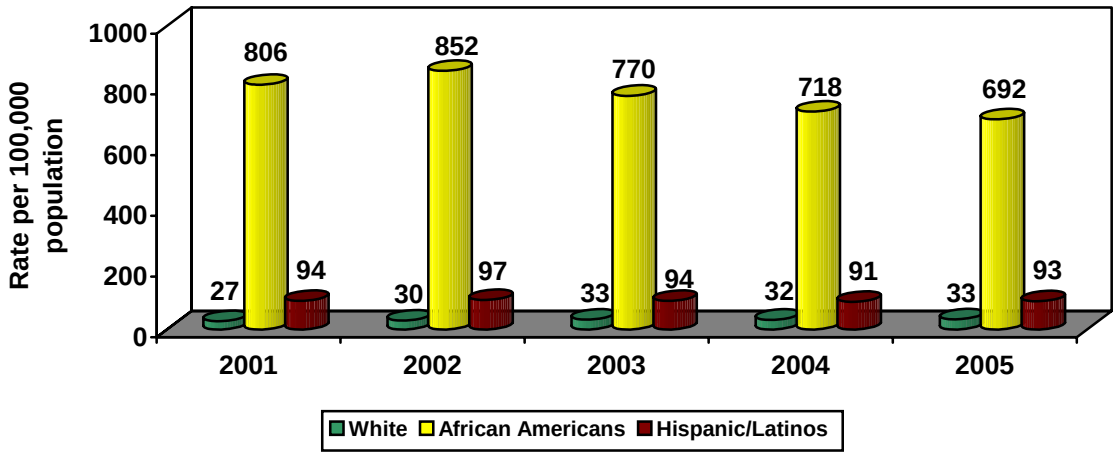
Adult Sexual Behavior and Pregnancy Outcomes

- From 2001 to 2005, the Ohio gonorrhea rate for African Americans was much higher than the rate reported for Whites or Hispanic/Latinos. (Source: ODH Information Warehouse)
- In 2005, the U.S. White gonorrhea rate was 35 per 100,000 population, 626 for African Americans, and 75 per 100,000 for Hispanic/Latinos.

Lucas County Annualized Gonorrhea Rates by Race/Ethnicity



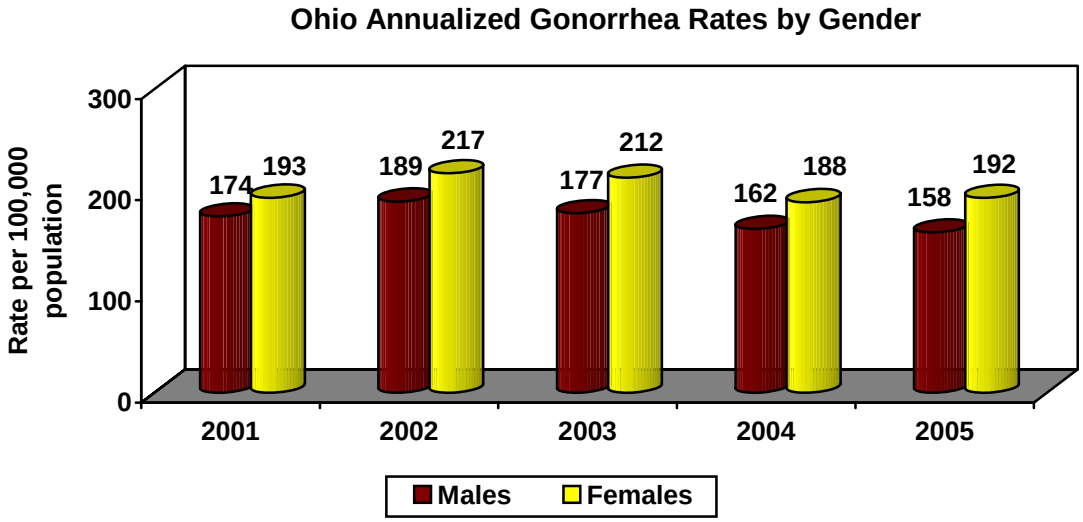
Ohio Annualized Gonorrhea Rates by Race/Ethnicity



(Source for Graphs: ODH Information Warehouse)

Adult Sexual Behavior and Pregnancy Outcomes

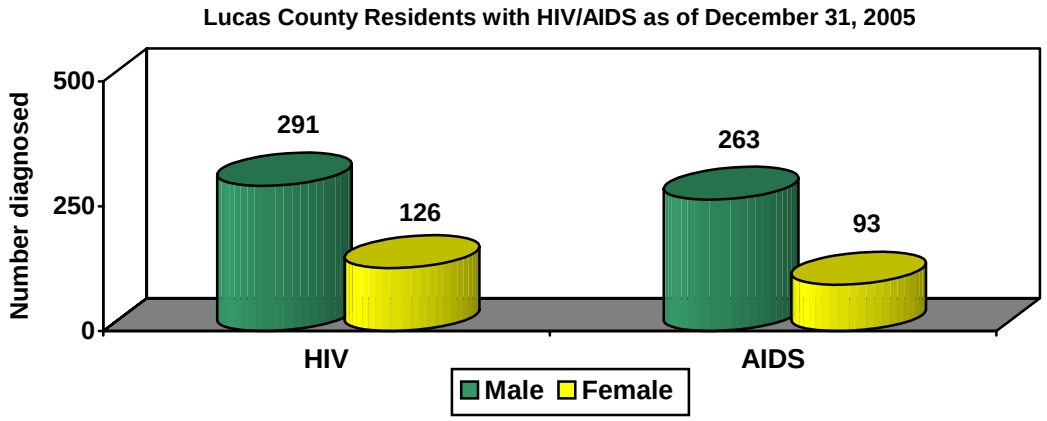
- In 2005, the U.S. female gonorrhea rate was 119 cases per 100,000 population compared to 112 cases per 100,000 for males. (Source: CDC, STD Surveillance System)

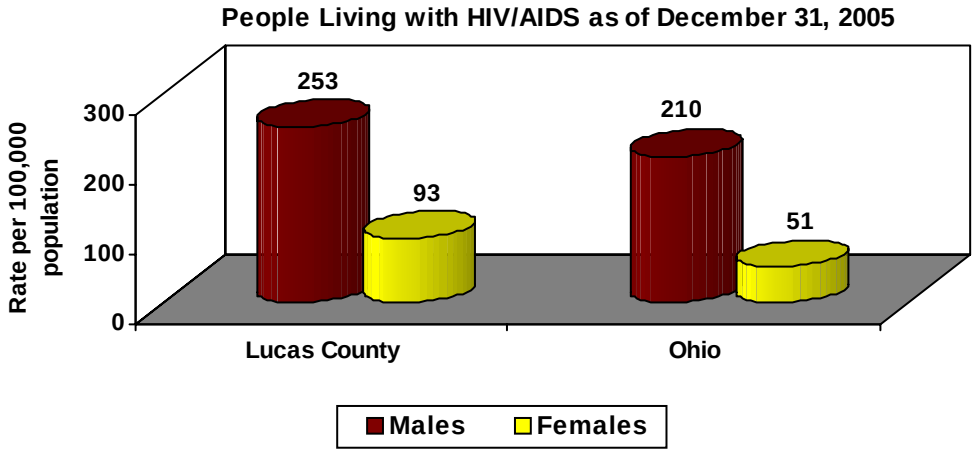


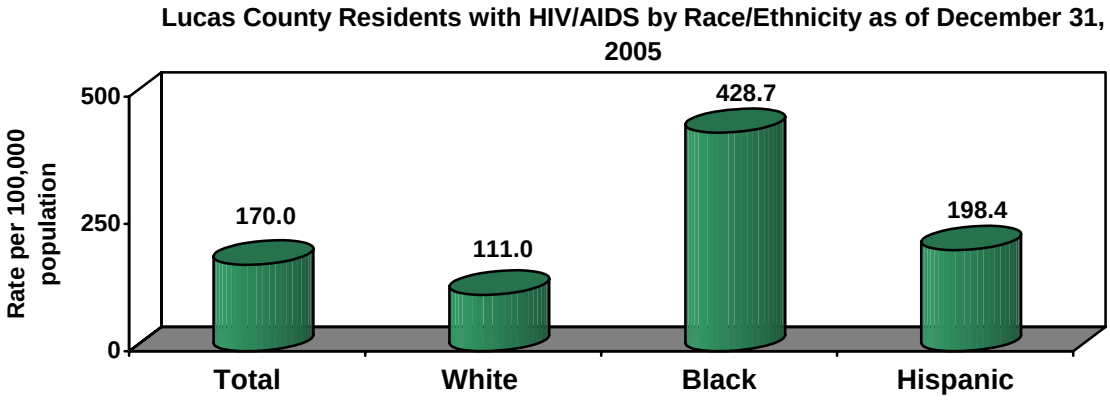
(*Source for Graph: ODH Information Warehouse)*

Adult Sexual Behavior and Pregnancy Outcomes

- In 2005, the Lucas County HIV/AIDS rate for males of 253 cases per 100,000 was nearly three times the rate of the females of 92.7 cases per 100,000 population.
- The Ohio rate of 210 per 100,000 for males living with HIV/AIDS was nearly 4 times as great as the female rate of 51.2 cases per 100,000 population in 2005.(*Source: ODH HIV/AIDS Surveillance Program)*







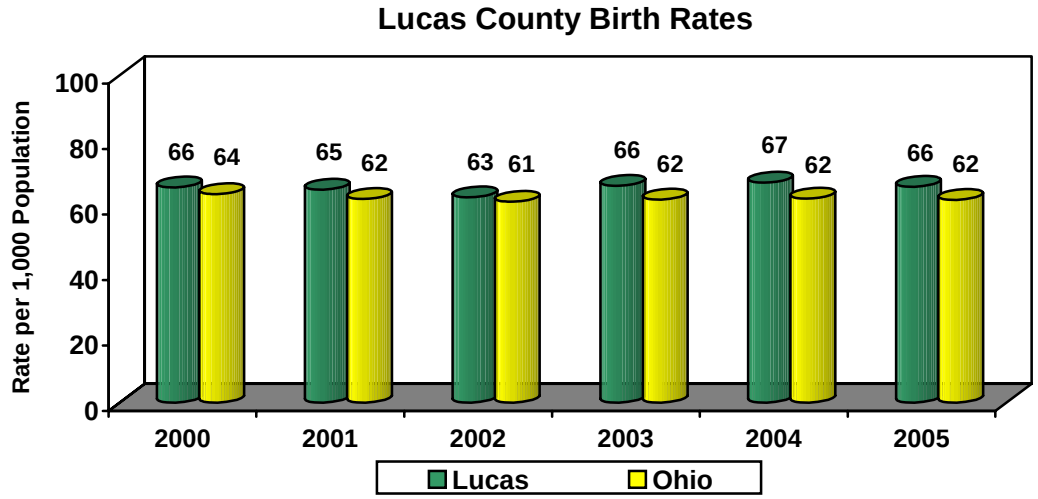
(Source for graphs: ODH HIV/AIDS Surveillance Program)

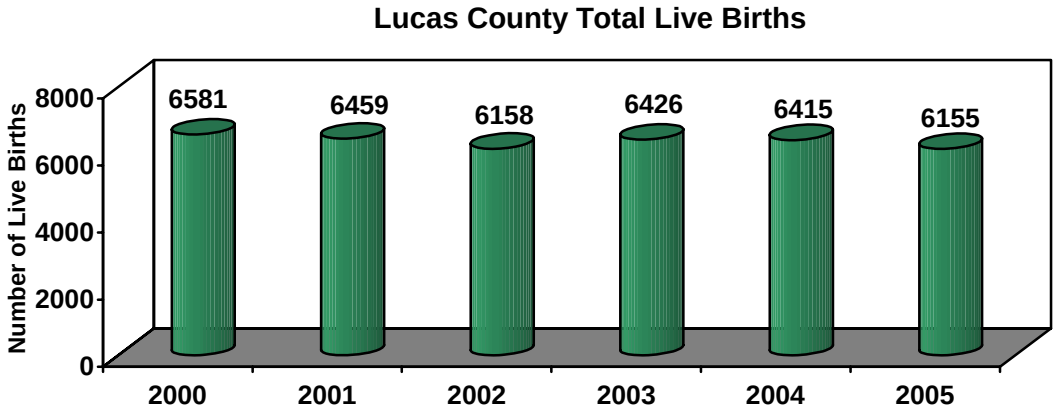
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

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

- From 2000-2005, there was an average of 6,366 live births per year in Lucas County.
- In 2004, the U.S. birth rate was 14 per 1,000 women.
- The fertility rate was 66 per 1,000 women aged 15-44 years old in 2004. *(Source: National Center for Health Statistics 2004)*





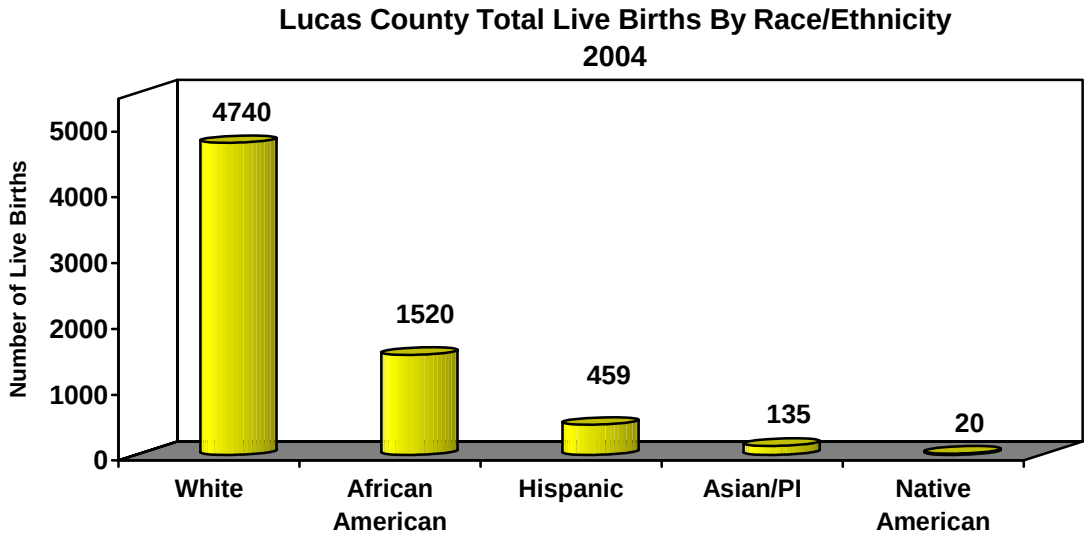
(Source: ODH Information Warehouse)

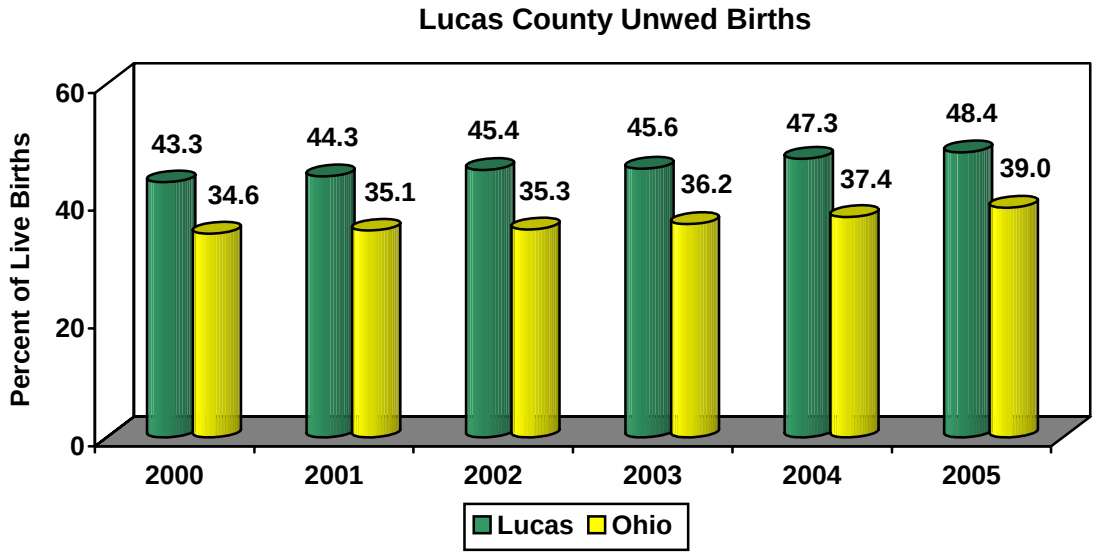
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

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

- In 2004, 35.8% of U.S. births were to unwed mothers *(Source: National Center for Health Statistics 2004)*.





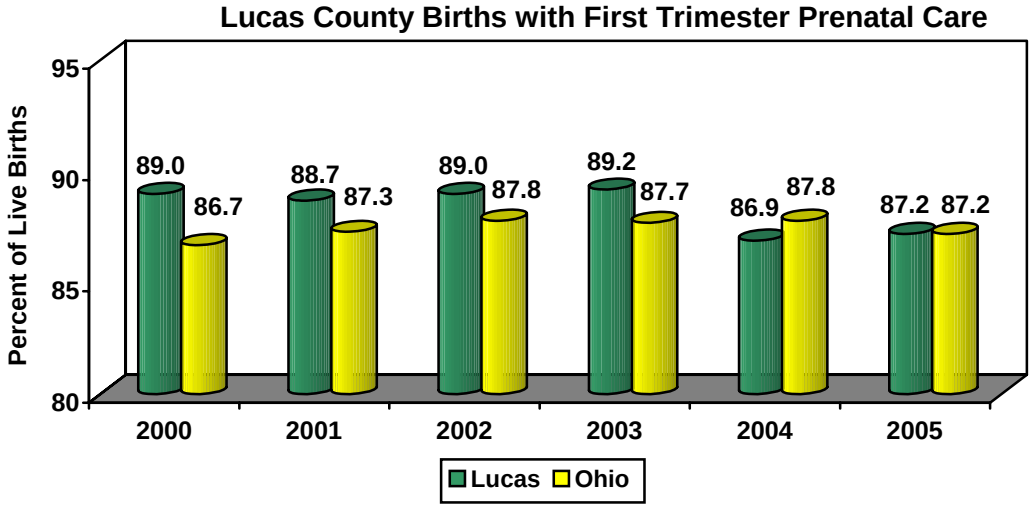
(Source for Graphs: ODH Information Warehouse)

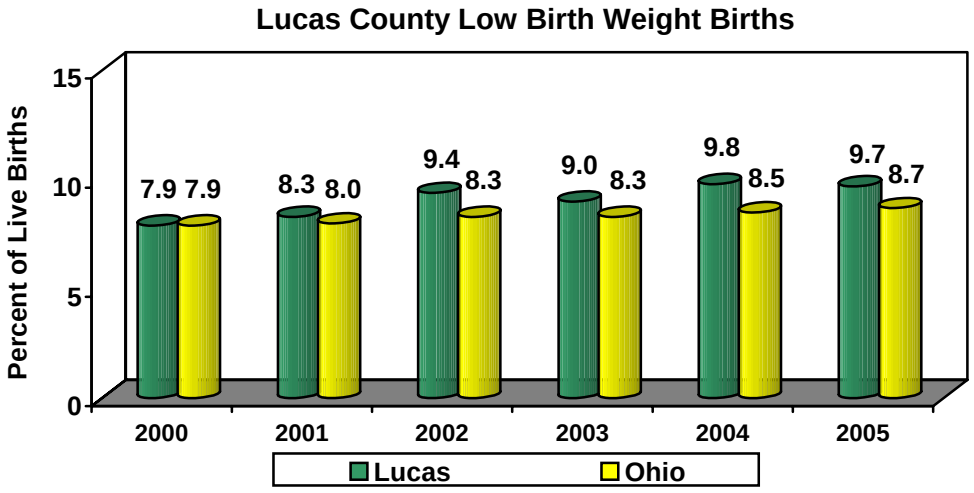
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

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

- In 2004, 84% of U.S. mothers received prenatal care during the first three months of pregnancy *(Source: National Center for Health Statistics 2004)*.
- In 2004, 8.1% of all U.S. live births were low birth weight births *(Source: National Center for Health Statistics 2004)*.





Low Birth Weight: < 2,500 grams

(Source for Graphs: ODH Information Warehouse)

Quality of Life and Safety

Key Findings

Over two-fifths (42%) of Lucas County adults in 2007 reported they had a major impairment or health problem that limited their activities. The health assessment identified that 20% of Lucas County adults kept a firearm in or around their home.

Quality of Life and Safety Facts

- In 2000, due to a lack of resources, 11% of U.S. households did not have enough food and 32% of those who did not have enough food were categorized as "hungry", indicating they had experienced physical symptoms of hunger.
- 57% of homeless adults in Ohio who live in rural areas are women.
- In the U.S., nearly 25% of women have been raped and/or physically assaulted by an intimate partner at some point in their lives and more than 40% of the women who experience partner rapes and physical assaults sustain a physical injury.
- Between the years of 1981 and 1998, firearms were the weapon type used most often in intimate partner homicides.
- Firearms caused 63% of Ohio homicides between 1996 and 1998. (Sources: U.S. Department of Agriculture, Coalition on Homelessness and Housing in Ohio, CDC: National Center for Injury Prevention and Control, 2000)

Impairments and Health Problems

- Over two-fifths (42%) of Lucas County adults had a major impairment or health problem that limited their activities, increasing to 54% of those with incomes less than $25,000 and 52% of African Americans.
- The following were reported as the most limiting health problems: back or neck problems (18%), arthritis (16%), and walking problems (9%).
- 11% of adults with an impairment or healthcare problem need the help of others in handling their routine needs, such as everyday household chores, doing necessary business, shopping, or getting around.
- Over half (57%) of adults felt they did not get enough rest or sleep on four or more days in the past month, increasing to 70% of those under the age of 30.

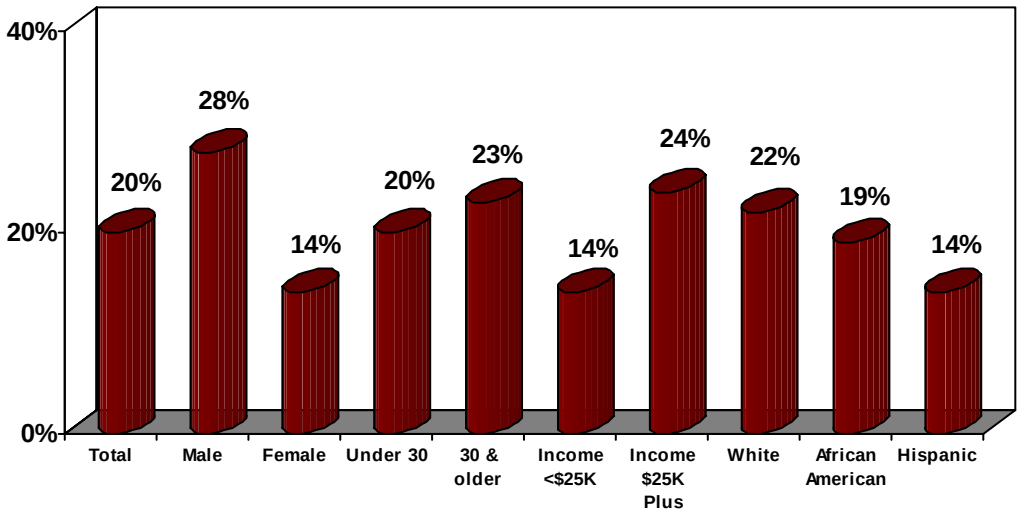
Social Context

- One-fifth (20%) of Lucas County adults kept a firearm in or around their home. 8% of adults reported their firearms were unlocked and/or loaded.
- Of those who had firearms in their home, 39% had them for hunting/sport, 25% had them for protection, 15% had them for hunting/sport and protection, 7% had them for work, and 12% had them for some other reason.
- When asked how safe from crime Lucas County adults considered their neighborhood to be, 13% said extremely safe, 52% said quite safe, 26% said slightly safe, and 7% said not safe at all.
- Those who considered their neighborhood to be extremely or quite safe were:
  - Whites (75% compared to 59% of Hispanics and 27% of African Americans)
  - Those with incomes more than $25,000 (74% compared to 49% of those with incomes less than $25,000)
  - Males (72% compared to 60% of females)
- Lucas County adults would have a problem getting the following if they needed them today: someone to loan them $50 (18%), someone to help them if they were sick and needed to be in bed (16%), someone to talk to about their problems (15%), and someone to take them to a doctor's office (14%).
- In the past month, 14% of adults were concerned about having enough food for themselves or their family, increasing to 31% of those under the age of 30 and 29% of those with incomes less than $25,000.
- One fifth (20%) of these adults looked for assistance in getting food but did not get any. 29% did not look for assistance. 17% received assistance from a friend of family member, 15 % from the welfare department, 5% from a church, and 1% from First Call for Help.
- Lucas County adults reported the following environmental factors had threatened their family's health in the past year: mold (10%), insects (9%), temperature regulation (8%), rodents (6%), plumbing problems (5%), sewage/waste water problems (3%), chemicals found in household products (2%), safety hazards/structural problems (1%), unsafe water supply (1%), lead paint (1%), and asbestos (1%).
- Two-thirds (66%) of adults experienced stressful situations. For more detailed information, see table on page 2 of this section.

Quality of Life and Safety

The following graph shows the percentage of Lucas County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 20% of all Lucas County adults kept a firearm in their home, 28% of males, and 20% of those under 30 kept a firearm in their home.

Lucas County Adults With a Firearm in the Home



Lucas County Adults Experienced the Following Situations:

	Percent (%)
Family member had to go into the hospital	40%
Could not pay their bills	27%
Someone close to them had a problem with drinking or drugs	13%
Someone in their household lost their job	12%
They moved to a new address	8%
Someone in their household went to jail	4%
They were in a physical fight	2%
They were separated or divorced	2%
They were hit/slapped by spouse or partner	1%
Their child was hit/slapped by spouse or partner	1%

Firearm Trauma

- Firearm injuries are the second leading cause of injury death in the U.S.
- Firearms in a home double the risk of homicides and suicides in those homes.
- The majority (57%) of gun deaths in the U.S are suicides.
- Firearms are involved in 70% of teen homicides.
- 83% of the public do not want concealed weapons carried in public places.

(*Source: Dr. Price, Firearms Trauma Presentation, 2005)*

Quality of Life and Safety

Estimated Poverty Status in 2004

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Lucas County				
All ages in poverty	64,840	50,723 to 78,957	14.7%	11.5 to 17.9
Ages 0-17 in poverty	24,198	18,144 to 30,252	21.3%	16.0 to 26.7
Ages 5-17 in families in poverty	15,097	10,740 to 19,454	18.7%	13.3 to 24.1
Median household income	$40,277	$37,992 to 42,700		
Ohio				
All ages in poverty	1,313,682	1,229,892 to 1,397,472	11.7%	10.9 to 12.4
Ages 0-17 in poverty	463,954	422,900 to 505,009	16.8%	15.3 to 18.3
Ages 5-17 in families in poverty	288,329	253,096 to 323,562	14.5%	12.7 to 16.3
Median household income	$43,371	$42,128 to $44,614		
United States				
All ages in poverty	37,039,804	36,359,662 to 37,719,946	12.7%	12.5 to 13.0
Ages 0-17 in poverty	13,041,492	12,694,086 to 13,388,898	17.8%	17.3 to 18.3
Ages 5-17 in families in poverty	8,430,886	8,142,299 to 8,719,473	16.2%	15.6. to 16.7
Median household income	$44,334	$44,012 to 44,656		

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, http://www.census.gov/hhes/www/saipe/county.html

Federal Poverty Thresholds in 2006 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	$10,488					
1 Person 65 and >	$9,669					
2 People Householder <65	$13,500	$13,896				
2 People Householder 65 and >	$12,186	$13,843				
3 People	$15,769	$16,227	$16,242			
4 People	$20,794	$21,134	$20,444	$20,516		
5 People	$25,076	$25,441	$24,662	$24,059	$23,691	
6 People	$28,842	$28,957	$28,360	$27,788	$26,938	$26,434
7 People	$33,187	$33,394	$32,680	$32,182	$31,254	$30,172
8 People	$37,117	$37,444	$36,770	$36,180	$35,342	$34,278
9 People or >	$44,649	$44,865	$44,269	$43,768	$42,945	$41,813

Source: U. S. Census Bureau, Poverty Thresholds 2006, www.census.gov/hhes/www/poverty/threshld/thresh06.html

Mental Health

Key Findings

In 2007, 26% of Lucas County adults reported their mental health was not good for more than four days out of the previous month. One percent reported attempting suicide.

Mental Health and Suicide Facts

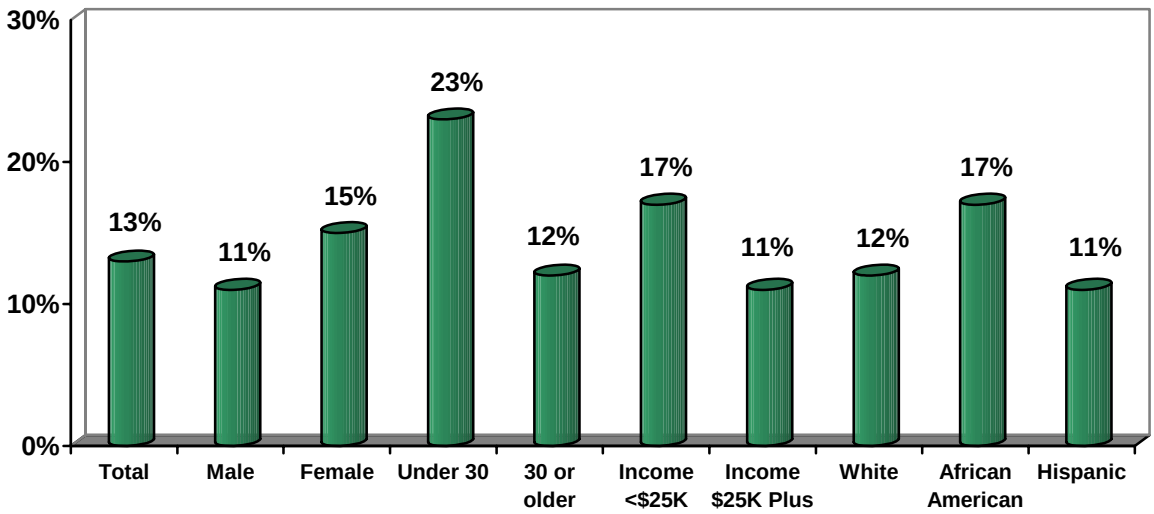
- For youth ages 15 to 24, suicide is the 3rd leading cause of death.
- Firearms were used in 54% of U.S. youth suicides in 2001.
- In 2001, 73% of adults over the age of 65 used firearms to commit suicide.
- In 2005, just over 18% of Ohio high school youth indicated that they had seriously considered attempting suicide in the past 12 months with more females (22%) considering suicide than males (15%).
- 9% of Ohio high school youth actually attempted suicide in the past 12 months (11% of all females and 7% of all males). 3% of Ohio high school youth indicated that their suicide attempt required medical attention by a doctor or nurse in the past 12 months.

(Sources: CDC, National Center for Injury Prevention and Control, Suicide, 9-7-2006; YRBSS, Unintentional Injuries and Violence, 3-30-2007)

Adult Mental Health

- In 2007, 26% of Lucas County adults reported their mental health was not good for more than four days in the previous month. This number increased to 31% of those with incomes less than $25,000.
- 54% of adults had felt worried, tense, or anxious in the past 30 days, increasing to 62% of females.
- 13% of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 23% of those under the age of 30.
- One in five (20%) of adults reported they had been diagnosed with depression, increasing to 26% of females and 25% of those with incomes less than $25,000.
- 18% of adults were diagnosed with anxiety, increasing to 24% of females.
- 3% of Lucas County adults considered attempting suicide in the past year, increasing to 7% of those under the age of 30.
- 1% reported attempting suicide.

Lucas County Adults Sad or Hopeless Almost Every Day for Two Weeks or More That Stopped Doing Usual Activities



Mental Health

Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

- ❖Depression
- ❖Alcohol abuse
- ❖Aggressive or disruptive behaviors

In 2005, the *American Psychiatric Association* advises one should consult a mental health professional, parent, or school counselor if several of the following symptoms, experiences, or behaviors are present:

- ❖Depressed mood
- ❖Family loss or instability; significant problems with parents
- ❖Frequent episodes of running away or being incarcerated
- ❖Loss of interest in or enjoyment in activities that were once pleasurable
- ❖Impulsive, aggressive behavior, frequent expressions of rage
- ❖Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- ❖Difficulties in dealing with sexual orientation
- ❖Unplanned pregnancy
- ❖Withdrawal from family and friends
- ❖Substance abuse

Suicide Risk Factors

A risk factor is anything that increases the likelihood that persons will harm themselves including:

- ❖ Previous suicide attempt(s)
- ❖ History of alcohol and substance abuse
- ❖ Family history of child maltreatment
- ❖ Impulsive or aggressive tendencies
- ❖ Feeling socially isolated
- ❖ Barriers to accessing mental health treatment
- ❖ Loss (relational, social, work, or financial)
- ❖ Has easy access to lethal suicide methods (for instance, firearms)
- ❖ Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- ❖ Cultural and religious beliefs (i.e., the belief that suicide is not a resolution of a personal dilemma)
- ❖ Local epidemics of suicide
- ❖ History of mental disorders, particularly depression
- ❖ Family history of suicide
- ❖ Feelings of hopelessness
- ❖ Physical illness

(Source: CDC, National Center for Injury Prevention and Control, Suicide Fact Sheet)

Suicide Protective Factors

Protective factors defend people from the risks associated with suicide and include:

- ❖ Effective clinical care for mental, physical, and substance abuse disorders
- ❖ Easy access to a variety of clinical interventions and support for those seeking help
- ❖ Family and community support
- ❖ Support from ongoing medical and mental health care relationships
- ❖ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation instincts

(Source: CDC, National Center for Injury Prevention and Control, Suicide Fact Sheet)

Warning Signs of Suicide

Recognizing Warning Signs of Suicide in Others

- ❖ Feelings of despair or hopelessness
- ❖ Drug or alcohol abuse
- ❖ Shows signs of improvement, but in reality, relief comes from having made decision to commit suicide
- ❖Taking care of business-preparing for the family's welfare
- ❖Rehearsing suicide or seriously discussing specific suicide methods

(Source: CDC, National Depression and Manic Depression Association)

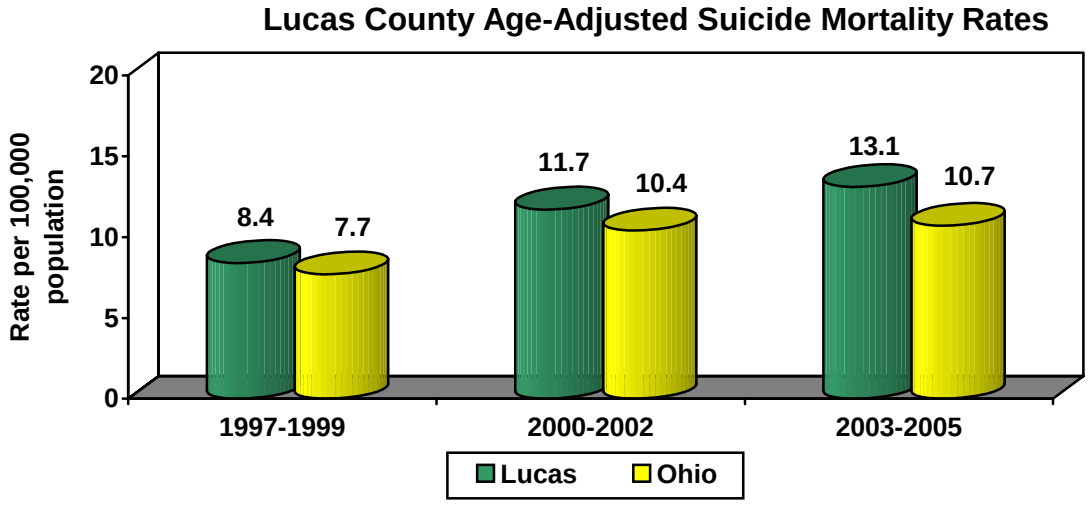
For additional resources please see:

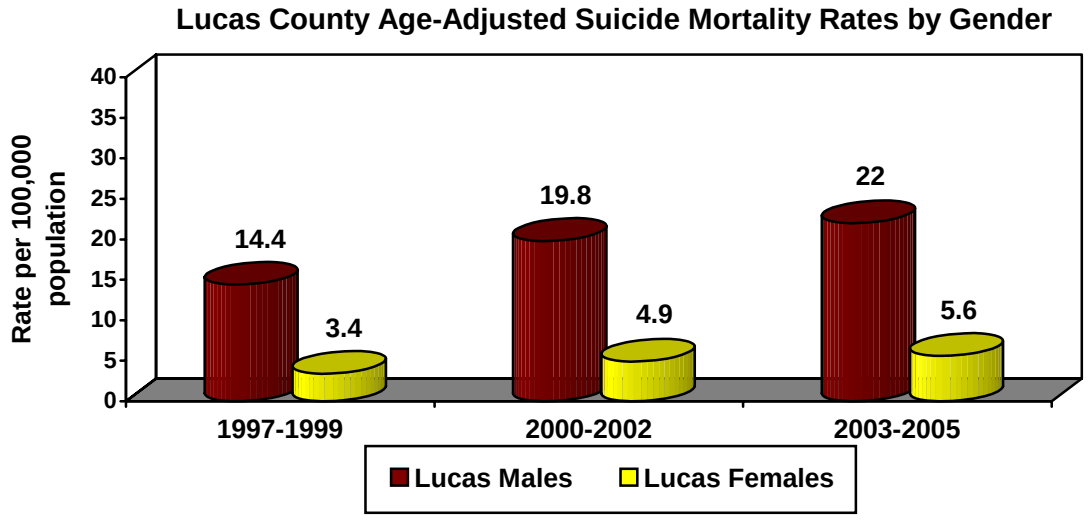
U.S. Public Health Service, *The Surgeon General's Call to Action to Prevent Suicide.* Washington, DC: 1999.
U.S. Department of Health and Human Services, *National Strategy for Suicide Prevention*. Washington, DC: 2001.

Mental Health

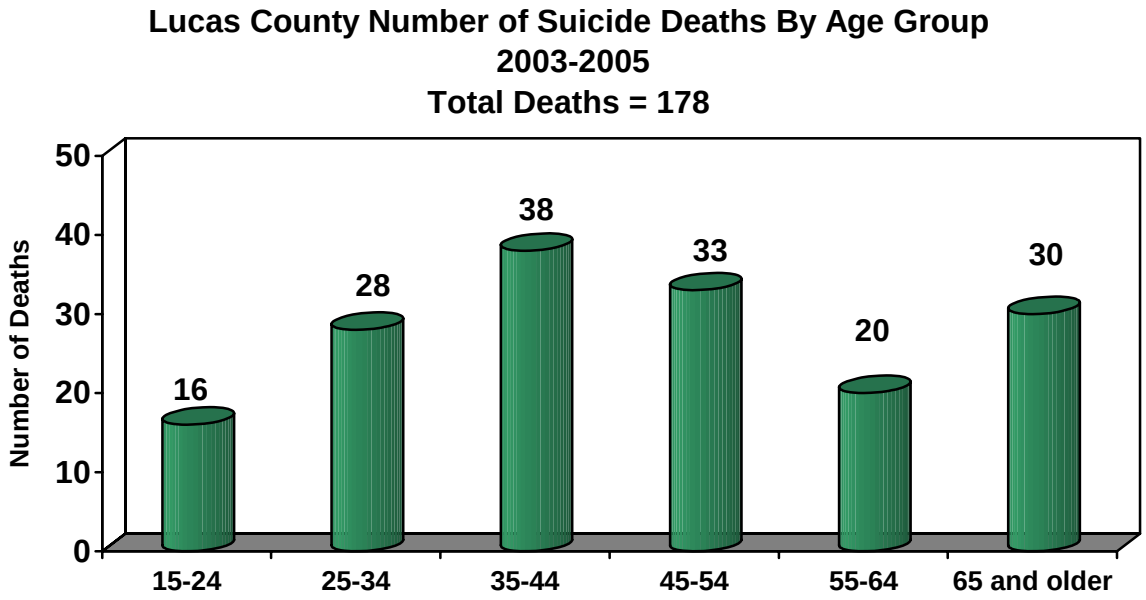
The following graphs show the Ohio and Lucas County age-adjusted suicide mortality rates per 100,000 population and the number of suicide deaths by age group for the county. The graphs show that:

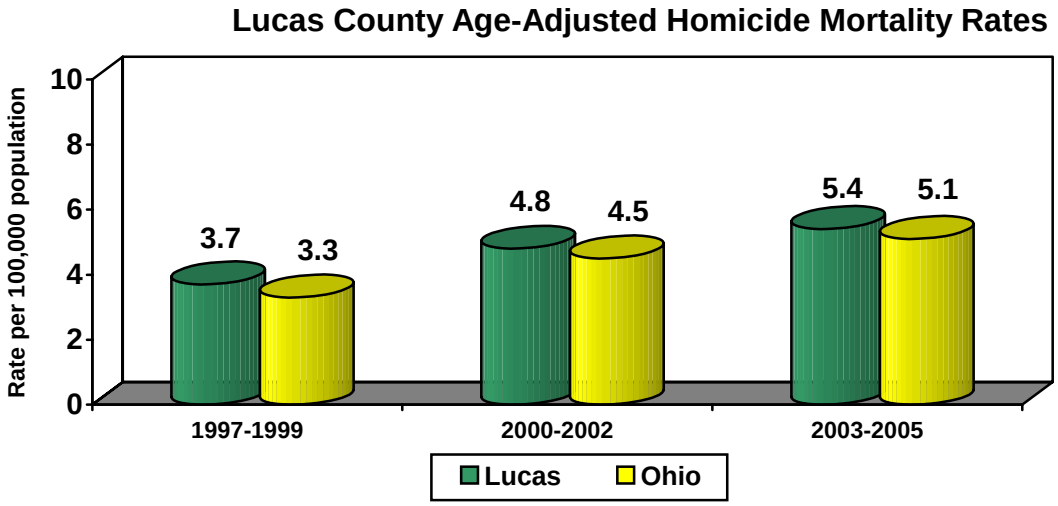
- The Lucas County and Ohio age-adjusted suicide mortality rates increased from 1997-2005.
- Lucas County male age-adjusted suicide rates far exceeded female rates for all reported years.
- From 2003-2005, 20% of all Lucas County suicide deaths occurred to those ages 45-54 years.





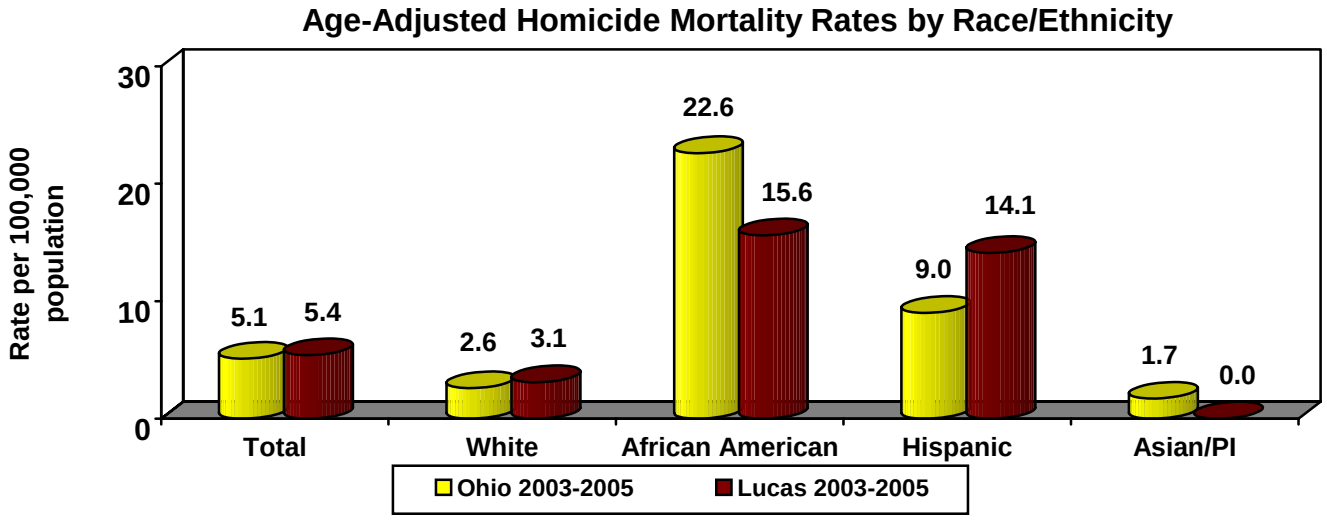
(Source: ODH Information Warehouse)

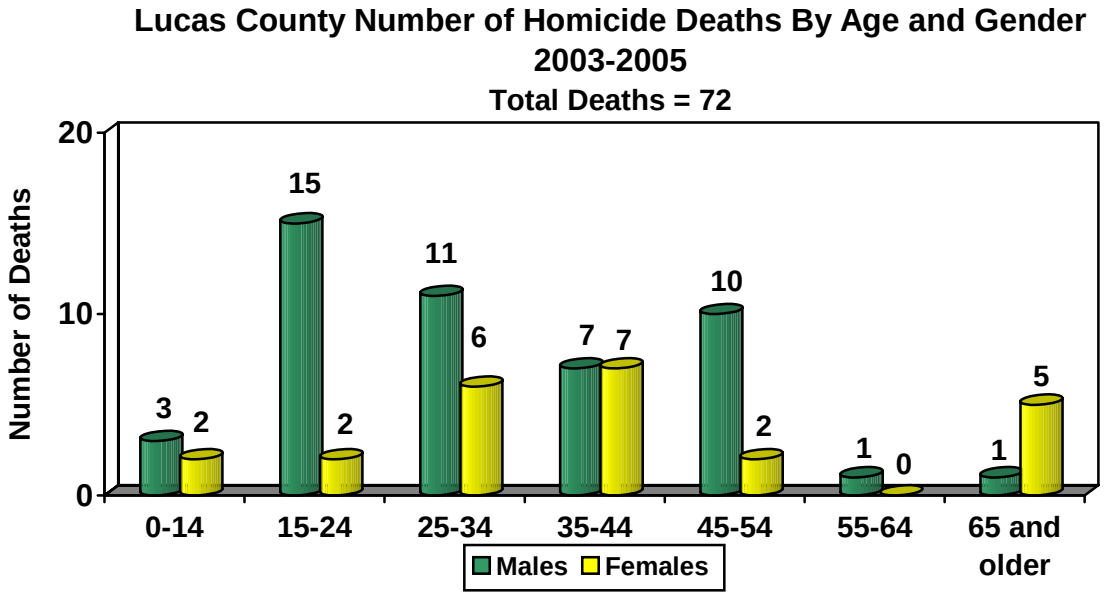




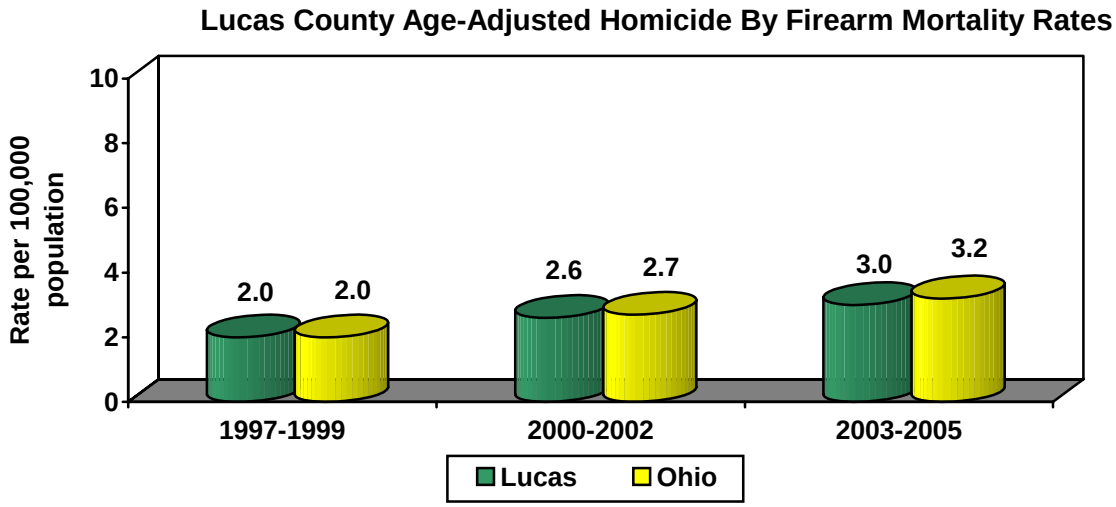
(Source for graphs: ODH Information Warehouse, updated 6-4-2007)

Mental Health





(Source: ODH Information Warehouse, updated 6-4-2007)



(Source: ODH Information Warehouse, updated 6-4-2007)

Oral Health

Key Findings

The 2007 Health Assessment project has determined that two-thirds (66%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2006 BRFSS reported rates of 70% of U.S. adults and 73% of Ohioans have been to the dentist or dental clinic in the previous twelve months.

Ways to Alleviate Dental Anxiety

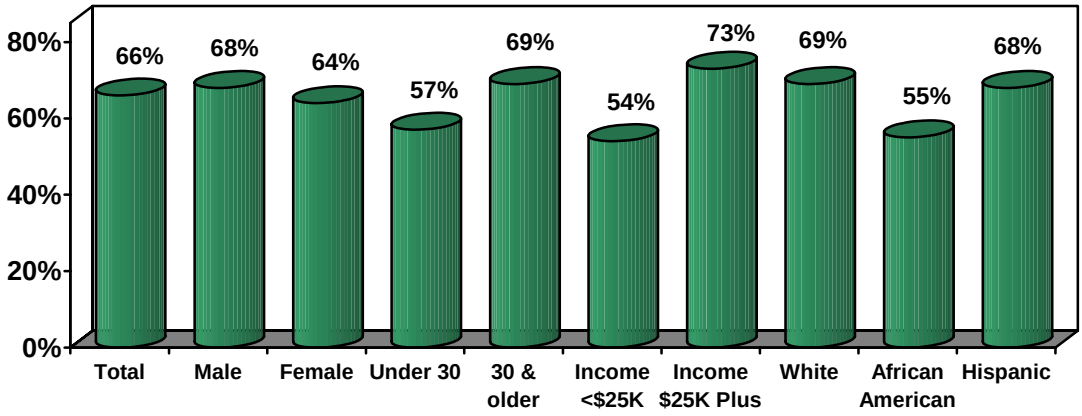
- Schedule your appointment when you are not rushed or under pressure
- If the sounds cause stress, bring headphones to listen to music
- Visualize being on a beach during your visit
- Discuss your anxiety and stress with your dentist and the dental staff

(Source: American Dental Association: Dental Anxiety)

Access to Dental Care

- In the past year, 66% of Lucas County adults had visited a dentist or dental clinic. Those least likely to have visited a dentist in the last year were adults with annual household incomes less than $25,000 (52%) and African Americans (55%).
- When asked how long it had been since their last visit to a dentist or dental clinic, 15% of Lucas County adults responded that it had been more than one year but less than two years, 9% responded that it had been more than two years but less than five years, and 8% responded it had been five or more years ago.
- When asked the main reason for not visiting a dentist in the last year, 16% said it was because of cost, 16% said they had no dental insurance, 11% said fear, apprehension, nervousness, pain, and dislike going, and 11% said they had no reason to go.

Lucas County Adults Visiting a Dentist in the Past Year



Oral Health in Older Adults

- Tooth loss is not inevitable if the teeth are taken care of with good oral health and regular dental check-ups.
- Root decay can occur when the gums recede and expose the root surface, which is softer and decays more easily than tooth enamel.
- Even if all natural teeth have been removed, regular dental appointments should be kept to examine the mouth, gums, tongue and screen for oral cancer by a dentist.
- If you are physically unable to brush your teeth because of shoulder, arm or hand pain, the dentist can suggest alternative techniques to make oral hygiene easier.
- Older adults often experience dry mouth. Dry mouth can cause sore throat, problems with speaking and swallowing, hoarseness, dry nasal passages and cavities. Persons experiencing routine dry mouth should consult their dentist to discuss methods to restore moisture.

(Source: American Dental Association: Oral Changes With Age)

Parenting

Key Findings

The 2007 Health Assessment project identified that 95% of Lucas County adults who have an infant to 4-year-old always put them in a car seat. Most (89%) children had been to the doctor for a regular check-up in the past year.

Why a child should wear a bike helmet

- Wearing a bike helmet has been shown to reduce serious head injuries by 85%
- 39% of deaths from cycling injuries occur in children under the age of 15
- Even a low speed fall on a bicycle path can cause a serious head injury.

(Source: Injury Prevention Health Unit www.healthunit.org/injury/summer/bikehel.htm)

Parenting

- In 2007, 9% of parents reported their children did not have health insurance coverage (including Medicaid) at some time in the past year. 3% reported their children did not have health insurance right now.
- Over two-fifths (43%) of parents with children under the age of 5 reported their children had been tested for lead poisoning, increasing to 67% of those with incomes less than $25,000.
- 39% of parents reported they breastfed their children longer than one month, 13% breastfed for one month or less and 41% of parents reported they did not breastfeed their children. 5% were still breastfeeding at that time.
- Lucas County parents had taken their children to the doctor in the past 12 months for the following: a regular checkup (89%), sick visit (76%), ear infection (33%), injury (20%), asthma (16%), behavioral problems (8%), head lice (1%), and poisoning (0%).
- In 2007, the health assessment indicated that 95% of Lucas County parents who have an infant to 4-year-old always put them in a car seat.
- Under half (47%) of parents use a booster seat for their children ages 5 to 8.
- In the past year, the average parent missed 1.9 days of work due to their child being ill or injured, increasing to 3.8 days for single parents.
- Over one-quarter (27%) of parents reported their children ages 5 to 11 wore a helmet every time they rode their bike. 23% of children never wore a helmet.
- Three-fifths (60%) of parents reported their children had less than one hour of unsupervised time after school on an average day. 22% had 1-2 hours of unsupervised time. 13% had 3-4 hours and 4% had four or more hours of unsupervised time after school.
- Parents thought sexual health should be provided: at home (95%), school (86%), church (40%), clubs or organizations (22%), and other places (7%).
- Parents with children ages 12 to 17 discussed the following topics with their children in the past year: dating and relationships (70%), eating habits (67%), screen time- TV or computer (62%), body image (60%), abstinence and how to refuse sex (55%), condoms, safer sex, and STD prevention (42%) and birth control (33%).
- Parents with children ages 12 to 17 discussed the following topics with their children in regards to alcohol, tobacco, and other drugs in the past year: negative effects of marijuana and other drugs (80%), negative effects of alcohol (80%), negative effects of tobacco (78%), and refusal skills (59%).

Child Passenger Safety: A four-step process

- Step 1: Rear-Facing Infant Seats in the back seat from birth to at least one year old and at least 20 lbs.
- Step 2: Forward-facing Toddler Seats in the back seat from age one and 20 lbs. to about age four and 40 lbs.
- Step 3: Booster Seats in the back seat from about age four to at least age eight, unless 4'9"
- Step 4: Safety Belts in the back seat at age eight or older or taller than 4'9"

(Source: United States Department of Transportation, NHTSA, www.nhtsa.dot.gov 9-9-05)

Parenting

The following tables show the percentages of parents who talked to their children ages 12 to 17 about the following topics: Sexual health, weight control, and alcohol, tobacco and other drugs.

Sexual Health

HEALTHCARE TOPICS	Total Sample
Dating and Relationships	70%
Abstinence and How to Refuse Sex	55%
Condoms, Safer Sex, and STD Prevention	42%
Birth Control	33%

Weight Control

WEIGHT CONTROL TOPICS	Total Sample
Eating Habits	67%
Screen Time (TV or Computer)	62%
Body Image	60%

Alcohol, Tobacco and Other Drugs

DRUG AND ALCOHOL TOPICS	Total Sample
Refusal Skills	59%
Negative Effects of Alcohol	80%
Negative Effects of Tobacco	78%
Negative Effects of Marijuana and Other Drugs	80%

Hispanic Health

Key Findings

The U.S. Office of Management and Budget (OMB) issued Directive 15 in 1977 and subsequently modified it in 1997, which established standards for the collection of data on race and ethnicity. The categories for race are: Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, Black and White. The categories for ethnicity are: Hispanic/Latino or Not Hispanic/Latino. Thus, as an example, it is possible for a person to be a black Hispanic or White Hispanic. Race does not represent biologically distinct groups, but groups of people based their physical appearance. Whereas ethnicity refers to cultural commonalities.

Lucas County Hispanic Males
Leading Causes of Death
2003-2005

Total Deaths: 132

1. Cancers (24% of all deaths)
2. Heart Disease (23%)
3. Accidents-Unintentional Injuries (9%)
4. Stroke (5%)
5. Diabetes Mellitus (4%)

(Source: ODH Information Warehouse, updated 7-6-07)

Based on 2005 U.S. Census, American Community Survey figures, approximately 22,324 Hispanic/ Latinos live in Lucas County (5.1%). The Ohio Department of Health, Information Warehouse, reports that 120 of the 218 (55%) Hispanic/Latino deaths from 2003-2005 were from cardiovascular diseases and cancer. Nine percent of Hispanic males were diagnosed with prostate cancer. Sixty-nine percent of Hispanics were overweight or obese.

General Health and Health Care

- In 2007, Lucas County Hispanics were more likely to rate their health status as fair or poor (15% of Hispanic compared to 13% of Non-Hispanics).
- 13% of Hispanic adults did not have health care coverage.

Lucas County Hispanic Females
Leading Causes of Death
2003-2005

Total Deaths: 86

1. Heart Disease (36% of all deaths)
2. Cancers (15%)
3. Stroke (7%)
4. Diabetes Mellitus (6%)
5. Accidents-Unintentional Injuries (5%)

(Source: ODH Information Warehouse, updated 7-6-07)

- Hispanic adults were <u>more</u> likely to have been diagnosed with:
  - Asthma (13% compared to 12% of Non-Hispanics)
  - Prostate cancer (9% compared to 3% of Non-Hispanics)

- Hispanic adults were <u>less</u> likely to have been diagnosed with:
  - High blood pressure (21% compared to 34% of Non-Hispanics)
  - High blood cholesterol (29% compared to 32% of Non-Hispanics)
  - Diabetes (11% compared to 13% of non-Hispanics)
  - Angina or coronary heart disease (4% compared to 7% of Non-Hispanics)
  - Arthritis (18% compared to 27% of Non-Hispanics)

- Hispanic adults were <u>less</u> likely than Non-Hispanics to:
  - Keep firearms in the household (14% compared to 22% of Non-Hispanics).
  - Consider their neighborhood to be extremely or quite safe (59% compared to 67% of Non-Hispanics).
  - Use prescription drugs in the past 6 months (4% compared to 7% of Non-Hispanics).
  - Have had a mammogram in the past 2 years (26% compared to 67% of Non-Hispanic females)

Ohio Family Health Survey 2004

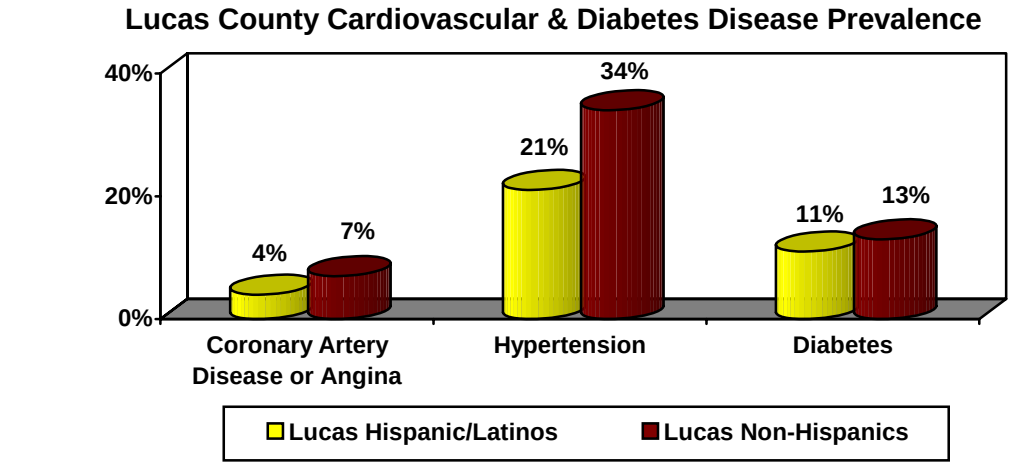
- Ohio Hispanic adults (28.7%) were more likely to be living in poverty than non-Hispanic Whites (13.1%).
- 27% of Hispanic adults had less than a high school education compared to 10% of non-Hispanic Whites.
- One quarter (25%) of Hispanic adults were uninsured as compared to 11% of non-Hispanic White adults.
- Ohio Hispanic adults were less likely to have heart disease and hypertension than non-Hispanic White adults.

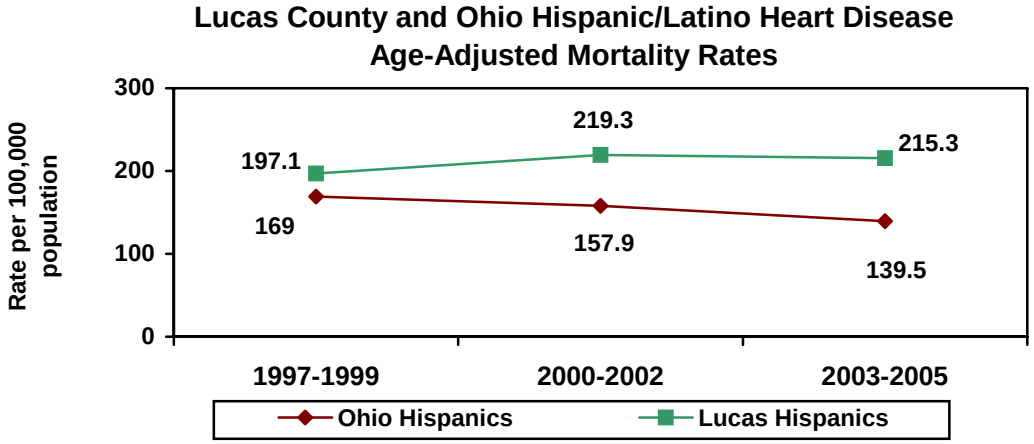
(Source: ODH Lucas County Profile Minority Health 2004)

Hispanic Health

The following graph shows the Lucas County age-adjusted mortality rates per 100,000 population for several different leading causes of death. The graphs show that:

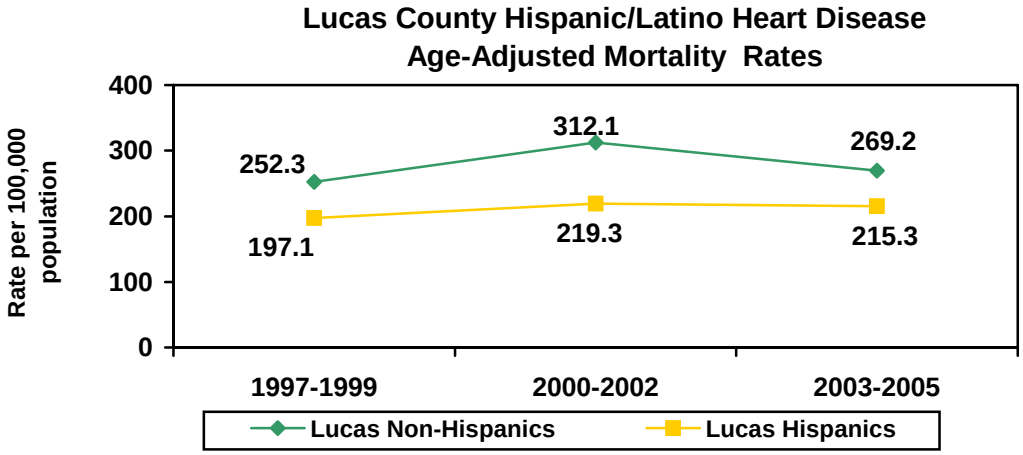
- For the reporting years of 1997-2005, the Lucas County age-adjusted heart disease mortality rate for Hispanic/Latinos was always lower than the Non-Hispanic rate.
- The 2003-2005 Lucas County age-adjusted cancer mortality rate for Hispanic/Latinos (206.0) was lower than the rate for Non-Hispanics (268.6).
- In 2003-2005, the age-adjusted accident (unintentional injuries) mortality rate for Hispanic/Latinos (53.3) was higher than the rate for Non-Hispanics (41.2).
- The age-adjusted rate of Hispanic/Latino deaths from stroke (39.1) in Lucas County in 2003-2005 was lower than the Non-Hispanic rate (51.4).
- In 2003-2005, the Lucas County age-adjusted diabetes mortality rate for Hispanic/Latinos (33.0) was lower than the rate for Non-Hispanics (42.6).

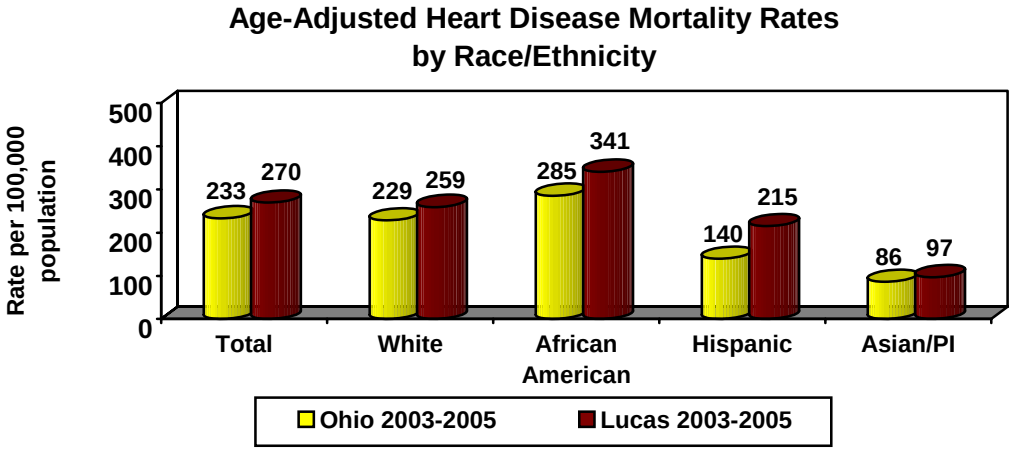


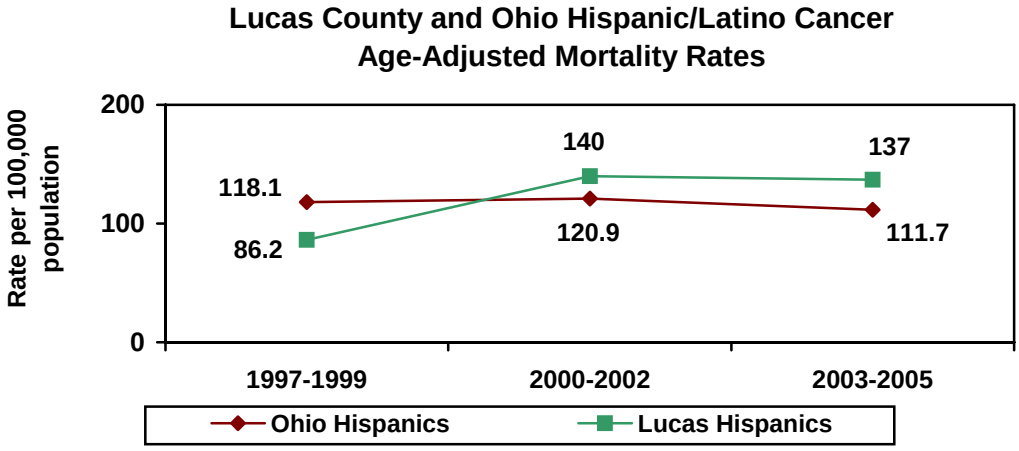


(Source: OHD Information Warehouse)

Hispanic Health

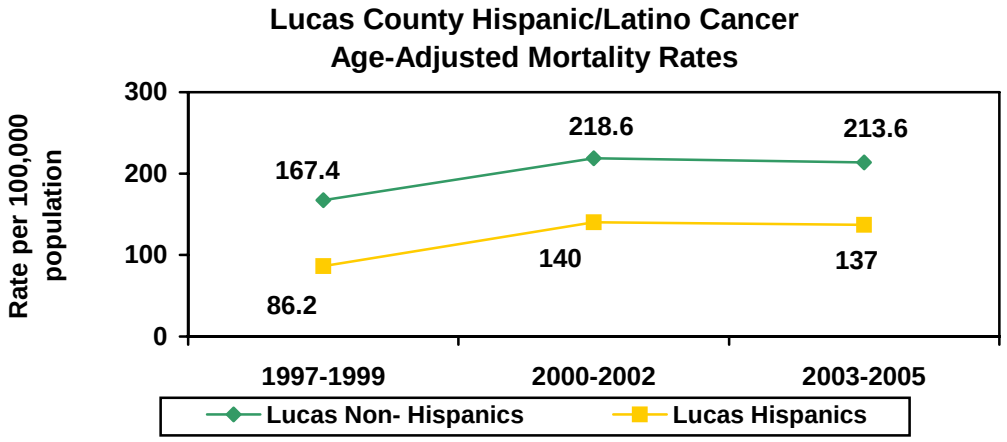


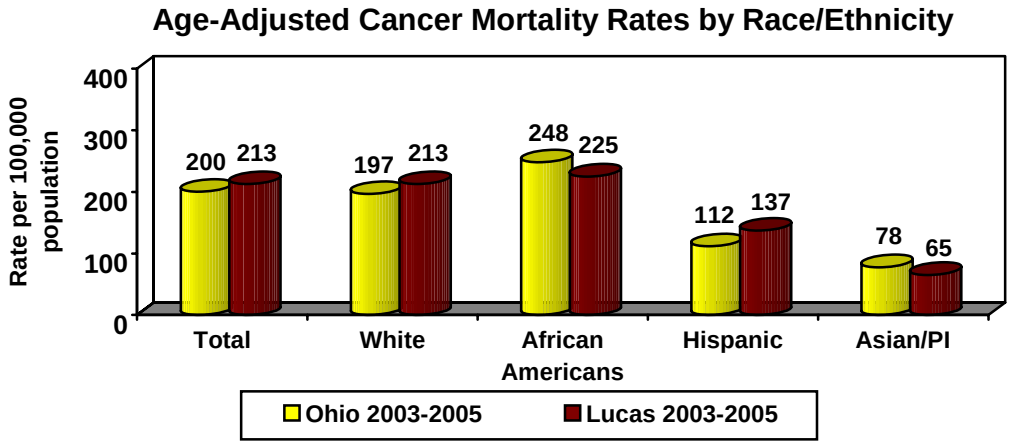


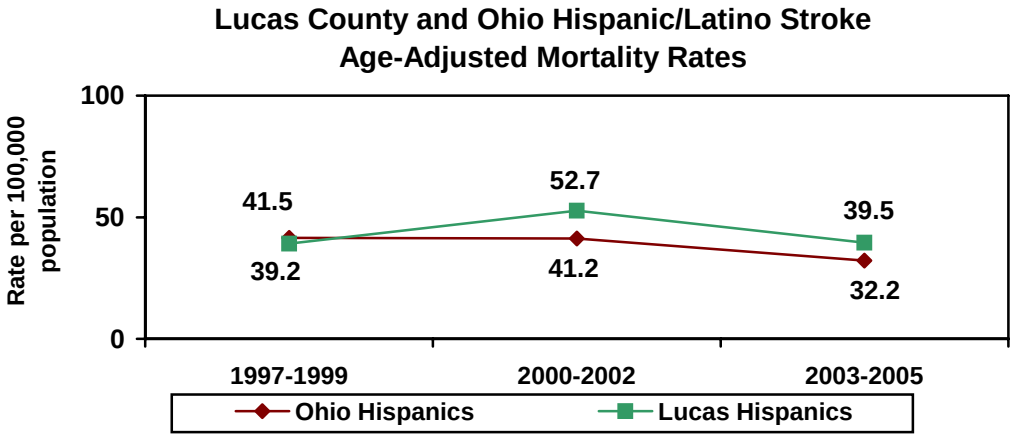


(Source: ODH Information Warehouse)

Hispanic Health

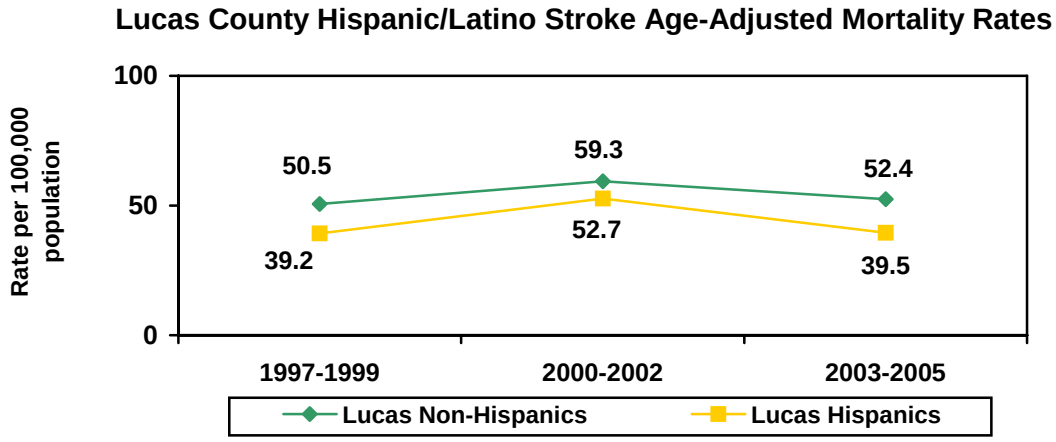


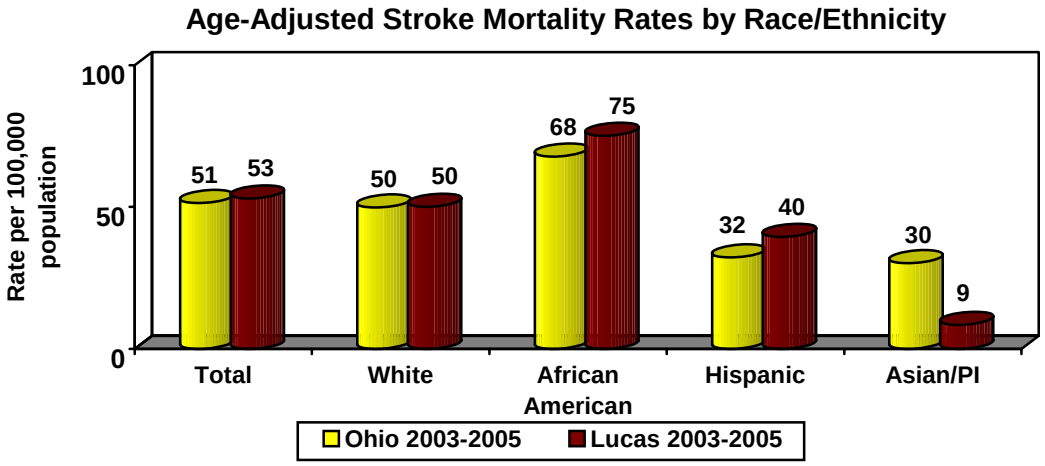


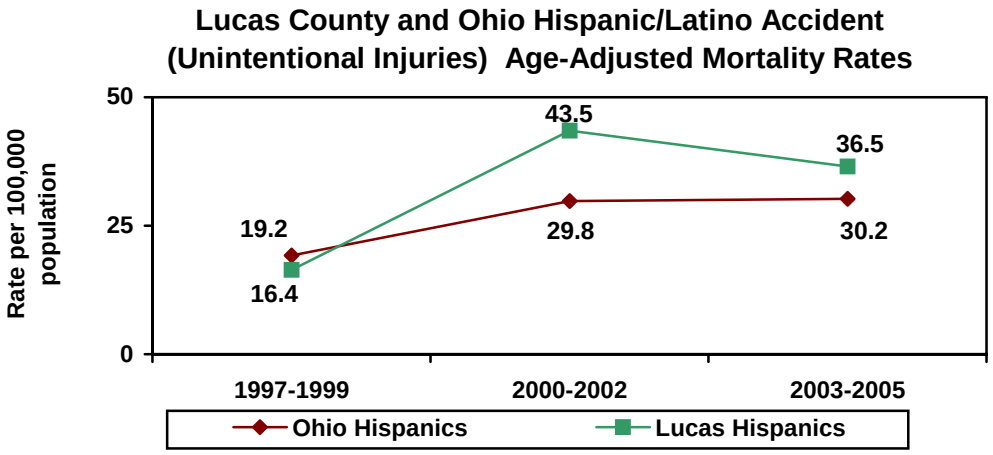


(Source: ODH Information Warehouse)

Hispanic Health

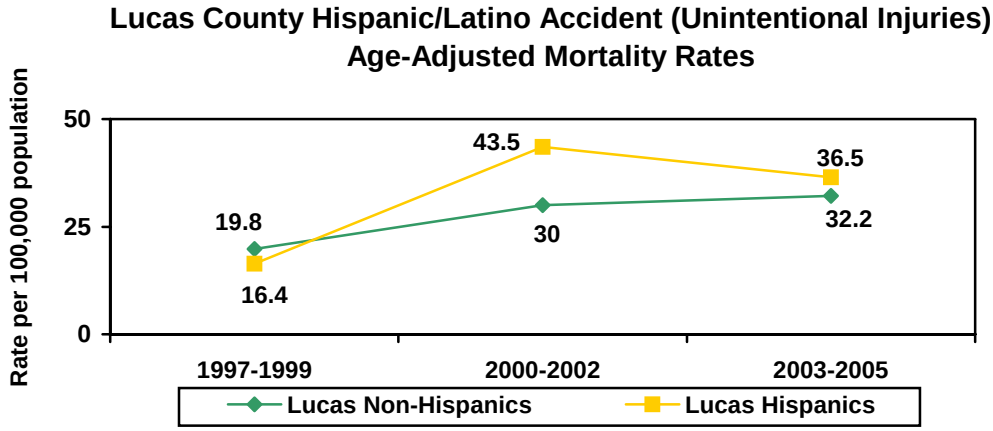


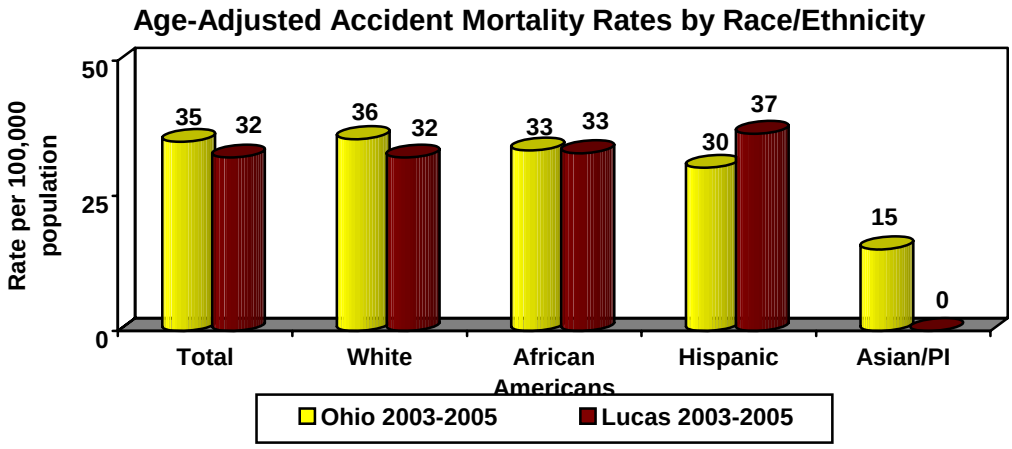


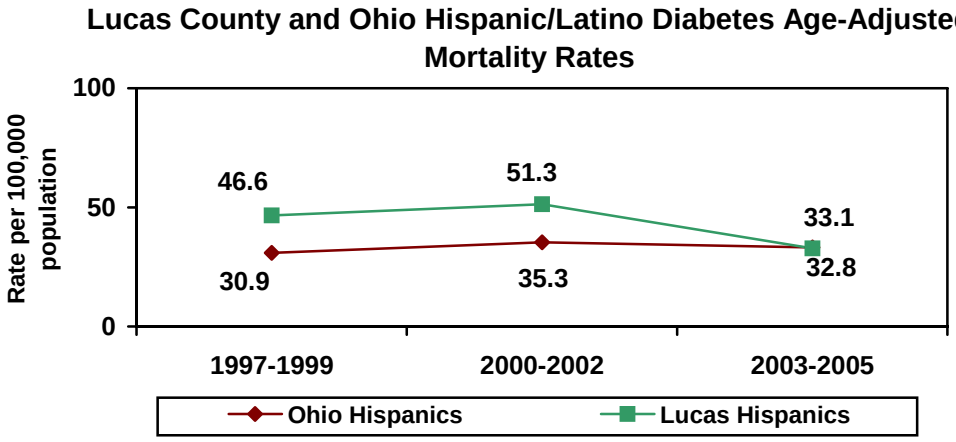


(Source: ODH Information Warehouse)

Hispanic Health

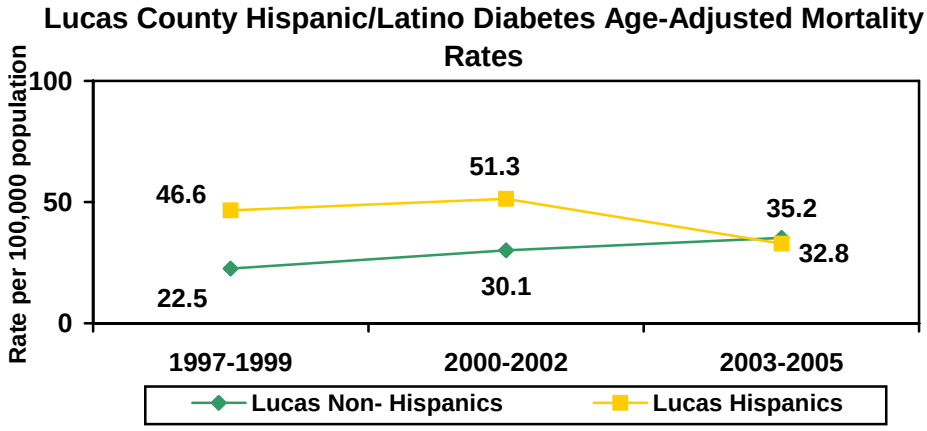


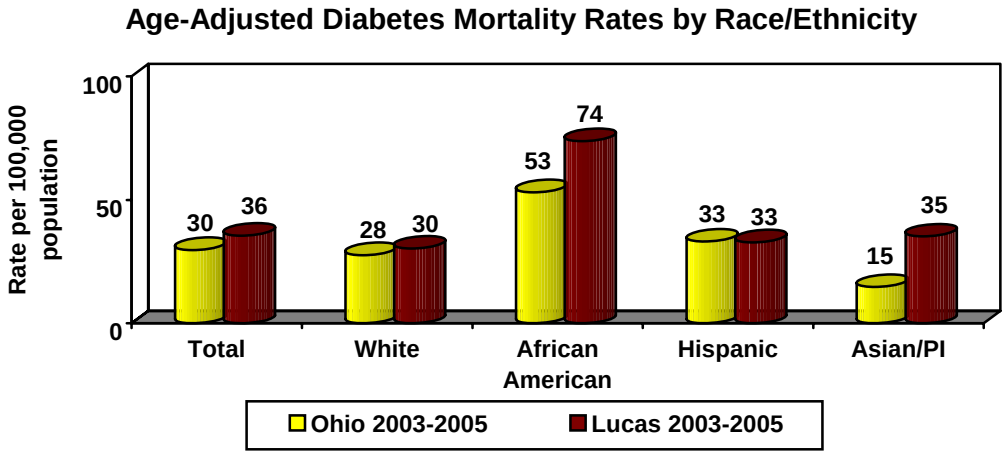




(Source: ODH Information Warehouse)

Hispanic Health





(Source: ODH Information Warehouse)

Years of Potential Life Lost ($YPLL_{75}$)

Years of potential life lost before age 75 ($YPLL_{75}$) is a technique for assessing how many years of life are lost because people die at a young age (before the age 75). The smaller the number of years lost the more likely the people are living into older ages. Thus, for the U.S., in 2003, the years of potential life lost (per 100,000 population) for various racial/ethnic groups were:

African Americans	12,304
American Indian/Alaskan Native	8,542
Whites	6,911
Hispanics (all races)	5,910
Asian/Native Hawaiian/Pacific Islander	3,658

African American Health

Key Findings

According to the 2005 U.S. Census American Community Survey approximately 77,440 African Americans live in Lucas County (18%). The 2007 Health Assessment reported that 22% of African Americans were diagnosed with diabetes and 53% with high blood pressure. Eighty-one percent of African Americans were either overweight or obese.

Lucas County African American Males Leading Causes of Death 2003-2005

Total Deaths: 1,020

1. Heart Disease (29% of all deaths)
2. Cancers (21%)
3. Diabetes Mellitus (5%)
4. Accidents (Unintentional Injuries) (5%)
5. Stroke (5%)

(Source: ODH Information Warehouse, updated 7-6-07)

Lucas County African American Females Leading Causes of Death 2003-2005

Total Deaths: 969

1. Heart Disease (30% of all deaths)
2. Cancers (19%)
3. Stroke (8%)
4. Diabetes Mellitus (7%)
5. Chronic Lower Respiratory Disease (4%)

(Source: ODH Information Warehouse, updated 7-6-07)

General Health

- In 2007, Lucas County African Americans were more likely to rate their health status as fair or poor (25% African American compared to 11% of Whites).
- 12% of African American adults did not have health care coverage.
- African American adults were more likely to have been diagnosed with:
  - High blood pressure (53% compared to 30% of Whites)
  - Diabetes (22% compared to 9% of Whites)
  - Asthma (20% compared to 10% of Whites)
  - Angina or coronary heart disease (10% compared to 6% of Whites)
  - Prostate cancer (7% compared to 3% of Whites)
- African American adults were less likely than Whites to:
  - Have consumed alcohol in the past 30 days (40% compared to 63% of Whites).
  - Drink and drive (4% compared to 13% of Whites).
  - Keep firearms in the household (16% compared to 21% of Whites).
  - Have gone to the dentist in the past year (55% compared to 69% of Whites).
  - Consider their neighborhood to be extremely or quite safe (27% compared to 75% of Whites).
- African American adults were more likely than Whites to:
  - Be overweight or obese (81% compared to 67% of Whites).
  - Be current tobacco users (26% compared to 22% of Whites).
  - Use prescription drugs in the past 6 months (10% compared to 6% of Whites).
  - Have had a mammogram in the past 2 years (58% compared to 47% of White females)
  - Have a health impairment that limited their activities (53% compared to 38% of Whites).
- Lucas County African American adults were four times more likely than whites to have HIV/AIDS. *(Source: ODH HIV/AIDS Surveillance Program)*

High Blood Pressure (Hypertension) & African Americans

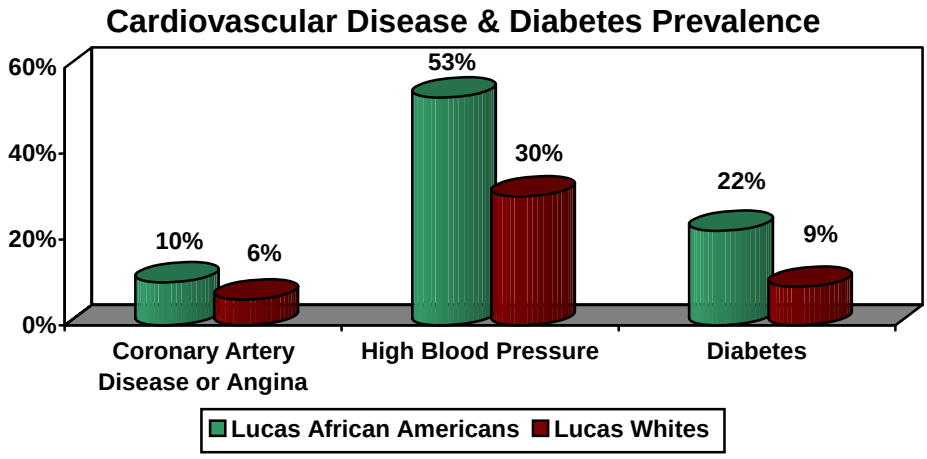
- African Americans have a greater risk of developing high blood pressure than other race/ethnic groups.
- Research has found that African Americans tend to have an unusually high number of risk factors for high blood pressure including diabetes, overweight/obesity, high stress levels, high fat diet and salt sensitivity.
- African Americans tend to be younger when diagnosed with hypertension than Whites.
- African American hypertension is often more severe than what is seen in Whites.
- Hypertension-related complications include stroke, death from heart disease, kidney failure and blindness.

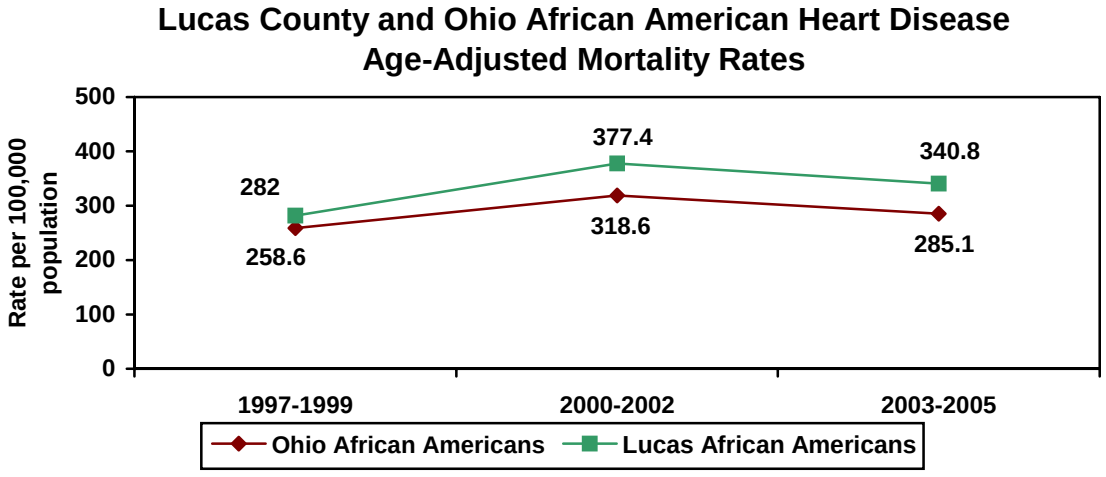
(Source: HeartCenter Online for Cardiologists & Their Patients, www.heartcenteronline.com)

African American Health

The following graph shows the Lucas County age-adjusted mortality rates per 100,000 population for several leading causes of death. The graphs show that:

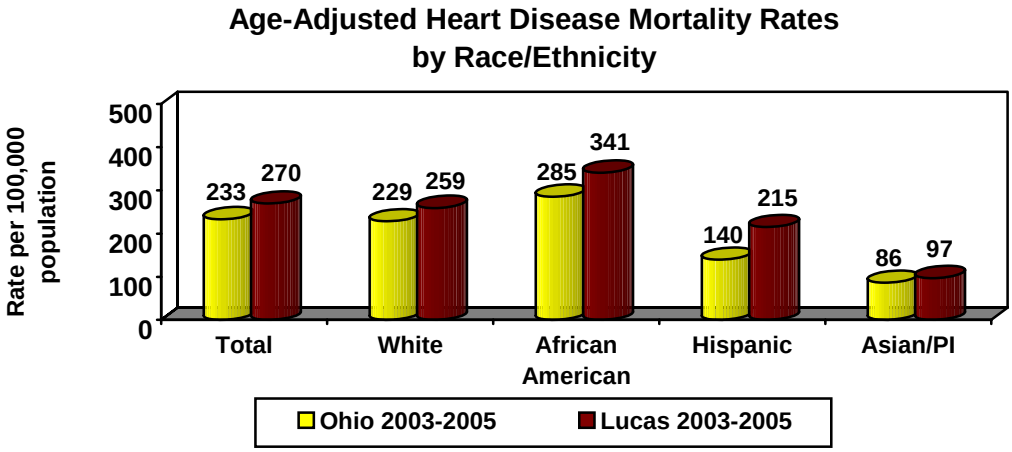
- For the reporting years of 2003-2005, the Lucas County age-adjusted heart disease mortality rate for African Americans was higher than the rate for any other racial or ethnic group.
- The 2003-2005 Lucas County age-adjusted cancer mortality rate for African Americans (224.9) was higher than the rate for any other racial or ethnic group. However, it was lower than the African American rate for Ohio (247.9).
- The 2003-2005 Lucas County age-adjusted diabetes mortality rate for African Americans was almost twice the rate for the other racial or ethnic groups.
- The 2003-2005 age-adjusted rate of African American deaths from chronic lower respiratory diseases (formerly COPD) in Lucas County was lower than the rate for Whites.

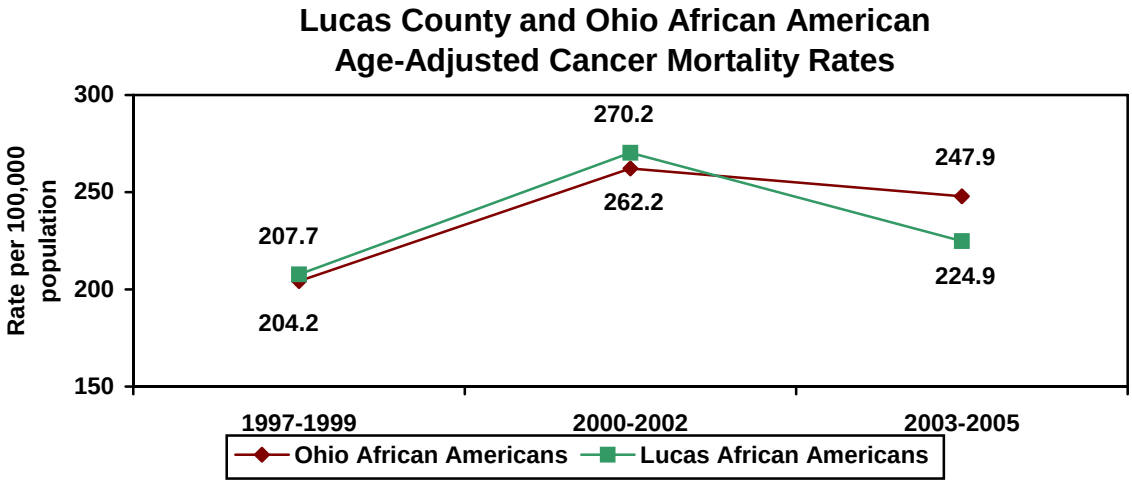


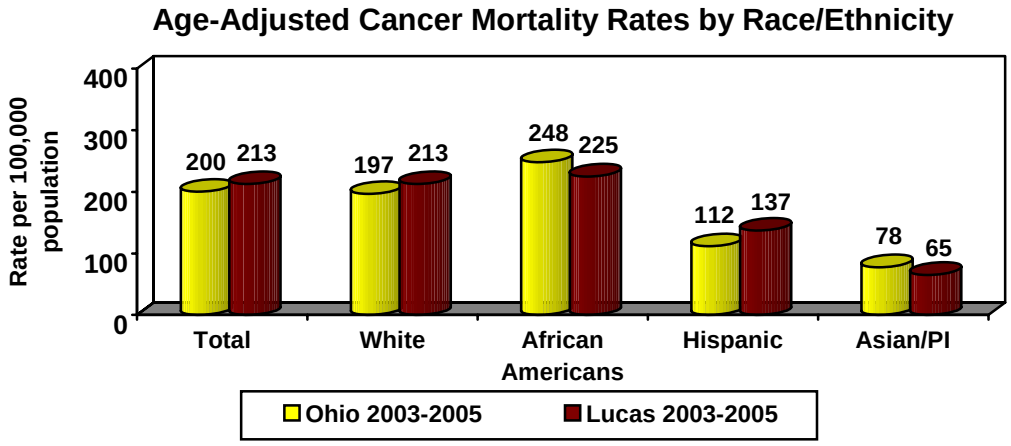


(Source: ODH Information Warehouse)

African American Health





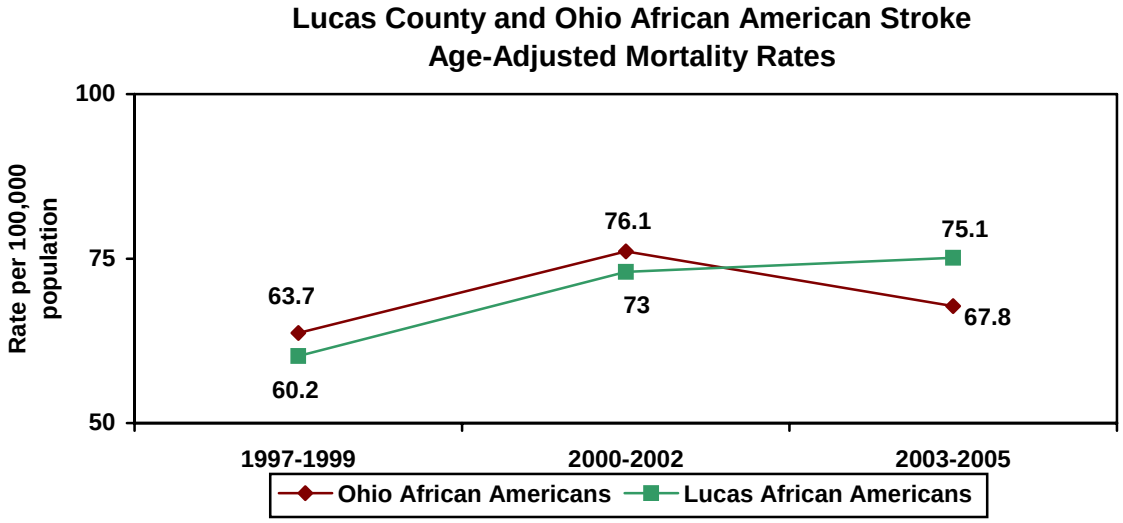


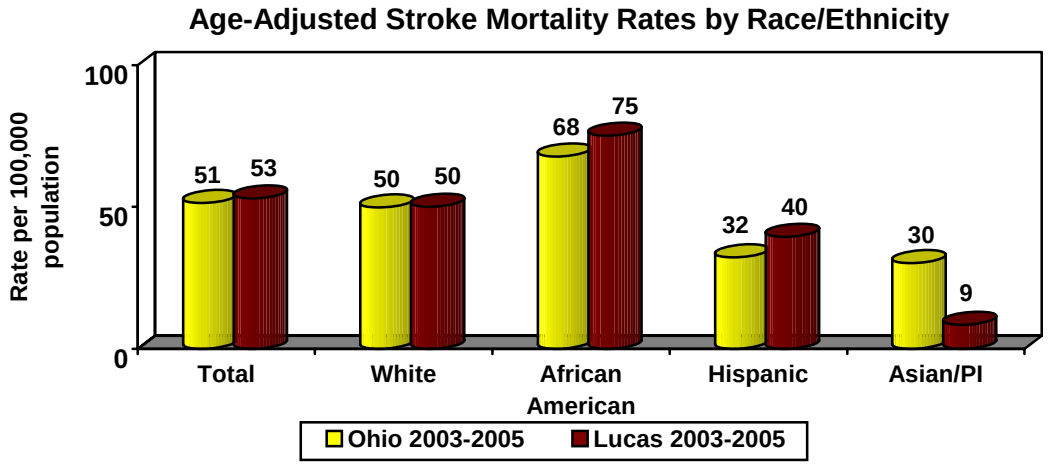
(Source for graphs: ODH Information Warehouse)

Lucas County Cancer Mortality - 2003-2005

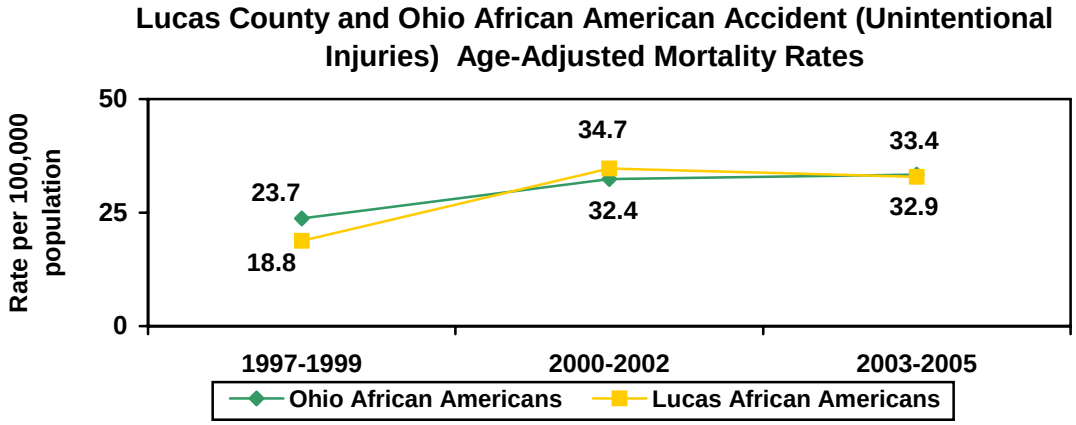
Type of Cancer	Percent of Total White Deaths	Type of Cancer	Percent of Total African American Deaths
Trachea, Bronchus & Lung	30%	Trachea, Bronchus & Lung	26%
Colon, Rectum & Anus	10%	Colon, Rectum & Anus	12%
Other & Unspecified Cancer	10%	Other & Unspecified Cancer	10%
Female Breast	8%	Female Breast	10%
Pancreas	5%	Prostate	8%
Urinary System (Kidney, Bladder)	5%	Esophagus & Stomach	6%
Leukemia	4%	Pancreas	5%
Prostate	4%	Urinary System (Kidney, Bladder)	5%
Non-Hodgkins Lymphoma	4%	Multiple Myeloma	3%
Total Number of Deaths	**2,594**	**Total Number of Deaths**	**403**

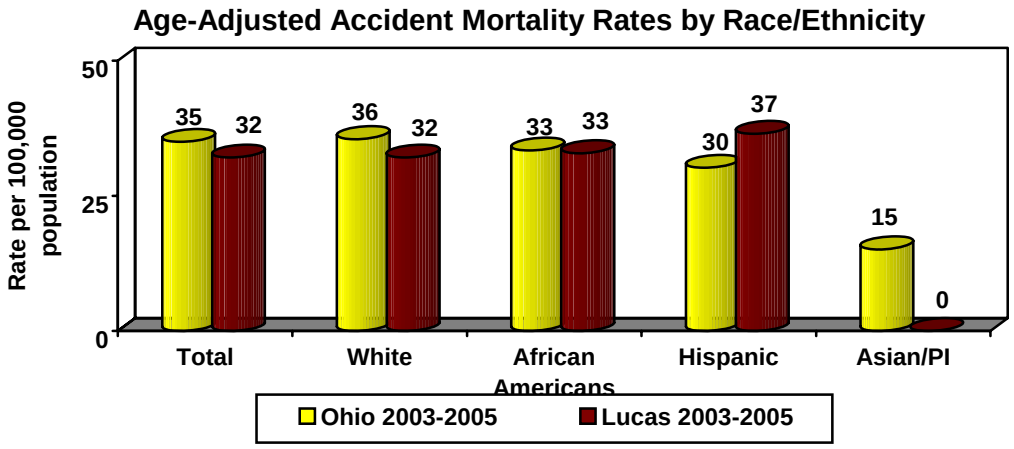
(Source: ODH Information Warehouse)

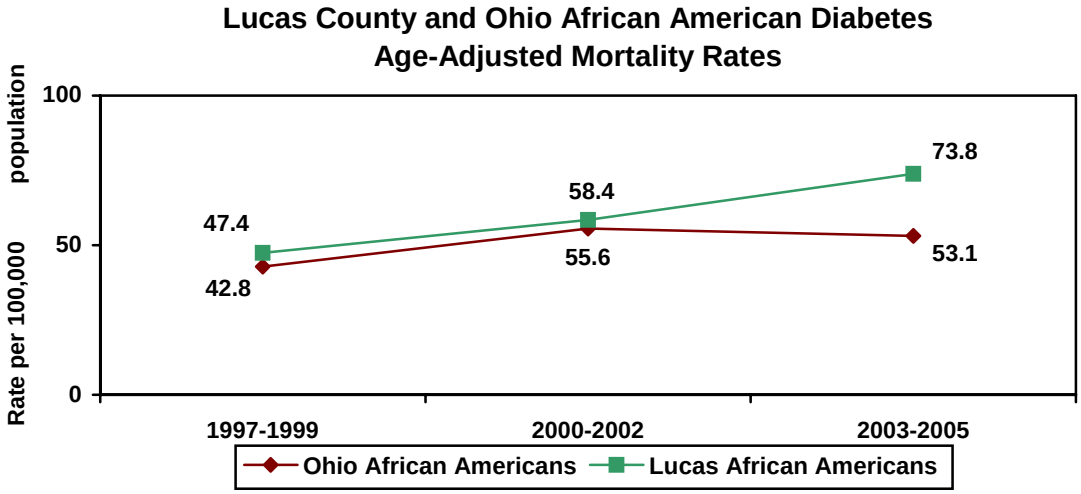




(Source for graphs: ODH Information Warehouse)



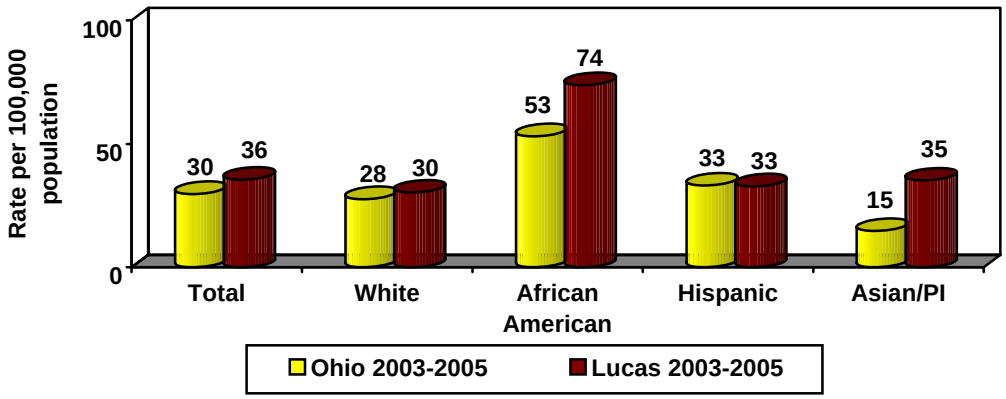




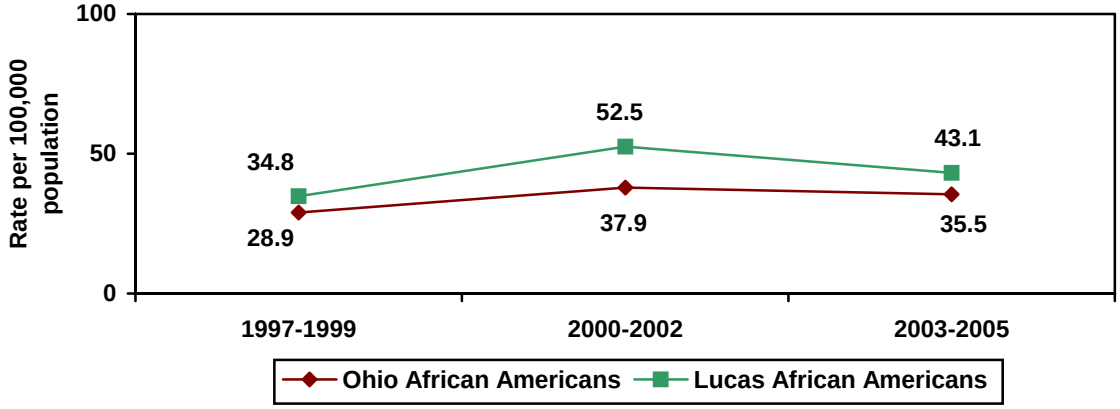
(Source for graphs: ODH Information Warehouse)

African American Health

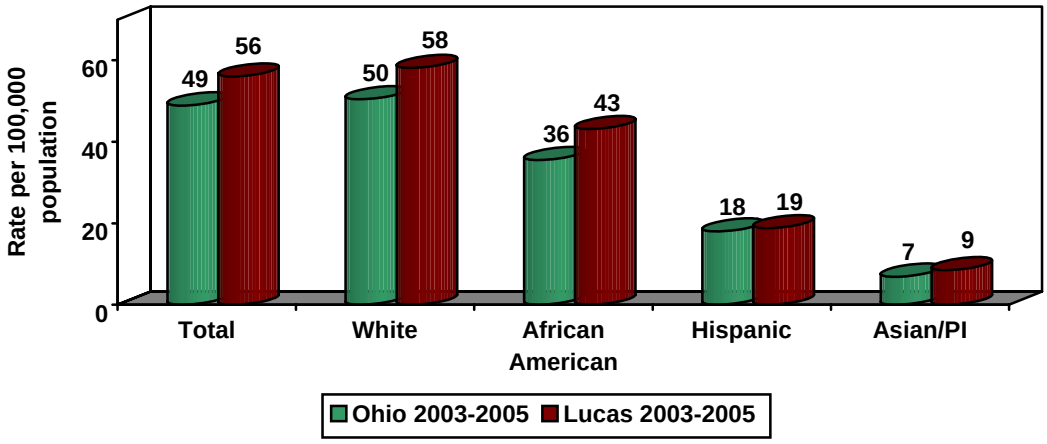
Age-Adjusted Diabetes Mortality Rates by Race/Ethnicity



Lucas County and Ohio African American Chronic Lower Respiratory Diseases (Formerly COPD) Age-Adjusted Mortality Rates

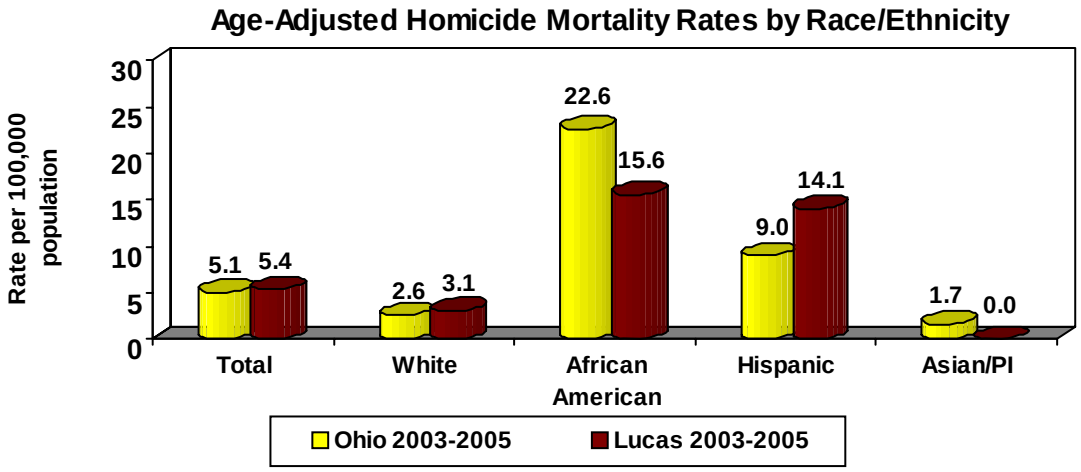


Age-Adjusted Chronic Lower Respiratory Disease Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse)

African American Health



(Source: ODH Information Warehouse)

Information Sources

Source	Data Used	Website
Agency for Healthcare Research & Quality	♦ Hispanics with diabetes	www.ahrq.gov/
American Cancer Society, Cancer Facts and Figures 2006 & 2007. Atlanta: ACS, 2006 & 2007	♦ 2007 Cancer rates ♦ ACS cancer detection guidelines ♦ 2006 Cancer estimates	www.cancer.org
American Dental Association	♦ Dental anxiety tips ♦ Older adults and oral health	www.ada.org
American Diabetes Association	♦ Risk factors for diabetes ♦ All about Diabetes: Type 2 Diabetes ♦ Diabetes Care: Screening for Type 2	www.diabetes.org
American Heart Association. *Risk Factors and Coronary Heart Disease*	♦ Cardiovascular disease risk factors	www.americanheart.org
Arthritis at a Glance, 2007, Centers for Disease Control & Prevention	♦ Arthritis statistics	www.cdc.gov/nccdphp/aag/aag_arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	♦ 1999, 2000, 2001, 2002, 2003, 2005, 2006 adult Ohio and U.S. correlating statistics	www.cdc.gov/brfss
CDC WONDER DATA 2010	♦ U.S. mortality statistics	http://wonder.cdc.gov
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control &Prevention, National Center for Health Statistics, Division of Data Services	♦ U.S. mortality statistics	www.cdc.gov/nchs/fastats
Health Insurance Coverage in Ohio, 2004: The Roles of Public and Private Programs in Assuring Access to Health Care, Ohio Department of Job and Family Services	♦ Ohio insurance stats ♦ County insurance stats	http://jfs.ohio.gov/ohp/reports/documents/OhioInsuranceCoverage.pdf
Healthy People 2010: Data 2010, U.S. Department of Health & Human Services, January 2000	♦ All Healthy People 2010 target data points ♦ Some U.S. baseline statistics	www.health.gov/healthypeople
Healthy Youth: Addressing Asthma in Schools, CDC,2004	♦ Strategies for addressing asthma within schools	www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf
Heart Center Online	♦ High blood pressure and African Americans	
Injury Prevention Health Unit	♦ Bike helmet information	www.healthunit.org/injury/summer/bikehel.htm
Measuring Healthy Days, Centers for Disease Control Atlanta, GA, November 2000	♦ Health-Related Quality of Life (HRQOL) ♦ Definition of quality of life	www.cdc.gov
Naked Truth About Sexually Transmitted Diseases, Pfizer, Inc.	♦ Risk factors for contracting sexually transmitted diseases	www.unspeakable.com

Information Sources

Source	Data Used	Website
National Arthritis Action Plan: A Public Health Strategy, Arthritis Foundation, the Association of State & Territorial Health Officials, & CDC, 1999	♦ Risk factors for arthritis	www.arthritis.org/resources
National Asthma Control Program, CDC	♦ Asthma control	www.cdc.gov/asthma/default.htm
National Center for Chronic Disease Prevention and Health Promotion, CDC	♦ Type 2 diabetes ♦ Nutrition and physical activity ♦ Alcohol and public health ♦ Arthritis ♦ Overweight and obesity ♦ Tobacco use	www.cdc.gov
National Center for Health Statistics, CDC	♦ Healthcare utilization trends ♦ Birth statistics	www.cdc.gov/nchs
National Center for Injury Prevention & Control, CDC	♦ Suicide statistics ♦ Safety statistics	www.cdc.gov/ncipc/
National Depression and Manic Depression Association	♦ US depression facts	www.ndmda.org
National Health & Nutrition Examination Survey, CDC	♦ Weight loss facts	www.cdc.gov/nchs/nhanes.htm
National Survey on Drug Use and Health, SAMHSA, DHHS, 2002, 2003	♦ Prescription Drug Abuse Facts	https://nsduhweb.rti.org/
National Women's Health Center, US Dept. of Health and Human Services, Office on Women's Health	♦ US women's health statistics ♦ Men's cancer issues	www.4woman.gov
Ohio Department of Health, Infectious Diseases	♦ HIV/AIDS for Lucas County and Ohio	www.odh.ohio.gov/healthStats/disease/hivann/hcty1.aspx
Ohio Department of Health, Information Warehouse	♦ Lucas County and Ohio mortality statistics ♦ Lucas County and Ohio birth statistics ♦ Lucas County and Ohio sexually transmitted diseases	www.odh.state.oh.us
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	♦ Lucas County and Ohio cancer mortality ♦ Lucas County and Ohio cancer incidence	www.odh.state.oh.us
Ohio Department of Health, Ohio Family Health Survey – Lucas County Profile – Minority Health 2004	♦ Hispanic health	www.odh.ohio.gov
Ohio Department of Job & Family Services	♦ Poverty statistics	http://jfs.ohio.gov
Ohio Department of Public Safety	♦ 2005 Traffic Crash Facts ♦ City, Lucas County and Ohio crash facts	www.state.oh.us/odps
Ohio Medicaid Report, 2005 and 2006 Update, Office of Ohio Health Plans (OHP), Ohio Job & Family Services	♦ Lucas County Medicaid Statistics ♦ Ohio Medicaid statistics	http://jfs.ohio.gov/ohp/bhpp/reports/

Information Sources

Source	Data Used	Website
Planned Parenthood Federation of America, Inc.	♦ STI facts	www.plannedparenthood.org
Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation – US, 2003-2005, Morbidity and Mortality Weekly Report	♦ Arthritis prevalence facts	www.cdc.gov/mmwr/preview/mmwrhtml/mm5540a2.htm
Price, J.H. (2005) Firearm Trauma Presentation.	♦ Firearm statistics	
Sexually Transmitted Disease Surveillance, Centers for Disease Control and Prevention	♦ STD facts	www.cdc.gov/std/stats/
State of Poverty in Ohio, 2007, Ohio Association of Community Action Agencies	♦ Poverty in Ohio statistics	www.communitysolutions.com/images/upload/resources/Poverty_Report_Final_2007.pdf
Tracking the Hidden Epidemics: Trends in STDs in the United States 2000, Centers for Disease Control	♦ Facts about sexually transmitted infections	www.cdc.gov/nchstp/dstd/Stats_Trends/Trends2000.pdf
U.S. Census Bureau, United States Department of Commerce	♦ Ohio and Lucas County 2000 Census demographic information ♦ Income and Poverty Estimates ♦ Federal Poverty Thresholds	www.census.gov
U.S. Department of Agriculture, Coalition on Homelessness and Housing in Ohio	♦ Quality of Life and Safety Facts	
U. S. Department of Health and Human Services, Bureau of Health Professions	♦ Health Professional Shortage Area designation criteria	http://bhpr.hrsa.gov/shortage/hpsacritpcm.htm
U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Enrollment Reports	♦ Lucas County Medicare enrollment	www.cms.hhs.gov/MedicareEnrpts/
U. S. Department of Health and Human Services, National Strategy for Suicide Prevention, 2001	♦ Suicide prevention	
U.S. Department of Justice, DEA Briefs and Background	♦ Drug and drug abuse	www.usdoj.gov/dea/pubs/states/ohio.html
U. S. Department of Transportation, National Highway Traffic Safety Administration	♦ Child passenger safety	www.nhtsa.dot.gov
U.S. Public Health Service, *The Surgeon General's Call To Action To Prevent Suicide.* Washington, DC: 1999.	♦ Suicide as a public health problem	
U.S. Public Health Service, *The Surgeon General's Report: The Health Consequences of Smoking.* Washington, DC: 2004.	♦ Benefits of quitting smoking	
Unrealized Prevention Opportunities: Reducing the Health and Economic Burden of Chronic Disease, CDC National Center for Chronic Disease Prevention and Health Promotion, 2000.	♦ Facts and recommended action steps to reduce the health and economic burden of chronic disease	www.cdc.gov/nccdphp/upo/into.htm

List of Acronyms and Terms

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
Binge drinking	Consumption of five alcoholic beverages or more on one occasion
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC
CDC	Centers for Disease Control and Prevention
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days
Crude Mortality Rates	Number of deaths/estimated mid-year population times 100,000
HP 2010	Healthy People 2010, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic $\geq$140 and Diastolic $\geq$ 90
N/A	Data not available
ODH	Ohio Department of Health
Race/Ethnicity	**Census 2000:** U.S. Census data consider race and Hispanic origin separately. Census 2000 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 2000 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
YPLL/65	**Y**ears of **P**otential **L**ife **L**ost before age 65. Indicator of premature death

Weighting Methods

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 2007 Lucas County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Lucas County based on age, sex, race/ethnicity, and income.

Weightings were created for each category within sex (male, female), race/ethnicity (White, African American, Hispanic, and Other), age (7 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 the Lucas 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 2007 Lucas County Survey and actual values based on 2005 Census data (from the 2005 American Community Survey).

	2007 Lucas Survey		**2005 Lucas County Census**		**Weight**
Sex	Number	Percent	Number	Percent	
Male	606	50.50000	212,631	48.55686	0.961522091
Female	594	49.50000	225,270	51.44313	1.039255241

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Lucas County. The weighting for males was calculated by taking the percent of males in Lucas County (based on Census information) (48.55686%) and diving that by the percent found in the 2007 Lucas County sample (50.50000%) [48.55686/50.50000= weighting of **0.961522091** for males]. The same was done for females [51.44313/49.50000= weighting of **1.039255241** females]. Thus males' responses are weighted lighter by a factor of 0.961522091 and females' responses weighted more by a factor of 1.039255241.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was male, white, in the age category 35-44, and with a household income in the $50-$75k category would have an individual weighting of 1.416772879 [0.961522091 (weight for males) x 1.550415397 (weight for White) x 1.158819206 (weight for age 35-44) x 0.820119637 (weight for income $50-$75k)]. Thus, each individual in the 2006 Lucas County sample has their own individual weighting based on their combination of age, race/ethnicity, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Weighting Methods

Multiple sets of weightings were created and used in the statistical software package (SPSS 12.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race/ethnicity, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race/ethnicity, 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/ethnicity, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of ten 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/ethnicity, sex, or income.
2) **Weight without sex** (product of age, race/ethnicity, and income weights) – used when analyzing by sex.
3) **Weight without age** (product of sex, race/ethnicity, and income weights) – used when analyzing by age.
4) **Weight without race/ethnicity** (product of age, sex, and income weights) – used when analyzing by race/ethnicity.
5) **Weight without income** (product of age, race/ethnicity, and sex weights) – used when analyzing by income.
6) **Weight without sex or age** (product of race/ethnicity and income weights) – used when analyzing by sex and age.
7) **Weight without sex or race/ethnicity** (product of age and income weights) – used when analyzing by sex and race/ethnicity.
8) **Weight without sex or income** (product of age and race/ethnicity weights) – used when analyzing by sex and income.
9) **Weight without race/ethnicity or income** (product of sex and age weights) – used when analyzing by race/ethnicity and income.
10) **Weight without race/ethnicity or age** (product of sex and income weights) – used when analyzing by race/ethnicity and age.

Weighting Methods

Category	2007 Lucas Sample	%	2005 Census Data	%		Weighting Value
Sex:						
Male	606	50.500000	212,631	48.5568656		0.961522091
Female	594	49.500000	225,270	51.4431344		1.039255241
Age:						
20-24	14	1.196581	31,070	9.89666947		8.270788057
25-34	97	8.290598	58,753	18.7144841		2.257314063
35-44	196	16.752137	60,945	19.4126978		1.158819206
45-54	361	30.854701	65,274	20.7916061		0.673855379
55-59	167	14.273504	27,188	8.66014321		0.606728596
60-64	110	9.401709	17,702	5.63858523		0.599740429
65-74	205	17.521368	25,891	8.24701221		0.470683136
75-84	18	1.538462	20,593	6.55945009		4.26364256
85+	2	0.170940	6,528	2.07935173		12.16420763
Race/ethnicity:						
White (non-Hispanic)	530	47.661871	323,590	73.8956979		1.550415397
African American (non-Hispanic)	300	26.978417	76,973	17.5777173		0.651547389
Hispanic (any race)	254	22.841727	22,324	5.09795593		0.223186102
Other (non-Hispanic)	28	2.517986	15,014	3.42862885		1.361655456
Household Income						
Less than $10,000	102	8.908297	21,830	12.312187		1.382103342
$10k-$15k	98	8.558952	12,740	7.18539909		0.839518567
$15k-$25k	149	13.013100	23,044	12.9968867		0.998754045
$25k-$35k	152	13.275109	21,711	12.2450706		0.92240828
$35k-$50	150	13.100437	25,544	14.4068944		1.099726271
$50k-$75k	254	22.183406	32,257	18.193047		0.820119637
$75k or more	240	20.960699	40,178	22.6605153		1.081095416

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Lucas County (determined from 2005 American Community Survey, Census data) in each subcategory by the proportion of the sample in the Lucas County survey for that same category.

Statistically Significant Findings

Statistical tests were ran on items where there appeared to be major differences between race and/or ethnicity. The following items were statistically significant.

Health Perceptions- There was a statistically significant difference between African Americans and both whites and Hispanics where African Americans have a lower perception of their health ($F=21.12$, $df=2$, $p<0.001$). This is an approximate 10% difference in perceptions of health.

Diabetes- There was a statistically significant difference between African Americans and both whites and Hispanics in whether a health professional has told them they have diabetes ($X^2=29.0$, $df=4$, $p<0.001$). Twice as many African Americans (22%) had been told they have diabetes compared with whites (9%) and Hispanics (11%).

Asthma- There was a statistically significant difference between African Americans and both whites and Hispanics in whether a health professional has told them they have asthma ($X^2=17.7$, $df=4$, $p<0.001$). Twice as many African Americans (20%) have been told they have asthma compared with whites (10%) and Hispanics (13%).

High Blood Pressure- There was a statistically significant difference between African Americans and both whites and Hispanics in whether a health professional has told them they have high blood pressure ($X^2=76.9$, $df=4$, $p<0.001$). Twice as many African Americans (53%) have been told they have high blood pressure compared with whites (30%) and Hispanics (21%).

Misuse of Prescription Drugs- There was a statistically significant difference between African Americans and both whites and Hispanics in the inappropriate use of prescription drugs ($X^2=7.9$, $df=2$, $p=0.019$). Nearly twice as many African Americans (10%) misused prescription drugs compared with whites (6%) and Hispanics (4%).

Seat Belt Use- There was a statistically significant difference between African Americans and both whites and Hispanics in the regular use of seat belts ($X^2=59.1$, $df=8$, $p<0.001$). There were more whites (91%) and Hispanics (91%) who wore their seat belts most of the time or always compared to African Americans (78%).

Overweight and Obese- There was a statistically significant difference between African Americans and both whites and Hispanics in weight ($X^2=26.3$, $df=6$, $p<0.001$). There was a larger portion of the African American population (81%) who were overweight or obese compared with whites (67%) or Hispanics (68%).

Prostate Cancer- There was a statistically significant difference between both African American and Hispanic males and white males in whether they have been told they have prostate cancer ($X^2= 8.04$, $df=2$, $p=0.018$). Hispanic males had the highest rate of prostate cancer (9%) followed by African American males (7%) and lastly by white males (3%).

Digital Rectal Exam- There was a statistically significant difference between Hispanic males and both white and African American males in whether they have received a digital rectal exam (DRE) in the past year ($X^2=47.9$, $df=10$, $p<0.001$). Approximately one-third of white males (31%) and African American males (37%) have received a DRE within the past year compared to only one-fifth of Hispanic males (21%).

Mammograms- There was a statistically significant difference between Hispanic, white, and African American females in whether they have received a mammogram in the past year ($X^2=33.6$, $df=10$, $p<0.001$). African American females have the highest rate of being current (33%) followed by white females (29%) and lastly by Hispanic females (17%).

Pap Smears- There was a statistically significant difference between Hispanic, white, and African American females in whether they have received a pap smear in the past year ($X^2=39.1$, $df=10$, $p<0.001$). Hispanic females have the highest rate of being current (61%) followed by white females (53%) and lastly by African American females (39%).