Logan County Community Needs Assessment
February 2015 Survey Results
Highlights/Summary Report

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This survey was prepared under the direction of Logan County Health Risk and Community Needs Assessment Committee. The following agencies and organizations were instrumental in the creation, implementation and funding of this survey:
Foreword

The members of the Logan County Health Risk and Community Needs Assessment Committee are pleased to present the 2015 Health Risk and Needs Assessment results of our community. This comprehensive 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 Logan County.

The data presented in this report will provide valuable information to develop strategies that focus on wellness, access to care, and at risk and unmet community needs. It will provide additional insight into our community structure in the areas of health and well-being. This report contains highlights and a summary of major findings. Because of the number of items in the survey, not all questions are analyzed here. A more comprehensive report with complete technical information and complete data tables for all items is available at www.maryrutan.org and www.loganhealth.org or upon request by contacting the community relations department at Mary Rutan Hospital at 937-599-7003 or Logan County Health District at 937-651-6217.

Through collaboration with Logan County Health Risk and Community Needs Assessment Committee, every effort has been made to assure that this report contains valid and reliable data.

As we review the results of this assessment, the Logan County Health Risk Community Needs Assessment Committee will continue to work collaboratively to identify unmet needs in our community, coordinate resources, and strive to initiate quality programs to improve the health and well-being of the residents of our community. We hope this report will be valuable to you as an agency or as a community member as you strive to improve the quality of life in Logan County.

Sincerely,

Tammy Allison, COO
Mary Rutan Foundation

Boyd Hoddinott, MD, Health Commissioner
Logan County Health District

Tammy Nicholl, Director of Service Systems
MHDAS Board of Logan and Champaign Counties
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Introduction/Background

Community Overview

Logan County, seated in west central Ohio, is a rural farming and manufacturing community located approximately 60 miles west of the state capital, Columbus. Logan County covers a span of nearly 500 square miles of primarily agricultural land. The 2010 United States (U.S.) Census reported a total population of 45,858. The county seat, Bellefontaine, holds the largest population in the county with 13,370 residents.

The major employer is manufacturing, followed by agriculture, administrative, waste services, health care, social assistance, and education. Mean travel time to work, workers age 16 years+, 2009-2013 is 25.5 minutes. There are four school districts and each district encompasses several small communities. In 2014 there were 7,979 students enrolled in Logan County school districts in grades one through twelve. The average high school graduation rate for 2014 was 90%. Over the past year improvements have been made to the local public transportation system, although it is still limited. It operates less than 48 hours a week and only on weekdays. Efforts have also been made to make it more accessible and affordable. There is up to a one year wait for HUD housing or other income based housing.

When considering the racial composition, Logan County is a predominately white community, comparable to the state of Ohio. Census 2010 reports that 96% of residents designated white as their race. Black or African Americans are the next largest racial group making up 1.7% of the population. Logan County has a diverse population in regards to socio-economic, religion, agriculture, and resort communities which have different norms, values and attitudes.

According to 2010 U.S. Census, the median age for Logan County is 39.9 years and for Ohio is 36.2 years. Approximately one quarter of the population is under the age of 18 and a little over half the population are ages 24 to 64. A very small percentage, only eight percent, is young adults ages 18 to 24. The median household income in 2013 was $50,077 with 15.9% of residences living in poverty.

There are over twenty one parks that provide residents with recreational opportunities, with nine of those having designated walking trails. The Indian Lake State Park provides a walking and bike path that runs along the edge of Indian Lake midpoint between Russells Point and Lakeview. The newest fitness project is the 18 mile bike trail expansion, Simon Kenton All Purpose Bike Path, allowing bicyclists to travel between Cincinnati and Bellefontaine. Six fitness facilities are located within the county, along with a ski resort, pool, recreational lake, bowling lanes, golf courses, zip line & rope course, and horseback riding. There are limited indoor opportunities for fitness during inclement weather, especially options that are no cost. Additionally, many of the county’s recreational opportunities require transportation for the majority of residents. Fresh produce is available in the summer at two farmer’s markets in Bellefontaine. Grocery stores are available in most communities, although a few of the smaller areas do not have grocery stores and residents would be required to travel to obtain food.
As the sole community hospital in Logan County Ohio, Mary Rutan Hospital’s primary service area is identified as Logan County, which includes inpatient service volumes equal to 32.2% and outpatient service volumes at 52.2% of Logan County residents.

Ohio Department of Health Vital Statistic’s preliminary data registered 529 births of Logan County residents, and 352 births within the county in 2014. The infant mortality rate (deaths per 1,000 live births) for Logan County (9.33) exceeds the state rate (7.0), with Ohio ranking 47th in the nation. Further, 390 deaths were recorded within Logan County. The following chart provides the leading causes of death for 2014 in Logan County:

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>124</td>
<td>31.8%</td>
</tr>
<tr>
<td>Cancer</td>
<td>98</td>
<td>25.1%</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>30</td>
<td>7.7%</td>
</tr>
<tr>
<td>Advanced Age/Failure to Thrive</td>
<td>25</td>
<td>6.4%</td>
</tr>
<tr>
<td>Brain Disease</td>
<td>25</td>
<td>6.4%</td>
</tr>
<tr>
<td>CVA</td>
<td>20</td>
<td>5.1%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>16</td>
<td>4.1%</td>
</tr>
<tr>
<td>Renal</td>
<td>10</td>
<td>2.6%</td>
</tr>
<tr>
<td>Accident</td>
<td>10</td>
<td>2.6%</td>
</tr>
<tr>
<td>Sepsis</td>
<td>5</td>
<td>1.3%</td>
</tr>
<tr>
<td>Suicide</td>
<td>5</td>
<td>1.3%</td>
</tr>
<tr>
<td>Pending from Coroner</td>
<td>5</td>
<td>1.3%</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Homicide</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>All Other</td>
<td>11</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total</td>
<td>390</td>
<td></td>
</tr>
</tbody>
</table>

The CDC Community Health Profile lists adult diabetes, obesity, preterm births and syphilis the county’s highest factors for morbidity, and adult physical inactivity and teen births as the largest health behavior challenges.

Sources: Logan County Health District, Mary Rutan Hospital, Logan County Chamber of Commerce, US Census Bureau, Center for Community Solutions, Network of Care, County Health Rankings & Roadmaps (Robert Wood Johnson Foundation), Health Policy Institute of Ohio, BRFSS, CDC.
Overview of Survey

The survey was a follow-up on a Community Needs Assessment done in January 2012 and was prepared by the Logan County Health Risk and Community Needs Assessment Committee. Four of the primary agencies involved were the Mary Rutan Hospital, the Mary Rutan Foundation, the Logan County Health District, and the MHDAS Board of Logan and Champaign Counties. A number of other agencies also partnered in the effort. In particular, the following organizations provided support for the project and had the opportunity to be involved in the development of the survey:

Committee Members

<table>
<thead>
<tr>
<th>Drivers (Financial Support)</th>
<th>Supporters (In-Kind Support)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Rutan Hospital</td>
<td>Bellefontaine City Schools</td>
</tr>
<tr>
<td>Mary Rutan Foundation</td>
<td>Bellefontaine Police Department</td>
</tr>
<tr>
<td>Logan County Health District</td>
<td>Council on Rural Services</td>
</tr>
<tr>
<td>MHDAS Board</td>
<td>Indian Lake Local Schools</td>
</tr>
<tr>
<td>United Way of Logan County</td>
<td>Logan County Educational Service Center</td>
</tr>
<tr>
<td>Family &amp; Children First Council</td>
<td>Family Court of Logan County</td>
</tr>
<tr>
<td>OSU Extension</td>
<td>Logan County Job and Family Services</td>
</tr>
<tr>
<td>Logan County Children Services</td>
<td>Logan County Sheriff’s Office</td>
</tr>
<tr>
<td>Logan County Commissioners</td>
<td></td>
</tr>
<tr>
<td>Logan County Board of Developmental Disabilities</td>
<td></td>
</tr>
<tr>
<td>Community Health and Wellness Partners of Logan County</td>
<td></td>
</tr>
</tbody>
</table>

In 2011, a community needs assessment committee was formed. The committee developed the first community needs assessment survey that was administered in January 2012. The 2012 survey was beneficial in identifying needs and risks. In a collaborative effort, community partners have worked together to implement programs and services and secure funding to address community needs, including establishing a Federally Qualified Health Center (FQHC).

The same group was established again in June 2014 to discuss a follow-up survey. The group agreed to follow the same process and based the proposed 2015 survey largely on what was done in 2012 so that the 2012 data could be used for comparison purposes. Lead partners were in communication through meetings and via e-mail and telephone throughout the development process. Other partners were involved and contacted as needed to keep everyone informed.

Many of the survey questions were taken whole, or in part, from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Survey Questionnaire (2009). These questions were used to compare results to surveys done in other contexts and were used with permission.
Sampling and Response Rate

One of the primary goals of the survey was to gather information from a representative sample of adult residents of Logan County. In order to accomplish this goal, surveys were sent to a stratified random sample of occupied households. The following is a breakdown of the numbers of surveys mailed and response rates. Surveys were mailed to a random sample of 50% of households in each census tract.

<table>
<thead>
<tr>
<th>Census Tract</th>
<th>Surveys Mailed</th>
<th>Surveys Returned</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>38 Rushsylvania and West Mansfield</td>
<td>691</td>
<td>107</td>
<td>15.5%</td>
</tr>
<tr>
<td>39 Huntsville and Belle Center</td>
<td>959</td>
<td>157</td>
<td>16.4%</td>
</tr>
<tr>
<td>40 Indian Lake</td>
<td>1023</td>
<td>88</td>
<td>8.6%</td>
</tr>
<tr>
<td>41 Indian Lake - Lakeview</td>
<td>903</td>
<td>87</td>
<td>9.6%</td>
</tr>
<tr>
<td>42 Russells Point</td>
<td>644</td>
<td>54</td>
<td>8.4%</td>
</tr>
<tr>
<td>43 De Graff, Quincy and Lewistown</td>
<td>1097</td>
<td>155</td>
<td>14.1%</td>
</tr>
<tr>
<td>44 Bellefontaine (west)</td>
<td>1160</td>
<td>151</td>
<td>13.0%</td>
</tr>
<tr>
<td>45 Bellefontaine (central)</td>
<td>971</td>
<td>123</td>
<td>12.7%</td>
</tr>
<tr>
<td>46 Bellefontaine (east)</td>
<td>1093</td>
<td>225</td>
<td>20.6%</td>
</tr>
<tr>
<td>47 Zanesfield and East Liberty</td>
<td>1075</td>
<td>160</td>
<td>14.9%</td>
</tr>
<tr>
<td>48 West Liberty</td>
<td>953</td>
<td>183</td>
<td>19.2%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>10569</strong></td>
<td><strong>1490</strong></td>
<td><strong>14.1%</strong></td>
</tr>
</tbody>
</table>

The highest response rates were seen East Bellefontaine and West Liberty. The lowest response rates were seen in Russells Point and Indian Lake. Although the response rates are lower overall than 2012 the pattern by census tract is similar. The low response rates at Indian Lake are to be expected as a number of people have vacation homes and are not there regularly in the winter.

In general, response rates were lower than expected. The low response rate was disappointing, but overall the number of responses is large enough to make valid conclusions about respondents. In addition, there is evidence of reliability and validity of the data collected in that responses are similar, in most cases, to results from the 2012 survey and to data from the BRFSS.
In addition to census tract, analyses were done to determine whether survey respondents were representative by gender, age, and race/ethnicity.

Response Rates by Gender

![Gender Response Rates Chart]

Similar to the 2012 survey, respondents were not representative by gender. As expected, females tended to return the survey at a higher rate than males.

Response Rates by Age Group

![Age Group Response Rates Chart]

Response rates also differed by age group. Older residents were much more likely to return surveys than younger residents. In fact, the 65+ age group only represents approximately 19.7% of the adult population of Logan County but 42.0% of respondents indicated that they were 65 or older. It’s quite possible that with a long survey, older residents were more likely to respond simply because they had more time on their hands.
Focus Groups

Because response rates were not as expected in some areas and for some populations, follow-up focus groups were conducted. Input from four specific groups of people were solicited – the Russells Point/Indian Lake area, minorities, young adults, and the Amish community. Focus groups were able to be conducted for the first three populations. Information was shared with the hospital from one of the Amish communities.

In general, the focus groups provided a large amount of detailed information about what residents felt were the major healthcare issues in their community and specifically within their network of people. One of the major lessons learned from the focus groups and some of the questions on the survey is that people are not as aware of services that are available as healthcare providers would like them to be. There were times during the focus groups that participants mentioned the need for a service and were not aware that the service was already available.

The best way to address the problem varies depending on group, however. While young adults would benefit from more social media and creative electronic transmission of the availability of services, the residents of Russells Point and Indian Lake area were a little more hesitant, citing the lack of availability of computers and technology. In addition, while both the minority group and the Russells Point/Indian Lake group mentioned local churches as a possible vehicle for ‘getting the word out’, churches did not seem to be as much of a focus with the young adults.

Another ‘lesson learned’ is the need for programs for children and youth and parenting help. In all groups, the issue of affordable after-school programs and activities was mentioned as well as the need for affordable childcare and parenting classes. Reflecting the concern with drug use in the survey, most groups seemed concerned with preventing drug use and delinquent behavior in children and teens.

Amish community members from census tract 39 (Belle Center) shared that they had no concern over quality of health care or relationship with health care providers or area hospital. The group shared that pricing/cost of service drives their decisions on health care.
Survey Results

Community Issues

One of the questions in the Community Issues section asked respondents to rate issues that their community might struggle with on a scale of “Not a Problem” to “Big Problem.”

The issue that the greatest percentage of respondents indicated was a big problem was drug abuse. The issue that the lowest percentage of respondents felt was a big issue was homelessness. In particular, 13.2% of respondents indicated that homelessness was “not a problem” — a higher percentage than for any other issue. An explanation from focus groups is that while many people have housing issues, they are dealing with the issues by living with others rather than actually being homeless.

Just over 80% of respondents indicated drug abuse was a ‘Big Problem’

A relatively low percentage of respondents indicated that homelessness was a ‘Big Problem’
Another question in the Community Issues section asked, “Do you feel that your community is a safe place to grow up or to raise children?”

<table>
<thead>
<tr>
<th>Location</th>
<th>Very Unsafe</th>
<th>Unsafe</th>
<th>Somewhat Safe</th>
<th>Safe</th>
<th>Very Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Liberty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zanesfield and East Liberty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bellefontaine (east)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bellefontaine (central)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bellefontaine (west)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>De Graff, Quincy and Lewistown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russells Point</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian Lake - Lakeview</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian Lake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huntsville and Belle Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rushsylvania and West Mansfield</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Most respondents regardless of census tract indicated that they felt their community was a “somewhat safe” or “safe” place to grow up or raise children. Zanesfield and East Liberty had the greatest percentage of respondents reporting that their community was “very safe,” and Indian Lake-Lakeview had the highest percentage reporting that their community was “very unsafe.” In general, however, responses give the impression that respondents in all areas feel that their community is at least somewhat safe place to raise children.

Most respondents indicated that they felt their community was “somewhat safe” or “safe.”
The last question in the Community Issues section asked respondents to rate community needs.

The two biggest issues that respondents indicated were public transportation on evenings and weekends and poverty. In fact, respondents from West Bellefontaine and Russells Point had relatively high percentages indicating that evening and weekend transportation was a big issue (46.0% and 40.0% respectively).

The two needs with the highest percentage were poverty and evening and weekend transportation. Transportation was a big issue specifically in West Bellefontaine and Russells Point.
Personal Health and Wellness

In one of the questions in the Personal Health and Wellness section, respondents were asked to indicate their weight and height.

Clearly, respondents are reporting issues with being overweight or obese. The average BMI of respondents is 28.9 - the “overweight” range. Both of these results are almost identical to that found in 2012 (average BMI of 28.7, 34.2% obese and 34.7% overweight respectively). The percent obese is slightly higher than results posted from the BRFSS for 2010 (29.7% for Ohio)**.

There also seem to be some income differences. Respondents making less than $15,000 tended to be both heaviest and the shortest. Almost half of them fell into the obese category, compared to under one-fourth of the respondents in the highest income category.

<table>
<thead>
<tr>
<th>Income Level</th>
<th>N</th>
<th>BMI</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>127</td>
<td>31.7</td>
<td>28.3%</td>
<td>49.6%</td>
</tr>
<tr>
<td>$15,000-$19,999</td>
<td>113</td>
<td>28.9</td>
<td>37.2%</td>
<td>32.7%</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>182</td>
<td>28.6</td>
<td>29.7%</td>
<td>34.1%</td>
</tr>
<tr>
<td>$30,000-$49,999</td>
<td>262</td>
<td>29.3</td>
<td>38.5%</td>
<td>38.2%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>245</td>
<td>29.6</td>
<td>35.1%</td>
<td>38.8%</td>
</tr>
<tr>
<td>$75,000-$99,999</td>
<td>153</td>
<td>27.8</td>
<td>31.4%</td>
<td>32.0%</td>
</tr>
<tr>
<td>$100,000 +</td>
<td>164</td>
<td>26.7</td>
<td>32.3%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

* BMI is calculated as (weight/height^2)*703. Overweight“ is a BMI of 25-29.9, “obese” is a BMI of 30 or higher based on guidelines published by the U.S. Department of Health and Human Services.

As in 2012, a majority of respondents indicated that they were overweight or obese. The issue hasn’t gotten worse, but it is still something that is a health concern.

* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
The other issue presented in the Personal Health and Wellness section is a relative lack of knowledge of the Healthy Habits, Healthy You campaign. Healthy Habits Healthy You is a county-wide initiative to educate and provide resources for residents of Logan County to learn about developing healthier lifestyle choices including nutrition and fitness and discover opportunities available in our community.

Overall, 73.5% of respondents indicated that they had never heard of the campaign. This relatively high percentage is consistent across age group. The percentage not hearing of the campaign was high for all groups of respondents (gender, age group, area). Clearly, there is more that needs to be done to ‘get the word out.’

A majority of respondents had not heard of the Healthy Habits, Healthy You campaign.
Quality of Life/Caregiving Needs

One of the questions in the Quality of Life section asked respondents whether, during the past month, they had provided care to a person with a health problem.

Overall, 33.9% of respondents indicated that they are providing regular care to a person with a health issue. This was slightly higher than from 2012 (30.5%). This percentage was consistent for respondents age 50 and older. As expected, a higher percentage of older respondents indicated needing to provide care, although the difference was not dramatic.

In addition, the percentage was similar for males and females. The lack of gender differences is interesting in that typically it is women who end up providing care to those with physical needs.

Overall, 33.9% of respondents indicated needing to provide care for a person with a health problem.
Another question in the Quality of Life section asked respondents “Within the past 12 months, have any of your family members needed long-term placement, nursing home or rehabilitation care, or home health care services?”

Percentages were higher than in 2012 with the biggest increase seen in older respondents. This may reflect the aging of the population in general. Older people are more likely to need care and as the population gets older, there is going to be a larger percentage of the population (all ages) with a family member that needs care.

In addition, the second part of the question was modified to add the option of ‘Hospice.’ This might have affected and/or explain differences.

Overall, 35.1% of respondents indicated that they or a family member has needed long-term care. This is an increase from 2012 (22.7%).
Health Care Access/Utilization

One of the positive findings from the survey is that most respondents reported having a personal physician or health care provider (92.8%). The percentage varied according to age, however.

A greater percentage of young adult respondents reported not having a health care provider (17.1%) and a greater percentage of older respondents indicated having more than one health care provider (41.1%).

There were also differences by census tract. Respondents from Indian Lake – Lakeview had the highest percentage indicating that they did not have a provider, followed by Central Bellefontaine and Russells Point. Respondents from Indian Lake had the highest percentage indicating that they had more than one provider.

It is interesting to note that the percentage indicating not having a health care provider was lower than that on the BRFSS for Ohio residents (14.0%)* but higher than that on the BRFSS for Ohio seniors (4.3%)*. Considering the percentage of respondents age 65 and older and age differences, the responses here seem to be similar to what might be expected from the BRFSS if age were to be taken into consideration.

* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
Another positive finding in the Health Care Access section is that most indicated regular checkups. Respondents were asked, “About how long has it been since you visited a doctor for a routine checkup?”

Overall, most respondents indicate that they have seen a doctor for a routine checkup within the past year. Younger respondents report regular checkups at a lower percentage than older respondents, but males and females tend to respond similarly. There are few differences in census tract. However, one interesting note is that 4.1% of respondents from Central Bellefontaine and 3.9% of respondents from Huntsville and Belle Center reported never having a routine checkup.

Responses were similar to that on the BRFSS. On the BRFSS, Ohio seniors reported a checkup within the past year 89.6% of the time, slightly higher than the percentages reported here. Overall, Ohio residents reported a checkup within the past year 70.1% of the time (all ages).*

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* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
Health Care Coverage

One of the most positive findings in this section was that most indicated that they had health insurance.

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ages 18-34</td>
</tr>
<tr>
<td>No Coverage</td>
<td>4.8%</td>
</tr>
<tr>
<td>Employer Plan (Self)</td>
<td>44.8%</td>
</tr>
<tr>
<td>Employer Plan (Other)</td>
<td>37.1%</td>
</tr>
<tr>
<td>Individual (Self-Pay) Plan</td>
<td>1.9%</td>
</tr>
<tr>
<td>ObamaCare</td>
<td>1.9%</td>
</tr>
<tr>
<td>Medicare</td>
<td>1.0%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>12.4%</td>
</tr>
<tr>
<td>Military Coverage</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

The most common coverage included an Employer Plan and Medicare. However, responses varied by age group, gender, and census tract. As expected, the majority of senior respondents indicated Medicare while younger respondents indicated a plan provided by an employer. A greater percentage of older respondents also indicated that they had a self-pay plan or other. This may be due to various types of supplemental insurance for those with Medicare.

Overall, 96% of respondents reported having health care coverage.

For those without coverage, the main reason stated was cost. Most (70%) of those indicating no coverage said that they ‘couldn’t afford premiums.’

For those without coverage, 70% indicated that it was because they ‘couldn’t afford premiums.’
Respondents were also asked about who was covered under their health insurance. Overall, responses were split among whether coverage was individual, self and spouse, or family. There were large differences by age group, however. Respondents under 50 tended to report having family insurance. Respondents ages 50-64 reported insurance coverage for self and spouse but were fairly split between self and spouse and only self. Senior respondents tended to report coverage for self only.

There are also some differences by census tract. Respondents from Indian Lake have a low percentage indicating family coverage. Respondents from West Bellefontaine had the highest percentage indicating coverage for self only, although a few other census tracts were close.

An interesting note is also the slight change from 2012. A higher percentage of respondents indicate coverage for self only and a lower percentage indicate family coverage. Perhaps this is due to the increased cost of health care coverage. Employers are less likely to provide family coverage than they were in the past due to the increasing cost and regulations about the types of coverage required.

The greatest percentage of respondents indicated that their health care coverage was only for ‘self’ and this number has gone up slightly since 2012.
Oral Health

Respondents were asked about the length of time since their last dental visit.

Overall, a majority of respondents indicated that they had seen a dentist within the past year. Older respondents had a higher percentage reporting being more than 5 years since seeing a dentist. Female respondents report seeing a dentist regularly at a slightly higher percentage than males.

In addition, Indian Lake – Lakeview and Russells Point had a higher percentage of respondents than other areas report not seeing a dentist in over 5 years. In fact, only around half of respondents from these areas reported seeing a dentist within the past year. This was similar to 2012 data.

Percentages are also similar to the 2010 BRFSS data when taking into account age. Although a slightly lower percentage of all respondents above indicated a dental visit in the past year compared to Ohio residents (70.1%) the percentage from the BRFSS for Ohio seniors (65.6%) was very similar to the above data.

* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
Preventative Medicine and Health Screenings

In this section, respondents were asked about their health ailments/health concerns. The first three questions asked about diabetes, high blood pressure, and high cholesterol. Specifically, respondents were asked if they had ever been diagnosed with any of the three conditions.

As expected, the biggest factor influencing whether a respondent reported diabetes, high blood pressure, or high cholesterol was age. Older respondents indicated having had all three diagnoses at a greater percentage than younger respondents. In addition, a higher percentage of male than female respondents reported all three diagnoses.

Overall percentages for diabetes above were higher than that for the BRFSS (10.9%)*. Some of this difference might be due to age, but the percentage for seniors on this survey was higher even than that for Ohio seniors on the BRFSS (22.6%)*.

* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
A number of the other questions asked about various vaccines. Specifically, three are highlighted here – tetanus shot, whooping cough vaccine, and flu vaccine.

The age differences here are telling. Younger adults have a slightly higher percentage reporting getting a tetanus shot and a whooping cough vaccine. However, it is older adults that have a higher percentage reporting getting a flu vaccine. The percent indicating a whooping cough vaccine increased slightly since 2012 (15.0% to 20.3%), with the greatest rise for young adult respondents.

For the flu vaccine, percentages were generally similar to that on the BRFSS when taking into account age. BRFSS percentages were 41.8% and 64.9% for Ohio residents and Ohio seniors respectively.

Whether respondents reported various vaccines is also related to age.

* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
Alcohol and Tobacco Use

The alcohol and tobacco section asked about attitudes towards drinking, risky drinking behavior and smoking habits. There were a few positive areas to note in this section. First, the percentage indicating binge drinking within the past 30 days (4 or more drinks) was still low. Of those who indicated drinking in the past 30 days, 55 respondents indicated binge drinking, which is approximately 4% of those completing the survey and 8% of those indicating drinking at all within the past 30 days.

Also, only 45 respondents indicated drinking and driving. This is similar to 2012 and is approximately 3% of those completing the survey.

In addition, a low percentage of respondents indicated being current smokers.

There are some interesting age differences. A lower percentage of seniors report being current smokers than other groups and the percentage of young adults reporting being current smokers has dropped since 2012 (21.2% to 10.6%).

There are also census tract and income differences. Indian Lake – Lakeview and Russells Point had the highest percentage of respondents reporting being a current smoker. Rushsylvania and West Mansfield had the lowest. Those reporting a household income of under $15,000 had a higher percentage indicating being a current smoker (24.2%) than other groups.

Percentages indicating that they had never smoked were similar to that on the BRFSS (52.9% for Ohio residents). There were some interesting age and gender variations, however.

Less than 10% of respondents indicated being a current smoker. However, this varied by income. A higher percentage of low income respondents indicated being a current smoker.

* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
Attitudes towards youth drinking are mixed, with most indicating that it is not ok for youth to engage in drinking behaviors or for adults to aid youth in drinking.

Most either strongly disagreed or disagreed that adults, and even parents, should be able to supply those underage with alcohol. In addition, most felt that it was not ok for those under 21 to drink, whether or not they drove afterward. Responses were split, however, when it comes to whether retailers are careful when it comes to underage alcohol purchase. Overall, about half of respondents DID NOT think that retailers were careful.

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 Attitudes towards youth drinking are mixed. Most indicated that it is ‘not ok’ for youth to drink but are mixed on whether retailers are careful in monitoring underage sales.

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Logan County Community Needs Survey - 2015
Drug Use

Overall, a very low percentage of respondents indicated current drug use.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percent Reporting use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>4.0%</td>
</tr>
<tr>
<td>Synthetic Marijuana (K2)</td>
<td>0.3%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0.7%</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>0.1%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.1%</td>
</tr>
<tr>
<td>Crack</td>
<td>0.2%</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.4%</td>
</tr>
<tr>
<td>LSD</td>
<td>0.1%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.2%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

For all illegal drugs, the percentage reporting use was extremely low. Less than 1% of respondents reported using synthetic marijuana, amphetamines, methamphetamines, cocaine, crack, heroin, LSD, inhalants, and ecstasy. Approximately 4% of respondents reported marijuana use. Actual use of illegal drugs is probably underestimated due to the self-report nature of the data. Even with an anonymous survey, some would be hesitant to admit to drug use, and heavy users would be unlikely to take the time to fill out a lengthy survey.

Very few respondents overall reported current use of illegal drugs.
Another finding of note in the Drug Use section was the last question. The question asked, “Do you know someone who has used heroin in the past six months?”

Overall, 13.7% reported knowing a heroin user. However, there were differences by age group. Almost one-third (31.4%) of young adults know someone who is a heroin user.

There were also differences by census tract. The area with the highest percentage of respondents indicating knowing a heroin user is Russells Point, followed by Central Bellefontaine. This corresponds to the feedback received in focus groups that heroin use is becoming an increasing issue, especially among the young adult population. The area with the lowest percentage was West Liberty.

**Almost one-third of young adult respondents reported knowing a heroin user.**

When asked about the age of the heroin user, the majority (65.0%) indicated that the user is a young adult (ages 21-30).

**65.0% who know a user indicated that the user was between the ages of 21-30.**
**Women’s Health**

In this section, women were asked to indicate if they had gotten recommended preventative health care. Specifically, questions asked about a mammogram, pap test, and colonoscopy.

The mammogram percentages are out of women respondents age 40 and over. The majority of women respondents 40 or over indicated that they have had a mammogram within the past year. Results were very similar to 2012 data and BRFSS data (74.2% of Ohio residents in the past two years).

Over a quarter of women respondents (27.9%) of all ages indicated that it had been more than 5 years since they had a pap test. The responses vary considerably by age group. Younger respondents report having regular Pap tests at a much higher percentage than older respondents but it is still lower than the percentage of Ohio residents from the BRFSS reporting a pap test within the past 3 years (81.7%)*.

A colonoscopy is recommended for women over 50. In this Logan County sample, 73.1% of respondents over 50 indicated having a colonoscopy.

The percentage of women reporting routine tests varies.

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* BRFSS data consists of 2010 weighted percentages (land line only) and was obtained via WEAT (Web Enabled Analysis Tool)
Men’s Health

The Men’s Health section also asked about preventative screenings. Specifically, respondents were asked about a PSA test, digital rectal exam, and colonoscopy.

Overall, just over half (57.1%) of male respondents age 50 or older indicated that they had a PSA test within the past 2 years. Only 20.8% of male respondents age 50 or older indicated that they had never had a PSA test. In 2012, a slightly higher percentage of respondents reported getting a timely PSA test.

About half of male respondents age 50 and over report getting a digital rectal exam within the past two years. In 2012, a slightly higher percentage of respondents reported getting a timely digital rectal exam.

A little over 20% of male respondents age 50 or over report a timely colonoscopy. Just over one-fourth (25.8%) report never having a colonoscopy. For the most part, the numbers are similar to 2012.
Sexual Behavior

One of the main questions in this section asked respondents, “In the past 12 months, how many people have you been sexually active with?”

Most respondents report either no or one sexual partner. However, the percentage of respondents indicating no sexual activity differs greatly by age. A little over two-thirds of respondents 65 and over indicate that they had not had sex within the past 12 months, while less than 10% of those under 50 indicate no sexual partners. The number with a large number of sexual partners did not differ by age, however. Less than 4% of young adult respondents reported having more than 5 sexual partners in the past year.

Interestingly, responses are similar for male and female respondents. Overall, very few respondents, whether male or female, report more than one sexual partner.

Very few respondents indicated multiple sexual partners.
Mental Health

The first question in the Mental Health section asked about depression symptoms. Specifically, the question asked Over the past 12 months, have you had 2 or more weeks in which you felt sad, blue or depressed or lost interest or pleasure in things you usually care about or enjoy?”

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percent Reporting Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>47.8%</td>
</tr>
<tr>
<td>$15,000-$19,999</td>
<td>35.7%</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>30.5%</td>
</tr>
<tr>
<td>$30,000-$49,999</td>
<td>27.5%</td>
</tr>
<tr>
<td>$50,000-$74,999</td>
<td>25.6%</td>
</tr>
<tr>
<td>$75,000-$99,999</td>
<td>23.6%</td>
</tr>
<tr>
<td>$100,000 +</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

Similarly to 2012, almost 30% of respondents indicated depression symptoms within the past year. This percentage was fairly consistent across age group and gender. Typically, females are more likely to report depression symptoms. Although that same pattern is seen, the difference is not notable.

There are differences by income level, however. The lowest income level has the highest percentage of respondents indicating depression symptoms. Either lack of income is causing depression or mental health issues are affecting job performance/ability to provide income.

Another important issue in the mental health section was the percentage of respondents indicating that they had been the victim of a sexual assault. Overall, 22.0% of respondents indicated that they had been a victim of a sexual assault at some time in their life. There was not much difference by age group, although the number seemed slightly lower for senior respondents. The percentage was higher for female than male respondents and the percentage was highest for respondents from Indian Lake – Lakeview and Zanesfield and East Liberty.

Overall, 22.0% of respondents indicated that they had been a victim of a sexual assault at sometime in their life.
Parenting

Of those who indicated that they had children in the household, there were three issues of note. One was the percentage that indicated their children had had health care coverage. Overall, 91.8% of respondents with children in their household indicated that their children had never been without health care coverage and 96.1% indicated that their children presently have health insurance.

However, not all health issues are positive. A number of respondents indicated that at least one of their children had been diagnosed with asthma (39.1%). This is higher than what is shown in the Network of Care data for Logan County (20.4%)*. The third notable finding in the parenting section was the percentage of respondents indicating that their family eats regular meals together.

Almost all (96.1%) of respondents with children in their house indicate that their children currently have health care coverage. However, a number of respondents with children in their house (39.1%) indicate that at least one of their children had been diagnosed with asthma.

The third notable finding in the parenting section was the percentage of respondents indicating that their family eats regular meals together.

Overall, results were similar to 2012. Over half of respondents indicated that their family eats meals together 5 or more times per week. The percentage was slightly higher for seniors who may have smaller families and not be involved in as many activities. Regardless, a large number of respondents indicate the habit of eating meals with their family.

**Source: http://logan.oh.networkofcare.org/ph/**

A large percentage of respondents reported eating regular meals together with their family.
Environment/Safety

The first, and an important question in the environment/safety section asked about seatbelt use.

Similarly to 2012, a majority of respondents indicating always using a seatbelt (83.9%). This percentage was fairly consistent across age groups. It is interesting that it is high even for senior respondents, given that the respondents would have driven during times when seatbelts were not available and/or required.

A slightly higher percentage of female than male respondents reported always using their seatbelt. This may be related to the fact that women are more likely to be driving others around (particularly kids) and desiring to set an example.

A large percentage of respondents reported always using their seatbelts.
A new question on the 2015 survey asked about distracted driving. The question asked, “How often in a typical week do you do the following while driving?”

It is encouraging that a low number of respondents reported texting and driving. However, it is concerning that almost 30% of respondents report driving while tired/sleepy. Perhaps it is because texting is something that one has voluntary control over, but many times one does not have control over feeling tired/sleepy.

There were some noticeable and expected age differences, however. Young adult respondents had the highest percentage reporting regularly (5+ times) doing all of the activities. The difference was greatest for the top three items – talking on the phone, texting, and driving while tired/sleepy (24.0%, 14.9%, and 13.6% respectively.

Few respondents overall reported regularly driving while distracted. However, the percentages were higher for the young adult group.
Other new questions asked about internet activity. In particular, one of the questions asked respondents to indicate the number of hours they spend online outside of work.

Overall, the majority of respondents reported spending 0-2 hours online outside of work. As one might expect, the number varied by age group. Younger respondents had a higher percentage indicating spending time online outside of work than older respondents. In fact, it is interesting that the amount of time online for young adults was not higher.

In addition, respondents were asked about whether they had concerns about the time spent online doing various activities – shopping, Facebook/social media, pornography, gambling, and online gaming and about whether they had been a victim of an Internet crime. Very few respondents indicated that they had concerns (less than 10% for all items). The percentage was higher for Facebook/social media among younger respondents, however (10.2% for ages 35-49 and 21.2% for young adult respondents). Also, a very low percentage indicated being a victim of an Internet crime (1.2%, 4.0%, and 4.7% for cyberbullying, financial scam, and identity theft respectively).

Few respondents overall reported spending a lot of time online outside of work. However, the percentages were slightly higher for the young adult group.

A low percentage of respondents reported having concerns with time spent online in various activities and few reported being the victim of an Internet crime.
Social Context

One of the questions in this section asked about housing issues.

<table>
<thead>
<tr>
<th>Housing Issue</th>
<th>Percent Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too Crowded</td>
<td>1.9%</td>
</tr>
<tr>
<td>Too Expensive</td>
<td>5.3%</td>
</tr>
<tr>
<td>Too Far from Everything</td>
<td>3.9%</td>
</tr>
<tr>
<td>Run Down</td>
<td>5.5%</td>
</tr>
<tr>
<td>Too Close to Neighbors</td>
<td>8.1%</td>
</tr>
<tr>
<td>Unsafe Neighborhood</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Overall, few respondents indicated issues with housing conditions. The condition reported by the greatest percentage of respondents was ‘too close to neighbors.’

There was also some variation by census tract in the percentage of respondents indicating that their house or apartment was ‘too close to neighbors.’ Younger respondents had a greater percentage indicating this condition than older respondents. Respondents from Central Bellefontaine had the highest percentage indicating their housing was ‘too close to neighbors’ while respondents from Rushsylvania and West Mansfield had the lowest percentage. Percentages from respondents in Russells Point were also relatively high in some areas. For instance, 20.4% of respondents from Russells Point felt that their housing was ‘run down’, higher than in any other area.

Overall, respondents reported few housing issues.
Another question asked about whether respondents felt they had enough money for housing, utilities, and buying nutritious food.

Overall, the percentages of respondents indicating money issues were 32.8%, 39.1%, and 38.6% for rent/mortgage, utility bills, and nutritious food respectively. The percentages were highest for young adults and slightly higher for female than male respondents in all three areas. In terms of census tract, respondents from West Bellefontaine, Indian Lake – Lakeview, and Russells Point tended to have relatively high percentages. West Bellefontaine had the highest percentage of respondents indicating having issues with money for rent/mortgage. Other areas with relatively high percentages include Indian Lake – Lakeview, Russells Point, and Central Bellefontaine. Respondents from Indian Lake – Lakeview and Russells Point had the highest percentage indicating needing help with money for utilities. Respondents from Indian Lake – Lakeview, Russells Point, and Central Bellefontaine had the highest percentages indicating needing financial help for buying nutritious food.

Overall, respondents reported few money issues, but responses varied somewhat by age group, gender, and census tract.
The final question in the Social Context section asked about how respondents felt about their community.

In general, overall responses to these statements were not as high as one might expect but was similar to 2012. Responses for all three statements varied by age group. Senior respondents had the highest percentage when combining the top two categories (‘strongly agree’ or ‘agree’).

There were also some census tract differences. For all three statements, respondents from Indian Lake – Lakeview, Russells Point, and Central Bellefontaine had the highest percentage indicating disagreement/the most negative attitudes.

Respondents reported mixed feelings about their community, and responses varied by age group and census tract.
Conclusions/Lessons Learned

One of the biggest “findings” of the survey was similar to that in 2012 - the characteristics of respondents. Older females were the most likely to take the time to fill out the survey. This difference in response rate was important as overall percentages for each question are affected by the demographics of those providing the information. In addition, the response rate was lower than was expected. Response rates typically tend to be low with mail surveys and, unfortunately, that is what was seen here. Because the response was low in certain areas, the information was supplemented with data from focus groups. In addition, because the age and gender of respondents could have influenced overall percentages, care was taken to break down data by age group and gender in the full report. Overall, the number of responses was high enough to make valid conclusions about respondents and there is evidence of reliability and validity of the data collected in that responses are similar, in most cases, to results from the 2012 survey and to data from the BRFSS.

In terms of community issues, one of the biggest findings is the percentage of respondents indicating drug abuse as a big issue and the need for alcohol/drug abuse programs – slightly higher than in 2012. This corresponds to recent reports of drug abuse in the community, but does not correspond with the low percentage of respondents actually reporting use of drugs. In addition, other issues mentioned by respondents include health care, care for elderly, and the need for evening/weekend transportation.

Health issues, in some areas, were similar to what would be expected, but there were also some areas of concern. In the Personal Health section, the two areas that warrant attention are the still relatively high percentage of respondents indicating they are overweight or obese and the relative lack of knowledge of the Healthy Habits, Healthy You campaign. In the Quality of Life section, there were still a number of respondents indicating need to provide long term care and the need for long term placement has gone up slightly from 2012.

In the Health Care Access and Health Care Coverage sections, there are some positive things to highlight. Most respondents indicated having healthcare coverage, having a regular health care provider and getting regular checkups. However, a number still see cost of health care as an issue and there is a trend for a lower percentage of respondents to report family coverage.

When it comes to Preventative Medicine and Women’s and Men’s Health, there are a number of things to highlight. Whether respondents had been ever diagnosed with diabetes, high blood pressure, and high cholesterol is still relatively high but is largely an effect of the age of respondents. A low percentage of respondents overall reported a whooping cough vaccine, but the percentage was much higher for young adults. A decent percentage of women are reporting preventative tests such as mammograms, but the percentage of men reporting preventative tests has decreased slightly.

In terms of alcohol, tobacco, and drug use, there were a few positive results to note. The percentage of respondents reporting smoking and drug use is still low. Attitudes towards youth drinking are fairly good with most indicating that it is not ok for youth to drink. In addition, a very low percentage of respondents indicated drinking and driving and binge drinking. Some of these results vary by income, however with lower income respondents reporting slightly more at risk behavior/attitudes.
That being said, one issue that came out of the drug and alcohol sections was the percentage of respondents that report knowing a heroin user, especially young adults. From the focus groups, heroin issue was noted as an issue that needed to be addressed and this question confirmed that fact.

The one finding in the sexual health section that was notable was a positive one. Similar to the 2012 results, a low percentage of respondents are indicating multiple sexual partners. This is true even for the young adult group.

For mental health, it was interesting that almost 30% of respondents indicated depression symptoms and the percentage was even higher for those with low incomes. This result is similar to 2012. In addition, a fair percentage of respondents indicated having been the victim of a sexual assault. One positive note is that few respondents indicated that their mental health affects their daily life. This varied by income, however with lower income respondents indicating more mental health issues.

For parenting, three issues seemed worth note. One is the percentage of respondents indicating that they have children with asthma. This is still rather high and has gone up since 2012. The other two findings are positive ones. A relatively large percentage of respondents indicated eating regular meals with family members and most report that their children have health care coverage.

Many of the social and environmental questions had responses that were positive. Reported seatbelt use is still high. Use of car seats is high, a low percentage of respondents indicated abuse, and a relatively low percentage of respondents indicated risky driving behaviors. The exception to the last finding was young adults. A higher percentage of young adults report talking on the phone, texting, etc. while driving than older respondents. This is what one might expect, but it is still an issue to note.

One of the most interesting findings is that of Internet use. Respondents reported lower hours online than expected, and this was even seen with young adults. In addition, respondents for the most part indicated that they had no issues with online use and problems relating to being online (gambling, pornography, too much time on social media, being a victim of an Internet crime).

Social Context was the last section of the survey. There are still low percentages of respondents reporting issues with their housing and low percentages reporting money issues. However, there are some mixed ratings of communities that need to be considered.

Finally, there were some differences to note with regards to census tract. Respondents from Indian Lake – Lakeview, Russells Point, and some of the areas in Bellefontaine still tended to provide more “at risk” responses than those from other areas. For instance, these are the areas where respondents are reporting the highest percentage of depression symptoms and mental health dysfunction, abuse, smoking, issues with getting help when they need it, lowest incomes, most negative views of the community, and the most community issues/problems in general. These were also considered the most ‘at risk’ census tracts in 2012.