

HANCOCK COUNTY

2017 Nutrition and Physical Activity Health Assessment

Improving Community Health:
Healthy Foods & Physical Activity

FOREWORD

The members of the Hancock County Health Coalition are pleased to present this 2017 physical activity and nutrition health assessment. This health assessment provides us with a snapshot of Hancock County, as well as our state and nation. The data presented in this report provides valuable information to develop strategies that focus on wellness, activity, nutrition, and unmet community needs. The assessment gives additional insight in how these areas relate to our community structure and highlights opportunities for future initiatives.

Through collaboration with The Hospital Council of Northwest Ohio, every effort has been made to assure that this report contains valid and reliable data. Various efforts have been made in the past to identify and assess the varied physical activity and nutrition statistics of Hancock County residents and this study represents a focused approach on these items. This study was developed amongst area agencies who can impact change in the health status of our county.

The Hancock County Health Coalition have made various commitments in order to ensure the success of this effort:

1. The assessment will not “sit on a shelf.” The identified areas of concern and recommendations will be followed up and acted on.
2. Initiatives will not be done in a vacuum. In order to be successful, any and all stakeholders will need to be involved in current and future efforts. Every agency dealing in some aspect of physical activity and nutrition in Hancock County needs to be “at the table” and offering their particular areas of expertise and experience. These areas are so broad that they cannot be the sole responsibility of any one agency. There can be no “silos” in these efforts or there will be no success.
3. Hancock County health assessments will continue to be repeated on a regular basis and data and results will be trended so that results can be compared. This will ensure that benchmarking can occur and improvements (or degradation) in measures can be noted.
4. The assessments will be flexible. As additional unmet needs are identified, or existing needs are met, the study itself must evolve to remain a meaningful and workable instrument for health planning in Hancock County.

Hancock County Health Coalition looks forward to continuing to work together with the community to improve opportunities for physical activity and nutrition for Hancock County residents of all ages.

Sincerely,

Hancock County Health Coalition

ACKNOWLEDGEMENTS

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HHWP Community Action Commission
Hancock Pathways
Hancock County Schools

Contact Information

Barbara Wilhelm R.N.
Deputy Health Commissioner
Hancock Public Health
7748 County Road 140
Findlay, OH 45840
419-424-7870

**Project Management, Secondary Data, Data Collection/Analysis, and Report Development
Hospital Council of Northwest Ohio**

Britney L. Ward, MPH

Director of Community Health Improvement

Margaret Wielinski, MPH

Assistant Director of Community Health Improvement

Selena Coley, MPH

Community Health Improvement Coordinator

Emily A. Golias, MPH, CHES

Community Health Improvement Coordinator

Tessa Elliott, MPH, CHES

Community Health Improvement Coordinator

Emily Stearns, MPH, CHES

Community Health Improvement Coordinator

Erin Rauschenberg

Undergraduate Assistant

The 2017 Hancock County Nutrition & Physical Activity Health Assessment is available on the following websites:

Hancock Public Health

<http://www.co.hancock.oh.us/government-services/board-of-health>

Hospital Council of Northwest Ohio

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

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Hancock County adults ages 19 years and older, and parents of children (ages pre-K through high school) who participated in a county-wide nutrition and physical activity health assessment survey during July through August 2017. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the Moving to the Future Framework, as well as survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

DESIGN

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

INSTRUMENT DEVELOPMENT

Two online survey instruments were designed and pilot tested through Survey Monkey: one for adult community members and one for key leaders in the community. The community survey also contained questions for those parents who had children ages 0-5 and who were in grades Pre-K through high school. As a first step in the design process, staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for identifying the opportunities and challenges in accessing healthy foods and physical activity opportunities within the county. The investigators decided to derive most of the adult and key leader survey items from the Moving to the Future framework. This decision was based on meeting the requirements outlined in the grant provided by Ohio Department of Health (ODH).

The project coordinator from HCNO met with the Hancock County Coalition for Healthy Living (HCCHL). During this meeting, banks of potential survey questions from the Moving to the Future Framework, BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the HCCHL, the Project Coordinator composed drafts of surveys containing 75 items for the community survey, and 28 items for the key leader survey. The drafts were reviewed and approved by the committee.

PROCEDURE | Community & Key Leader Survey

Committee members were asked to distribute the community survey link via social media (i.e. Facebook, Twitter, website, etc.) and send out to their email list serves and post to their websites. In addition, HCNO provided the committee with a list of approximately 20 sectors that should participate in the key leader survey. Committee members reached out to those sectors individually. The committee was provided with instructional language to use as a template prior to distributing both survey links, as well as a press release template to distribute to media outlets.

The community survey generated 45 completed surveys and the key leader survey generated 69 responses. Although this was a good response, data is not generalizable due to the survey methodology not being a true random sample.

MOVING TO THE FUTURE


Staff from Hancock Public Health, along with HCNO staff, participated in six webinars coordinated by ODH and Karen Probert, founder of Moving to the Future.

ODH secured grant funds to work on nutrition and physical activity and provided funding to local health departments through their Maternal and Child Health (MCH) grant. Grantees were required to use the Moving to the Future framework.

Moving to the Future is an online resource that provides tools to the community for planning nutrition and physical activity programs. It places emphasis on changing policies and the environment. The online tools feature a planning guide that include forms, worksheets and sample surveys, a forum network, and a member directory. The planning guide is a five-step process: Community Assessment; Priorities, Goals, and Objectives; Nutrition and Physical Activity Plan; Implementation; and Evaluation. This report serves as the community assessment and the starting point for all future priority selection and work.

For more information about Moving to the Future, go to: <http://movingtothefuture.org/>.

ALIGNMENT OF STATE HEALTH ASSESSMENT (SHA) AND STATE HEALTH IMPROVEMENT PLAN (SHIP)

Staff from HCNO referenced indicators from the Ohio State Health Assessment (SHA) and State Health Improvement Plan (SHIP), when applicable. Examples of common indicators include, fruit and vegetable consumption, access to exercise opportunities, driving to work, etc. For those indicators that align with the SHA and SHIP, they will be marked with the state icon. 

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

To view the full 2017-2019 Ohio State Health Improvement Plan, please visit: https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHIP_02072017.pdf?la=en

INSTITUTIONAL REVIEW BOARD (IRB) EXEMPTION

The Hancock County Health Department submitted an application, along with the proposed surveys, to ODH's IRB in order to secure approval. The assessment that was conducted was classified as a category #2: research involving the use of survey procedures that will not allow subjects to be identified, directly or through identifiers; and any disclosure of responses that could place subjects at risk or be damaging to their reputation.

DATA ANALYSIS

Individual responses were anonymous. Only group data is available. All data was analyzed by HCNO staff. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. To work within the grant budget, the surveys were distributed by email and social media. Some populations are less likely to have internet access or a computer, such as the elderly population or those with low incomes. In using this survey process, the results are not generalizable to the entire community.

CURRENT LANDSCAPE AND RESOURCES

A resource assessment was conducted by the HCCHL committee to look at the built and social environment in Hancock County. Key findings from the resource assessment are spread throughout the full report. Please contact Hancock Public Health for the full resource assessment.



Nutrition | ADULT

Key Findings

The 2017 health assessment identified that 72% of Hancock County adults were overweight (44%) or obese (31%) based on Body Mass Index (BMI). Forty-two percent (42%) of adults ate between 3 to 4 servings of fruits and vegetables per day.



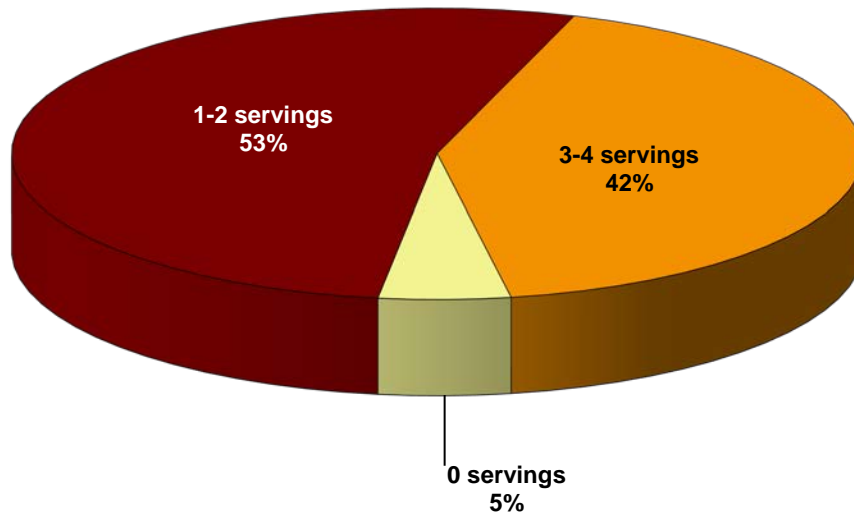
Adult Consumption

-  In 2017, the health assessment indicated that three-quarters (75%) of Hancock County adults were either overweight (44%) or obese (31%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of chronic diseases.
- Nearly three-quarters (70%) of adults were trying to lose weight; 23% were trying to maintain their current weight or keep from gaining weight; and 2% were trying to gain weight. Five percent (5%) of Hancock County adults were not doing anything to lose or gain weight.
- Hancock County adults did the following to lose weight or keep from gaining weight: drank more water (63%); ate less food, fewer calories, or foods low in fat (58%); exercised (56%); ate more fruits and vegetables (44%); skipped meals (14%); and smoked cigarettes (2%); No one reported they took diet pills, powders or liquids without a doctor's advice, vomited or took laxatives, or went without eating for 24 or more hours.
-  In 2017, 53% of adults ate between 1 to 2 servings of fruits and vegetables per day and 42% ate between 3 to 4 servings. No one reported eating 5 or more servings of fruits and vegetables per day. Five percent (5%) of Hancock County adults did not have any servings of fruits and vegetables. The American Cancer Society recommends that adults eat at least 2 ½ cups (5 servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. In 2013, 42% of Ohio adults consumed fruits less than one time daily and 26% consumed vegetables less than one time daily (*Source: 2013 BRFSS*).
- Nine percent (9%) of adults drank 10 or more servings of water per day; 23% drank between 7 to 9 servings; 36% drank 4 to 6 servings; and 30% drank 1 to 3 servings of water per day. Two percent (2%) reported they did not consume any water per day. The Institute of Medicine, National Academy of Sciences recommends that men drink a total of 16 (cups/servings) and women drink a total of 11 (cups/servings) of total water a day. (*Source: The Institute of Medicine, National Academy*)
- One in seven (14%) adults drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks, or other sugar-sweetened beverages at least once per day in the past week. Fifty percent (50%) of adults did not drink any sugar-sweetened beverages in the past week.
- Ninety-three percent (93%) of adults ate out in a restaurant or brought home take-out food at least once in the past week, including 12% of adults who did so for five or more meals in the past week.
- Hancock County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (86%), cost (77%), healthiness of food (73%), ease of preparation/time (68%), availability (55%), what their family prefers (48%), food they were used to (45%), nutritional content (43%), calorie content (34%), artificial sweetener content (18%), organic (11%), genetically modified (9%), health care provider's advice (7%), gluten free (5%), other food sensitivities (5%), lactose free (2%), and other reasons (5%).

The following pie charts show the average daily consumption of fruits and vegetables and water of Hancock County adults. An example of how to interpret the information: 42% of all Hancock County adults ate 3 to 4 servings of fruits and vegetables per day.

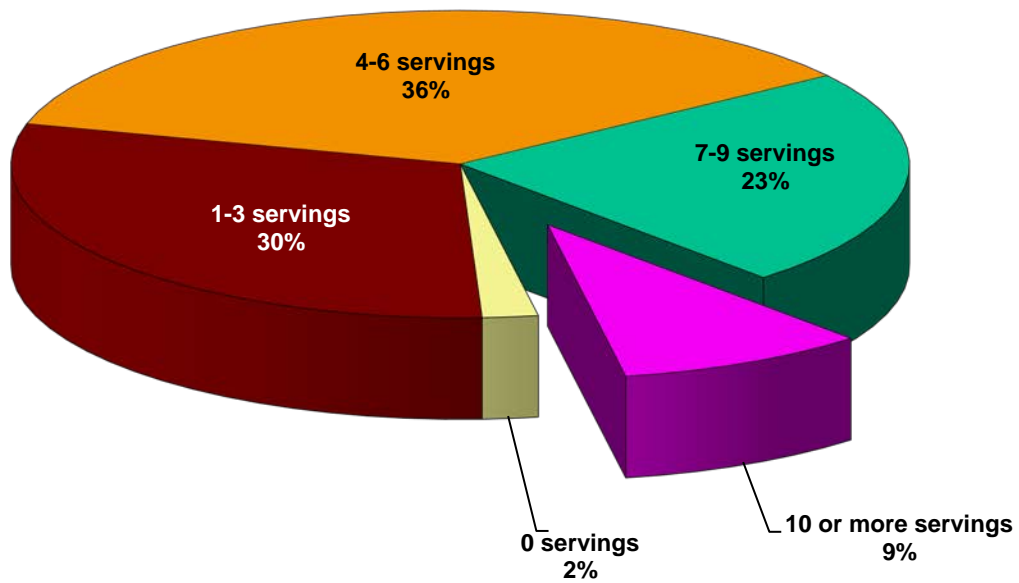
- In Hancock County, 5% of adults did not have any servings of fruits and vegetables per day.
- Nine percent (9%) of adults drank the recommended 10 servings or more of water per day.

Hancock County Adults Average Daily Fruit and Vegetable Consumption*




*A serving size of fruits and vegetable is ½ cup.

Hancock County Adults Average Daily Water Consumption*




*A serving size of water is 1 cup (8oz.)

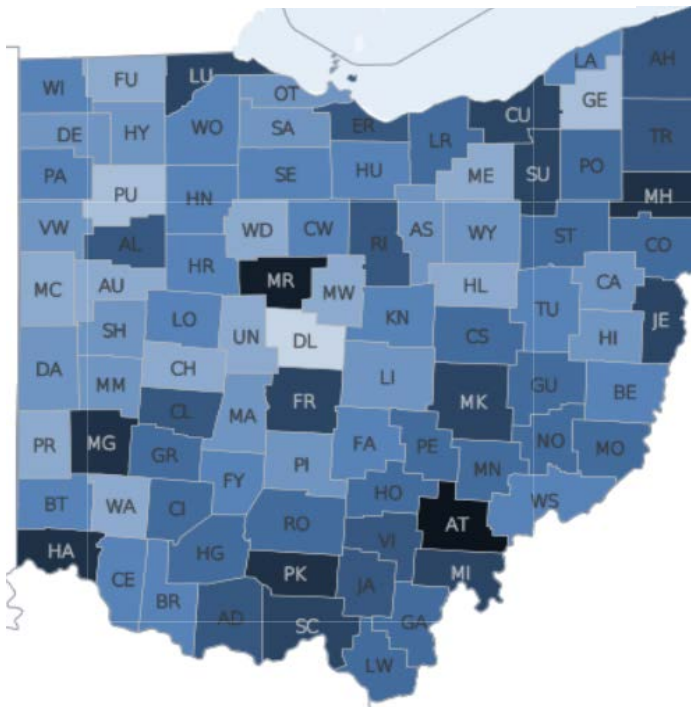
Adult Access to Food

- Hancock County adults purchased their fruit and vegetables from the following places: large grocery store (95%), local grocery store (47%), farmer's market (37%), grow their own/garden (30%), mobile produce (12%), Dollar General/Dollar Store (2%), community supported agriculture (CSA) (2%), and other places (2%). No one reported purchasing their fruits and vegetables from community gardens, mail order food service, food pantries, or convenience stores.
- Adults reported the following food insecurity issues in consuming fruits and vegetables: too expensive (14%), did not know how to prepare (10%), no access (2%), did not like the taste (2%), no variety (2%), and other barriers (17%). No one reported stores did not take electronic benefits transfer (EBT) or transportation as barriers.
-  Hancock County adults experienced the following food insecurity issues in the past 12 months: had to choose between paying bills and buying food (7%); went hungry/ate less to provide more food for their family (7%); were worried food would run out (5%); they were hungry, but did not eat because they had no money for food (2%); and loss of income led to food insecurity (2%). No one reported that their food assistance was cut.

In the past year, 7% of Hancock County adults had to choose between paying bills and buying food.

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

Food Environment Index



Hancock County had a food index measure of:

7.6

Ohio had a food index measure of:

7.0

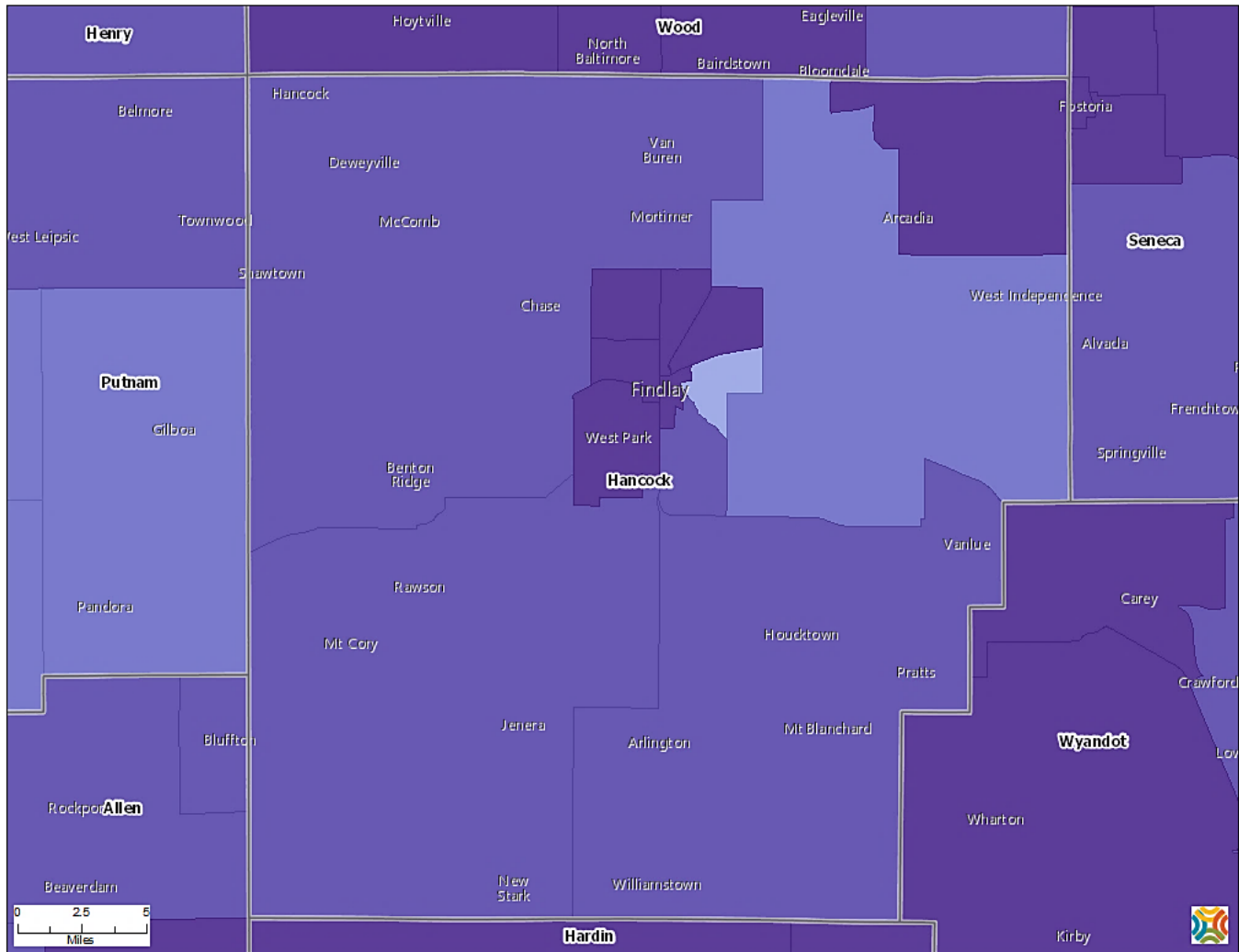
BEST  WORST

10

0

(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2010 & 2014)

Soda Expenditures, Percent of Food-At-Home Expenditures, State Rank, 2014



Map Legend

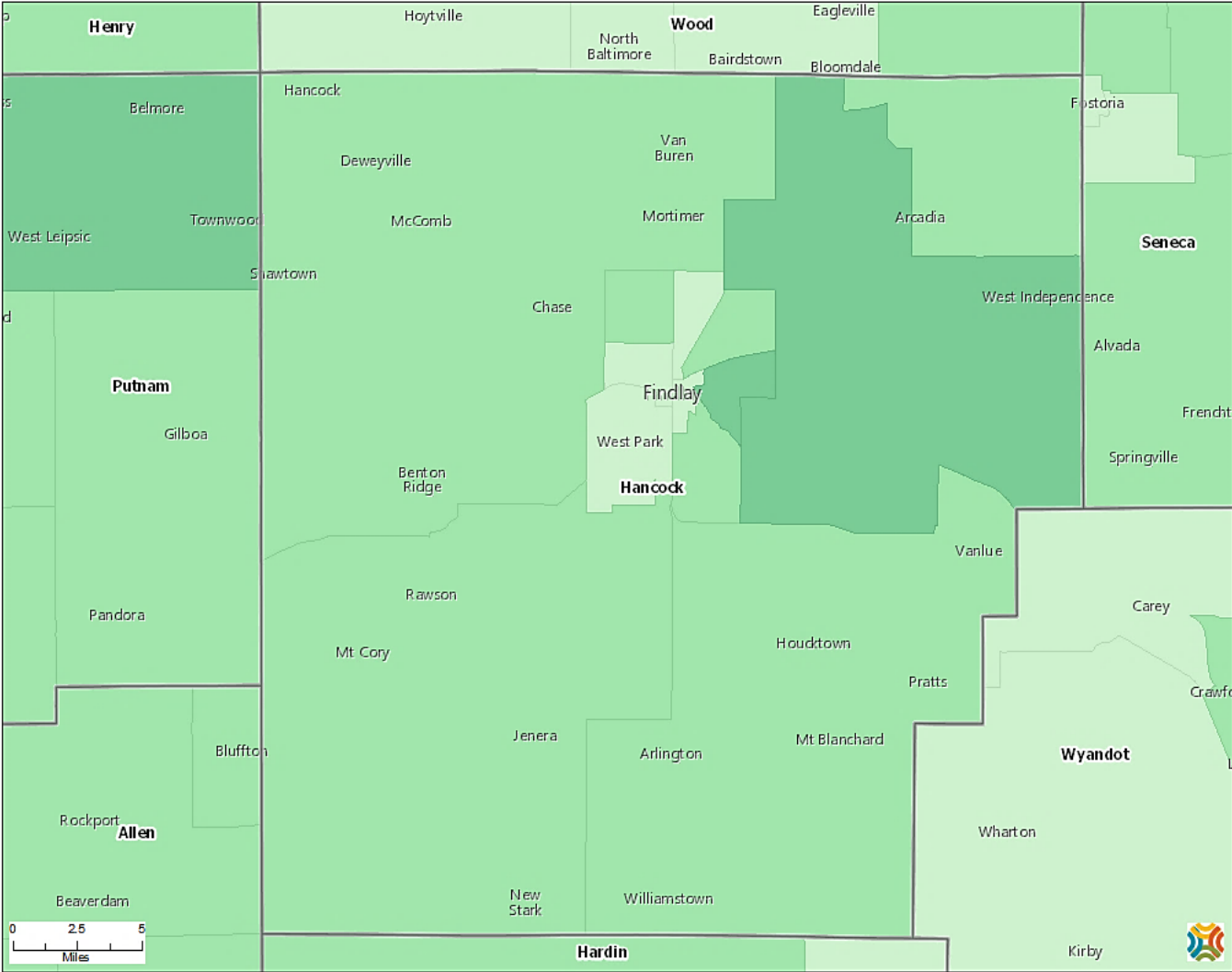
Soda Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 8/23/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank, 2014



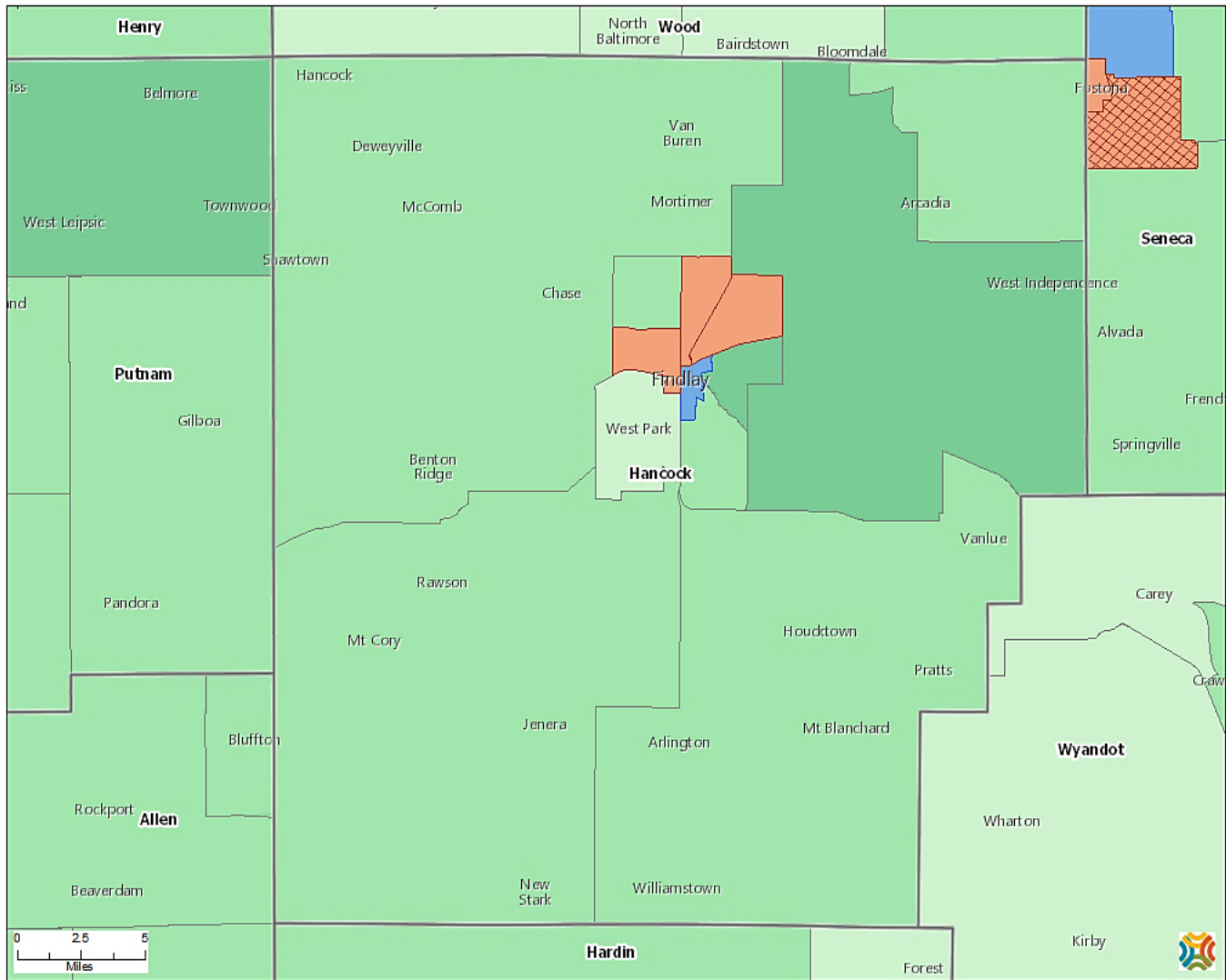
Map Legend

- Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014
- 1st Quintile (Highest Expenditures)
 - 2nd Quintile
 - 3rd Quintile
 - 4th Quintile
 - 5th Quintile (Lowest Expenditures)
 - No Data or Data Suppressed

Community Commons, 8/23/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

Food Desert Census Tract, .5Mi. / 10 Mi. Tract, FARA 2015



Map Legend

Food Desert Census Tracts, Change, .5 Mi. / 10 Mi. by Tract, FARA 2010-2015

- Food Desert - Added in 2015
- Food Desert - No Change
- Not a Food Desert - Removed in 2015
- Not a Food Desert

Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 8/23/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)



Nutrition | CHILD

Key Findings

The 2017 health assessment identified that 58% of school-aged children (defined as children in grades Pre-K through high school) ate 3 to 4 servings of fruits and vegetables per day and 33% of children ages 0-5 ate 3 to 4 servings of fruit and vegetables per day. Thirty-three percent (33%) of mothers did not breastfeed their children.


Child Consumption (Ages 0-5)

The following information was reported by Hancock County parents of children 0-5 years old.

-  Just over two-thirds (67%) of Hancock County children ages 0-5 ate 1 to 2 servings of fruits and vegetables per day and 33% ate 3 to 4 servings of fruits and vegetables per day. No parent reported their child ate 5 or more servings of fruits and vegetables per day or that their child did not eat any servings of fruits and vegetables per day.
- One-third (33%) of parents reported their child drank milk, lactose free milk, calcium fortified juice, or other calcium sources at least once per day in the past week.
- In 2010, The Institute of Medicine National Academy of Sciences, recommended children ages 1 to 3 years consume 700 milligrams of calcium daily, which is about 1 ½ to 2 cups of milk per day.
- Sixty-seven percent (67%) of children ages 0-5 drank 1 to 3 servings of water per day and 33% drank 7 to 9 servings per day. No parent reported that their child did not drink any servings per day; and no one reported their child drank 4 to 6 or 10 or more servings of water per day. The Institute of Medicine National Academy of Sciences, recommended that children ages 4-5 years old drink 7 cups/servings of total water per day. (Source: The Institute of Medicine, National Academy)
- Sixty-seven percent (67%) of Hancock County children drank soda pop (not diet), punch, Kool-Aid, juice, or other fruit-flavored beverages at least once per day in the past week. Thirty-three percent (33%) of children did not drink any soda pop or fruit flavored beverages in the past week.
-  Mothers breastfed their child: 10 to 12 months (33%), less than 3 months (33%), and never breastfed (33%). No mother reported they were still breastfeeding.

Child Consumption (Grades Pre-K through high school)

The following information was reported by Hancock County parents of school-aged children from Pre-K through high school.

-  More than half (58%) of Hancock County school-aged children ate 3 to 4 servings of fruits and vegetables per day and 34% ate 1 to 2 servings of fruits and vegetables per day. Eight percent (8%) of parents reported their child did not eat any fruits and vegetables.
- Seventeen percent (17%) of Hancock County school-age children drank 7 to 9 servings of water per day; 50% drank 4 to 6 servings; and 33% drank 1 to 3 servings of water per day. No parent report their child did not drink any water. The Institute of Medicine, National Academy of Science recommends that males ages 9-18 years old drink between 10-14 (cups/servings) and females ages 9-18 years old drink between 9-10 (cups/servings) of total water per day. (Source: The Institute of Medicine National Academy of Sciences)
- The 2015 YRBS reported 4% of high school youth in the U.S. did not drink water in the past 7 days.

MORE THAN
1 in 3 children
in Ohio is overweight
or obese



(Source: Data Resource Center for
Child & Adolescent Health,
2011/2012)

Child Consumption (Grades Pre-K through high school), continued

- Hancock County parents reported their school-aged child consumed the following sources of calcium: milk (92%), yogurt (50%), calcium fortified juice (8%), calcium supplements (8%), lactose free milk (5%), other dairy products (58%), and other calcium sources (8%).
- Half (50%) of parents reported their school-age child drank milk, lactose free milk, calcium fortified juice, or other calcium sources at least once per day in the past week.
- The 2013 YRBS reported 18% of high school youth in Ohio did not drink milk in the past 7 days and the 2015 YRBS reported 22% for U.S. high school youth.
- Just of two-fifths (42%) of Hancock County school-age children drank soda pop (not diet), punch, Kool-Aid, juice, sports drinks, energy drinks or other fruit-flavored drinks at least once per day in the past week. Eight percent (8%) of children did not drink any soda pop or fruit flavored beverages in the past week.

Healthy School Environment

The following information was reported by Hancock County parents of school age children from Pre-K through high school.

- Hancock County parents reported their child's school participated in the following fundraising sales: magazines (33%), cookie dough (33%), candy bars (33%), discount cards (25%), popcorn (17%), pizza kits (17%), and other (17%). No Hancock County parent reported their child's school participated in jewelry, doughnut, personal beauty, and household storage sales.
- Hancock County parents reported their child's school promoted nutrition and physical activity through the following ways: bringing water bottles to school (50%), physical education (42%), safe playground equipment (33%), healthy eating habits education (25%), healthy cafeteria food choices (17%), backpack program (17%), summer food program (17%), after-school program (17%), salad bar in the cafeteria (8%), and school garden (8%). Eight percent (8%) of parents reported their child's school did not have a cafeteria. No parent reported their child's school allowed breakfast in the classroom or prompted Safe Routes to School and Farm-to-School programs.
- Hancock County parents would support the following community improvement initiatives for their child's school: increased physical education/recess time (72%), more nutrition education in the classroom (64%), Farm-to-School program (45%), healthier vending machine items (45%), Safe Routes to School program (45%), healthier fundraising sales (36%), after-school program (36%), and more playground equipment (36%).

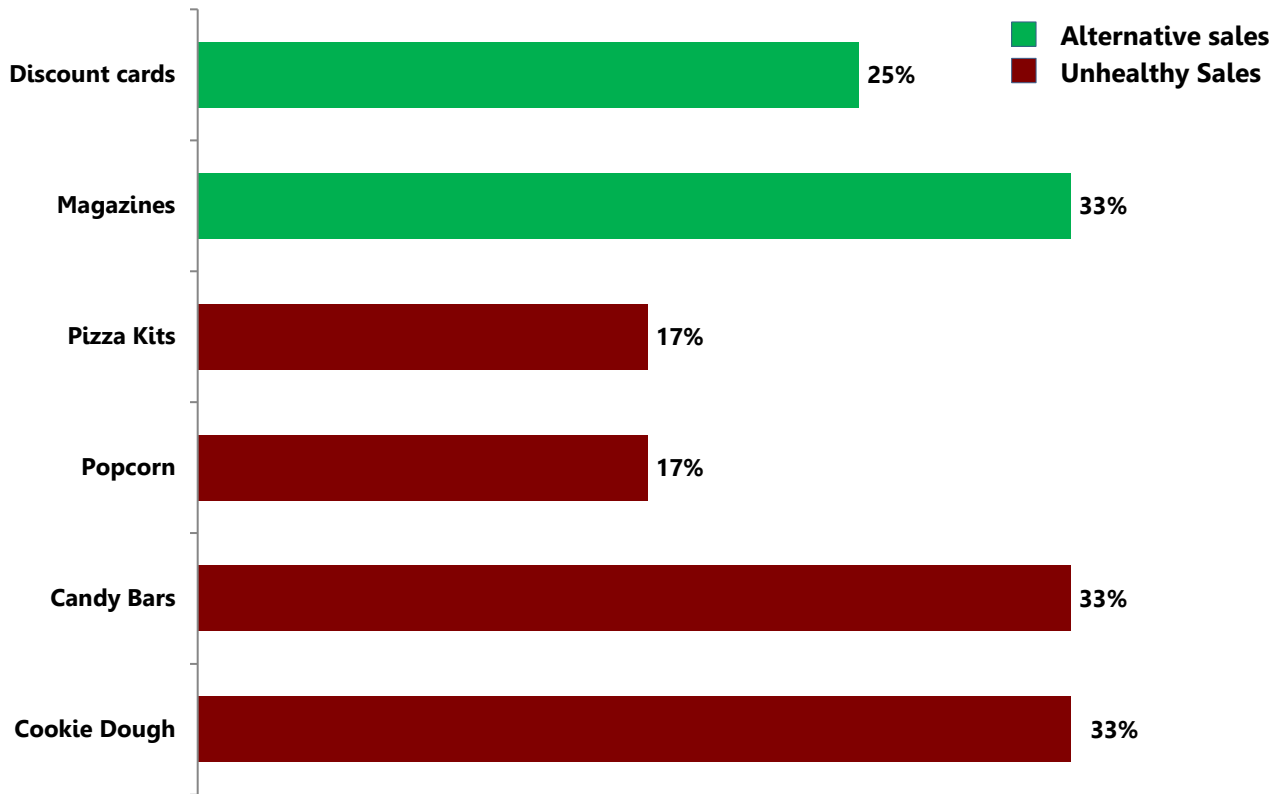
Cooking up Change

- Launched in 2007, *Cooking up Change* is a dynamic culinary competition that challenges high school students in cities across the nation to create healthy, appealing school meals.
- 20 cities have hosted Cooking up Change competitions.
- 1,800+ student chefs have participated.
- 8,200,000+ student-designed meals have been served in school cafeterias across the country.
- The program helps students build valuable professional & team work skills.

(Source: Healthy Schools Campaign)

The following bar graph compares Hancock County school fundraisers by type of items sold.

Hancock County School Fundraisers



The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community. Research shows that the health of students is linked to their academic achievement.

Whole School, Whole Community, Whole Child Model



- The child in the center is at the focal point of the model; the child is encircled by the “whole child” tenets in green: being “healthy, safe, engaged, supported, and challenged.”
- The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child’s learning and health.
- Represented in the blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community.
- The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students.

(Source: CDC, Adolescent and School Health)

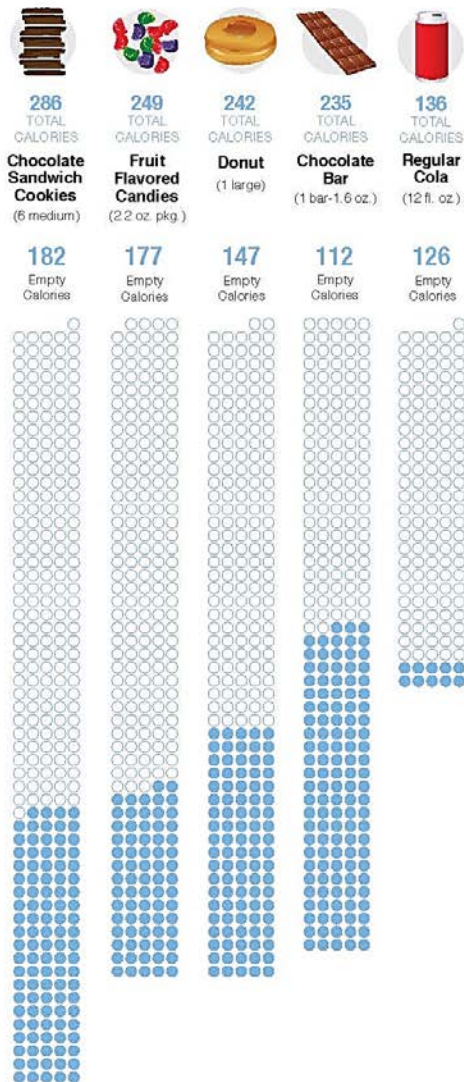
New Healthy Snacking Standards Established by the United States Department of Agriculture (USDA)

SMART SNACKS IN SCHOOL

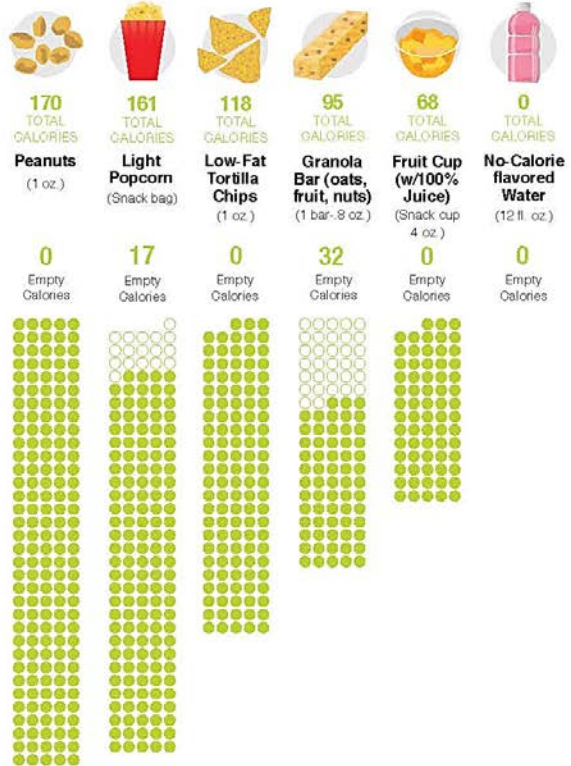
The Healthy, Hunger-Free Kids Act of 2010 requires USDA to establish nutrition standards for all foods sold in schools — beyond the federally-supported meals programs. This new rule carefully balances science-based nutrition guidelines with practical and flexible solutions to promote healthier eating on campus. The rule draws on recommendations from the Institute of Medicine, existing voluntary standards already implemented by thousands of schools around the country, and healthy food and beverage offerings already available in the marketplace.

● Equals 1 calorie ○ Shows empty calories*

Before the New Standards



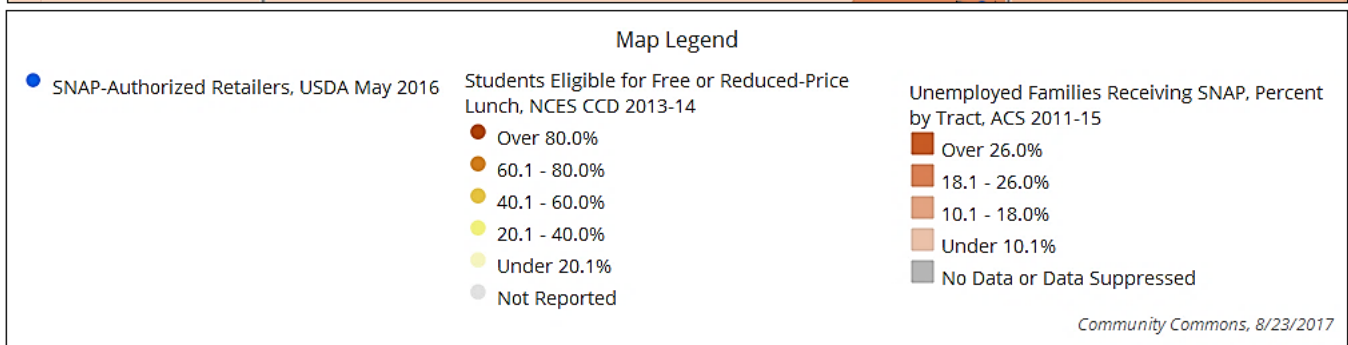
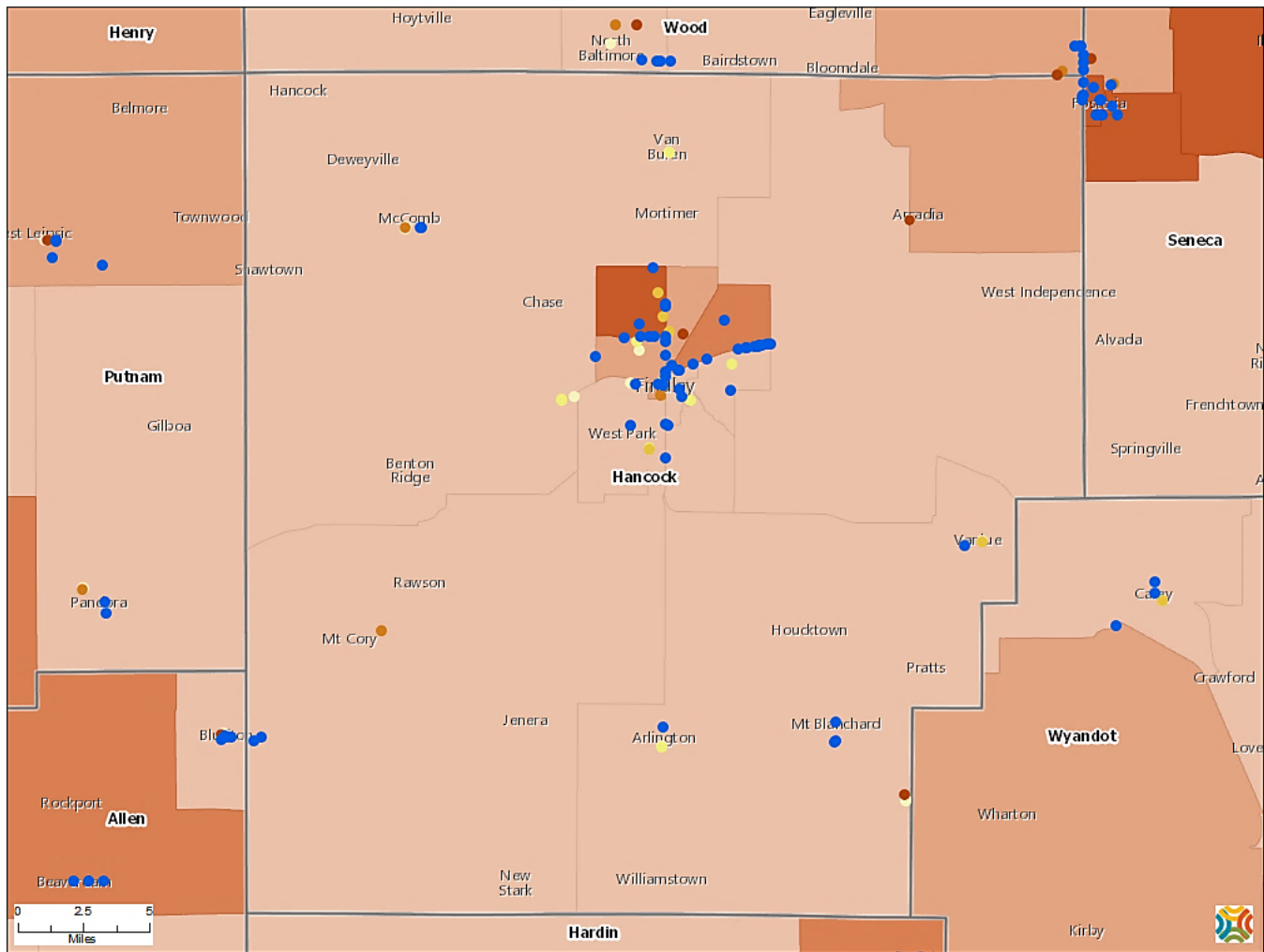
After the New Standards



*Calories from food components such as added sugars and solid fats that provide little nutritional value. Empty calories are part of total calories.

(Source: United States Department of Agriculture, USDA)

Unemployed Families Receiving SNAP, Percent by ZCTA, ACS 2011-15




(Source: U.S. Census Bureau, American Community Survey: 2011-15, as compiled by Community Commons)

Physical Activity | ADULT

Key Findings

The 2017 health assessment identified that 63% of Hancock County adults engaged in some type of physical activity or exercise for at least 30 minutes on 5 or more days per week. Twelve percent (12%) of adults could not afford a gym membership.

Adult Physical Activity

-  In Hancock County, 63% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Twenty-three percent (23%) of adults exercised on 5 or more days per week. Nine percent (9%) of adults did not participate in any physical activity in the past week.
- Hancock County adults spent the most time doing the following physical activities in the past year: walking (70%), running/jogging (9%), strength training (7%), group exercise classes (2%), occupational exercise (2%), cycling (2%), and other activities (5%). Two percent (2%) of adults did not exercise at all. No one reported they did active video games, used exercise machines, swam, or used exercise videos.

In Hancock County, 63% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

- Reasons for not exercising included: time (57%); too tired (52%); weather (31%); laziness (29%); pain or discomfort (17%); no exercise partner (17%); poorly maintained/no sidewalks (12%); could not afford a gym membership (12%); did not know what activities to do (10%); no child care (5%); no gym available (2%); physical impairments or challenges (2%); doctor advised them not to exercise (2%); and no walking, biking, or parks (2%). No one reported transportation as a reason for not exercising.
- Hancock County employed adults spent the most time doing the following physical activities while at work: sitting (72%), walking (5%), heavy labor/physical work (2%), and activities varied (12%). Seven percent (7%) of Hancock County adults reported they were unemployed or did not work and 2% reported they were retired.
- Hancock County adults spent an average of 2.3 hours watching TV, 1.7 hours on their cell phone, 1.3 hours on the computer (outside of work), and 0.1 hours playing video games on an average day of the week.

Physical Activity Guidelines for Adults

Aerobic Activities

- **2 hours and 30 minutes** (150 minutes) each week of **moderate-intense activity**
- OR
- **1 hour and 15 minutes** (75 minutes) each week of **vigorous-intense activity**

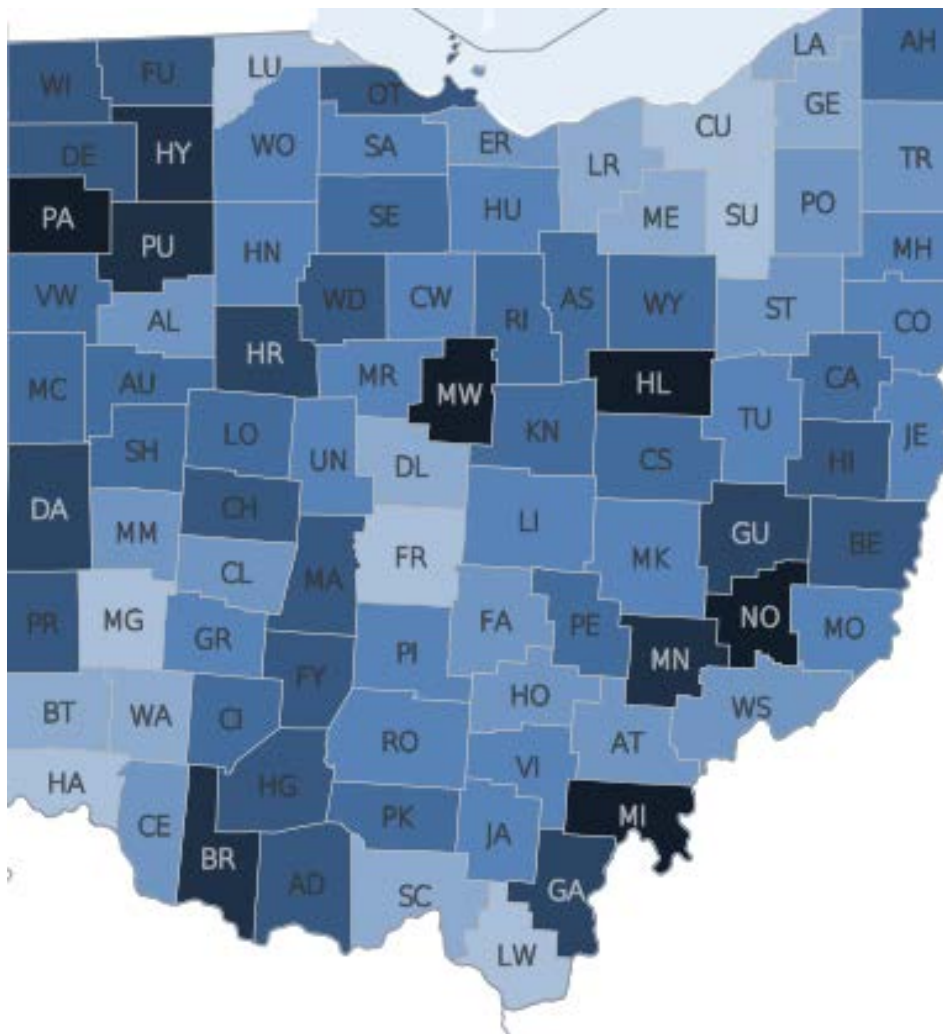
Muscle Strengthening Activities

- All major muscle groups should be worked out **2 or more days** per week. This includes legs, hips, back, abdomen, chest, shoulders, and arms.
- Exercises for each muscle group should be **repeated 8 to 12 times** per set.

(Source: Centers for Disease Control & Prevention, "Physical Activities Guidelines for Americans," fact sheet)

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals who reside within three miles of a recreational facility are considered to have adequate access for opportunities for physical activity.

Access to Exercise Opportunities



76%
Of Hancock County adults had access to exercise opportunities

83%
Of Ohio adults had access to exercise opportunities

BEST WORST

(Source: ArcGIS Business Analyst, as compiled by County Health Rankings 2014)

PHYSICAL ACTIVITY SAVES LIVES AND PROTECTS HEALTH



1 IN 10 premature deaths could be prevented by getting enough physical activity.

It could also prevent:



1 IN 8
cases of breast cancer



1 IN 8
cases of colorectal cancer



1 IN 12
cases of diabetes




1 IN 15
cases of heart disease



Physical activity is the closest thing we have to a wonder drug.


Dr. Tom Frieden, CDC Director

INVESTING IN PHYSICAL ACTIVITY MAKES SENSE




BENEFITS FOR CHILDREN

- Improves aerobic fitness
- Improves muscular fitness
- Improves bone health
- Promotes favorable body composition
- Improves attention and some measures of academic performance (with school physical activity programs)



BENEFITS FOR ADULTS

- Lowers risk of high blood pressure
- Lowers risk of stroke
- Improves aerobic fitness
- Improves mental health
- Improves cognitive function
- Reduces arthritis symptoms
- Prevents weight gain



BENEFITS FOR HEALTHY AGING

- Reduces risk of falling
- Improves balance
- Improves joint mobility
- Extends years of active life
- Helps prevent weak bones and muscle loss
- Delays onset of cognitive decline

PHYSICAL ACTIVITY BENEFITS COMMUNITIES



ECONOMIC

Building active and walkable communities can help:

- Increase levels of retail economic activity and employment
- Increase property values
- Support neighborhood revitalization
- Reduce health care costs



SAFETY

Walkable communities can improve safety for people who walk, ride bicycles, and drive.



WORKFORCE

Physically active people tend to take fewer sick days.

(Source: CDC, Division of Nutrition, Physical Activity, and obesity, May 2017)

Physical Activity | CHILD

Key Findings

The 2017 health assessment identified that ninety-two percent (92%) of Hancock County school-aged children (defined as children in grades Pre-K through high school) were physically active for at least 60 minutes on 3 or more days per week.

Child Sedentary Behavior (Ages 0-5)

The following information was reported by Hancock County parents of children 0-5 years old.


- Hancock County children ages 0-5 spent an average of 2.3 hours watching TV and 0.2 hours on the computer/tablet/cellphone. No parent reported their child played video games on an average day of the week.
- The 2011/2012 NSCH reported 9% of children ages 1-5 years in Ohio spent 1 to 3 hours per day on the computer, cell phone, or other electronic devices.



(Source: Alliance for Healthier Generation)

Child Physical Activity (Grades Pre-K through high school)

The following information was reported by Hancock County parents of school age children from Pre-K through high school.

-  Ninety-two percent (92%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. Thirty-three percent (33%) reported their child had done so on 5 or more days. Eight percent (8%) reported no physical activity.
- Hancock County school-age children spent an average of 2.3 hours watching TV, 2.0 hours on the cell phone, 1.4 hours playing video games, and 1.0 hours on the computer (outside of school) on an average day of the week.
- One-third (33%) of Hancock County school-age children spent 3 or more hours watching TV on an average day.
- The 2013 YRBS reported 28% of high school youth in Ohio spent 3 or more hours watching TV on an average day and the 2015 YRBS reported 25% for U.S. high school youth.
- When asked how far parents live from their child's school, 25% of parents reported more than 2 miles, 33% said 1 to 2 miles, 17% said ½ mile to 1 mile, 17% said ¼ mile to ½ mile and 8% said less than ¼ mile.

Physical Activity Guidelines for Children and Adolescents

Children and adolescents should do **1 hour or more** of physical activity each day.

Within that 1 hour of physical activity, the following should be included:

- **Muscle-strengthening** on **at least 3 days a week**. They should be moderate to high levels of efforts and work the major muscle groups of the body.
- **Bone-strengthening** on **at least 3 days of the week**.
- Physical activities should be **appropriate** for their age, **enjoyable**, and **varied**.

(Source: Centers for Disease Control & Prevention, "Physical Activities Guidelines for Americans," fact sheet)

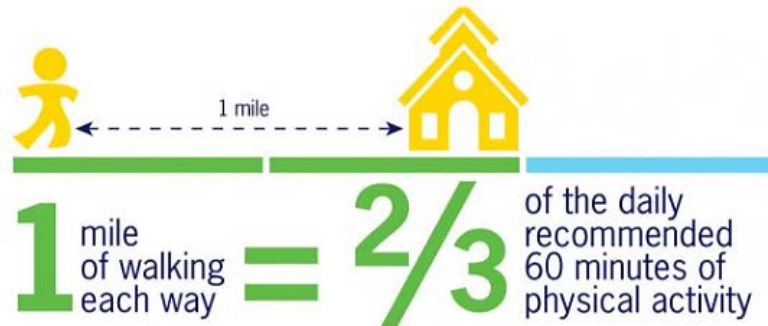
Safe Routes to School

Safe Routes to School (SRTS) programs are sustained efforts by parents, schools, community leaders and local, state, and federal governments to improve the health and well-being of children by enabling and encouraging them to walk and bicycle to school.

SRTS projects make it safer for more children to walk and bicycle to school, which will help address the obesity crisis among children by creating increases in physical activity.

For more information, go to:

<http://www.saferoutespartnership.org/healthy-communities/101/getting-started>



Ways to Start a Safe Route to School in Your Community

1. Plan an Event

- Start small and organize an event with a principal or teacher on board, and try hosting a Walk to School Day event.
- Get a few families to walk together to school on a regular basis.
- Gather stakeholders and update district policies.
- THERE'S NO WRONG WAY TO GET STARTED!!!

2. Build your task force

- Involve a wide variety or array of representatives from your community.
- Represent the interest of many different stakeholders from each school district to be advocates for school safety.
- People to invite from the city/county and/or county routes to engage would be:
 - Principal/Teachers
 - PTA
 - Students
 - Elected Officials
 - Engineers
 - Police
 - Health Officials

3. Create an Action Plan

- Utilize the stakeholders to make informed decisions about the best strategies to get more student walking and biking.
- Identify areas to be worked on for safer routes such as safety hazards and support.
- Be armed with information and a timeline.

(Source: Safe Routes to School National Partnership, 2017)

Strategies for Recess in Schools January 2017



1

Make Leadership Decisions

1. Identify and document recess policies.
2. Put documented recess policies into practice and revise as needed.
3. Develop a written recess plan.
4. Designate spaces for outdoor and indoor recess.
5. Establish weather guidelines to ensure student safety.
6. Train school staff and volunteers for recess.



2

Communicate and Enforce Behavioral and Safety Expectations

7. Establish and communicate behavior management strategies.
8. Teach conflict resolution skills.
9. Ensure that recess spaces and facilities meet recommended safety standards.



3

Create an Environment Supportive of Physical Activity During Recess

10. Provide adequate physical activity equipment.
11. Add markings to playground or physical activity areas.
12. Create physical activity zones.
13. Provide planned activities or activity cards.
14. Provide a combination of recess strategies.



4

Engage the School Community to Support Recess

15. Establish roles and responsibilities for supervising and facilitating recess.
16. Involve students in planning and leading recess.
17. Mobilize parents and others in the school community to support and sustain recess at school.



5

Gather Information on Recess

18. Track physical activity during recess.
19. Collect information on recess to show the effect on student and school outcomes.

(Source: CDC, *Recess Planning in Schools*)

Built Environment | COMMUNITY

Key Findings

More than one-quarter (29%) of Hancock County adults did not have sidewalks where they lived. More than one-quarter (26%) of Hancock County adults did not have bike trails in or around their community.

Community Characteristics

- Hancock County adults reported they lived within 2 miles of the following: a park or green space (85%), grocery stores (81%) and recreation centers (56%).
- Just over three-quarters (76%) of adults reported their community was extremely or quite safe from crime. Twenty-one percent (21%) said slightly safe. No one reported their community was not safe at all. Two percent (2%) did not know how safe their community was.
- Hancock County adults had the following concerns for their community: drugs/alcohol (57%), heavy traffic (22%), crime (16%), no sidewalks accessible (11%), bullying (8%), loud noises (11%), gangs (5%) no place for kids to play (3%), air pollution (3%), and other (24%). No one reported water quality and lead issues as a concern.
- Hancock County adults traveled outside the county for the following: dine-in-restaurants (76%), parks (48%), grocery stores (39%), recreation centers (9%), and other (15%). No one reported traveling outside the county for gyms.

Roadways

- More than one-quarter (29%) of Hancock County adults did not have sidewalks where they lived. Of those adults who did not have sidewalks, 64% lived in the country, 18% lived in the outskirts of town and 18% lived in town.
- Of those adults who had sidewalks, 36% were connected to all streets; 47% were mostly connected; and 17% had some that were connected.
- Of those adults who had sidewalks, only 3% reported they were in excellent condition; 63% were in good condition; 7% were in poor condition; and 27% were in fair condition.
- More than one-quarter (26%) of Hancock County adults did not have bike trails in or around their community. Of those adults who did not have bike trails, 55% lived in town, 36% lived in the country, and 9% lived in the outskirts of town.
- All (100%) of adults who had bike trails in or around their community reported they had access to them.
- Adults who had bike trails in or around their community reported that 7% were in excellent condition. Thirty-seven percent (37%) were in good condition, 11% were in poor condition, 7% were in fair condition, and 38% did not know what condition bike trails were in.
- Of those adults who had bike trails in or around their community, 37% reported bike trails were not well lit and 63% did not know.

Parks

- Three percent (3%) of Hancock County adults did not have any parks available in or around their community.
- Of those adults who had parks available in or around their community, 72% reported there were three or more available. Ten percent (10%) had two parks available and 18% had one park available.

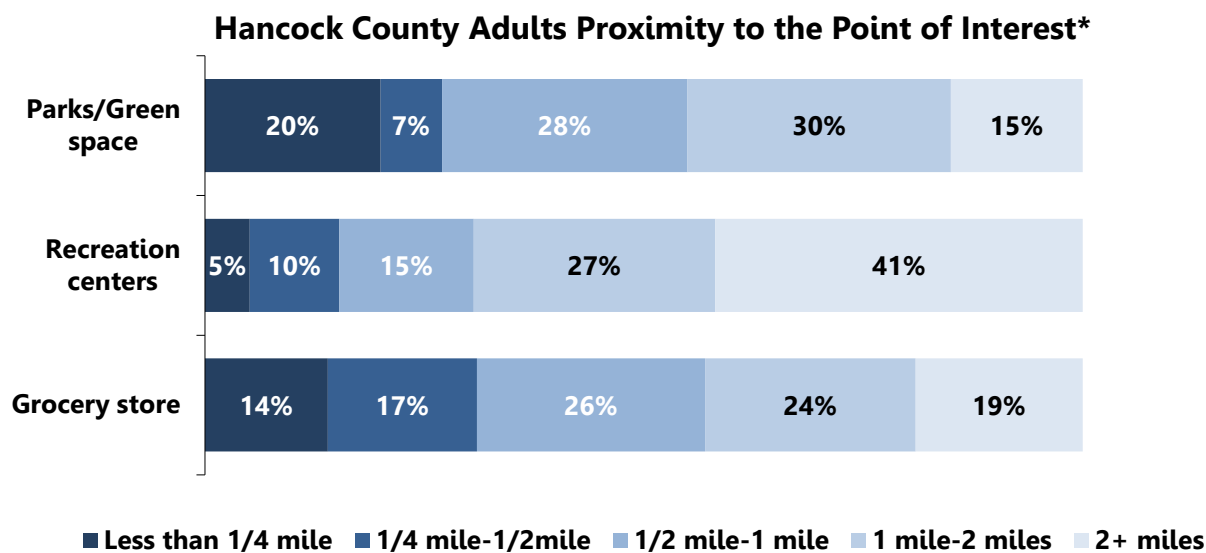
Parks, continued

- Three percent (3%) of adults who had parks available in or around their community did not have access to them.
- Adults who had parks in or around their community reported that 47% of them were handicapped accessible. Fifty percent (50%) of adults did not know if their parks were handicapped accessible.
- Adults who had parks in or around their community reported that 5% were in excellent condition. Eighty-two percent (82%) were in good condition, 5% were in fair condition, and 8% of adults did not know what condition parks were in. No one reported parks were in poor condition.
- Eight percent (8%) of Hancock County adults thought their parks were very safe. Seventy-two percent (72%) said quite safe, and 10% said slightly safe. Ten percent (10%) did know how safe their parks were. No one reported they thought their parks were not safe at all.
- Of those adults who had parks in or around their community, 3% had visited them very often. Thirty-two percent (32%) visited them somewhat often, 62% not so often and 5% did not visit them at all.

Other Recreation Areas

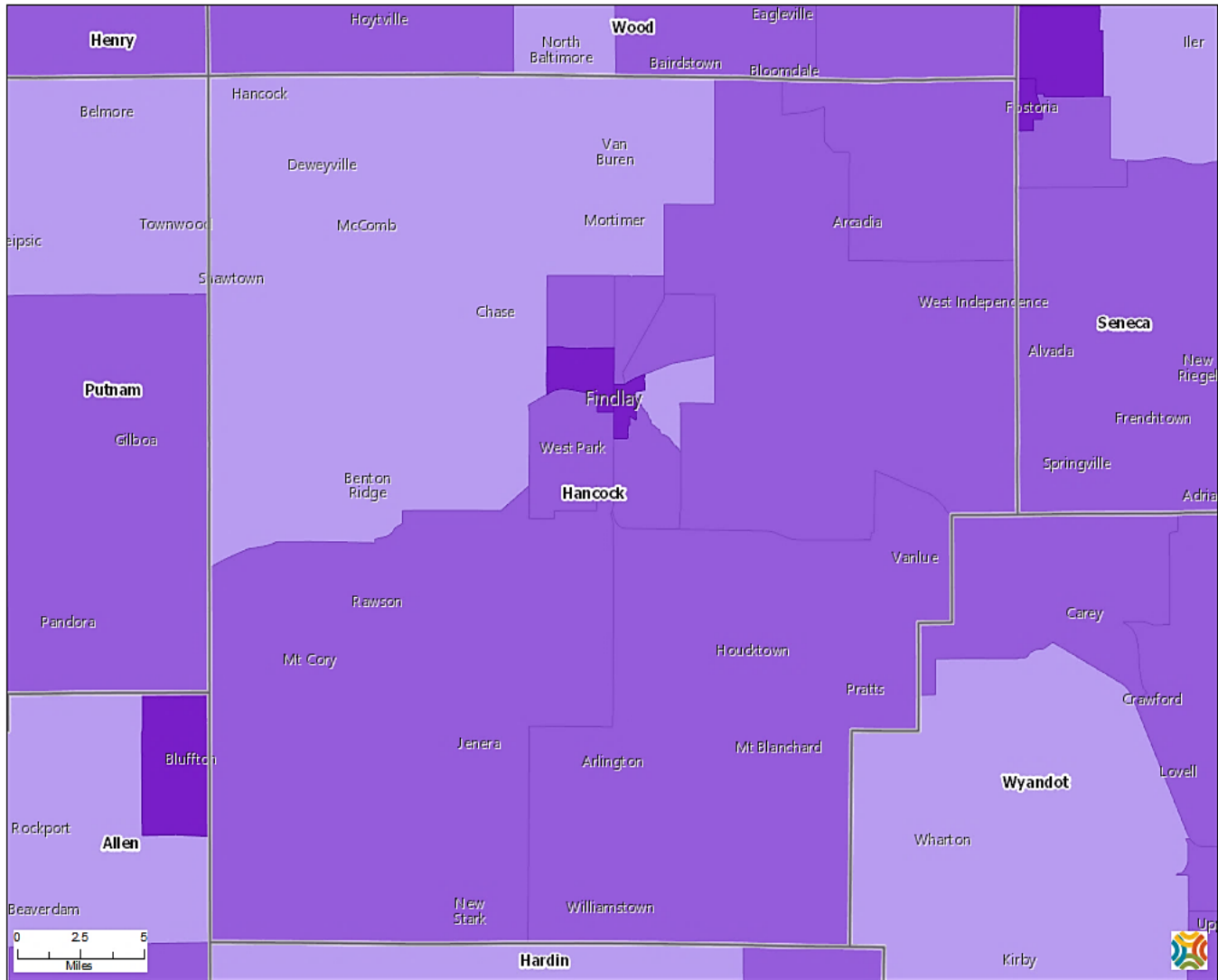
- Eight percent (8%) of Hancock County adults did not have recreation centers in or around their community.
- Of those adults who had recreation centers in or around their community, 50% reported there were three or more available. Eighteen percent (18%) said two were available and 32% said one was available.
- Of those adults who had recreation centers in or around their community, 3% visited them very often. Three percent (3%) said somewhat often, 53% said not so often and 41% did not visit them at all.

The following graph shows the average distance Hancock County adults were from the nearest grocery store, recreation centers, and parks/green space. Examples of how to interpret the information include: 24% of Hancock County adults live 1 mile – 2 miles away from the nearest grocery store.



*Percentages may not equal to 100% due to non-answered responses.

Workers Traveling to Work by Walking/Biking, 2011-2015



Map Legend

Workers Traveling to Work by Walking/Biking, Percent by Tract, ACS 2011-15

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Walking or Biking
- No Data or Data Suppressed

Community Commons, 8/25/2017

(Source: US Census Bureau, American Community Survey: 2011-15, as compiled by Community Commons)

Built Environment | KEY LEADERS

Key Findings

Eighty-five percent (85%) of Hancock County key leaders were concerned about drugs/alcohol in their community/county. Key leaders reported 62% of parks were easily accessible by walking or biking to.

Community Characteristics

The following information was reported by Hancock County key leaders from multiple sectors which included: medical professionals, public health workers, civic and community leaders, local politicians, etc. See appendix IV for further information.

- More than half (58%) of Hancock County key leaders reported their community/county was extremely or quite safe from crime. Forty percent (40%) said slightly safe and 2% said not safe at all.
- Hancock County key leaders had the following concerns for their community/county: drugs/alcohol (85%), crime (47%), bullying (31%), water quality (15%), heavy traffic (14%), gangs (12%), loud noises (12%), no sidewalks accessible (10%), lead issues (7%), air pollutions (5%), no place for kids to play (3%), and other (5%).

Roadways

- When asked if there were sidewalks available in their community/county, 58% of Hancock County key leaders reported there were many available, 27% said some, 5% said few, and 7% said none were available. Three percent (3%) did not know if sidewalks were available in their community/county.
- Key leaders who had sidewalks in their community/county reported they were in: excellent condition (4%), good condition (67%), poor condition (12%), and fair condition (9%). Eight percent (8%) did not know the condition of their sidewalks.
- More than three quarters (77%) of Hancock County key leaders reported they had bike trails in their community/county and 13% of key leaders did not know.
- Key leaders who had bike trails in their community/county reported they were in: excellent condition (4%), good condition (42%), poor condition (6%), and fair condition (9%). Forty percent (40%) of key leaders did not know the condition of their bike trails.
- Thirty-eight percent (38%) of Key leaders reported bike trails in their community/county were not well lit and 62% of key leaders did not know.

Parks

- Ninety-eight percent (98%) of Hancock County key leaders reported they had parks in their community/county and 2% did not know.
- Key leaders reported the following amount of parks: three or more (79%), two (8%) and one (8%). Five percent (5%) of key leaders did not know how many parks were available.
- Key leaders who had parks in their community/county reported they were in excellent condition (8%), good condition (73%), poor condition (5%), and fair condition (10%). Three percent (3%) did not know the condition of parks.
- Key leaders reported 57% of parks were handicapped accessible and 42% of key leaders did not know if parks were handicap accessible.
- Key leaders reported 62% of parks were easily accessible by walking or biking to and 7% of key leaders did not know.

- Hancock County key leaders considered parks in their community/county: very safe (8%), quite safe (51%), slightly safe (25%), and not safe at all (2%). Fourteen percent (14%) did not know how safe parks were.

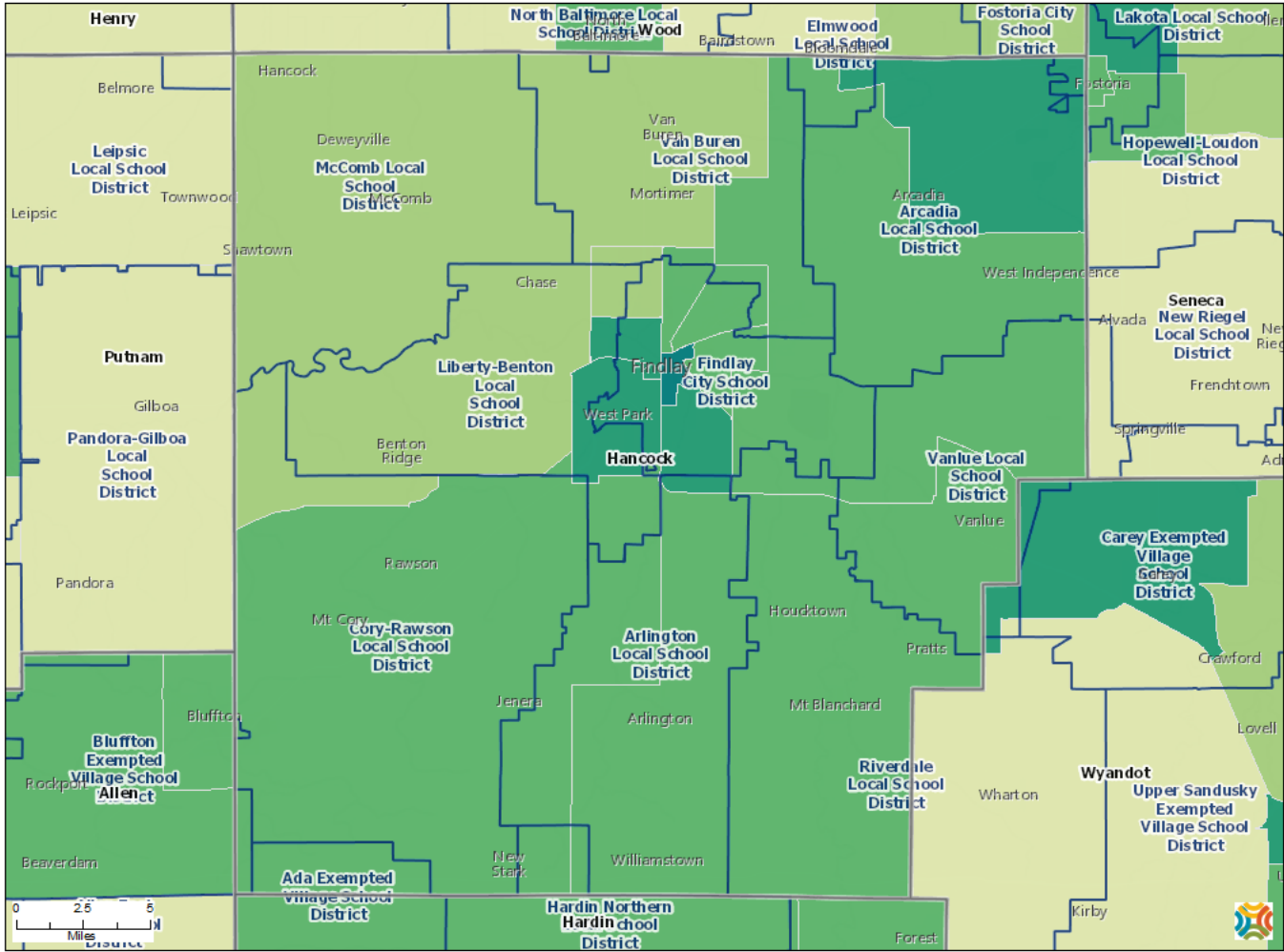
Other Recreation Areas

- Eighty-seven percent (87%) of Hancock County key leaders reported there were recreation centers available in their community/county and 7% of key leaders did not know.
- Key leaders reported the following availability of recreation centers in their community/county: three or more (46%), two (16%), and one (14%). Twenty-three percent (23%) of key leaders did not know how many were available.

Current Landscape and Resources

- The following qualitative data was collected by Hancock County key leaders.
 - Emory Adams Park has street parking, but no sidewalks. Circle Drive in Findlay does not have any sidewalks.
 - The Area Condo Association Board establishes neighborhood policies.
 - Current bike and pedestrian pathways are in good condition. Some of the older bike paths need some updating, but more are being constructed as work on city roads are being constructed. Pathways group is spearheading this movement with the help of the engineering department of the City of Findlay.
 - More awareness is needed of where bike and pedestrian paths are located and maps of where they end up.
 - Many bike and pedestrian paths are not designated.
 - There are 29 recreational areas located in Hancock County, including six that have outdoor trails.
 - The types of community recreation centers include, the YMCA and The Cube ice arena. Kaleher is only available for University of Findlay alumni.
 - A feasibility study is being done throughout the Findlay City to find what is needed and what can be done with available funding.
 - The Cube indoor ice arena is in the process of adding a multipurpose space.
 - Downtown Findlay has adequate space for sidewalks. There is plans to improve walkability downtown as well.
 - Most business areas are within walking distance. There are not many multi-level buildings in Downtown Findlay.
 - There are future growth plans to increase green space in downtown Findlay and to replace equipment at Bernard Park in Findlay. Also, to create center islands and angle parking in downtown Findlay.

Population with Park Access (Within 1/2 Mile), 2013



Map Legend

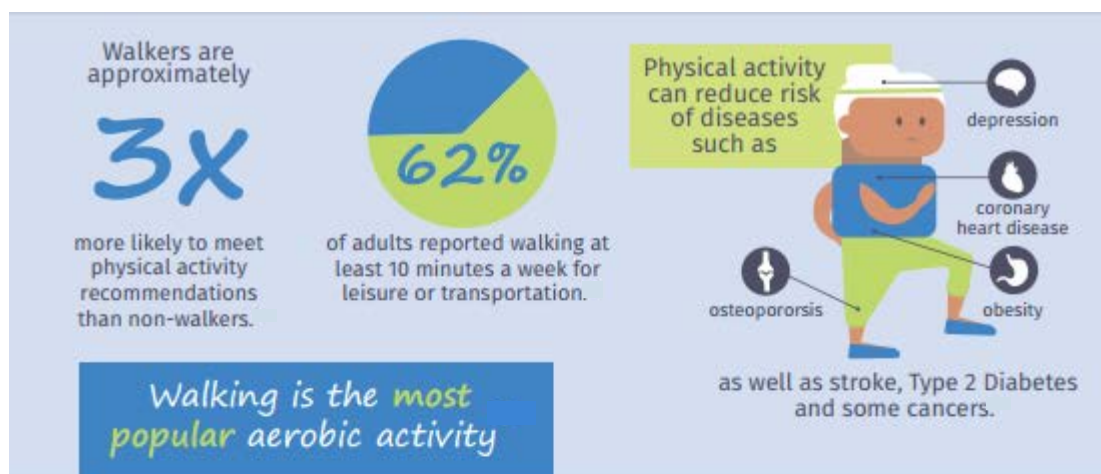
Population With Park Access (Within 1/2 Mile), Percent by Tract, ESRI/OSM 2013

- Over 90.0%
- 40.1 - 90.0%
- 10.1 - 40.0%
- Under 10.1%
- No Park Access
- No Data or Data Suppressed

Community Commons, 8/25/2017

(Source: ESRI Map Gallery and OpenStreetMap, 2013, as compiled by Community Commons)

Safe Routes to Parks



Five Essential Elements to Safe Routes to Parks

When people can safely walk to parks, it provides more opportunity for physical activity and greater access to open space.

- 
Safety Safety elements (e.g., lighting, traffic) must be included for pedestrian routes.
- 
Convenience Walking routes to parks should be no longer than a 10-minute walk.
- 
Access & Design Proper design, signage, ADA compliance, and multiple entry points benefit all users.
- 
Conditions Sidewalks and trails should be inviting, comfortable, and safe for all users.
- 
The Park Facilities, amenities and programs at the park should reflect the needs of the community.

(Source: National Recreation and Parks Association, 2016)

Social Environment | COMMUNITY

Key Findings

One quarter (25%) of Hancock County adults did not have access to any wellness program through their employer or spouse's employer. Seventy-three percent (73%) of adults reported they did not know what health services were offered at their local hospital(s) and health center(s).

Worksite Wellness

- Hancock County adults had access to the following programs through their employer or spouse's employer: health risk assessment (30%), lower insurance premiums for participating in a wellness program (28%), free/discounted smoking cessation program (20%), lower insurance premiums for change in health status (20%), free/discounted gym membership (20%), on-site health screenings (15%), gift cards for participating in wellness program (13%), on-site fitness facility (13%), on-site health education classes (8%), gift cards/cash for positive changes in health status (5%), free/discounted weight loss program (3%), healthier food options in vending machines or cafeteria (3%); and other (10%). Twenty-five percent (25%) did not have access to any wellness program.
- Hancock County adult employers promoted work-site wellness through the following: encourage walking during breaks (23%), offer sugar-free beverages (15%), provide healthy food options in vending machines (5%), provide healthy food choices in the cafeteria (5%), and 3% did not know. Fifty-eight percent (58%) of Hancock County adults' employers did not do any of these to promote work-site wellness.

Food Retail Environment

- When asked what type of grocery stores were available in their community Hancock County adults reported the following: large grocery chains (93%), locally-owned food stores (88%), convenience stores (88%), and farmer's markets (78%).
- When asked what type of restaurants were available in their community, Hancock County adults reported the following: fast-food restaurants (95%), local diners (90%), dine-in/family style restaurants (85%), bakery/café shops (83%), and food trucks (68%).

Community Wellness

- Hancock County adults reported that faith-based organizations in their community offered the following: community meals (59%), food pantries (54%), indoor/outdoor playgrounds (23%), youth sports programs (18%), nutrition/physical activity education programs (5%), wellness support groups/programs (5%), free walking/gym time (3%), and health screenings (3%). No one reported cooking demonstrations were offered.
- Adults reported that their local hospital(s) and health center(s) offered the following services: nutrition counseling (21%), weight loss and weight management counseling (18%), health risk assessments (15%), fitness facility (3%), and health plan incentives for participating in a wellness program (3%). Seventy-three percent (73%) of adults did not know what health services were offered at their local hospital(s) and health center(s).
- Hancock County adults reported their local school districts offered the following at their schools: an outdoor/indoor track accessible to the public (26%), an outdoor playground accessible to the public (26%), health screenings (8%), school garden (5%), and food pantries (3%). No one reported their local schools offered produce markets or healthy cooking demonstrations. Sixty-one percent (61%) of adults did not know what their local school districts offered.

Social Environment | KEY LEADERS

Key Findings

Ten percent (10%) of key leaders reported their agency/organization did not offer any wellness programs or incentives to employees.

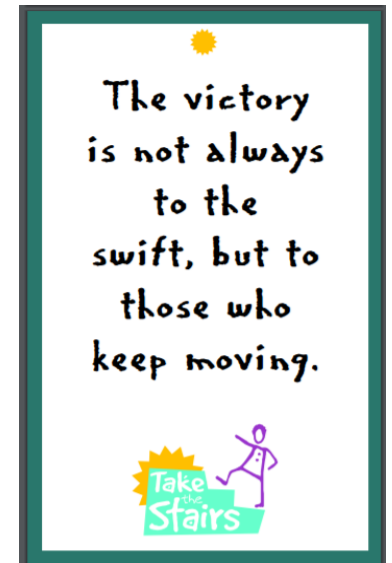
Worksite Wellness

The following information was reported by Hancock County key leaders from multiple sectors which included: medical professionals, public health workers, civic and community leaders, local politicians, etc. See appendix IV for further information.

- Hancock County key leaders reported their agency/organization offered the following to their employees: lower insurance premiums for participating in wellness programs (55%), sugar-free beverages (51%), free/discounted gym membership (47%), healthier food options in vending machines/cafeteria (47%), health risk assessment (35%), free/discounted smoking cessation program (35%), healthy food policy (16%), on-site health education classes (14%), on-site health screenings (12%), lower insurance premiums for positive changes in health status (10%), encourage walking during lunch breaks (10%), free/discounted weight loss program (8%), gifts cards/cash for participating in wellness programs (6%), and gift cards/cash for positive changes in health status (2%). No one reported their agency/organization offered an on-site fitness facility. Ten percent (10%) of key leaders reported their agency/organization did not offer any wellness programs or incentives to employees.
- Hancock County key leaders reported their agency/organization promoted work-site wellness through the following ways: provide healthy food choices in the cafeteria (73%), offer sugar-free beverages (57%), provide healthy food options in vending machines (29%), and encourage walking during breaks (10%). Eighteen percent (18%) of key leaders reported their agency/organization did not do any of these to promote work-site wellness.
- When asked if other employers in their community/county offered wellness opportunities, 50% of key leaders said few, 12% said most, and 38% did not know.

Community Wellness

- When asked what type of grocery stores were available in their community/county, key leaders reported the following: convenience stores (98%), large grocery store chains (96%), farmer's markets (82%), and locally-owned food stores (80%).
- When asked what type of restaurants were available in their community/county, key leaders reported the following: fast-food restaurants (100%), bakery/café shops (98%), local diners (98%), dine-in/family style chain restaurants (96%), food trucks (71%), and other (2%).
- Hancock County key leaders reported that faith-based organizations in their community/county offered the following: food pantries (78%), community meals (71%), youth sports programs (49%), indoor/outdoor playgrounds (41%), wellness support groups/programs (22%), health screenings (12%), nutrition/physical activity education programs (8%), free walking/gym time (8%), and cooking demonstrations (6%). Thirteen percent (13%) of key leaders did not know what faith-based organizations offered in their community/county.



(Source: CDC, Division of Physical Activity, StairWELL Wellness Program)

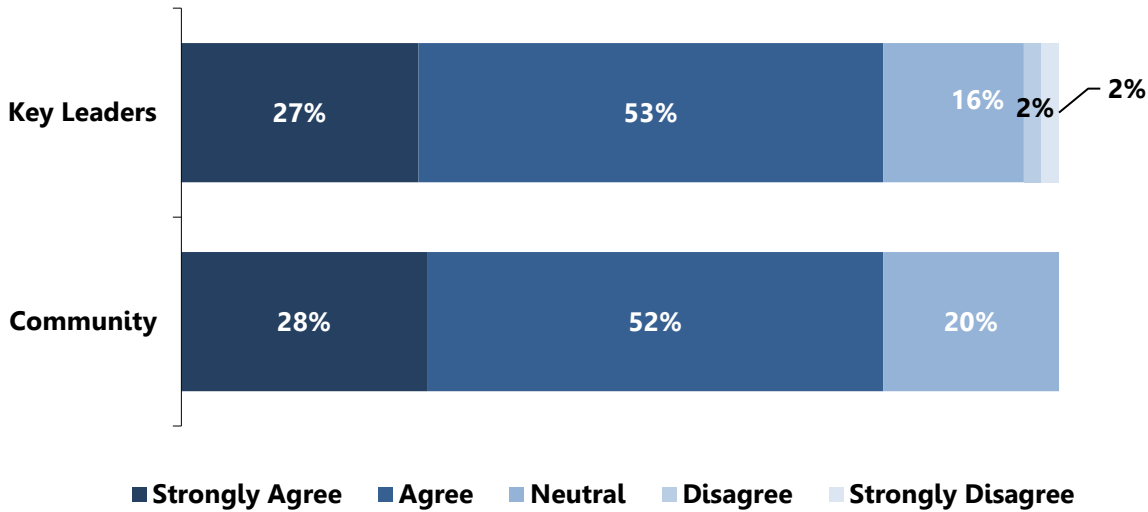
Current Landscape and Resources

- The following qualitative data was collected by Hancock County key leaders.
 - Marathon Petroleum provides onsite wellness coordinator, a dietician and fitness classes.
 - The City of Findlay, University of Findlay, and Owens provides onsite exercise facilities.
 - Blanchard Valley Health System promotes a running program for employees. Ball Metal, Cooper, and Whirlpool offer discount to gyms and health fairs.
 - Marathon and Blanchard Valley Hospital strive to have healthy options available.
 - Types of restaurants close to work are sit down style, fast food, and food trucks.
 - Blanchard Valley Hospital and Findlay City Schools offer healthy vending machines.
 - Most businesses will accommodate breastfeeding and/or pumping mothers with rooms and refrigerators, but do not have specific area set aside. Findlay City Schools will give breastfeeding mothers adequate break time.
 - Examples of large grocery chains include: Walmart, Kroger, Meijer, Great Scot, Aldi, and IGA.
 - Examples of locally-owned grocery stores include: Brinkman's, Asian Market, and Millers Meats.
 - There are 62 chain stores and 47 fast food restaurants in Findlay, Ohio.
 - There are 113 locally-owned restaurants in Hancock County that include: bakeries, pub food, pizzerias, Mexican, Chinese, deli, etc.
 - Local grocery stores support locally grown foods from farmer's markets.
 - Faith-based organizations in Hancock County do offer onsite health services, such as yoga and bulletins with information.
 - Service Clubs in Hancock County support physical health through events such as, Striders-5K/run, Cloth a Child, and Feed a Child.
 - Caughman Clinic and the YMCA offers diabetes education classes. Blanchard Valley Hospital offers health education and training for providers. Health plan benefits are offered for employees at Blanchard Valley Hospital, Ohio State University Extension, and the YMCA-Findlay.
 - City of Findlay is in support of a healthy community and the Mayor is often found at local events. She also plans to sit on the obesity board. She has also voiced that there are grants available for nutrition and physical activity.
 - The Hancock County Commissioners office has funded a Wellness program for the employees of Hancock County.
 - McComb High School provides fresh fruit and Findlay High School will be implementing a salad and smoothie bar in their cafeteria.
 - Health education is provided to some schools by OSU extension and Hancock Public Health.

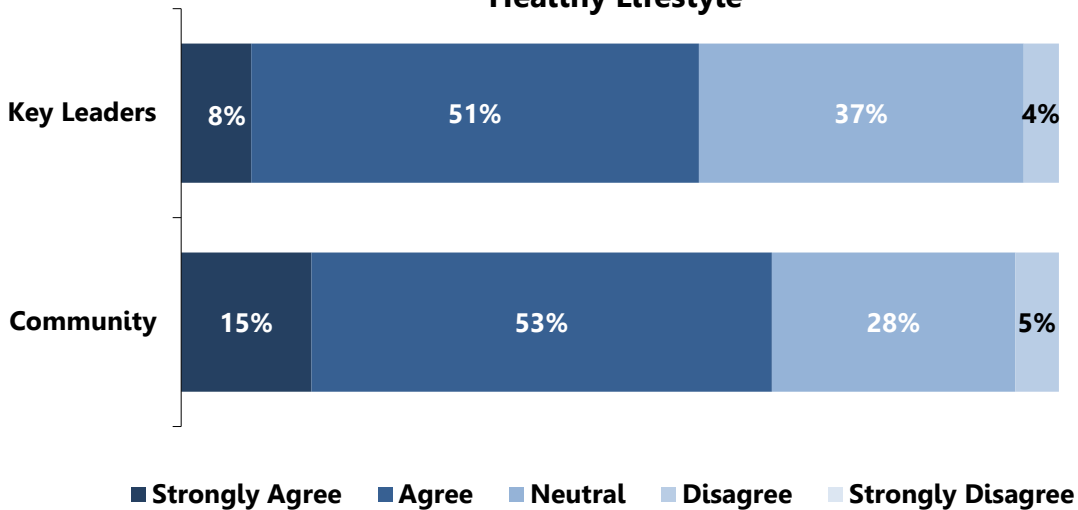
Community Improvement | PERCEPTIONS

The following bar graphs compares Hancock County community key leaders and the community responses to their perceptions about their community.

Your Community is a Good Place to Live and/or Raise Children



Your Community Has a Variety of Resources for Promoting a Healthy Lifestyle



Community Improvement Initiatives

Which community improvement initiatives would you support?	Community Response	Key Leader Response
Bike/walking trail accessibility	72%	57%
More locally-grown foods/Farmer's Markets	59%	73%
Local agencies partnering with grocery stores to provide low cost healthy foods	56%	63%
Neighborhood safety	54%	59%
Sidewalk accessibility	54%	37%
New and/or updated parks	46%	51%
Community gardens	46%	35%
Safe roadways	46%	41%
New and/or updated recreation centers	31%	41%
School-based initiatives (i.e. Safe Routes to School, nutrition education, etc.)	N/A	59%

N/A- Not available

Survey Respondents Additional Comments

The following qualitative data came from community members and key leaders who took the survey.

Community Responses
<i>"I based "community" as Findlay, where I lived for 40+ years. I have lived in the country, 12 miles from Findlay for five years. Two villages are within five miles, but only have churches, a park, and eating establishments. One has a small grocery. We do not go to either village. In the winter, we go to Findlay three times a week to exercise at the Senior Center. We shop, buy groceries and gas, go to doctors, pharmacies, and hair dressers, and dine out 2-3 times a week in Findlay, year-round."</i>
<i>"Our community (Findlay) needs to find more ways to make is safer for walkers/runners/cyclists."</i>
<i>"It would be nice if we had more bike paths that were better connected to parks and all areas of the city."</i>
<i>"I've seen the food they send home through the backpack program. I appreciate the effort to help children in our community not be hungry on the weekend, but most of what they're getting is junk food. I wish the sporting and other physical activities available for kids in this community were more affordable."</i>
<i>"This community needs safe bike trails that do not require taking your bike on road near traffic. Create a pave around the reservoir please. Make a walking bridge from East Main across to riverside area. The McMannes bridge being out is preventing walking access to riverside from the areas south of the river. Finish the walking path that starts at the falls area of riverside."</i>
<i>"Findlay does have trails but not enough and they don't really connect to anything. Community is not bike or pedestrian friendly. The environment does not encourage biking or walking."</i>
Key Leaders Responses
<i>"I have taken my daughter to parks and we have gone on a walk in a nature preserve close to our house and I found heroin needles at both places."</i>
<i>"I would like to see the local hospital create programs to help the employees maintain a healthy lifestyle."</i>
<i>"It would be fantastic if a bike lane could be added to State Route 568 from County Road 236, for bikes to be ridden safely along State Route 568 to the biking trails out at Riverbend park."</i>
<i>"Findlay is part way into improving and connecting all its bike trails, I hope the city supports this initiative and keeps the project moving forward!"</i>

Appendix I | INFORMATION SOURCES

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2017. Atlanta: ACS, 2017	<ul style="list-style-type: none"> Nutrition Recommendations 	www.cancer.org
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 – 2015 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Centers for Disease Control and Prevention, Division of Adolescent & School Health	<ul style="list-style-type: none"> Whole School, Whole Community, Whole Child Model 	https://www.cdc.gov/healthyyouth/factsheets.htm
Centers for Disease Control and Prevention, Division of Healthy Schools	<ul style="list-style-type: none"> Strategies for Recess in Schools 	https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016_12_16_SchoolRecessStrategies_508.pdf
Centers for Disease Control and Prevention, Division of Physical Activity	<ul style="list-style-type: none"> Physical Activity Guidelines for Adults Physical Activity Guidelines for Children and Adolescents Worksite Physical Activity Physical Activity Saves Lives 	https://www.cdc.gov/physicalactivity/index.html
County Health Rankings	<ul style="list-style-type: none"> Food Environment Index Access to Exercise Opportunities 	http://www.countyhealthrankings.org/app/ohio/2017/measure/factors/132/map
Community Commons	<ul style="list-style-type: none"> Soda Expenditures Fruit and Vegetables Expenditures Food Deserts Unemployed Families with SNAP Workers Traveling to Work Population with Park Access 	www.communitycommons.org/
Healthy Schools Campaign	<ul style="list-style-type: none"> Cooking Up Change 	https://healthyschoolscampaign.org/programs/national/cooking-up-change-national/
National Recreation and Parks Association	<ul style="list-style-type: none"> Safe Routes to Parks 	https://www.nrpa.org/uploadedFiles/nrpa.org/Grants_and_Partners/Health_and_Livability/Safe-Routes-to-Parks-Infographic.pdf
Safe Routes to School National Partnership	<ul style="list-style-type: none"> Ways to Start a Safe Routes to School 	http://www.saferoutespartnership.org/healthy-communities/101/getting-started
The Institute of Medicine, National Academy of Sciences	<ul style="list-style-type: none"> Dietary Water Intake DRIs for Calcium and Vitamin D 	http://national-academies.org/
U.S. Department of Agriculture	<ul style="list-style-type: none"> Smart Snacks in School 	https://www.fns.usda.gov/sites/default/files/allfoods_infographic.pdf
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2015 youth Ohio and U.S. correlating statistics 	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II | ACRONYMS AND TERMS

ACS	American Community Survey
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.
EBT	Electronic Benefit Transfer
ESR	ESRI's ArcGIS map gallery provides a platform for viewing and downloading various public-use datasets.
FARA	Food Access Research Atlas presents an overview of food access indicators for populations using different measures of supermarket accessibility.
HCCHL	Hancock County Coalition for Healthy Living
HCNO	Hospital Council of Northwest Ohio
NCCDPHP	Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion
NCES CCD	National Center for Education Statistics - Common Core of Data
NSCH	National Survey of Children's Health
N/A	Data is not available.
ODH	Ohio Department of Health
OSM	OpenStreetMap is a collaborative project to create a free editable map of the world.
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SNAP	Supplemental Nutrition Assistance Program ; SNAP participation is a measure of households and not of total population; if any person in the household received food stamps/SNAP, the household is included in the count
USDA	United States Department of Agriculture
WIC	Women, Infants, and Children
YRBS	Youth Risk Behavior Survey , a youth survey conducted by the CDC
ZCTA	ZIP Code Tabulation Areas , generalized areal representations of United States Postal Service (USPS) ZIP Code service areas.

Appendix III | HANCOCK COUNTY COMMUNITY SAMPLE DEMOGRAPHIC PROFILE*

Variable	2017 Community Survey Sample
Age	
20 years or younger	0.0%
21-29	11.3%
30-39	27.2%
40-49	25.0%
50-59	29.5%
60 plus	6.8%
Gender	
Female	75.0%
Male	25.0%
Transgender	0.0%
Race/Ethnicity	
White	97.3%
Hispanic Origin (may be of any race)	4.5%
Black or African American	0.0%
American Indian and Alaska Native	0.0%
Asian	0.0%
Native Hawaiian/other Pacific Islander	0.0%
Other	2.2%
Marital Status	
Married Couple	75.0%
Never been married/member of an unmarried couple	18.1%
Divorced/Separated	4.5%
Widowed	2.2%
Living Area	
In town	63.6%
The outskirts of town	20.4%
Out in the country	15.9%
Income (Families)	
\$14,999 and less	0.0%
\$15,000 to \$24,999	0.0%
\$25,000 to \$49,999	20.0%
\$50,000 to \$74,999	22.5%
\$75,000 or more	52.5%
Zip Codes	
45840	79.0%
45867	2.3%
45881	2.3%
45889	2.3%
Other	13.9%

* The percent's reported are the actual percent within each category who responded to the survey. Percent's may not add to 100% due to missing data (non-responses).

Appendix IV | HANCOCK COUNTY KEY LEADER SAMPLE DEMOGRAPHIC PROFILE*

Variable	2017 Key Leader Survey Sample
Represented Agencies	
Hospitals	92.5%
Non-profit agencies	8.9%
Local Health Departments	4.4%
Schools & other education providers	4.4%
Mental Health	2.9%
Community-based health & human service agencies	2.9%
Employers & Businesses	2.9%
Other	2.9%
Primarily Represented	
City	64.0%
County	32.8%
Village	1.5%
Township	1.5%

* The percent's reported are the actual percent within each category who responded to the survey. Percent's may not add to 100% due to missing data (non-responses).

Appendix V | HANCOCK COUNTY GAPS AND POTENTIAL STRATEGIES

Gaps	Potential Strategies	Best Practice/Evidence Based
1. Eating the recommended servings of fruits and vegetables. (USDA recommends 2 cups of fruit daily and 2 ½ cups of vegetables a day for 14 and older)	<ul style="list-style-type: none"> Utilize the Cooking Matters framework for adults and implement nutrition education for adults. Incorporate fruits and vegetable “try it” day at different events throughout the year. 	<ul style="list-style-type: none"> No Adults reported eating 5 or more fruits and vegetables per day, and 58% of school age children reported eating 3-4 servings per day. “Cooking Matters” is an evidence based promising approach program that has seen positive results.
2. Many adults do not know how to prepare fresh fruits and vegetables.	<ul style="list-style-type: none"> Have cooking demonstrations at local grocery stores that focus on cooking fresh fruits and vegetables. 	<ul style="list-style-type: none"> None specified
3. Many adults feel that fruits and vegetables are too expensive.	<ul style="list-style-type: none"> Work with local grocery stores to offer discount days, coupons, healthy meal kiosk, and offer free children’s fruits and vegetables. 	<ul style="list-style-type: none"> None specified
4. Many children drink soda pop, punch, Kool-Aid, juice or other fruit flavored beverages at least once per day.	<ul style="list-style-type: none"> Introduce “Balance My Day” Program to children and incorporate the benefits of drinking water over sugary beverages. 	<ul style="list-style-type: none"> “Balance My Day” is an evidence based practice and the incorporation of water benefits.
5. Many adults state they spend most of their time sitting at work.	<ul style="list-style-type: none"> Assess businesses and organizations that currently provide wellness programs & insurance incentive programs. Introduce/implement strategies from The Community Guide to businesses and organizations in Hancock County. 	<ul style="list-style-type: none"> CDC’s 2014 Community Guide lists several workplace strategies to increase physical activity and nutrition
6. Food deserts within Hancock County.	<ul style="list-style-type: none"> Recognizing where the food deserts are located in Hancock County, and partner with local farmer’s markets to bring them to the areas in need Increase access to fresh fruits and vegetables. Implement mobile farmer’s market accepting WIC and/or EBT Card to bring fresh fruits and vegetables to food desert areas. 	<ul style="list-style-type: none"> CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables Strategy #4 is Start or Expand Farmer’s Markets in all settings
7. Lack of knowledge of programs and services.	<ul style="list-style-type: none"> Education to community members on where and/or what programs or services are offered within Hancock County and what services/ programs residences would like to see/ try. 	<ul style="list-style-type: none"> None specified
8. Concerns about drugs and alcohol within communities.	<ul style="list-style-type: none"> Provide education to children and adults about the effects of drugs and alcohol. Implement/enhance Safe Routes to School. 	<ul style="list-style-type: none"> There is strong evidence that Safe Routes to School (SRTS) increases the number of students walking or biking to school. SRTS is a federally supported program.

<p>9. Many neighborhoods have incomplete sidewalks.</p>	<ul style="list-style-type: none"> • The City of Findlay is working to update and replace sidewalks in the area that need attention. 	<ul style="list-style-type: none"> • CDC's Community Guide to Strategies to increase physical activity shows sufficient evidence to recommend Street Scale urban design and land use policies to increase physical activity.
<p>10. Many residences do not know of the bike trails that are in the area and the bike trails do not connect to each other.</p>	<ul style="list-style-type: none"> • Pathways Group is funding updates and completions to trails. City of Findlay has just received a grant to complete trails from Riverside to Bright Road. • Implement Complete Streets Policies. 	<ul style="list-style-type: none"> • Evidence-based
<p>11. Community members do not know where all the parks are located.</p>	<ul style="list-style-type: none"> • Events will be held to let community members know what services are available so that key leaders can share with customers/ patients about parks and activities. 	<ul style="list-style-type: none"> • This is strategy #6 identified in the CDC's Community Guide to Strategies to increase physical activity. Evidence is rated as strong.
<p>12. Lack of recreation areas for year-round physical activity.</p>	<ul style="list-style-type: none"> • Creation of or enhanced access to places for physical activity combined with formal outreach activity. 	<ul style="list-style-type: none"> • None specified
<p>13. School meals do not incorporate a wide variety of healthy foods.</p>	<ul style="list-style-type: none"> • Work with schools to have "try it" days for fruits, vegetables and healthy foods. • Try to introduce programs that support healthy eating in schools: <ul style="list-style-type: none"> ○ "What's Shaking: Creative ways to boost flavor with less sodium" ○ "Team Nutrition" Training for food service workers ○ "Let's Move Salad Bars" To get salad bars into some schools in Hancock County. 	<ul style="list-style-type: none"> • None specified