

Hardin County

Nutrition and Physical Activity 2017 Health Assessment



Improving Community Health:
Healthy Foods & Physical Activity

FOREWORD

This health assessment provides us with a snapshot of physical activity and nutrition in Hardin County. The data presented in this report provides valuable information to develop strategies that focus on increasing nutritious food consumption and increasing physical activity in Hardin County, particularly within families.

The Hardin County Nutrition and Physical Activity Assessment is being conducted for the first time, although these topics have been included in the county's community health assessment several times.

Through collaboration with the Hospital Council of Northwest Ohio, every effort has been made to assure that this report contains valid and reliable data. This assessment follows the guidance of Moving to the Future. This data should be used in conjunction with other relevant data, such as the community health assessment. To assure the success of this effort, the leaders of Hardin County have made commitments in the following ways:

This study will be different. The partners, the health care leaders of Hardin County, have made various commitments in order to ensure the success of this effort:

1. The assessment will not "sit on a shelf." The identified priorities and recommendations will be followed up and acted on.
2. The assessment 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 health care in Hardin County needs to be "at the table" and offering their particular areas of expertise and experience. The concept of "health care" is so broad that it cannot be the sole responsibility of any one agency. There can be no "silos" in these efforts or there will be no success.
3. The assessment 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 degradations) in service as noted.
4. The assessment 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 Hardin County.

ACKNOWLEDGEMENTS

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Ada School
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Harco Industries
Hardin County Chamber & Business
Hardin County Commissioner
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Partnership for Violence Free Families
Quest Federal Credit Union
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WIC
YMCA

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

Kenton Hardin County Health Department

<http://www.kentonhardinhealth.com/>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Hardin County adults (19 years of age and older), who participated in a county-wide nutrition and physical activity health assessment survey during February through March 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), the Youth Risk Behavior Surveillance System (YRBSS), and the 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 Hardin 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 for this study through Survey Monkey: one for adult community members and one for key leaders in the community. 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 the Ohio Department of Health.

The project coordinator from HCNO met with the Healthy Lifestyles Coalition (HLC). 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 HLC, the Project Coordinator composed drafts of surveys containing 76 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

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

The community survey generated 149 completed surveys and the key leader survey generated 70 responses. Although this was a good response, data is not generalizable to the entire county.

MOVING TO THE FUTURE


Staff from Kenton Hardin Health Department, along with HCNO staff, participated in six webinars coordinated by the 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 includes 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 IMPROVEMENT PLAN (SHIP) and STATE HEALTH ASSESSMENT (SHA)

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

INSTITUTIONAL REVIEW BOARD (IRB) EXEMPTION

The Kenton Hardin Health Department submitted an application, along with the proposed surveys to the Ohio Department of Health's Institutional Review Board (IRB) 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 and confidential. 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 health 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.

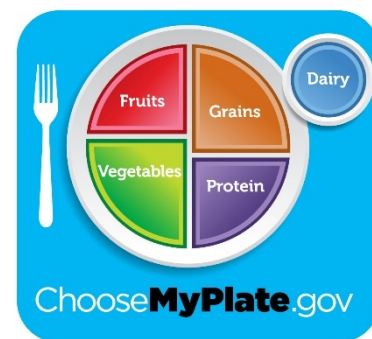
CURRENT LANDSCAPE AND RESOURCES

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



Nutrition | ADULT

Key Findings

The 2017 health assessment identified that 75% of Hardin County adults were overweight or obese based on Body Mass Index (BMI). The 2015 BRFSS indicates that 30% of Ohio and of U.S. adults were obese by BMI. Nearly two-fifths (39%) of Hardin County adults were obese.



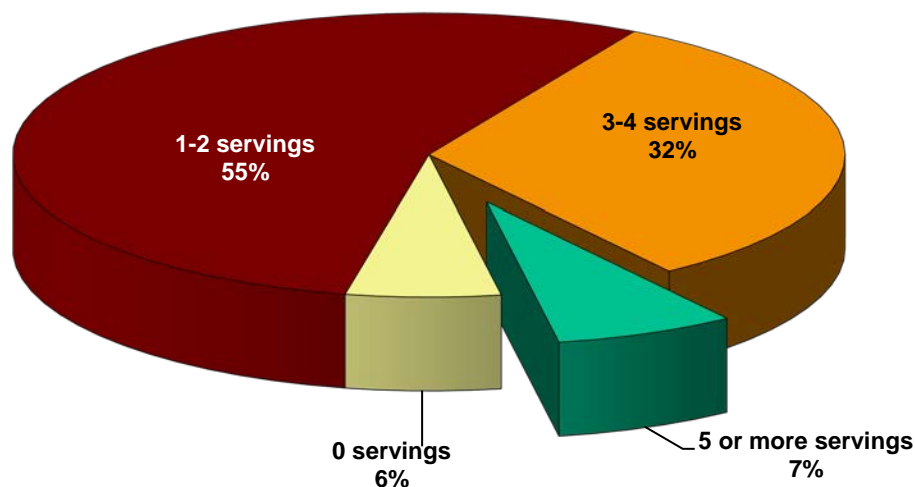
Adult Consumption

-  In 2017, the health assessment indicated that two-thirds (75%) of Hardin County adults were either overweight (28%) or obese (47%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of chronic diseases.
- Nearly two-thirds (62%) of adults were trying to lose weight, 25% were trying to maintain their current weight or keep from gaining weight. No one reported they were trying to gain weight. More than one-tenth (13%) Hardin County adults were not doing anything to lose or gain weight.
- Hardin County adults did the following to lose weight or keep from gaining weight: drank more water (65%); exercised (60%); ate less food, fewer calories, or foods low in fat (54%); ate more fruits and vegetables (49%); skipped meals (6%); took diet pills, powders or liquids without a doctor's advice (5%); smoked cigarettes (3%); and went without eating 24 or more hours (1%). No one reported they vomited or took laxatives.
-  In 2017, 55% of adults ate between 1 to 2 servings of fruits and vegetables per day; 32% ate between 3 to 4 servings; and 7% were eating 5 or more servings of fruits and vegetables per day. 5% of Hardin 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*).
- Ten percent (10%) of adults drank 10 or more servings of water per day; 23% drank between 7 to 9 servings; 33% drank 4 to 6 servings; and 28% drank 1 to 3 servings of water per day. 6% reported they did not consume any water in a 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*)
- Seventeen percent (17%) of adults drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks, or other sugar-sweetened drinks at least once per day in the past week. 42% of adults did not drink any sugar-sweetened beverages in the past week.
- Eight-six percent (86%) of adults ate out in a restaurant or brought home take-out food at least once in the past week, including 6% of adults who did so for 5 or more meals in the past week.
- Hardin County adults reported the following reasons they chose the types of food they ate: cost (69%); taste/enjoyment (66%); healthiness of food (57%); what their family prefers (54%); ease of preparation/time (54%); availability (47%); food they were used to (41%); nutritional content (39%); calorie content (29%); organic (12%); artificial sweetener content (10%); genetically modified (9%); gluten free (7%); other food sensitivities (6%); health care provider's advice (5%); lactose free (3%); and other reasons (1%).

The following pie charts shows the average daily consumption of fruits/vegetables and water for Hardin County adults. An example of how to interpret the information: 32% of all Hardin County adults ate 3 to 4 servings of fruits and vegetables per day.

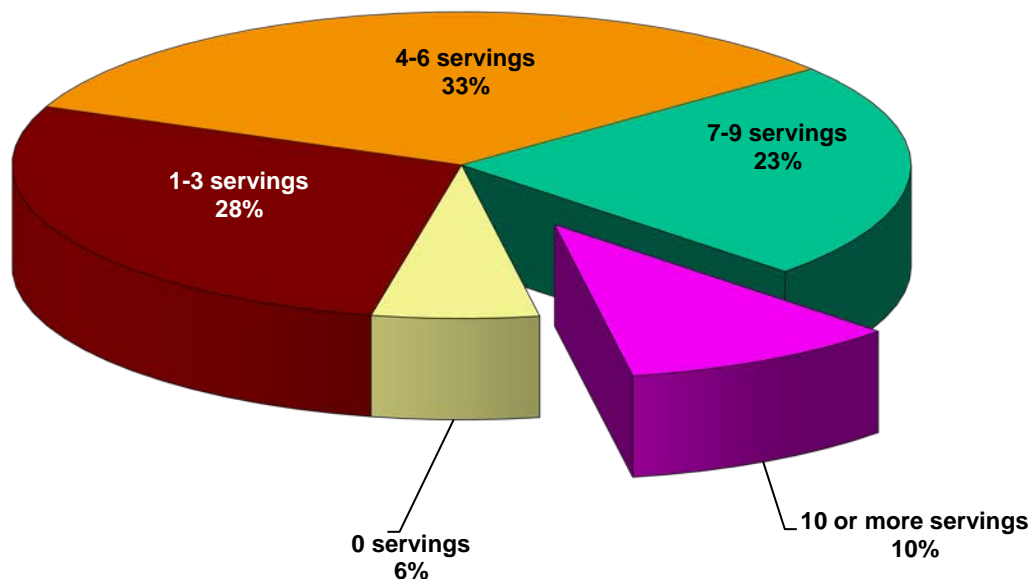
- In Hardin County, 7% of adults ate the recommended 5 or more servings of fruits and vegetables per day.
- Ten percent (10%) of adults drank the recommended 10 servings or more of water per day.

Hardin County Adults Average Daily Fruit and Vegetable Consumption*




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

Hardin County Adults Average Daily Water Consumption*




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

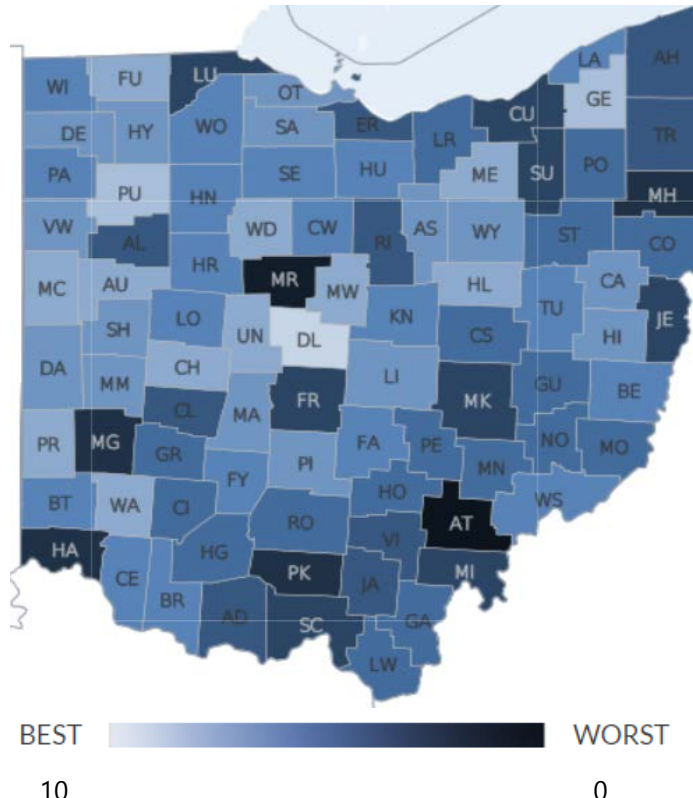
Adult Access to Food

- Hardin County adults purchased their fruit and vegetables from the following places: large grocery store (87%), grow their own/garden (37%), Farmer's Market (30%), local grocery store (26%), Dollar General/Store (6%), corner/convenience store (4%), food pantry (2%), Community Supported Agriculture (CSA) (1%), mail order food service (1%), Mobile produce (1%), and other places (4%). No one reported purchasing their fruits and vegetables from a community garden.
- Adults reported the following food insecurity issues in consuming fruits and vegetables: too expensive (22%), did not like the taste (6%), did not know how to prepare (6%), no access (4%), no variety (3%), and other barriers (6%). No one reported transportation or stores did not take electronic benefits transfer (EBT) as barriers.
-  Hardin County adults experienced the following food insecurity issues in the past 12 months: had to choose between paying bills and buying food (14%); was worried food would run out (6%); went hungry/ate less to provide more food for their family (4%); loss of income led to food insecurity (3%); they were hungry, but did not eat because they had no money for food (3%); and their food assistance was cut (2%).

In the past year, 14% of Hardin County adults had to choose between paying bills.

 **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

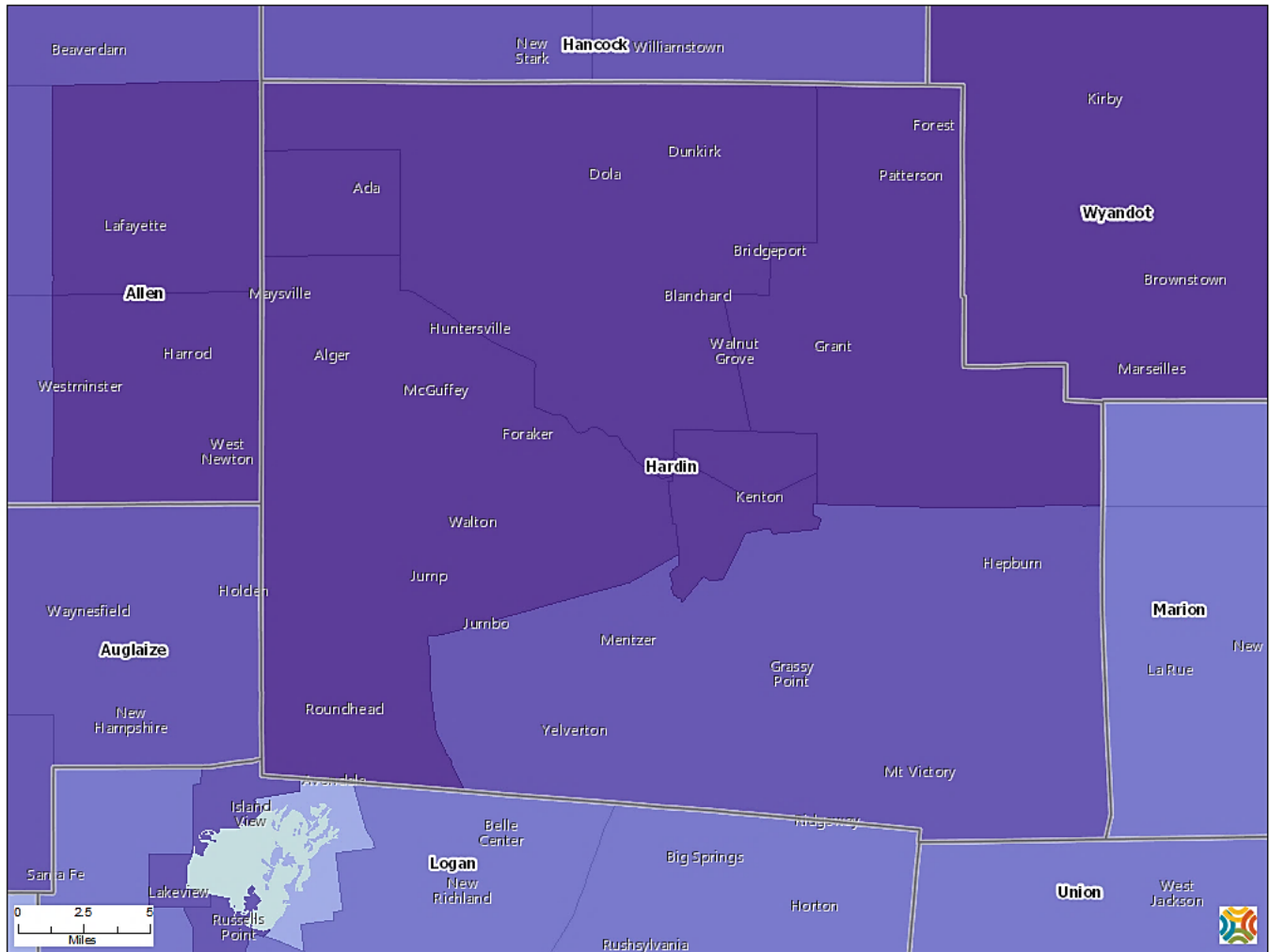


Hardin County had a food index measure of:

7.6

(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

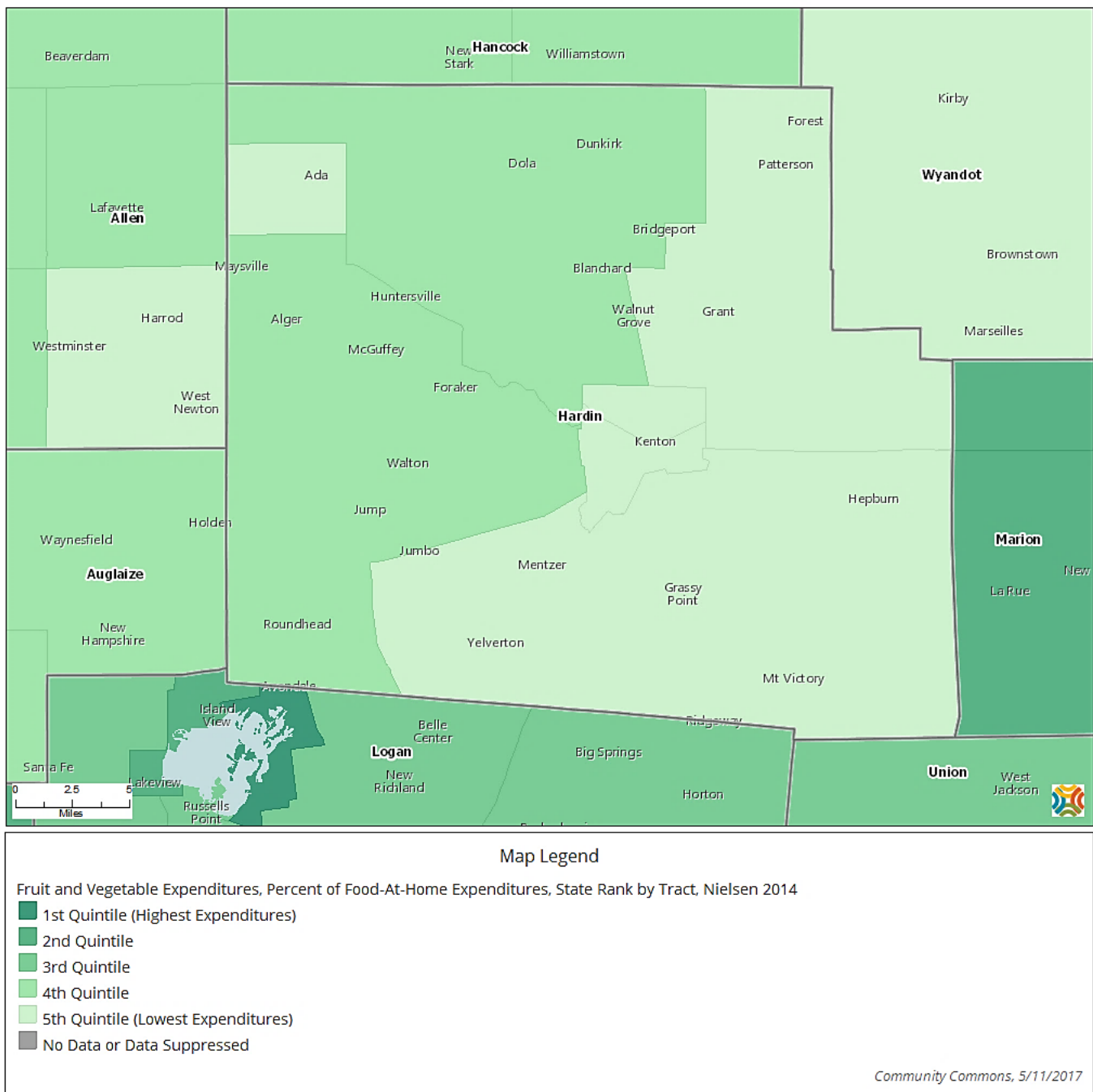
Soda Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

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

Community Commons, 5/11/2017

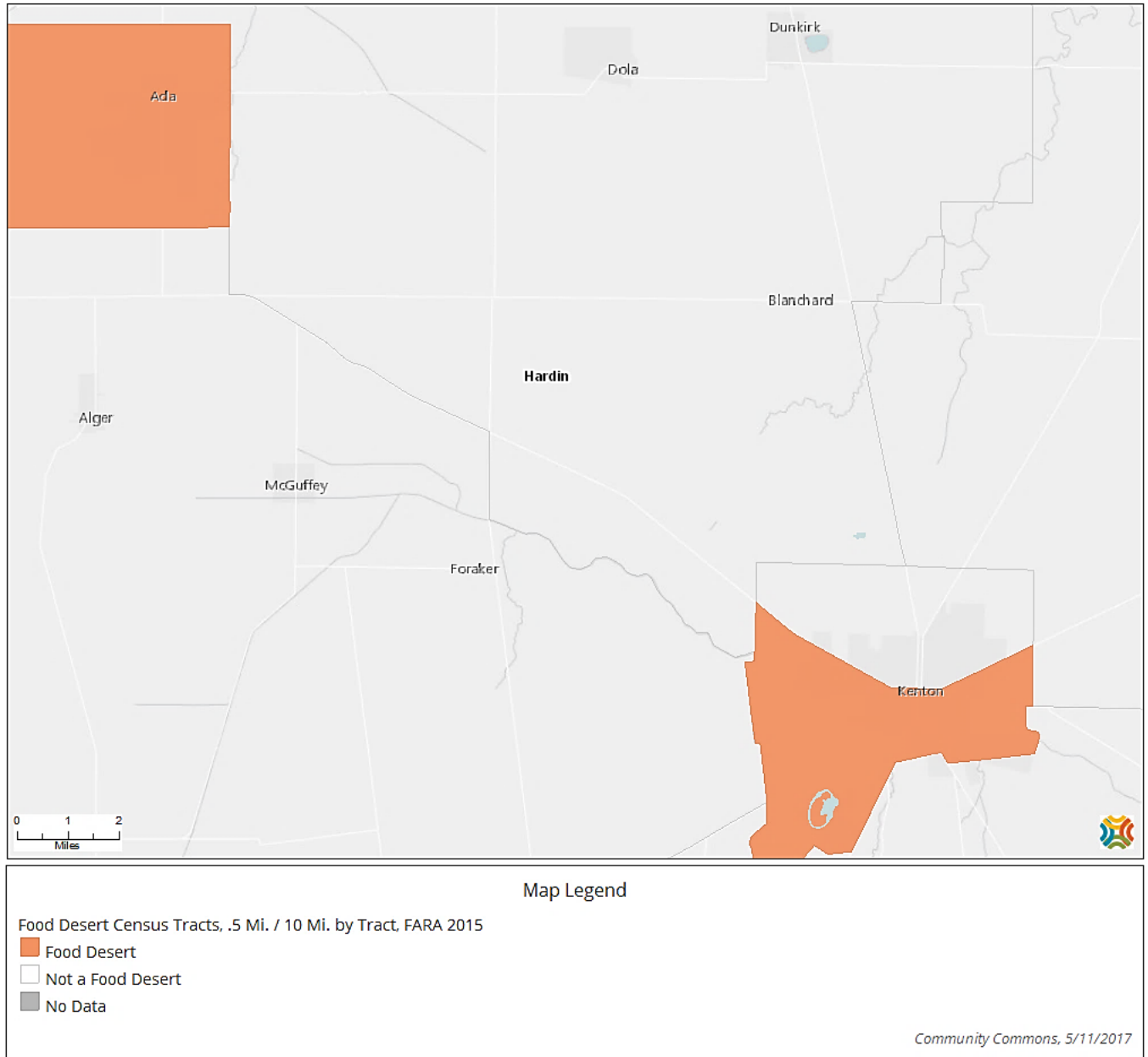
(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

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



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

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



(Source: US Department of Agriculture, Economic, USDA - Food Access Research Atlas: 2010-2015, as compiled by Community Commons)

Nutrition | CHILD

Key Findings



The 2017 health assessment identified that 4% of school-aged children ate the recommended 5 or more servings of fruits and vegetables per day and 10% of children ages 0-5 ate the recommended amount. 19% of mothers did not breastfeed their children.

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



Child Consumption (Ages 0-5)


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

-  10% of Hardin County children ages 0-5 ate 5 or more servings of fruits and vegetables per day. 38% ate 3 to 4 servings per day, 48% ate 1 to 2 servings of fruits and vegetables per day. 5% of parents reported their child did not eat any fruits or vegetables.
- More than two-thirds (67%) 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.
- Five percent (5%) of children ages 0-5 drank 5 or more servings of water per day. 43% drank 3 to 4 servings per day, and 48% drank 1 to 2 servings of water per day. 5% of children did not drink any 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)
- Five percent (5%) of Hardin County children drank soda pop (not diet), punch, Kool-Aid, juice, or other fruit-flavored drinks at least once per day in the past week. 71% of children did not drink any soda pop or fruit flavored beverages in the past week.
-  Mothers breastfed their child: more than 1 year (24%), 10 to 12 months (5%), 7 to 9 months (14%), 4 to 6 months (19%), less than 3 months (19%), and never breastfed (19%). No one reported that they were still breastfeeding.

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

Child Consumption (Grades Pre-K through high school)

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

-  Four percent (4%) of Hardin County school-age children ate 5 or more servings of fruits and vegetables per day; 31% ate 3 to 4 servings; and 61% ate 1 to 2 servings of fruits and vegetables per day. 2% of parents reported their child did not eat any fruits and vegetables.
- Two percent (2%) of Hardin County school-age children drank 10 or more servings of water per day. 8% drank 7 to 9 servings, 46% drank 4 to 6 servings, and 42% drank 1 to 3 servings of water per day. 4% of children 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)
- The 2015 YRBS reported 4% of high school youth in the U.S. did not drink water in the past 7 days.

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

- Hardin County parents reported their school-age child consumed the following sources of calcium: milk (81%), yogurt (53%), calcium fortified juice (9%), lactose free milk (2%), calcium supplements (2%), other dairy products (47%), and other calcium sources (14%).
- More than one-half (54%) 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.
- Seven percent (7%) of Hardin 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. 41% 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 Hardin County parents of school age children from Pre-K through high school.

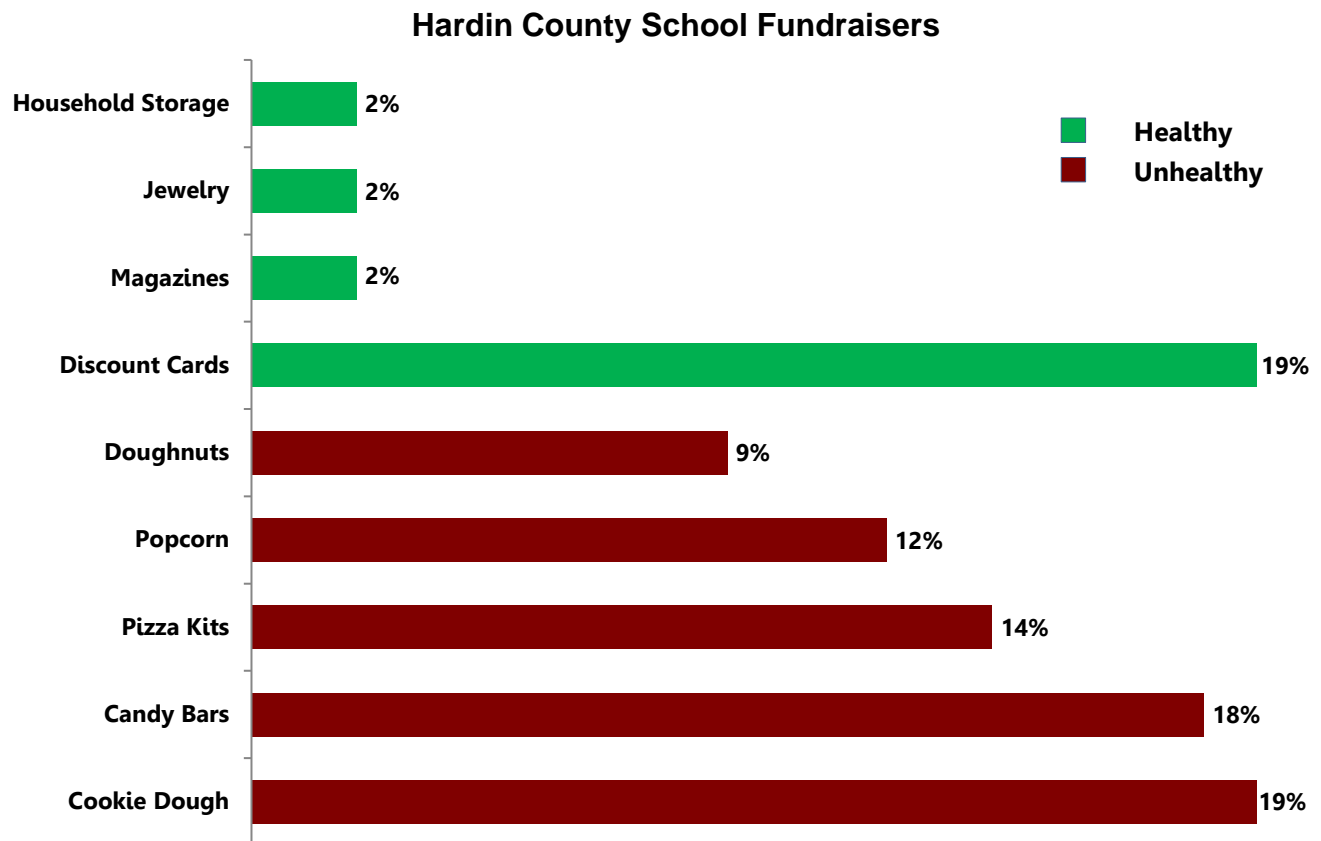
- Hardin County parents reported their child's school participated in the following fundraising sales: cookie dough (19%), discount cards (19%), candy bars (18%), pizza kits (14%), popcorn (12%), doughnuts (9%), jewelry (2%), household storage (2%), magazines (2%) and other (12%). No Hardin County parent reported their child's school participated in personal beauty sales. 4% reported their child was homeschooled.
- Hardin County parents reported their child's school promoted nutrition and physical activity through the following ways: physical education (54%), safe playground equipment (49%), allow breakfast in the classroom (33%), healthy cafeteria food choices (30%), bringing water bottles to school (23%), summer food program (21%), healthy eating habits education (19%), Safe Routes to School (18%), Backpack program (18%), salad bar in the cafeteria (11%), after-school program (11%) and school garden (4%). No Hardin County parent reported their child's school promotes Farm-to-School program. 4% of parents reported their child's school did not have a cafeteria.
- Hardin County parents would support the following community improvement initiatives for their schools: increased physical education/recess time (67%), Farm-to-School program (60%), more nutrition education in the classroom (53%), healthier fundraising sales (49%), healthier vending machine items (44%), more playground equipment (33%), Safe Routes to School program (28%), and an after-school program (28%).

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 Hardin County school fundraisers by type of items sold.



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)

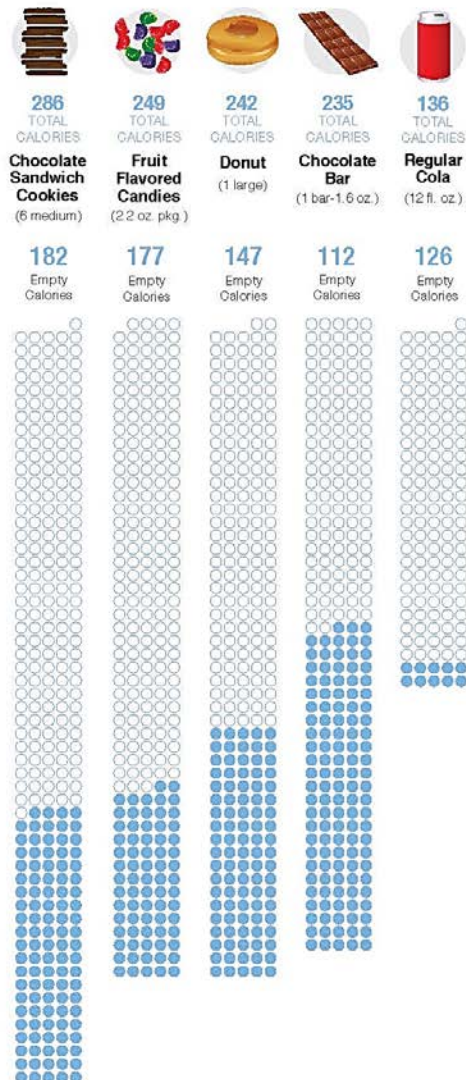
New Healthy Snacking Standards Established by the United States Department of Agriculture (USDA)

SMART SNACKS IN SCHOOL

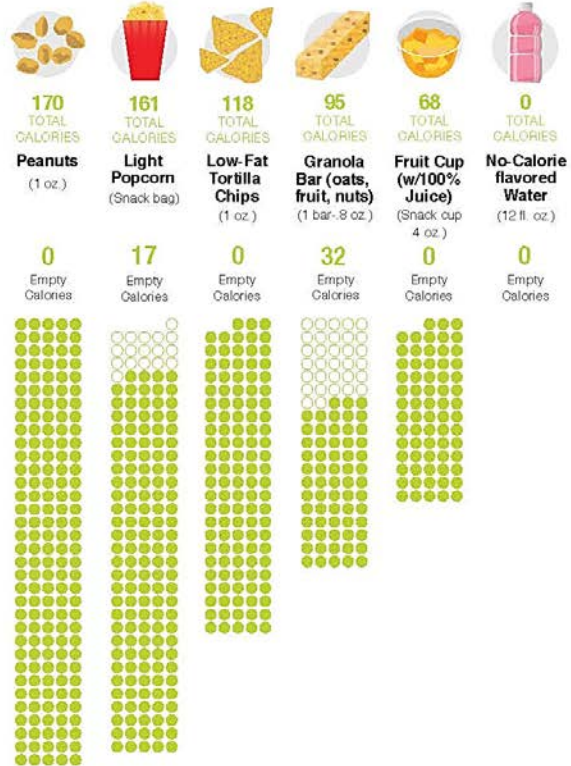
The Healthy, Hunger-Free Kids Act of 2010 requires USDA to establish nutrition standards for all foods sold in schools — beyond the federally-supported meals programs. This new rule carefully balances science-based nutrition guidelines with practical and flexible solutions to promote healthier eating 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



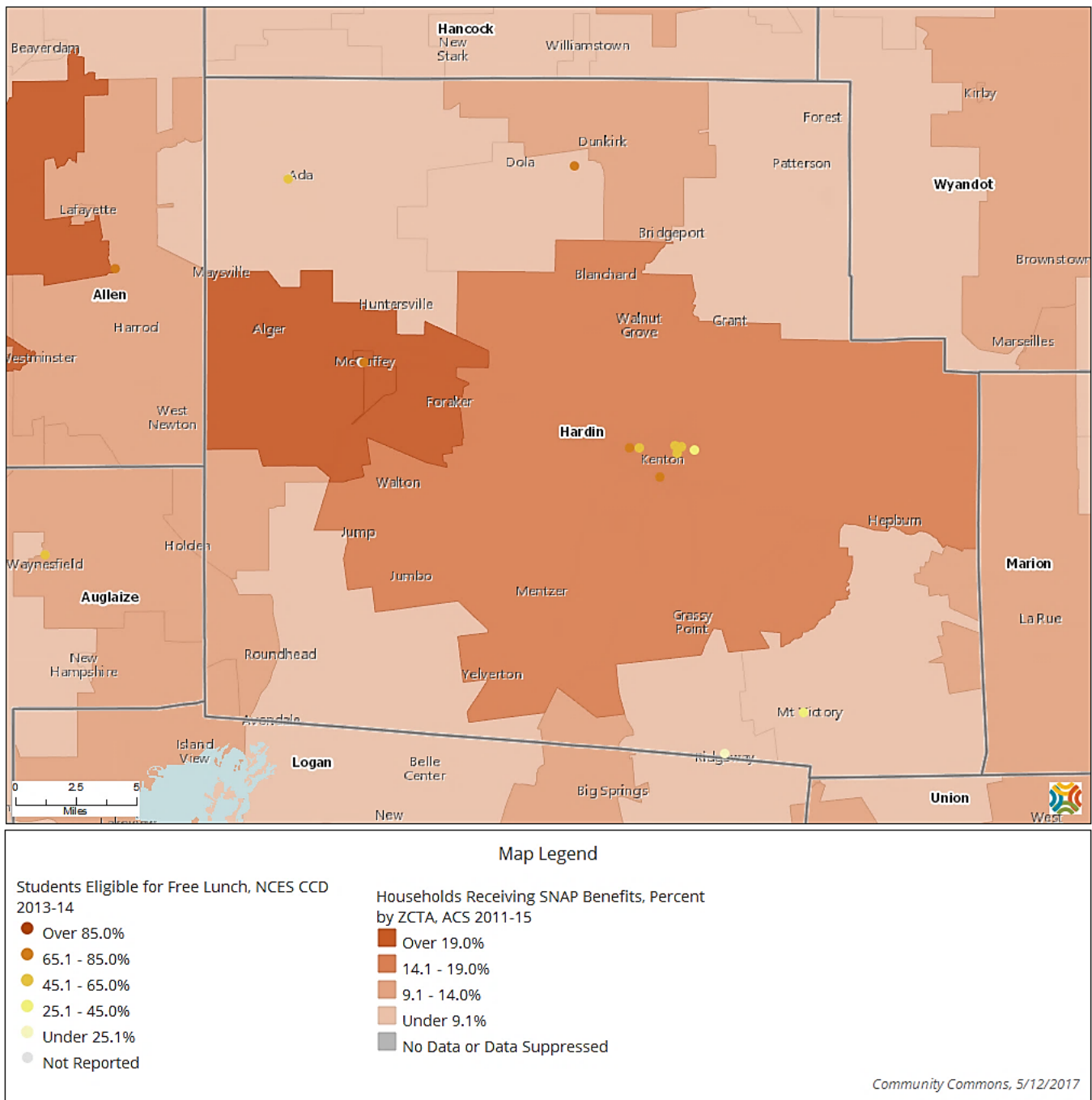
After the New Standards



*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)

Households Receiving SNAP-Benefits, Percent by ZCTA, ACS 2011-2015




(Source: US Census Bureau, American Community Survey: 2010-14, as compiled by Community Commons)

Physical Activity | ADULT

Key Findings

The 2017 health assessment identified that 29% of Hardin County adults engaged in some type of physical activity or exercise for at least 30 minutes on 5 or more days per week.

Adult Physical Activity

-  In Hardin County, 60% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. More than one-quarter (29%) of adults exercised on 5 or more days per week. More than one-tenth (14%) of adults did not participating in any physical activity in the past week, including 1% who were unable to exercise.
- Hardin County adults spent the most time doing the following physical activities in the past year: walking (45%), exercise videos (9%), running/jogging (9%), group exercise classes (6%), occupational exercise (5%), exercise machines (5%), strength training (4%), cycling (2%), swimming (1%), active video games (1%), and other activities (3%). 10% of adults did not exercise at all, including 3% who were unable to do so.

In Hardin County, 60% 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 (43%), weather (31%), too tired (30%), laziness (27%), pain or discomfort (23%), could not afford a gym membership (22%), no child care (12%), no exercise partner (11%), poorly maintained/no sidewalks (9%), no walking, biking trails or parks (7%), physical impairments or challenges (6%), doctor advised them not to exercise (4%), did not know what activities to do (4%), no gym available (2%), and no transportation (1%).
- Hardin County employed adults spent the most time doing the following physical activities while at work: sitting (39%), walking (14%), heavy labor/physical work (1%), and activities varied (20%). 16% of Hardin County adults reported they were unemployed or did not work and 9% reported they were retired.
- Hardin County adults spent an average of 2.5 hours watching TV, 1.8 hours on their cell phone, 1.4 hours on the computer (outside of work) and 0.6 hours playing video games 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**

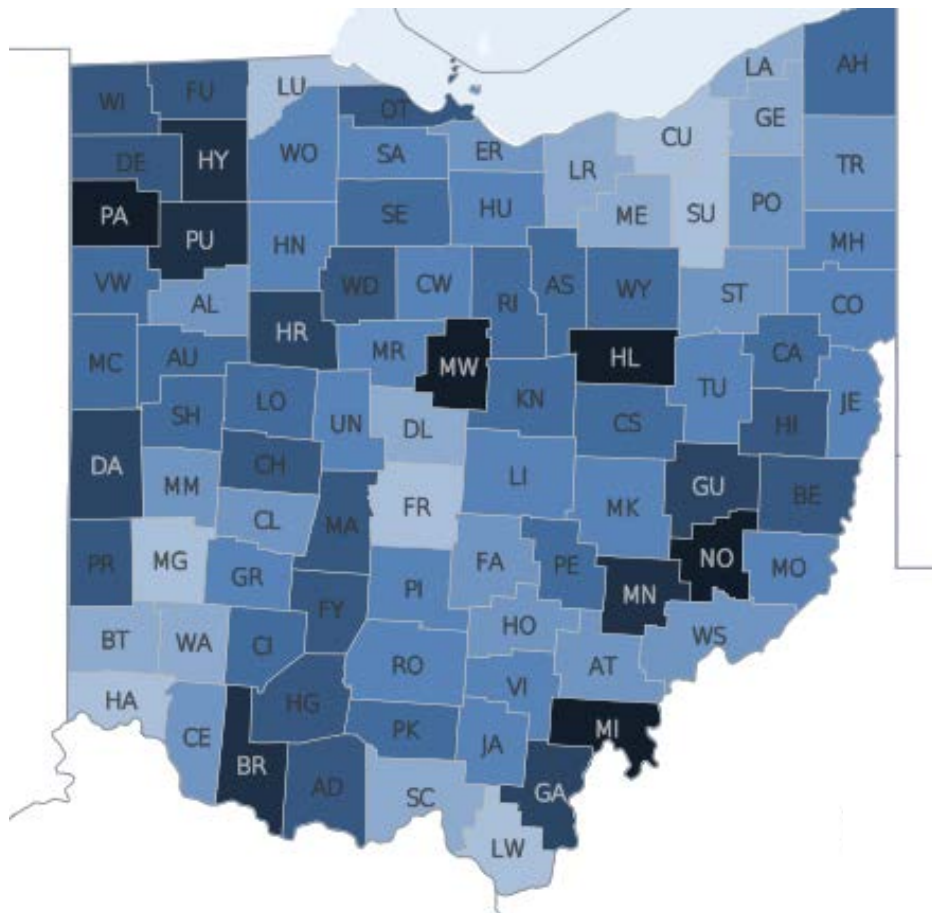
Muscle Strengthening Activities

- 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.

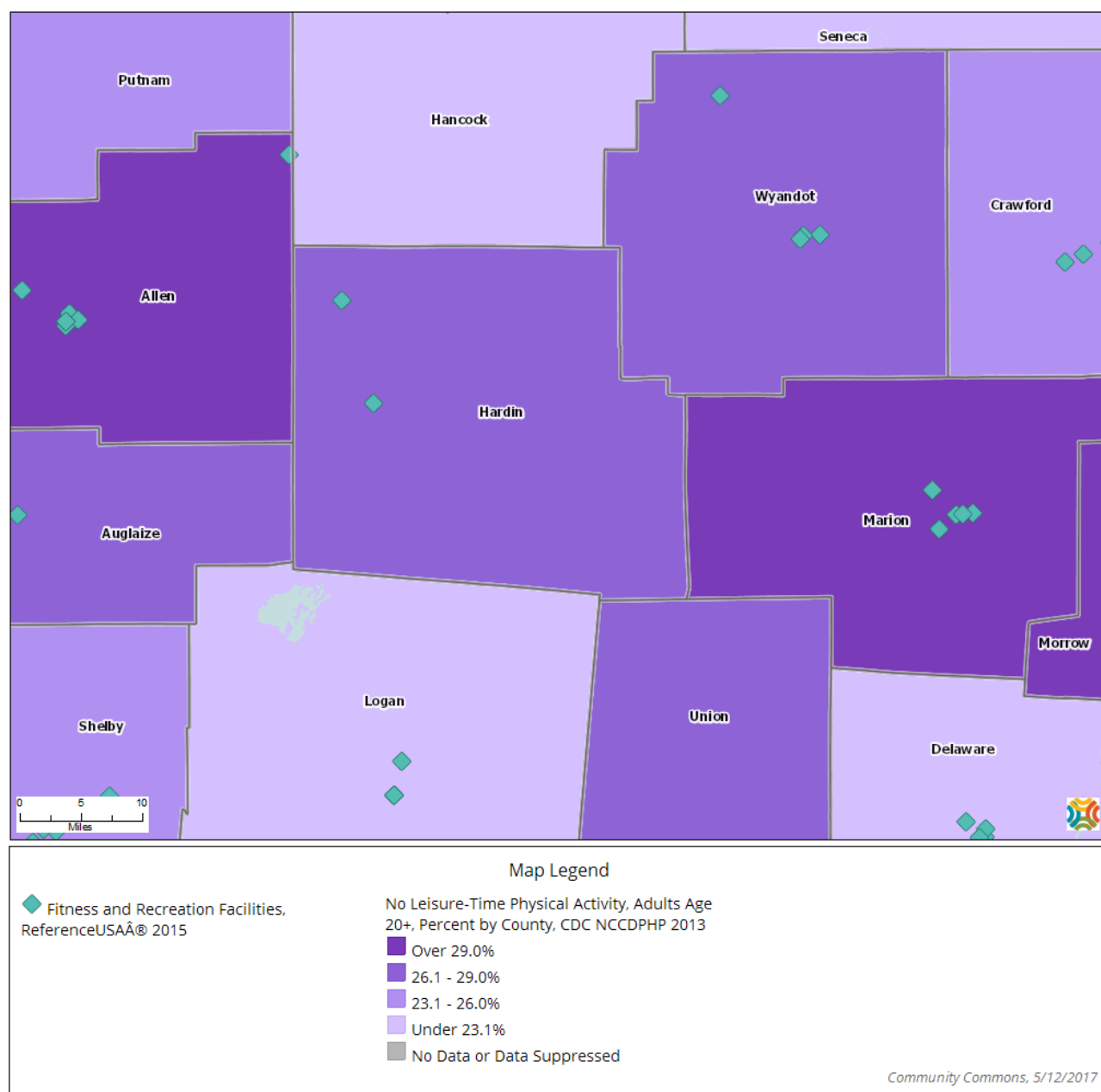
Access to Exercise Opportunities



49%
Of Hardin County adults
had access to exercise
opportunities

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

Physical Inactivity, Adults Age 20+, Percent by County, CDC NCCDPHP 2013



(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, *Diabetes Atlas: 2013*, as compiled by Community Commons)

Physical Activity | CHILD

Key Findings

The 2017 health assessment identified that almost three-quarters (74%) of Hardin County school-aged children were physically active for at least 60 minutes on 3 or more days per week.

Child Physical Activity (Ages 0-5)

The following information was reported by Hardin County parents of children 0-5 year olds.


- Hardin County children ages 0-5 spent an average of 1.6 hours watching TV, 1.0 hour on the computer/tablet/cellphone and 1.3 hours playing 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 Hardin County parents of school age children from Pre-K through high school.

-  Almost three-quarters (74%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. 33% reported their child had done so on 5 or more days and 13% said their child was physically active for at least 60 minutes every day per week. 7% reported no physical activity.
- Hardin County school-age children spent an average of 1.3 hours on the computer (outside of school), 1.7 hours watching TV, 1.8 hours playing video games and 2.3 hours on the cell phone on an average day of the week.
- Nearly one-fifth (18%) of Hardin 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, 45% of Hardin County parents said more than 2 miles, 14% said 1 to 2 miles, 9% said ½ mile to 1 mile, 18% said ¼ mile to ½ mile and 14% 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)

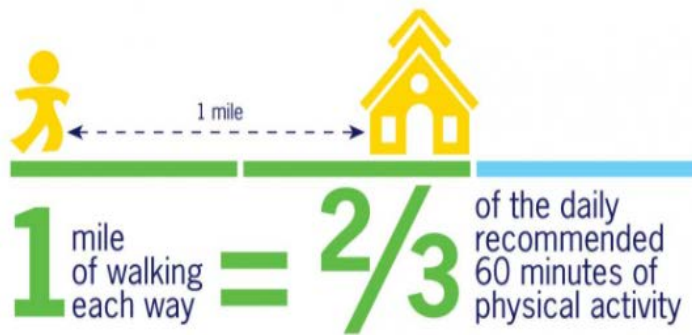
Safe Routes to School

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-half (51%) of Hardin County adults did not have sidewalks where they lived.

Community Characteristics

-  Hardin County adults reported they lived within 2 miles of the following: a park or green space (73%), grocery stores (45%) and recreation centers (37%).
- Almost three fourths (74%) of adults reported their community was extremely or quite safe from crime. 26% said slightly safe. No one reported their community was not safe at all.
- Adults reported the following concerns for their community: drugs/alcohol (50%), crime (25%), no sidewalks accessible (18%), heavy traffic (15%), bullying (13%), no place for kids to play (11%), loud noises (10%), water quality (9%), air pollution (3%), lead issues (1%), and other (5%).
- Hardin County adults traveled outside the county for the following: dine-in-restaurants (89%), grocery stores (78%), parks (32%), recreation centers (19%), gyms (13%), and other (13%).

Roadways

- More than one-half (51%) of Hardin County adults did not have sidewalks where they lived. Of those adults who did not have sidewalks, 68% lived in the country, 23% lived in town and 9% lived in the outskirts of town.
- Of those adults who had sidewalks, only 16% were connected to all streets. 45% were mostly connected, 27% had some that were connected, 12% had few streets that were connected.
- Hardin County adults who had sidewalks, reported 4% were in excellent condition, 32% were in good condition, 20% were in fair condition, 40% were in poor condition and 4% did not know what condition their sidewalks were in.
- Fifty-four percent (54%) of Hardin County adults did not have bike trails in or around their community. Of those adults who did not have bike trails, 47% lived in town, 4% lived in the outskirts, and 49% lived in the country.
- Of those adults who had bike trails in or around their community, 8% did not have access to them.
- Hardin County adults who had bike trails in or around their community, reported 20% were in excellent condition, 69% were in good condition, 2% were in fair condition and 9% did not know what condition their bike trails were in. No one reported sidewalks were in poor condition.
- Hardin County adults who had bike trails in their community, reported they were: well lit (13%), not well lit (49%), and did not know (38%).

Parks

- Seven percent (7%) of Hardin County adults did not have any parks available in their community. Of those adults who did not have parks available, 33% lived in town, 11% lived in the outskirts of town, and 56% lived in the country.
- Of those adults who had parks available in or around their community, 37% reported there were 3 or more available, increasing to 82% of adults who lived in the 43326-zip code area. 25% had two and 37% had one park available.
- Of those adults who had parks available in or around their community, 3% did not have access to them.

Parks, continued

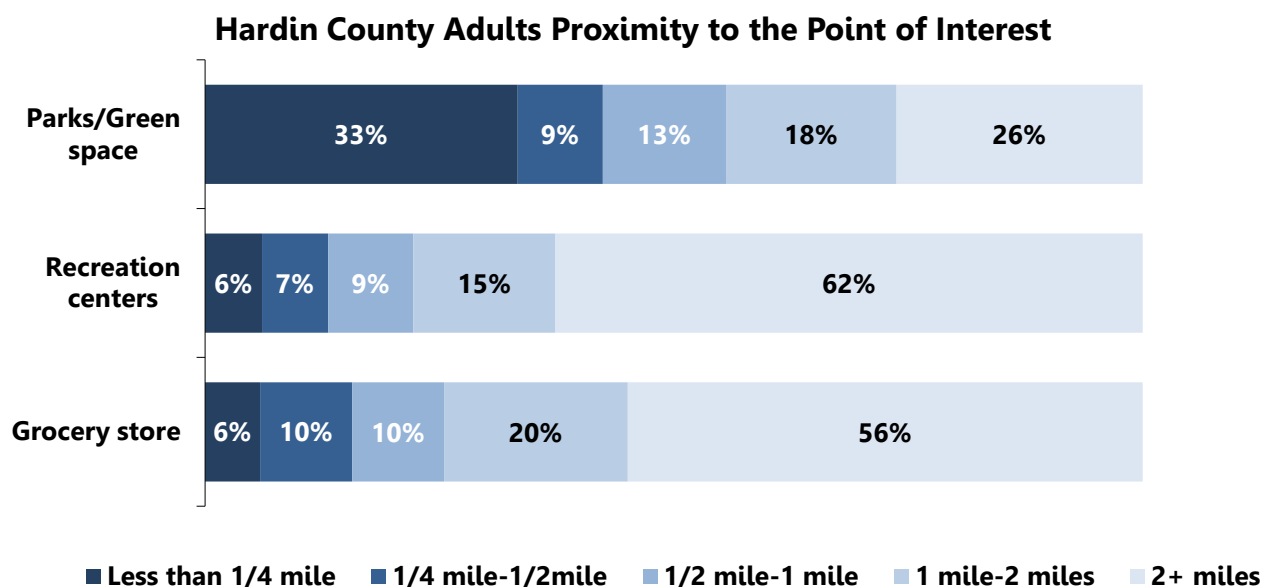
- Hardin County adults who had parks in or around their community, reported only 50% were handicapped accessible. 43% of adults did not know if their parks were handicapped accessible.
- Of those adults who had parks in or around their community, 5% were in excellent condition, 65% were in good condition, 18% were in fair condition, 8% were in poor condition, and 4% of adults did not know what condition the parks were in.
- Eleven percent (11%) of Hardin County adults, thought their parks were very safe. 60% reported their parks were quite safe, 19% said slightly safe, and 2% said not safe at all. 8% did know how safe their parks were.
- Of those who had parks in or around their community, 3% of Hardin County adults visited them very often, 25% visited them somewhat often, 53% not so often and 19% did not visit them at all.

Other Recreation Areas

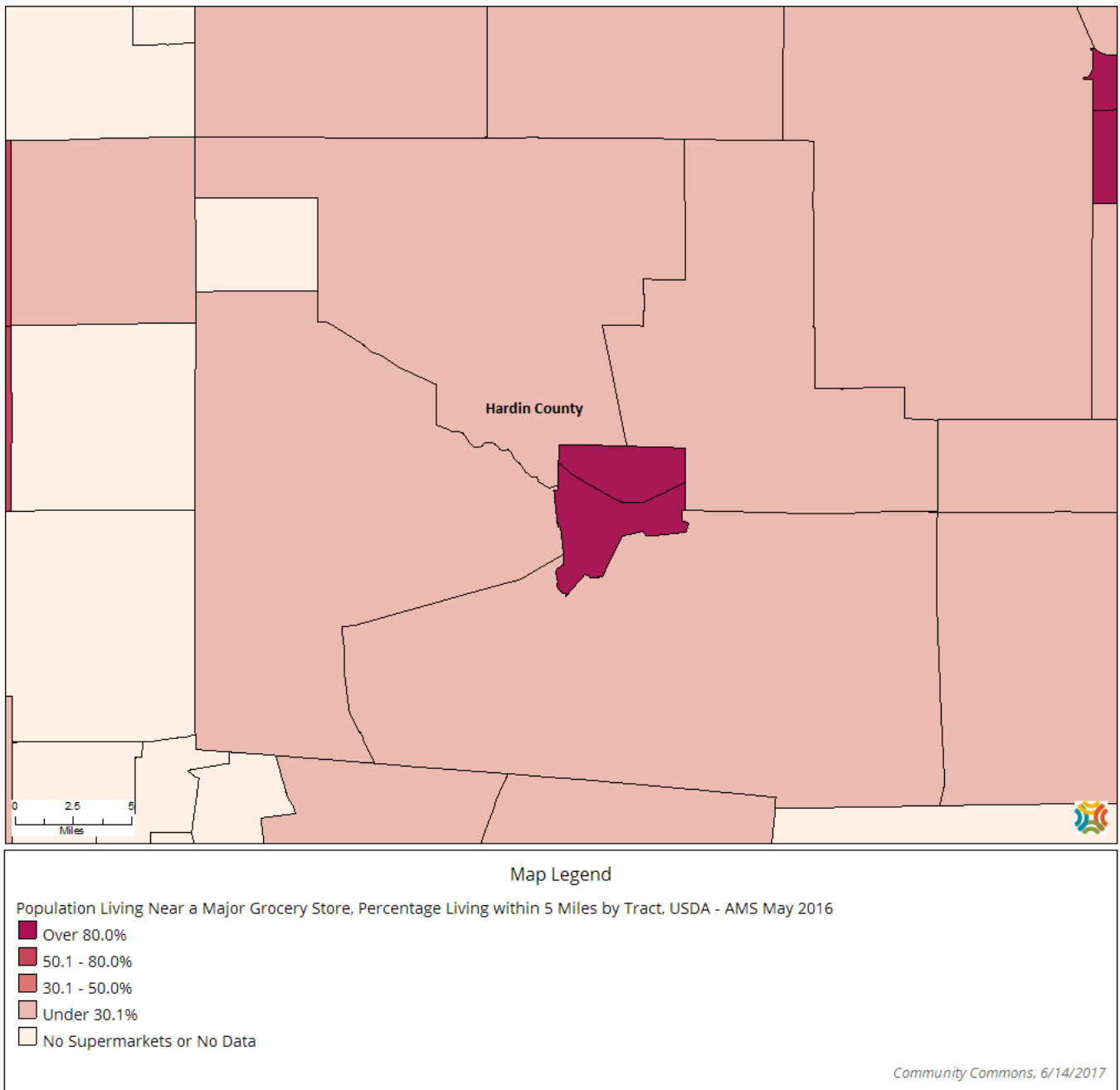
- More than one-fourth (26%) of Hardin County adults did not have recreation centers in or around their community. Of those adults who did not have recreation centers, 51% lived in the country and 49% lived in town. No one who lived in the outskirts of town, reported not having recreation centers available.
- Of those adults who had recreation centers in or around their community, 19% reported there were 3 or more available. 42% had two and 34% had one available. 5% did not know how many recreation centers were available.
- Of those adults who had recreation centers in or around their community, 12% visited them very often. 12% said somewhat often, 22% said not so often and 54% did not visit them at all.

Adult Comparisons: Top 3 Zip Codes	
No bike trails available	
43326	48%
45812	13%
45810	10%
No parks available	
45812	33%
43326	33%
45859	17%
One park available	
45810	24%
43326	22%
45812	17%

The following graph shows the average distance Hardin County adults were from the nearest grocery store, recreation centers, and parks/green space. Examples of how to interpret the information include: 20% of Hardin County adults live 1 mile – 2 miles away from the nearest grocery store.

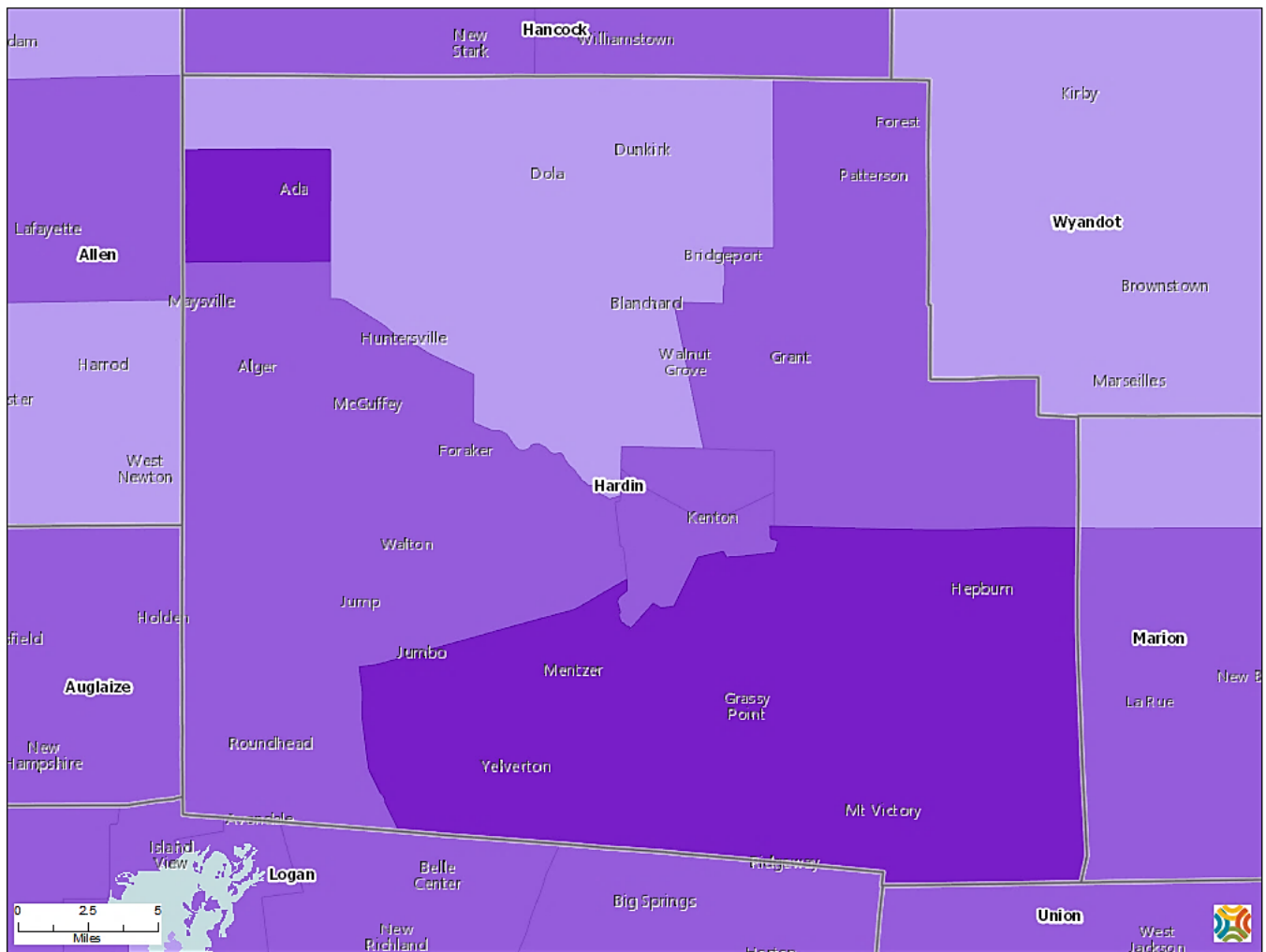


Population Living Near a Major Grocery Store, Percentage Living Within 5 Miles by Tract, USDA-AMS May 2016



(Source: US Department of Agriculture, USDA - Agriculture Marketing Service: May 2016, as compiled by Community Commons)

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, 5/12/2017

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

Built Environment | KEY LEADERS

Key Findings

Eight-five percent (85%) of Hardin County key leaders were concerned about drugs/alcohol in their community/county.

Community Characteristics

The following information was reported by Hardin 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.

- Eighty-two percent (82%) of Hardin County key leaders reported their community/county was extremely or quite safe from crime. 17% said slightly safe and 2% said not at all safe.
- Hardin County key leaders had the following concerns for their community/county: drugs/alcohol (85%), crime (33%), bullying (26%), no sidewalks accessible (21%), no place for kids to play (15%), heavy traffic (15%), loud noises (8%), water quality (3%), lead issues (3%), and other (3%). No one reported they were concerned about air pollutions or gangs.

Roadways

- When asked if there were sidewalks available in their community/county, 19% of Hardin County key leaders reported there were many available, 46% said some, 26% said few, and 6% said none were available. 3% of key leaders did not know if sidewalks were available.
- Key leaders reported sidewalks in their community/county were in: good condition (33%), fair condition (22%), and poor condition (37%). No one reported sidewalks were in excellent condition. 8% of key leaders did not know the conditions of their sidewalks.
- More than one-half (55%) of Hardin County key leaders indicated they did not have bike trails in their community/county.
- Key leaders reported bike trails in their community/county were in: excellent condition (21%), good condition (58%), fair condition (11%) and poor condition (5%). 5% of key leaders did not know the condition of their bike trails.
- Key leaders reported bike trails in their community/county were: not well lit (79%), and 21% did not know. No one reported bike trails were well lit.

Parks

- Six percent (6%) of Hardin County key leaders reported they did not have parks in their community/county.
- Key leaders reported the following availability of parks: 3 or more (58%), two (13%) and one (23%). 5% of key leaders did not know how many parks were available.
- Key leaders reported parks were in: excellent condition (8%), good condition (65%), fair condition (18%), and poor condition (5%). 3% of key leaders did not know the conditions of their parks.
- More than two-fifths (42%) of key leaders reported parks were handicapped accessible.
- Key leaders reported 85% of parks were easily accessible by walking or biking to.
- Hardin County key leaders considered the parks to be: very safe (10%), quite safe (62%), slightly safe (20%), and not safe at all (2%). 7% of key leaders did not know the safety of their parks.

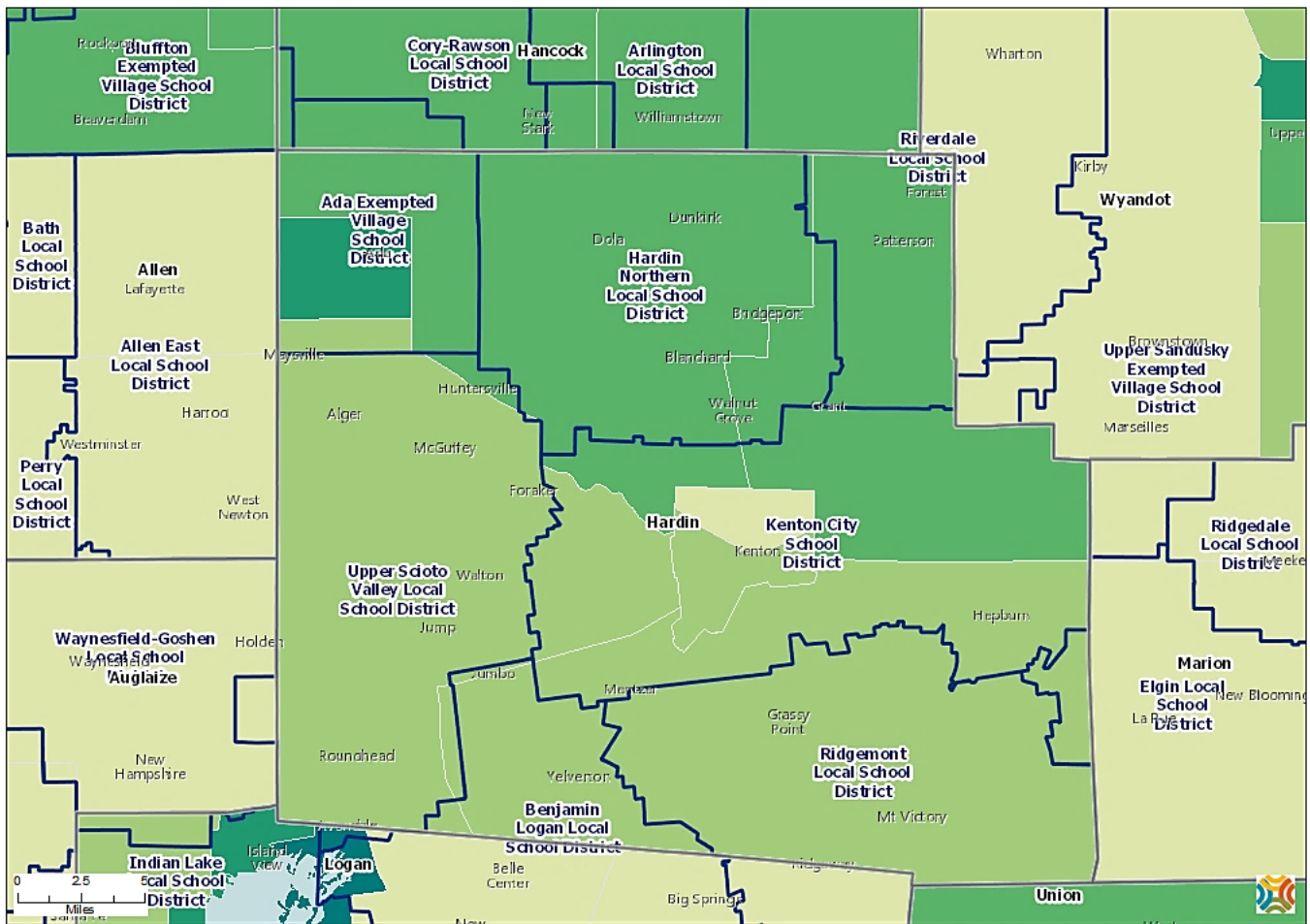
Other Recreation Areas

- Nearly three-fourths (70%) of Hardin County key leaders reported there were recreation centers available in their community/county.
- Key leaders reported the following availability of recreation centers: 3 or more (28%), two (30%), and one (37%). 4% did not know how many were available.

Current Landscape and Resources

- The following qualitative data was collected by Hardin County key leaders.
 - Main streets are considered high traffic areas and not safe for children to walk or ride bikes.
 - There were no roadways with a designated pathway (i.e. bicyclists safety).
 - Kenton has 7 parks and Hardin has approximately 20 parks.
 - Kenton has 8 parks in town that are accessible by walking and/or car.
 - Most of the playground equipment at the parks are new and relatively safe.
 - There are 4 outdoor trails available in Hardin County, all near Kenton. They are only accessible by car.
 - Only one outdoor trail has any lighting at night.
 - It is ½ mile to 1 ½ miles to get to a walking trail within Kenton.
 - Walking trails can be as far as 20 miles or more to access within Hardin County.
 - There is one YMCA available in Hardin County, but only accessible by car.
 - Businesses in Kenton and Ada are within walking distance, but not across Hardin county.
 - All streets and sidewalks are handicap accessible. They are wide in space. There is heavy semi-truck traffic causing safety issues for pedestrians.
 - The city has a plan for downtown renovation that will start with the below ground infrastructure, but no work has begun on the project.

Population with Park Access (Within ½ Mile), 2013



Map Legend

Food Hubs, USDA - AMS May 2016

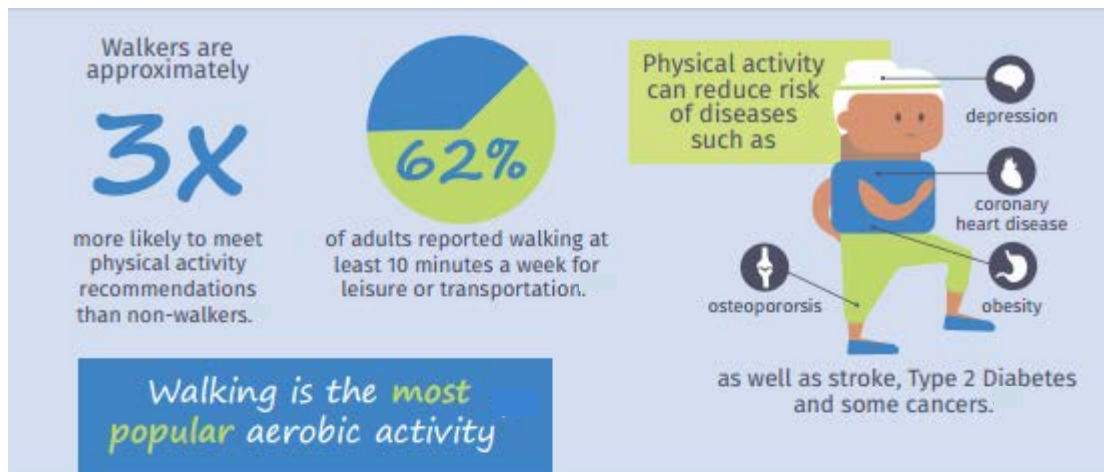
Population With Park Access (Within 1/2 Mile),
Percent by Tract, ESRI/OSM 2013

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

Community Commons, 2/7/2017

(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

Twenty-three percent (23%) of Hardin County adults had access to health risk assessments through their employer or spouse's employer.

Worksite Wellness

- Hardin County adults had access to the following programs through their employer or spouse's employer: health risk assessment (23%); lower insurance premiums for participating in a wellness program (21%); on-site health screenings (14%); free/discounted gym membership (14%); gift cards for participating in wellness program (13%); free/discounted weight loss program (9%); free/discounted smoking cessation program (9%); lower insurance premiums for change in health status (8%); on-site health education classes (5%); healthier food options in vending machines or cafeteria (5%); gift cards/cash for positive changes in health status (2%); and other (2%). 19% did not have access to any wellness program.
- Hardin County adult employers promoted work-site wellness through the following: offer sugar-free beverages (11%); encourage walking during breaks (10%); provide health food options in vending machines (8%); provided healthy food choices in the cafeteria (7%); and 13% did not know. 64% of Hardin 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 Hardin County adults reported the following: large grocery chains (80%), convenience stores (69%), Farmer's Markets (44%), and locally-owned food stores (29%).
- When asked what type of restaurants were available in their community, Hardin County adults reported the following: fast-food restaurants (82%), local diners (61%), dine-in/family style restaurants (52%), bakery/café shops (30%), and food trucks (7%).

Community Wellness

- Hardin County adults reported that faith-based organizations in their community offered the following: food pantries (77%), community meals (66%), youth sports programs (16%), wellness support groups/programs (14%), indoor/outdoor playgrounds (13%), health screenings (10%), nutrition/physical activity education programs (5%), free walking/gym time (4%), and cooking demonstrations (3%).
- Hardin County adults reported that their local hospital(s) and health center(s) offered the following services: health risk assessments (35%), nutrition counseling (25%), weight loss and weight management counseling (20%), fitness facility (12%), and health plan incentives for participating in a wellness program (7%).
- Hardin County adults reported their local school districts offered the following at their schools: an outdoor playground accessible to the public (37%), an outdoor/indoor track accessible to the public (29%), health screenings (11%), school garden (5%), food pantries (4%), produce markets (2%), and healthy cooking demonstrations (1%).

Social Environment | KEY LEADERS

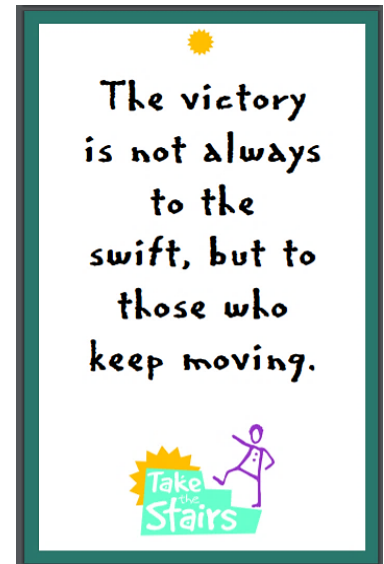
Key Findings

Thirty-six percent (36%) of Hardin County key leaders reported employers offered health risk assessments to their employees.

Worksite Wellness

The following information was reported by Hardin 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.

- Hardin County key leaders reported employers offered the following to their employees: health risk assessment (36%); free/discounted gym membership (31%); on-site health screenings (22%); gifts cards/cash for participating in wellness programs (19%); lower insurance premiums for participating in wellness programs (19%); offer sugar-free beverages (17%); gift cards/cash for positive changes in health status (14%); free/discounted smoking cessation program (14%); healthier food options in vending machines/cafeteria (14%); free/discounted weight loss program (11%); on-site health education classes (11%); encourage walking during lunch breaks (11%); lower insurance premiums for positive changes in health status (6%); on-site fitness facility (6%); and healthy food policy (5%).
- Hardin County key leaders reported employers promoted work-site wellness through the following ways: offer sugar-free beverages (23%); encourage walking during breaks (14%); provide healthy food options in vending machines (11%); and provide healthy food choices in the cafeteria (11%).
- When asked if employers in their community offered wellness opportunities, 35% of key leaders said few, 3% said most and 14% said none.



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

Community Wellness

- When asked what type of grocery stores were available in their community, key leaders reported the following: large grocery store chains (82%), convenience stores (80%), Farmer's Markets (51%), locally-owned food stores (20%), and other (2%).
- When asked what type of restaurants were available in their community, key leaders reported the following: local diners (89%), fast-food restaurants (83%), dine-in/family style chain restaurants (63%), bakery/café shops (40%), food trucks (6%), and other (3%).
- Hardin County key leaders reported that faith-based organizations in their community offered the following: food pantries (89%), community meals (80%), youth sports programs (31%), indoor/outdoor playgrounds (20%), wellness support groups/programs (17%), cooking demonstrations (8%), health screenings (8%), nutrition/physical activity education programs (6%), and free walking/gym time (6%).

Current Landscape and Resources

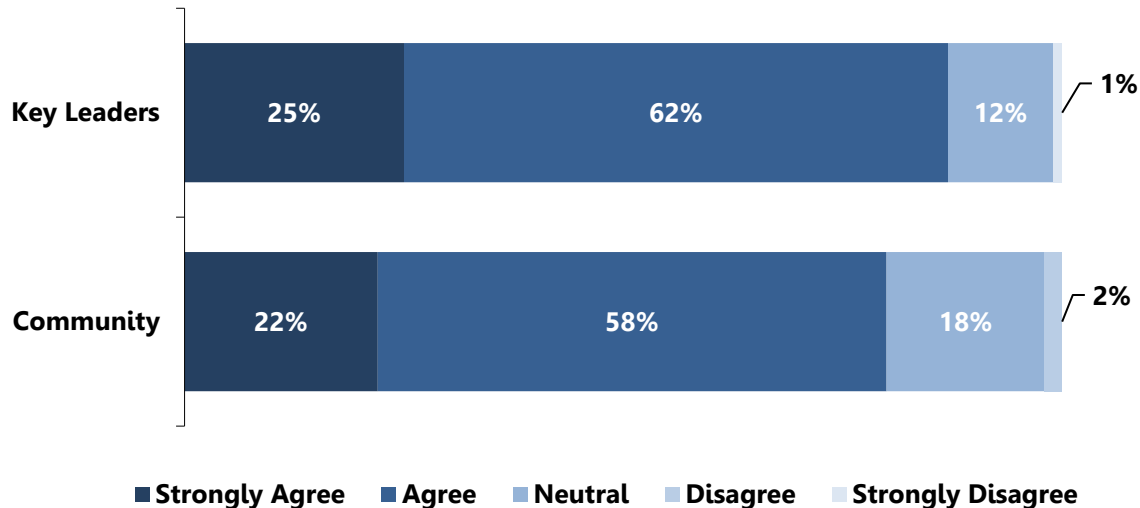
The following qualitative data was collected by Hardin County key leaders.

- Public employees have a wellness program through their health insurance with incentives built into the program. Participation in the program(s) are low.
- Wellness promoting material is available through StayWell Anthem.
- Public employees are offered a discount to the YMCA.
- International Paper collaborated with Iron Fitness.
- Exercise breaks are not offered to public employees.
- Mainly fast food restaurants are available around work for employees. Only one healthy sit-down restaurant is in Kenton.
- Unaware of any businesses that have a worksite policy supporting women who breastfeed.
- Types of large chain grocery stores available in Kenton and Ada are: Kroger, Walmart, Dollar General, and Family Dollar.
- Types of locally-owned grocery stores available in Kenton and Ada are: The Community Food Market, Mt. Victory Meats, The Mouse House, etc.
- Types of restaurant chains available are: KFC, McDonald's Pizza Hut, Taco Bell, Wendy's, Arby's, Burger King, Subway, and COSI.
- Types of locally-owned restaurants available are: American comfort food, Mexican, Chinese, Italian/Pizza, and Ice cream shops.
- The local healthcare providers support healthy lifestyle choices by providing printed educational materials.
- Most health insurance plans offer incentives for participating in a wellness activity.
- The local hospital offers health education and training for healthcare providers.
- The local hospital offers "Stop Light Vending" to help make healthier snack choices.
- The local hospital has a worksite quality foods policy.
- The county's local government support the Ohio Northern Health Wise and Mobile Clinic.
- The county's local government supports soccer and baseball in the city and villages.
- The Healthy Lifestyles Coalition supports nutrition and physical activity promotional efforts.
- All county schools support state mandated healthy eating and physical activity.
- The local schools promote nutritious meals, no-sugar beverages, recess opportunities and indoor physical activity.

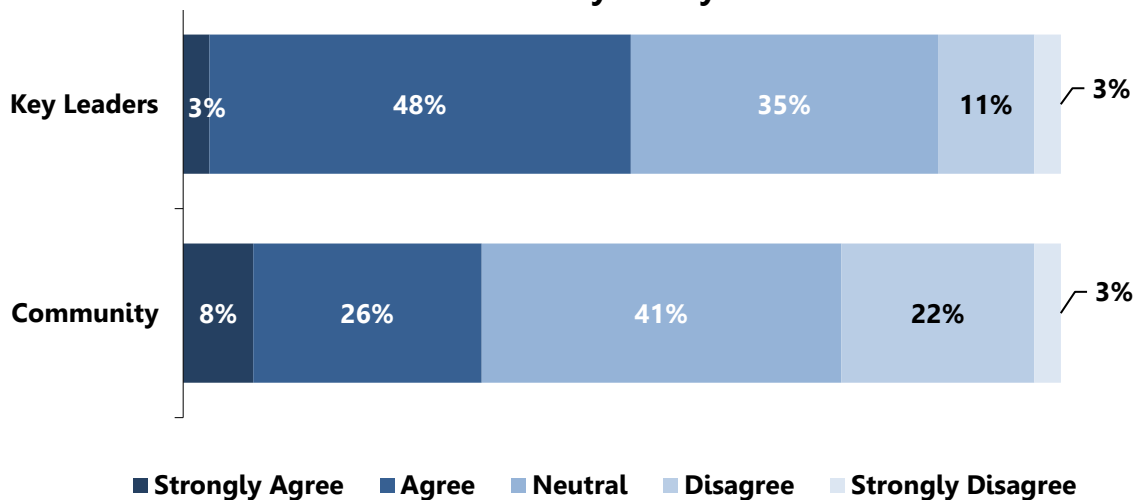
Community Improvement | PERCEPTIONS

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

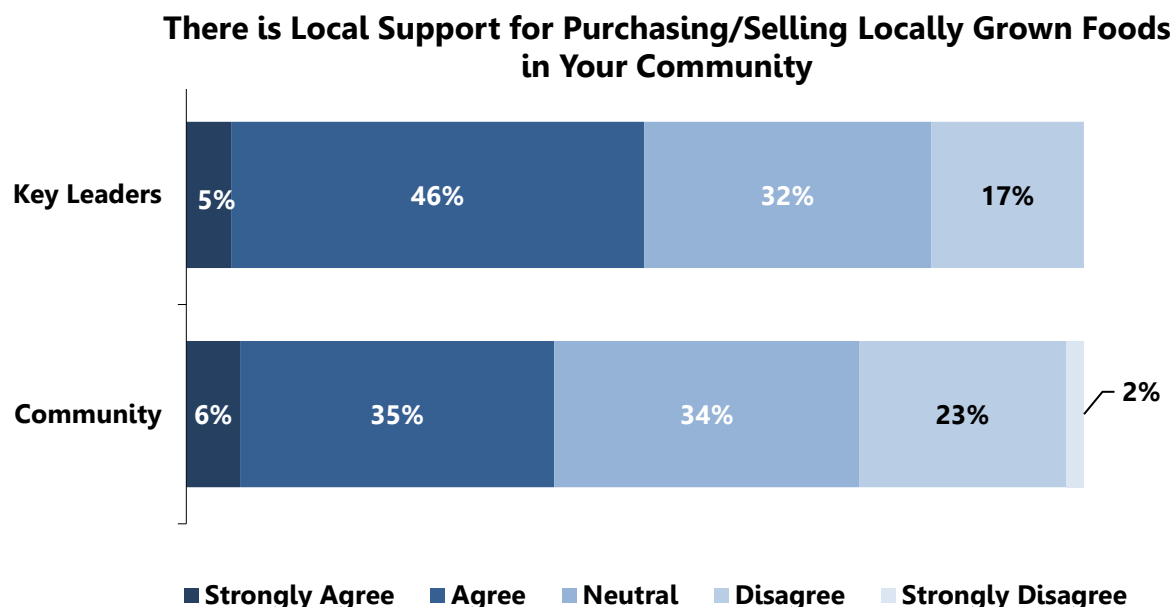
Your Community is a Good Place to Live and/or Raise Children



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



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



Community Improvement Initiatives

Which community improvement initiative would you support?	Community Response	Key Leader Response
More locally-grown foods/Farmer's Markets	81%	67%
Bike/walking trail accessibility	68%	66%
Local agencies partnering with grocery stores to provide low cost healthy foods	50%	52%
Neighborhood safety	48%	55%
New and/or updated parks	48%	39%
Community gardens	43%	36%
Sidewalk accessibility	43%	60%
New and/or updated recreation centers	41%	36%
Safe roadways	36%	45%
School-based initiatives (i.e. Safe Routes to School, nutrition education, etc.)	N/A	61%

Survey Respondents Additional Comments

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

Community Responses
<i>"I am attending the Healthy Me class at Mary Rutan hospital in Bellefontaine. I would love to know if Hardin Memorial offers any community outreach to help promote/inform a healthier lifestyle."</i>
<i>"Ada needs active aftercare. We also need sidewalks to school or cross guardsmen at busy spots. We also could use a bike path attached to existing ones"</i>
<i>"One of the best wellness organizations that our community has to offer is our YMCA."</i>
<i>"Address parental knowledge of these subjects more!"</i>
<i>"Would love to see the farmers market come back."</i>
<i>"I would like to see a variety of exercise classes in community settings that are inexpensive. I feel the Y is expensive. It is the only option that I know of in Kenton."</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, 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 	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 Households Receiving SNAP Workers Traveling to Work Population with Park Access Population Near Grocery Stores Physical Inactivity 	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"> Safe Routes to Schools 	http://www.saferoutespartnership.org/?gclid=CNvo3bWrrNQCFZWlswod7VsGPQ
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	A merican C ommunity S urvey
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
ESR	ESRI's ArcGIS map gallery provides a platform for viewing and downloading various public-use datasets.
FARA	F ood A ccess R esearch A tlas presents an overview of food access indicators for populations using different measures of supermarket accessibility.
HCNO	H ospital C ouncil of N orthwest O hio
HLC	H ealthy L ifestyles C oalition
NCCDPHP	Centers for Disease Control and Prevention's N ational C enter for C hronic D isease P revention and H ealth P romotion
NCES CCD	N ational C enter for E ducation S tatistics - C ommon C ore of D ata
NSCH	N ational S urvey of C hildren's H ealth
N/A	Data is not available.
ODH	O hio D epartment of H ealth
OSM	O pen S treet M ap is a collaborative project to create a free editable map of the world.
SHA	S tate H ealth A ssessment
SHIP	S tate H ealth I mprovement P lan
SNAP	S upplemental N utrition A ssistance P rogram; 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	U nited S tates D epartment of A griculture
YRBS	Y outh R isk B ehavior S urvey, a youth survey conducted by the CDC
ZCTA	Z IP C ode T abulation A reas, generalized areal representations of United States Postal Service (USPS) ZIP Code service areas.

Appendix III | HARDIN COUNTY COMMUNITY SAMPLE DEMOGRAPHIC PROFILE*

Variable	2017 Community Survey Sample
Age	
20 years or younger	0.7%
21-29	1.0%
30-39	20.1%
40-49	22.8%
50-59	20.1%
60 plus	16.8%
Race/Ethnicity	
White	99.3%
Black or African American	0.0%
American Indian and Alaska Native	0.0%
Asian	0.7%
Other	0.0%
Hispanic Origin (may be of any race)	0.7%
Native Hawaiian/other Pacific Islander	0.0%
Marital Status†	
Married Couple	70.2%
Never been married/member of an unmarried couple	13.5%
Divorced/Separated	11.5%
Widowed	4.7%
Living Area	
In town	45.9%
The outskirts of town	8.7%
Out in the country	46.3%
Income (Families)	
\$14,999 and less	9.0%
\$15,000 to \$24,999	4.9%
\$25,000 to \$49,999	22.1%
\$50,000 to \$74,999	20.5%
\$75,000 or more	36.9%

* 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).

Variable	2017 Community Survey Sample
Zip Codes	
43326	47.1%
45810	12.5%
45812	11.8%
45843	5.9%
45836	4.4%
43340	2.9%
45835	2.9%
43301	2.2%
45859	1.0%
45896	1.0%
Other	8.8%

** 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 | HARDIN COUNTY KEY LEADER SAMPLE DEMOGRAPHIC PROFILE*

Variable	2017 Key Leader Survey Sample
Represented Agencies	
Elected Officials	25.7%
Schools & other education providers	22.9%
Non-profit agencies	20.0%
Government employees	15.7%
Employers & Businesses	14.3%
Faith-based organizations	8.6%
Social service agency	7.1%
Local Health Departments	5.7%
Hospitals	4.3%
Mental Health	4.3%
Family and Children First Council (FCFC)	4.3%
Community-based health & human service agencies	4.3%
YMCA or other community centers	4.3%
Law enforcement	1.4%
Service Clubs (ex: Rotary, Kiwanis/Exchange)	1.4%
Advocacy/Coalition groups that specifically deal with health & wellness	1.4%
Other	7.1%
Cities, Town, and Township Represented	
Kenton	44.8%
Pleasant Township	4.5%
Forest	4.5%
Goshen Township	4.5%
Roundhead Township	3.0%
Dunkirk	3.0%
Alger	3.0%
Ada	1.5%
Hale Township	1.5%
Patterson	1.5%
Buck Township	1.5%
Cessna Township	1.5%
Lynn Township	1.5%
Mount Victory	1.5%
Liberty Township	1.5%
Other	21.0%

* 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 | HARDIN COUNTY GAPS AND POTENTIAL STRATEGIES

Gaps	Potential Strategies	Best Practice/Evidence Based
1. 26% did not know conditions of bike paths, 55% Key leaders said there were no bike trails. There is a sense of pride and willingness to be involved.	<ul style="list-style-type: none"> Need to do positive promotion about bike paths that are in progress or already available Block watch programs Neighbors looking in on "shut in" seniors Block parties that promote healthy lifestyles 	None Specified
2. Kenton Elementary safe walking routes to school.	<ul style="list-style-type: none"> Crossing guards on busy streets 	None Specified
3. Limited knowledge by the general public about parks and what they offer.	<ul style="list-style-type: none"> Create a social media presence to promote Hardin County Parks 	None Specified
4. Healthy Lifestyles Coalition (HLC) sharing data, information and resources with area churches.	<ul style="list-style-type: none"> Ask a member of the Ministerial association to set on the Health Lifestyles Coalition Board 	None Specified
5. Educate about Healthy Lifestyles Coalition (HLC)	<ul style="list-style-type: none"> Send a representative from the HLC to speak at the weekly service Club meeting throughout the county 	None Specified
6. Continue working with OhioHealth Hardin Memorial Hospital and Ohio Northern University	<ul style="list-style-type: none"> Reach out to the Federally Qualified Health Center serving the highest risk members of our family 	None Specified
7. Youth and adult sporting still carries a high fee not affordable for many community members	<ul style="list-style-type: none"> Ask a representative from the Mayor's Association to set on the HLC Board. Talk at Board of Health so it appears in local paper and ask HLC representatives to share with townships 	None Specified
8. Safe routes to school and healthy eating options.	<ul style="list-style-type: none"> Indoor gardens 	None Specified