Hancock County Health Assessment

EXAMINING THE HEALTH OF HANCOCK COUNTY, OHIO

2021

BeHealthyNow™
Hancock County

Findlay, Ohio

Release Date: June 30, 2022
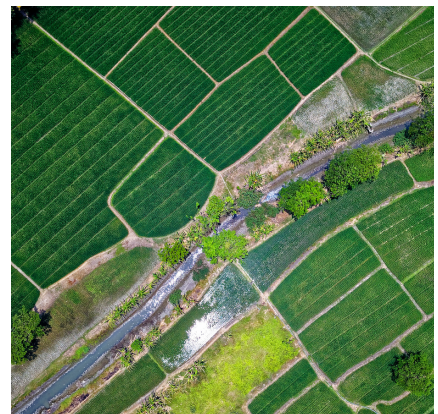
FOREWORD

A community's quality of life is measured in many ways. Every measure includes its health status, and having a healthier population leads to a better quality of life for all. Using this assessment as just one tool, any citizen, and every organization can play a role in making Hancock County an even better place to live, work, and play.

This 2021 community health assessment you are about to read will attempt to answer the difficult question, we ask every 3 years, is Hancock County healthier today than it was in 2018? and provides all our citizens with valuable information on the community's health status. Despite the challenges presented by the Pandemic, our coalition insisted on moving forward with surveying at least our adult population in the Fall of 2021 so we do not break the cycle of collecting data, analyze it, compare it, and act on it. This document was born of a common vision help by leading community service organizations: to cooperatively identify and preserve our community's many health assets and to address our fewer, but important, health vulnerabilities. A hallmark of this report is the collaborative spirit that produced it, the Hancock County way.

This assessment is important because it is…
- **Local:** it describes *our* community
- **Comprehensive:** it assesses adults, and uses secondary data for youth, and children – the broadest scope of assessment possible
- **Thorough:** it describes personal health habits, risky behaviors, and public health
- **Actionable:** the data can be used to guide programming and funding
- **Measurable:** the data can be measured again in the future to evaluate progress and success

The 2021 health assessment data were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, randomized sample of Hancock County residents as follows: adults aged 19 years and older. The survey instruments contained both customized questions and a set of core questions taken from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities.

It is our intent to repeat this process periodically to identify emerging issues and help ensure a high quality, healthy, and prosperous future for our county while using existing resources as efficiently as possible. It is also our hope that this assessment will stimulate new collaborations among public and private agencies during economically challenging times.

This report would not exist without the financial support of many public and private entities as well as the dedicated work of the **Be Healthy Now Hancock County Coalition**, whose members took the time to carefully plan and carry out the assessment. Their investment will pay dividends. This study will guide and inspire improvement in Hancock County's quality of life, both collectively and individually. We are confident it will serve that purpose.

Sincerely,

Be Healthy Now Hancock County Coalition

ACKNOWLEDGEMENTS

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The 2021 Hancock County Health Assessment is available on the following websites:

Blanchard Valley Health System
https://www.bvhealthsystem.org/

Findlay-Hancock County Community Foundation
https://www.community-foundation.com/

Hancock Public Health
http://Hancockcohealth.org/Hancock-county-public-health/

Hospital Council of Northwest Ohio
http://www.hcno.org/community/reports.html

TABLE OF CONTENTS

EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Hancock County adults (ages 19 and older) who participated in a county-wide health assessment survey from August 2021 through October 2021. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Public Health Accreditation Board (PHAB)

National public health accreditation status through the Public Health Accreditation Board (PHAB) requires community health assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2021 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the section below.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults 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

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

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with Be Healthy Now Hancock County Coalition. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS survey. Based on input from Be Healthy Now Hancock County Coalition, the project coordinator composed drafts of surveys containing 112 items for the adult survey. Institutional Review Board (IRB) approval is granted to HCNO from Advarra in Columbia, Maryland.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Hancock County. There were 57,957 persons ages 19 and over living in Hancock County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the "true" population responses are within a 6% margin of error of the survey findings). A sample size of at least 266 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Hancock County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, the project team mailed an advance letter to 2,000 adults in Hancock County. This advance letter was personalized; printed on Be Healthy Now Hancock County Coalition stationery; and signed by William Kose, Vice President-Special Projects, Blanchard Valley Health System and Karim Baroudi, Hancock County Health Commissioner. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Six weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized hand signed cover letter (on Be Healthy Now Hancock County Coalition stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a $2 incentive, which were included in a large colored envelope. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 11% (n=213: CI=± 6.70). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Note: "n" refers to the total sample size, "CI" refers to the confidence interval.

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Hancock County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

The Hancock County 2021 trend summary data is colored red or green to represent negative or positive percentage changes from the previous 2018 CHA. Green indicates a positive or no percentage change and red represents a negative percentage change. No color is represented if the 2018 data is not available.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities (including age, gender, and income-based disparities) can be identified throughout each section of the 2021 Hancock County Health Assessment. Income-based disparities are particularly prevalent in Hancock County. For example, those most likely to be uninsured were adults with annual household incomes under $25,000 (17%) compared to the general uninsured population (8%). Additionally, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, high blood cholesterol, etc.), were higher among those with annual household incomes under $25,000 compared to the general population. As part of the community health improvement plan (CHIP) process, the Hancock County Community Health Assessment Committee will identify specific populations that face disparities as part of the prioritization phase of the process.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. If any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Hancock County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Furthermore, while surveys were sent to random households in Hancock County, those responding to the survey were more likely to be older. While weightings were applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals might be substantively different than the majority of Hancock County adult residents younger than 30). Therefore, those younger than 30 were not included in the adult graphs throughout the report.

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

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, U.S. Census data, Healthy People 2030, among other national and local sources. All primary data collected in this report is from the 2021 Hancock County Health Assessment (CHA). All other data is cited accordingly.

2019 Ohio State Health Assessment (SHA)

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

Similar to the 2019 Ohio SHA, the 2021 Hancock County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol 🔵 will be displayed in the trend summary when an indicator directly aligns with the 2019 Ohio SHA.**

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

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

FIGURE 1.1 | Components of the 2019 State Health Assessment (SHA)
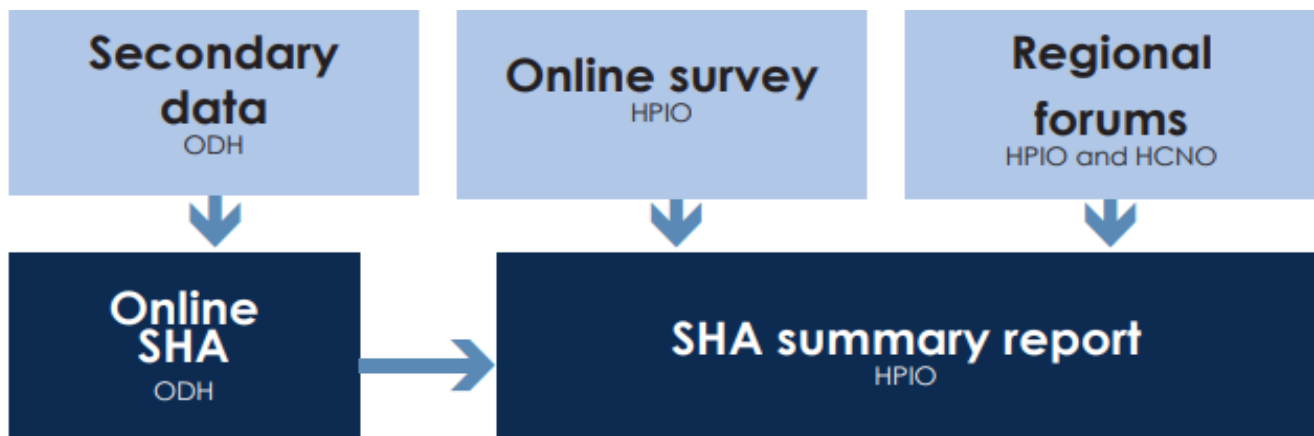
Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2021 CHA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community. The Community Health Improvement Process (CHIP) follows the CHA process, which will involve the following six phases:

1. **Organizing for success and partnership development**
During this first phase, community partners organize the planning process and develop the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as partners, uses participants' time well, and results in a plan that can be realistically implemented.

2. **Visioning**
During the second phase, visioning guides the community through a collaborative process that leads to a shared community vision and common values.

3. **The four assessments**
While each assessment yields valuable information, the value of the four MAPP assessments is multiplied, considering results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

Figure 1.1 The MAPP Framework

4. **Identifying strategic issues**
The process to formulate strategic issues occurs during the prioritization process of the CHA/CHIP. The committee considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. **Formulate goals and strategies**
Following the prioritization process, a gap analysis is completed in which committee members note gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, various goals, objectives, and strategies are presented to the committee to meet the prioritized health needs.

6. **Action cycle**
The committee begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually monitored through ongoing meetings. As the end of the CHIP cycle, partners review improvement to select new and/or updated strategic priorities based on progress and the latest health statistics.

Data Summary | Health Care Access

HEALTH CARE COVERAGE

In 2021, 8% of Hancock County adults were without health care coverage. The top reason adults gave for being without health care coverage was that they lost their job or changed employers (51%).
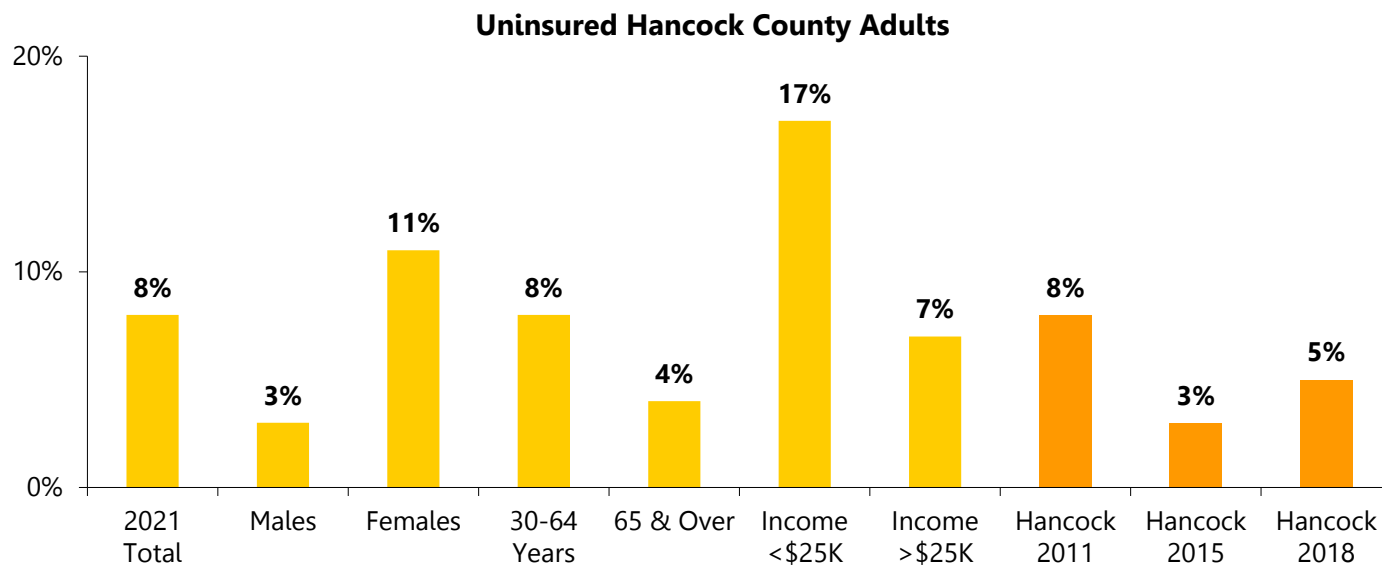
Uninsured Hancock County Adults

Category	Percent
2021 Total	8%
Males	3%
Females	11%
30-64 Years	8%
65 & Over	4%
Income <$25K	17%
Income >$25K	7%
Hancock 2011	8%
Hancock 2015	3%
Hancock 2018	5%

ACCESS AND UTILIZATION

Seventy-six percent (76%) of Hancock County adults had visited a doctor for a routine checkup in the past year. Forty-one (41%) of adults went outside of Hancock County for health care services in the past year. More than one-fourth (27%) of adults did not get prescriptions from their doctor filled in the past year.

Hancock County Adults Who Had a Routine Check-up in the Past Year

Category	Percent
2021 Total	76%
Males	73%
Females	78%
30-64 Years	74%
65 & Over	85%
Income <$25K	82%
Income >$25K	75%
Hancock 2011	55%
Hancock 2015	65%
Hancock 2018	72%
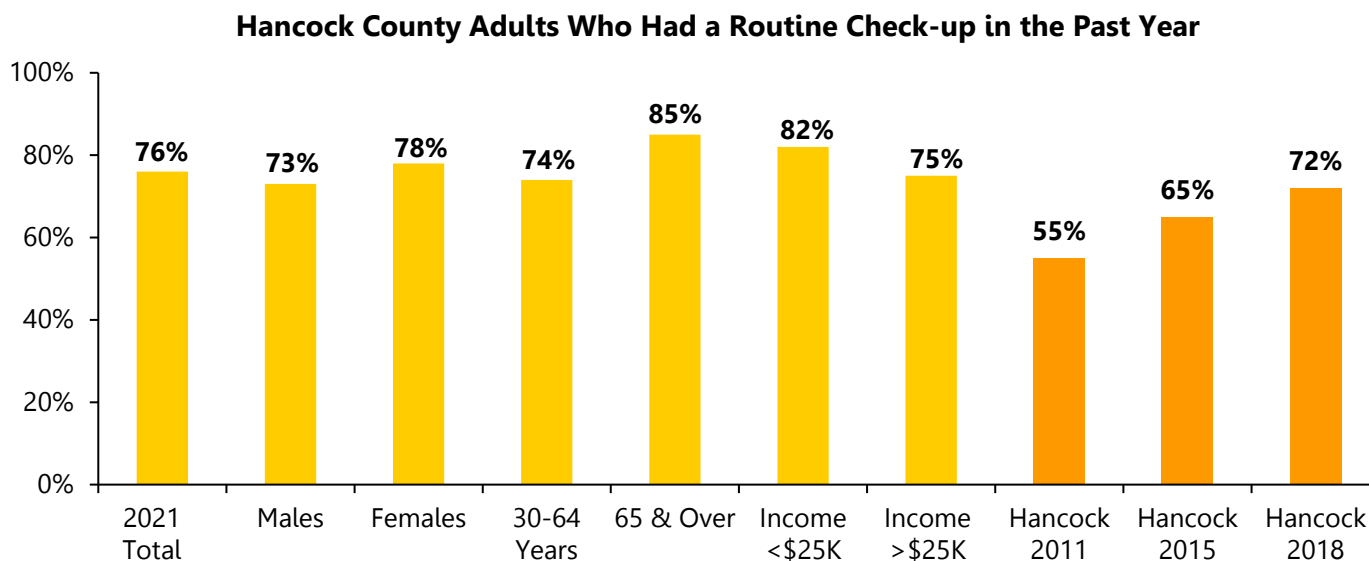
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Sixty-two percent (62%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Over half (56%) of adults had a flu vaccine in the past year.

WOMEN'S HEALTH

More than half (54%) of Hancock County women over the age of 40 reported having a mammogram in the past year. Sixty-three percent (63%) of Hancock County women ages 19 and over had a clinical breast exam and 37% had a Pap smear to detect cancer of the cervix in the past year. Four percent (4%) of women survived a heart attack and 2% survived a stroke at some time in their life. Sixty-two percent (62%) were obese, 32% were diagnosed with high blood cholesterol, 31% had high blood pressure, and 13% were identified as current smokers, are all known risk factors for cardiovascular diseases.

Hancock County Women's Health Exams Within the Past Year

Legend: Mammogram, Breast Exam, Pap Smear

MEN'S HEALTH

In 2021, 43% of Hancock County males over the age of 50 had a prostate-specific antigen (PSA) test. Almost half (46%) of Hancock County men had been diagnosed with high blood cholesterol, 40% had high blood pressure, and 3% were identified as current smokers, which, along with obesity (80%), are all known risk factors for cardiovascular diseases.
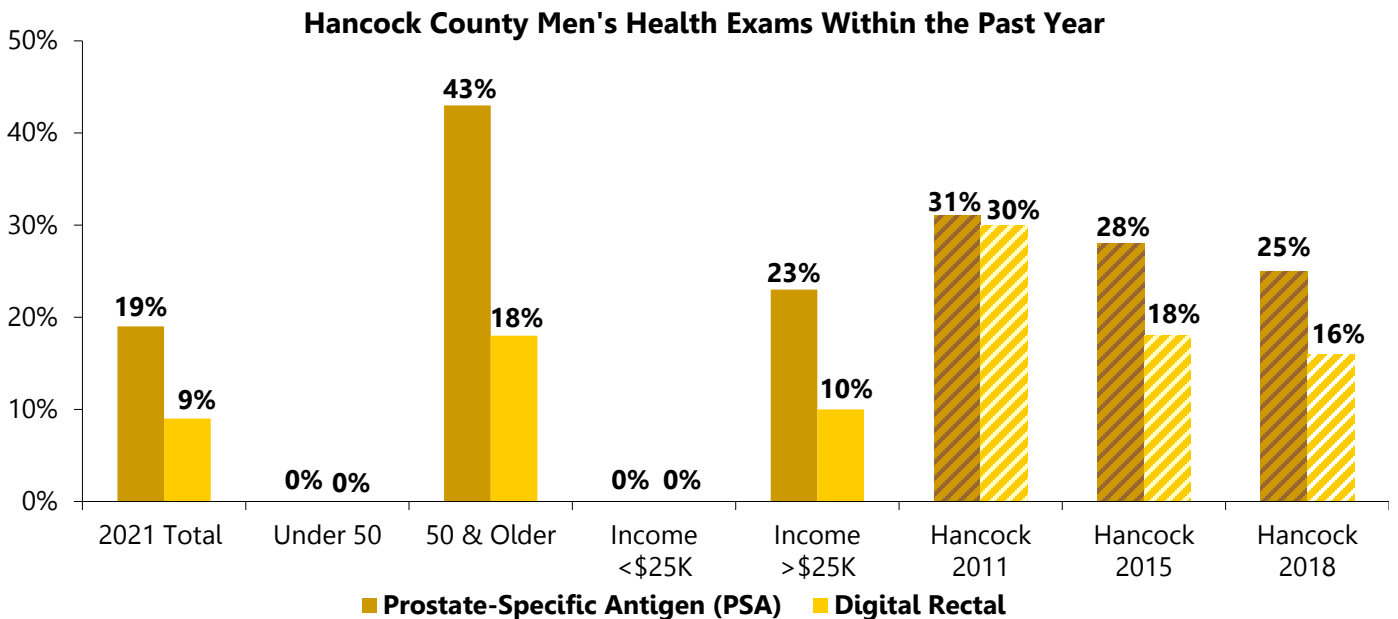
Hancock County Men's Health Exams Within the Past Year

Legend: Prostate-Specific Antigen (PSA), Digital Rectal

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ORAL HEALTH

Eighty percent (80%) of Hancock County adults visited a dentist or dental clinic in the past year. The top reasons adults gave for not visiting a dentist in the past year were cost (26%), dentures (24%), and no reason to go or had not thought of it (13%).

Hancock County Adults Visiting a Dentist or Dental Clinic in the Past Year*

	2021 Total	Males	Females	30-64 Years	65 & Over	Income <$25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
	80%	77%	82%	78%	76%	50%	83%	71%	72%	73%
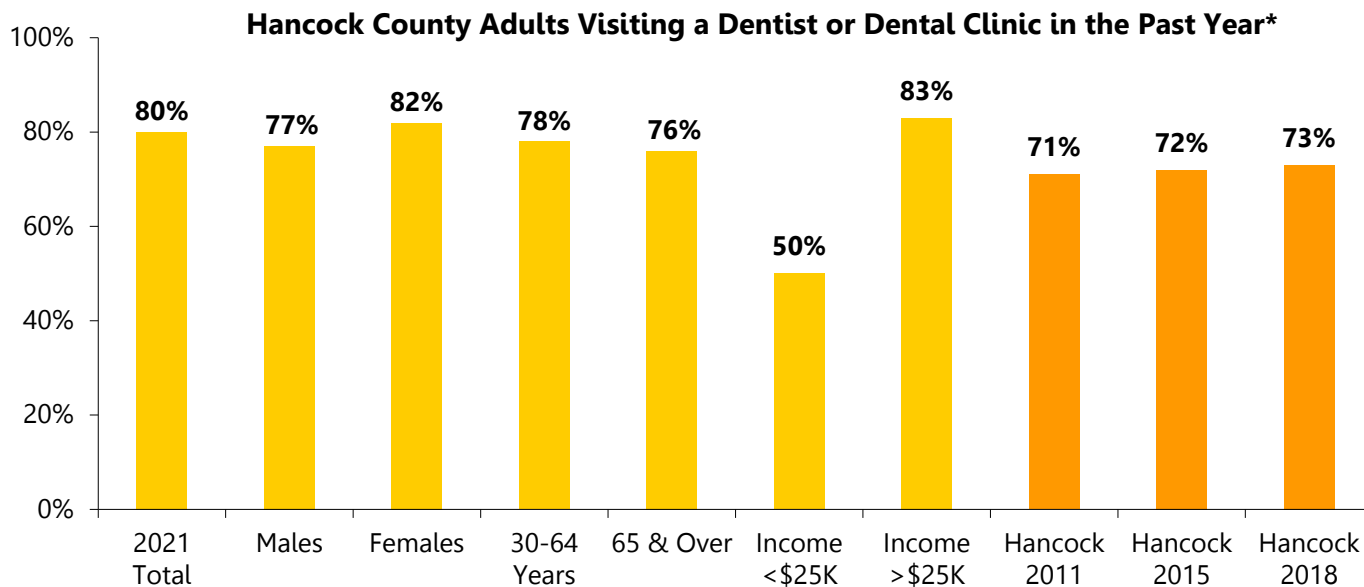
Totals may not equal 100% as some respondents answered do not know.
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

In 2021, more than half (55%) of Hancock County adults rated their health status as excellent or very good. Conversely, 15% of adults described their health as fair or poor, increasing to 27% of those with incomes less than $25,000.

Hancock County Adult Health Perceptions*

	2021 Total	Males	Females	30-64 Years	65 Years & Over	Income <$25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
Fair/Poor	15%	15%	15%	14%	23%	27%	12%	12%	9%	11%
Good	30%	32%	28%	31%	30%	46%	29%	30%	35%	38%
Excellent/Very Good	55%	53%	57%	55%	47%	27%	59%	58%	56%	51%

■ Excellent/Very Good   ■ Good   ■ Fair/Poor
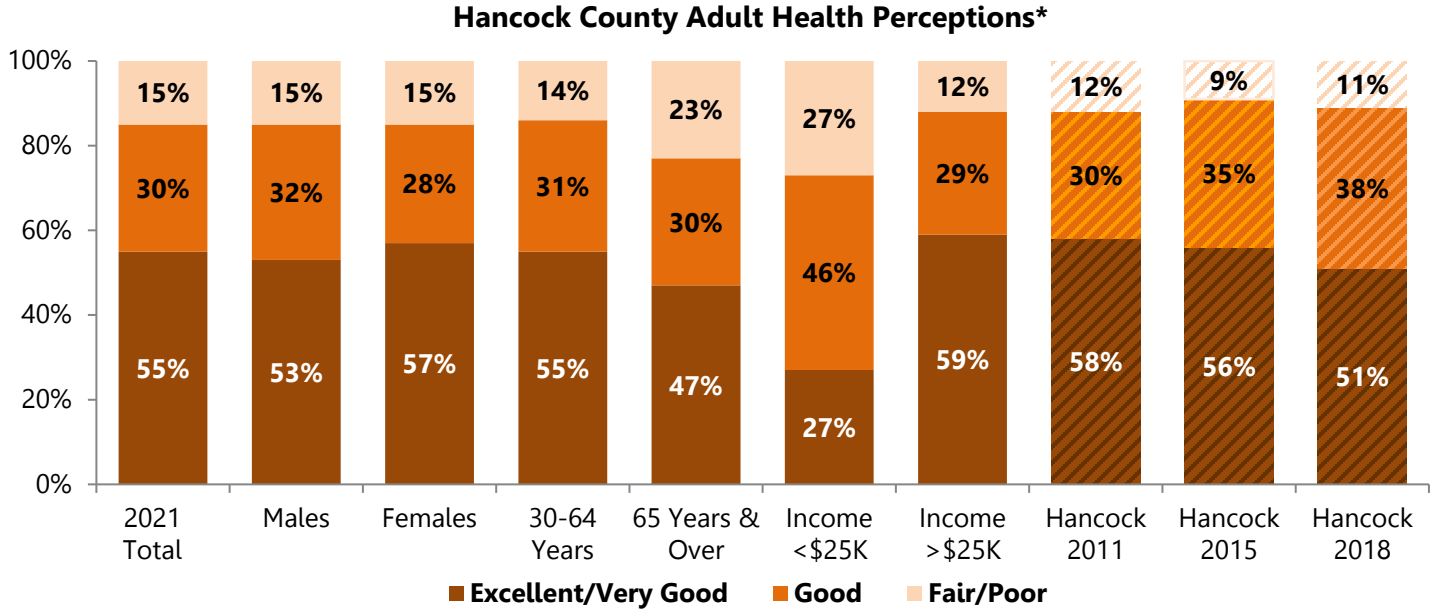
Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

ADULT WEIGHT STATUS

More than two-thirds (70%) of Hancock County adults were overweight or obese based on Body Mass Index (BMI). More than half (53%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

Hancock County Adult BMI Classifications*

	2021 Total	Male	Female	30-64 Years	65 & Over	Income < $25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
Obese (BMI 30.0+)	34%	37%	31%	41%	33%	30%	35%	27%	27%	44%
Overweight (BMI 25.0-29.9)	36%	43%	31%	29%	46%	40%	35%	35%	38%	28%
Normal (BMI 18.5-24.9)	30%	20%	38%	29%	20%	30%	30%	37%	34%	27%

■ **Obese, including Severly and Morbudly Obese (BMI of 30.0 and above)**
■ **Overweight (BMI of 25.0-29.9)**
■ **Normal (BMI of 18.5-24.9)**
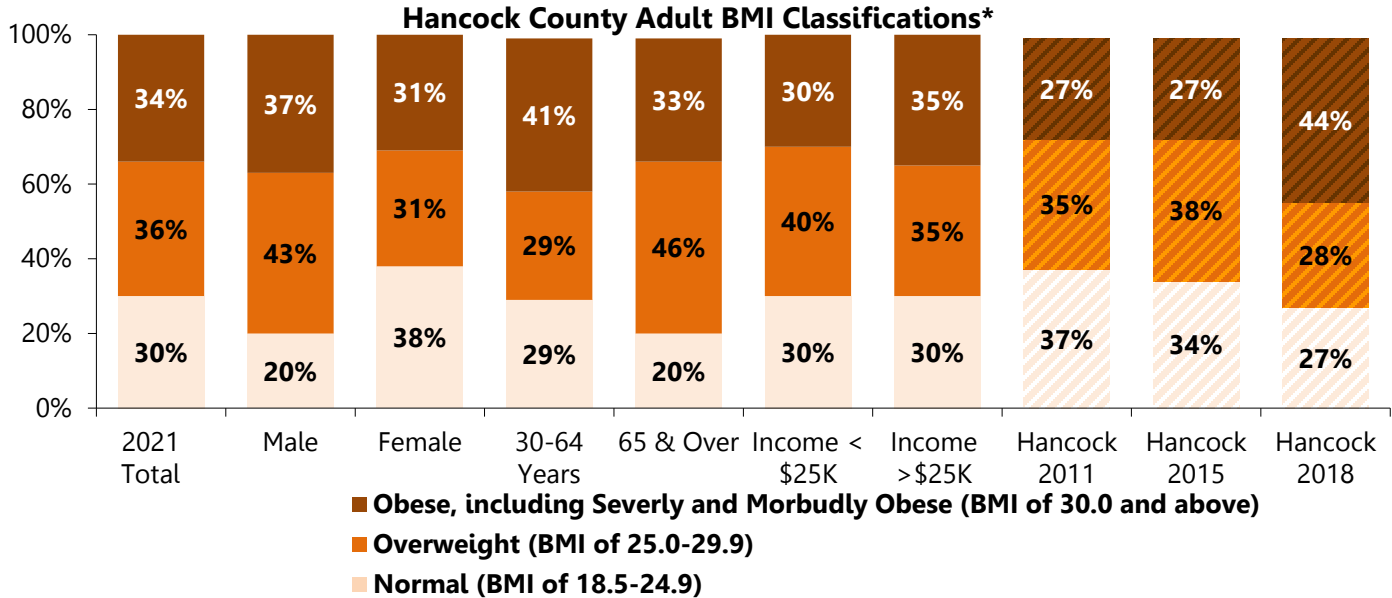
Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT TOBACCO USE

In 2021, 9% of Hancock County adults were current smokers, and 29% were considered former smokers. One-quarter (25%) of Hancock County adults did not know if e-cigarette vapor was harmful to themselves or others.

Hancock County Adult Smoking Behaviors*

Legend: ■ Current smoker ■ Former smoker ■ Never smoked
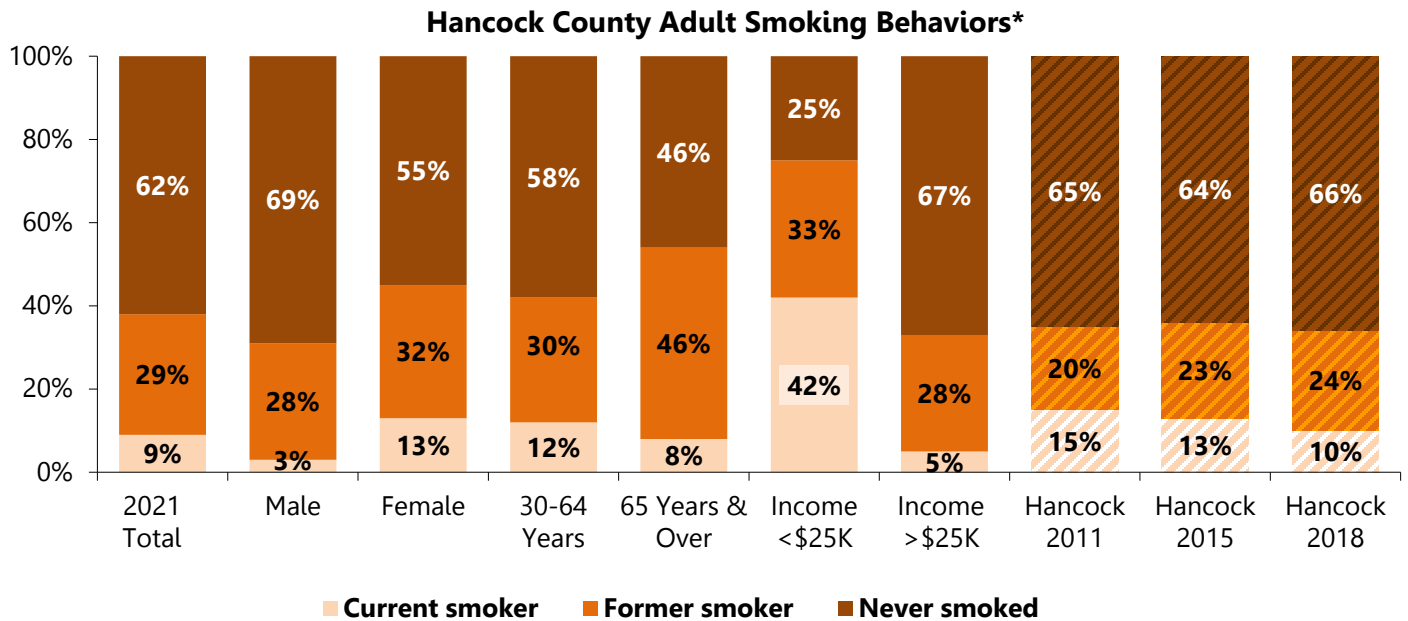
*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life?
If yes, do you now smoke cigarettes every day, some days or not at all?"*

ADULT ALCOHOL CONSUMPTION

Over three-fifths (61%) of Hancock County adults had at least one alcoholic drink in the past month. One-fifth (20%) of Hancock County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Eight percent (8%) of current drinkers reported driving a vehicle after having perhaps too much to drink.

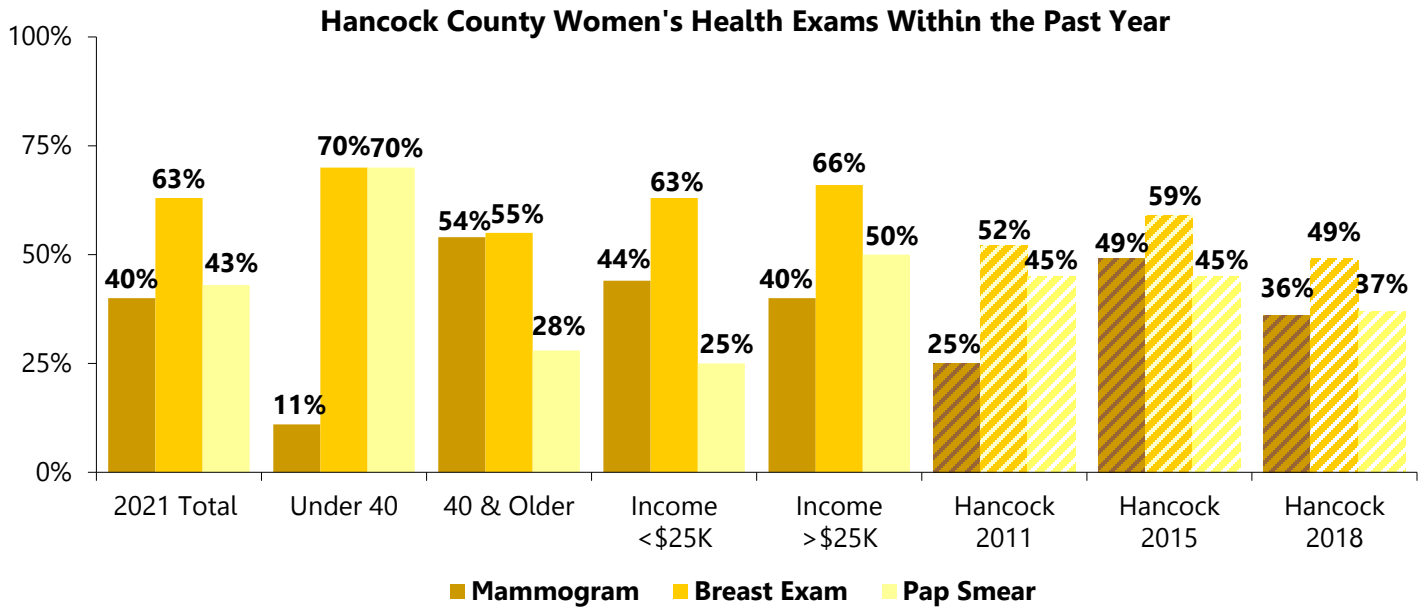**Hancock County Adult Average Number of Drinks Consumed Per Drinking Occasion**

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT DRUG USE

In 2021, 11% of Hancock County adults had used recreational marijuana during the past 6 months. Nine percent (9%) of adults has used medical marijuana during the past 6 months.

Hancock County Adult Recreational Marijuana Use in Past 6 Months

Category	Percentage
2021 Total	11%
Males	4%
Females	18%
30-64 Years	14%
65 Years & Over	9%
Income <$25K	0%
Income >$25K	13%
Hancock 2011	4%
Hancock 2015	4%
Hancock 2018	3%
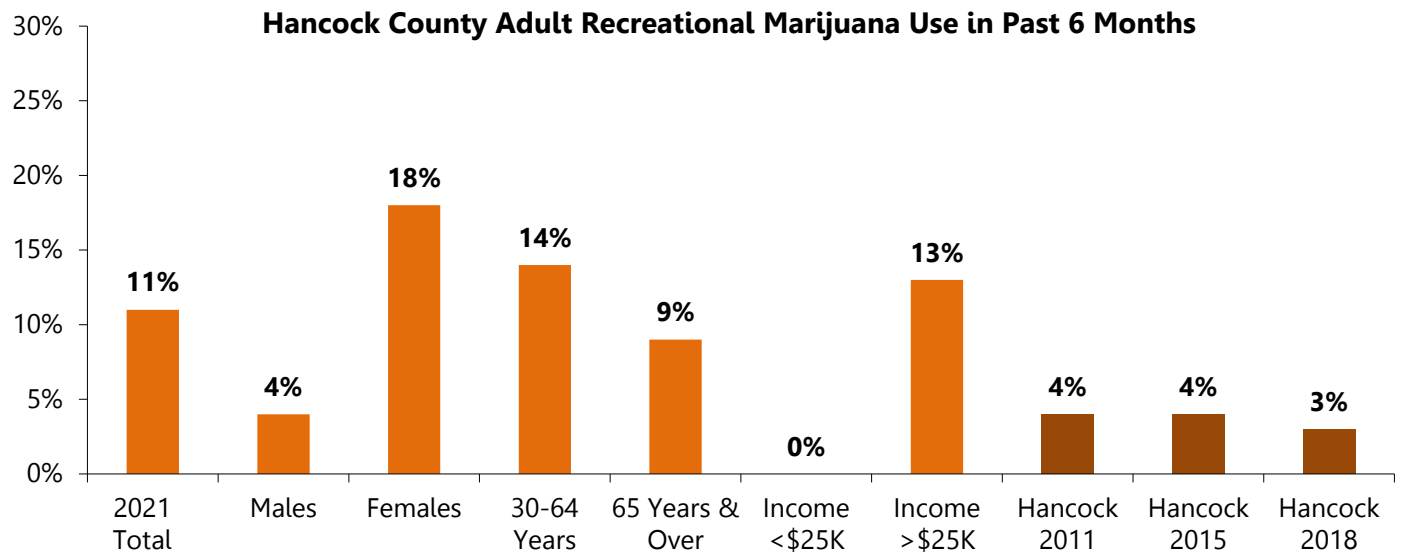
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT SEXUAL BEHAVIOR

Sixty-seven percent (67%) of Hancock County adults had sexual intercourse in the past year. One percent (1%) of adults had more than one partner in the past year.

ADULT MENTAL HEALTH

Two percent (2%) of Hancock County adults considered attempting suicide. Nearly one-third (29%) of adults reported always getting the social and emotional support they needed.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Five percent (5%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Thirty-four percent (34%) of adults were obese, 38% had high blood cholesterol, 35% had high blood pressure, and 9% were current smokers, four known risk factors for heart disease and stroke.

Hancock County Adults with CVD Risk Factors

Risk Factor	Percentage
High Blood Cholesterol	38%
High Blood Pressure	35%
Obesity	34%
Diabetes	13%
Smoking	9%
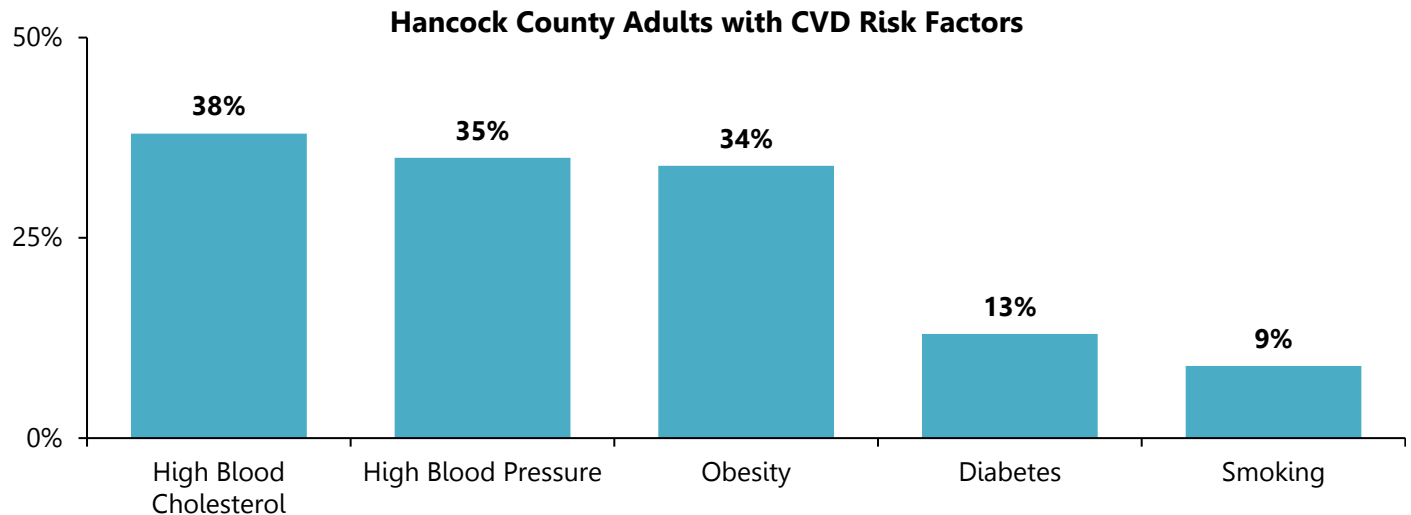
CANCER

Nineteen percent (19%) of Hancock County adults had been diagnosed with cancer at some time in their life.

ARTHRITIS

Almost one-third (28%) of Hancock County adults were told by a health professional that they had some form of arthritis, increasing to 53% of those over the age of 65.

ASTHMA

Ten percent (10%) of Hancock County adults had been diagnosed with asthma as told by a health care professional.
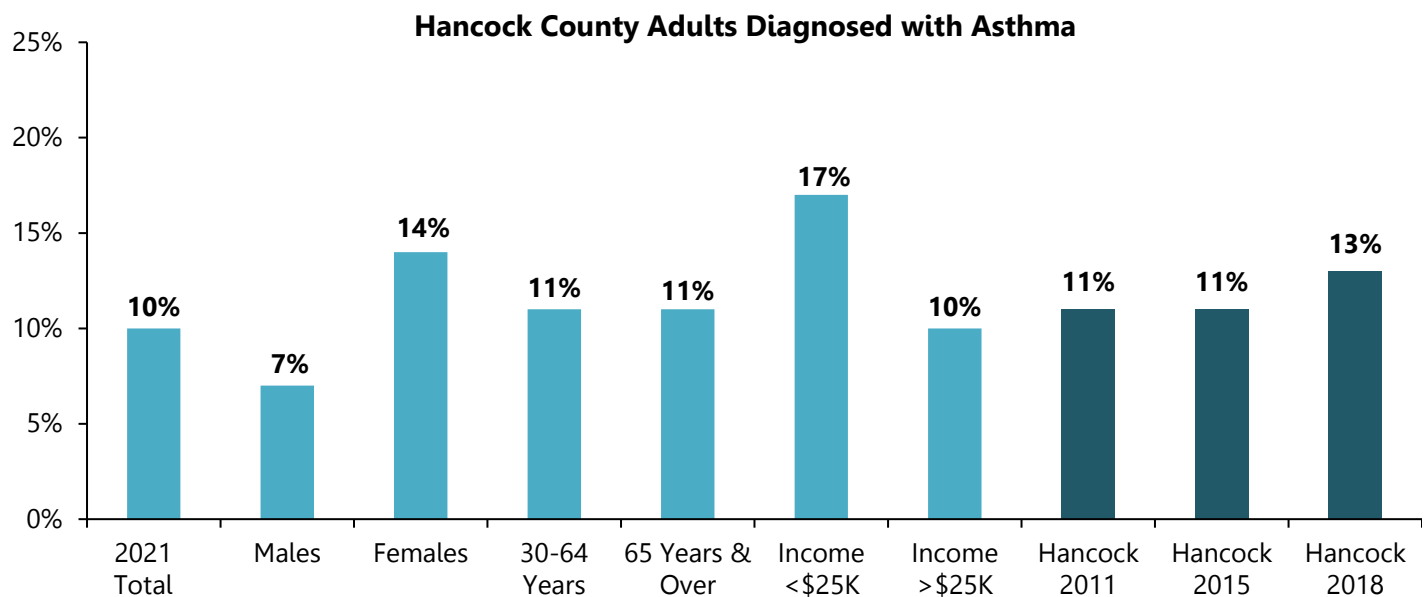
Hancock County Adults Diagnosed with Asthma

Group	Percentage
2021 Total	10%
Males	7%
Females	14%
30-64 Years	11%
65 Years & Over	11%
Income <$25K	17%
Income >$25K	10%
Hancock 2011	11%
Hancock 2015	11%
Hancock 2018	13%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

DIABETES

Thirteen percent (13%) of Hancock County adults had been diagnosed with diabetes as told by a health care professional.

Hancock County Adults Diagnosed with Diabetes

Category	Percentage
2021 Total	13%
Males	16%
Females	12%
30-64 Years	13%
65 Years & Over	26%
Income <$25K	25%
Income >$25K	11%
Hancock 2011	6%
Hancock 2015	9%
Hancock 2018	12%
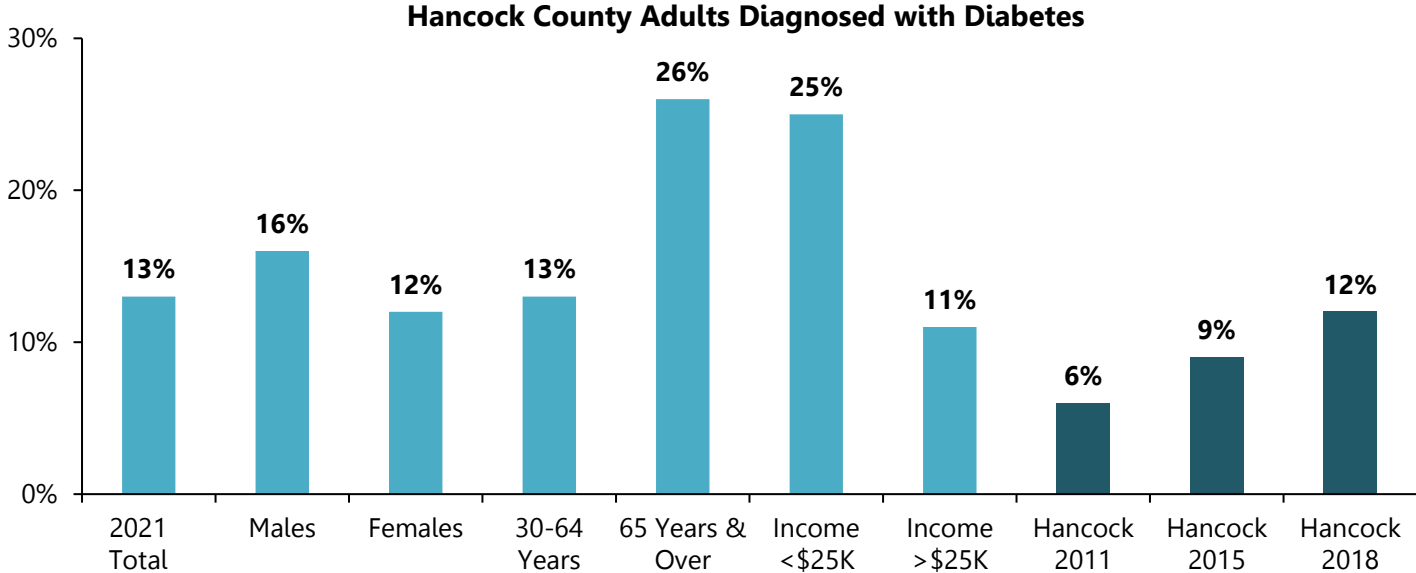
QUALITY OF LIFE

Nine percent (9%) of adults were responsible for providing regular care or assistant to an elderly parent or loved one. Twenty percent (20%) of Hancock County adults reported they or a loved one had Alzheimer's disease or some other form of dementia. Over half (54%) of adults reported a family history of heart disease.

Hancock County Adults Limited in Some Way

Category	Percentage
2021 Total	25%
Males	15%
Females	34%
30-64 Years	25%
65 Years & Over	40%
Income <$25K	58%
Income >$25K	20%
Hancock 2011	20%
Hancock 2015	19%
Hancock 2018	21%
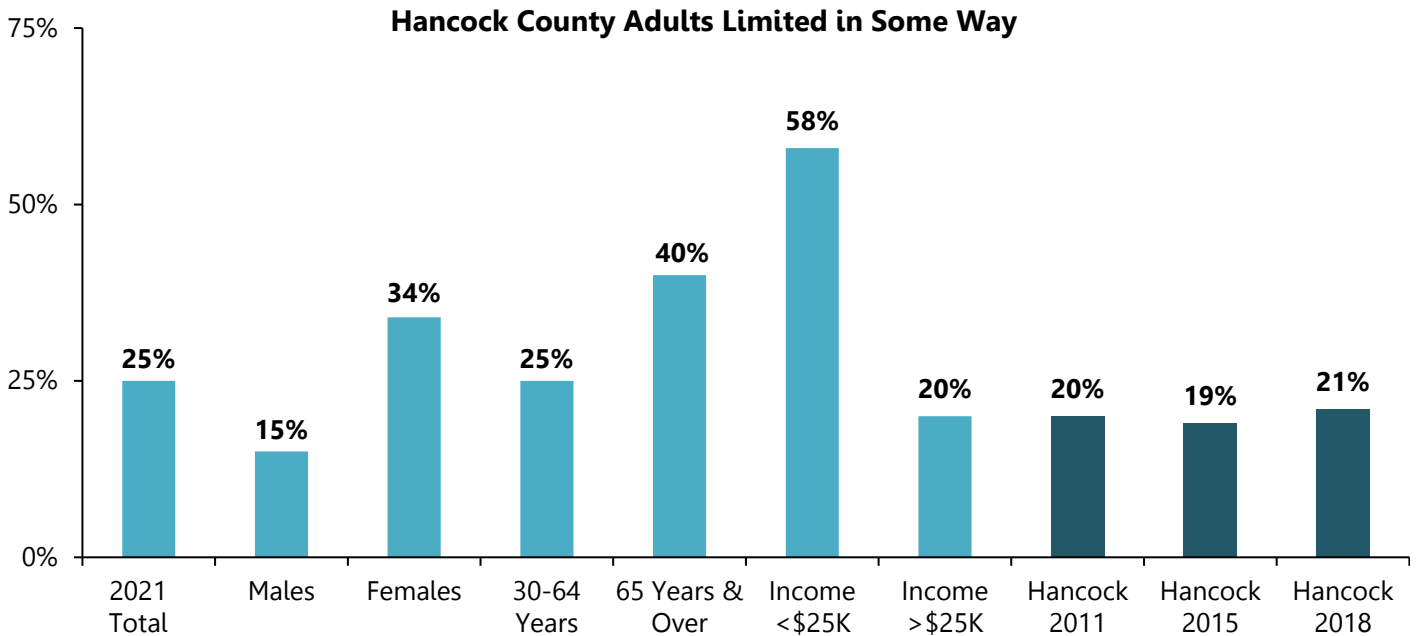
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
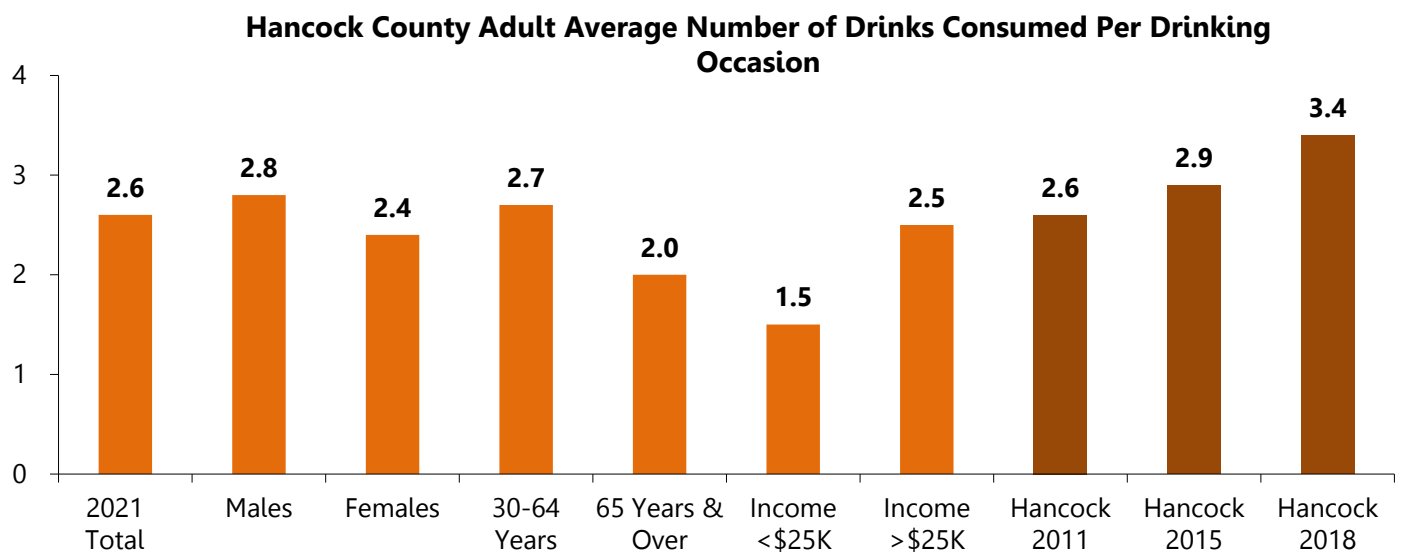
Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Two percent (2%) of Hancock County adults were abused in the past year (including physical, emotional, financial, or verbal abuse). Seventy percent (70%) of adults reported they felt their neighborhood was safe. Fourteen percent (14%) of adults experienced 4 or more adverse childhood experiences (ACEs) in their lifetime.

ENVIRONMENTAL HEALTH

Nearly one-third (32%) of Hancock County adults had a private water source for drinking water. Eighty-five percent (85%) of households had a working smoke detector.

DIVERSITY AND INCLUSION

Twenty-one percent (21%) of Hancock County adults strongly agreed that the Findlay/Hancock area is a place that welcomes and embraces diversity in general. Almost one-fourth (24%) of adults reported attending a culturally diverse event in the past year.

ADULT TREND SUMMARY

Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Health Status							
Rated general health as excellent or very good	58%	N/A	56%	51%	**55%**	55%	57%
Rated general health as fair or poor 🛡	12%	N/A	9%	11%	**15%**	16%	13%
Rated mental health as not good on four or more days (in the past 30 days)	20%	N/A	22%	32%	**40%**	29%†	26%†
Rated physical health as not good on four or more days (in the past 30 days)	13%	N/A	14%	22%	**16%**	24%†	23%†
Average number of days that mental health not good (in the past 30 days) (County Health Rankings) 🛡	N/A	N/A	3.2	4.3	**4.7**	4.8*	4.1*
Average number of days that physical health not good (in the past 30 days) (County Health Rankings) 🛡	N/A	N/A	2.4	4.4	**3.0**	4.1*	3.7*
Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	21%	N/A	21%	27%	**33%**	N/A	N/A
Health Care Coverage, Access, and Utilization							
Uninsured	8%	N/A	3%	5%	**8%**	9%	11%
Had one or more persons they thought of as their personal health care provider	N/A	N/A	90%	89%	**91%**	79%	77%
Visited a doctor for a routine checkup (in the past 12 months) 🛡	55%	N/A	65%	72%	**76%**	77%	76%
Diabetes, Asthma & Arthritis							
Ever been told by a doctor they have diabetes (not pregnancy-related) 🛡	6%	N/A	9%	12%	**13%**	12%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	N/A	1%	1%	**1%**	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	N/A	N/A	7%	9%	**6%**	2%	2%
Had ever been told they have asthma 🛡	11%	N/A	11%	13%	**10%**	14%	14%
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	N/A	N/A	N/A	32%	**28%**	31%†	25%†
Cardiovascular Health							
Ever diagnosed with angina or coronary heart disease 🛡	N/A	N/A	4%	3%	**6%**	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	4%	N/A	4%	3%	**5%**	5%	4%
Ever diagnosed with a stroke	3%	N/A	2%	4%	**2%**	4%	3%
Had been told they had high blood pressure 🛡	24%	N/A	29%	34%	**35%**	35%††	33%††
Had been told their blood cholesterol was high	36%	N/A	33%	39%	**38%**	33%††	33%††
Had their blood cholesterol checked within the past five years	74%	N/A	76%	81%	**92%**	85%††	87%††

N/A – Not Available
† 2019 BRFSS
†† 2019 BRFSS Data
* 2018 BRFSS as compiled by 2021 County Health Ranking
🛡*Indicates alignment with the Ohio State Health Assessment*

Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Weight Status							
Normal weight (BMI of 18.5-24.9)	37%	33%	34%	27%	**30%**	29%	31%
Overweight (BMI of 25.0-29.9)	35%	34%	38%	28%	**36%**	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 🔵	27%	32%	27%	44%	**34%**	36%	32%
Alcohol Consumption							
Current drinker (had at least one drink of alcohol within the past 30 days)	51%	N/A	60%	60%	**61%**	51%	53%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion) 🔵	15%	23%	19%	23%	**20%**	16%	16%
Tobacco Use							
Current smoker (currently smoke some or all days) 🔵	15%	N/A	13%	10%	**9%**	19%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	20%	N/A	23%	24%	**29%**	24%	25%
Drug Use							
Adults who used marijuana (in the past 6 months)	4%	N/A	4%	3%	**11%**	N/A	N/A
Adults who misused prescription medication (in the past 6 months)	4%	N/A	9%	7%	**1%**	N/A	N/A
Sexual Behavior							
Had more than one sexual partner (in past 12 months)	8%	N/A	4%	4%	**1%**	N/A	N/A
Preventive Medicine							
Ever had a pneumonia vaccination (age 65 and older)	55%	N/A	N/A	68%	**62%**	72%	72%
Had a flu vaccine within the past year (age 65 and older)	62%	N/A	70%	79%	**79%**	65%	68%
Ever had a shingles or zoster vaccine	N/A	N/A	N/A	18%	**24%**	29%**	29%**
Had a clinical breast exam within the past two years (age 40 and older)	72%	N/A	70%	64%	**68%**	N/A	N/A
Had a mammogram within the past two years (age 40 and older)	59%	N/A	61%	64%	**73%**	71%	72%
Had a Pap smear within the past three years (ages 21-65)	70%*	N/A	71%*	71%	**66%**	77%	78%
Had a PSA test within the past two years (age 40 and older)	39%***	N/A	58%	56%	**50%**	32%	32%
Had a digital rectal exam within the past year	30%	N/A	18%	16%	**9%**	N/A	N/A
Quality of Life							
Limited in some way because of physical, mental or emotional problem	20%	N/A	19%	21%	**25%**	N/A	N/A
Mental Health							
Considered attempting suicide (in the past 12 months)	3%	N/A	4%	5%	**2%**	N/A	N/A
Attempted suicide (in the past 12 months)	<1%	1%	1%	0%	**1%**	N/A	N/A

N/A - Not available
*Hancock 2011 and 2015 percentages are based on all women
** 2017 BRFSS Data
***Total population
🔵 Indicates alignment with the Ohio State Health Assessment

Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Oral Health							
Visited a dentist or dental clinic (within the past year)	71%	N/A	72%	73%	**80%**	65%	67%
Visited a dentist or dental clinic (5 or more years ago)	10%	N/A	8%	9%	**7%**	N/A	N/A

N/A - Not available

Health Care Access: Health Care Coverage

Key Findings

In 2021, 8% of Hancock County adults were without health care coverage. The top three reasons for being without health coverage included: lost their job or changed employers (51%), could not afford to pay the premiums (24%), and their spouse or parent lose their job or changed employers (16%).

General Health Coverage

- In 2021, 92% of Hancock County adults had health care coverage, leaving 8% of adults uninsured.

- Five percent (5%) of adults with children did not have healthcare coverage.

- Adults used the following types of health care coverage: employer (47%); Medicare (23%); someone else's employer (14%); Medicaid or medical assistance (6%); self-purchased (6%); multiple, including government sources (3%); multiple, including private sources (2%); and military or VA (1%).

- Hancock County adult health care coverage included the following: medical (94%), prescription coverage (91%), immunizations (85%), preventive health (83%), dental (72%), vision/eyeglasses (70%), outpatient therapy (69%), mental health (56%), durable medical equipment (42%), alcohol and drug treatment (33%), tobacco cessation (29%), home care (28%), skilled nursing/assisted living (23%), hospice (21%), transportation (19%), and air ambulance (14%).

- The top reasons uninsured adults gave for being without health care coverage were:
  1) They lost their job or changed employers (51%)
  2) They could not afford to pay the premiums (24%)
  3) Their spouse or parent lost their job or changed employers (16%)
  4) Other reasons (14%)
  5) Their employer did not/stopped offering coverage (11%)

  Note: Percentages do not equal 100% because respondents could select more than one reason

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Uninsured	8%	3%	5%	**8%**	9%	11%

Note: Hancock County did not ask health care coverage questions in 2013

The following graph shows the percentages of uninsured Hancock County adults. Examples of how to interpret the information in the graph include: 8% of all adults were uninsured, including 17% of those with incomes less than $25,000. The pie chart shows sources of Hancock County adults' health care coverage.
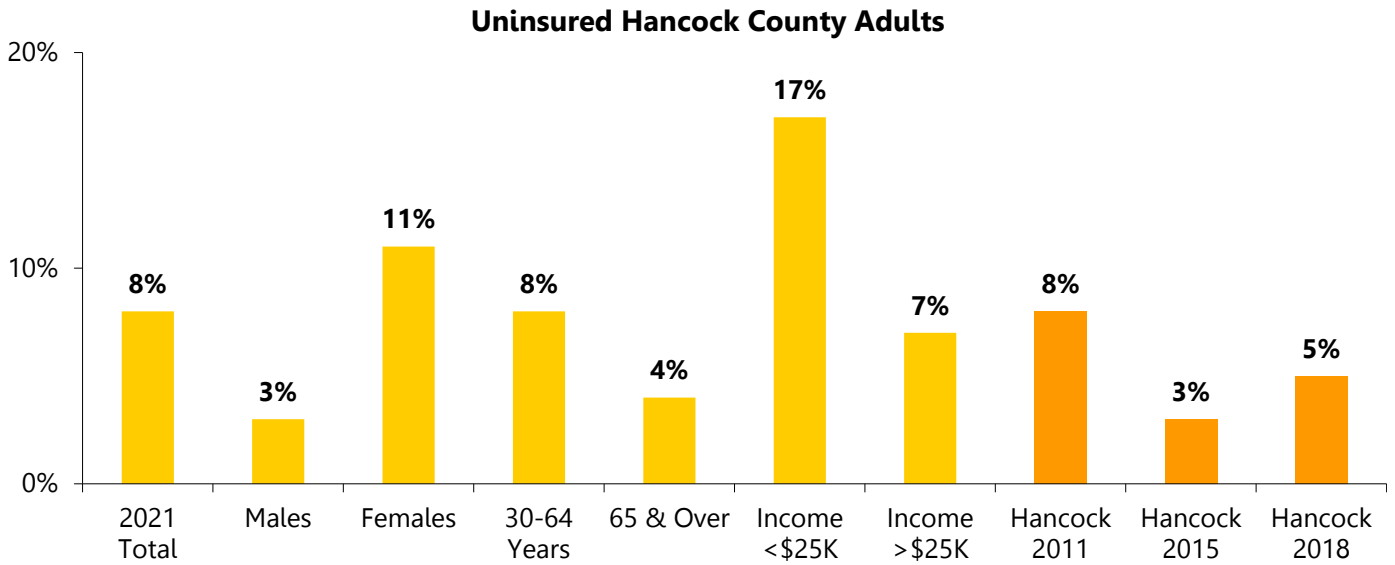
Uninsured Hancock County Adults

2021 Total	Males	Females	30-64 Years	65 & Over	Income <$25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
8%	3%	11%	8%	4%	17%	7%	8%	3%	5%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

8% of Hancock County adults, or 4,637 were uninsured.

Source of Health Coverage for Hancock County Adults

- Employer 46%
- Medicare 22%
- Medicaid 6%
- Self-purchased 6%
- Someone else's employer 14%
- Military 1%
- Multiple, private sources 2%
- Multiple, government sources 3%
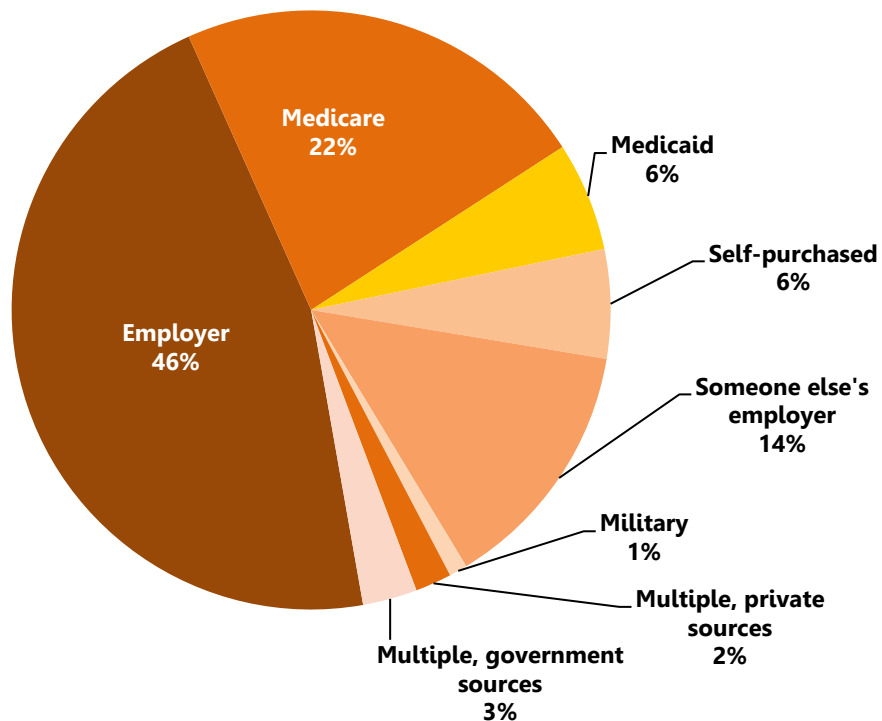
The following chart shows what is included in Hancock County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	94%	2%	4%
Prescription Coverage	91%	7%	2%
Immunizations	85%	4%	11%
Preventive Health	83%	4%	13%
Dental	72%	25%	3%
Vision	70%	24%	6%
Outpatient Therapy	69%	4%	27%
Mental Health	56%	7%	37%
Durable Medical Equipment	42%	7%	51%
Alcohol and Drug Treatment	33%	7%	60%
Tobacco Cessation	29%	8%	63%
Home Care	28%	10%	62%
Skilled Nursing/Assisted Living	23%	7%	70%
Hospice	21%	8%	71%
Transportation	19%	11%	70%
Air Ambulance	14%	10%	76%

Healthy People 2030
Access to Health Services (AHS)

Objective	Hancock County 2021	Ohio 2020	U.S. 2020	Healthy People 2030 Target
AHS-01: Increase the proportion of persons with medical insurance	100% age 20-24 100% age 25-34 94% age 35-44 81% age 45-54 93% age 55-64	86% age 18-24 85% age 25-34 89% age 35-44 91% age 45-54 92% age 55-64	82% age 18-24 80% age 25-34 84% age 35-44 87% age 45-54 91% age 55-64	92%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
(Sources: Healthy People 2030 Objectives, 2020 BRFSS, 2021 Hancock County Health Assessment)

Key Facts about the Uninsured Population

- For the third year in a row, the number of uninsured increased in 2019. In 2019, 28.9 million nonelderly individuals were uninsured, an increase of more than 1 million from 2018.

- Nearly three-fourths (73.7%) of uninsured adults said that they were uninsured because the cost of coverage was too high.

- Two-fifths (40.8%) of uninsured adults did not have a regular place to go when they were sick or needed medical advice.

- Three-in-ten (30%) nonelderly adults without coverage say that they went without care in the past year because of cost, compared to 5.3% of adults with private coverage and 9.5% of adults with public coverage.

- In 2019, uninsured nonelderly adults were over twice as likely as those with private coverage to have had problems paying medical bills in the past 12 months.

- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, November 2020)

Health Care Access: Access and Utilization

Key Findings

Seventy-six percent (76%) of Hancock County adults had visited a doctor for a routine checkup in the past year. Forty-one (41%) of adults went outside of Hancock County for health care services in the past year. More than one-fourth (27%) of adults did not get prescriptions from their doctor filled in the past year.

Health Care Access and Utilization

- Seventy-six percent (76%) of Hancock County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.

- Adults with health care coverage were less likely to have visited a doctor for a routine checkup in the past year (75%), compared to 80% of those without health care coverage.

- Almost half (46%) of adults indicated they had one person they thought of as their personal doctor or health care provider, decreasing to 40% of those without health care coverage. Forty-five percent (45%) indicated they had more than one, and 9% did not have one particular doctor or health care provider.

> **41% of Hancock County adults, or 23,762 went outside of Hancock County for health care services in the past year.**

- Forty-one percent (41%) of adults went outside of Hancock County for the following health care services in the past year: specialty care (14%), primary care (12%), dental services (9%), dermatological care (8%), mental health care/counseling services (8%), orthopedic care (5%), cancer care (4%), podiatry care (3%), female health services (3%), cardiac care (2%), obstetrics/gynecology (2%), addiction services (2%), bariatric (obesity) care (2%), pediatric care (1%), pediatric therapies (1%), ear/nose/throat care (1%), and other services (6%).

- More than one-fourth (27%) of adults did not get prescriptions from their doctor filled in the past year for the following reasons: no prescriptions to be filled (52%), they did not think they needed it (26%), too expensive (22%), side effects (14%), they stretched their current prescription by taking less than prescribed (4%), transportation (2%), and there was no generic equivalent (2%).

- The following might prevent Hancock County adults from getting medical care if they were sick, injured, or need some type of health care: cost/no insurance (15%), difficult to get an appointment (9%), provider would not take their insurance (8%), could not get time off work (8%), worried they might find something wrong (6%), frightened of the procedure or doctor/health care provider (5%), did not trust or believe doctors/health care providers (4%), inconvenient hours (3%), could not find childcare (2%), difficult to find/no transportation (2%), discrimination (1%), language barrier (1%), and some other reason (4%).

- Adults usually visited the following places when they were sick or needed advice about their health: a doctor/health care provider's office (65%), urgent care center (6%), family and friends (6%), Internet (4%), telemedicine (2%), chiropractor (2%), alternative therapies (1%), VA (1%), and a public health clinic or community health center (1%).

Availability of Services

- Hancock County adults reported they accessed the following telemedicine services and would use them again: health care provider ordered prescription for them via phone call or online (13%), medical care (9%), health care provider diagnosed them via phone call or online (8%), mental or emotional care (4%), other types of care (1%).

- Adults in Hancock County reported that would be interested in the following telemedicine services: mental or emotional care (24%), medical care (20%), health care provider diagnosed them via phone call or online (19%), health care provider ordered prescription for them via phone call or online (17%), other types of care (23%).

The table below indicates telemedicine services adults accessed, would use again, and did not use but would be interested in.

Telemedicine Services	Accessed	Access and would use them again	Did not use but would be interested
Medical care	16%	9%	20%
Health care provider ordered a prescription for them via phone call or online	14%	13%	17%
Health care provider diagnosed them via phone call or online	9%	8%	19%
Other types of care	2%	1%	23%
Mental or emotional care	1%	4%	24%

Hancock County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Hancock County adults who have looked but have **NOT** found a specific program	Hancock County adults who have looked and have found a specific program
Mental health/ addiction/gambling (9% of all adults looked)	12%	88%
Assist in care for the disabled or elderly (either in-home or out-of-home, or adult day care) (9% of all adults looked)	22%	78%
Weight problems (9% of all adults looked)	33%	67%
Assisted living program for an elderly or disabled adult (8% of all adults looked)	19%	81%
Disability (6% of all adults looked)	9%	91%
Marital/family problems (6% of all adults looked)	9%	91%
Disabled adult program (6% of all adults looked)	9%	91%
Alcohol abuse (4% of all adults looked)	0%	100%
Family planning (4% of all adults looked)	0%	100%
Tobacco cessation (4% of all adults looked)	25%	75%
End-of-life care or hospice care (3% of all adults looked)	17%	83%
Cancer support group/counseling (1% of all adults looked)	0%	100%

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Visited a doctor for a routine check-up (in the past 12 months)	55%	65%	72%	**76%**	77%	76%
Had one or more persons they thought of as their personal health care provider	N/A	90%	89%	**91%**	79%	77%

N/A – Not Available

Note: Hancock County did not ask routine checkup questions in 2013

The following graph shows the percentage of Hancock County adults who had a routine check-up in the past year. Examples of how to interpret the information on the graph include: 76% of all Hancock County adults had a routine check-up in the past year, including 73% of males and 85% of those 65 years and older.

Hancock County Adults Who Had a Routine Check-up in the Past Year
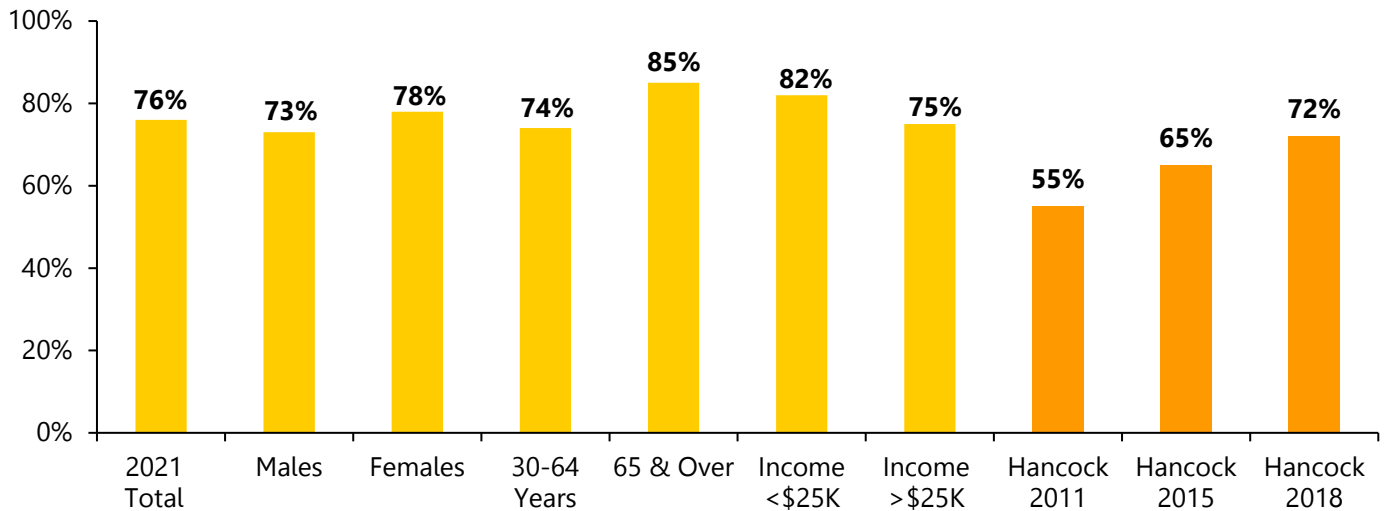
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Lesbian, Gay, Bisexual, and Transgender Health

- People who are lesbian, gay, bisexual, or transgender (LGBT) are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the country.

- The perspective and needs of LGBT people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities.

- In addition to considering the needs of LGBT people in programs designed to improve the health of entire communities, there is also a need for culturally competent medical care and prevention services that are specific to this population. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers, including:
  - LGBT youth are 4-to-5 times more likely to attempt suicide (29% compared to 6% of heterosexual youth)
  - LGBT youth were 140% more likely to not go to school at least one day during a 30-day period because of safety concerns, compared to heterosexual peers
  - LGBT youth are also at a greater risk for depression, substance abuse, and sexual behaviors that can place them at an increased risk for HIV and other sexually transmitted diseases (STDs).
  - Lesbians are less likely to get preventive services for cancer
  - Gay and bisexual men make up more than half of the people living with HIV in the United States, and experience two-thirds of all new HIV infections each year
  - Lesbians and bisexual females are more likely to be overweight or obese
  - Gay and bisexual men are 17 times more likely to get anal cancer than heterosexual men

(Source: CDC, LGBT Health, Updated June 9, 2021)

Health Care Access: Preventive Medicine

Key Findings

Sixty-two percent (62%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Over half (56%) of adults had a flu vaccine in the past year.

Preventive Medicine

- Over half (56%) of Hancock County adults had a flu vaccine during the past 12 months, increasing to 79% of Hancock County adults ages 65 and over.

- Over one-quarter (27%) of adults had a pneumonia vaccine in their life, increasing to 62% of those age 65 and over.

- Hancock County adults had the following vaccines:
  — Measles, mumps, and rubella (MMR) in their lifetime (85%)
  — Tetanus booster (Td/Tdap) in the past 10 years (80%)
  — Chicken pox vaccine in their lifetime (61%)
  — Hepatitis B in their lifetime (43%)
  — Pertussis vaccine in the past 10 years (35%)
  — Hepatitis A in their lifetime (35%)
  — Haemophilus influenzae or influenza type B (HiB) vaccine in their lifetime (35%)
  — Meningococcal vaccine (MenACWY or MenB) in their lifetime (24%)
  — Zoster (shingles) vaccine in their lifetime (24%)
  — Human papillomavirus (HPV) vaccine in their lifetime (19%)

Preventive Health Screenings and Exams

- Hancock County adults have had the following screenings or exams in the past two years: vision (74%), hearing (29%), skin cancer (27%), osteoporosis (10%), and memory screening (8%).

- Sixty percent (60%) of adults ages 50 and over had a colonoscopy in the past five years.

- Fourteen percent (14%) of adults ages 50 and over had a sigmoidoscopy in the past five years.

- Fifty-four percent (54%) of Hancock County women ages 40 and over had a mammogram in the past year.

- Forty-three percent (43%) of men ages 50 and over had a PSA test in the past year.

- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening information for Hancock County adults.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Ever had a pneumonia vaccination (age 65 and older)	55%	N/A	68%	**62%**	72%	72%
Had a flu vaccine within the past year (age 65 and older)	62%	70%	79%	**79%**	65%	68%
Ever had a shingles or zoster vaccine	N/A	N/A	18%	**24%**	29%*	29%*

N/A – Not Available
* 2017 BRFSS Data
Note: Hancock County did not ask preventive health screening questions in 2013

Hancock County adults who received stool test, colonoscopy, flexible sigmoidoscopy, and CT colonoscopy.

Screenings	Past year	Last 1-3 years	Last 3-5 years	Last 5-10 years	More than 10 years ago	Never tested
Stool test (age 50 and older)	19%	10%	5%	6%	9%	42%
Colonoscopy (age 50 older)	16%	27%	17%	14%	7%	19%
Flexible sigmoidoscopy (age 50 older)	5%	6%	3%	3%	6%	60%
CT colonoscopy (age 50 and older)	6%	14%	3%	7%	N/A	59%

N/A – Not Available
Totals may not equal 100% as some respondents answered, "Don't know/Not sure".

Hancock County Adult Health Screening Results

General Screening Results	Total Sample*
Diagnosed with high blood cholesterol	38%
Diagnosed with high blood pressure	35%
Diagnosed with diabetes	13%
Survived a heart attack	5%
Survived a stroke	2%

Percentages based on all Hancock County adults surveyed.

Healthy People 2030
Immunization and Infectious Diseases (IID)

Objective	Hancock County 2021	Healthy People 2030 Target
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	56%	70%

(Sources: Healthy People 2030 Objectives and 2021 Hancock County Health Assessment)

Hancock County Adults Having Discussed Health Care Topics With Their Health Care Professional in the Past 12 Months

Health Care Topics	Total 2018	Total 2021
Immunizations	34%	46%
Family history	29%	39%
Weight control	41%	31%
Depression, anxiety, or emotional problems	24%	26%
Safe use of prescription medication	20%	25%
Bone density	10%	13%
Falls	8%	10%
Tobacco use	10%	9%
Family planning	3%	8%
Alcohol use	8%	5%
Safe use of opiate-based pain medication	7%	5%
Self-testicular exams	7%	4%
Injury prevention, such as safety belt use & helmet use	9%	3%
Sexually transmitted diseases (STDs)	3%	3%
Firearm safety	2%	2%
Illicit drug use	3%	1%
Domestic violence	4%	0%
Substance use treatment options	0%	0%

Table 1 — Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually	1 dose annually		
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) / 1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	2 doses
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	2 doses
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations / 19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Legend:
- ▮ Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
- ▮ Recommended vaccination for adults with an additional risk factor or another indication
- ▮ Recommended vaccination based on shared clinical decision-making
- ▮ No recommendation/ Not applicable

Key Findings

More than half (54%) of Hancock County women over the age of 40 reported having a mammogram in the past year. Sixty-three percent (63%) of Hancock County women ages 19 and over had a clinical breast exam and 37% had a Pap smear to detect cancer of the cervix in the past year. Four percent (4%) of women survived a heart attack and 2% survived a stroke at some time in their life. Sixty-two percent (62%) were obese or overweight, 32% were diagnosed with high blood cholesterol, 31% had high blood pressure, and 13% were identified as current smokers, are all known risk factors for cardiovascular diseases.

Women's Health Screenings

- Seventy percent (70%) of women had a mammogram at some time, and 40% had this screening in the past year.

- More than half (54%) of women ages 40 and over had a mammogram in the past year, and 73% had one in the past two years.

- Almost all (96%) of Hancock County women had a clinical breast exam at some time in their life, and 63% had one within the past year. Sixty-eight percent (68%) of women ages 40 and over had a clinical breast exam in the past two years.

- Ninety-one percent (91%) of Hancock County women ages 21-65 had a Pap smear at some point in their life, and 37% reported having had the exam in the past year. Sixty-six percent (66%) of women ages 21-65 had a Pap smear in the past three years.

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (60%), general or family physician (23%), midwife (5%), family planning clinic (1%), and some other kind of place (2%). Four percent (4%) of women indicated they did not have a usual source of services for female health concerns.

- Four percent (4%) of women had survived a heart attack and 2% had survived a stroke at some time in their life.

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Hancock County, the 2021 health assessment identified that:
  - 62% of women were overweight or obese (65% Ohio, 62%* U.S., 2020 BRFSS)
  - 32% were diagnosed with high blood cholesterol (32% Ohio, 32% U.S., 2019 BRFSS)
  - 31% were diagnosed with high blood pressure (32% Ohio, 31% U.S., 2019 BRFSS)
  - 13% of all women were current smokers (19% Ohio, 14%* U.S., 2020 BRFSS)
  - 12% had been diagnosed with diabetes (13% Ohio, 11%* U.S., 2020 BRFSS)
  2019 BRFSS Data

- From 2017-to-2019, major cardiovascular diseases (heart disease and stroke) accounted for 28% of all female deaths in Hancock County *(Source: Ohio Public Health Data Warehouse, 2017-2019).*

**Hancock County Female
Leading Causes of Death, 2017 – 2019**

Total Female Deaths: 1,199

1. Heart Diseases (22% of all deaths)
2. Cancers (18%)
3. Alzheimer's Disease (9%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (6%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

**Ohio Female
Leading Causes of Death, 2017 – 2019**

Total Female Deaths: 183,975

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

(Source: Ohio Public Health Data Warehouse, 2017-2019)

The following graph shows the percentage of Hancock County females who had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 40% had a mammogram within the past year, 63% had a clinical breast exam, and 43% had a Pap smear.
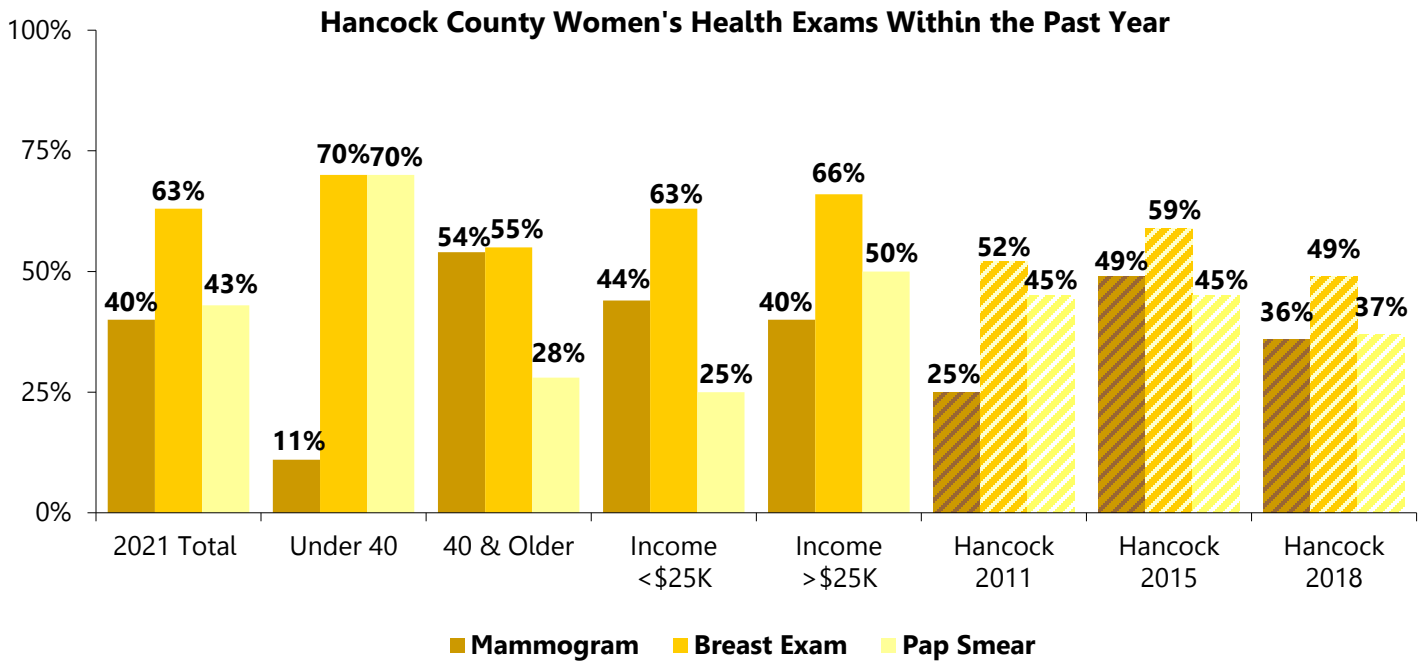
Hancock County Women's Health Exams Within the Past Year

■ **Mammogram** ■ **Breast Exam** ■ **Pap Smear**

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Had a clinical breast exam within the past two years (age 40 and older)	72%	70%	64%	**68%**	N/A	N/A
Had a mammogram within the past two years (age 40 and older)	59%	61%	64%	**73%**	71%	72%
Had a Pap smear in the past three years (ages 21-65)	70%*	71%*	71%	**66%**	77%	78%

N/A – Not Available
*Hancock 2011 and 2015 percentages are based on all women
Note: Hancock County did not ask women's health screening questions in 2013

U.S. Women's Health Data

- Approximately 16% of adult females ages 18 years or older reported fair or poor health.
- 13% of adult females in the U.S. currently smoke.
- Of the adult females in the U.S., 20% had four or more drinks in one day at least once in the past year.
- Only 49% of adult females in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 42% of females ages 20 years and older are obese.
- 45% of females ages 20 and older have hypertension.
- There are 11% of females under the age of 65 without healthcare coverage.
- The leading causes of death for females in the United States are heart disease, cancer, and COVID-19.

(Source: CDC, National Center for Health Statistics, Women's Health, Fast Stats, January 6, 2022)

The following graph shows the Hancock County and Ohio age-adjusted cancer mortality rates per 100,000 population for women with comparison to Healthy People 2030 objectives. The graph shows:

- From 2017-to-2019, the Hancock County female age-adjusted mortality rate for lung cancer was lower than the Ohio rate but higher than the Healthy People 2030 target objective.

- The Hancock County female age-adjusted mortality rate for colorectal cancer was higher than the Ohio rate and the Healthy People 2030 target objective.

- The Hancock County female age-adjusted mortality rate for breast cancer was slightly lower than the Ohio rate, and slightly higher than the Healthy People 2030 target objective.

Hancock County Female Age-Adjusted Cancer Mortality Rates, 2017-2019

Rate per 100,000 population

	Lung Cancer	Colon/Rectum Cancer	Breast Cancer
Hancock County 2017-2019	28	18	18
Ohio 2017-2019	35	12	21
HP 2030 Target*	25*	9*	15

■ **Hancock County 2017-2019**　■ **Ohio 2017-2019**　■ **HP 2030 Target***
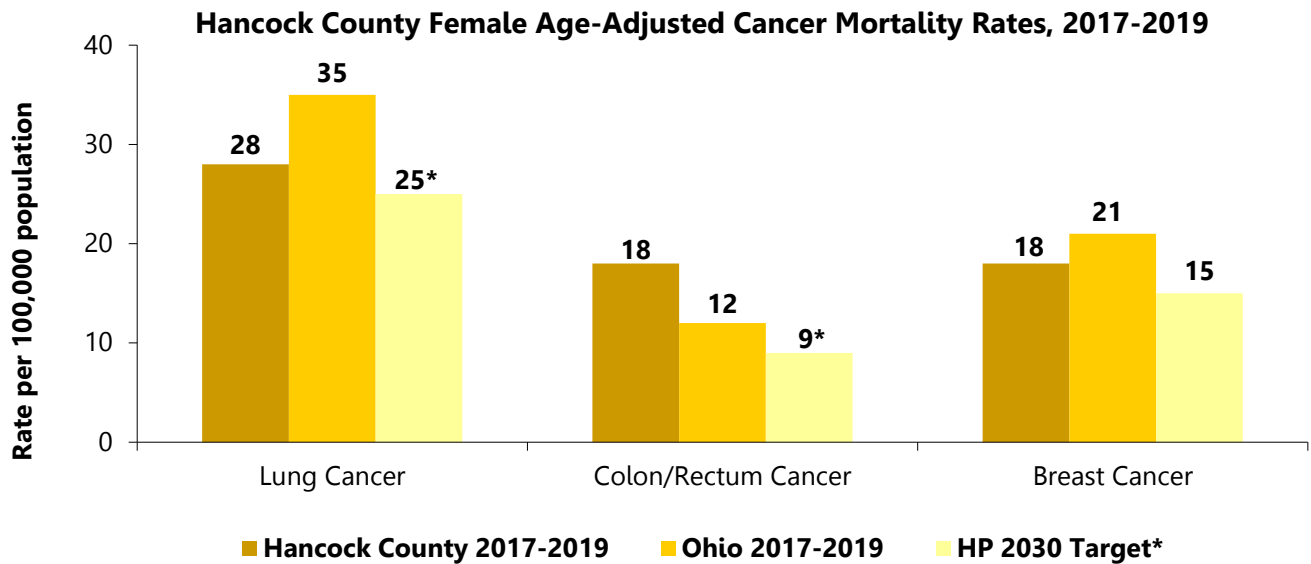
*Note: The Healthy People 2030 target rates for lung and colon/rectum cancer are not gender specific.
(Sources: Ohio Public Health Data Warehouse 2017-2019 and Healthy People 2030)

Women and Heart Disease

- Heart disease is the leading cause of death for women in the United States, killing 301,280 women in 2019—or about 1 in every 5 female deaths. For Hispanic and non-Hispanic Asian women, heart disease is second only to cancer as a cause of death.
- About 1 in 16 women age 20 and older (6%) have coronary artery disease, the most common type of heart disease in the United States.
- Despite an increase in awareness over the past decades, only about half (56%) of women recognize that heart disease is their number one killer. Symptoms of heart disease include:
  — heart attack (chest pain or discomfort, upper back or neck pain, indigestion, heartburn, nausea or vomiting, extreme fatigue, upper body discomfort, dizziness, and shortness of breath)
  — arrhythmia (fluttering feelings in the chest (palpitations))
  — heart failure (shortness of breath, fatigue, or swelling of the feet, ankles, legs, abdomen, or neck veins)
- Methods to lower the chances of getting heart disease include managing stress levels, knowing blood pressure, checking for diabetes, quitting smoking, being physically active, choosing health food and drinks, and limiting alcohol consumption.

(Source: CDC, Health Equity, Lower Your Risk for the Number 1 Killer of Women, February 4, 2022)

Health Care Access: Men's Health

Key Findings

Forty-three percent (43%) of Hancock County males over the age of 50 had a prostate-specific antigen (PSA) test in the past year. Almost half (46%) of men had been diagnosed with high blood cholesterol, 40% had high blood pressure, and 3% were identified as current smokers, which, along with obesity and overweight (80%), are all known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- Almost one-third (31%) of Hancock County males had a prostate-specific antigen (PSA) test at some time in their life, and 19% had one in the past year.

- Sixty-six percent (66%) of males ages 50 and over had a PSA test at some time in their life, and 43% had one in the past year.

- Over one-third (35%) of men had a digital rectal exam in their lifetime, and 9% had one in the past year.

- Eighteen percent (18%) of males ages 50 and over had a digital rectal exam in the past year.

- From 2017-to-2019, major cardiovascular diseases (heart disease and stroke) accounted for 25% of all male deaths in Hancock County *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.

- In 2021, 7% of men survived a heart attack and 3% survived a stroke at some time in their life.

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Hancock County, the 2018 health assessment identified:
  — 80% of men were overweight or obese (73% Ohio, 71%* U.S. 2020 BRFSS)
  — 46% were diagnosed with high blood cholesterol (34% Ohio, 34% U.S., 2019 BRFSS)
  — 40% were diagnosed with high blood pressure (38% Ohio, 35% U.S., 2019 BRFSS)
  — 16% had been diagnosed with diabetes (12% Ohio, 12%* U.S., 2020 BRFSS)
  — 3% of all men were current smokers (20% Ohio, 17%* U.S. 2020 BRFSS)
  2019 BRFSS Data

- From 2017-2019, lung and bronchus, prostate, and colorectal cancers accounted for the most cancer deaths among Hancock County males. Statistics from the same period for Ohio males indicate that lung and bronchus, colorectal, and prostate cancers were the leading cancer deaths *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.

Hancock County Male
Leading Causes of Death, 2017 – 2019
Total Male Deaths: 1,214

1. Cancers (22% of all deaths)
2. Heart Diseases (21%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (7%)
5. Alzheimer's Disease (4%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Ohio Male
Leading Causes of Death, 2017 – 2019
Total Male Deaths: 187,665

1. Heart Diseases (24% of all deaths)
2. Cancers (21%)
3. Accidents, Unintentional Injuries (9%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Had a PSA test within the past two years (age 40 and older)	39%*	58%	56%	**50%**	32%	32%
Had a digital rectal exam within the past year	30%	18%	16%	**9%**	N/A	N/A

N/A- Not Available
*Total population
Note: Hancock County did not ask men's health screening questions in 2013

The following graph shows the percentage of Hancock County males who had various health exams in the past year. Examples of how to interpret the information include: 19% had a PSA test within the past year, increasing to 43% of men ages 50 and older.
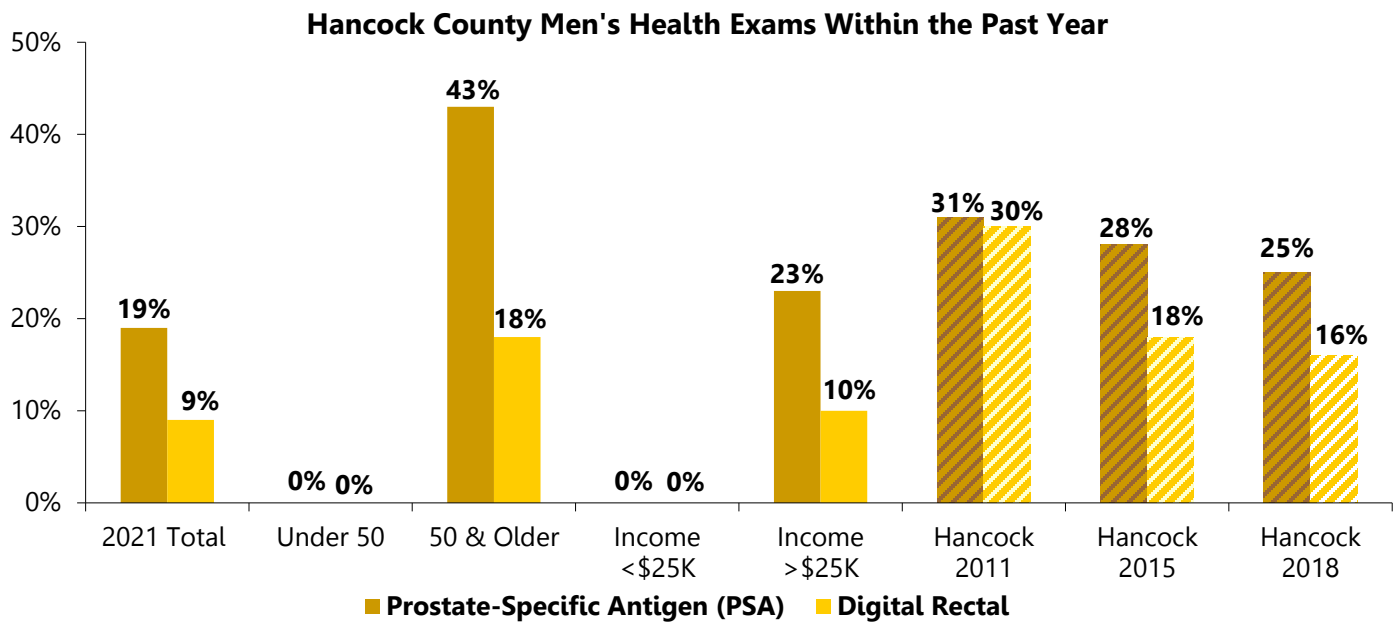
Hancock County Men's Health Exams Within the Past Year

Category	Prostate-Specific Antigen (PSA)	Digital Rectal
2021 Total	19%	9%
Under 50	0%	0%
50 & Older	43%	18%
Income <$25K	0%	0%
Income >$25K	23%	10%
Hancock 2011	31%	30%
Hancock 2015	28%	18%
Hancock 2018	25%	16%

■ **Prostate-Specific Antigen (PSA)**   ■ **Digital Rectal**

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. It is also one of the leading causes of cancer death among men of all races and Hispanic origin populations. Most prostate cancers grow slowly and don't cause any health problems in men who have them.

- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.

- All men are at risk for prostate cancer. Out of every 100 American men, about 13 will get prostate cancer during their lifetime, and about 2 to 3 men will die from prostate cancer. The most common risk factor is age. The older a man is, the greater the chance of getting prostate cancer. Men who are African-American or have a family history of prostate cancer are at increased risk of getting or dying from prostate cancer.

- There is no standard test to screen for prostate cancer. Two tests are commonly used to screen for prostate cancer:

  — **Digital rectal exam (DRE):** A health care provider inserts a gloved, lubricated finger into a man's rectum to feel the prostate for anything abnormal, such as cancer.

  — **Prostate specific antigen test (PSA):** A blood test called a prostate specific antigen (PSA) test measures the level of PSA in the blood. PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection, certain medications, and certain medical procedures may increase PSA levels.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, Updated August 23, 2021)

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

- From 2017-to-2019, the Hancock County and Ohio male age-adjusted mortality rates were higher than the female age-adjusted mortality rates for heart disease.

- The Hancock County male age-adjusted stroke mortality rate was slightly lower than the Hancock County female age-adjusted stroke mortality rate, while the male mortality rate for Ohio was slightly higher than the female stroke mortality rate.
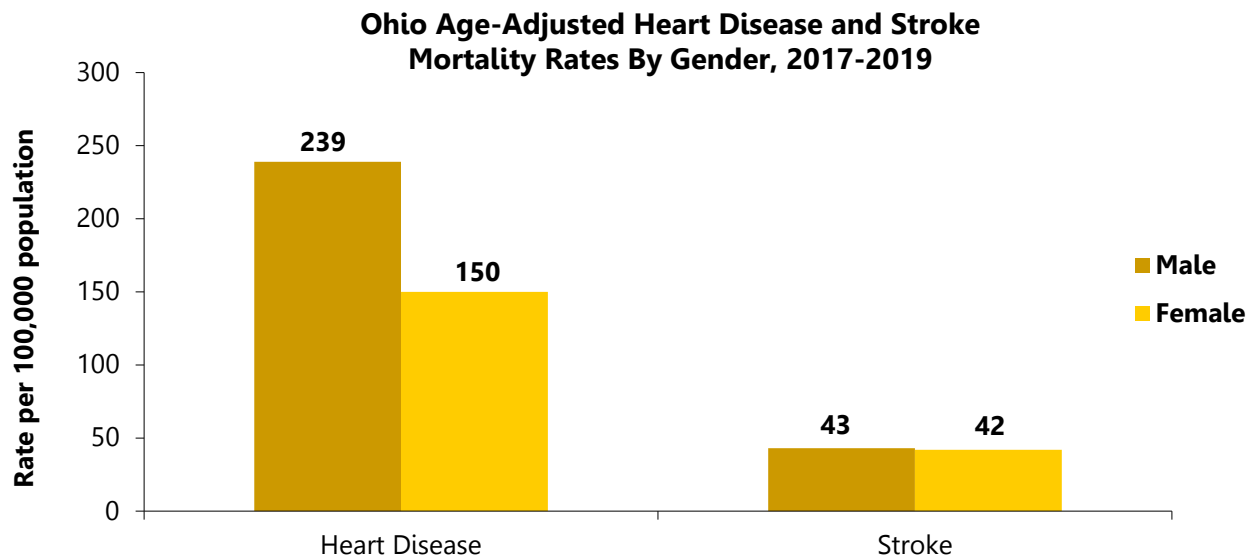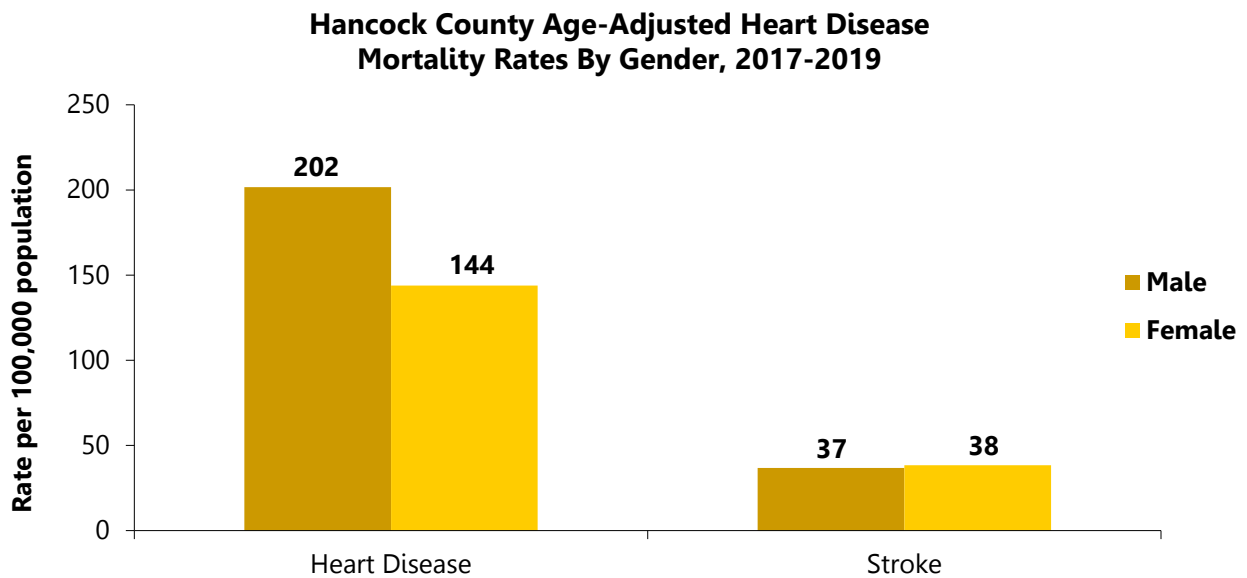
Hancock County Age-Adjusted Heart Disease Mortality Rates By Gender, 2017-2019

Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2017-2019

(Source for graphs: Ohio Public Health Data Warehouse, 2017-2019)

The following graph shows the Hancock County age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to Ohio and U.S. rates, and the Healthy People 2030 objective. The graph shows:

- From 2017-to-2019, the Hancock County age-adjusted mortality rate for male lung cancer was slightly lower than the Ohio rate, but higher than the U.S rate as well as the Healthy People 2030 objective.

Hancock County Male Age-Adjusted Lung and Bronchus Cancer Mortality Rates, 2017-2019

Rate per 100,000 population

	Hancock 2017-2019	Ohio 2017-2019	U.S. 2017-2019	HP 2030 Target*
	47	53	42	25
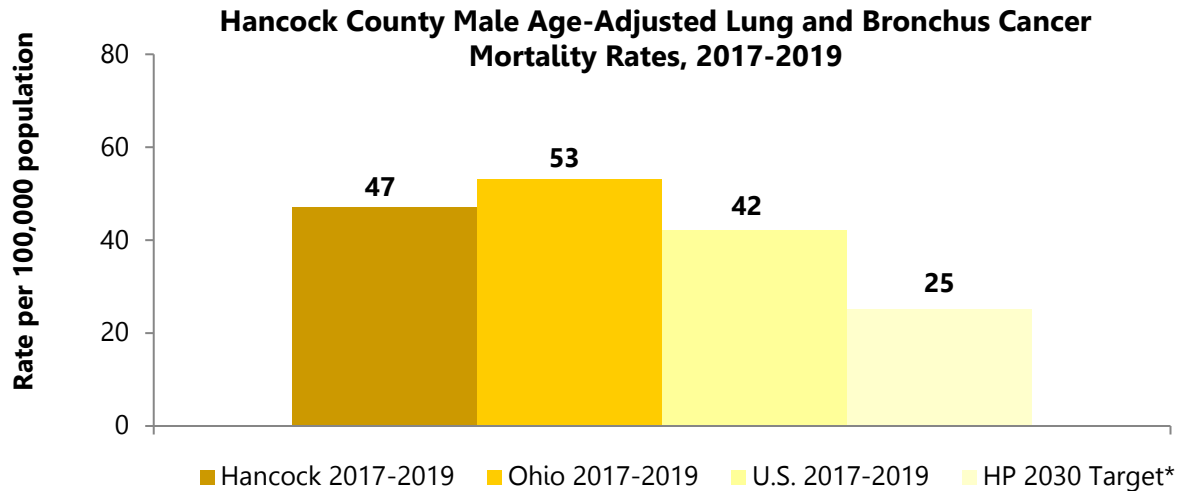
Note: The Healthy People 2030 target rates are not gender specific.
(Sources: CDC Wonder 2017-2019, Ohio Public Health Data Warehouse 2017-2019, and Healthy People 2030)

U.S. Men's Health Data

- Approximately 15% of adult males ages 18 years or older reported fair or poor health.
- 15% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 58% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 41% of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, August 31, 2021)

Health Care Access: Oral Health

Key Findings

Eighty percent (80%) of Hancock County adults visited a dentist or dental clinic in the past year. The top reasons adults gave for not visiting a dentist in the past year were cost (26%), dentures (24%), and no reason to go or had not thought of it (13%).

Access to Dental Care

- In the past year, 80% of Hancock County adults had visited a dentist or dental clinic, decreasing to 50% of those with incomes less than $25,000.

- More than three-fourths (81%) of Hancock County adults with dental insurance had been to the dentist in the past year.

- Hancock County adults reported the following reasons for not visiting a dentist in the last year:
  — Cost (26%)
  — Have dentures (24%)
  — No reason to go/had not thought of it (13%)
  — Fear, apprehension, nervousness, pain, dislike going (8%)
  — Did not have/know a dentist (8%)
  — Could not find a dentist who took Medicaid patients (5%)
  — Dentist did not accept their medical coverage (3%)
  — Other reasons (13%)

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	77%	11%	4%	8%	0%
Females	82%	7%	3%	7%	1%
Total	80%	9%	3%	7%	1%

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Visited a dentist or a dental clinic (within the past year)	71%	72%	73%	**80%**	65%	67%
Visited a dentist or a dental clinic (5 or more years ago)	10%	8%	9%	**7%**	N/A	N/A

N/A – Not Available
Note: Hancock County did not ask dental visit questions in 2013

The following graph indicates the percentage of Hancock County adults who visited a dentist or dental clinic in the past year. Examples of how to interpret the information include: 80% of all adults had been to the dentist or dental clinic in the past year, including 77% of males and 50% of those with incomes less than $25,000.
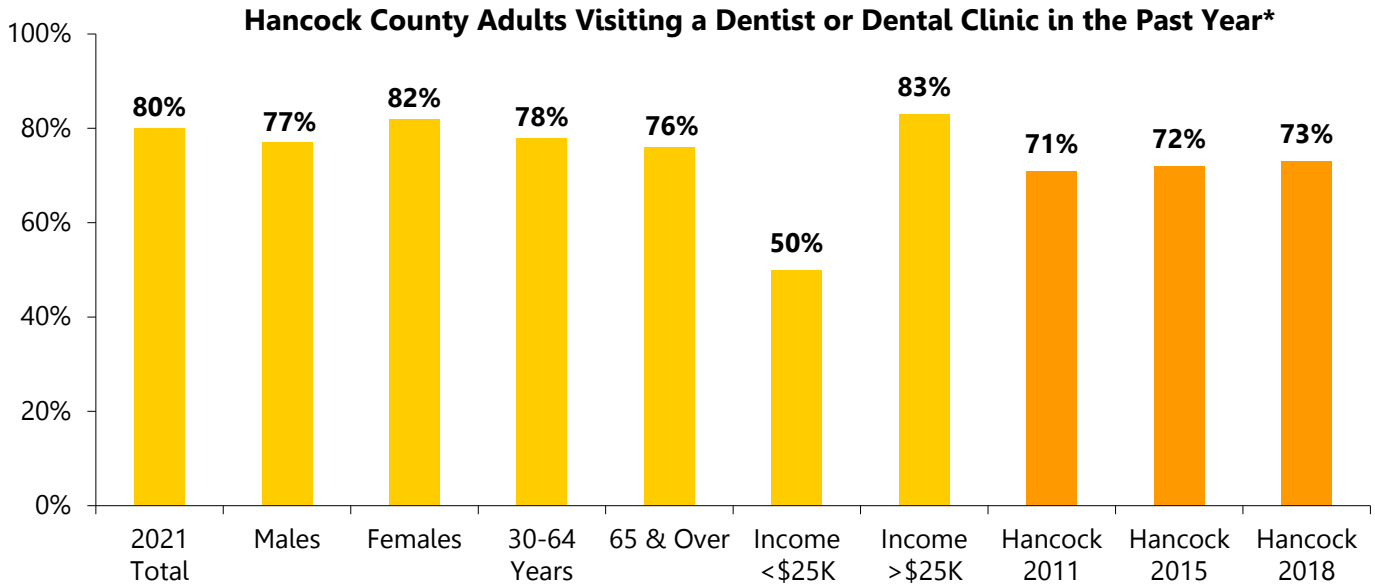
Hancock County Adults Visiting a Dentist or Dental Clinic in the Past Year*

Category	Percentage
2021 Total	80%
Males	77%
Females	82%
30-64 Years	78%
65 & Over	76%
Income <$25K	50%
Income >$25K	83%
Hancock 2011	71%
Hancock 2015	72%
Hancock 2018	73%

*Totals may not equal 100% as some respondents answered do not know.
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Oral Health Disparities

The nation's oral health has greatly improved since the 1960s, but not all adults have equal access to these advancements. Some racial/ethnic and socioeconomic groups have worse oral health as a result of the social determinants of health (conditions in the places where people are born, live, work, and play). For example:

- Some people cannot afford to pay out of pocket for dental care, do not have insurance or cannot get time off of work to get dental care.
- Some people live in communities where they do not have access to fluoridated water and school sealant programs, healthy foods, and public transportation to get to appointments.

Many groups experience oral health disparities. Below are examples of disparities among adults ages 65 or older:

- Untreated cavities and racial/ethnic groups: More than 9 in 10 older adults have had cavities and 1 in 6 have untreated cavities. Older non-Hispanic Black or Mexican American adults have 2 to 3 times the rate of untreated cavities as older non-Hispanic White adults.
- Untreated cavities and education: Older adults with less than a high school education have untreated cavities at nearly 3 times the rate of adults with at least some college education.
- Complete tooth loss: Seventeen percent of older adults have lost all their teeth. Low-income older adults, those with less than a high school education, or those who are current smokers are more than 3 times as likely to have lost all of their teeth as adults with higher incomes, more than a high school education, and who have never smoked.

(Source: Centers for Disease Control and Prevention, Oral Health, National Center for Chronic Disease Prevention and Health Promotion, February 5, 2022)

Key Findings

In 2021, more than half (55%) of Hancock County adults rated their health status as excellent or very good. Conversely, 15% of adults described their health as fair or poor, increasing to 27% of those with incomes less than $25,000.

General Health Status

- In 2021, more than half (55%) of Hancock County adults rated their health as excellent or very good. Hancock County adults with higher incomes (59%) were most likely to rate their health as excellent or very good, compared to 27% of those with incomes less than $25,000.

- In the past year, 15% of adults rated their health as fair or poor.

15% of Hancock County adults, or 8,694 rated their general health as fair or poor.

- Hancock County adults were most likely to rate their health as fair or poor if they:
  — Had been diagnosed with diabetes (46%)
  — Had high blood pressure (31%)
  — Had an annual household income less than $25,000 (27%)
  — Were divorced (25%)
  — Were age 65 and older (23%)

- One-third (33%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

Physical Health Status

- Sixteen percent (16%) of Hancock County adults rated their physical health as not good on four or more days in the previous month.

- Hancock County adults reported their physical health as not good on an average of 3.0 days in the previous month.

- Hancock County adults were most likely to rate their physical health as not good (on four or more days during the past month) if they:
  — Had an annual income less than $25,000 (25%)
  — Were age 65 or older (21%)

Mental Health Status

- Forty percent (40%) of Hancock County adults rated their mental health as not good on four or more days in the previous month.

- Hancock County adults reported their mental health as not good on an average of 4.7 days in the previous month.

- Hancock County adults were most likely to rate their mental health as not good (on four or more days during the past month) if they:
  — Were depressed within the past year (80%)
  — Had lifetime depression (45%)

The following graph shows the percentage of Hancock County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 55% of all adults, 53% of males, and 47% of those age 65 and older rated their health as excellent or very good.
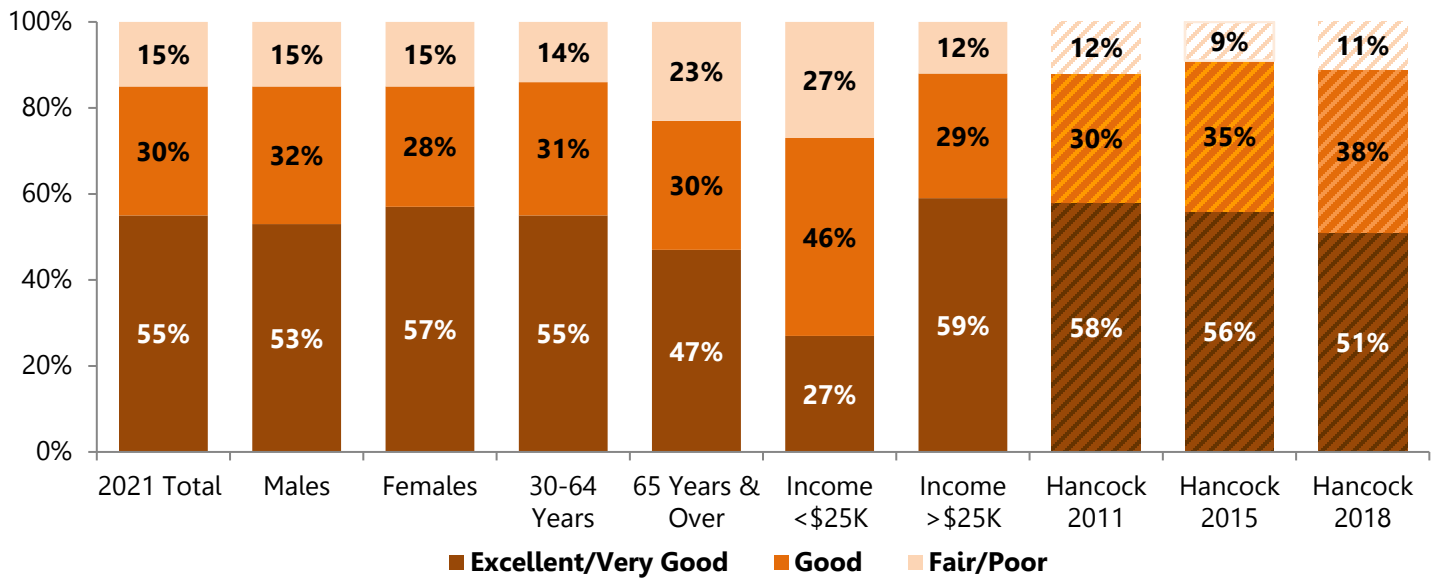
Hancock County Adult Health Perceptions*

Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

40% of Hancock County adults, or 23,183 rated their mental health as not good on four or more days in the previous month.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	58%	17%	7%	4%	5%
Females	51%	19%	4%	2%	11%
Total	54%	18%	4%	3%	8%
Mental Health Not Good in Past 30 Days*					
Males	63%	8%	6%	11%	9%
Females	31%	14%	17%	7%	24%
Total	45%	11%	12%	9%	16%

Totals may not equal 100% as some respondents answered, "Don't know/Not sure"

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Rated general health as excellent or very good	58%	56%	51%	**55%**	55%	57%
Rated general health as fair or poor	12%	9%	11%	**15%**	16%	13%
Rated mental health as not good on four or more days (in the past 30 days)	20%	22%	32%	**40%**	29%*	26%*
Rated physical health as not good on four or more days (in the past 30 days)	13%	14%	22%	**16%**	24%*	23%*
Average number of days that mental health not good (in the past 30 days)	N/A	3.2	4.3	**4.7**	4.8**	4.1**
Average number of days that physical health not good (in the past 30 days)	N/A	2.4	4.4	**3.0**	4.1**	3.7**
Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	21%	21%	27%	**33%**	N/A	N/A

N/A – Not Available
*2019 BRFSS
**2018 BRFSS as compiled by 2021 County Health Rankings
Note: Hancock County did not ask health status perception questions in 2013

Obesity and COVID-19

- Obesity is a common, serious, and costly chronic disease. Having obesity puts people at risk for many other serious chronic diseases and increases the risk of severe illness from COVID-19.
- Adults with excess weight are at even greater risk during the COVID-19 pandemic. For example:
    — Having obesity increases the risk of severe illness from COVID-19. People who are overweight may also be at increased risk.
    — Having obesity may triple the risk of hospitalization due to a COVID-19 infection.
    — Obesity is linked to impaired immune function.
    — Obesity decreases lung capacity and reserve and can make ventilation more difficult.
    — More than 900,000 adult COVID-19 hospitalizations occurred in the United States between the beginning of the pandemic and November 18, 2020. Models estimate that 271,800 (30%) of these hospitalizations were attributed to obesity.
- Obesity is a complex disease with many contributing factors. Neighborhood design, access to healthy, affordable foods and beverages, and access to safe and convenient places for physical activity can all impact obesity.

(Source: CDC, Overweight & Obesity, Obesity and COVID-19, updated February 17, 2022)

Health Behaviors: Adult Weight Status

Key Findings

More than two-thirds (70%) of Hancock County adults were overweight or obese based on Body Mass Index (BMI). More than half (53%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

Adult Weight Status

- More than two-thirds (70%) of Hancock County adults were either overweight (36%), obese (18%), severely obese (10%) or morbidly obese (6%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of preventable diseases.

- Hancock County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (45%); exercised (38%); drank more water (37%); ate a low-carb diet (16%); took prescribed medications (4%); smoked cigarettes (4%); received health coaching (2%); used a weight loss program (2%); went without eating 24 or more hours (2%), took diet pills, powders or liquids without a doctor's advice (1%); participated in a prescribed dietary or fitness program (1%); and bariatric surgery (1%).

> **18% of Hancock County adults, or 10,432 were obese, 10%, or, 5,796 were severely obese, and 6%, or 3,477 were morbidly obese.**

The following graph shows the percentage of Hancock County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 30% of all adults were classified as normal weight, 36% were overweight, and 34% were obese.
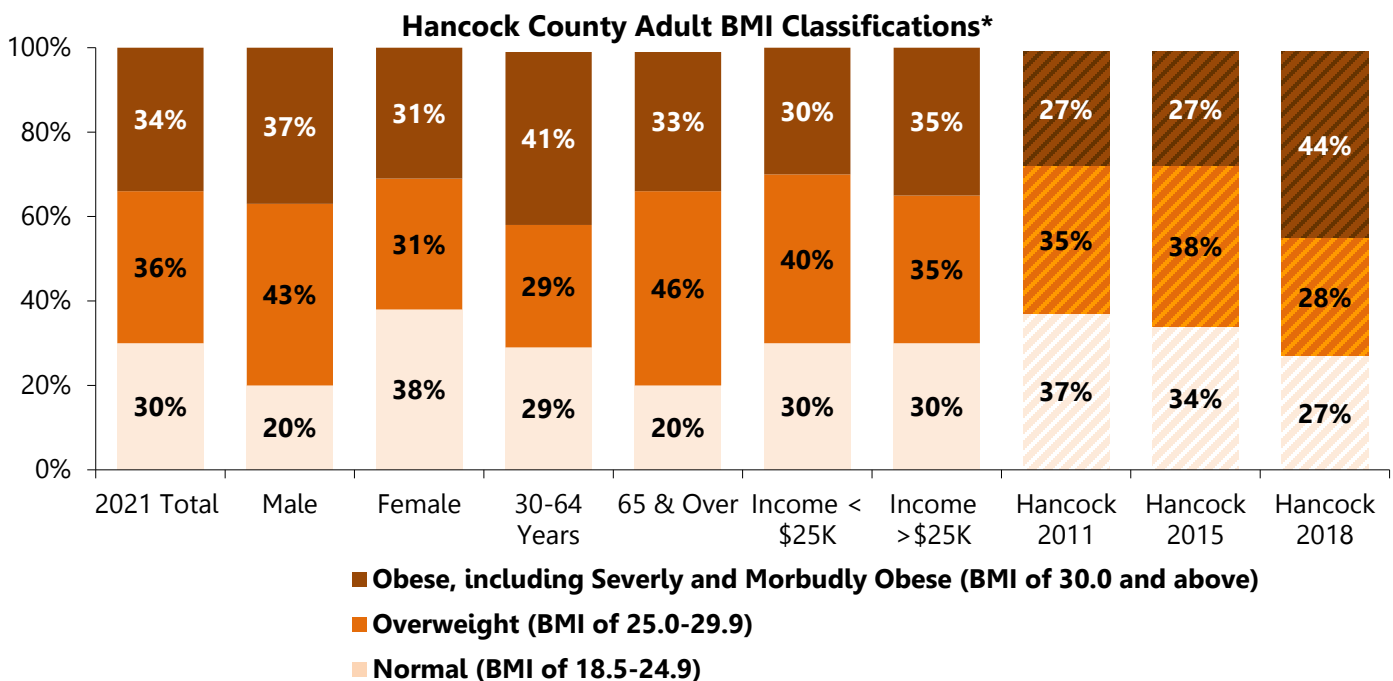
Hancock County Adult BMI Classifications*

	2021 Total	Male	Female	30-64 Years	65 & Over	Income < $25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
Obese	34%	37%	31%	41%	33%	30%	35%	27%	27%	44%
Overweight	36%	43%	31%	29%	46%	40%	35%	35%	38%	28%
Normal	30%	20%	38%	29%	20%	30%	30%	37%	34%	27%

- **Obese, including Severly and Morbudly Obese (BMI of 30.0 and above)**
- **Overweight (BMI of 25.0-29.9)**
- **Normal (BMI of 18.5-24.9)**

*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following chart indicates the weight status of Hancock County adults.

Class III Obese (Morbidly Obese, BMI of 40.0+) 6%

Class II Obese (Severely Obese, BMI of 35.0-39.9) 10%

Class I Obese (BMI of 30.0-34.9) 18%

Normal Weight (BMI of 18.5 – 24.9) 30%

Overweight (BMI of 25.0 – 29.9) 36%
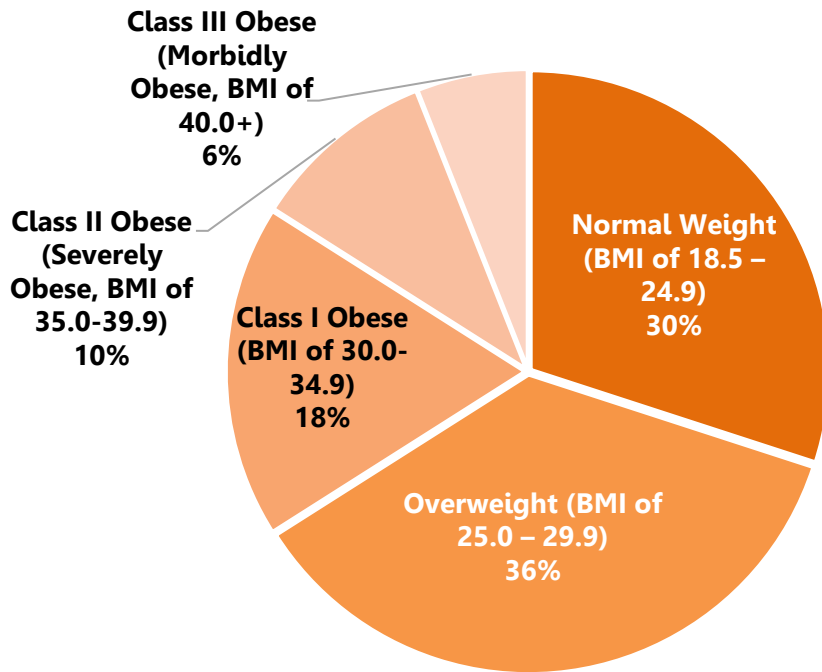
The following graph shows the percentage of Hancock County adults who were obese compared to Ohio and the U.S. This graph indicates:

- In 2021, the Hancock County obesity rate was lower than the Ohio rates.

Obesity in Hancock County, Ohio, and U.S. Adults

	34%	36%	32%
	Hancock County	Ohio 2020	U.S. 2020
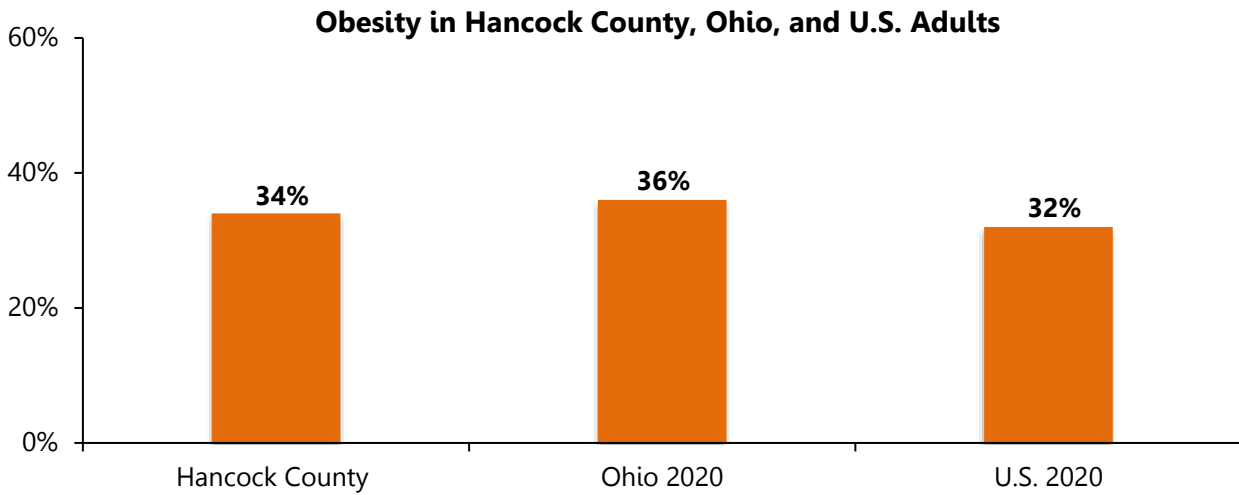
(Source: 2021 Hancock County Health Assessment and 2020 BRFSS)

Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Normal weight (BMI of 18.5 – 24.9)	37%	33%	34%	27%	**30%**	29%	31%
Overweight (BMI of 25.0 – 29.9)	35%	34%	38%	28%	**36%**	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	27%	32%	27%	44%	**34%**	36%	32%

Physical Activity

- In Hancock County, 53% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week. Thirty-one percent (31%) of adults exercised 5 or more days per week. Over one-fifth (21%) of adults did not participate in any physical activity in the past week, including 5% who were unable to exercise.

- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week *(Source: CDC, Physical Activity Basics, 2020)*.

- Reasons for not exercising included the following:
  - Time (27%)
  - Laziness (22%)
  - Too tired (21%)
  - Did not like to exercise (14%)
  - Weather (14%)
  - Pain or discomfort (11%)
  - No exercise partner (8%)
  - Could not afford a gym membership (5%)
  - No walking, biking trails, or parks (4%)
  - Did not know what activities to do (4%)
  - No gym available (4%)
  - Poorly maintained/no sidewalks (3%)
  - Lack of opportunities for those with physical impairments or challenges (3%)
  - Doctor advised them not to exercise (1%)
  - No transportation (1%)

- Hancock County adults spent an average of 2.6 hours watching TV; 1.9 hours on their cell phone; 1.3 hours on the computer/tablet; and 0.3 hours playing video games on an average day of the week.

Nutrition

The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Hancock County adults consumed daily.

	5 or more servings daily	3-4 servings daily	1-2 servings daily	0 servings daily
Fruit	0%	11%	80%	9%
Vegetables	3%	27%	66%	4%
Sugar-sweetened beverages	4%	7%	31%	58%
Caffeinated beverages	6%	16%	60%	18%

- Twenty-four percent (24%) of adults ate 5 or more servings of fruits **and/or** vegetables per day. Over two-fifths (42%) ate 3-to-4 servings, 33% ate 1-to-2 servings, and 1% ate 0 servings per day.

- The American Cancer Society recommends that adults eat at least 2½ cups of vegetables and 1½ cups of fruit per day to reduce the risk of cancer and to maintain good health *(Source: American Cancer Society, 2020)*.

- Hancock County adults reported the following barriers to consuming fruits and vegetables: too expensive (6%), did not like the taste (5%), did not know how to prepare (3%), no variety (3%), and other barriers (5%).

- Hancock County adults reported purchasing/obtaining fresh fruits and vegetables from the following:
  — Large grocery store (e.g., Wal-Mart, Meijer, Kroger) (91%)
  — Grow your own/garden (33%)
  — Local grocery store (e.g., Chief, Save-A-Lot) (24%)
  — Farmer's market (18%)
  — Dollar General/Store (5%)
  — Mail order food services (5%)
  — Veggie Mobile/mobile produce (2%)
  — Food pantry (2%)
  — Corner/convenience store (2%)
  — Community garden (1%)
  — Other places (2%)

- Hancock County adults reported the following reasons they chose the types of food they ate:
  — Taste/enjoyment (61%)
  — Healthiness of food (49%)
  — Ease of preparation/time (47%)
  — Cost (46%)
  — Food they were used to (32%)
  — What their family prefers (32%)
  — Calorie content (30%)
  — Nutritional content (28%)
  — Availability (25%)
  — If it is genetically modified (9%)
  — Artificial sweetener content (8%)
  — If it is organic (6%)
  — If it is gluten free (5%)
  — If it is lactose free (5%)
  — Other food sensitivities (4%)
  — Availability at food pantry (4%)
  — Limitations due to dental issues (3%)
  — Health care provider's advice (2%)
  — Other reasons (5%)

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.

- The food environment index in Hancock County is 8.1.

- The food environment index in Ohio is 6.8.

Hancock County had a food index measure of:

8.1
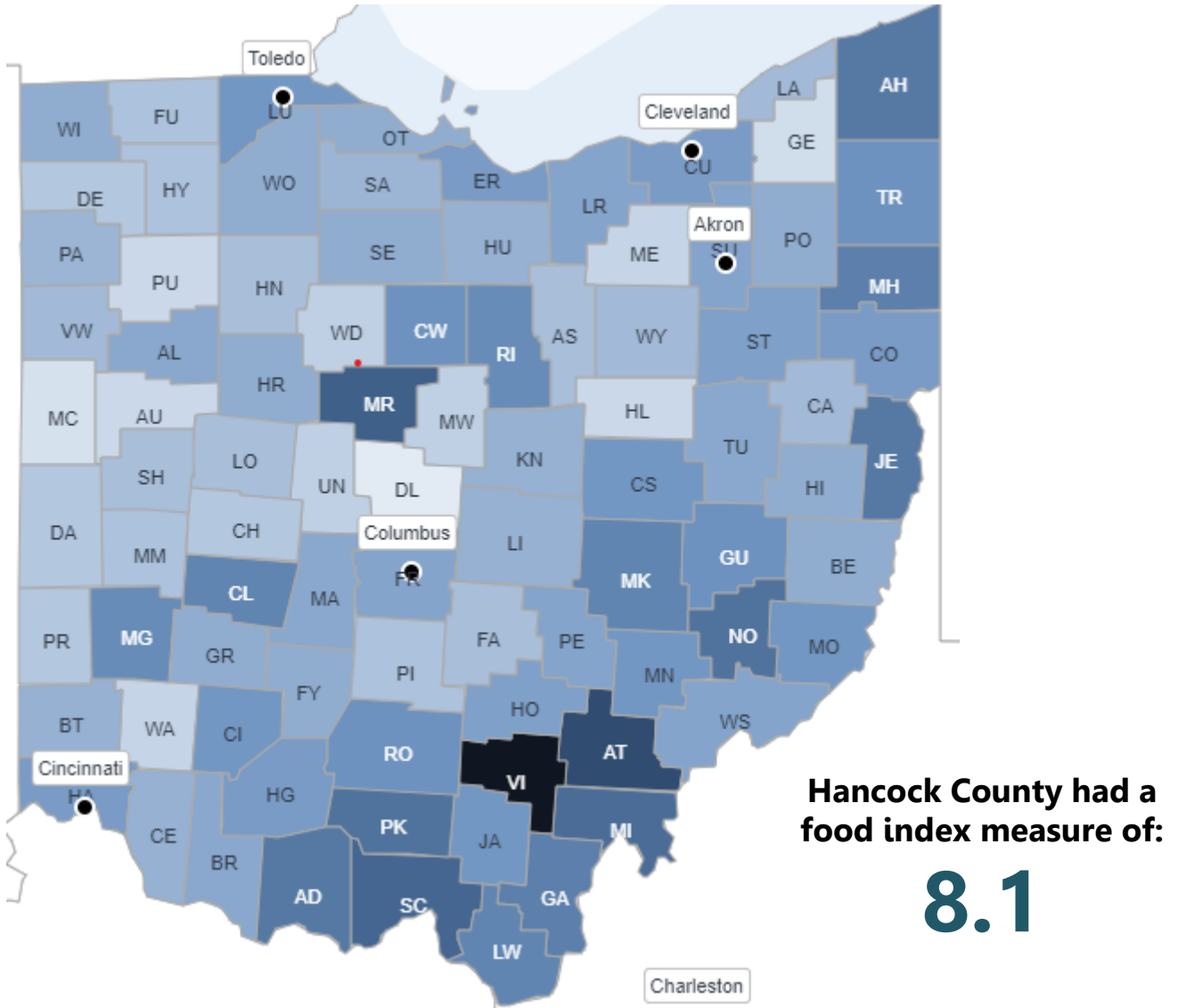
(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2021)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2021, 9% of Hancock County adults were current smokers, and 29% were considered former smokers. One-quarter (25%) of Hancock County adults did not know if e-cigarette vapor was harmful to themselves or others.

9% of Hancock County adults, or 5,216 were current smokers.

Adult Tobacco Use Behaviors

- In 2021, 9% Hancock County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).

- Almost one-third (29%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

- Adults in Hancock County reported they had tried cigarette smoking at the following ages:
  - 8 years old or younger (2%)
  - 9 years old (1%)
  - 10 years old (2%)
  - 11 years old (3%)
  - 12 years old (3%)
  - 13 years old (5%)
  - 14 years old (7%)
  - 15 years old (9%)
  - 16 years old (16%)
  - 17 years old (12%)

- Hancock adults reported being an average of 14.6 years old when smoking their first cigarette.

- Hancock County adult smokers were more likely to have:
  - Incomes less than $25,000 (42%)
  - Were divorced (39%)
  - Rated their overall health as fair/poor (28%)
  - Were between the ages of 30-64 (12%)

- Hancock County adults used the following tobacco products in the past year: cigarettes (17%), cigars (4%), e-cigarettes/electronic vaping products (4%), little cigars (3%), cigarillos (2%), chewing tobacco (2%), and pouch (1%).

- Hancock County smokers reported the following motivations to try to quit or quit smoking: choosing a healthier lifestyle (33%), cost of tobacco products (17%), family pressure (14%), a health issue (11%), cost of health insurance premiums (4%), and other motivations (10%).

- In the past month, 6% of adults reported someone smoked cigarettes, cigars, or pipes inside their home.

- Sixty-three percent (63%) of adults believed that e-cigarette vapor was harmful to themselves. Sixty-four percent (64%) of adults believed that e-cigarette vapor was harmful to others, and 4% did not believe it was harmful to anyone. One-quarter (25%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Current smoker (currently smoke some or	15%	13%	10%	**9%**	19%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	20%	23%	24%	**29%**	24%	25%

Note: Hancock County did not ask tobacco questions in 2013

The following graph shows the percentage of Hancock County adults' smoking behaviors. Examples of how to interpret the information include: 9% of all adults were current smokers, 29% were former smokers, and 62% had never smoked.
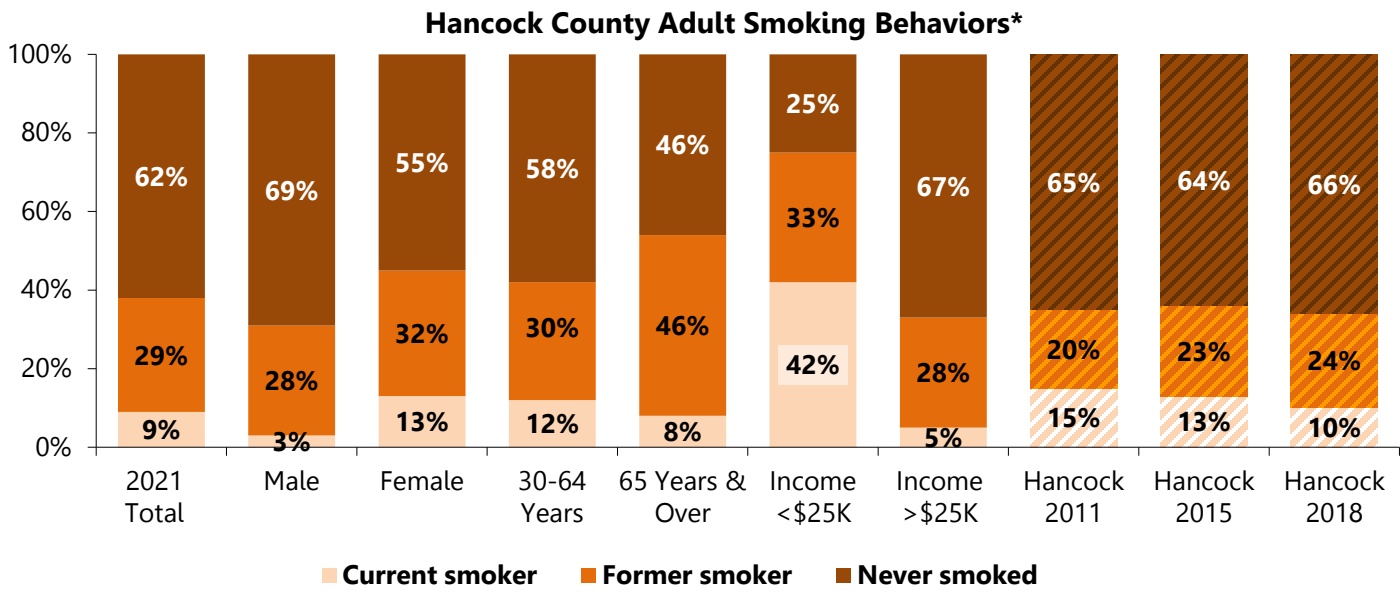
Hancock County Adult Smoking Behaviors*

	2021 Total	Male	Female	30-64 Years	65 Years & Over	Income <$25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
Never smoked	62%	69%	55%	58%	46%	25%	67%	65%	64%	66%
Former smoker	29%	28%	32%	30%	46%	33%	28%	20%	23%	24%
Current smoker	9%	3%	13%	12%	8%	42%	5%	15%	13%	10%

■ **Current smoker** ■ **Former smoker** ■ **Never smoked**

*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life?
If yes, do you now smoke cigarettes every day, some days or not at all?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

- The Hancock County adult cigarette smoking rate was lower than the Ohio rate and U.S. rate.

Healthy People 2030 Objective & Cigarette Smoking Rates

Hancock County 2021	Ohio 2020	U.S. 2020	HP 2030 Target
9%	19%	16%	5%
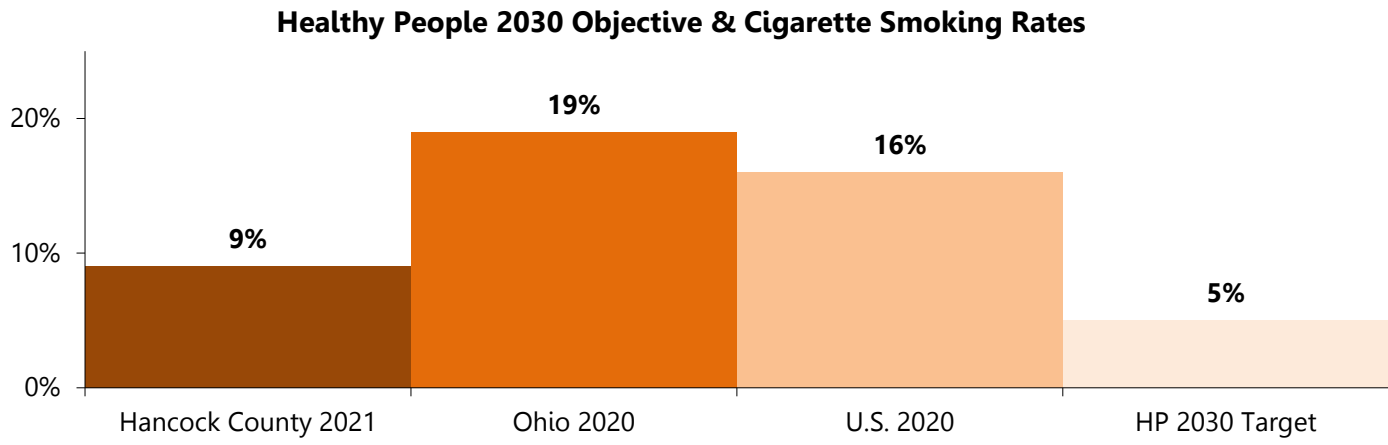
(Source: 2021 Hancock County Health Assessment, 2020 BRFSS and Healthy People 2030)

The following graphs show Hancock County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD), as well as lung and bronchus cancer in comparison with the Healthy People 2030 objective. These graphs show:

- From 2017-to-2019, Hancock County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Ohio and U.S rates, but lower than the Healthy People 2030 target objective.

- Hancock County's age-adjusted mortality rate for lung and bronchus cancer was lower than the Ohio rate, but higher than the U.S. rate and the Healthy People 2030 target objective.

Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)
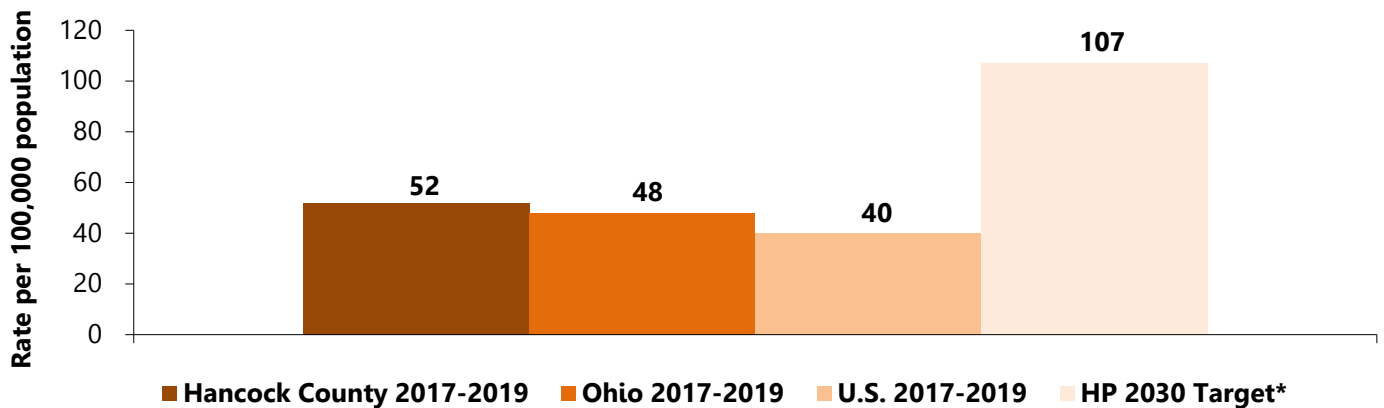
*The Healthy People 2030's target rate and the U.S. rate is for adults ages 45 years and older.
(Source: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, and Healthy People 2030)

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer
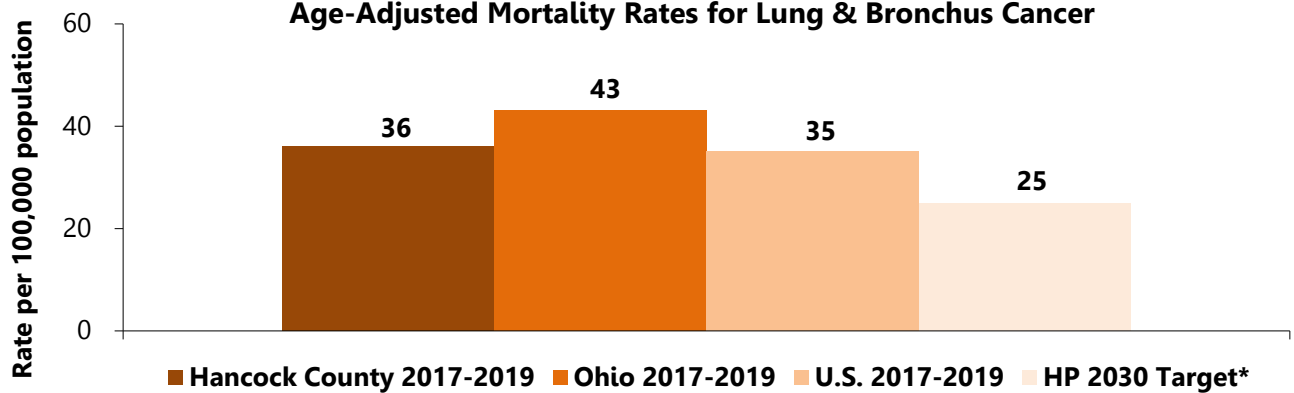
*The Healthy People 2030 target objective only includes the age-adjusted lung cancer death rate
(Source: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, and Healthy People 2030)

The following graph shows the Hancock County age-adjusted mortality rates for lung and bronchus cancer by gender. The graph shows:

- Disparities existed by gender for Hancock County lung and bronchus cancer age-adjusted mortality rates. From 2017-to-2019, the Hancock County male rate was significantly higher than the Hancock County female rate.

Age-Adjusted Mortality Rates by Gender for Lung & Bronchus Cancer
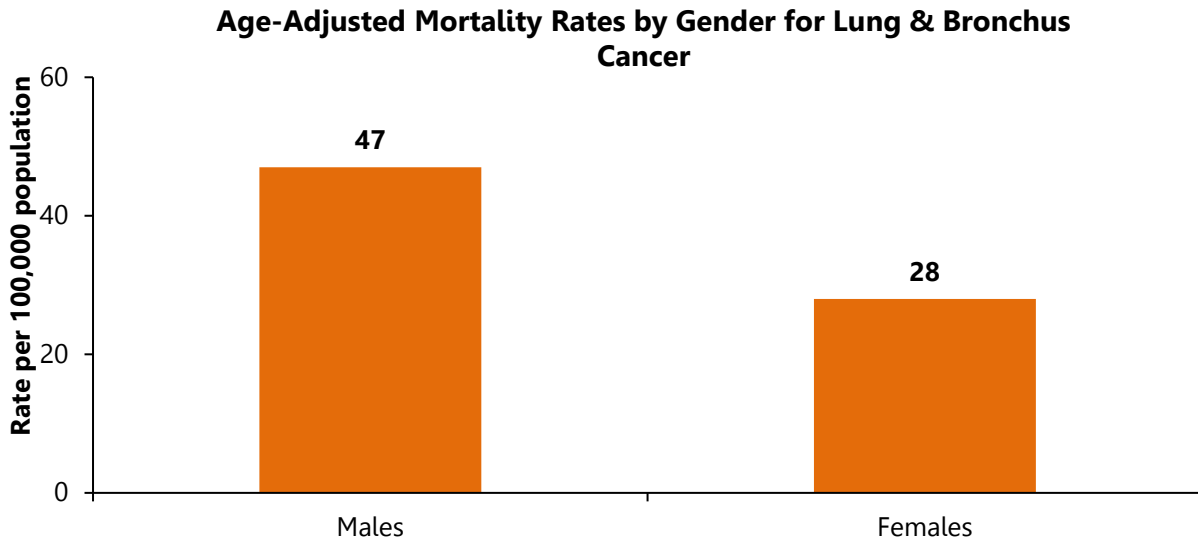
(Source: Ohio Public Health Data Warehouse 2017-2019)

Tobacco and Health Outcomes

Tobacco use and exposure to secondhand smoke contribute to many negative health outcomes across all ages. Over 20,000 Ohioans die as a result of smoking each year.

- **Cigarettes:** smoking and secondhand smoke exposure contribute to leading causes of infant mortality, including low birth weight, preterm delivery, and sudden infant death syndrome. Secondhand smoke exposure at a young age can lead to respiratory and ear infections. Beginning tobacco use early can result in lifelong nicotine addiction and can lead to a multitude of health issues such as heart disease, lung disease, diabetes, reproductive problems, and more.
- **E-cigarettes**: although we do not know as much about the long-term consequences of e-cigarette use, there is evidence that completely substituting cigarettes for combustible cigarettes reduced exposure to many harmful substances and carcinogens. However, current research indicated that e-cigarette use can result in acute health effects such as elevated heart rate and blood pressure, as well as biological changes that could contribute to long-term health problems.

Due to factors such as trauma, discrimination and marketing strategies, some groups of Ohioans are at higher risk of tobacco use and associated harm. The below groups have 30% higher rates of cigarette smoking than Ohio's overall rate:

- Male youth
- 9th grade youth
- Youth who are gay, lesbian or bisexual
- Adults who have experienced two or more adverse childhood experiences
- People with low incomes
- People with disabilities
- People with 14 or more poor mental health days in the past month

(Source: Healthy Policy Institute of Ohio, Health Impacts of Tobacco Use in Ohio, December 3, 2021)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Over three-fifths (61%) of Hancock County adults had at least one alcoholic drink in the past month. One-fifth (20%) of Hancock County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Eight percent (8%) of current drinkers reported driving a vehicle after having perhaps too much to drink.

Adult Alcohol Consumption

- Over three-fifths (61%) of the Hancock County adults had at least one alcoholic drink in the past month, increasing to 67% of those between the ages of 30-64 years old.

- Of those who drank, Hancock County adults drank 2.6 drinks on average.

- Of those who drank, Hancock County adults reported they had tried alcohol for the first time at the following ages:
  - 8 years old or younger (1%)
  - 9 years old (0%)
  - 10 years old (4%)
  - 11 years old (1%)
  - 12 years old (2%)
  - 13 years old (4%)
  - 14 years old (11%)
  - 15 years old (18%)
  - 16 years old (39%)
  - 17 years old (32%)

- Hancock adults reported being an average of 15.3 years old when having their first drink of alcohol.

- One-fifth (20%) of Hancock County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 33% had at least one episode of binge drinking.

20% of Hancock County adults, or 11,591 were considered binge drinkers.

- During the past 30 days, 16% of current drinkers reported drinking alcohol three or more times while on prescription medication.

- In the past month, 8% of current drinkers reported driving a vehicle after having perhaps too much to drink, increasing to 11% of between the ages of 30-64 years old.

- Hancock County adults experienced the following in the past 6 months:
  - Used prescription drugs while drinking (10%)
  - Drank more than they expected (8%)
  - Drove a vehicle or other equipment after having any alcoholic beverage (7%)
  - Had to drink more to get same effect (2%)
  - Spent a lot of time drinking (2%)
  - Continued to drink despite problems caused by drinking (2%)
  - Tried to quit or cut down, but couldn't (2%)
  - Failed to fulfill duties at work, home, or school (1%)

Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Current drinker (had at least one drink of alcohol within the past 30 days)	51%	N/A	60%	60%	**61%**	51%	53%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	15%	23%	19%	23%	**20%**	16%	16%

N/A – Not Available

The following graphs show the percentage of Hancock County adults who consumed alcohol and the amount consumed on average in the past month. Examples of how to interpret the information shown on the first graph include: 37% of all adults did not drink alcohol in the past month, including 35% of males and 38% of females.
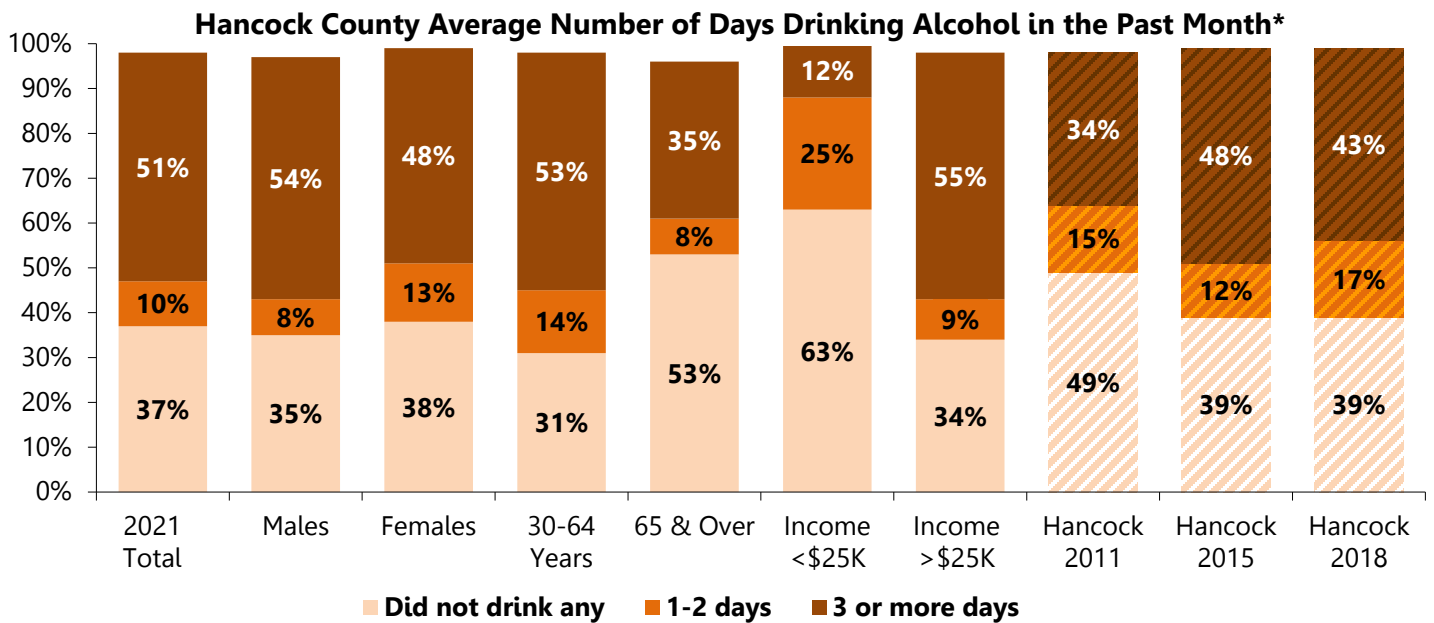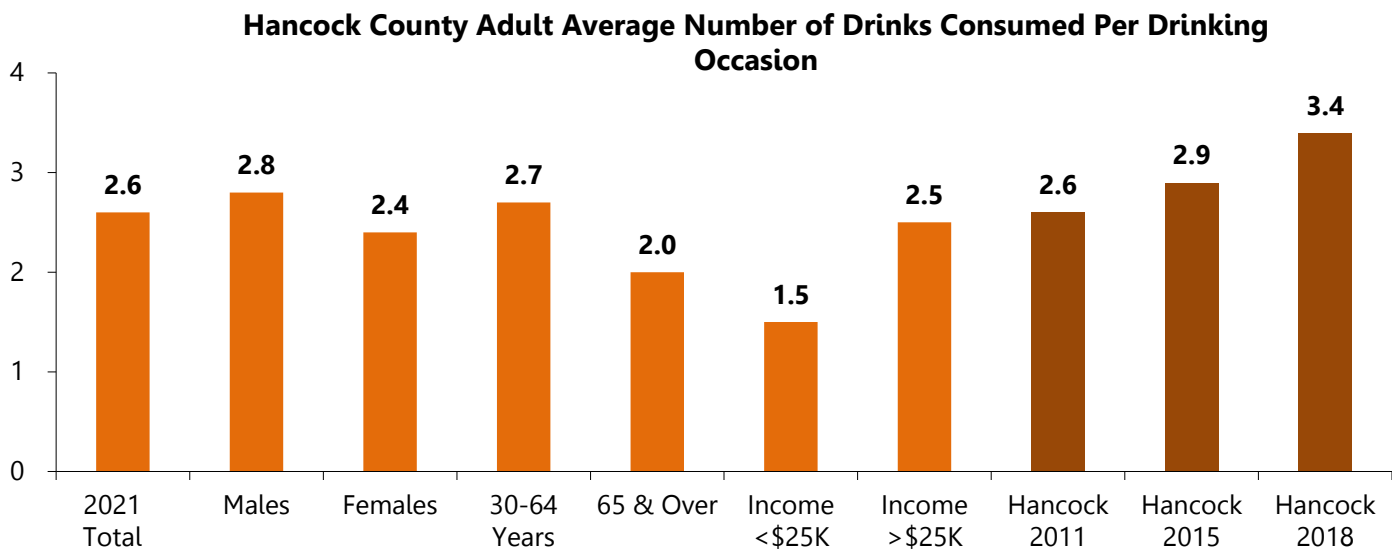
Hancock County Average Number of Days Drinking Alcohol in the Past Month*

Legend: ■ Did not drink any ■ 1-2 days ■ 3 or more days

*Percentages may not equal 100% as some respondents answered, "don't know"

Hancock County Adult Average Number of Drinks Consumed Per Drinking Occasion

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows a comparison of Hancock County binge drinkers with Ohio and U.S. binge drinkers.

- In 2021, Hancock County had a larger percentage of binge drinkers than Ohio and the U.S.

Hancock County Adult Binge Drinkers in the Past Month*
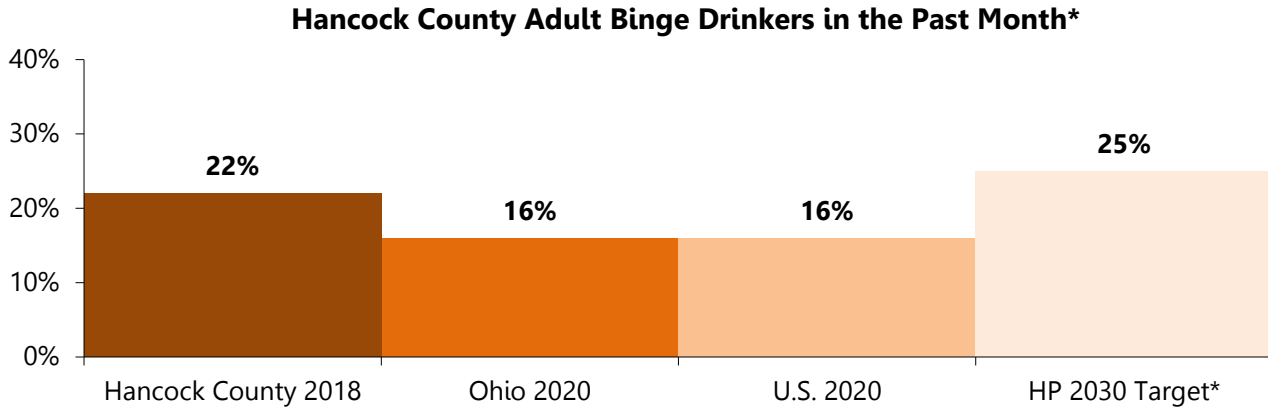
(Source: 2020 BRFSS, Healthy People 2030, 2021 Hancock County Health Assessment)
*Based on all adults aged 21 and over. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.

Disparities and Alcohol Use

Many factors drive trends and disparities in alcohol use, including the COVID-19 pandemic, toxic stress, poor mental health, marketing, and retail density.

— **COVID-19 pandemic:** the pandemic seems to have accelerated alcohol consumption trends that began during the past decade. The sharp increase in the amount of liquor sold in Ohio from 2017 to 2020 indicated that an existing upward trend in alcohol consumption may have been increased by social isolation and stress during the pandemic.
— **Trauma and toxic stress:** repeated exposure to traumatic events creates toxic stress that can cause lasting poor physical and mental health outcomes, including excessive drinking.
— **Poor mental health:** alcohol use disorder and mental health conditions often co-occur. Stress and trauma, along with environmental factors, can lead to the development of mental health conditions. People with mental health conditions can turn to alcohol as a form of self-medication to cope with toxic stress. In Ohio, people who self-reported a high number of days when their mental health was "not good" were 1.2 times more likely to report binge drinking than those who reported fewer days of "not good" mental health in a month.
— **Discrimination:** Lesbian, gay and bisexual youth in Ohio are more likely to binge drink. Discrimination is a primary driver of alcohol use for these youth.
— **Marketing and retail density:** alcohol marketing often targets young adults. A national study found that urban census tracts with higher proportions of poor, Black and Latino residents had greater density of alcohol retailers.

(Source: Health Policy Institute of Ohio, Health Impacts of Excessive Alcohol Use in Ohio, December 3, 2021)

Health Behaviors: Adult Drug Use

Key Findings

In 2021, 11% of Hancock County adults had used recreational marijuana during the past 6 months. Nine percent (9%) of adults has used medical marijuana during the past 6 months.

Adult Drug Use

- Nine percent (9%) of Hancock County adults had used medical marijuana in the past 6 months.

- Eleven percent (11%) of Hancock County adults had used recreational marijuana or hashish in the past 6 months.

> ### 11% of Hancock County adults, or 4,637 used marijuana for recreational purposes in the past six months.

- Adults in Hancock County reported they had tried marijuana for the first time at the following ages:
  - 8 years old or younger (0%)
  - 9 years old (0%)
  - 10 years old (0%)
  - 11 years old (0%)
  - 12 years old (4%)
  - 13 years old (1%)
  - 14 years old (5%)
  - 15 years old (8%)
  - 16 years old (5%)
  - 17 years old (8%)

- Hancock adults reported being an average of 15.4 years old when first trying marijuana.

- Hancock County adults reported they and/or an immediate family member/someone in their household used the following in the past 6 months:
  - Recreational marijuana or hashish (11%)
  - Medical marijuana (9%)
  - Wax, oil with cannabidiol (CBD), edibles (9%)
  - Wax, oil with THC, or edibles (9%)
  - Amphetamines, methamphetamine or speed (2%)
  - Synthetic marijuana/K2 (2%)
  - Cocaine, crack, or coca leaves (1%)
  - Prescription medication (1%)

- Hancock County adults indicated they did the following with their unused prescription medication: took them to the medication collection program (22%); took as prescribed (17%); threw them in the trash (17%); took them in on Drug Take Back Days (11%); kept them (10%); flushed them down the toilet (6%); kept them in a locked cabinet (5%); took them to the sheriff's office (5%); disposed in RedMed Box, Yellow Jug, etc. (4%); used drug deactivation pouches (2%); gave them away (1%); mailed back to pharmacy (1%); and some other destruction method (4%). Thirty-four percent (34%) of adults did not have unused medication.

- As a result of using drugs, adults indicated they or a family member: had legal problems (4%), placed themselves in dangerous situations (2%), regularly failed to fulfill obligations at work or home (2%), failed a drug screen (2%), administered Narcan or nasal Naloxone (1%), and overdosed and required EMS/hospitalization (1%).

- Two percent (2%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (2%), did not want to miss work (2%), and other reasons (1%). Ninety-four percent (94%) of adults indicated such a program was not needed.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Adults who used recreational marijuana (in the past 6 months)	4%	4%	3%	**11%**	N/A	N/A
Adults who misused prescription medication (in the past 6 months)	4%	9%	7%	**1%**	N/A	N/A

N/A- Not Available
Note: Hancock County did not ask drug use questions in 2013

The following graphs indicate Hancock County adult recreational marijuana use and prescription medication misuse in the past 6 months. Examples of how to interpret the information include: 11% of all adults used recreational marijuana in the past 6 months, including 18% of females and 13% of adults with incomes less than $25,000.
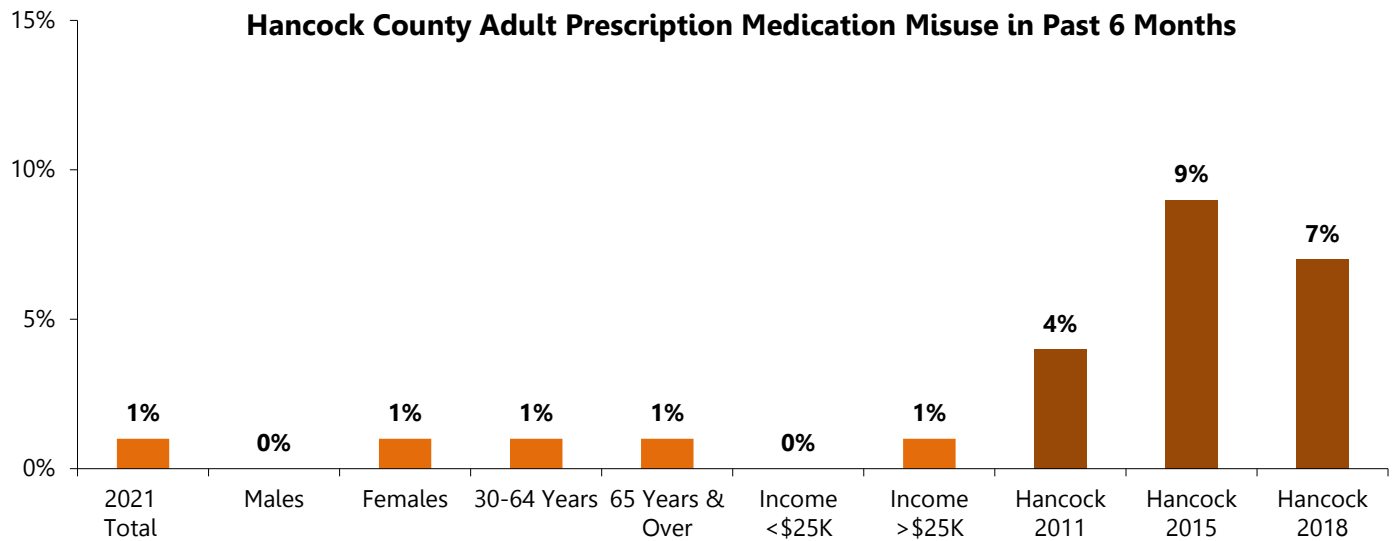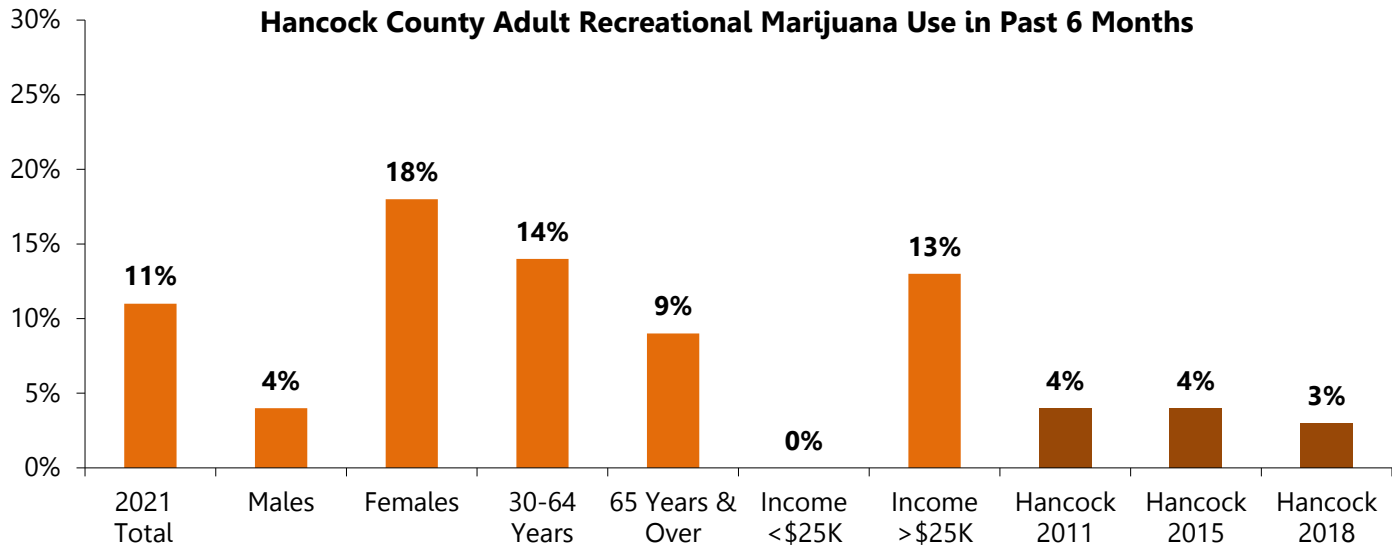
Hancock County Adult Recreational Marijuana Use in Past 6 Months

Hancock County Adult Prescription Medication Misuse in Past 6 Months

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

Hancock County and Ohio Number of Opiate and Pain Reliever Doses Per Patient, 2017-2021

Bar chart showing Doses per Patient (y-axis, 0–300) by year with Hancock County and Ohio bars:

Year	Hancock County	Ohio
2017	222	260
2018	197	237
2019	189	223
2020	189	211
2021	200	213
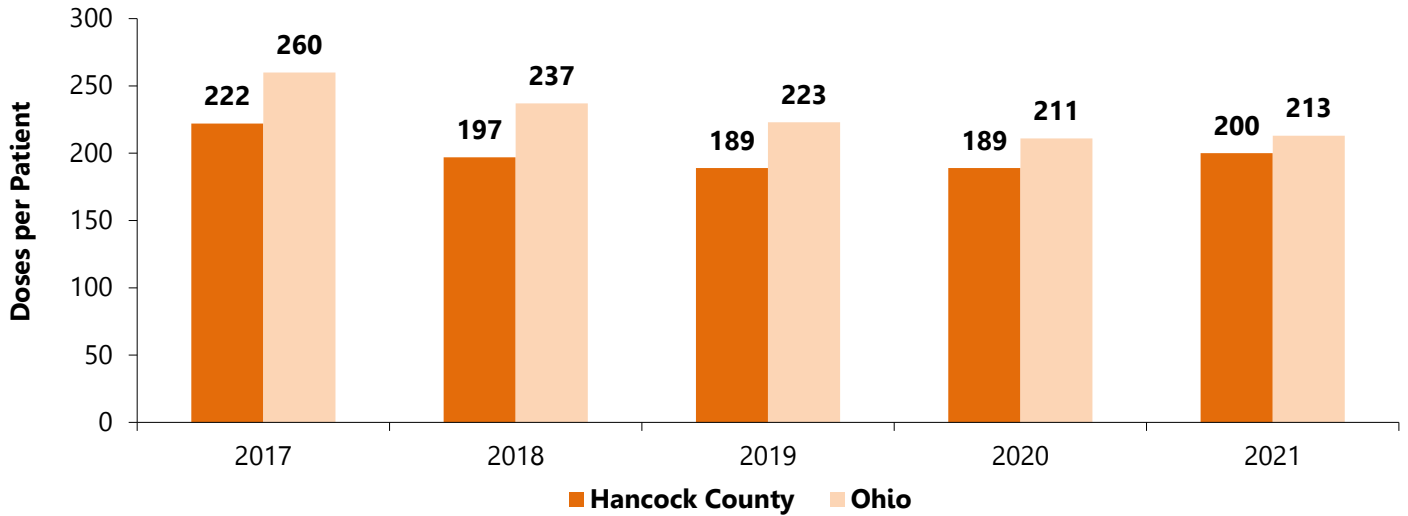
Hancock County and Ohio Number of Opioid Doses Per Patient, Quarterly from 2020-to-2021

Line chart showing Doses per Patient (y-axis, 0–200) by quarter:

Quarter	Hancock County	Ohio
2020 Quarter 1	120.40	132.37
2020 Quarter 2	130.11	138.53
2020 Quarter 3	114.67	125.35
2020 Quarter 4	109.12	118.44
2021 Quarter 1	118.11	127.05
2021 Quarter 2	114.54	121.21
2021 Quarter 3	122.75	123.78
2021 Quarter 4	133.45	137.58
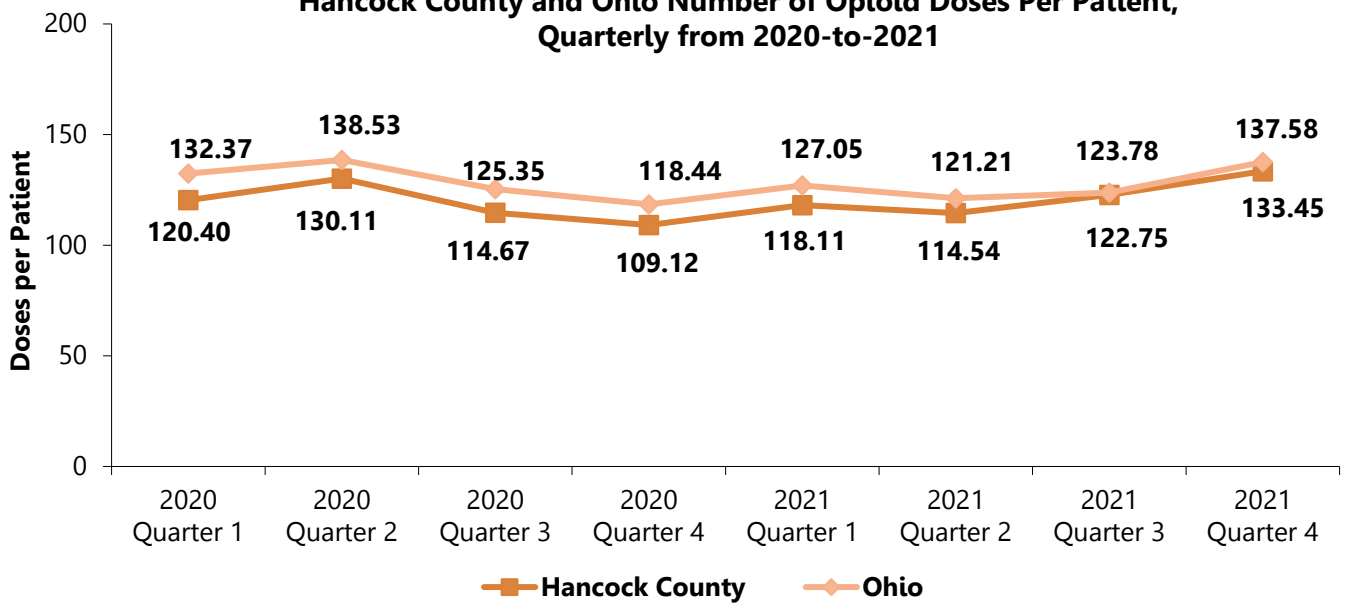
(Source: Ohio's Automated Rx Reporting System, 2017-2021)

The following graphs show the number of prescription opiate-related drug overdose deaths and the number of unintentional drug overdose deaths from 2015-2019 in Hancock County.

**Hancock County Opiate-Related Drug Overdose Deaths, 2015-2019
Total Deaths = 87**

Number of Deaths

Year	Value
2015	11
2016	16
2017	31
2018	19
2019	10
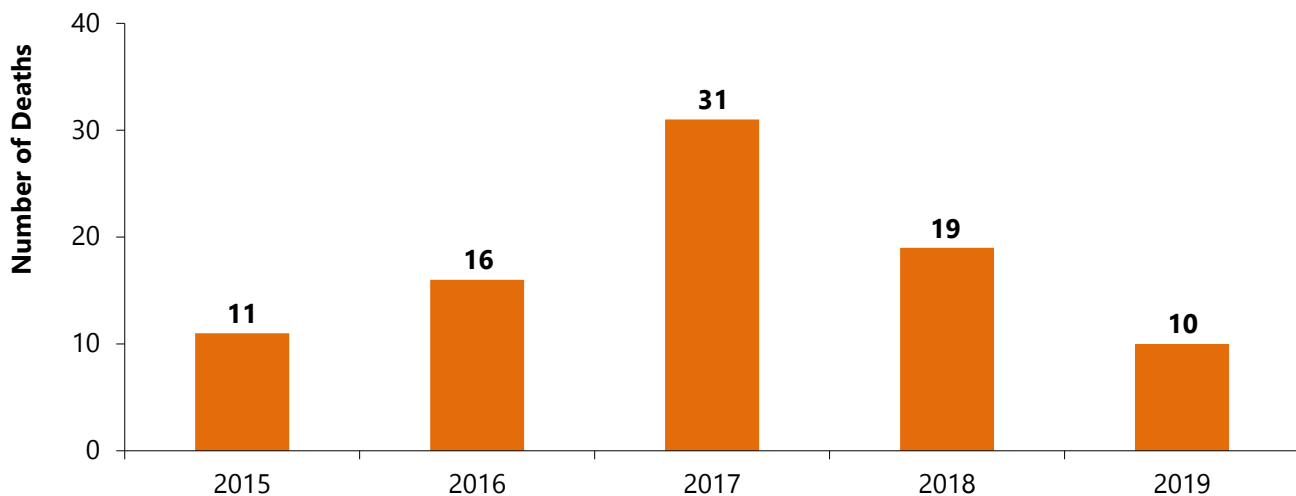
**Hancock County Unintentional Drug Overdose Deaths, 2015-2019
Total Deaths = 102**

Per 100,000 Population

Year	Value
2015	13
2016	19
2017	32
2018	23
2019	15

(Source for graphs: Ohio Public Health Data Warehouse, 2015-2019)

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2015-2020.

Death Rate per 100,000 Population	
	Rate Suppressed*
	6.4 - 20.2
	20.3 - 25.4
	25.5 - 31.0
	31.1 - 38.0
	38.1 - 48.7
	48.8 - 83.4

(Source: Ohio Department of Health, 2020 Ohio Drug Overdose Report)
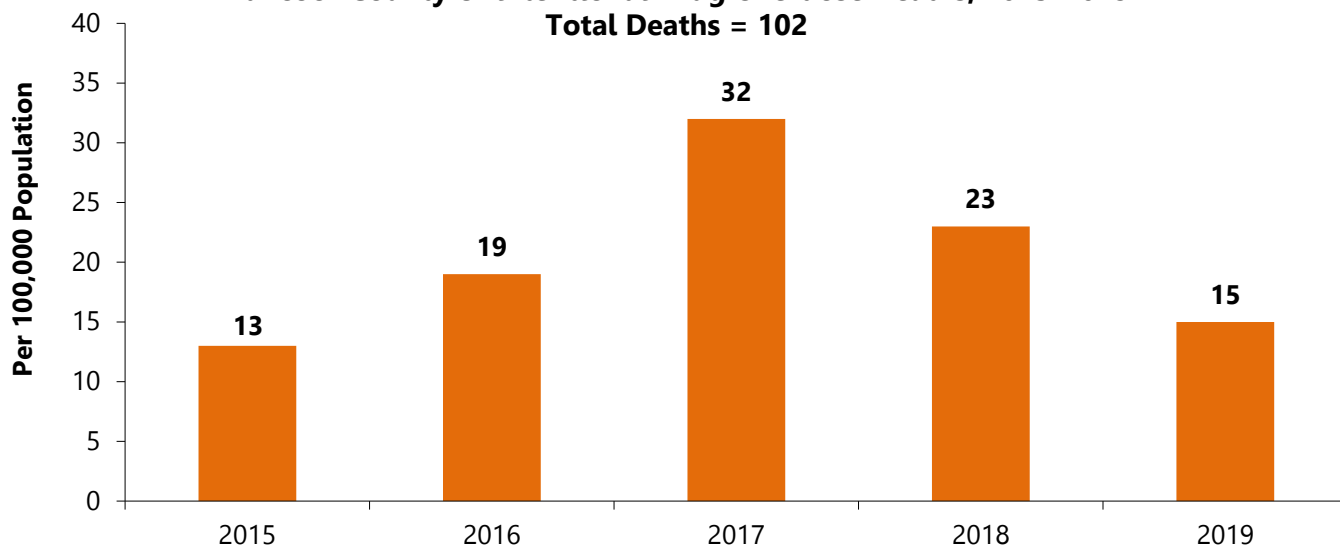
Health Behaviors: Adult Sexual Behavior

Key Findings

Sixty-seven percent (67%) of Hancock County adults had sexual intercourse in the past year. One percent (1%) of adults had more than one partner in the past year.

Adult Sexual Behavior

- Sixty-seven percent (67%) of Hancock County adults had sexual intercourse in the past year.

- One percent (1%) of adults reported they had intercourse with more than one partner in the past year.

- Hancock County adults used the following methods of birth control: abstinence (19%); they or their partner were too old (19%); tubes tied (14%); vasectomy (11%); birth control pill (9%); hysterectomy (9%); condoms (8%); withdrawal (7%); infertility (7%); IUD (3%); rhythm method (3%); ovaries or testicles removed (2%); contraceptive ring (2%); shots (1%); and foam, jelly, film, or cream (1%).

- Four percent (4%) of Hancock County adults did not use any method of birth control.

- The following situations applied to Hancock County adults:
  — Had sex without a condom in the past year (25%)
  — Tested positive for HPV (5%)
  — Had sex with someone they met on social media (4%)
  — Tested positive for Hepatitis C (3%)
  — Treated for an STD in the past year (3%)
  — Had sexual activity with someone of the same gender (3%)
  — Following alcohol/drug use, engaged in sexual activity that they wouldn't have done if sober (3%)
  — Were forced to have sex (2%)
  — Had anal sex without a condom in the past year (2%)
  — Had sex with someone they did not know (1%)
  — Were involved in sex trafficking (1%)
  — Gave or received money or drugs in exchange for sex in the past year (1%)

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Had more than one sexual partner (in the past 12 months)	8%	4%	4%	**1%**	N/A	N/A

N/A – Not Available
Note: Hancock County did not ask sexual behavior questions in 2013

The following graph shows the number of sexual partners Hancock County adults had in the past year. Examples of how to interpret the information in the graph include: 67% of all Hancock County adults had one sexual partner in the past 12 months, 1% had more than one partner and 32% did not have a sexual partner.

Hancock County Number of Sexual Partners in the Past Year*

Category	One	More than one	None
2021 Total	67%	1%	32%
Males	71%	1%	28%
Females	63%	0%	37%
30-64 Years	66%	1%	33%
65 Years & Over	37%	0%	63%
Income <$25K	17%	0%	83%
Income >$25K	73%	1%	26%
Hancock 2011	61%	8%	31%
Hancock 2015	62%	4%	34%
Hancock 2018	63%	4%	33%

■ One ■ More than one ■ None
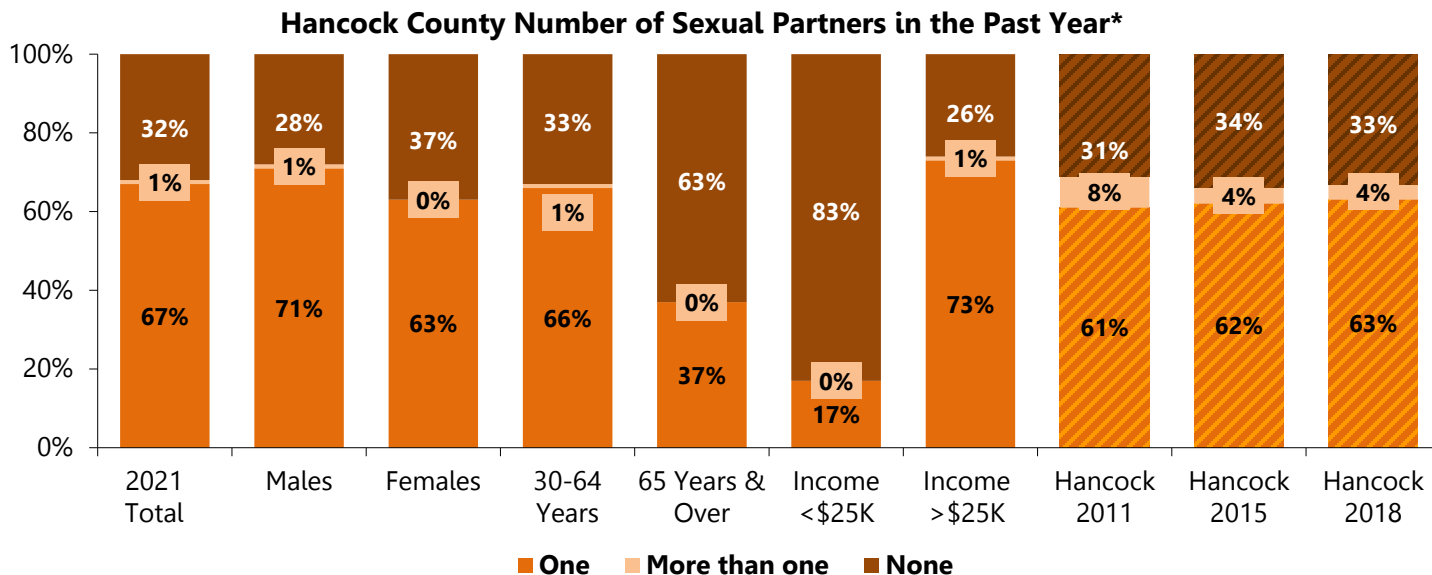
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Preventing Sexual Violence

STOP SV

Promote Social Norms that Protect Against Violence
- Bystander approaches
- Mobilizing men and boys as allies

Teach Skills to Prevent Sexual Violence
- Social-emotional learning
- Teaching healthy, safe dating and intimate relationship skills to teens
- Promoting healthy sexuality
- Empowerment-based training

Provide Opportunities to Empower and Support Girls and Women
- Strengthening economic supports for women and families
- Strengthening leadership and opportunities for girls

Create Protective Environments
- Improving safety and monitoring in schools
- Establishing and consistently applying workplace policies
- Addressing community-level risks through environmental approaches

Support Victims/Survivors to Lessen Harms
- Victim-centered services
- Treatment for victims of SV
- Treatment for at-risk children and families to prevent problem behavior including sex offending

(Source: CDC, Preventing Sexual Violence, last updated March 8, 2022)

The following graphs show Hancock County chlamydia disease rates per 100,000 population and the number of chlamydia cases. The graphs show:

- Hancock County chlamydia rates slightly increased from 2016-to-2020.

- The number of chlamydia cases in Hancock County increased overall from 2016-to-2020.

Chlamydia Annualized Disease Rates for Hancock County and Ohio

Rate per 100,000 Population

Year	Hancock County	Ohio
2016	263.6	521.8
2017	262.7	526.8
2018	322.7	543.1
2019	333.8	561.3
2020	275.8	504.8

✳ Hancock County ◆ Ohio

Annualized Count of Chlamydia Cases for Hancock County

Number of cases reported

Year	Cases
2016	200
2017	199
2018	245
2019	253
2020	209
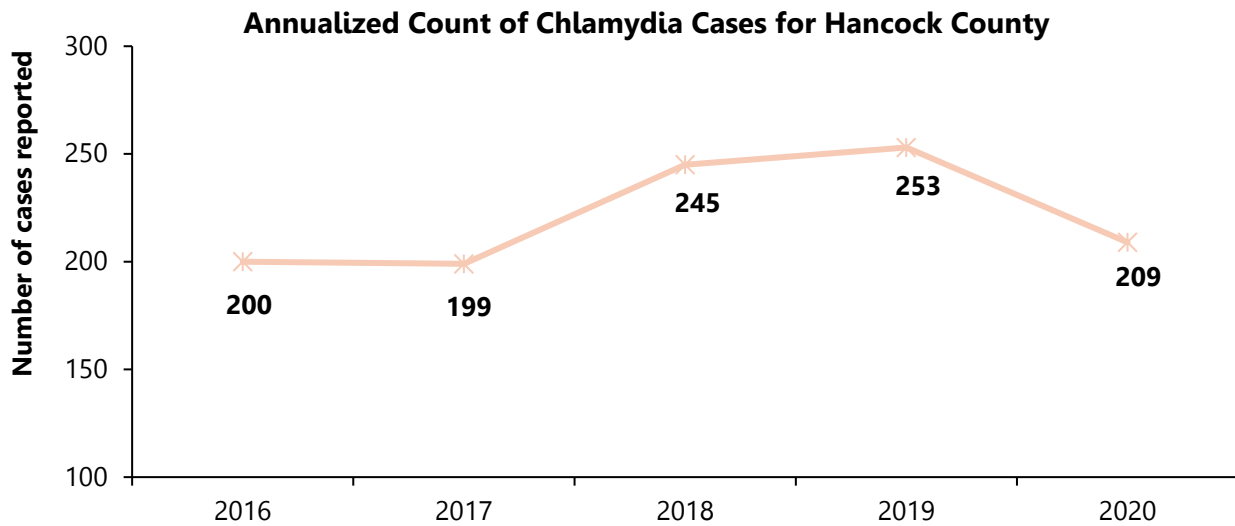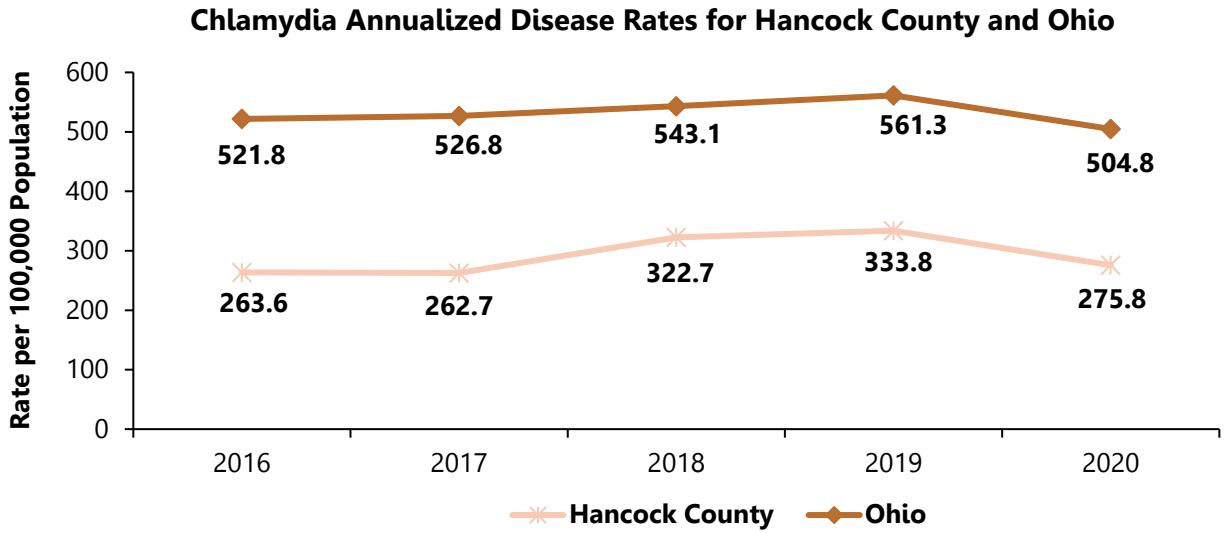
(Source for graphs: ODH, STD Surveillance, data reported through 12/9/2021)

The following graphs show Hancock County gonorrhea disease rates per 100,000 population and the number of gonorrhea cases. The graphs show:

- The Hancock County gonorrhea rate increased from 2016-to-2020.

- The number of gonorrhea cases in Hancock County increased significantly in 2019.

Gonorrhea Annualized Disease Rates for Hancock County and Ohio
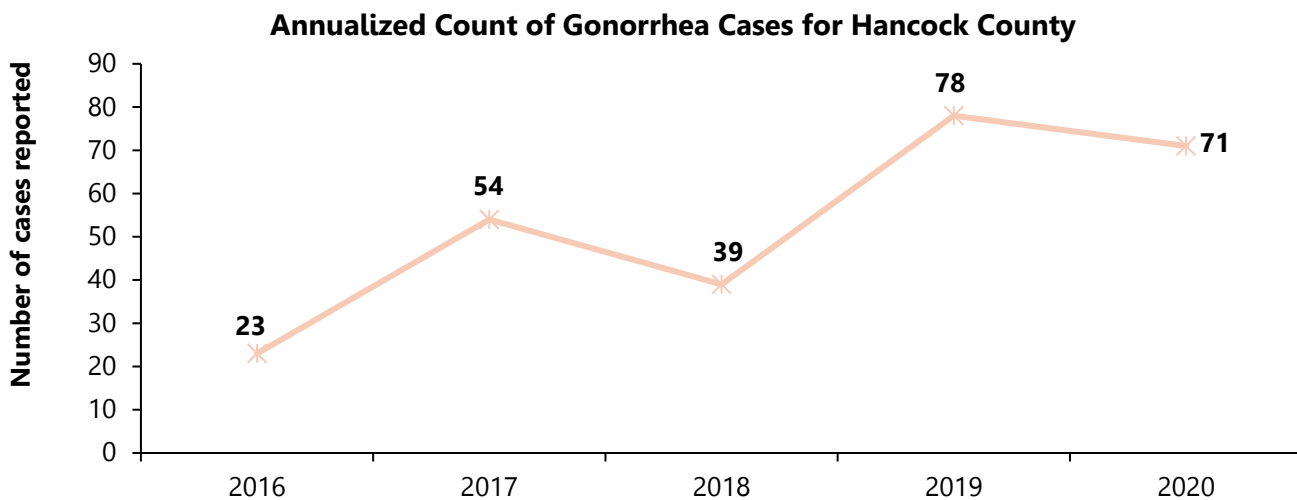
Rate per 100,000 population

	2016	2017	2018	2019	2020
Ohio	176.8	205.7	216.2	223.8	262.6
Hancock County	30.3	71.3	51.4	102.9	93.7

✳ Hancock County   ◆ Ohio

Annualized Count of Gonorrhea Cases for Hancock County

Number of cases reported

	2016	2017	2018	2019	2020
Cases	23	54	39	78	71
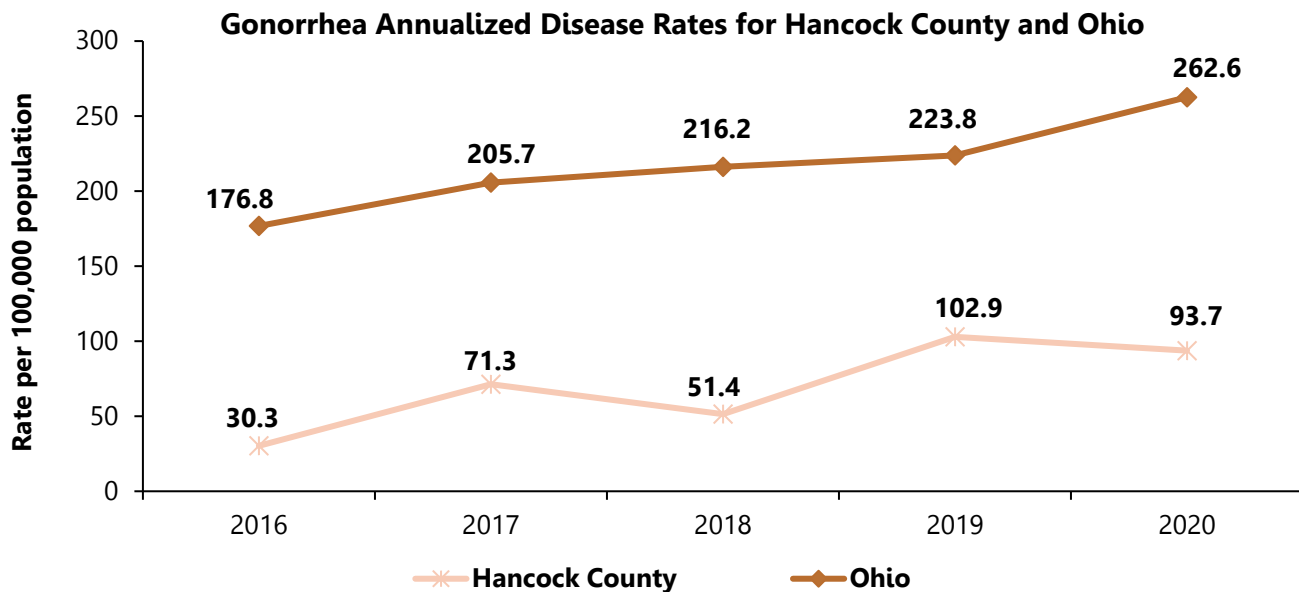
(Source for graphs: ODH, STD Surveillance, data reported through 12/9/21)

Health Behaviors: Adult Mental Health

Key Findings

Two percent (2%) of Hancock County adults considered attempting suicide. Nearly one-third (29%) of adults reported always getting the social and emotional support they needed.

Adult Mental Health

- In the past year, seventy percent (70%) of Hancock County adults felt worried, tense or anxious.

- Two percent (2%) of adults considered attempting suicide in the past year, conversely (13%) considered attempting suicide in their lifetime.

- One percent (1%) of adults reported attempting suicide in the past year, conversely (7%) attempted suicide in their lifetime.

- In the past year, Hancock County adults experienced the following: felt hopeless (52%), were depressed (50%), were grieving (46%), were treated for a mental health issue (42%), and were diagnosed with a mental health issue (25%).

- Nearly one-third (29%) of adults reported always getting the social and emotional support they needed.

- Six percent (6%) of adults reported never getting the social and emotional support they needed, increasing to 11% of those over the age of 65.

- Hancock County adults received the social and emotional support they needed from the following: family (62%), friends (59%), God/prayer (33%), church (28%), community (10%), neighbors (9%), a professional (7%), Internet (7%), self-help group (1%), online support group (1%), and other (4%). Four percent (4%) of adults reported they did not get the social and emotional support they needed, and 21% reported they did not need support/could handle it themselves.

- Hancock County adults indicated the following caused them anxiety, stress or depression:
  - Job stress (33%)
  - Death of close family member or friend (32%)
  - Current news/political environment (31%)
  - COVID-19 (29%)
  - Financial stress (27%)
  - Raising/caring for children (23%)
  - Marital/dating relationship (22%)
  - Sick family member (16%)
  - Fighting at home (12%)
  - Poverty/no money (10%)
  - Social media (10%)
  - Caring for a parent (9%)
  - Unemployment (7%)
  - Family member with mental illness (5%)
  - Divorce/separation (5%)
  - Not feeling safe in the community (3%)
  - Not having enough to eat (1%)
  - Not having a place to live (1%)
  - Other stress at home (13%)
  - Other causes (9%)

National Suicide Statistics

- 45,979 people in the U.S. died from suicide, and 1.2 million people attempted suicide in 2020.

- Suicide is the 12th ranking cause of death in the U.S.

- On average, there are 130 suicides per day.

- The rate of suicide is highest in middle-aged white men

- In 2020, firearms accounted for 52.83% of all suicide deaths

(Source: American Foundation for Suicide Prevention, Suicide Statistics, 2020)

| Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Considered attempting suicide (in the past 12 months)	3%	N/A	4%	5%	**2%**	N/A	N/A
Attempted suicide (in the past 12 months)	<1%	1%	1%	0%	**1%**	N/A	N/A

N/A – Not Available

The graphs below show Hancock County suicide counts by age group and year. The graphs show:

- From 2015-to-2019, 39% of all Hancock County suicide deaths occurred in those ages 25-44, and 22% of all Hancock County suicide deaths occurred in those ages 65+ years old.

- The number of suicide deaths (14) was highest in Hancock County in 2019.

Hancock County Number of Suicide Deaths By Age Group, 2015-2019
Total Deaths =51
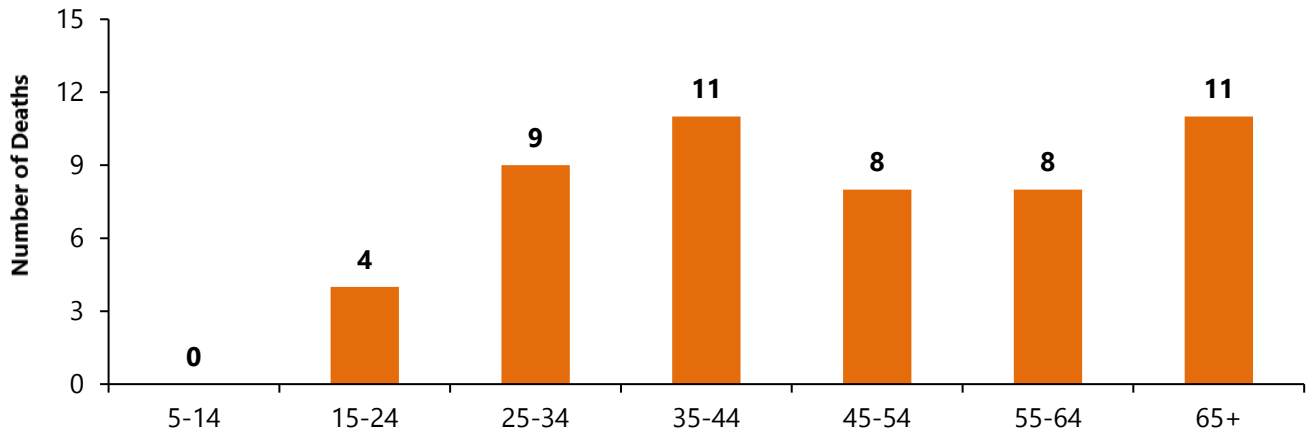
Hancock County Number of Suicide Deaths By Year, 2015-2019
Total Deaths= 51
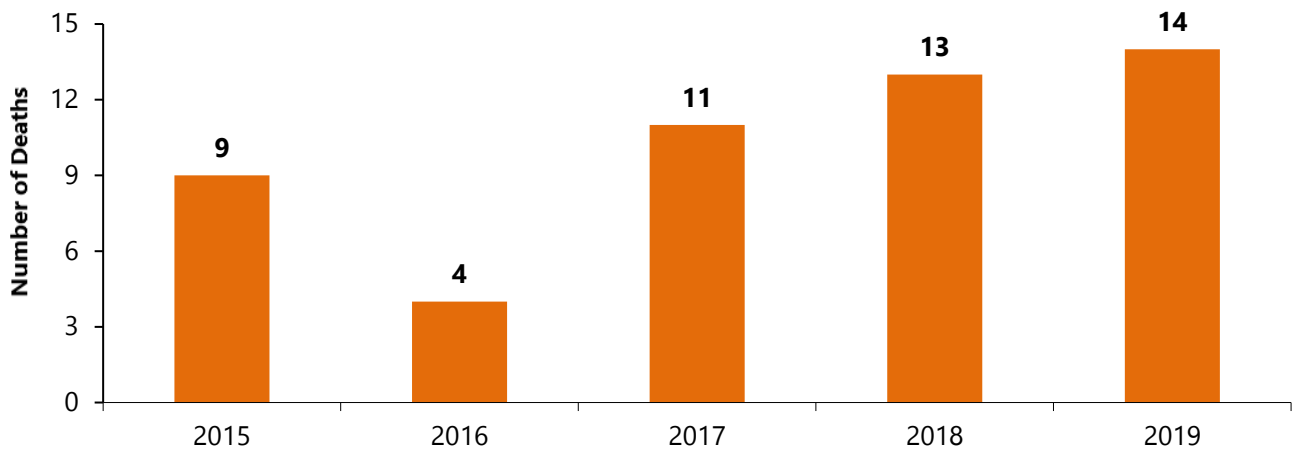
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, Updated 1/20/2022)

Chronic Disease: Cardiovascular Health

Key Findings

Five percent (5%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Thirty-four percent (34%) were obese, 38% had high blood cholesterol, 35% had high blood pressure, and 9% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2021, 5% of Hancock County adults reported they had survived a <u>heart attack or myocardial infarction</u>, increasing to 12% of those over the age of 65.

- Two percent (2%) of Hancock County adults reported they had survived a <u>stroke</u>, increasing to 6% of those over the age of 65.

- Six percent (6%) of adults reported a doctor, nurse, or other health professional diagnosed them with <u>angina or coronary heart disease</u>, increasing to 14% of those over the age of 65.

- Two percent (2%) of adults reported a doctor, nurse, or other health professional diagnosed them with <u>congestive heart failure</u>, increasing to 3% of those between the ages of 30-64.

35% of Hancock County adults, or 20,285 were diagnosed with high blood pressure.

High Blood Pressure (Hypertension)

- Thirty-five percent (35%) of adults had been diagnosed with high blood pressure.

- Six percent (6%) of adults were told they were pre-hypertensive/borderline high. Two percent (2%) of adults were told they had high blood pressure only during pregnancy.

- Ninety-four percent (94%) of adults had their blood pressure checked within the past year.

- Hancock County adults diagnosed with high blood pressure were more likely to have:
  — Rated their overall health as fair (69%)
  — Been age 65 years or older (68%)
  — Incomes less than $25,000 (62%)
  — Been classified as severely obese (35.0-39.9) by Body Mass Index-BMI (53%)

High Blood Cholesterol

- Nearly two-fifths (38%) of adults had been diagnosed with high blood cholesterol.

- Ninety-two percent (92%) of adults had their blood cholesterol checked within the past 5 years.

- Hancock County adults with high blood cholesterol were more likely to have:
  — Rated their overall health as fair (60%)
  — Income less than $25,000 (58%)
  — Been classified as morbidly obese (40.0+) by Body Mass Index-BMI (58%)
  — Been ages 65 years or older (52%)

The following graph demonstrates the percentage of Hancock County adults who had major risk factors for developing cardiovascular disease (CVD).
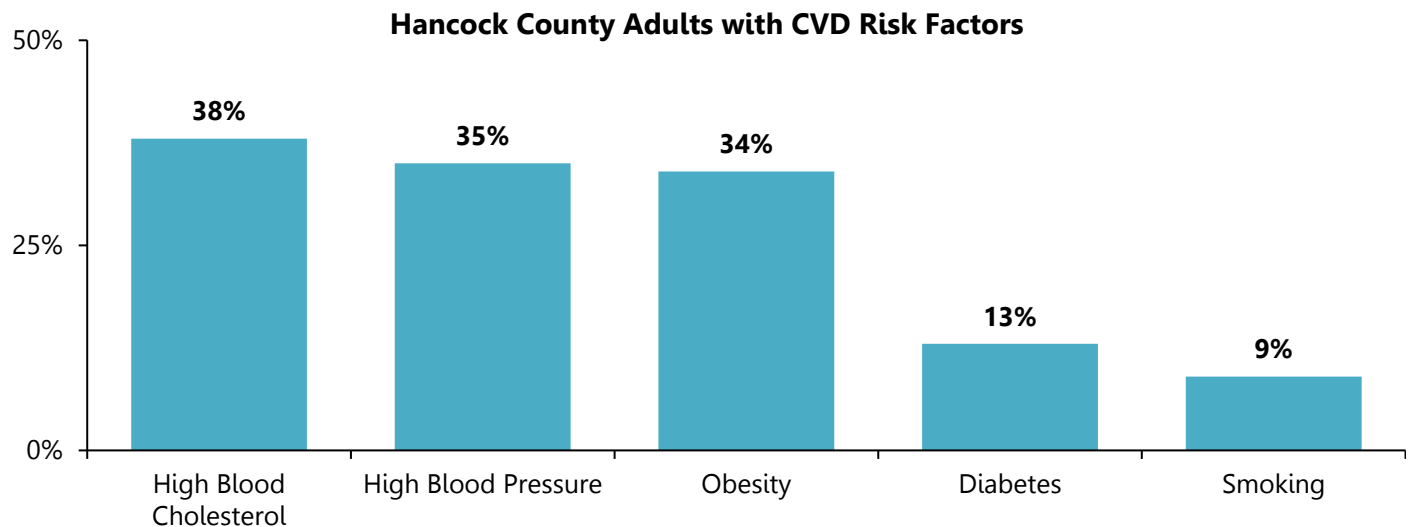
Hancock County Adults with CVD Risk Factors

(Source: 2021 Hancock County Health Assessment)

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Ever diagnosed with angina or coronary heart disease	N/A	4%	3%	**6%**	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	4%	4%	3%	**5%**	5%	4%
Ever diagnosed with a stroke	3%	2%	4%	**2%**	4%	3%
Had been told they had high blood pressure	24%	29%	34%	**35%**	35%*	33%*
Had been told their blood cholesterol was high	36%	33%	39%	**38%**	33%*	33%*
Had their blood cholesterol checked within the past 5 years	74%	76%	81%	**92%**	85%*	87%*

N/A- Not Available
*2019 BRFSS Data
Note: Hancock County did not ask chronic disease questions in 2013

The following graphs show the percentages of Hancock County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 35% of all Hancock County adults had been diagnosed with high blood pressure, including 40% of all males and 68% of those 65 years and older.

Diagnosed with High Blood Pressure*

2021 Total	Males	Females	30-64 Years	65 Years & Over	Income <$25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
35%	40%	31%	38%	68%	62%	29%	24%	29%	34%
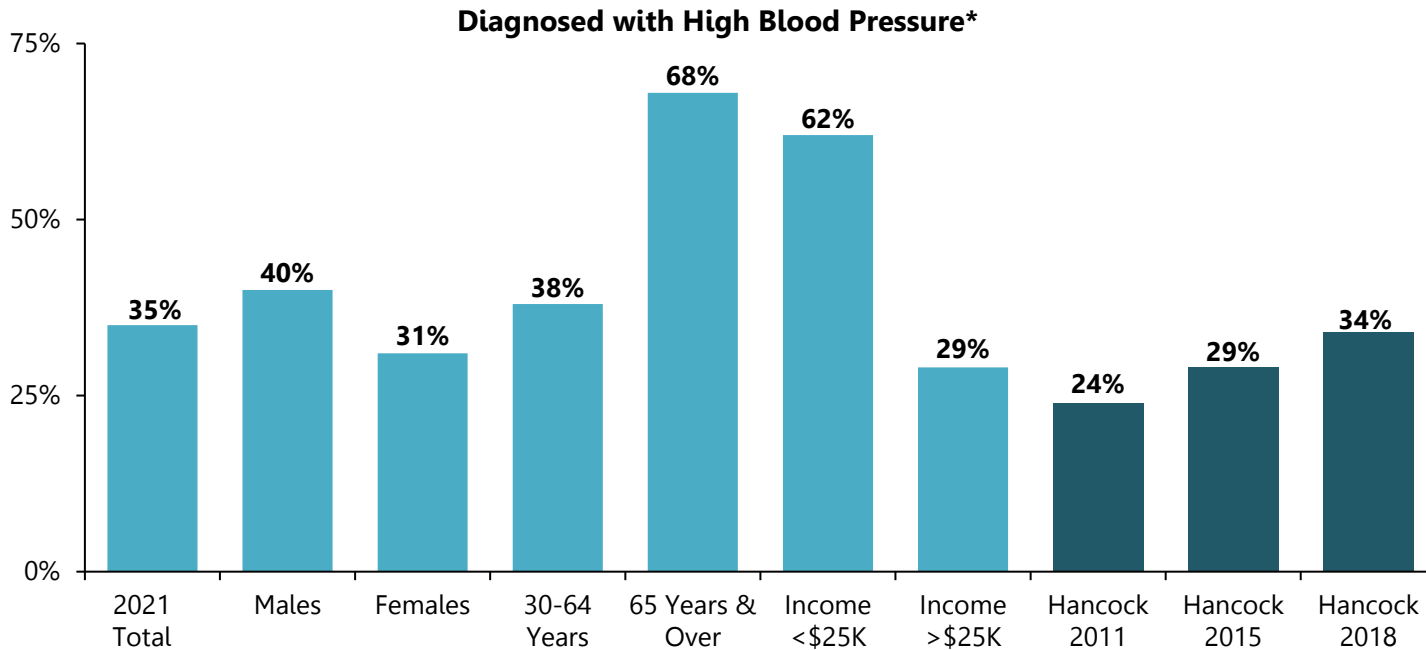
*Does not include respondents who indicated high blood pressure during pregnancy only.
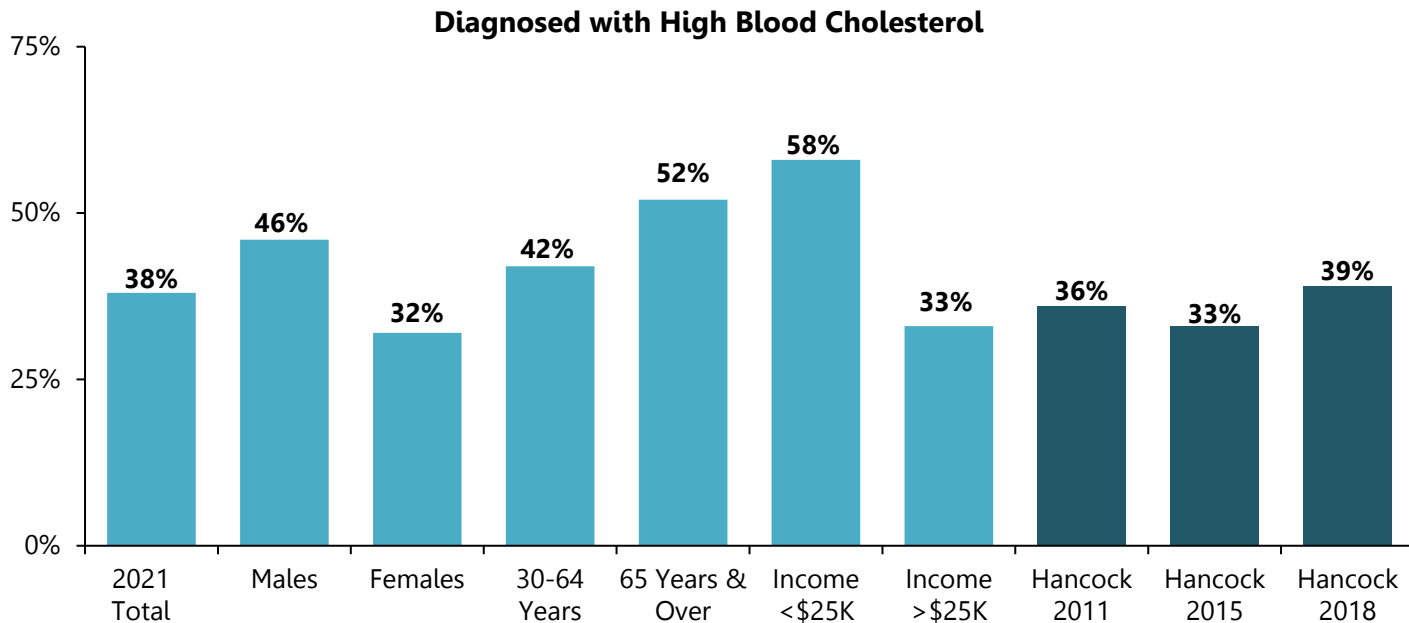
Diagnosed with High Blood Cholesterol

2021 Total	Males	Females	30-64 Years	65 Years & Over	Income <$25K	Income >$25K	Hancock 2011	Hancock 2015	Hancock 2018
38%	46%	32%	42%	52%	58%	33%	36%	33%	39%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- The age-adjusted heart disease mortality rate for Hancock County adults was lower than the Ohio rate, but higher than the U.S. rate and the Healthy People 2030 target objective.

- The Hancock County age-adjusted stroke mortality rate from 2017-to-2019 was higher than the U.S. rate and the Healthy People 2030 target objective, but was lower than the Ohio rate.

- From 2011-to-2019, the overall Hancock County male age-adjusted heart disease mortality rates were significantly higher than the female rates.

Age-Adjusted Heart Disease and Stroke Mortality Rates
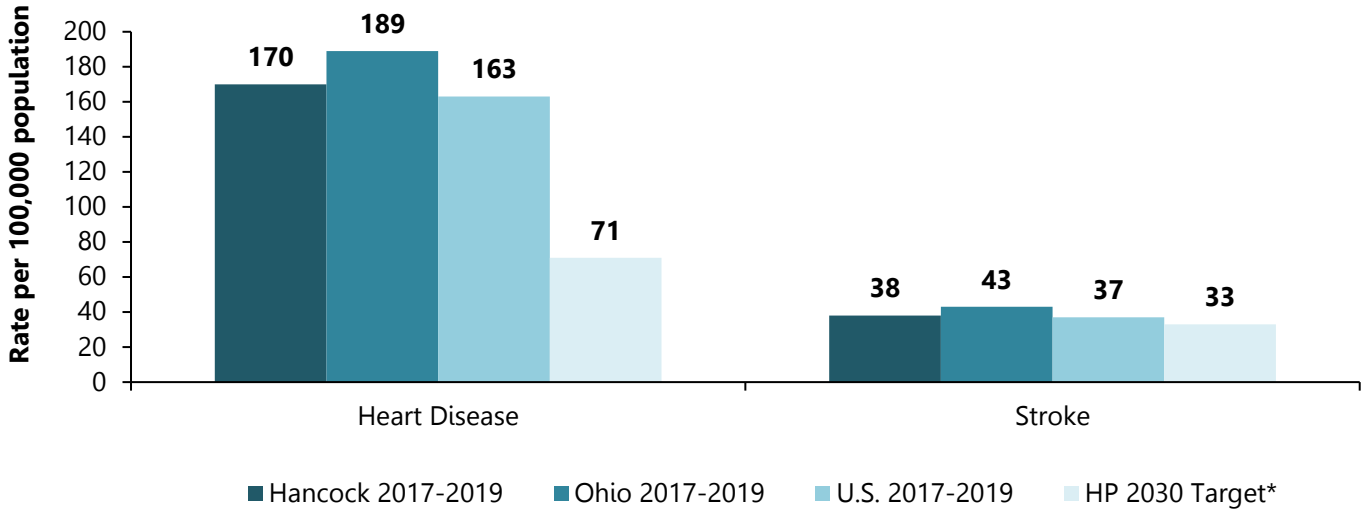
Note: The Healthy People 2030 Target objective for coronary heart disease is reported for heart attack mortality.
(Source: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, and Healthy People 2030)

Hancock County Age-Adjusted Heart Disease Mortality Rates by Gender
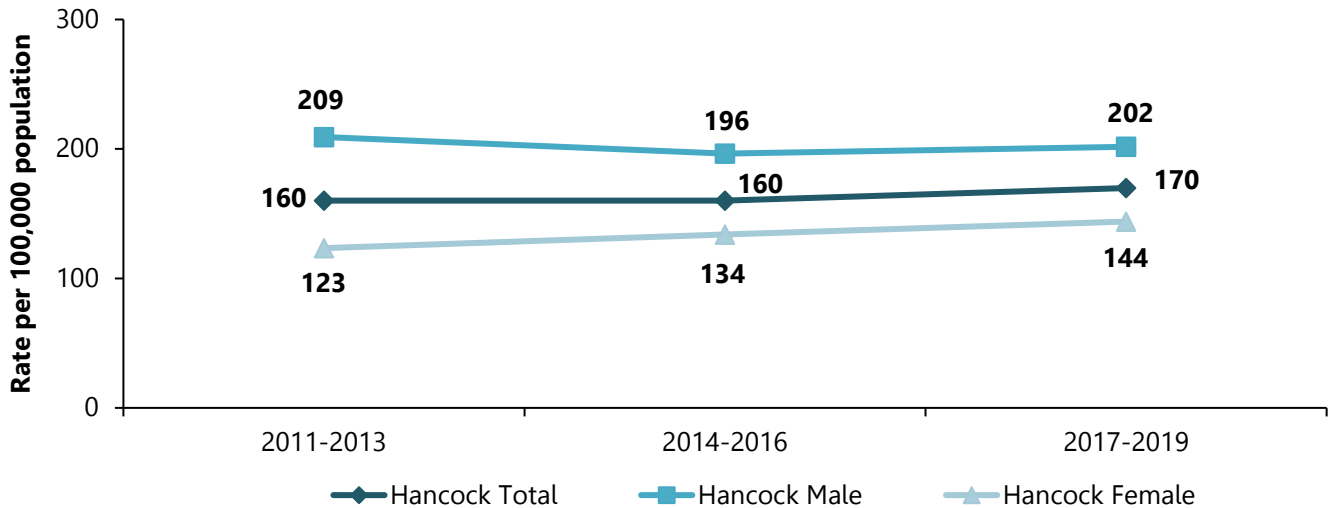
Source: Ohio Public Health Data Warehouse, 2011-2019)

The following graph shows the age-adjusted mortality rates per 100,000 population for stroke by gender.

- From 2011-to-2019, the Hancock County stroke mortality rate decreased between males and females.

Age-Adjusted Stroke Mortality Rates by Gender
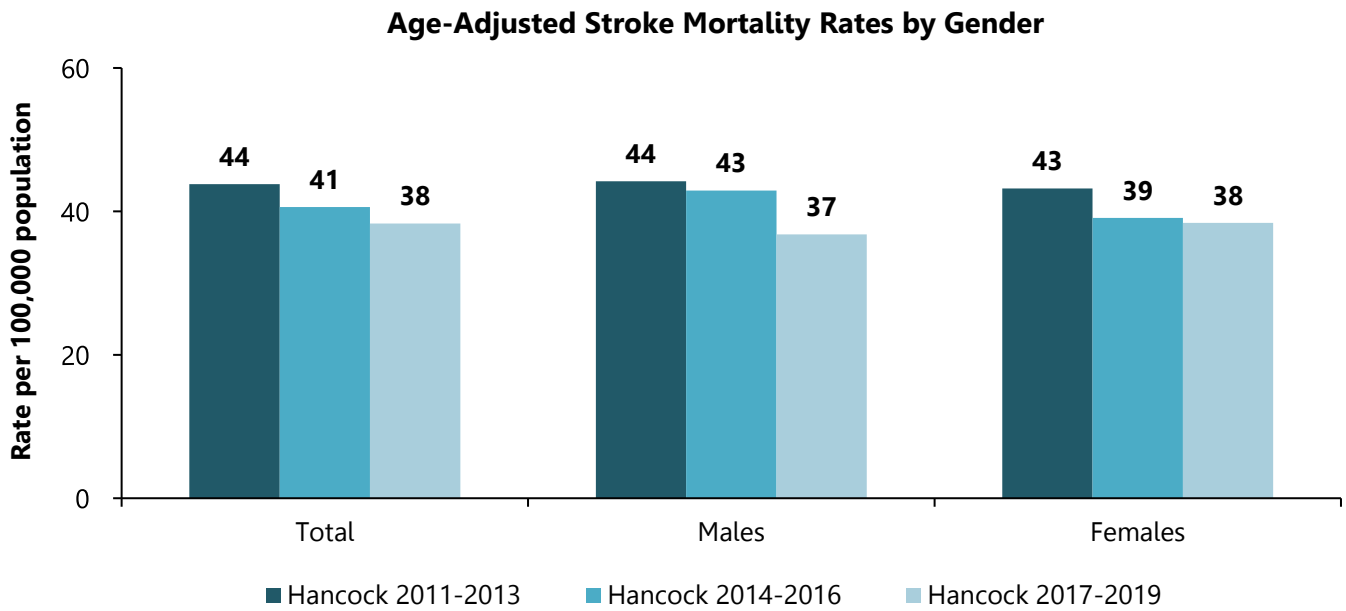
(Source: Ohio Public Health Data Warehouse, 2011-2019)

Healthy People 2030 Objectives
Heart Disease and Stroke

Objective	Hancock Survey Population Baseline	2019 Ohio Baseline	2019 U.S. Baseline*	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with hypertension	35% (2021)	35%	33% Adults ages 18 and up	28%

(Source: Healthy People 2030, 2019 BRFSS, 2021 Hancock County Health Assessment)

Chronic Disease: Cancer

Key Findings

Nineteen percent (19%) of Hancock County adults had been diagnosed with cancer at some time in their life.

Adult Cancer

- Nineteen percent (19%) Hancock County adults were diagnosed with cancer at some point in their lives, increasing to 39% of those over the age of 65.

- Of those diagnosed with cancer, they reported the following types: breast (31%), other skin cancer (26%), bladder (14%), cervical (13%), prostate (11%), testicular (5%), endometrial (3%), colon (3%), and other types of cancer (9%). Three percent (3%) of adults were diagnosed with multiple types of cancer.

Cancer Facts

- The Ohio Department of Health (ODH) indicates that from 2017-2019, cancers caused 20% (494 of 2,413 total deaths) of all Hancock County resident deaths. The largest percent (22%) of 2017-2019 cancer deaths were from lung and bronchial cancer *(Source: Ohio Public Health Data Warehouse, 2017-2019).*

19% of Hancock County adults, or 11,012 had been diagnosed with cancer at some time in their life.

- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. *(Source: American Cancer Society, Facts & Figures 2021).*

- The American Cancer Society states that about 609,360 Americans are expected to die of cancer in 2022. Cancer is the second leading cause of death in the U.S. exceeded only by heart disease. *(Source: American Cancer Society, Facts & Figures 2022).*

Lung Cancer

- In Hancock County, 3% of male adults and 13% of female adults were current smokers.

- The Ohio Department of Heath reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=65) and female cancer deaths (n=46) from 2017-2019 in Hancock County. *(Source: Ohio Public Health Data Warehouse, 2017-2019).*

- According to the American Cancer Society, smoking causes approximately 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers *(American Cancer Society, Facts & Figures 2021).*

Breast Cancer

- In 2021, 63% of Hancock County females reported having had a clinical breast examination in the past year.

- More than half (54%) of Hancock County females over the age of 40 had a mammogram in the past year.

- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% *(Source: American Cancer Society, Facts & Figures 2021).*

- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40-to-44 years of age have the option to begin annual mammography, those 45-to-54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2021).*

Prostate Cancer

- Almost one-third (31%) of Hancock County males had a prostate-specific antigen (PSA) test at some time in their life, and 19% had one in the past year.

- Thirty-five percent (35%) of men had a digital rectal exam in their lifetime, and 9% had one in the past year.

- The ODH statistics indicate that prostate cancer deaths accounted for 10% of all male cancer deaths from 2017-2019 in Hancock County *(Source: Ohio Public Health Data Warehouse, 2017-2019).*

- Incidence rates for prostate cancer are 80% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, smoking, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world *(Source: American Cancer Society, Facts & Figures 2021).*

Colon and Rectum Cancers

- Sixty percent (60%) of adults ages 50 and over had a colonoscopy in the past five years.

- Fourteen percent (14%) of adults ages 50 and over had a sigmoidoscopy in the past five years.

- ODH indicates that colon and rectum cancer deaths accounted for 10% of all male and 14% of all female cancer deaths from 2017-2019 in Hancock County *(Source: Ohio Public Health Data Warehouse, 2017-2019).*

- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer *(Source: American Cancer Society, Facts & Figures, 2021).*

- In the U.S., 88% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings *(Source: American Cancer Society, Facts & Figures, 2021).*

The following graph shows the Hancock County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2030 objective, as well as cancer as a percent of total deaths in Hancock County. The graphs show:

- When age differences are accounted for, Hancock County had a slightly lower cancer mortality rate than Ohio, but a higher rate than the U.S. and the Healthy People 2030 target objective.

- The percentage of Hancock County males who died from all cancers is slightly higher than the percentage of Hancock County females who died from all cancers.

**Healthy People 2030 Objective
and Age-Adjusted Mortality Rates for All Cancers**

Rate per 100,000 population

166	167	149	123

■ Hancock 2017-2019   ■ Ohio 2017-2019   ■ U.S. 2017-2019   ■ HP 2030 Target
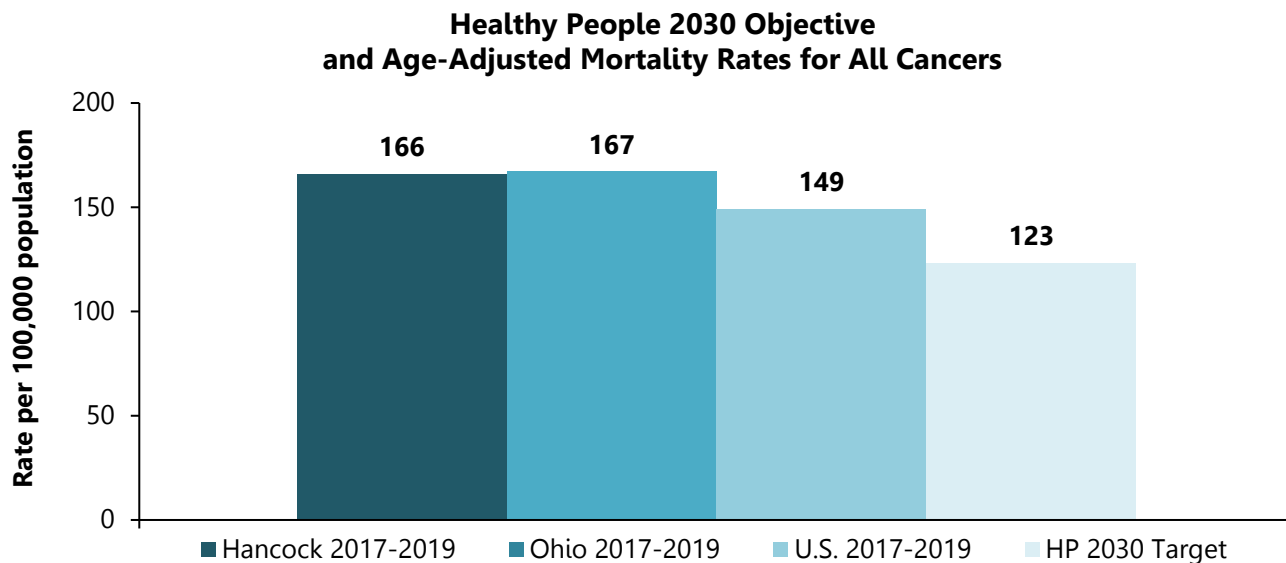
(Source: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)

**Cancer as a Percent of All Total Deaths in Hancock County
by Gender, 2017-2019**

Males: 22%   Females: 18%
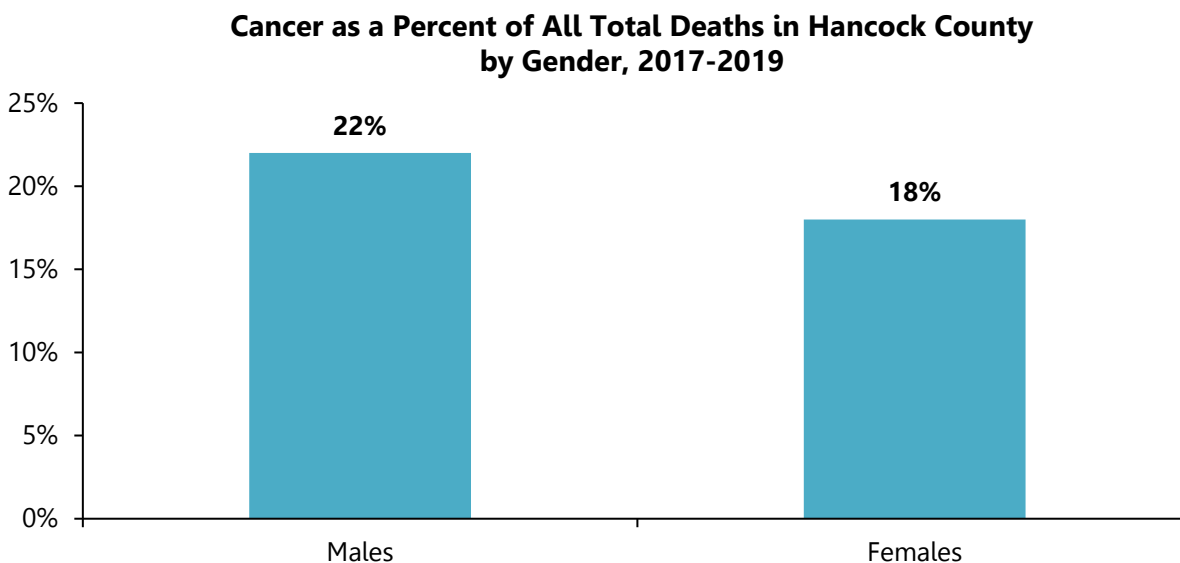
(Source: Ohio Public Health Data Warehouse, 2017-2019)

Hancock County Incidence of Cancer, 2014-2018

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	311	14%
Breast	299	14%
Prostate	217	10%
Colon & Rectum	183	9%
Other Sites/Types	174	8%
Melanoma of Skin	118	6%
Bladder	117	5%
Thyroid	101	5%
Non-Hodgkins Lymphoma	99	5%
Kidney & Renal Pelvis	76	4%
Uterus	76	4%
Oral Cavity & Pharynx	64	3%
Leukemia	57	3%
Pancreas	54	3%
Brain and Other CNS	33	2%
Multiple Myeloma	31	1%
Liver & Intrahepatic Bile Duct	25	1%
Esophagus	24	1%
Ovary	23	1%
Larynx	19	1%
Stomach	17	1%
Hodgkins Lymphoma	10	<1%
Cervix	9	<1%
Testis	8	<1%
Total	2,145	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/19/2021)

2022 Cancer Estimates

- In 2022, more than 1.9 million new cancer cases are expected to be diagnosed.
- An estimated 18% of cancer cases and 16% of cancer deaths are attributable to the combined effects of excess body weight, alcohol consumption, physical inactivity, and an unhealthy diet, and thus could be prevented.
- About 609,360 Americans are expected to die of cancer in 2022.
- Approximately 80% of lung cancer deaths in the U.S are attributed to smoking.
- In 2022, estimates predict that there will be 73,700 new cases of cancer and 25,120 cancer deaths in Ohio.
  - Of the new cancer cases in Ohio, approximately 10,430 (14%) will be from lung and bronchus cancers and 5,870 (8%) will be from colon and rectum cancers.
  - About 10,610 (14%) new cases of female breast cancer are expected in Ohio.
  - New cases of male prostate cancer in Ohio are expected to be 9,530 (13%).

(Source: American Cancer Society, Facts and Figures 2022)

Chronic Disease: Arthritis

Key Findings

Almost one-third (28%) of Hancock County adults were told by a health professional that they had some form of arthritis, increasing to 53% of those over the age of 65.

Arthritis

- Almost one-third (28%) of Hancock County adults were told by a health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, increasing to 53% of those over the age of 65.

- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have occupations associated with arthritis, are overweight or obese, and/or have joint injuries or infections *(Source: CDC, Arthritis Risk Factors, 2021).*

- An estimated over 58.5 million U.S. adults (about 24%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions *(Source: CDC, Arthritis at a Glance 2021).*

Healthy People 2030
Arthritis

Objective	Hancock County 2021	Healthy People 2030 Target
A-02: Reduce the proportion of adults with provider-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	28%	39%

Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2030 Objectives, 2021 Hancock County Health Assessment)

Adult Comparisons	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	32%	**28%**	31%*	25%*

N/A- Not Available
*2019 BRFSS Data
Note: Hancock County did not ask arthritis questions in 2011, 2013, and 2015

Chronic Disease: Asthma

Key Findings

Ten percent (10%) of Hancock County adults were diagnosed with asthma by a health care professional.

Asthma and Other Respiratory Disease

- Ten percent (10%) of Hancock County adults had been diagnosed with asthma, increasing to 17% of those with incomes less than $25,000.

- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke; dust mites; outdoor air pollution; cockroach allergens; pets; mold; smoke from burning wood or grass; and infections liked to the flu, cold, and respiratory viruses *(Source: CDC, Asthma, 2021)*.

- Chronic lower respiratory disease was the 4th leading cause of death in Hancock County and the 4th leading cause of death in Ohio from 2017-2019 *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.

The following graph shows the percentages of Hancock County adults who had been diagnosed with asthma. Examples of how to interpret the information on the first graph include: 10% of all Hancock County adults had been diagnosed with asthma, including 14% of all females and 17% of those with incomes less than $25K.
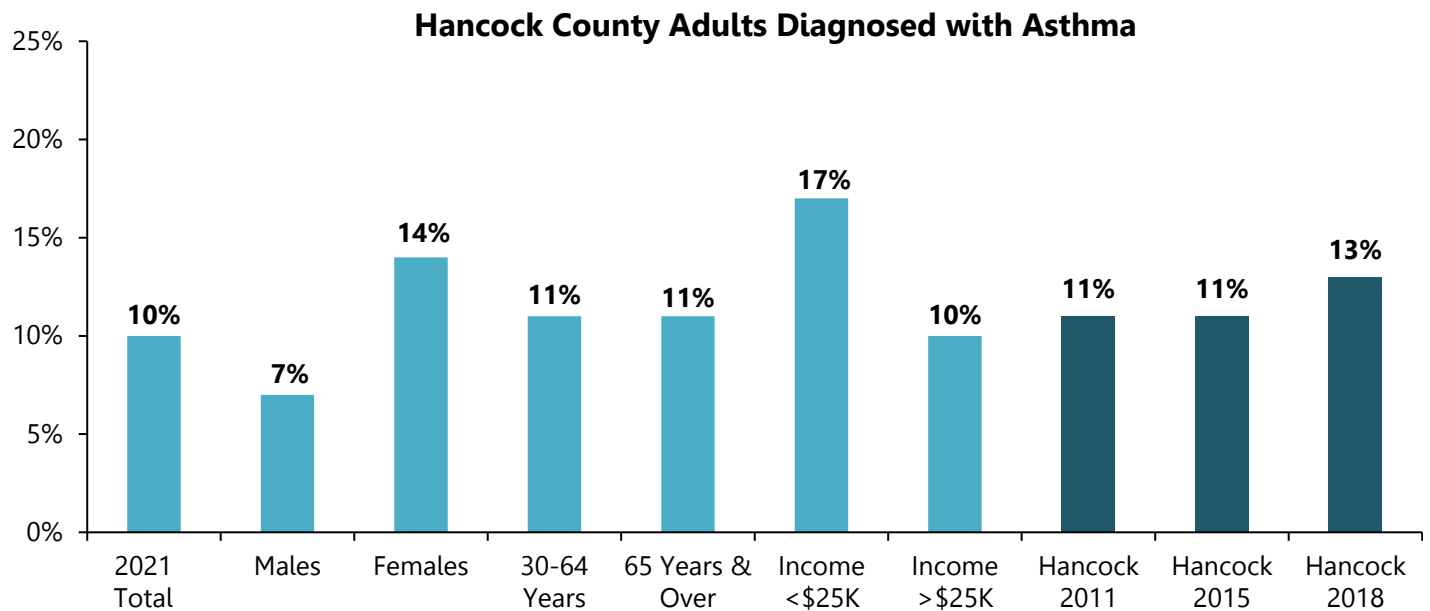
Hancock County Adults Diagnosed with Asthma

Category	Percentage
2021 Total	10%
Males	7%
Females	14%
30-64 Years	11%
65 Years & Over	11%
Income <$25K	17%
Income >$25K	10%
Hancock 2011	11%
Hancock 2015	11%
Hancock 2018	13%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Had ever been told they have asthma	11%	11%	13%	**10%**	14%	14%

Note: Hancock County did not ask asthma questions in 2013

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

Ohio Adult Lifetime Asthma Prevalence Rates By Gender
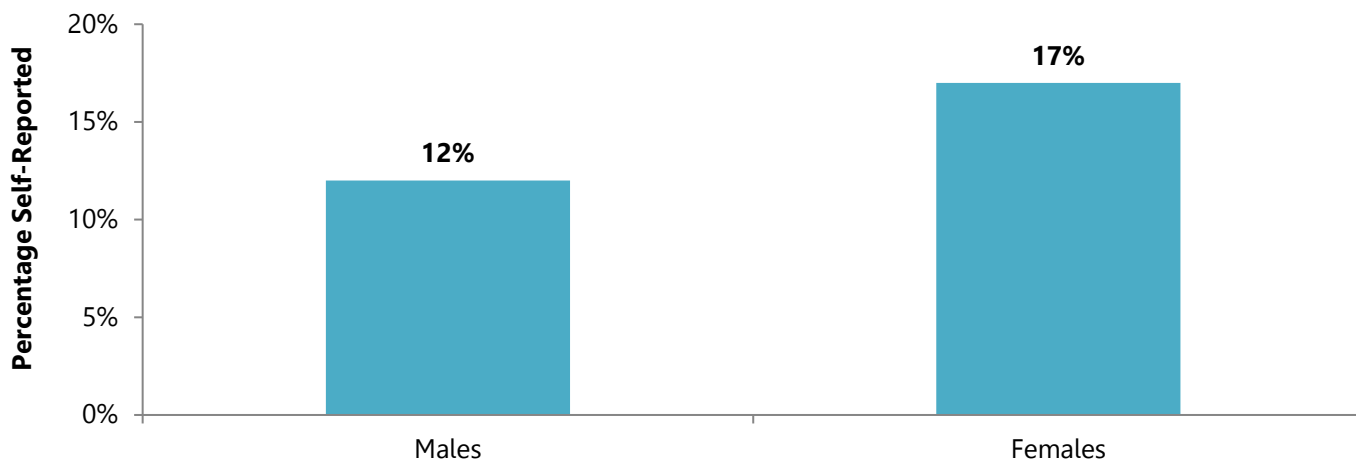
Ohio Adult Current Asthma Prevalence Rates By Gender
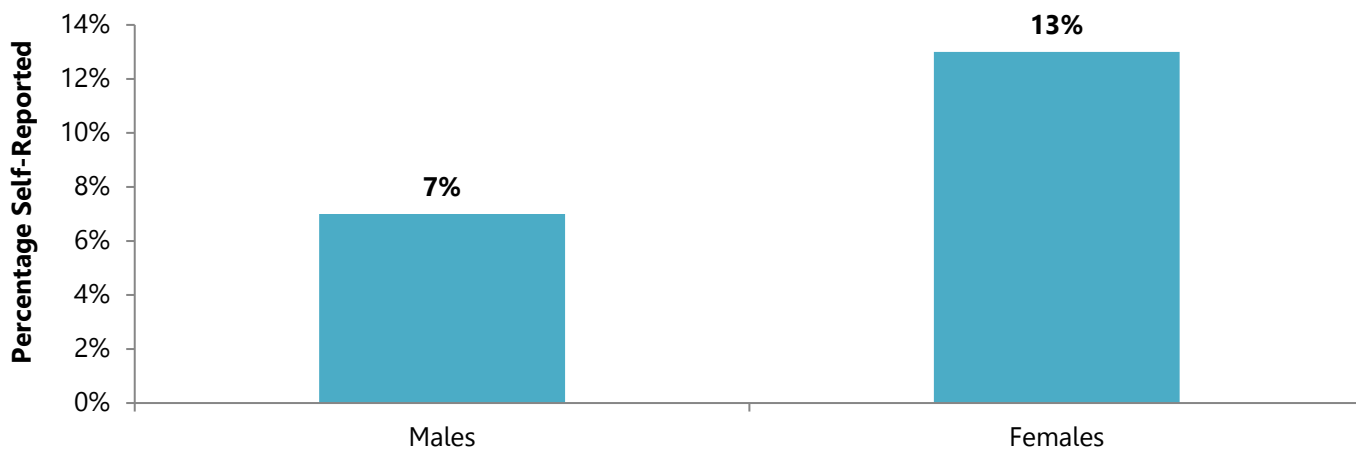
(Source for graphs: 2020 BFRSS)

Asthma Facts

- 8.3% of Americans have asthma. Of these 26.5 million, 20.4 million are adults and 6.1 million are children.

- The estimated economic cost of asthma is $56 billion annually.

- Asthma is the most common chronic illness in childhood, accounting for 13.8 million missed school days each year. It also accounts for 14.2 million lost work days for adults.

- Weather conditions such as extremely dry, wet or windy weather can worsen an asthma condition

- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks

(Source: American College of Allergy, Asthma, and Immunology, Asthma Facts, updated March 2022)

Chronic Disease: Diabetes

Key Findings

Thirteen percent (13%) of Hancock County adults had been diagnosed with diabetes. Almost half (46%) of adults with diabetes rated their health as fair or poor.

Diabetes

- Thirteen percent (13%) of Hancock County adults had been diagnosed with diabetes, increasing to 26% of those over the age of 65.

- One percent (1%) of adults had been diagnosed with pregnancy-related diabetes.

- Six percent (6%) of adults had been diagnosed with pre-diabetes or borderline diabetes.

- Almost half (46%) of adults with diabetes rated their health as fair or poor.

- Hancock County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  — 89% had been diagnosed with high blood pressure
  — 85% were overweight or obese (including severely and morbidly)
  — 74% had been diagnosed with high blood cholesterol

Diabetes Fast Facts

- More than **37 million** US adults have diabetes, and 1-in-5 of them do not know they have it.

- Diabetes is the **seventh leading cause** of death in the US.

- **Type 2 diabetes** accounts for approximately **90-95%** of all diagnosed cases of diabetes.

- In the last **20 years**, the number of adults diagnosed with diabetes has more than **doubled** as the American population has aged and become more overweight or obese.

- Medical costs and lost work and wages for people with diagnosed diabetes total **$327 billion** annually.

(Source: CDC, About Diabetes, Updated: December 2021)

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Ever been told by a doctor they have diabetes (not pregnancy-related)	6%	9%	12%	**13%**	12%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	1%	1%	**1%**	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	N/A	7%	9%	**6%**	2%	2%

N/A – Not Available
Note: Hancock County did not ask diabetes questions in 2013

The following graph shows the percentage of Hancock County adults who had been diagnosed with diabetes. Examples of how to interpret the information include: 13% of adults were diagnosed with diabetes, including 26% of adults age 65 and older and 25% of those with incomes less than $25,000.
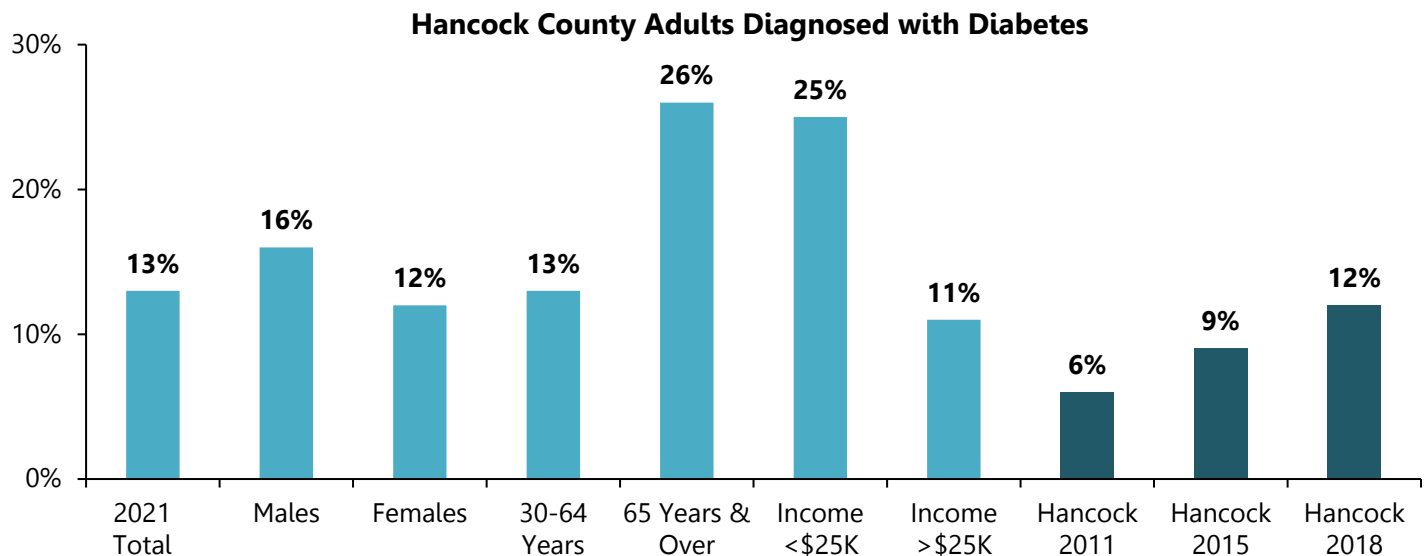
Hancock County Adults Diagnosed with Diabetes

Category	Percentage
2021 Total	13%
Males	16%
Females	12%
30-64 Years	13%
65 Years & Over	26%
Income <$25K	25%
Income >$25K	11%
Hancock 2011	6%
Hancock 2015	9%
Hancock 2018	12%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Prediabetes

Prediabetes is a serious health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes. About 96 million American adults – more than 1 in 3 – have prediabetes. Of those with prediabetes, more than 80% don't know they have it. Prediabetes puts you at increased risk of developing type 2 diabetes, heart disease, and stroke.

You can have prediabetes for years but have no clear symptoms. It is important to talk to you doctor about getting your blood sugar tested if you have any of the risk factors for diabetes, which include:
  — Being overweight
  — Being 45 years or older
  — Have a parent, brother, or sister with type 2 diabetes
  — Being physically active less than 3 times a week
  — Ever having gestational diabetes (diabetes during pregnancy) or giving birth to a baby who weighed more than 9 pounds
  — Having polycystic ovary syndrome
  — Race and ethnicity are also a factor – African Americans, Hispanic/Latino Americans, American Indians, Pacific Islanders, and some Asian Americans are at a higher risk

(Source: Centers for Disease Control and Prevention, Diabetes, December 21, 2021)

Chronic Disease: Quality of Life

Key Findings

Nine percent (9%) of adults were responsible for providing regular care or assistant to an elderly parent or loved one. Twenty percent (20%) of Hancock County adults reported they or a loved one had Alzheimer's disease or some other form of dementia. Over half (54%) of adults reported a family history of heart disease.

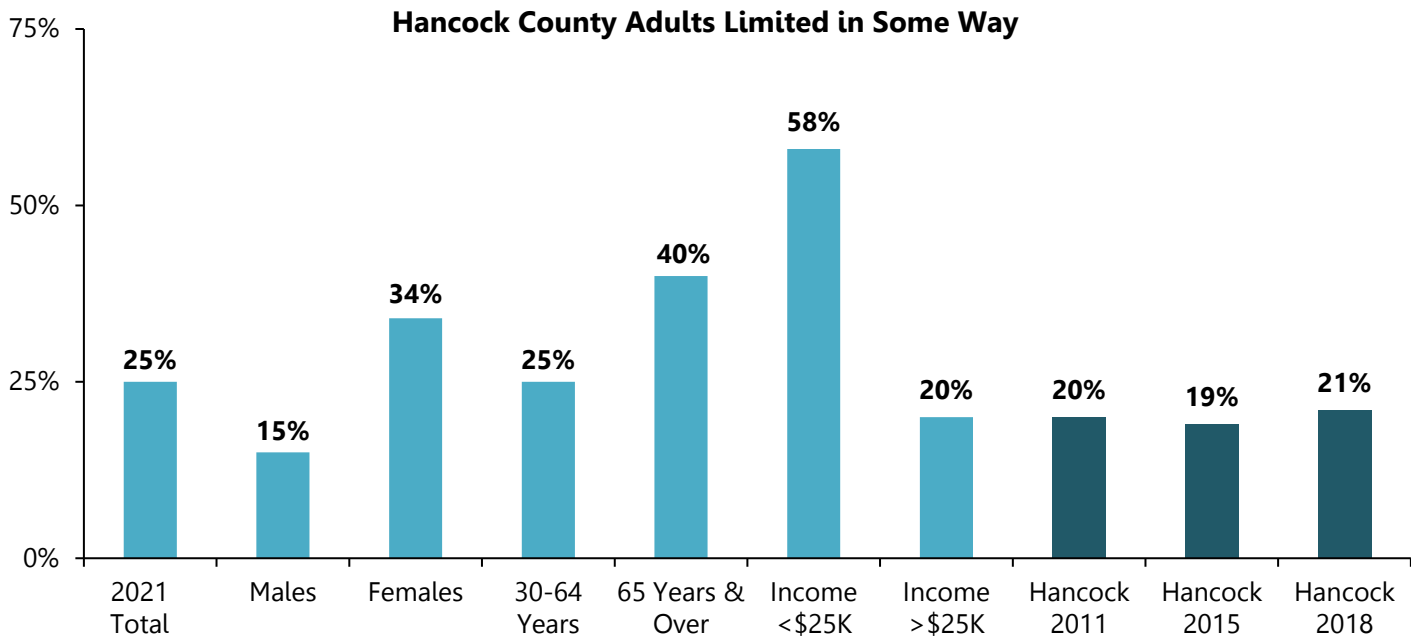## Impairments and Health Problems

- One quarter (25%) of Hancock County adults were limited in some way because of a physical, mental or emotional problem, increasing to 40% of those over the age of 65.

- Those who were limited in some way reported the following most limiting problems or impairments: stress, depression, anxiety, or emotional problems (46%); back or neck problems (44%); arthritis/rheumatism (41%); chronic pain (30%); fitness level (28%); sleep problems (27%); walking problems (26%); mental health illness/disorder (24%); chronic illness (17%); lung/breathing problems (15%); hearing problems (13%); memory loss (9%); fractures, bone/joint injuries (7%); eye/vision problems (7%); dental problems (7%); substance dependency (6%); confusion (6%); learning disability (4%); and other impairments/problems (11%).

- Twenty percent (20%) of Hancock County adults reported they or a loved one had been diagnosed with Alzheimer's disease or some other form of dementia, increasing to 25% of those over the age of 65.

- Of those diagnosed with Alzheimer's disease or some other form of dementia, adults reported that confusion or memory loss interfered with the person's ability to work, volunteer, or engage in social activities at the following frequencies: always (19%), usually (5%), sometimes (5%), and rarely (24%).

- Hancock County adults were responsible for providing regular care or assistance to the following: multiple children (28%); an elderly parent or loved one (9%); a friend, family member or spouse with a health problem (6%); an adult child (6%); someone with special needs (5%); a friend, family member or spouse with dementia (4%); children with discipline issues (3%); grandchildren (3%); a friend, family member or spouse with a mental health issue (3%); and foster children (1%).

- Adults reported a family history of the following: heart disease (54%), high blood pressure (51%), cancer (43%), diabetes (39%), high blood cholesterol (38%), Alzheimer's disease (19%), mental illness (14%), alcohol addiction (13%), drug addiction (5%), suicide (4%), other addictions (4%), and unexplained sudden death (1%).

Adult Comparisons	Hancock County 2011	Hancock County 2015	Hancock County 2018	Hancock County 2021	Ohio 2020	U.S. 2020
Limited in some way because of physical, mental or emotional problem	20%	19%	21%	**25%**	N/A	N/A

N/A – Not Available
Note: Hancock County did not ask quality of life questions in 2013

The following graphs show the percentage of Hancock County adults who were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the first graph include: 25% of adults were limited in some way, including 34% of females and 40% of those ages 65 and older.

Hancock County Adults Limited in Some Way

Category	Percentage
2021 Total	25%
Males	15%
Females	34%
30-64 Years	25%
65 Years & Over	40%
Income <$25K	58%
Income >$25K	20%
Hancock 2011	20%
Hancock 2015	19%
Hancock 2018	21%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Hancock County Most Limiting Health Problems

Category	Percentage
Stress, Depression, Anxiety, or Emotional Problems	46%
Back or Neck Problems	44%
Arthritis/Rheumatism	41%
Chronic Pain	30%
Fitness Level	28%
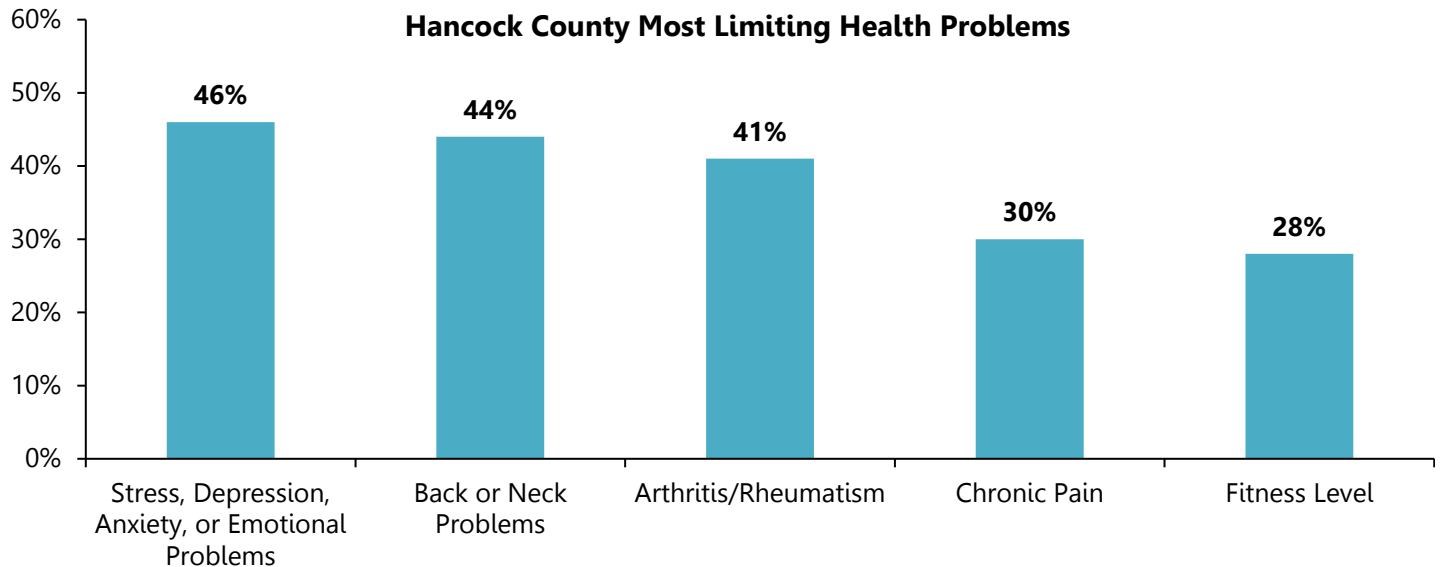
Social Conditions: Social Determinants of Health

Key Findings

Two percent (2%) of Hancock County adults were abused in the past year (including physical, emotional, financial, or verbal abuse). Seventy percent (70%) of adults reported they felt their neighborhood was safe. Fourteen percent (14%) of adults experienced 4 or more adverse childhood experiences (ACEs) in their lifetime.

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Healthy People 2030 has classified social determinants of health into five domains:

— Economic stability
— Education access and quality
— Social and community context
— Health care access and quality
— Neighborhood and built environment

Economic Stability

- Adults experienced the following food insecurity issues during the past 12 months: had to choose between paying bills and buying food (3%), worried food would run out (2%), food assistance was cut (1%), loss of income led to food insecurity issues (1%), were hungry but did not eat because they did not have money for food (1%), and went hungry/ate less to provide more food for their family (1%).

- Four percent (4%) of adults experienced one or more food insecurity issues in the past year.

- Adults indicated their percent of their household incomes that goes to their housing as the following: less than 30% (53%), 30%-50% (24%), and 50% or higher (9%). Fourteen percent (14%) of adults did not know how much of their income went to housing.

- The median household income in Hancock County in 2020 was $61,473. The U.S. Census Bureau reports median income levels of $60,360 for Ohio and $67,340for the U.S. *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2020).*

- Nine percent (9%) of all Hancock County residents were living in poverty, and 11% of children and youth ages 0-17 were living in poverty *(Source: U.S. Census Bureau, American Community Survey, 2020).*

- The unemployment rate for Hancock County civilian labor force was 2.7 as of November 2021 *(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).*

- There were 32,490 occupied housing units. The owner-occupied housing unit rate was 67.3%. Rent in Hancock County cost an average of $747 per month *(Source: U.S. Census Bureau, American Community Survey, 2019).*

Education

- Hancock County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (9%); reading and understanding instructions (4%); reading a map, signs, food ingredients, and labels (2%); and completing a job application (2%).

- More than ninety percent (91.8%) of Hancock County adults 25 years and over had a high school diploma. Eight percent (8.2%) had less than a high school diploma, compared to 9.2% for Ohio *(Source: U.S. Census Bureau, American Community Survey, 2019)*.

- More than one-fourth (26.7%) of Hancock County adults 25 years and over had a bachelor's degree or higher *(Source: U.S. Census Bureau, American Community Survey, 2019)*.

Social and Community Context

- Thinking about the social and physical environment within Hancock County, adults reported the following best described the community in which they live, work, and play:
  — Parks and trails are available (72%)
  — Neighborhoods are safe (70%)
  — Fresh, healthy food is easy to get (70%)
  — It is a great place to raise children (66%)
  — There are many ways to get involved within the community (61%)
  — There are good employment opportunities (61%)
  — Sidewalks are prevalent and accessible (60%)
  — Health care services are easy to find and use (58%)
  — Sidewalks, parks, and trails are used frequently (51%)
  — Working conditions are safe (51%)
  — There is economic opportunity and room to grow financially (48%)
  — There are adequate transportation services available (37%)
  — Housing is safe and affordable (34%)
  — People are often treated differently based on the color of their skin (17%)

- During the past 12 months, Hancock County adults reported spending money on the following activities: lottery/scratch-off tickets/office pools, etc. (27%), casino gambling (13%), sports betting with a bookie/office sports pool (5%), fantasy sports/online betting (4%), bingo (3%), and horse/dog racing (1%).

- Of those who have gambled before, adults experienced the following due to gambling: gambled while drunk or high (100%) and gambled with larger amounts of money to get the same excitement (25%).

- Nine percent (9%) of Hancock County adults were threatened to be abused in the past year. They were threatened by the following: a caregiver (100%), someone else (75%), a parent (50%), and a spouse or partner (40%).

- Two percent (2%) of Hancock County adults were abused in the past year. They were abused by the following: another family member living in the household (100%), a spouse or partner (60%), a parent (50%), and someone else (25%).

- One percent (1%) of adults in Hancock County reported they had received information from Hancock Helps that assisted them in getting help. One percent (1%) reported they had received information from Hancock Helps, but that it did not help their needs. One-quarter (25%) of Hancock County adults reported they did not need assistance and 73% reported they had never heard of Hancock Helps.

- Hancock County adults experienced the following in the past 12 months: a close family member went to the hospital (39%); death of a family member or close friend (35%); moved to a new address (10%); had bills they could not pay (8%); someone in their household lost their job (6%); someone close to them had a problem with drinking or drugs (6%); household income was cut by half (6%); someone in their household had their hours at work reduced (5%); abused by someone physically, emotionally, sexually, and/or verbally (4%); threatened by someone close to them (3%); they or a family member were incarcerated (3%); someone in their household went to jail (3%); someone homeless was living with them (3%); were financially exploited (2%); became separated or divorced (2%); and their child was hit or slapped by spouse or partner (1%).

Hancock County adults and their loved ones needed the following assistance in the past year:

Types of Assistance	Received Assistance	Did Not Know Where to Look	Did Not Need Assistance
Medicare	14%	0%	86%
Health care	12%	2%	86%
Dental care	11%	3%	86%
Mental illness issues including depression	10%	1%	89%
Food	8%	<1%	92%
Prescription assistance	8%	0%	92%
Electric, gas, or water bills	7%	2%	91%
Utilities	5%	2%	93%
Home repair	4%	3%	93%
Legal aid services	3%	2%	95%
Acquiring disability benefits	3%	1%	96%
Clothing	3%	1%	96%
Drug or alcohol addiction	3%	0%	97%
Rent/mortgage/eviction	2%	1%	97%
Affordable childcare	2%	0%	98%
Diapers	2%	0%	98%
Post incarceration transition issues	2%	0%	98%
Transportation	2%	0%	98%
Free tax preparation	1%	2%	97%
Employment	1%	0%	99%
Homelessness	1%	0%	99%
Credit counseling	0%	1%	99%
Gambling addiction	0%	0%	100%
Unplanned pregnancy	0%	0%	100%

- Hancock County adults experienced the following adverse childhood experiences (ACEs):
  - Their parents became separated or were divorced (28%)
  - A parent or adult in their home swore at, insulted, or put them down (18%)
  - Lived with someone who was a problem drinker or alcoholic (18%)
  - Lived with someone who was depressed, mentally ill, or suicidal (18%)
  - Someone at least 5 years older than them or an adult touched them sexually (13%)
  - Lived with someone who used illegal street drugs, or who abused prescription medications (9%)
  - A parent or adult in their home hit, beat, kicked, or physically hurt them (8%)
  - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
  - Their family did not look out for each other, feel close to each other, or support each other (8%)
  - Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
  - Someone at least 5 years older than them or an adult forced them to have sex (5%)
  - Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (3%)
  - Their parents were not married (2%)
  - They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (1%)
- Fourteen percent (14%) of adults experienced 4 or more ACEs, increasing to 18% of those with incomes less than $25,000.

Behaviors of Hancock County Adults
Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past month)	67%	9%
Been depressed (in the past 12 months)	65%	44%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	53%	22%
Classified as overweight or obese by BMI	46%	29%
Used recreational drugs (in the past 6 months)	29%	3%
Current smoker (currently smoke on some or all days)	25%	7%
Contemplated suicide (in the past 12 months)	18%	0%

Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences, or ACEs, are potentially **traumatic events that occur in childhood** (0-17 years). Examples include:
    - Experiencing violence, abuse, or neglect
    - Witnessing violence in the home or community
    - Having a family member attempt or die by suicide

- Also included are aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:
    - Substance abuse problems
    - Mental health problems
    - Instability due to parental separation or household members being in jail or prison

- **ACEs are linked to chronic heath problems, mental illness, and substance abuse problems.** ACEs can also negatively impact education, job opportunities, and earning potential.

- **How big is the problem?** Approximately 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1-in-6 reported they had experienced four or more types of ACEs.

- Up to **1.9 million cases of heart disease** and **21 million cases of depression** could have been potentially avoided by preventing ACEs.

- **Women and several racial/ethnic minority groups are at greater risk** for having experienced 4 or more types of ACEs.

(Source: CDC, Adverse Childhood Experiences (ACEs), Preventing Adverse Childhood Experiences, Updated April 6, 2021)

Health and Health Care

- In the past year, 8% of adults were uninsured.

- The top reasons uninsured adults gave for being without health care coverage were:
    1) They lost their job or changed employers (51%)
    2) They could not afford to pay the premiums (24%)
    3) Their spouse or parent lost their job or changed employers (16%)
    4) Other reasons (14%)
    5) Their employer did not/stopped offering coverage (11%)

- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Hancock County adults.

Neighborhood and Built Environment

- Adults reported doing the following while driving: talking on hands-free cell phone (54%); eating (53%); talking on hand-held cell phone (32%); texting (27%); not wearing a seatbelt (16%); using internet on their cell phone (9%); being under the influence of prescription drugs (4%); being under the influence of alcohol (3%); reading (3%); being under the influence of recreational drugs (2%); and other activities (such as applying makeup, shaving, etc.) (4%).

- Nearly half (45%) of Hancock County adults kept a firearm in or around their home. Two percent (2%) of adults reported that their firearms were unlocked and loaded.

The following graph shows the percentage of Hancock County adults that had a firearm in or around the home. An example of how to interpret the information includes: 45% of all Hancock County adults had a firearm in or around the home, including 51% of males, and 40% of females.
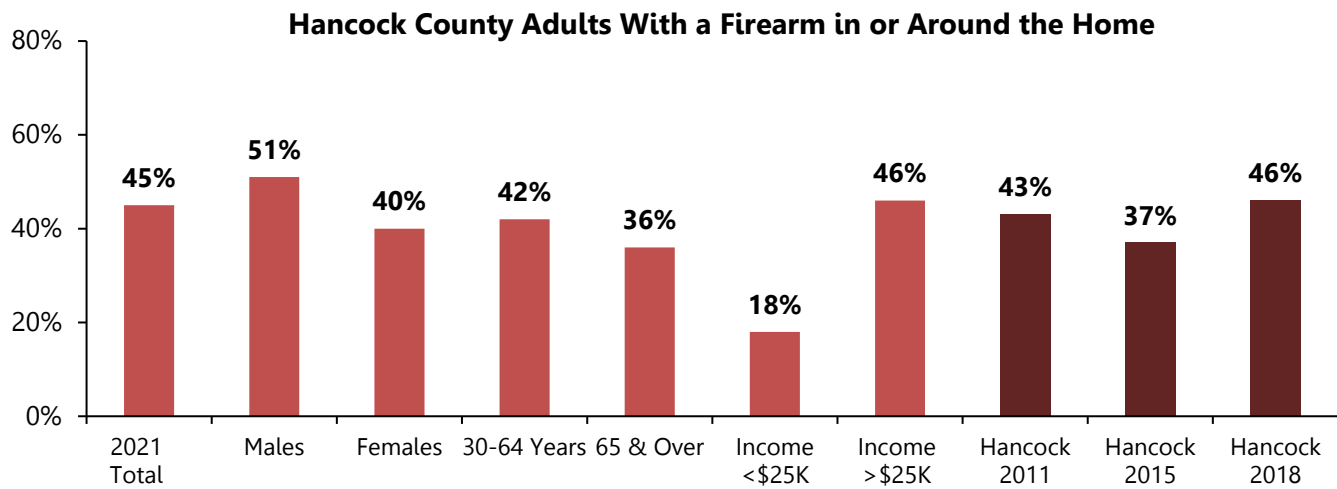
Hancock County Adults With a Firearm in or Around the Home

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Key Findings

Nearly one-third (32%) of Hancock County adults had a private water source for drinking water. Eighty-five percent (85%) of households had a working smoke detector.

Environmental Health

- Almost one-third (32%) of Hancock County adults had a private water source for drinking water. Of those who had a private water source, 12% had it tested within the past year, and 35% have never had it tested. Twenty-three percent (23%) did not know the last time their water source had been tested.

- Hancock County adults thought the following threatened their or family member's health in the past year:
  - Insects (8%)
  - Mold (6%)
  - Moisture issues (5%)
  - Air quality (4%)
  - Lead paint (4%)
  - Plumbing problems (4%)
  - Unsafe water supply/wells (3%)
  - Sewage/wastewater problems (3%)
  - Radiation (2%)
  - Radon (2%)
  - Rodents (2%)
  - Safety hazards (2%)
  - Agricultural chemicals (2%)
  - Bed bugs (1%)
  - Cockroaches (1%)
  - Sanitation issues (1%)
  - Excess medication in the home (1%)

Disaster Preparedness

- Hancock County households had the following disaster preparedness supplies: cell phone (86%), working smoke detector (85%), cell phone with texting (84%), working flashlight and working batteries (78%), computer/tablet (77%), 3-day supply of nonperishable food for everyone in the household (62%), 3-day supply of prescription medication for each person who takes prescribed medicines (52%), working battery-operated radio and working batteries (44%), 3-day supply of water for everyone in the household (one gallon of water per person per day) (32%), generator (27%), home land-line telephone (23%), communication plan (17%), a family disaster plan (13%), and a disaster plan (12%).

COVID-19

- Hancock County adults and their families were negatively affected by the COVID-19 pandemic in the following ways:
  - Change in mental health (18%)
  - Change in physical health (11%)
  - Educational challenges (i.e., children transitioned to online academics or home-schooling, or adults unable to pursue further education) (11%)
  - Not seeking dental care (11%)
  - Not seeking health care (10%)
  - Loss of household income (9%)
  - Financial instability (8%)
  - Increased alcohol use (8%)
  - Death or serious illness of loved one(s) (7%)
  - Changes to employment status (4%)
  - Lack of childcare (4%)
  - Lack of Internet access (4%)
  - Increased drug use (3%)
  - Unable to afford basic needs, such as personal, household, or baby care (2%)
  - Housing instability (1%)
  - Other (7%)

To Prevent Mold Growth in Your Home

- Keep humidity levels in your home as low as you can—no higher than 50%–all day long. An air conditioner or dehumidifier will help you keep the level low. You can buy a meter to check your home's humidity at a home improvement store. Humidity levels change over the course of a day so you will need to check the humidity levels more than once a day.
- Be sure the air in your home flows freely. Use exhaust fans that vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
- Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
- Clean up and dry out your home fully and quickly (within 24–48 hours) after a flood.
- Add mold inhibitors to paints before painting. You can buy mold inhibitors at paint and home improvement stores.
- Clean bathrooms with mold-killing products.
- Remove or replace carpets and upholstery that have been soaked and cannot be dried right away. Think about not using carpet in places like bathrooms or basements that may have a lot of moisture.

(Source: CDC, Mold, You Can Control Mold, Updated March 2022)

Social Conditions: Diversity and Inclusion

Key Findings

Twenty-one percent (21%) of Hancock County adults strongly agreed that the Findlay/Hancock area is a place that welcomes and embraces diversity in general. Almost one-fourth (24%) of adults reported attending a culturally diverse event in the past year.

Diversity and Inclusion

For this section, general diversity and inclusion assumes the internal characteristics of age, gender/gender expression, physical ability, race, ethnicity, and sexual orientation.

- Almost three-fourths (73%) of Hancock County adults strongly agreed that they felt comfortable being themselves in Findlay. Eighteen percent (18%) somewhat agreed, 7% somewhat disagreed, and 2% strongly disagreed.

- Twenty-three percent (23%) of Hancock County adults strongly agreed that they were tired of hearing, reading, and/or learning about diversity. Thirty-nine percent (42%) somewhat agreed, 18% somewhat disagreed, and 17% strongly disagreed.

- In the past year, adults attended a culturally diverse event just about every week (4%), just about every month (6%), several times during the past year (21%), once during the past year (24%), and never (45%).

The Findlay/Hancock County area is...	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree
A place that welcomes and embraces diversity in general?	21%	59%	15%	5%
A place that welcomes and embraces racially and ethnically diverse people?	23%	55%	17%	5%
A place that welcomes and embraces Lesbian, Gay, Bisexual, Transgender people?	16%	61%	17%	6%

The below graph indicates the percentage of Hancock County adults who strongly believed the Findlay/Hancock area welcomes and embraces diversity in general. An example of how to interpret the information on the first graph includes: 21% of all Hancock County adults strongly believed the Findlay/Hancock area welcomes and embraces diversity in general, including 20% of males, and 26% of those ages 65 and over.

Hancock County Adults Who Strongly Believed the Findlay/Hancock County Area Welcomes and Embraces Diversity
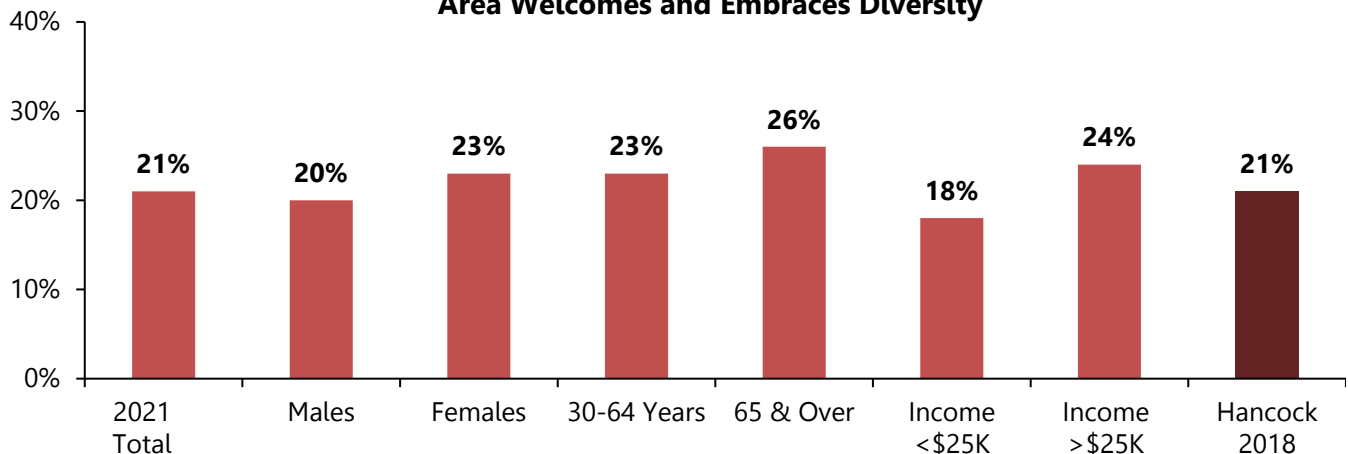
Note for graph: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2022	• 2022 Cancer Facts, Figures, and Estimates	https://www.cancer.org/latest-news/facts-and-figures-2022.html
American College of Allergy, Asthma, Immunology	• Asthma Facts	https://acaai.org/asthma/asthma-101/facts-stats/
American Foundation for Suicide Prevention	• National Suicide Statistics	https://afsp.org/suicide-statistics/
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	• 2017 - 2020 Adult Ohio and U.S. Correlating Statistics	https://www.cdc.gov/brfss/index.html
CDC, Arthritis	• Arthritis at a Glance	https://www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm
CDC, Asthma	• Common Asthma Triggers	https://www.cdc.gov/asthma/triggers.html
CDC, Breast Cancer	• What Can I do to Reduce My Risk of Breast Cancer?	https://www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Diabetes	• Diabetes Fast Facts	https://www.cdc.gov/diabetes/basics/quick-facts.html
	• Prediabetes	https://www.cdc.gov/diabetes/basics/prediabetes.html
CDC, Heart Disease	• Women and Heart Disease	https://www.cdc.gov/healthequity/features/heartdisease/index.html
CDC, LGBT Health	• LGBT Health	https://www.cdc.gov/lgbthealth/index.htm
CDC, Mold	• To Prevent Mold Growth in Your Home	https://www.cdc.gov/mold/control_mold.htm
CDC, National Center for Health Statistics	• U.S Women's Health	https://www.cdc.gov/nchs/fastats/womens-health.htm
	• U.S. Men's Health	https://www.cdc.gov/nchs/fastats/mens-health.htm
	• Contraceptive Use	https://www.cdc.gov/nchs/fastats/contraceptive.htm
CDC, Oral Health	• Adult Oral Health Disparities	https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm
CDC, Obesity	• Obesity and COVID-19	https://www.cdc.gov/obesity/data/obesity-and-covid-19.html
CDC, Physical Activity	• Physical Activity Facts	https://www.cdc.gov/physicalactivity/basics/index.htm
CDC, Prostate Cancer	• Prostate Cancer Awareness	https://www.cdc.gov/cancer/prostate/index.htm
CDC, Sexual Violence	• Preventing Sexual Violence	https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html
CDC, Vaccines	• Recommended Adult Immunization Schedule	https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf
CDC, Violence Prevention	• Adverse Childhood Experiences (ACE)	https://www.cdc.gov/violenceprevention/acestudy/

Source	Data Used	Website
CDC, Wonder	• About Underlying Cause of Death, 2017-2019 • U.S. age-adjusted mortality rates	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	• USDA Food Environment Atlas	http://www.countyhealthrankings.org
Hancock County Sheriff's Office	• Percent of Hancock County Sheriff's Office Reported Offense due to Drugs, 2015-2020	https://www.hancocksheriff.org/about
Healthy People 2030: U.S. Department of Health & Human Services	• Access to Health Services • All Healthy People 2020 Target Data Points • Predictors of Access to Health Care • Social Determinants of Health • Some U.S. Baseline Statistics	https://health.gov/healthypeople
Health Policy Institute of Ohio (HPIO), Alcohol Use	• Disparities and Alcohol Use	https://www.healthpolicyohio.org/health-impacts-of-excessive-alcohol-use-in-ohio/
HPIO, Tobacco Use	• Tobacco and Health Outcomes	https://www.healthpolicyohio.org/health-impacts-of-tobacco-use-in-ohio/
The Henry Kaiser Family Foundation	• Key Facts about the Uninsured Population	https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/
National Alliance on Mental Illness	• Know the Warning Signs	https://www.nami.org/Learn-More/Know-the-Warning-Signs
Ohio Department of Health, Information Warehouse	• Hancock County and Ohio Birth Statistics	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths
	• Incidence of Cancer	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers
	• Leading Causes of Death & Mortality	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Health, STD Surveillance Data	• Hancock County and Ohio Chlamydia and Gonorrhea Disease Rates • Hancock County Chlamydia and Gonorrhea Cases	www.odh.ohio.gov/odhprograms/stdsurv/stdsur1.aspx
Ohio Department of Health, Violence and Injury Prevention	• 2020 Ohio Drug Overdose Report	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2020+ohio+drug+overdose+report
Ohio Department of Job and Family Services	• Ohio Civilian Labor Force Estimates	https://ohiolmi.com/_docs/LAUS/OhioCivilianLaborForceEstimates.pdf

Source	Data Used	Website
Ohio Automated Rx Reporting System (OARRS)	• Hancock County Number of Opiate and Pain Reliver Doses Per Patient • Ohio Number of Opiate and Pain Reliver Doses Per Patient • What is OARRS?	https://www.ohiopmp.gov/Reports.aspx
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	• American Community Survey 1-year estimate, 2019	https://www.census.gov/programs-surveys/acs/
	• Federal Poverty Thresholds	https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	• Small Area Income and Poverty Estimates	https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html
U. S. Department of Commerce, Bureau of Economic Analysis	• GDP & Personal Income	https://apps.bea.gov/iTable/index_regional.cfm

Appendix II: Acronyms and Terms

ACE	**A**dverse **C**hildhood **E**xperiences
AHS	**A**ccess to **H**ealth **S**ervices, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted	Death rate per 100,000 adjusted for the age
Mortality Rates	Distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	**A**rthritis, **O**steoporosis, and **C**hronic **B**ack **C**onditions
BMI	**B**ody **M**ass **I**ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	**B**ehavior **R**isk **F**actor **S**urveillance **S**ystem, an adult survey conducted by the CDC.
CDC	**C**enters for **D**isease **C**ontrol and **P**revention.
Current Drinker	Individual who has had at least 1 alcoholic beverage in the past 30 days
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	**C**alendar **Y**ear
FY	**F**iscal **Y**ear
HCNO	**H**ospital **C**ouncil of **N**orthwest **O**hio
HDS	**H**eart **D**isease and **S**troke, Topic of Healthy People 2020 objectives
HP 2030	**H**ealthy **P**eople **2030**, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic $\geq$140 and Diastolic $\geq$ 90
IID	**I**mmunizations and **I**nfectious **D**iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	**N**ational **S**urvey of **C**hildren's **H**ealth
ODH	**O**hio **D**epartment of **H**ealth
OSHP	**O**hio **S**tate **H**ighway **P**atrol
Race/Ethnicity	**Census 2010:** U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other. Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Ohio SHA/SHIP	**Ohio S**tate **H**ealth **A**ssessment/**S**tate **H**ealth **I**mprovement **P**lan

Weapon   Defined in the YRBS as "a weapon such as a gun, knife, or club"

YPLL/65   **Y**ears of **P**otential **L**ife **L**ost before age 65. Indicator of premature death.

Appendix III: Methods for Weighting the 2021 Hancock County Health Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2021 Hancock County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Hancock County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Hancock County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2021 Hancock County Survey and the 2019 Census estimates.

<u>**2021 Hancock Survey**</u>			<u>**2019 Census Estimate**</u>		<u>**Weight**</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	103	49.51923	37,499	49.44684	0.998538
Female	105	50.48077	38,338	50.55316	1.001434

In this example, it shows that the proportions were nearly identical. While not substantial, there was a larger portion of males in the sample compared to the actual portion in Hancock County. The weighting for males was calculated by taking the percent of males in Hancock County (based on Census information) (49.44684%) and dividing that by the percent found in the 2021 Hancock County sample (49.51923%) [49.44684/ 49.51923 = weighting of 0.998538 for males]. The same was done for females [50.55316/50.48077 = weighting of 1.001434 for females]. Thus males' responses are weighted slightly less by a factor of 0.998538 and females' responses weighted slightly heavier by a factor of 1.001434.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the $50-$75k category would have an individual weighting of 1.27848 [1.00143 (weight for females) x 0.94923 (weight for White) x 1.66400 (weight for age 35-44) x 0.80825 (weight for income $50-$75k)]. Thus, each individual in the 2021 Hancock County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 27.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for everyone. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:
1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.

3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Hancock Sample	%	2016 Census	%	Weighting Value
Sex:					
Male	103	49.51923	37,499	49.44684	0.998538
Female	105	50.48077	38,338	50.55316	1.001434
Age:					
20-34	15	7.35294	15,018	26.49705	3.60360
35-44	19	9.31373	8,784	15.49808	1.66400
45-54	27	13.23529	9,772	17.24126	1.30267
55-59	20	9.80392	5,445	9.60690	0.97990
60-64	35	17.15686	5,036	8.88528	0.51788
65-74	55	26.96078	7,063	12.46163	0.46221
75-84	27	13.23529	3,929	6.93214	0.52376
85+	6	2.94118	1,631	2.87766	0.97840
Race:					
White	196	93.77990	67,509	89.01855	0.94923
Non-White	13	6.22010	8,328	10.98145	1.76548
Total Household Income:					
Less than $25,000	20	10.58201	5,563	17.41867	1.64606
$25,000-$34,999	16	8.46561	3,380	10.58334	1.25016
$35,000-$49,999	28	14.81481	4,617	14.45659	0.97582
$50,000-$74,999	45	23.80952	6,146	19.24414	0.80825
$75,000-$99,999	28	14.81481	4,356	13.63935	0.92066
$100,000-$149,999	24	12.69841	4,787	14.98888	1.18037
$150,000 or greater	28	14.81481	3,088	9.66904	0.65266

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Hancock County in each subcategory by the proportion of the sample in the Hancock County survey for that same category.

Appendix IV: Hancock County Sample Demographic Profile*

Variable	2021 Survey Sample	Hancock County Census 2019 (1-year estimate)	Ohio Census 2019 (1-year estimates)
Age			
20-29	3.3%	13.4%	13.2%
30-39	7.5%	12.2%	12.6%
40-49	9.4%	12.4%	11.9%
50-59	17.8%	13.0%	13.1%
60 plus	57.7%	24.7%	24.4%
Race/Ethnicity			
White	92.0%	92.2%	83.5%
Black or African American	0.9%	1.6%	14.4%
American Indian and Alaska Native	2.3%	0.3%	0.8%
Asian	0%	1.9%	3.0%
Other	2.3%	2.2%	1.3%
Hispanic Origin (may be of any race)	0.5%	5.8%	4.0%
Marital Status†			
Married Couple	64.8%	52.5%**	47.0%
Never been married/member of an unmarried couple	8.0%	27.4%**	32.7%
Divorced/Separated	15.0%	13.2%**	13.9%
Widowed	10.8%	6.9%**	6.3%
Education†			
Less than High School Diploma	0.9%	8.2%	9.2%
High School Diploma	31.9%	34.9%	32.6%
Some college/College graduate	64.3%	56.9%	58.1%
Income (Families)			
$14,999 and less	4.7%	3.0%	6.0%
$15,000 to $24,999	4.7%	3.0%	5.9%
$25,000 to $49,999	20.6%	20.7%	18.7%
$50,000 to $74,999	21.1%	18.7%	19.4%
$75,000 or more	37.5%	54.7%	49.9%
Sexual Orientation			
Straight or heterosexual	93.9%	N/A	N/A
Lesbian or gay	0.9%	N/A	N/A
Queer	0.5%	N/A	N/A
Questioning	0%	N/A	N/A
Other	1.4%	N/A	N/A

N/A- Not Available

* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

**2019 American Community Survey 5-year estimates

† The Ohio and Hancock County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

HANCOCK COUNTY PROFILE

2019 ACS 1-year estimates
(Source: U.S. Census Bureau, 2019)

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2019 Total Population	75,783	100%
Largest City – Findlay		
2019 Total Population	41,335	100%
Population by Race/Ethnicity		
Total Population	75,783	100%
White	71,498	94.3%
Hispanic or Latino (of any race)	4,358	5.8%
African American	2,182	2.9%
Asian	1,723	2.3%
Two or more races	1,652	2.2%
Some other race	1,555	2.1%
Population by Age		
Under 5 years	4,191	5.5%
5 to 14 years	9,589	12.6%
15 to 24 years	9,540	12.6%
25 to 44 years	19,313	25.5%
45 to 64 years	19,720	26.0%
65 years and more	13,430	17.7%
Median age (years)	**39.9**	N/A
Household by Type		
Total households	32,490	100%
Total families	19,323	59.4%
Households with children <18 years	7,020	21.6%
Married-couple family household	15,486	47.6%
Married-couple family household with children <18 years	5,158	15.8%
Female householder, no husband present	2,253	6.9%
Female householder, no husband present with children <18 years	1,104	3.3%
Nonfamily household (single person)	13,167	40.5%
Nonfamily household (single person) living alone	N/A	77.8%
Nonfamily household (single person) 65 years and >	N/A	25.4%
Households with one or more people <18 years	N/A	25.2%
Households with one or more people 60 years and >	N/A	38.2%
Average household size	2.27 people	N/A
Average family size	2.87 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	$162,700	N/A
Median owner costs for housing units with a mortgage	$1,202	N/A
Median owner costs for housing units without a mortgage	$446	N/A
Median value of occupied units paying rent	$747	N/A
Median rooms per total housing unit	6.3	N/A
Total occupied housing units	32,490	N/A
No telephone service available	431	1.3%
Lacking complete kitchen facilities	226	0.7%
Lacking complete plumbing facilities	15	0.0%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	16,315	100%
Nursery & preschool	710	4.4%
Kindergarten	12,013	73.6%
Elementary School (Grades 1-8)	8,063	44.2%
High School (Grades 9-12)	3,169	19.4%
College or Graduate School	3,592	22.0%
Educational Attainment		
Population 25 years and over	52,463	100%
< 9th grade education	1,036	2.0%
9th to 12th grade, no diploma	3,277	6.2%
High school graduate (includes equivalency)	18,331	34.9%
Some college, no degree	11,362	21.7%
Associate degree	4,442	8.5%
Bachelor's degree	7,524	14.3%
Graduate or professional degree	6,491	12.4%
Percent high school graduate or higher	48,150	91.8%
Percent Bachelor's degree or higher	14,015	26.7%
Marital Status*		
Population 15 years and over	61,822	100%
Never married	N/A	27.4%
Now married, excluding separated	N/A	52.5%
Separated	N/A	1.3%
Widowed	N/A	6.9%
Widowed females	N/A	10.2%
Divorced	N/A	11.9%
Divorced females	N/A	13.1%
Veteran Status		
Civilian population 18 years and over	58,952	100%
Veterans 18 years and over	5,125	8.7%

*2019 ACS 5-year estimates

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	74,595	100%
Civilian with a disability	9,518	12.8%
Under 18 years	16,588	22.2%
Under 18 years with a disability	1203	9.7%
18 to 64 years	45,152	60.5%
18 to 64 years with a disability	4,674	20.0%
65 Years and over	12,855	17.2%
65 Years and over with a disability	3,641	59.5%

Selected Economic Characteristics

Employment Status		
Population 16 years and over	61,090	100%
16 years and over in labor force	40,024	65.5%
16 years and over not in labor force	21,066	34.5%
Females 16 years and over	30,895	100%
Females 16 years and over in labor force	18,640	60.3%
Population living with own children <6 years	4,487	100%
All parents in family in labor force	3,627	80.8%
Class of Worker		
Civilian employed population 16 years and over	38,579	100%
Private wage and salary workers	32,597	84.5%
Government workers	3,808	9.9%
Self-employed in own not incorporated business workers	2,157	5.6%
Unpaid family workers	17	0.0%
Occupations		
Employed civilian population 16 years and over	38,579	100%
Management, business, science, and arts occupations	13,822	35.8%
Service occupations	6,414	16.6%
Sales and office occupations	6,386	16.6%
Natural resources, construction, and maintenance occupations	3,350	8.7%
Production, transportation, and material moving occupations	8,607	22.3%
Leading Industries		
Employed civilian population 16 years and over	38,579	100%
Agriculture, forestry, fishing and hunting, and mining	1,367	3.5%
Construction	2,117	5.5%
Manufacturing	10,309	26.7%
Wholesale trade	1,184	3.1%
Retail trade	4,143	10.7%
Transportation and warehousing, and utilities	2,021	5.2%
Information	507	1.3%
Finance and insurance, and real estate and rental and leasing	791	2.1%
Professional, scientific, and management, and administrative and waste management services	2,229	5.8%
Educational services, and health care and social assistance	8,674	22.5%
Arts, entertainment, and recreation, and accommodation and food services	3,301	8.6%
Other services, except public administration	1,059	2.7%

Selected Economic Characteristics, Continued

Income in 2019		
Households	32,490	100%
< $10,000	1,439	4.4%
$10,000 to $14,999	935	2.9%
$15,000 to $24,999	3,316	10.2%
$25,000 to $34,999	2,953	9.1%
$35,000 to $49,999	4,916	15.1%
$50,000 to $74,999	5,748	17.7%
$75,000 to $99,999	4,574	14.1%
$100,000 to $149,999	4,462	13.7%
$150,000 to $199,999	2,246	6.9%
$200,000 or more	1,901	5.9%
Median household income	***$60,944***	N/A
Income in 2019		
Families	19,323	100%
< $10,000	479	2.5%
$10,000 to $14,999	89	0.5%
$15,000 to $24,999	571	3.0%
$25,000 to $34,999	1,106	5.7%
$35,000 to $49,999	2,900	15.0%
$50,000 to $74,999	3,622	18.7%
$75,000 to $99,999	2,973	15.4%
$100,000 to $149,999	4,014	20.8%
$150,000 to $199,999	2,066	10.7%
$200,000 or more	1,503	7.8%
Median family income	***$80,560***	N/A
Per capita income in 2017	***$36,635***	N/A
Poverty Status in 2019		
Families	N/A	4.8%
All People	N/A	10.0%

(Source: U.S. Census Bureau, 2019)

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

	Income	**Rank of Ohio Counties**
BEA Per Capita Personal Income 2020	$54,386	17th of 88 counties
BEA Per Capita Personal Income 2019	$50,556	17th of 88 counties
BEA Per Capita Personal Income 2018	$50,191	15th of 88 counties
BEA Per Capita Personal Income 2017	$50,016	10th of 88 counties
BEA Per Capita Personal Income 2016	$53,179	6th of 88 counties

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things, Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Employment Statistics

Category	Hancock County	Ohio
Labor Force	40,000	5,681,800
Employed	38,900	5,485,600
Unemployed	1,100	196,200
Unemployment Rate* in November 2021	2.7	3.5
Unemployment Rate* in October 2021	3.3	3.8
Unemployment Rate* in November 2020	3.5	4.9

*Rate equals unemployment divided by labor force.
(Source: Ohio Department of Job and Family Services, January 2022,
https://ohiolmi.com/_docs/LAUS/OhioCivilianLaborForceEstimates.pdf)

Estimated Poverty Status in 2020

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Hancock County						
All ages in poverty	6,868	5,591	8,145	9.3	7.6	11.0
Ages 0-17 in poverty	1,772	1,293	2,251	11.0	8.0	14.0
Ages 5-17 in families in poverty	1,210	859	1,561	10.3	7.3	13.3
Median household income	$61,473	$55,924	$67,022			
Ohio						
All ages in poverty	1,428,219	1,398,807	1,457,631	12.6	12.3	12.9
Ages 0-17 in poverty	417,333	400,878	433,788	16.6	15.9	17.3
Ages 5-17 in families in poverty	281,878	267,654	296,102	15.3	14.5	16.1
Median household income	$60,360	$59,900	$60,820			
United States						
All ages in poverty	38,371,394	38,309,115	38,433,673	11.9	11.9	11.9
Ages 0-17 in poverty	11,204,423	11,176,652	11,232,194	15.7	15.7	15.7
Ages 5-17 in families in poverty	7,798,566	7,778,138	7,818,994	14.9	14.9	14.9
Median household income	$67,340	$67,251	$67,429			

(Source: U.S. Census Bureau, 2020 Poverty and Median Income Estimates,
(https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html)

Federal Poverty Thresholds in 2020 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	$ 14,097					
1 Person 65 and >	$ 12,996					
2 people Householder < 65 years	$ 18,145	$ 18,677				
2 People Householder 65 and >	$ 16,379	$ 18,606				
3 People	$ 21,196	$ 21,811	$ 21,196			
4 People	$ 27,949	$ 28,406	$ 27,949	$ 28,406		
5 People	$ 33,705	$ 34,195	$ 33,705	$ 34,195	$ 33,705	$ 34,195
6 People	$ 38,767	$ 38,921	$ 38,767	$ 38,921	$ 38,767	$ 38,921
7 People	$ 44,606	$ 44,885	$ 44,606	$ 44,885	$ 44,606	$ 44,885
8 People	$ 49,888	$ 50,329	$ 49,888	$ 50,329	$ 49,888	$ 50,329
9 People or >	$ 60,012	$ 60,303	$ 60,012	$ 60,303	$ 60,012	$ 60,303

(Source: U. S. Census Bureau, Poverty Thresholds 2021,
https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

Appendix VI: County Health Rankings

	Hancock County 2021	Ohio 2021	U.S. 2021
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2017-2019)	7,700	8,500	6,900
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2018)	16%	18%	17%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2018)	3.8	4.1	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2018)	4.7	4.8	4.1
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2013-2019)	8%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2018)	20%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2017)	36%	34%	30%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 & 2018)	8.1	6.8	7.8
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2017)	27%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2019)	85%	84%	84%
Excessive drinking. Percentage of adults reporting binge or heavy drinking (2018)	19%	18%	19%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2015-2019)	15%	32%	27%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2018)	322.1	542.3	539.9
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2013-2019)	19	22	21

(Source: 2021 County Health Rankings for Hancock County, Ohio and U.S. data)

	Hancock County 2021	Ohio 2021	U.S. 2021
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2018)	7%	8%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2018)	1,770:1	1,300:1	1,320:1
Access to dental care. Ratio of population to dentists (2019)	2,110:1	1,560:1	1,400:1
Access to behavioral health care. Ratio of population to mental health providers (2020)	580:1	380:1	380:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2018)	4,064	4,901	4,236
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2018)	40%	43%	42%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2018)	56%	51%	48%
Social and Economic Environment			
Education. Percentage of adults ages 25 and over with a high school diploma or equivalent (2015-2019)	92%	90%	88%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2015-2019)	69%	66%	66%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2019)	3.2%	4.1%	3.7%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2019)	11%	18%	17%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2015-2019)	4.0	4.7	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2015-2019)	19%	27%	26%
Family and social support. Number of membership associations per 10,000 population (2018)	13.7	11.0	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	153	293	386
Injury. Number of deaths due to injury per 100,000 population (2015-2019)	76	91	72

(Source: 2021 County Health Rankings for Hancock County, Ohio, and U.S. data)

	Hancock County 2021	Ohio 2021	U.S. 2021
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2016)	9.0	9.0	7.2
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2019)	Yes	N/A	N/A
Housing. Percentage of households with at least 1-of-4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2013-2017)	10%	14%	18%
Transportation. Percentage of the workforce that drives alone to work (2015-2019)	85%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2015-2019)	17%	31%	37%

N/A – Data is not available
(Source: 2021 County Health Rankings for Hancock County, Ohio, and U.S. data)

Appendix VII: Community Stakeholder Perceptions

In June 2022, Be Healthy Now Hancock County released the 2021 Hancock County Community Health Assessment (CHA) for public viewing and input. Those who viewed the report or short video presentation were directed to submit feedback via electronic survey platform. Results from the participant feedback are included below:

1) What surprised you the most?

2) What would you like to see covered in the report next time?

3) What will your organization do with this data?

4) Based on the Community Health Assessment (CHA), what health topics do you see as the most important? Please list 2 or more choices.

5) Are there any groups or agencies you think would be valuable resources or partners to work towards the above health issues you identified?

6) What are some barriers that your community or organization may face regarding the issues you identified?

7) In your opinion, what is the best way to communicate the information for the Community Health Assessment (CHA) to the rest of the public?

8) Other comments or concerns: