

2021



Coshocton County **Community Health Assessment**

Examining the health of Coshocton County

Released September 2021

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

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health needs assessments and planning processes in 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology and health education.

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

Coshocton City Health Department

<https://www.cityofcoshocton.com/health-department/>

Coshocton County Health Department

<https://www.coshoctoncounty.net/health/>

Hospital Council of Northwest Ohio

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

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Executive Summary

This executive summary provides an overview of health-related data for Coshocton County adults (19 years of age and older) who participated in a county-wide health assessment survey from December 2020 through May 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 (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio assisted with survey development, guided the health assessment process, and integrated sources of primary and secondary data into the final report. Ohio University sought Institutional Review Board (IRB) approval for the project, administered the surveys, and collected the data.

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 about the community: 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 next section.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Coshocton County. From the beginning, community leaders and members 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 instrument 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 The Hospital Council of Northwest Ohio (HCNO) met to discuss potential sources of valid and reliable survey items that would be appropriate to assess 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 meeting with the Southeast Ohio Health Improvement Collaborative. During this meeting, HCNO and the Southeast Ohio Health Improvement Collaborative reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Southeast Ohio Health Improvement Collaborative, the project coordinator composed a draft survey containing 110 items for the adult survey. IRB approval was granted to Ohio University by their universities Social and Behavioral IRB.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Coshocton County. There were an estimated 27,504 people ages 19 and older living in Coshocton 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 264 adults was needed to ensure this level of confidence for the general population.

The random sample of mailing addresses of adults from Coshocton County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. Surveys were mailed in early April 2021 and returned through mid-May 2021.

PROCEDURE | Adult Survey

Prior to mailing the survey, Ohio University mailed an advance letter to 2,000 adults in Coshocton County. This advance letter was printed on Southeast Ohio Health Improvement Collaborative stationery and signed on behalf of the group by the co-chairs Linda Supplee of Genesis HealthCare System and Angela DeRolph of the Perry County Health Department. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected. Letters returned as undeliverable were not replaced with another potential respondent to receive the survey. Lastly, it is important to note that the advance wave letter stated that if the recipient was selected to receive the survey, they would receive a \$2 bill as a thank you for their time to complete the survey. After sending the letter, Ohio University encountered problems with this recruitment strategy due to institutional rules about exchanging money. A gift card drawing replaced the \$2 bill incentive that was originally noted. The letter included additional information regarding the drawing with information on how to enter by filling out a postage-paid card that was included in the mailing. Individuals receiving the survey and post card were asked to provide either their phone number or email address and instructed to mail the postage paid, post card separately from their survey.

Thirteen weeks following the advance letter, an additional mailing was administered. The mailing included a personalized, hand signed cover letter (on Southeast Ohio Health Improvement Collaborative stationery) describing the purpose of the study and the chances of winning a gift card, the questionnaire, a self-addressed stamped return envelope, and a postcard to enter the drawing for a \$100 or \$25 gift card. The mailing materials were included in a large colored envelope. A total of 3,000 surveys were sent out by Ohio University. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the adult population was 6% ($n=163$; $CI=\pm 7.65$).

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 Coshocton 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.

LIMITATIONS

As with all county health assessments, it is important to consider the findings with respect to 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 Coshocton County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation. Furthermore, while the survey was mailed to random households in Coshocton County, those responding to the survey were more likely to be older. While weightings are applied during calculations to help account for this sort of variation, it still presents a potential limitation to the extent that

the lower response from younger individuals might be substantively different from the majority of Coshocton County residents.

Additionally, 2,000 participants were mailed the advance letter and 3,000 participants were mailed the survey packet in an effort to increase the sample size. This means that many potential respondents did not receive the advance letter that notifies them to anticipate an upcoming survey. It is possible the potential respondents who received the survey without an advance notice may not have felt as inclined to participate as the respondents who received both the advance letter and the survey packet.

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

COVID-19

Data collection occurred during the COVID-19 pandemic. It is important to consider the pandemic when reviewing the report due to the influence the pandemic may have on changes with the health status of the community.

Secondary Data Collection Methods

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

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 CHA process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community. This CHIP (community health improvement plan) process will be facilitated by Ohio University and involves 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 participant's 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).

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 identify 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 tracked through ongoing meetings. At the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

Figure 1.1 The MAPP Framework



2019 Ohio State Health Assessment (SHA)

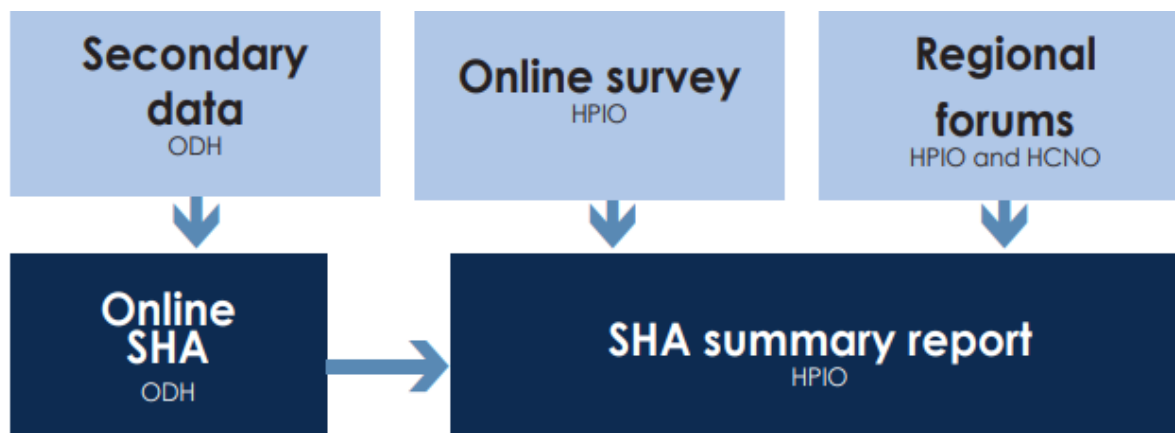
The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 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 Coshoccon 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 Coshoccon County's hope that this CHA will serve as a foundation for such collaboration.

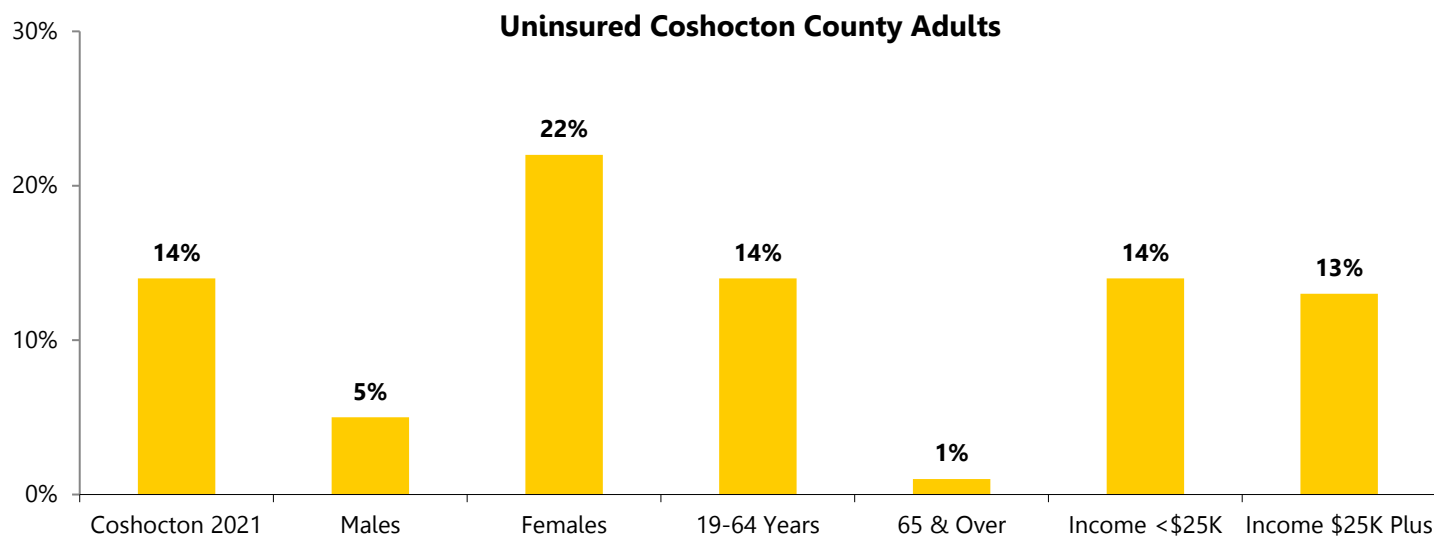
To view the full 2019 Ohio State Health Assessment, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/>

FIGURE 1.1 | Components of the 2019 State Health Assessment (SHA)



HEALTH CARE COVERAGE

In 2021, 14% of Coshocton County adults were without health care coverage. Those most likely to be uninsured were adults with children under the age of 18 (28%) and females (22%).

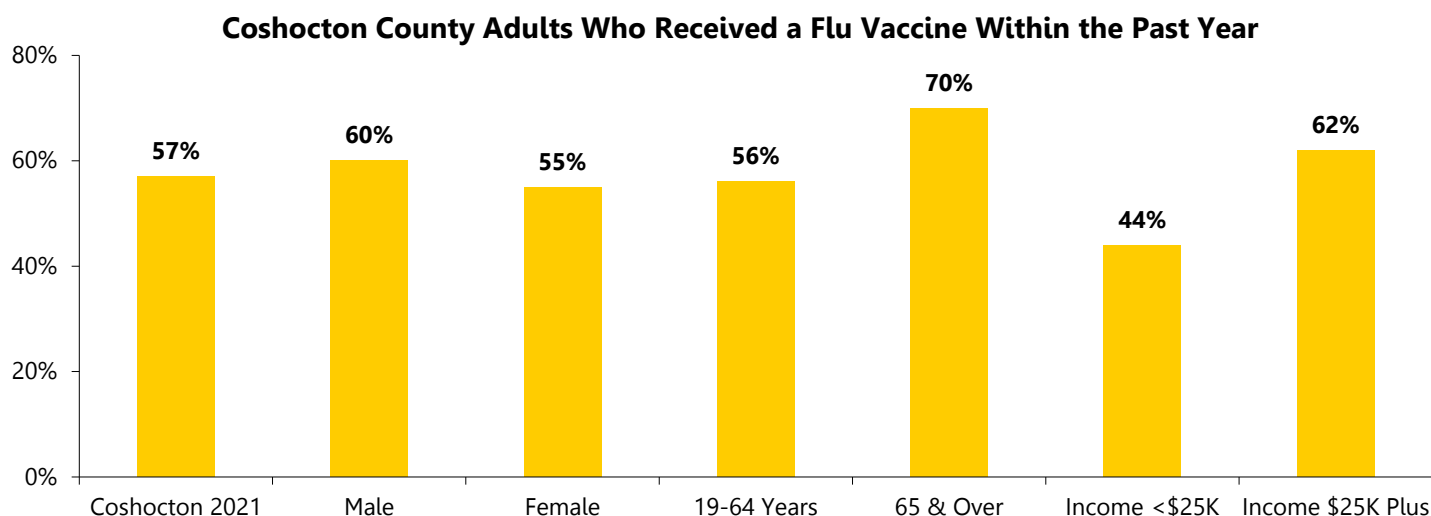


ACCESS AND UTILIZATION

More than half (55%) of Coshocton County adults went outside of Coshocton County for health care services in the past year. Twenty-nine percent (29%) of adults looked for a program to help with depression, anxiety, or some mental health problem.

PREVENTIVE MEDICINE

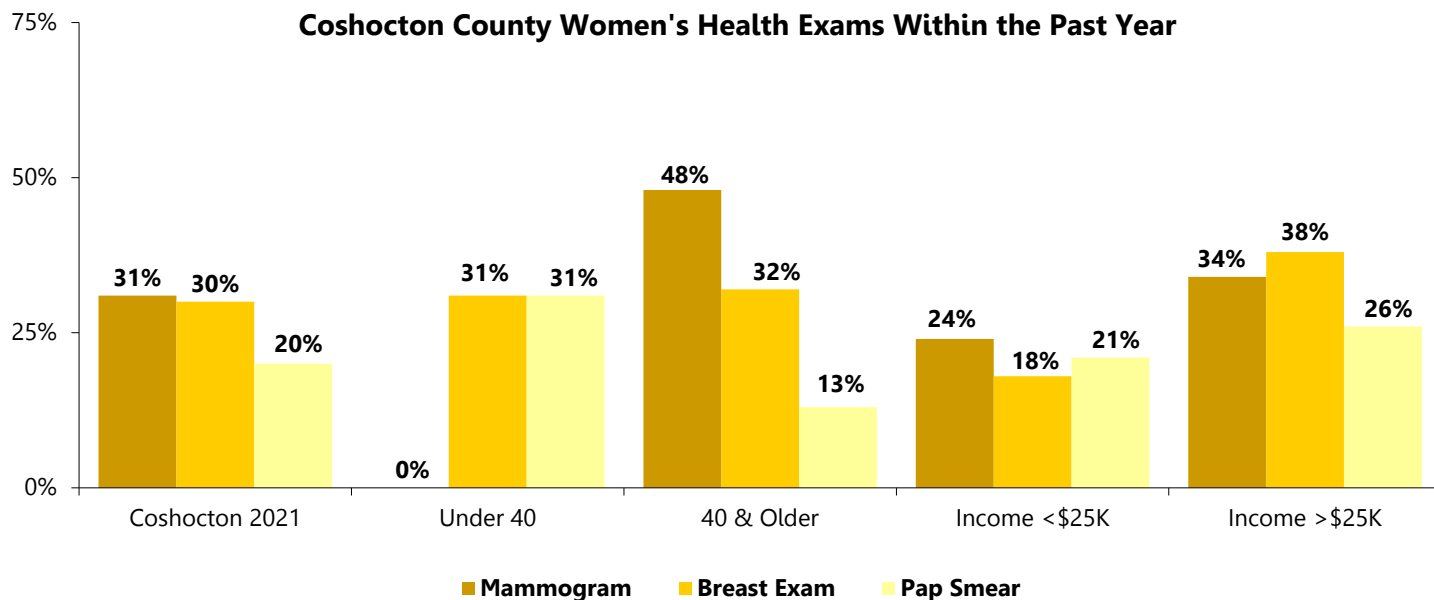
More than half (57%) of Coshocton County adults had a flu vaccine during the past year. Nearly three-fourths (72%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.



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.

WOMEN'S HEALTH

In 2021, nearly half (48%) of Coshocton County women older than the age of 40 reported having a mammogram in the past year. In the past year, 30% of Coshocton County women had a clinical breast exam, and 20% had a Pap smear to detect cancer of the cervix. More than one-third (36%) were obese, 33% had high blood cholesterol, 26% had high blood pressure, and 22% were identified as current smokers, of which are all known risk factors for cardiovascular diseases.

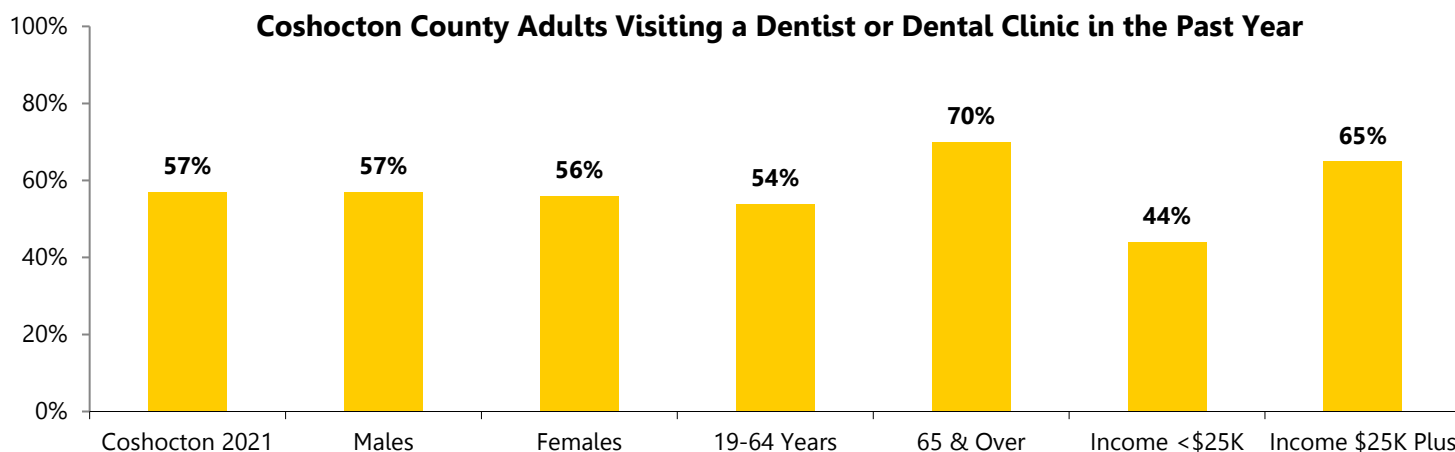


MEN'S HEALTH

Nearly half (48%) of Coshocton County men had a prostate-specific antigen test (PSA) in their lifetime, and 24% had one in the past year. More than two-fifths (44%) of men had been diagnosed with high blood cholesterol, 33% had high blood pressure, and 16% were identified as smokers, which, along with obesity (36%), all of which are known risk factors for cardiovascular diseases.

ORAL HEALTH

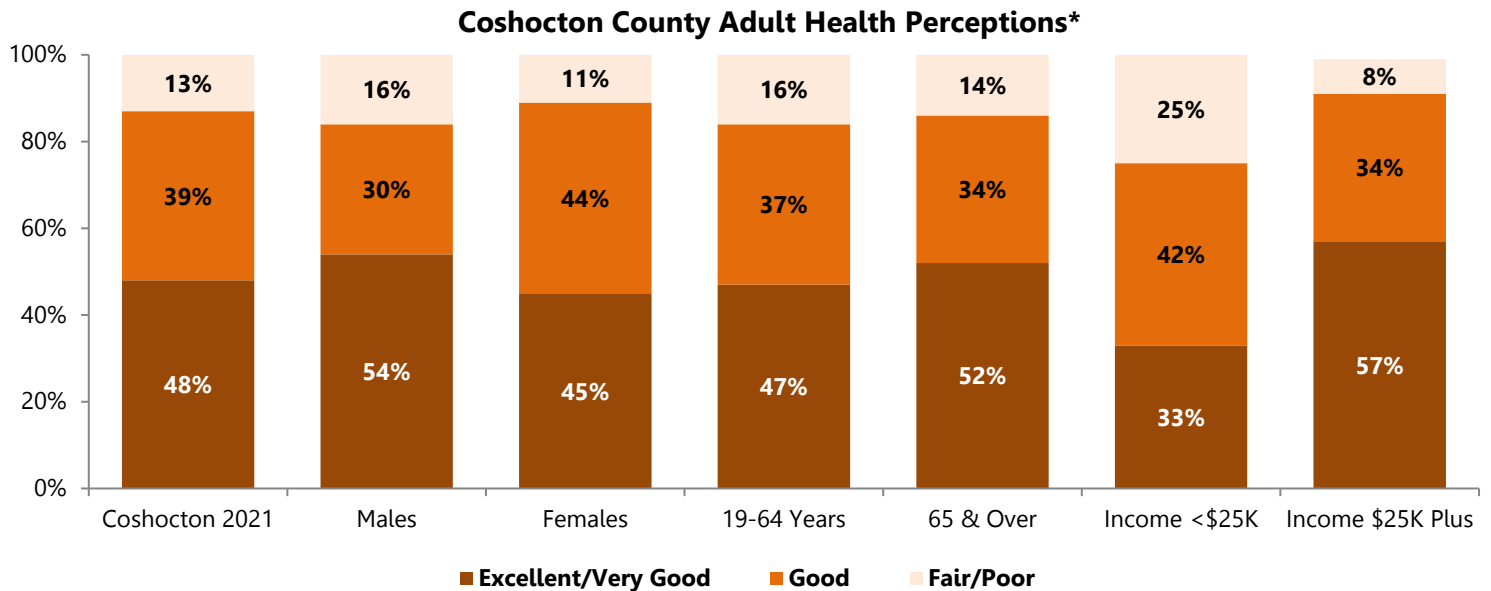
Fifty-seven percent (57%) of Coshocton County adults visited a dentist or dental clinic in the past year. More than one-fifth (22%) of adults did not see a dentist in the past year due to cost.



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.

HEALTH STATUS PERCEPTIONS

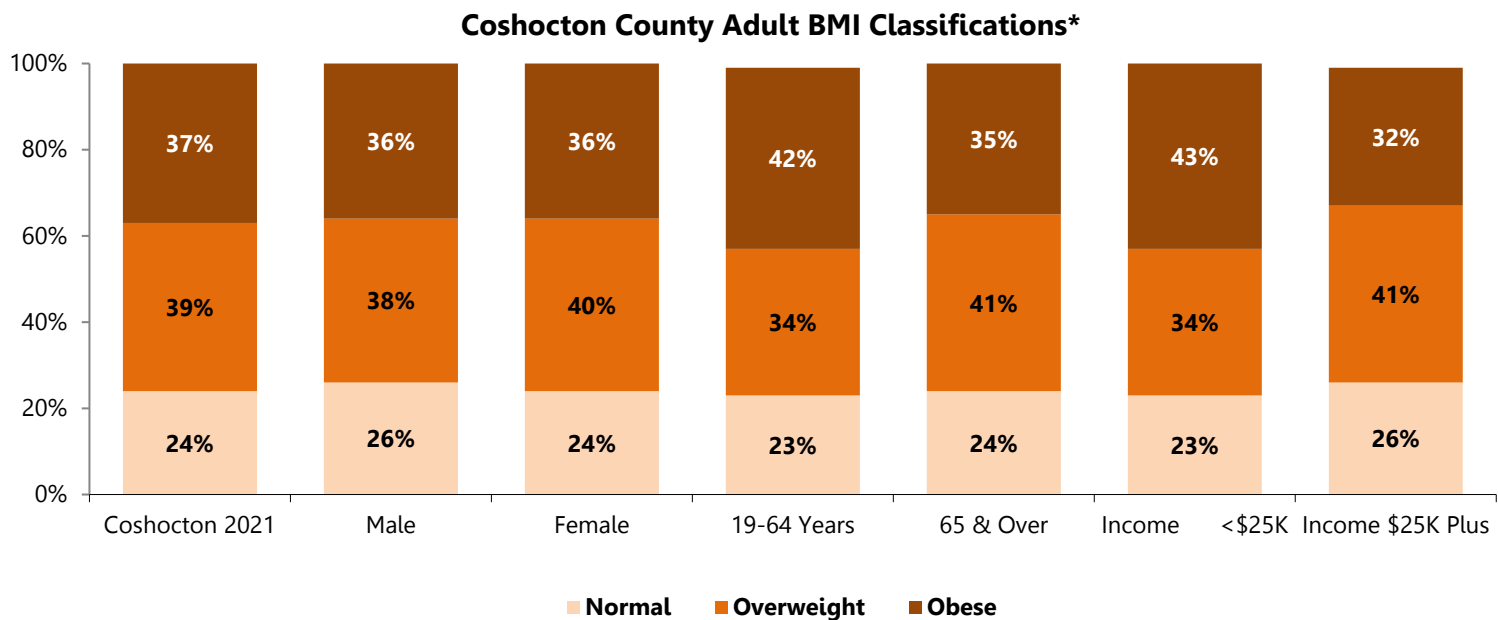
In 2021, 48% of Coshocton County adults rated their health status as excellent or very good. Conversely, 13% of adults described their health as fair or poor, increasing to 25% of those with annual incomes less than \$25,000.



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

ADULT WEIGHT STATUS

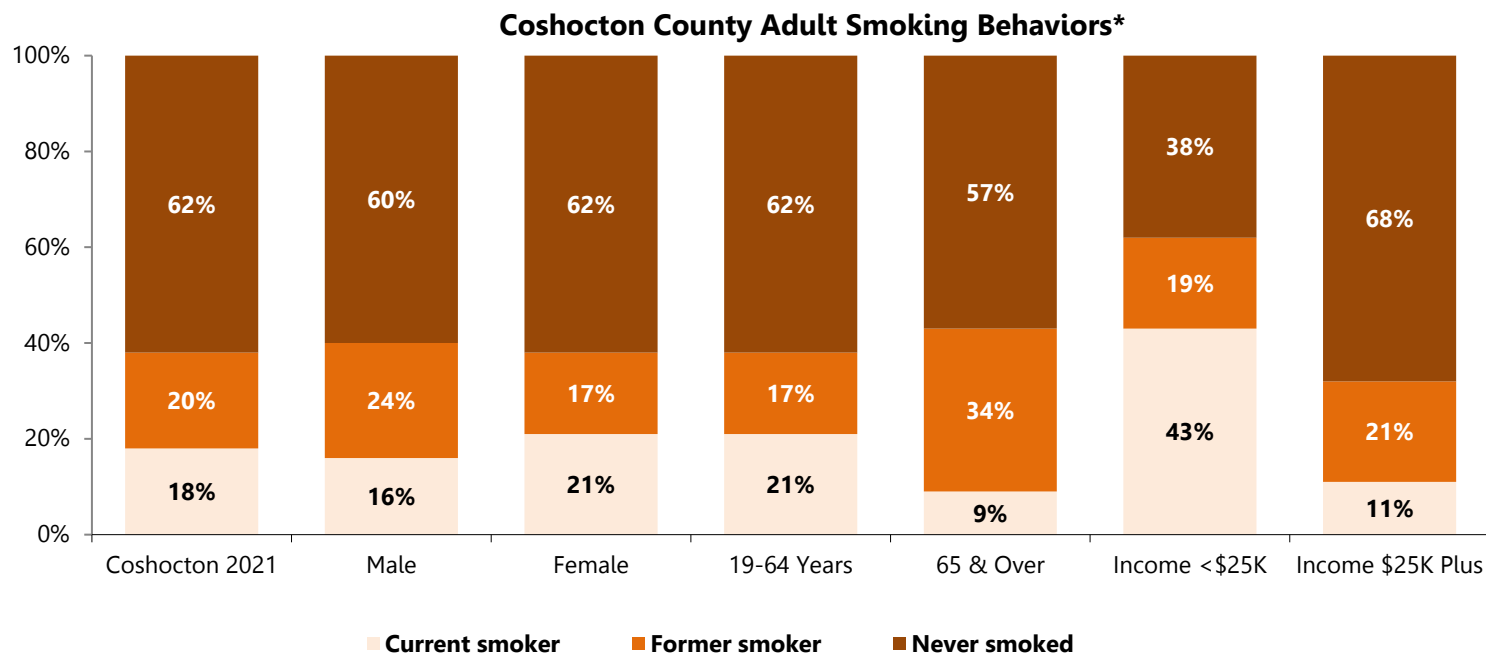
More than three-fourths (76%) of Coshocton County adults were overweight (39%) or obese (37%) based on body mass index (BMI). Eighteen percent (18%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.



**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

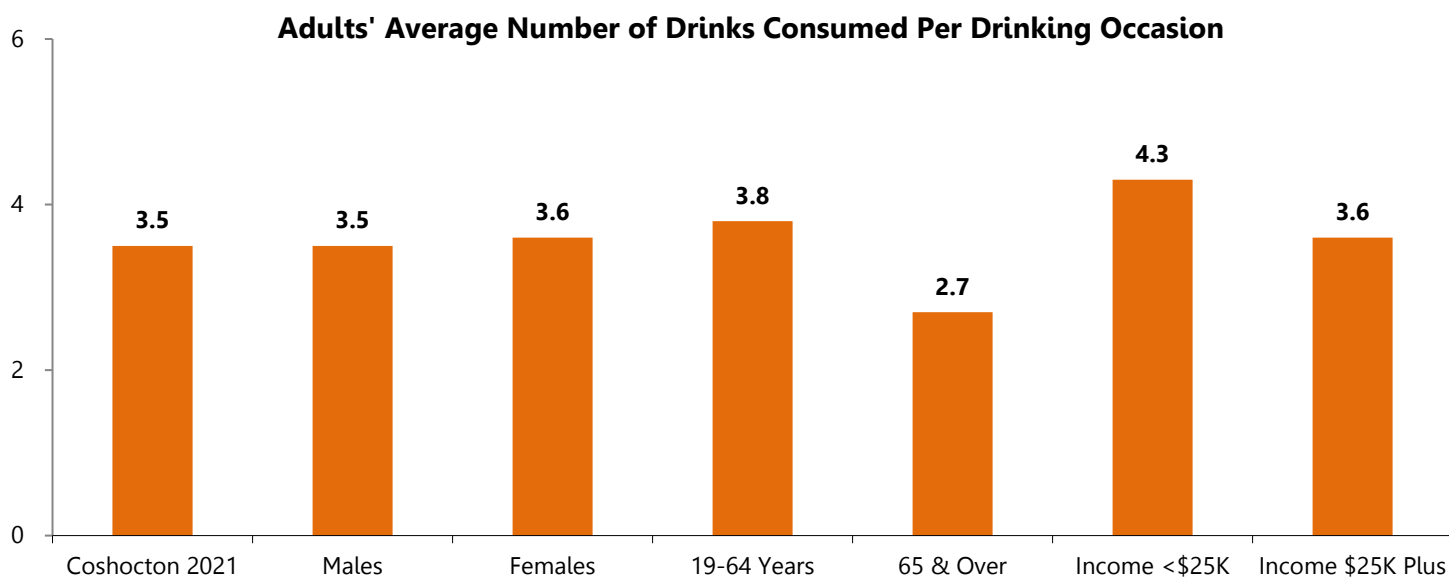
In 2021, 18% of Coshocton County adults were current smokers, and 20% were considered former smokers. Three percent (3%) of adults used e-cigarettes or vapes in the past year. Sixty-eight percent (68%) of adults reported they would support an ordinance to ban smoking in a vehicle with a minor present.



**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

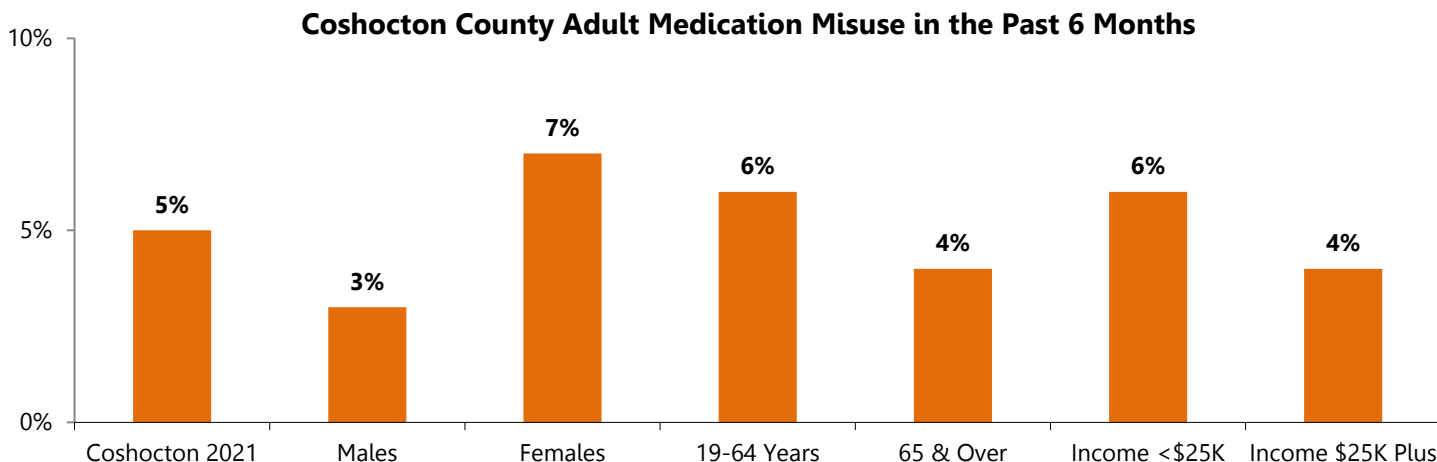
More than half (53%) of Coshocton County adults had at least one alcoholic drink in the past month. Nearly one-fifth (18%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on one occasion in the last month and would be considered binge drinkers.



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, 6% of Coshocton County adults reported using recreational marijuana during the past 6 months. Five percent (5%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



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-four percent (64%) of Coshocton County adults had sexual intercourse in the past year. Three percent (3%) of adults had more than one partner.

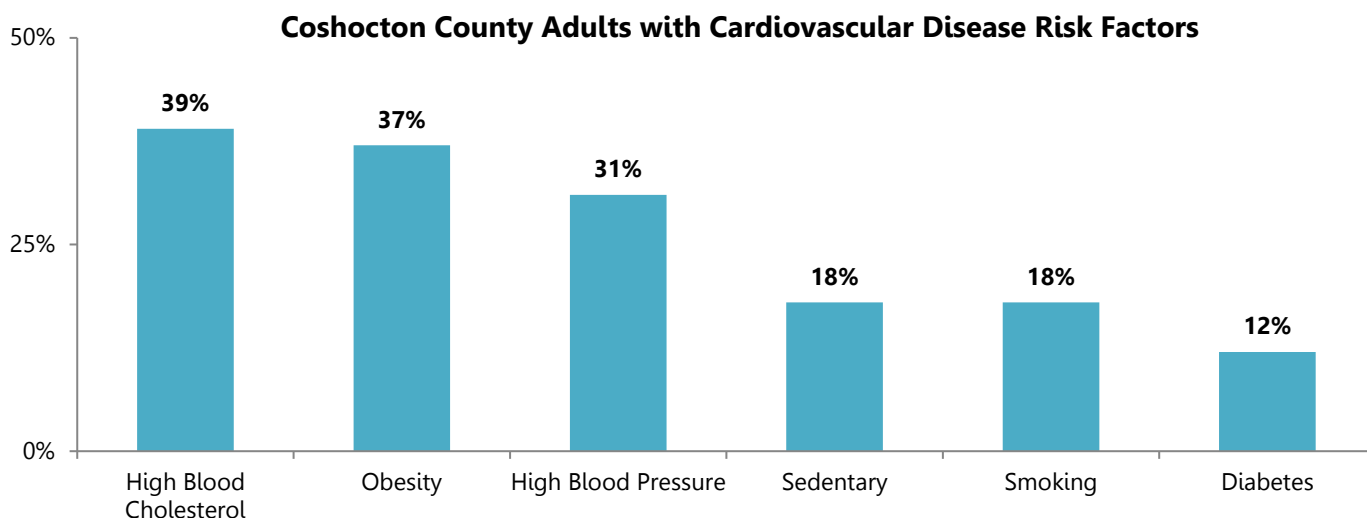
ADULT MENTAL HEALTH

Six percent (6%) of Coshocton County adults considered attempting suicide in the past year. Thirteen percent (13%) of adults had a period of two or more weeks when they felt sad or hopeless nearly every day that they stopped doing usual activities in the past year.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Eight percent (8%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Thirty-nine percent (39%) had high blood cholesterol, 37% were obese, 31% had high blood pressure, and 18% were current smokers, which are four known risk factors for heart disease and stroke.



CANCER

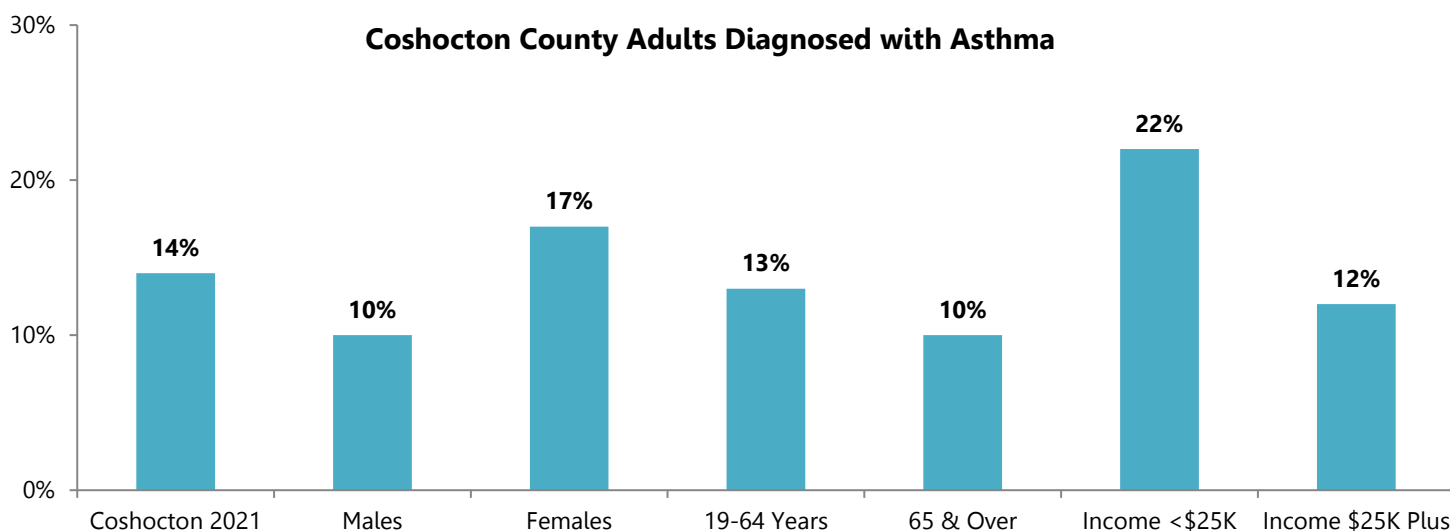
In 2021, 22% of Coshocton County adults had been diagnosed with cancer at some time in their life. The Ohio Department of Health (ODH) indicates that, from 2017 to 2019, cancers caused 21% (272) of all (1,308) Coshocton County resident deaths.

ARTHRITIS

More than one-third (37%) of Coshocton County adults were diagnosed with arthritis.

ASTHMA

In 2021, 14% of Coshocton County adults reported they were diagnosed with asthma at some time in their lifetime.

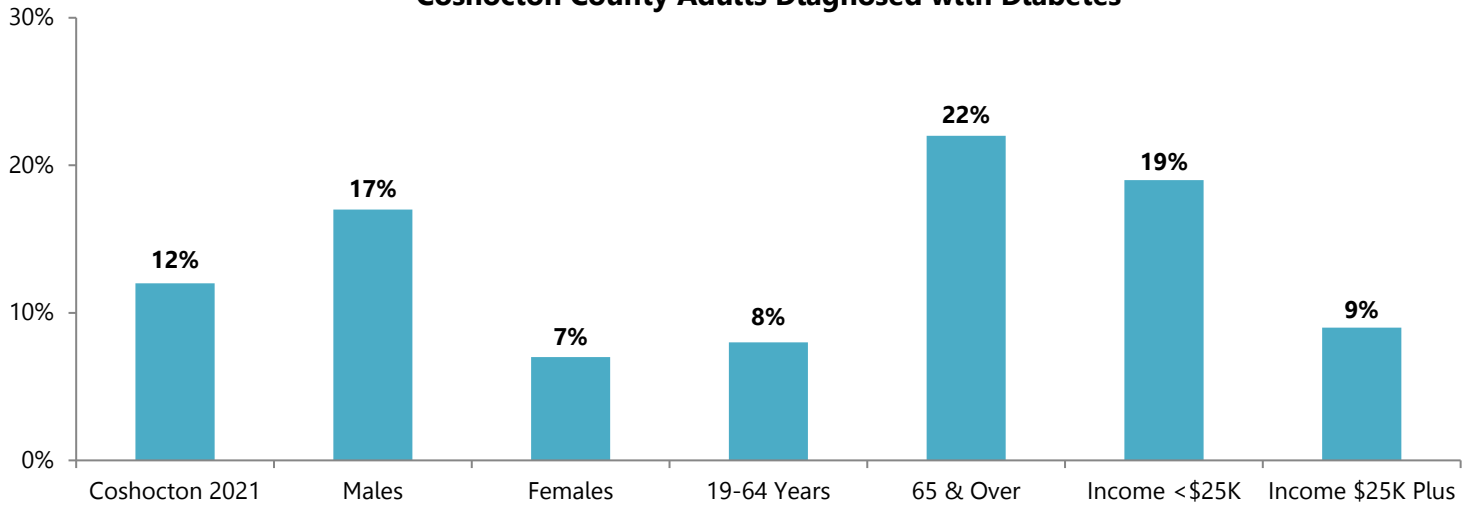


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

DIABETES

In 2021, 12% of Coshocton County residents reported they were diagnosed with diabetes at some time in their lifetime. More than half (58%) of adults with diabetes rated their health as fair or poor.

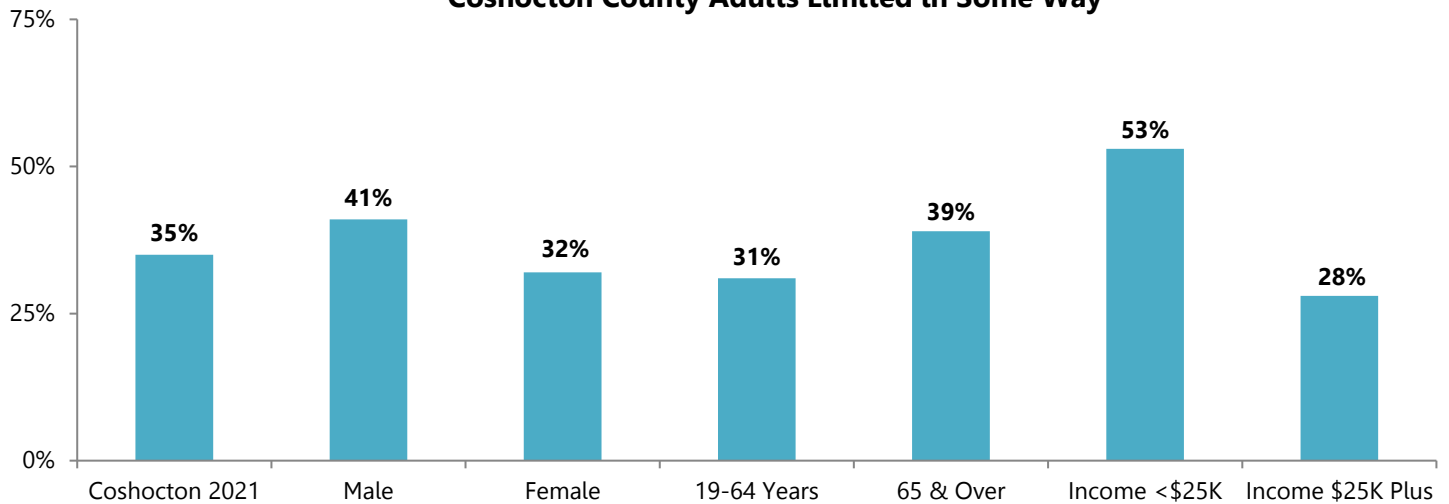
Coshocton County Adults Diagnosed with Diabetes



QUALITY OF LIFE

In 2021, 35% of Coshocton County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (46%); chronic pain (39%); arthritis/rheumatism (34%); stress, depression, anxiety and emotional problems (24%); and fitness level (24%).

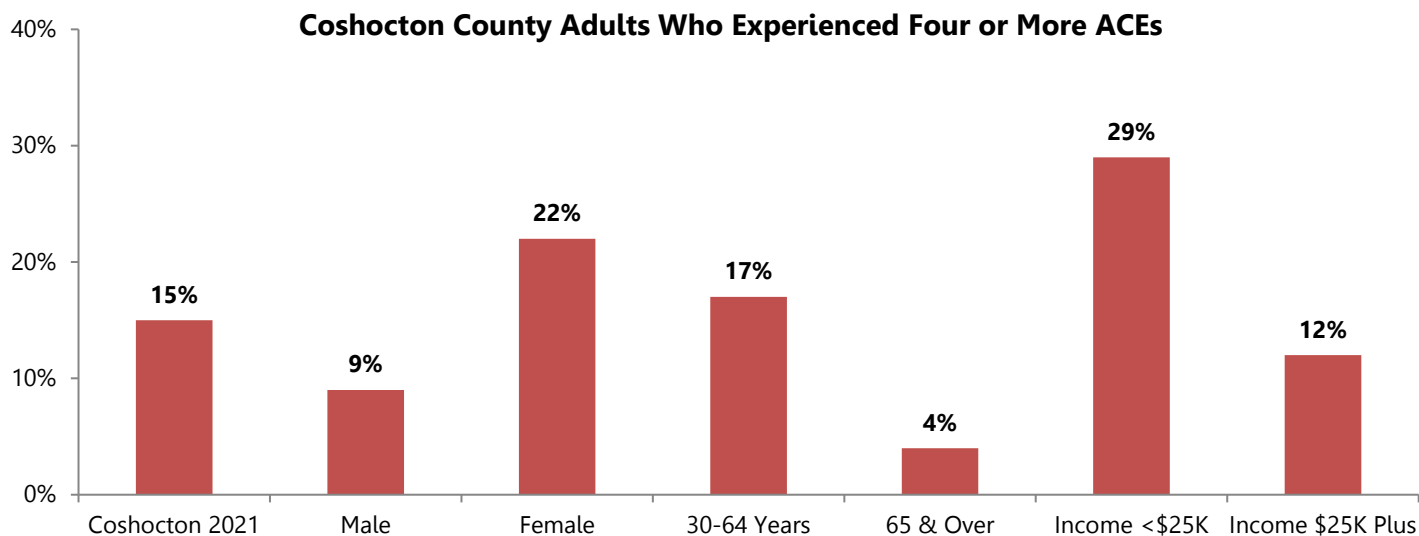
Coshocton County Adults Limited in Some Way



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.

SOCIAL DETERMINANTS OF HEALTH

In 2021, 8% of Coshocton County adults had to choose between paying bills and buying food. Fifteen percent (15%) of adults experienced four or more adverse childhood experiences (ACEs) in their lifetime (ACEs are stressful or traumatic events, for example, parents becoming separated or divorced, or living with someone who was a problem drinker or alcoholic).



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.







ENVIRONMENTAL HEALTH


Coshocton County adults reported the following as the top three issues that threatened their health in the past year: insects (12%), mold (10%), and moisture issues (6%). Twenty-four percent (24%) of adults felt their household was well prepared to handle a large-scale disaster or emergency.

PARENTING

In the past year, more than two-thirds (69%) of parents talked to their child ages 12-to-17-year-old about a career plan/post-secondary education as well as dating and relationships. Eighty-two percent (82%) of parents took their child to a doctor/health care provider for regular check-ups.

ADULT TREND SUMMARY









Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Health Care Coverage			
Uninsured 	14%	9%	11%
Access and Utilization			
Had at least one person they thought of as their personal doctor or health care provider	82%	80%	77%
Visited a doctor for a routine checkup in the past year 	64%	78%	78%
Needed to see a doctor in the past 12 months but could not because of cost 	10%	12%	12%
Preventive Medicine			
Had a pneumonia vaccination (age 65 and over)	72%	75%	73%
Had a flu vaccine in the past year (age 65 and over)	70%	63%	64%
Ever had a shingles or zoster vaccine	29%	29%*	29%*
Women's Health			
Had a mammogram within the past two years (age 40 and older)	64%	74%**	72%**
Had a Pap smear within the past three years (age 21-65)	51%	79%**	80%**
Men's Health			
Had a prostate-specific antigen (PSA) test in the past two years (age 40 and older)	44%	34%**	33%**
Oral Health			
Visited a dentist or dental clinic in the past year	57%	67%**	68%**
Health Status Perceptions			
Rated health as excellent or very good	48%	48%	51%
Rated health as fair or poor 	13%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	24%	24%**	23%**
Average days that physical health not good in past month 	3.1	4.1**	3.7**
Rated mental health as not good on four or more days (in the past 30 days)	32%	26%**	24%**
Average days that mental health not good in past month 	5.0	4.8**	4.1**
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	33%	24%**	24%**


 Indicates alignment with the Ohio State Health Assessment (SHA)

*2017 BRFSS

**2018 BRFSS

#2018 BRFSS as compiled by 2021 County Health Rankings

Comparisons	Coshocton County 2021	Ohio 2019	U.S 2019
Weight Status			
Obese 	37%	35%	32%
Overweight	39%	35%	35%
Tobacco Use			
Current smoker (currently smoke some or all days) 	18%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	24%	25%
Current e-cigarette user (vaped on some or all days)	6%	5%*	4%*
Alcohol Consumption			
Current drinker (drank alcohol at least once in the past month)	53%	51%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	18%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	6%	4%**	3%**
Cardiovascular Disease			
Had angina or coronary heart disease 	8%	5%	4%
Had a heart attack or myocardial infarction 	8%	5%	4%
Had a stroke	3%	4%	3%
Had high blood pressure 	31%	35%	32%
Had high blood cholesterol	39%	33%	33%
Had blood cholesterol checked within past 5 years	78%	85%	87%
Asthma			
Ever been told they have asthma	14%	16%	15%
Arthritis			
Ever diagnosed with arthritis	37%	31%	26%
Diabetes			
Ever been told by a doctor they have diabetes (not pregnancy-related) 	12%	12%	11%
Had been diagnosed with pre-diabetes or borderline diabetes 	9%	2%	2%

 Indicates alignment with the Ohio State Health Assessment (SHA)

*2017 BRFSS

**2018 BRFSS

Health Care Access: Health Care Coverage

Key Findings

In 2021, 14% of Coshocton County adults were without health care coverage. Those most likely to be uninsured were adults with children under the age of 18 (28%) and females (22%).

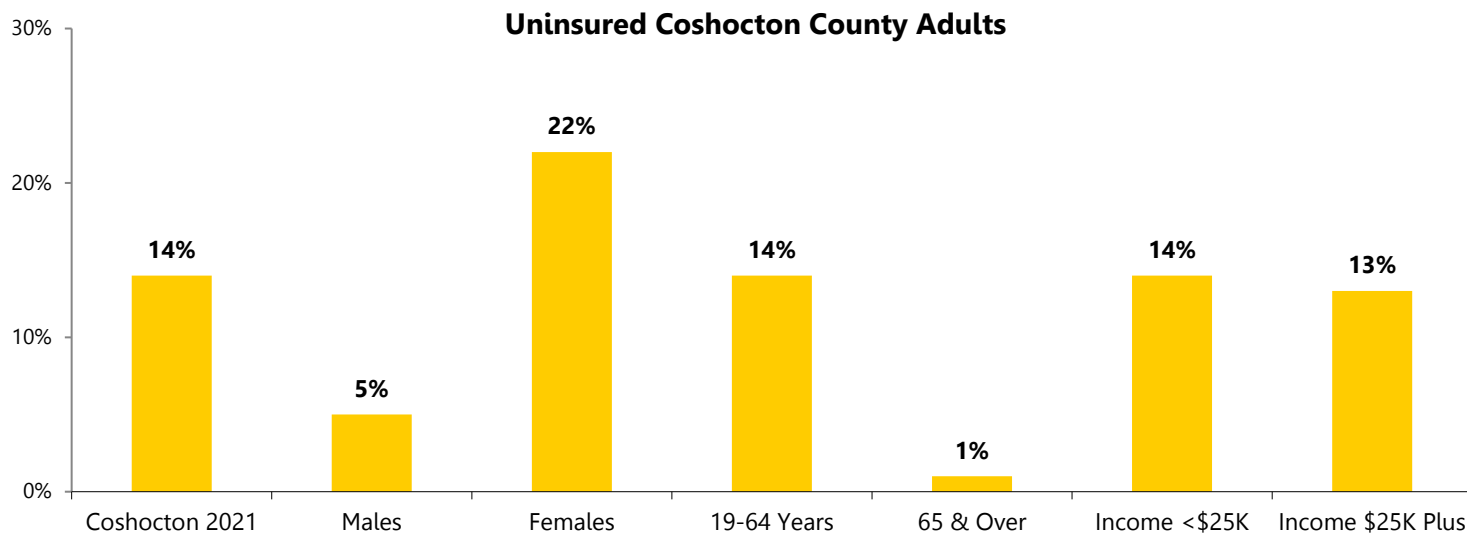
In Coshocton County, 14% of adults, or approximately 3,851 adults were uninsured.

Health Care Coverage

- In 2021, 86% of Coshocton County adults had health care coverage, leaving 14% who were uninsured.
- Twenty-eight percent (28%) of adults with children did not have health care coverage, compared to 6% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (33%); Medicare (27%); Medicaid or medical assistance (13%); someone else's employer (9%); and military, CHAMPUS, TriCare, CHAMPVA or the VA (7%); Health Insurance Marketplace (4%); and self-purchased plan (4%).
- Coshocton County adults had the following issues regarding their health care coverage:
 - Cost (26%)
 - Opted out of certain coverage because they could not afford it (12%)
 - Could not understand their insurance plan (10%)
 - Service not deemed medically necessary (9%)
 - Working with their insurance company (9%)
 - Limited visits (8%)
 - Provider was no longer covered (7%)
 - Opted out of certain coverage because they did not need it (6%)
 - Service no longer covered (5%)
 - Pre-existing conditions (3%)

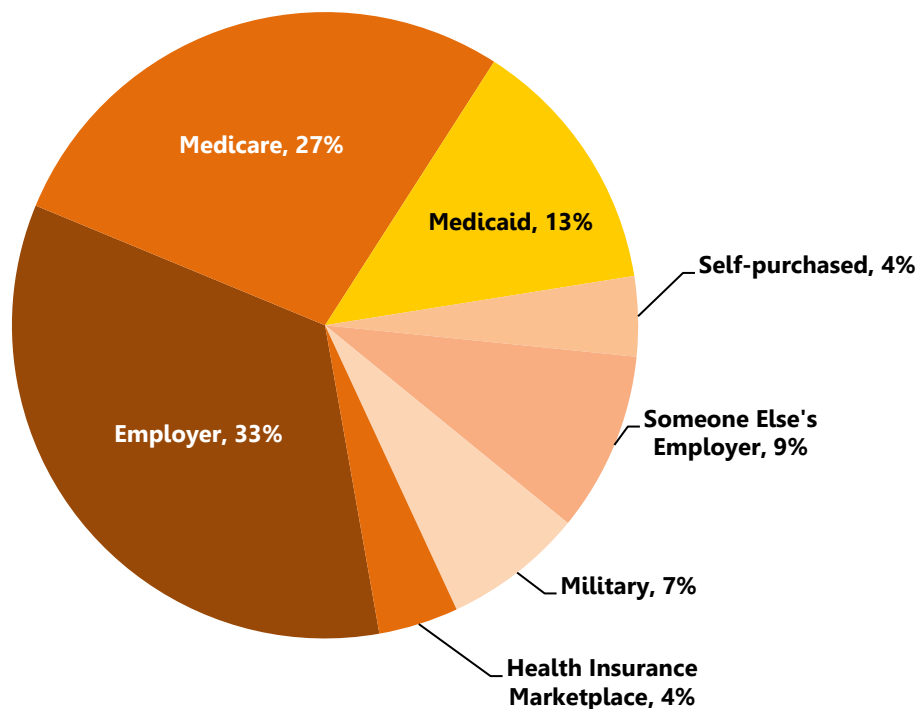
Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Uninsured	14%	9%	11%

The following graph shows the percentage of Coshocton County adults who were uninsured. Examples of how to interpret the information include: 14% of Coshocton County adults were uninsured, including 14% of adults with annual incomes less than \$25,000 and 22% of females. The pie chart shows sources of Coshocton County adults' health care coverage.



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.

Source of Health Coverage for Coshocton County Adults



The following chart shows what is included in Coshocton County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	97%	2%	1%
Prescription Coverage	86%	13%	1%
Immunizations	84%	9%	7%
Preventive Health (e.g., well visits, cancer screenings, blood pressure tests)	79%	8%	13%
Outpatient Therapy (e.g., occupational therapy, physical therapy)	79%	7%	14%
Vision/Eyeglasses	69%	29%	2%
Dental	63%	33%	4%
Mental Health	58%	13%	29%
Durable Medical Equipment (e.g., canes, walkers, oxygen)	45%	15%	40%
Alcohol and Drug Treatment	37%	15%	48%
Home Care	37%	19%	44%
Skilled Nursing/Assisted Living (e.g., inpatient rehab/therapy)	34%	17%	49%
Hospice	32%	19%	49%
Transportation	24%	27%	49%

Healthy People 2030 Access to Health Services (AHS)

Objective	Coshocton County 2021	Ohio 2018	U.S. 2018	Healthy People 2030 Target
AHS-01: Increase the proportion of persons with medical insurance	100% age 20-24 60% age 25-34 94% age 35-44 80% age 45-54 91% age 55-64	87% age 18-24 89% age 25-34 92% age 35-44 92% age 45-54 95% age 55-64	83% age 18-24 81% age 25-34 83% age 35-44 87% age 45-54 91% age 55-64	92%

(Sources: Healthy People 2030 Objectives, 2018 BRFSS, 2021 Coshocton County Health Assessment)

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.

Health Care Access: Access and Utilization

Key Findings

More than half (55%) of Coshocton County adults went outside of Coshocton County for health care services in the past year. Twenty-nine percent (29%) of adults looked for a program to help with depression, anxiety, or some mental health problem.

During the past year, 10% of adults or approximately 2,750 adults did not receive medical care due to cost.

Health Care Access and Utilization

- Adults usually visited the following places for health care services when they were sick or needed advice:
 - Doctor/health care provider's office (79%)
 - Urgent care center (4%)
 - Public/community health clinic (3%)
 - Family and friends (2%)
 - Veterans Affairs (VA) (2%)
 - Chiropractor (1%)
 - Hospital emergency room (1%)
 - Alternative therapies (1%)
 - Health department (1%)
- Six percent (6%) of adults indicated they had no usual place for health care services.
- More than four-fifths (82%) of adults had at least one person they thought of as their personal doctor or health care provider, increasing to 90% of those over the age of 65.
- Sixty-four percent (64%) of adults visited a doctor/health care provider for a routine checkup in the past year, increasing to 83% of those over the age of 65.
- In the past year, 10% of adults needed to see a doctor/health care provider but could not because of cost, increasing to 16% of females.
- The following might prevent Coshocton County adults from getting medical care if they were sick, injured, or need some type of health care: cost/no insurance (28%), provider would not take their insurance (14%), frightened of the procedure or doctor/health care provider (12%), difficult to get an appointment (11%), worried they might find something wrong (10%), did not trust or believe doctors/health care providers (10%), inconvenient hours (7%), could not get time off work (7%), difficult to find/no transportation (6%), discrimination (3%), could not find childcare (1%), and some other reason (3%).
- More than half (55%) of adults went outside of Coshocton County for the following health care services in the past year: specialty care (26%); primary care (25%); dental services (21%); cardiac care (10%); ear, nose, throat care (9%); orthopedic care (9%); dermatological care (8%); cancer care (6%); female health services (5%); podiatry care (4%); pediatric therapies (3%); obstetrics/gynecology (3%); addiction services (1%); bariatric care (1%); mental health care/counseling services (1%); pediatric care (1%); and another service (4%).
- Adults preferred to get/access information about their health or health care services in the following ways: doctor/health care provider (82%); Internet searches (29%); family member or friend (20%); medical portal (14%); newspaper articles or radio/television news stories (10%); advertising or mailings from hospitals, clinic, or doctor/health care providers' offices (5%); faith-based community/Church (4%); social network (3%); and texts on cell phone (2%).
- When accessing health care, adults felt confident to do the following: fill out medical forms accurately (92%), follow instructions correctly on a medicine or prescription container (92%), follow the advice of their health care provider (85%), know their health care providers exchange information so they can care for them accurately (60%), know how to obtain health insurance that best fits their needs (54%), and did not feel confident to do any of the above (5%).

Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Had at least one person they thought of as their personal doctor or health	82%	80%	77%
Visited a doctor for a routine checkup in the past year	64%	78%	78%
Needed to see a doctor in the past 12 months but could not because of cost	10%	12%	12%

Telemedicine services

Coshocton County Adults Telemedicine Access

Type of telemedicine services	Coshocton County adults who have accessed this service	Coshocton County adults who would use this service again	Coshocton County adults who did not access this service	Coshocton County adults who would be interested in this service
Health care provider ordered prescription for you via phone call or online (37% of all adults looked)	20%	17%	45%	18%
Telemedicine for medical care (33% of all adults looked)	22%	11%	52%	15%
Health care provider diagnosed you via phone call or online (16% of all adults looked)	8%	8%	63%	20%
Telemedicine for mental or emotional care (e.g., Telepsychiatry) (10% of all adults looked)	9%	1%	74%	16%
Other types of care (7% of all adults looked)	5%	2%	75%	18%

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.

Availability of Services

Coshocton County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Coshocton County adults who looked but did NOT find a specific program	Coshocton County adults who looked and found a specific program
Depression, anxiety, or some mental health problem (29% of all adults looked)	16%	84%
End-of-life care or hospice care (12% of all adults looked)	0%	100%
Weight problem (11% of all adults looked)	44%	56%
Assistance with in-home care for an elderly or disabled adult (11% of all adults looked)	37%	63%
Disability (10% of all adults looked)	14%	86%
Assist in care for the elderly (either in-home or out-of-home, or adult day care) (10% of all adults looked)	21%	79%
Assisted living program for an elderly or disabled adult (9% of all adults looked)	15%	85%
Assist in care for the disabled (either in-home or out-of-home) (8% of all adults looked)	25%	75%
Tobacco cessation (7% of all adults looked)	55%	45%
Cancer support group/counseling (6% of all adults looked)	22%	78%
Assistance with out-of-home placement for an elderly or disabled adult (6% of all adults looked)	11%	89%
Marital or family problems (6% of all adults looked)	22%	78%
Alcohol abuse (4% of all adults looked)	33%	67%
Day care for an elderly or disabled adult (3% of all adults looked)	60%	40%
Disabled adult program (3% of all adults looked)	0%	100%
Drug abuse (2% of all adults looked)	33%	67%
Family planning (2% of all adults looked)	0%	100%
Detoxification for opiates/heroin (1% of all adults looked)	0%	100%

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.

Health Care Access: Preventive Medicine

Key Findings

More than half (57%) of Coshocton County adults had a flu vaccine during the past year. Nearly three-fourths (72%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

Preventive Medicine

- More than half (57%) of Coshocton County adults had a flu vaccine during the past year, increasing to 70% of those 65 and older.
- More than two-fifths (41%) of adults have had a pneumonia vaccine in their life, increasing to 72% of those ages 65 and older.
- Coshocton County adults have had the following vaccines:
 - Measles, mumps, and rubella (MMR) in their lifetime (86%)
 - Tetanus, diphtheria, and pertussis in the past ten years (74%)
 - Chicken pox vaccine in their lifetime (51%)
 - Hepatitis B vaccine in their lifetime (45%)
 - Hepatitis A vaccine in their lifetime (37%)
 - Hemophilus influenzae or influenza type B vaccine in their lifetime (33%)
 - Zoster (shingles) vaccine in their lifetime (29%)
 - Meningococcal vaccine in their lifetime (19%)
 - Human papillomavirus (HPV) vaccine in their lifetime (5%)

Preventive Health Screenings and Exams

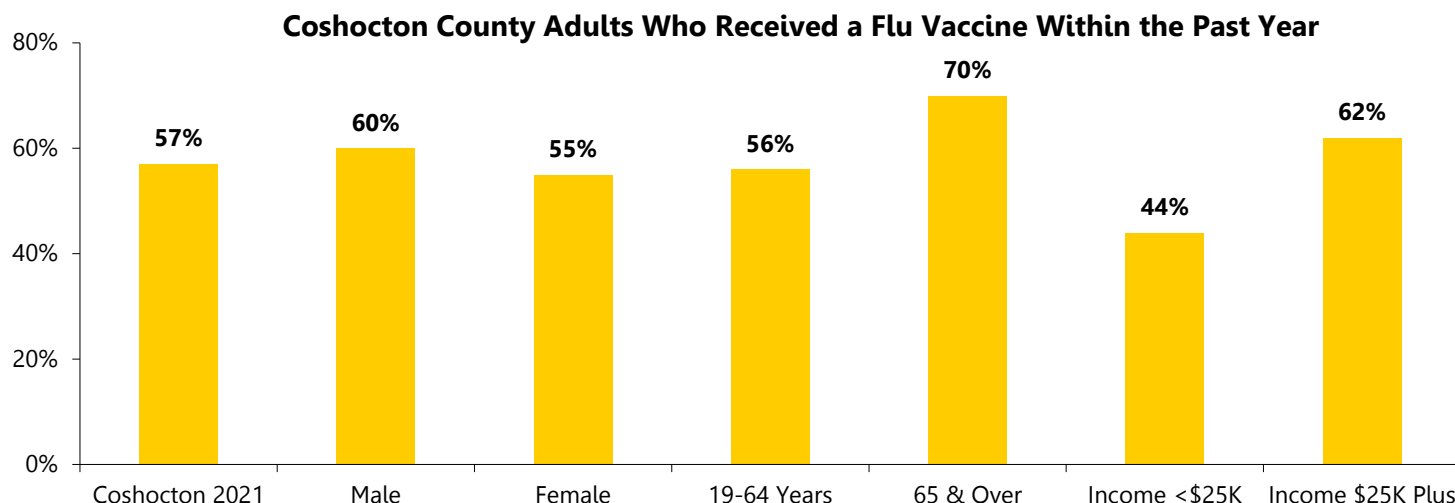
- In the past year, 48% of Coshocton County women ages 40 and older had a mammogram.
- Nearly half (48%) of men had a prostate-specific antigen test (PSA) in their lifetime, and 24% had one in the past year.
- See the Women's and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Coshocton County adults.

Coshocton County Adult Health Screening Results

General Screening Results	Total Sample*
Diagnosed with High Blood Cholesterol	39%
Diagnosed with High Blood Pressure	31%
Diagnosed with Diabetes	12%
Survived a Heart Attack	8%
Survived a Stroke	3%

**Percentages based on all Coshocton County adults surveyed.*

The following graph shows the percentage of Coshocton County adults who received a flu vaccine within the past year. Examples of how to interpret the information shown on the graph include: 57% of Coshocton County adults received a flu vaccine within the past year, including 55% of females and 44% of those with annual incomes less than \$25,000.



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.

Healthy People 2030 Immunization and Infectious Diseases (IID)

Objective	Coshocton County 2021	Healthy People 2030 Target
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	57%	70%

(Sources: Healthy People 2030 Objectives, 2021 Coshocton County Community Health Assessment)

Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Had a flu vaccine in the past year (ages 65 and older)	70%	63%	64%
Ever had a pneumonia vaccine in lifetime (ages 65 and older)	72%	75%	73%
Ever had a shingles or zoster vaccine	29%	29%*	29%*

*2017 BRFSS Data

Recommended Adult Immunization Schedule by Age Group, United States, 2021

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV4) or 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	
Zoster recombinant (RZV)			2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
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			

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

(Source: Centers for Disease Control and Prevention, Recommended Immunizations for Adults, 2021)

Health Care Access: Women's Health

Key Findings

In 2021, nearly half (48%) of Coshocton County women older than the age of 40 reported having a mammogram in the past year. In the past year, 30% of Coshocton County women had a clinical breast exam, and 20% had a Pap smear to detect cancer of the cervix. More than one-third (36%) were obese, 33% had high blood cholesterol, 26% had high blood pressure, and 21% were identified as current smokers, of which are all known risk factors for cardiovascular diseases.

Women's Health Screenings

- Sixty-four percent (64%) of women had a mammogram at some time in their life, and nearly one-third (31%) had this screening in the past year.
- Nearly half (48%) of women ages 40 and older had a mammogram in the past year, and 64% had one in the past two years.
- Eighty-two percent (82%) of Coshocton County women had a clinical breast exam at some time in their life, and 30% had one within the past year. Fifty-seven percent (57%) of women ages 40 and older had a clinical breast exam in the past two years.
- Four-fifths (80%) of Coshocton County women had a Pap smear at some time in their life, and 20% reported having had the exam in the past year. Nearly half (47%) of all Coshocton County women had a Pap smear in the past three years. Eight percent (8%) of women reported the screening was not recommended by their doctor.

Pregnancy

- One-third (33%) of Coshocton County women had been pregnant in the past five years.
- During their last pregnancy in the past five years, Coshocton County women: took a multi-vitamin with folic acid (70%), received prenatal care within the first three months (50%), received a dental exam during pregnancy (37%), received WIC services (13%), used e-cigarettes or other electronic vaping products (10%), used marijuana (7%), and did none of the above (23%).

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: general or family physician (39%), private gynecologist (37%), health department clinic (5%), family planning clinic (5%), and community health center (1%). Twelve percent (12%) of women indicated they did not have a usual source of services for female health concerns.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In 2021, the health assessment identified that:
 - 76% of women were overweight or obese (2019 BRFSS reports 66% for Ohio and 60% for U.S.)
 - 33% were diagnosed with high blood cholesterol (2019 BRFSS reports 32% for Ohio and 32%* for U.S.)
 - 26% were diagnosed with high blood pressure (2019 BRFSS reports 32% for Ohio and 32%* for U.S.)
 - 21% of all women were current smokers (2019 BRFSS reports 20% for Ohio and 14% for U.S.)
 - 7% were diagnosed with diabetes (2019 BRFSS reports 11% for Ohio and 11% for U.S.)

**2018 BRFSS Data*

Coshocton County Female Leading Causes of Death, 2017 – 2019

Total Female Deaths: 611

1. Heart Diseases (21% of all deaths)
2. Cancers (19%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (7%)
5. Alzheimer's disease (6%)

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

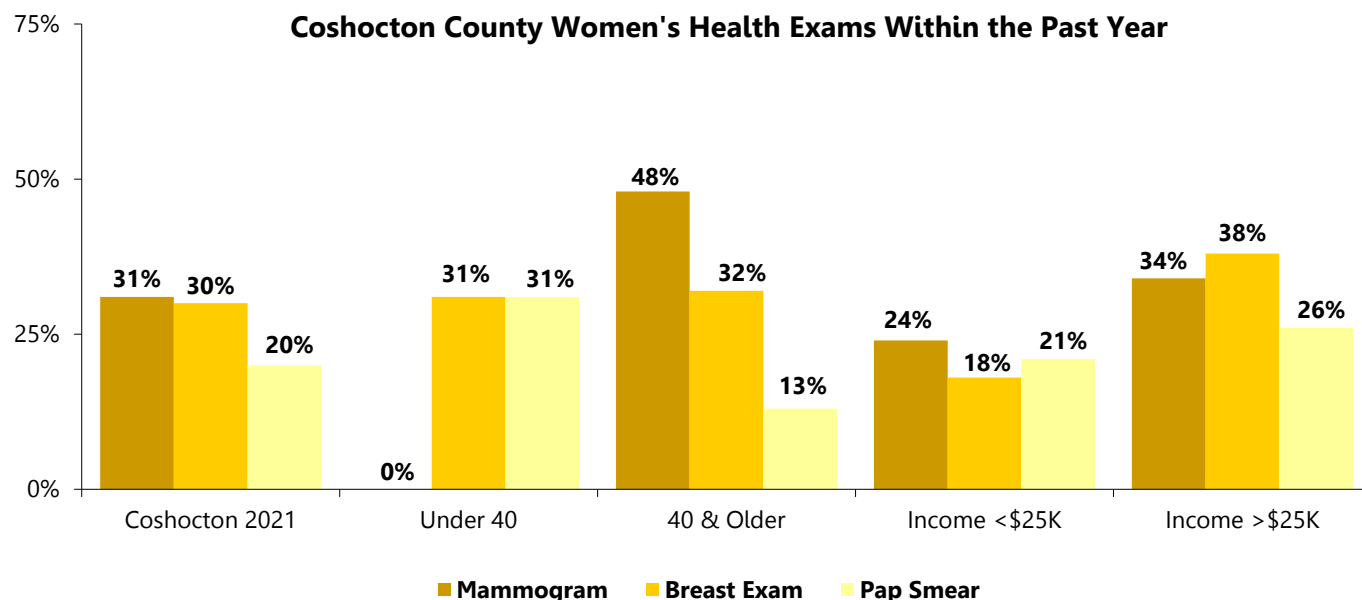
Ohio Female Leading Causes of Death, 2017 – 2019

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 Coshocton County female adults who had various health exams in the past year. Examples of how to interpret the information include: 31% of Coshocton County females had a mammogram within the past year, 30% had a clinical breast exam, and 20% had a 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	Coshocton County 2021	Ohio 2018	U.S. 2018
Had a mammogram within the past two years (ages 40 and older)	64%	74%	72%
Had a Pap smear in the past three years (ages 21-65)	51%	79%	80%

Five Minutes for Women's Health

The CDC released five things women can do that can go a long way to improve or maintain good health. In five minutes or less women can:

- **Learn about the number one killer of women:** Heart disease is the leading cause of death for women in the U.S. Learn the symptoms of heart attack and stroke.
- **Schedule a check-up:** Regular check-ups are important. Schedule an appointment with your provider to discuss screenings and exams you need and when they are needed.
- **Protect your skin from the sun:** Skin cancer is the most common cancers among women in the U.S. Protect your skin and wear a broad-spectrum sunscreen before you go outside.
- **Find an HIV, STD, and hepatitis testing site near you:** Untreated STDs can have long-term consequences for women, such as infertility.
- **Take folic acid before and during pregnancy:** Folic acid can help prevent certain birth defects. If a woman has enough folic acid in her body before/during pregnancy, her baby may be less likely to have certain birth defects.

(Source: CDC, Health Equity, Five Minutes for Women's Health, Updated on September 13, 2017)

Health Care Access: Men's Health

Key Findings

Nearly half (48%) of Coshocton County men had a prostate-specific antigen test (PSA) in their lifetime, and 24% had one in the past year. More than two-fifths (44%) of men had been diagnosed with high blood cholesterol, 33% had high blood pressure, and 16% were identified as smokers, which, along with obesity (36%), all of which are known risk factors for cardiovascular diseases.

Men's Health Screenings

- Nearly half (48%) of Coshocton County men had a prostate-specific antigen test (PSA) in their lifetime, and 24% had one in the past year.

Men's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes.
- In 2021, the health assessment identified that:
 - 74% of men were overweight or obese (2019 BRFSS reports 73% for Ohio and 72% for U.S.)
 - 44% were diagnosed with high blood cholesterol (2019 BRFSS reports 34% for Ohio and 35%* for U.S.)
 - 33% were diagnosed with high blood pressure (2019 BRFSS reports 38% for Ohio and 35%* for U.S.)
 - 17% had been diagnosed with diabetes (2019 BRFSS reports 13% for Ohio and 12% for U.S.)
 - 16% of all men were current smokers (2019 BRFSS reports 22% for Ohio and 18% for U.S.)

*2018 BRFSS Data

Adult Comparisons	Coshocton County 2021	Ohio 2018	U.S. 2018
Had a prostate-specific antigen (PSA) test in the past two years (age 40 and older)	44%	34%	33%

Coshocton County Male Leading Causes of Death, 2017 – 2019

Total Male Deaths: 697

- Heart Diseases (24% of all deaths)
- Cancers (22%)
- Chronic Lower Respiratory Diseases (7%)
- Accidents, Unintentional Injuries (6%)
- Diabetes (5%)

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

Ohio Male Leading Causes of Death, 2017 – 2019

Total Male Deaths: 187,665

- Heart Diseases (24% of all deaths)
- Cancers (21%)
- Accidents, Unintentional Injuries (9%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (4%)

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

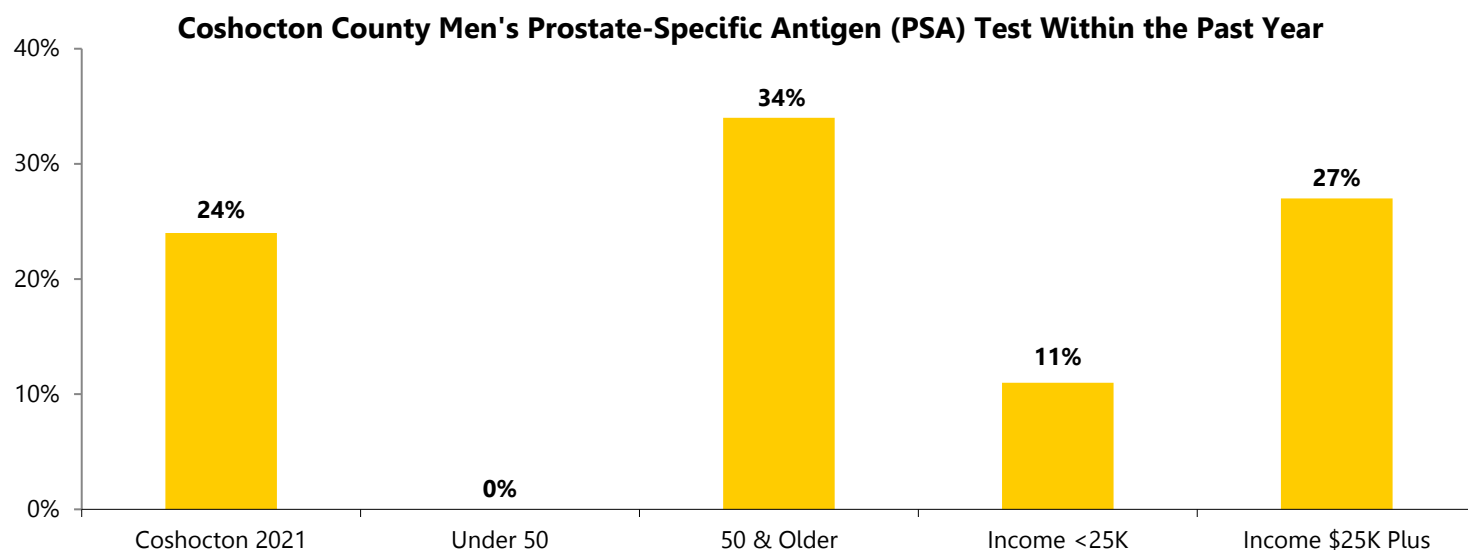
What is Prostate Cancer Screening?

Cancer screening means looking for cancer before it causes symptoms. The goal of screening is to find cancer early that may spread if not treated. There is no standard test to screen for prostate cancer. Two different tests are commonly used to screen for prostate cancer. Talk to your doctor about the below screenings if you are thinking about being screened:

- A blood test called a prostate specific antigen (PSA) test**
 - PSA is a substance the prostate makes. This test measures the level of PSA a man's blood. The PSA level may be high if a man has prostate cancer and for many reasons, such as having an enlarged prostate, a prostate infection, or taking certain medicines.
- A digital rectal examination**
 - A digital rectal exam is when a health care provider inserts a gloved, lubricated finger into a man's rectum to feel the prostate for anything abnormal, such as cancer.

(Source: CDC, Cancer Prevention and Control, Prostate Cancer Awareness, August 18, 2020)

The following graphs show the percentage of Coshocton County males who had prostate-specific antigen tests in the past year. Examples of how to interpret the information include: 24% of Coshocton County males had a prostate-specific antigen test within the past year, including 34% of those ages 50 and older and 27% of those with annual incomes more than \$25,000.



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.

Men and Heart Disease*

Heart disease is the leading cause of death for men in the United States, killing 357,761 men in 2019—that's about 1 in every 4 male deaths.

- About 1-in-3 (7.7%) white men and 1-in-14 (7.1%) black men have coronary heart disease. About 1-in-17 (5.9%) Hispanic men have coronary heart disease.
- Half of the men who die suddenly of coronary heart disease had no previous symptoms. Even if you have no symptoms, you may still be at risk for heart disease.

High blood pressure, high LDL (low-density lipoprotein) cholesterol, and smoking are key risk factors for heart disease. In 2013-2016, about half of American men (47%) had hypertension. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including the following:

- Diabetes
- Overweight and obesity
- Unhealthy diet
- Physical inactivity
- Excessive alcohol use

To reduce your chances of getting heart disease, it's important to do the following:

- Know your blood pressure. Having uncontrolled blood pressure can result in heart disease. High blood pressure has no symptoms so it's important to have your blood pressure checked regularly.
- Talk to your health care provider about whether you should be tested for diabetes. Having diabetes raises your risk of heart disease.
- Quit smoking. If you don't smoke, don't start. If you do smoke, learn ways to quit.
- Discuss checking your cholesterol and triglyceride levels with your health care provider.
- Make healthy food. Being overweight or obesity raises your risk of heart disease.
- Limit alcohol intake to one drink a day.
- Lower your stress level and find healthy ways to cope with stress.

**The term heart disease refers to several types of heart conditions, including coronary artery disease and heart attack.
(Source: CDC, Men and Heart Disease, Updated February 3, 2021)*

Health Care Access: Oral Health

Key Findings

Fifty-seven percent (57%) of Coshocton County adults visited a dentist or dental clinic in the past year. More than one-fifth (22%) of adults did not see a dentist in the past year due to cost.

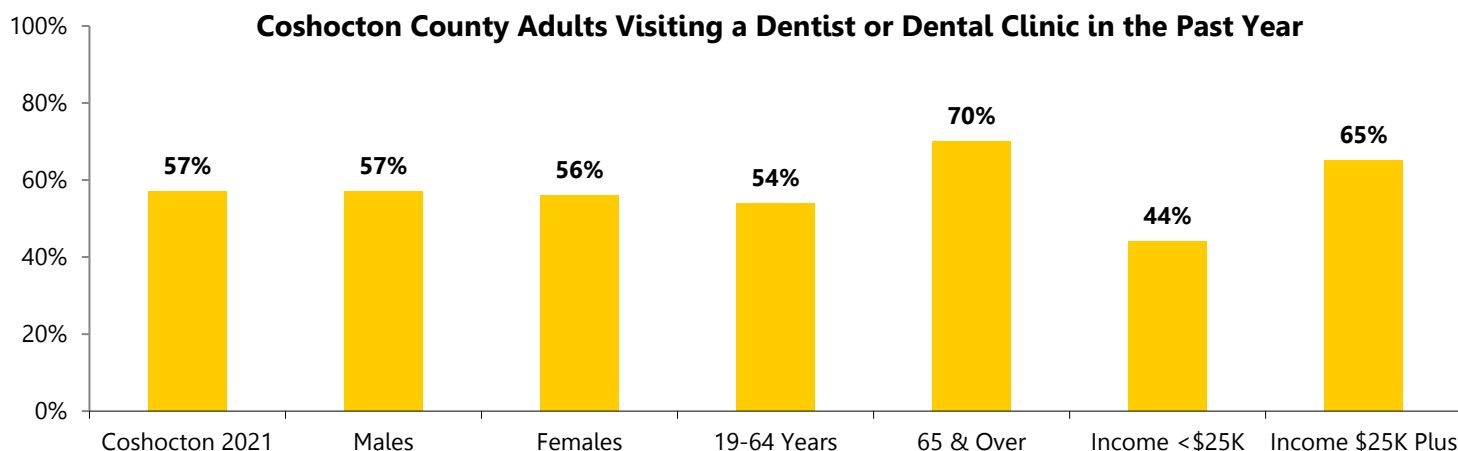
During the past year, 57% of adults or approximately 15,677 Coshocton County adults visited a dentist or dental clinic.

Oral Health

- In the past year, 57% of Coshocton County adults had visited a dentist or dental clinic, decreasing to 44% of those with annual incomes less than \$25,000.
- Sixty-seven percent (67%) of Coshocton County adults with dental insurance had been to the dentist in the past year, compared to 47% of those without dental insurance.
- Adults reported the following reasons for not visiting a dentist in the last year:
 - Had dentures (25%)
 - Cost (22%)
 - Fear, apprehension, nervousness, pain, and dislike going (20%)
 - Did not have/know a dentist (2%)
 - Their dentist did not accept their insurance (2%)
 - Could not get into a dentist (2%)
 - Used emergency room for dental issues (2%)
 - Other reasons (25%)

Adult Oral Health	Within the Past Year	Within the Past Two Years	Within the Past Five Years	Five or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	57%	14%	3%	21%	0%
Females	56%	15%	14%	9%	1%
Total	57%	14%	9%	14%	1%

The following graph shows the percentage of Coshocton County adults who visited a dentist or dental clinic in the past year. Examples of how to interpret the information include: 57% of Coshocton County adults had been to the dentist or dental clinic in the past year, including 57% of males and 44% of those with annual incomes less than \$25,000.



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	Coshocton County 2021	Ohio 2018	U.S. 2018
Visited a dentist or a dental clinic (within the past year)	57%	67%	68%

Facts About Adult Oral Health

- The baby boomer generation is the first where most people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.
- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose “softer” root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.
- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about three-in-four (75%) Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.
- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don’t have dental insurance.
- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and stroke.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, December 2, 2020)

Health Behaviors: Health Status Perceptions

Key Findings

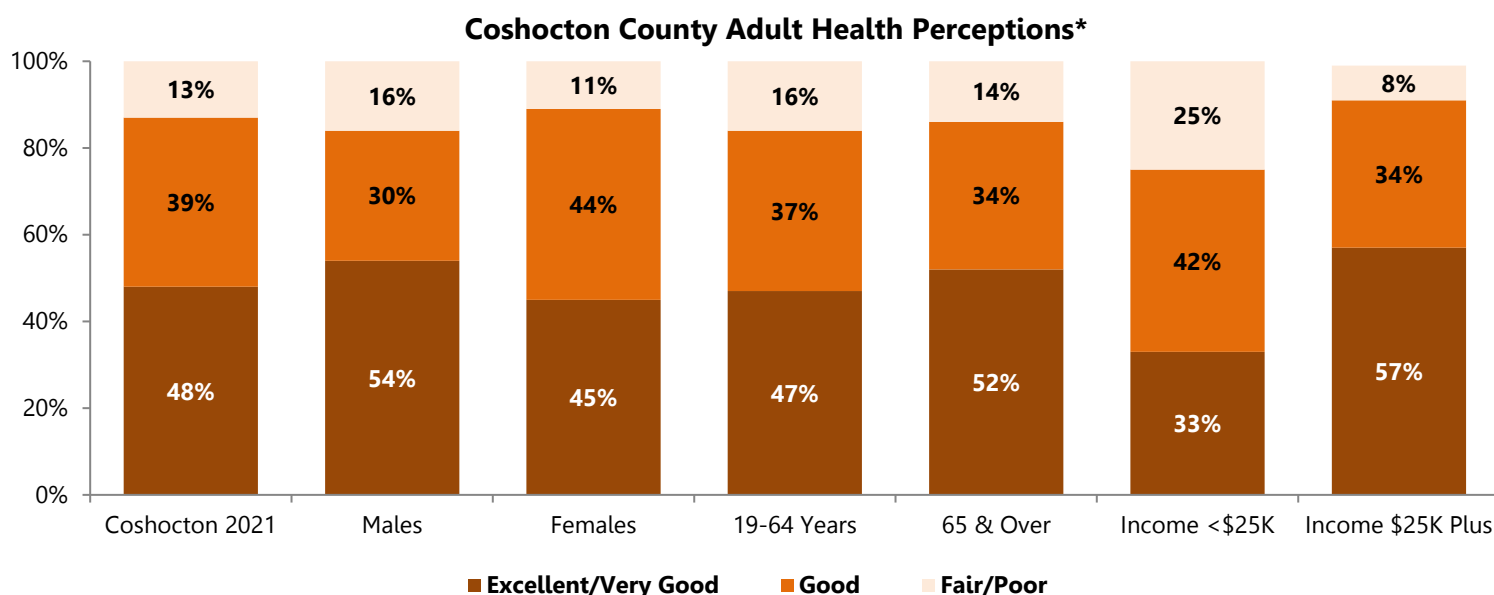
In 2021, 48% of Coshocton County adults rated their health status as excellent or very good. Conversely, 13% of adults described their health as fair or poor, increasing to 25% of those with annual incomes less than \$25,000.

13% of adults, or approximately 3,576 of Coshocton County adults rated their general health as fair or poor.

General Health Status

- Forty-eight percent (48%) of Coshocton County adults rated their health as excellent or very good. Coshocton County adults with higher annual incomes (57%) were most likely to rate their health as excellent or very good, compared to 33% of those with annual incomes less than \$25,000.
- Thirteen percent (13%) of adults rated their health as fair or poor.
- Coshocton County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (58%)
 - Had an annual household income less than \$25,000 (25%)
 - Had high blood cholesterol (24%)
 - Had high blood pressure (20%)
- 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.

The following graph shows the percentage of Coshocton County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 48% of Coshocton County adults, 54% of males, and 52% of those ages 65 and older rated their health as excellent or very good.



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

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.

Physical Health Status

- Nearly one-quarter (24%) of Coshocton County adults rated their physical health as not good on four or more days in the previous month.
- Coshocton County adults reported their physical health as not good on an average of 3.1 days in the previous month.

Mental Health Status

- Nearly than one-third (32%) of Coshocton County adults rated their mental health as not good on four or more days in the previous month.
- Coshocton County adults reported their mental health as not good on an average of 5.0 days in the previous month.
- Coshocton County adults were most likely to rate their mental health as not good (on four or more days during the past month) if they:
 - Had an annual household income less than \$25,000 (42%)
 - Were female (41%)

The table shows the percentage of adults with poor physical and mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past Month*					
Males	53%	14%	9%	5%	11%
Females	48%	13%	10%	3%	10%
Total	56%	13%	9%	4%	11%
Mental Health Not Good in Past Month*					
Males	58%	19%	3%	3%	12%
Females	42%	13%	7%	2%	29%
Total	49%	15%	6%	3%	22%

**Totals may not equal 100% as some respondents answered, "Don't know."*

Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Rated health as excellent or very good	48%	48%	51%
Rated general health as fair or poor	13%	19%	18%
Rated mental health as not good on four or more days (in the past month)	32%	26%*	24%*
Rated physical health as not good on four or more days (in the past month)	24%	24%*	23%*
Average number of days that mental health was not good (in the past month)*	5.0	4.8‡	4.1‡
Average number of days that physical health not good (in the past month)*	3.1	4.1‡	3.7‡
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past month)	33%	24%*	24%*

‡2018 BRFSS as compiled by 2021 County Health Rankings

** 2018 BRFSS data*

Health Behaviors: Adult Weight Status

Key Findings

More than three-fourths (76%) of Coshocton County adults were overweight (39%) or obese (37%) based on body mass index (BMI). Eighteen percent (18%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.

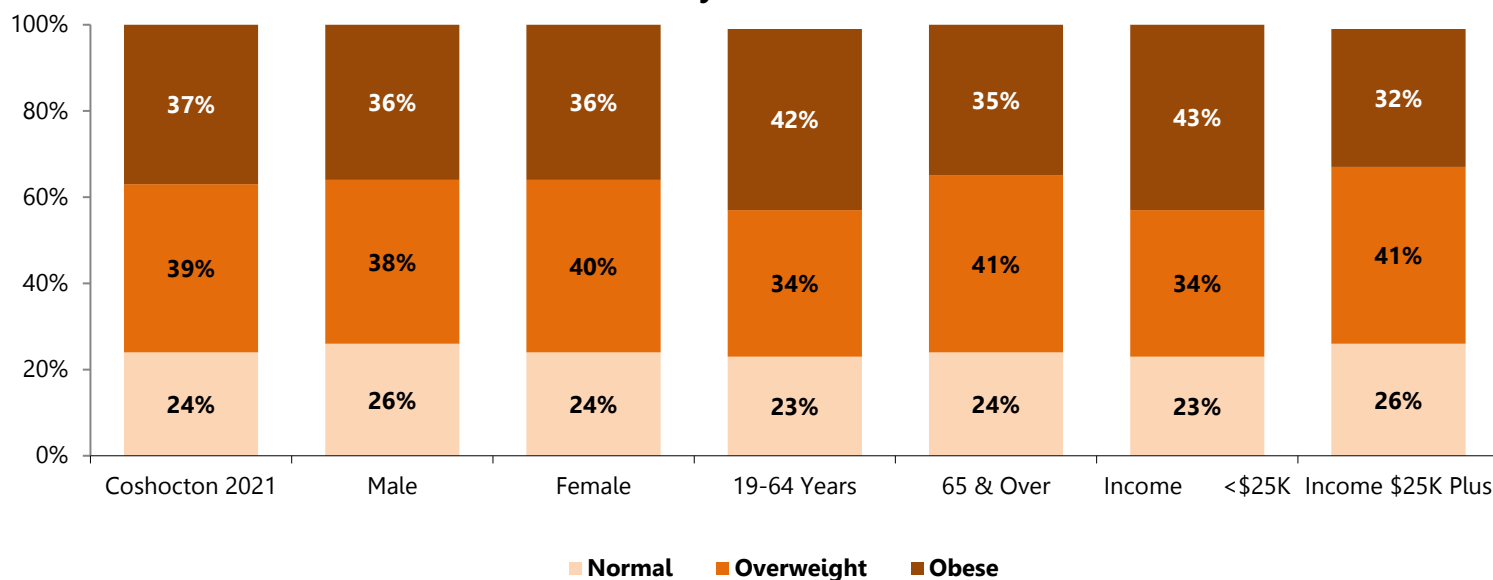
37% of Coshocton County adults or approximately 10,176 adults were obese.

Adult Weight Status

- More than three-fourths (76%) of Coshocton County adults were either overweight (39%) or obese (37%) by body mass index (BMI), putting them at elevated risk for developing a variety of diseases.
- Coshocton County adults did the following to lose weight or keep from gaining weight in the past month: ate less food, fewer calories, or foods low in fat (51%); exercised (42%); drank more water (41%); ate a low-carb diet (18%); took diet pills, powders or liquids without a doctor's advice (5%); smoked cigarettes (4%); used a weight loss program (3%); went without eating 24 or more hours (3%); took prescribed medications (2%); and health coaching (1%).

The following graph shows the percentage of Coshocton County adults who are overweight or obese by body mass index (BMI). Examples of how to interpret the information include: 24% of all Coshocton County adults were classified as normal weight, 39% were overweight, and 37% were obese.

Coshocton County Adult BMI Classifications*



*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.

Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Overweight (BMI of 25.0 – 29.9)	39%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	37%	35%	32%

Physical Activity

- In Coshocton County, 62% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Forty-one percent (41%) of adults exercised 5 or more days per week. Eighteen percent (18%) of adults did not participate in any physical activity in the past week, including 1% who were unable to exercise.
- Coshocton County adults spent the most time doing the following physical activities in the past year: walking (28%), manual chores/labor (12%), running/jogging (5%), cycling (3%), occupational exercise (2%), swimming (1%), exercise machines (1%), strength training (1%), and other types (1%). Thirty-four percent (34%) of adults engaged in multiple types of exercise.
- Adults reported the following reasons for not exercising:
 - Time (32%)
 - Weather (27%)
 - Too tired (25%)
 - Self-motivation/will power (22%)
 - Pain or discomfort (20%)
 - Laziness (18%)
 - Did not like to exercise (13%)
 - Chose not to exercise (9%)
 - Ill or physically unable (8%)
 - Could not afford a gym membership (6%)
 - Poorly maintained/no sidewalks (4%)
 - No gym available (4%)
 - Lack of opportunities for those with physical impairments or challenges (3%)
 - No exercise partner (2%)
 - Did not know what activity to do (2%)
 - Neighborhood safety (1%)
 - No walking, biking trails, or parks (1%)
 - Afraid of injury (1%)
 - No childcare (1%)
 - Too expensive (1%)
 - No transportation to a gym or other exercise opportunity (1%)
 - Doctor advised them not to exercise (1%)
 - Other (6%)

Nutrition

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

	5 or more servings daily	3-4 servings daily	1-2 servings daily	0 servings daily
Fruit	2%	5%	78%	15%
Vegetables	3%	15%	75%	7%
Sugar-sweetened beverages	7%	8%	34%	51%
Caffeinated beverages	13%	20%	50%	17%

- In 2021, 38% of adults ate 1-to-2 servings of fruits and/or vegetables per day, 41% ate 3-to-4 servings per day, and 15% ate 5 or more servings per day. Six percent (6%) of adults ate no servings of fruits and vegetables per day.
- Adults reported they lived the following distance away from fresh, healthy food: less than ¼ mile (12%), ¼ mile to ½ mile (8%), ½ mile to 1 mile (10%), between 1 mile and 2 miles (20%), 2 or more miles (46%), and did not know (4%).
- Coshocton County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (63%)
 - Healthiness of food (58%)
 - Ease of preparation/time (52%)
 - Cost (47%)
 - Food they were used to (44%)
 - What their family prefers (41%)
 - Availability (31%)
 - Nutritional content (26%)
 - Calorie content (25%)
 - If it is organic (11%)
 - Artificial sweetener content (10%)
 - If it is genetically modified (10%)
 - Health care provider's advice (7%)
 - If it is gluten free (6%)
 - Other food sensitivities (4%)
 - If it is lactose free (4%)
 - Availability at food pantry (4%)
 - Limitations due to dental issues (2%)
 - Limitations set by WIC (1%)
 - Other reasons (5%)

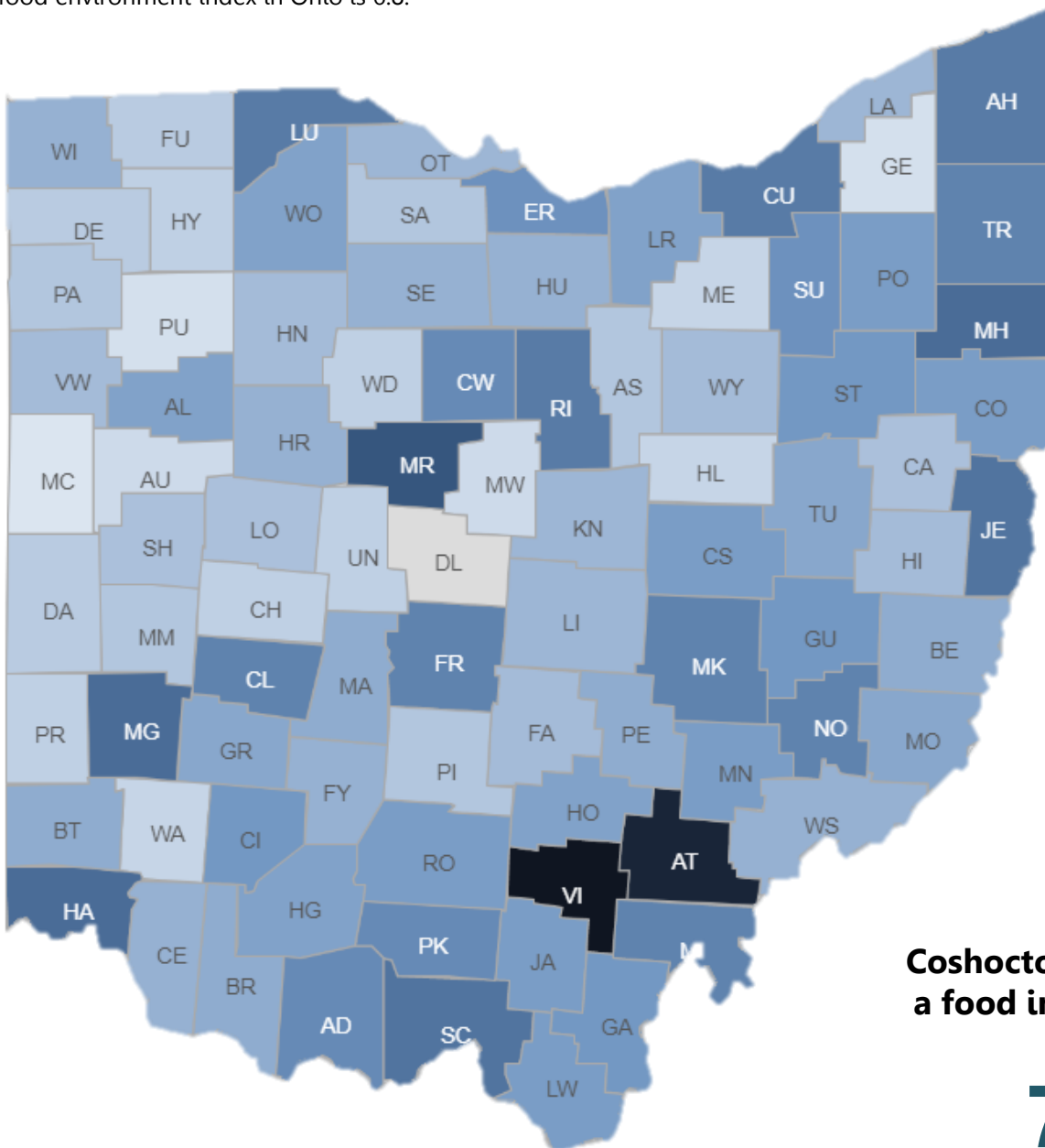
Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

1. *Achieve and maintain a healthy weight throughout life*
 - Be as lean as possible throughout life without being underweight.
 - Avoid excess weight gain at all ages. For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
 - Get regular physical activity and limit intake of high calorie foods and drinks as keys to help maintain a healthy weight.
2. *Be physically active*
 - Get at least 150-300 minutes of moderate intensity or 75-150 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.
 - Limit sedentary behavior such as sitting, lying down, watching TV, and other forms of screen-based entertainment.
 - Doing some physical activity above usual activities, no matter what one's level of activity, can have many health benefits.
3. *Eat a healthy diet, with an emphasis on plant foods*
 - Choose foods and drinks in amounts that help you get to and maintain a healthy weight.
 - Eat a variety of vegetables and whole fruits.
 - Choose whole grains instead of refined grain products.

(Source: American Cancer Society, Summary of the ACS Guidelines on Nutrition and Physical Activity, Updated on June 9, 2020)

The Food Environment Index measures the quality of the food environment in a county on a scale from zero 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 and food insecurity.

- The food environment index in Coshocton County is 7.2.
- The food environment index in Ohio is 6.8.



**Coshocton County had
a food index measure
of:
7.2**

BEST  WORST

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

Health Behaviors: Adult Tobacco Use

Key Findings

In 2021, 18% of Coshocton County adults were current smokers, and 20% were considered former smokers. Three percent (3%) of adults used e-cigarettes or vapes in the past year. Sixty-eight percent (68%) of adults reported they would support an ordinance to ban smoking in a vehicle with a minor present.

18% of Coshocton County adults, or approximately 4,951 adults were current smokers.

Adult Tobacco Use Behaviors

- Eighteen percent (18%) of Coshocton County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- One-fifth (20%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Coshocton County adult smokers were more likely to have:
 - Rated their overall health as fair or poor (45%)
 - Annual incomes less than \$25,000 (43%)
 - Never been married (35%) or a member of an unmarried couple (33%)
 - Have been diagnosed with asthma (32%)
- Coshocton County adults used the following tobacco products in the past year: cigarettes (25%); e-cigarette/vapes (3%); chewing tobacco, snuff, or snus (3%); hookah (2%); cigars (1%); and little cigars (1%).
- Nearly half (48%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Adults reported using e-cigarettes or other electronic vapor products: everyday (4%), some days (2%), and not at all (94%).
- Coshocton County adults had the following rules/practices about smoking in their home: never allowed (75%), not allowed with children around (14%), allowed anywhere (8%), and allowed only in certain rooms (5%).
- Coshocton County adults had the following rules/practices about smoking in their car: never allowed (72%), allowed anytime (11%), allowed only when one or more windows are open (10%), and not allowed with children around (9%).
- Coshocton County adults reported they would support an ordinance to ban smoking in the following places:
 - Vehicle with a minor present (68%)
 - Parks or ball fields (46%)
 - College/university campuses (44%)
 - Fairgrounds (44%)
 - Rental homes (43%)
 - Multi-unit housing (42%)
- One-fourth (25%) of Coshocton County adults reported they would not support an ordinance to ban smoking anywhere.
- More than two-thirds (68%) of Coshocton County adults indicated they believed e-cigarette vapor was harmful to themselves, and more than half (52%) believed it was harmful to others. Three percent (3%) of Coshocton County adults did not believe e-cigarette vapor was harmful to anyone, and 26% did not know if e-cigarette vapor was harmful.

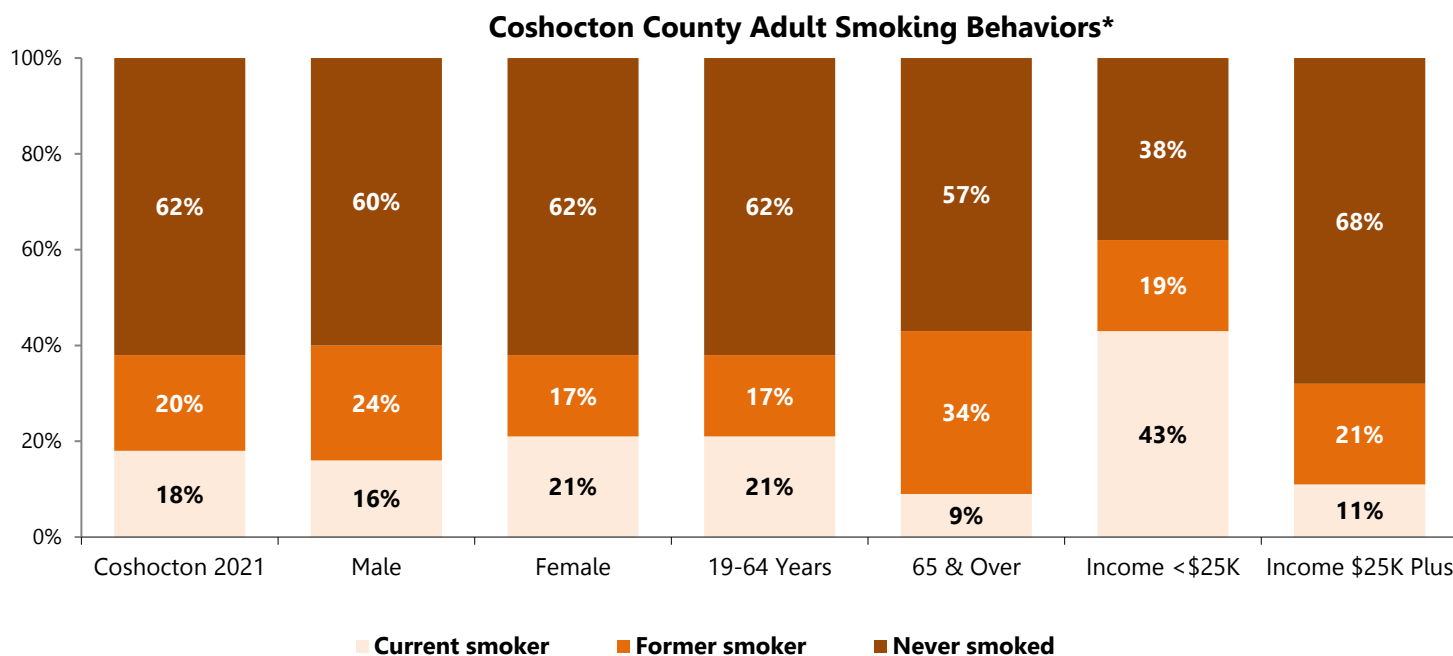
Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Current smoker (smoked on some or all days)	18%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	20%	24%	25%

E-Cigarette Health Effects

- **Most e-cigarettes contain nicotine, which has known health effects.**
 - Nicotine is highly addictive.
 - Nicotine is toxic to developing fetuses.
 - Nicotine can harm adolescent brain development, which continues into the early-to-mid-20s.
 - Nicotine is a health danger for pregnant women and their developing babies.
- **The e-cigarette aerosol that users breathe from the device and exhale can contain both harmful and potentially harmful substances.**
 - This includes nicotine; ultrafine particles that can be inhaled deep into the lungs; flavoring such as diacetyl, a chemical linked to a serious lung disease; volatile organic compounds; cancer-causing chemicals; and heavy metals such as nickel, tin, and lead.
 - It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.
 - Additionally, this includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.
- **E-cigarettes can cause unintended injuries.**
 - Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
 - The Food and Drug Administration (FDA) collects data to help address this issue.
 - In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.
- **E-cigarettes are less harmful than regular cigarettes, but that doesn't mean they are safe.**
 - E-cigarette aerosol generally contains fewer toxic chemicals than the deadly mix of 7,000 chemicals in smoke from regular cigarettes. However, e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful substances, including nicotine, heavy metals like lead, volatile organic compounds, and cancer-causing agents.
 - E-cigarettes are not currently approved by the FDA as a smoking cessation aid. The U.S. Preventive Services Task Force, a group of health experts that makes recommendations about preventive health care, has concluded that evidence is insufficient to recommend e-cigarettes for smoking cessation in adults, including pregnant women. However, according to the CDC, e-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes and other smoked tobacco products.

(Source: CDC, *Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes)*, updated November 16, 2020)

The following graph shows Coshocton County adults' smoking behaviors. Examples of how to interpret the information include: 18% of all Coshocton County adults were current smokers, 20% of all adults were former smokers, and 62% had 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.

Cost of Smoking

Smoking leads to disease and disability, and it harms nearly every organ of the body.

- More than 16 million Americans are living with a disease caused by smoking.
- For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.
- Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.
- Smoking also increases the risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.
- Smoking is a known cause of erectile dysfunction in males.

Smoking is the leading cause of preventable death.

- Worldwide, tobacco use causes more than 7 million deaths per year. If the pattern of smoking all over the globe doesn't change, more than 8 million people a year will die from diseases related to tobacco use by 2030.
- Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually, or 1,300 deaths every day.
- On average, smokers die 10 years earlier than nonsmokers.
- If smoking continues at the current rate among U.S. youth, 5.6 million of today's Americans younger than 18 years of age are expected to die prematurely from a smoking-related illness. This represents about one in every 13 Americans aged 17 years or younger who are alive today.

Smoking costs the United States billions of dollars each year. Total economic cost of smoking is more than \$300 billion a year, including the following costs:

- Nearly \$170 billion in direct medical care for adults.
- More than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke.

(Source: CDC, Smoking & Tobacco Use, Fast Facts, Updated May 21, 2020)

Health Behaviors: Adult Alcohol Consumption

Key Findings

More than half (53%) of Coshocton County adults had at least one alcoholic drink in the past month. Nearly one-fifth (18%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on one occasion in the last month and would be considered binge drinkers.

18% of Coshocton County adults, or approximately 4,951 adults were considered binge drinkers.

Adult Alcohol Consumption

- Fifty-three percent (53%) of Coshocton County adults had at least one alcoholic drink in the past month, increasing to 60% of males and those with annual incomes more than \$25,000.
- Of those who drank, adults consumed 3.5 drinks on average, increasing to 4.3 drinks for those with annual incomes less than \$25,000.
- Almost one-fifth (18%) of Coshocton County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on one occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 35% had at least one episode of binge drinking.
- Six percent (6%) of current drinkers reported driving after having perhaps too much alcohol to drink in the past month.

Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Current drinker (had at least one drink of alcohol within the past month)	53%	51%	54%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	18%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	6%	4%*	3%*

**2018 BRFSS Data*

Drinking and Driving

Drinking and Driving Statistics in the United States

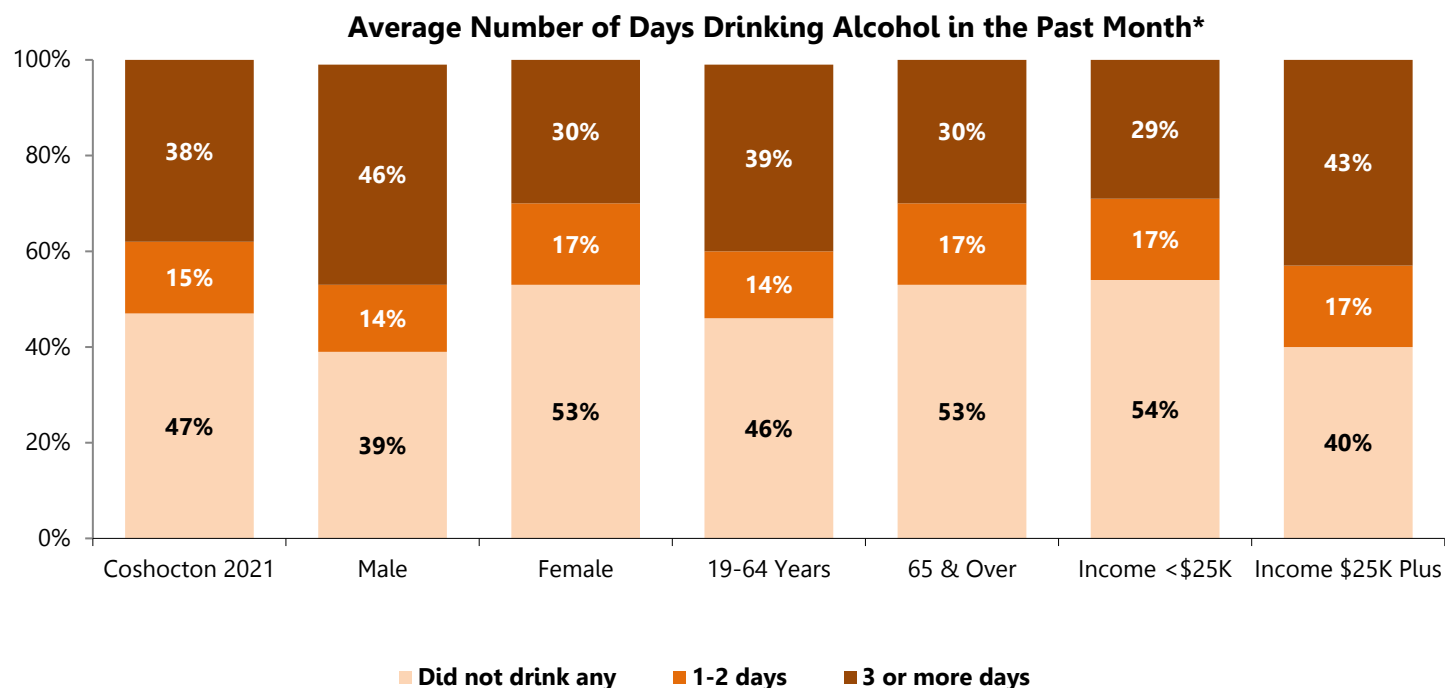
- Driving after drinking is deadly, yet it still happens across the United States. While impaired, someone could get arrested or worse, be involved in a traffic crash that cause injury or death.
- Approximately one-third of all traffic crash fatalities in the United States involve drunk drivers (with blood alcohol concentration of .08 grams of alcohol per deciliter (g/dL) or higher). In 2018, there were 10,511 people killed in these preventable crashes.
- On average, over the 10-year period from 2009-2018, more than 10,000 people died every year in drunk-driving crashes.
- In every state, it is illegal to drive with a blood alcohol concentration of .08 or higher, yet, in 2018, one person was killed in a drunk driving crash every 50 minutes in the United States.
- Men are more likely to be driving drunk in fatal crashes. In 2018, 21% of men were drunk in these crashes compared to 14% of women.

How alcohol affects driving ability

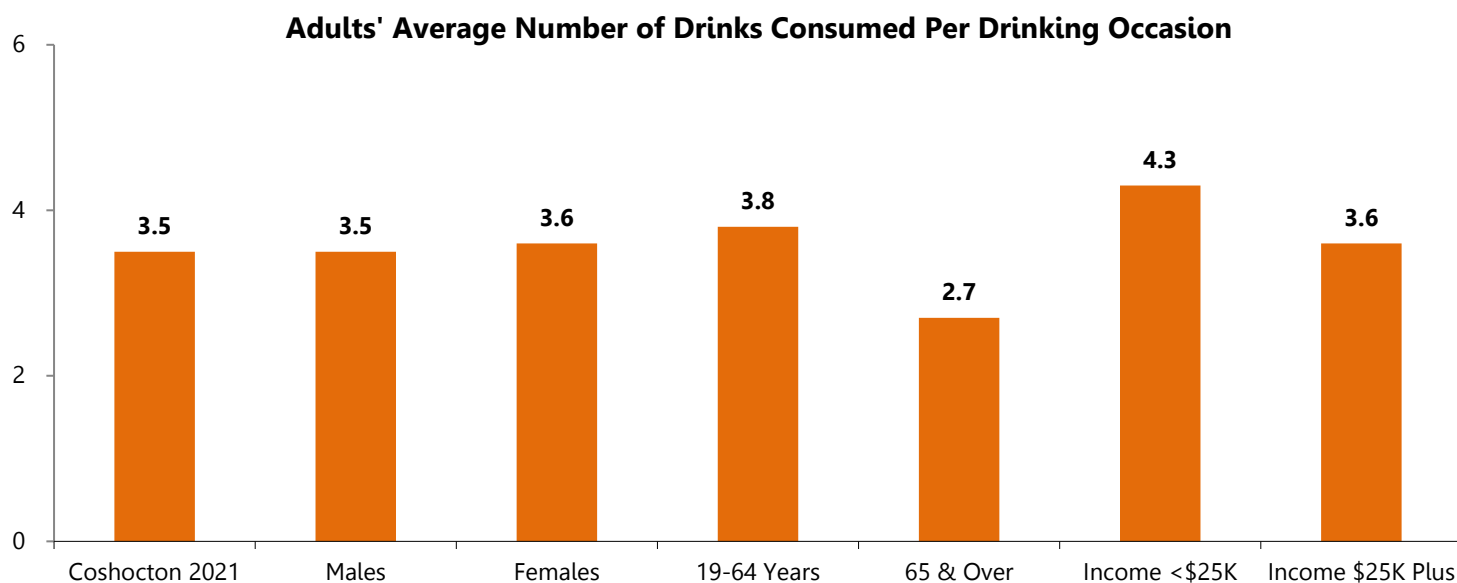
- As alcohol levels rise in a person's system, the negative effects on the central nervous system increase.
- Alcohol is absorbed directly through the walls of the stomach and small intestine. It then passes into the bloodstream, where it accumulates until it is metabolized by the liver. This is called blood alcohol concentration, or BAC.
- At a BAC level of .08 grams of alcohol per deciliter (g/dL) of blood, the risk for crash increases exponentially. Because of this risk, it's illegal in all 50 states to drive with a BAC of .08 or higher.
- In 2018, there were 1,878 people killed in alcohol-related crashes where drivers had BACs below the legal threshold for drunk driving (i.e., BACs below .08 g/dL)

(Source: National Highway Traffic Safety Administration, Drunk Driving, Retrieved April 17, 2021).

The following graphs show the percentage of Coshocton County adults consuming alcohol and the amount consumed on average in the past month. Examples of how to interpret the information shown on the first graph include: 47% of all Coshocton County adults did not drink alcohol in the past month, including 53% of females and 53% of those ages 65 and older.



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



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.

Health Behaviors: Adult Drug Use

Key Findings

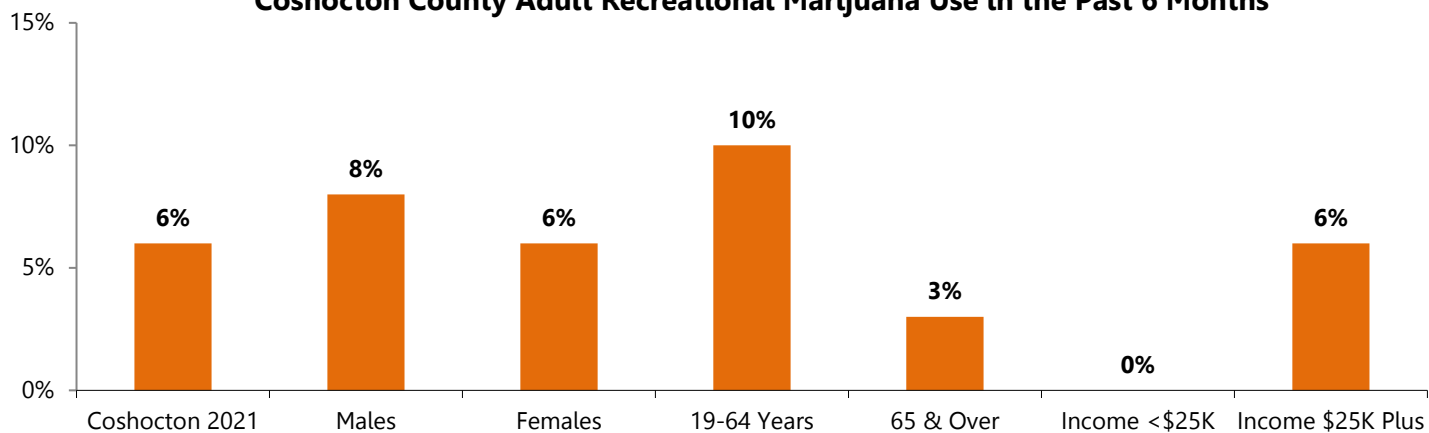
In 2021, 6% of Coshocton County adults reported using recreational marijuana during the past 6 months. Five percent (5%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

- Coshocton County adults reported that they and/or an immediate family member/someone in their household used the following in the past 6 months:
 - Recreational marijuana or hashish (15%)
 - Cannabidiol (CBD) oil (9%)
 - Wax, oil, or edibles with THC (8%)
 - Medical marijuana (6%)
 - LSD, mescaline, peyote, psilocybin, DMY, or mushrooms (4%)
 - Amphetamines, methamphetamine, or speed (2%)
 - Cocaine, crack, or coca leaves (2%)
 - Synthetic marijuana/k2 (2%)
 - Bath salts (1%)
 - Inappropriate use of over-the-counter medications (1%)
 - Heroin/fentanyl (1%)
 - Ecstasy, E, or GHB (1%)
 - Inhalants (1%)
- Six percent (6%) of Coshocton County adults reported using recreational marijuana or hashish in the past 6 months.
- Coshocton County adults reported that they and/or an immediate family member/someone in their household took the following medications not prescribed to them to feel good, high and/or more active or alert during the past 6 months:
 - Tranquilizers such as Valium or Xanax (6%)
 - Steroids (4%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (3%)
 - Vicodin (3%)
 - Suboxone or Methadone (3%)
 - Neurontin (3%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (1%)
- Five percent (5%) of Coshocton County adults reported misusing prescription medication in the past 6 months.
- Coshocton County adults did the following with unused prescription medication: took as prescribed (25%), threw it in the trash (20%), kept it (20%), took it to the medication collection program (17%), flushed it down the toilet (9%), took it to the sheriff's office (8%), used drug deactivation pouches (4%), took it in on national drug take back day (3%), kept it in a locked cabinet (3%), and other (2%).

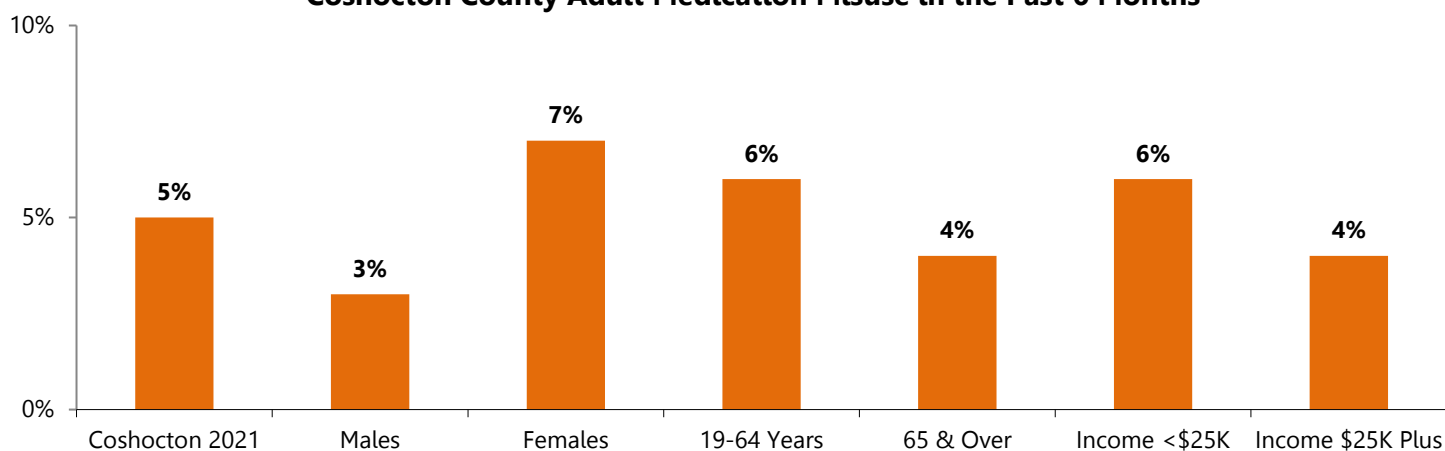
The following graphs indicate adult recreational marijuana use and prescription drug use in the past 6 months. Examples of how to interpret the information on the first graph include: 6% of Coshocton County adults used recreational marijuana in the past 6 months, including 8% of males and 6% of those with annual incomes of \$25,000 or more.

Coshocton County Adult Recreational Marijuana Use in the Past 6 Months



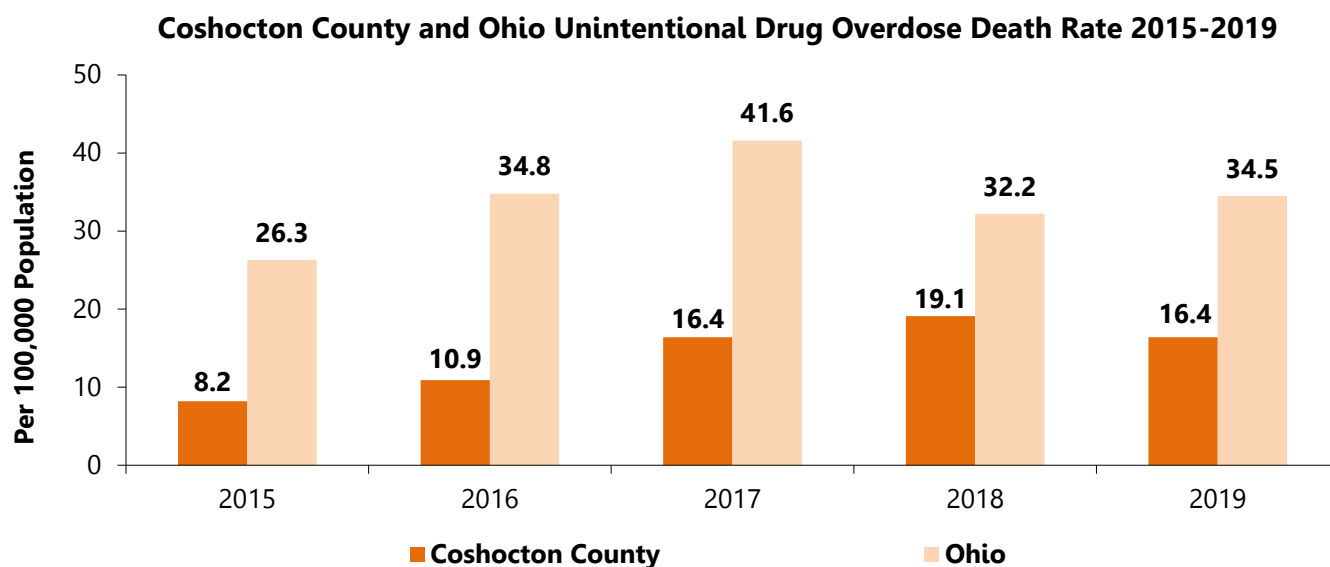
**Does not include wax or oil with THC edibles.*

Coshocton County Adult Medication Misuse in the Past 6 Months

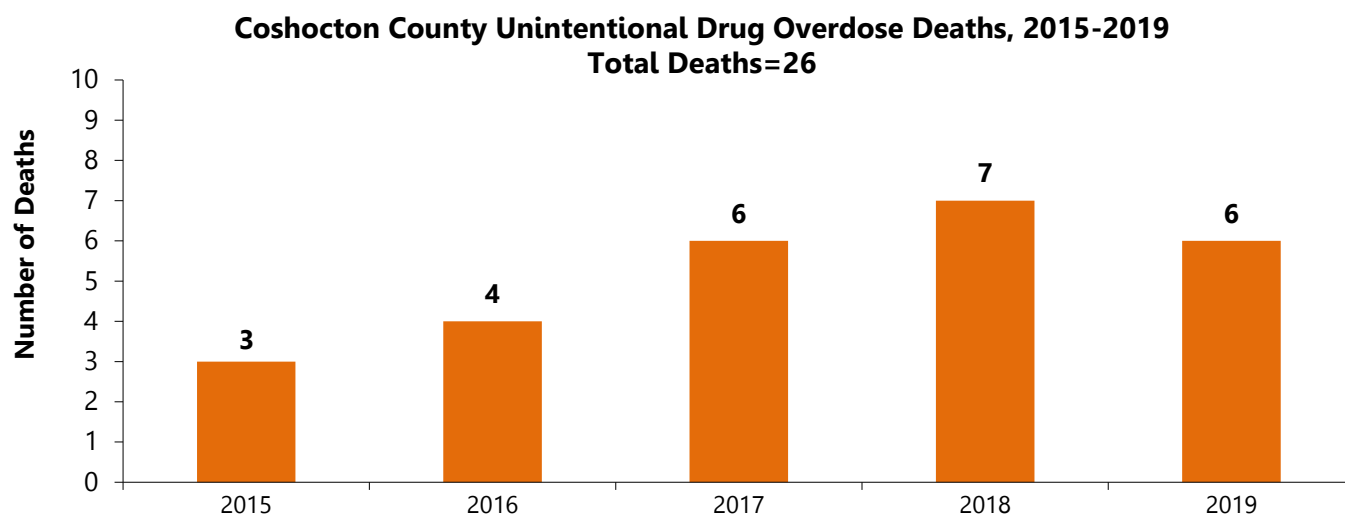


Notes for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the Coshocton County and Ohio unintentional drug overdose death rate from 2015 to 2019.



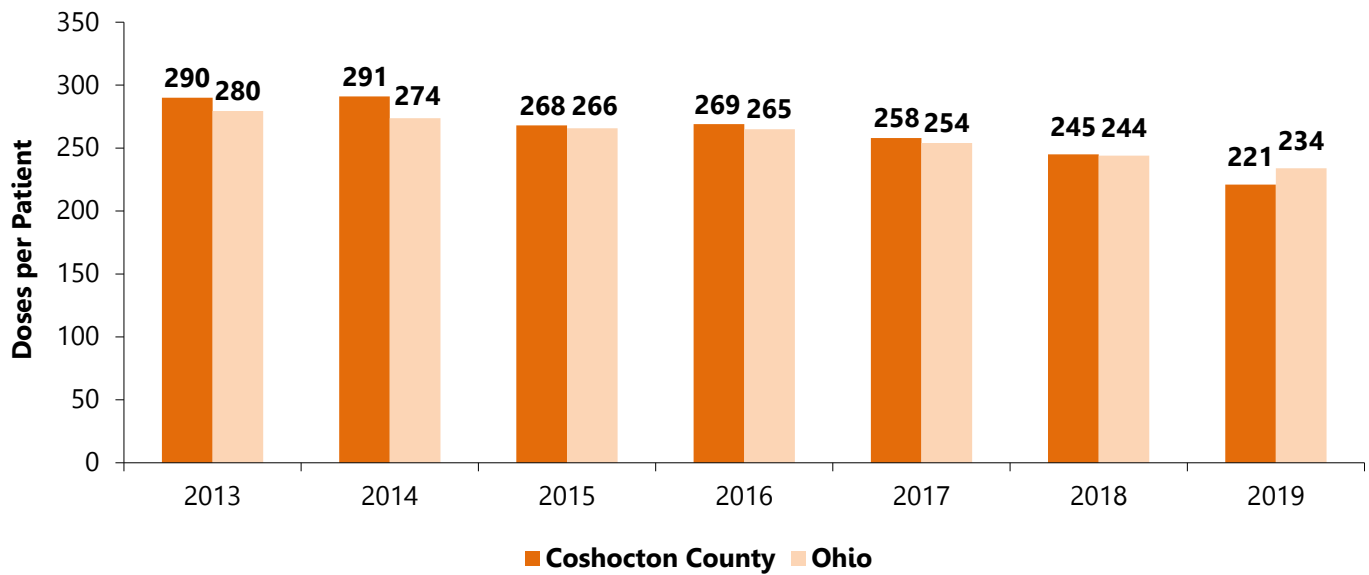
The following graph shows the number of unintentional drug overdose deaths from 2015 to 2019 in Coshocton County.



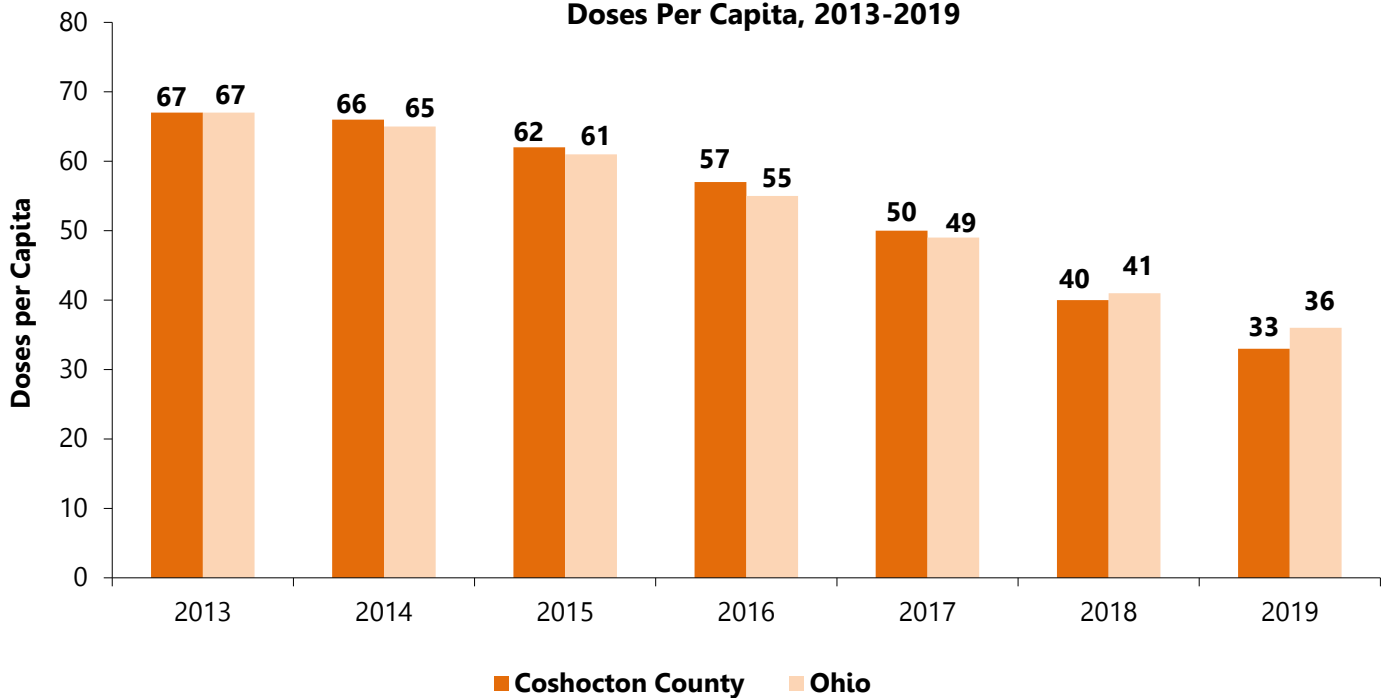
(Source for graphs: Ohio Public Health Data Warehouse, 2015-2019, Updated 3/14/21)

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

**Coshocton County and Ohio Number of Opiate and Pain Reliever
Doses Per Patient, 2013-2019**



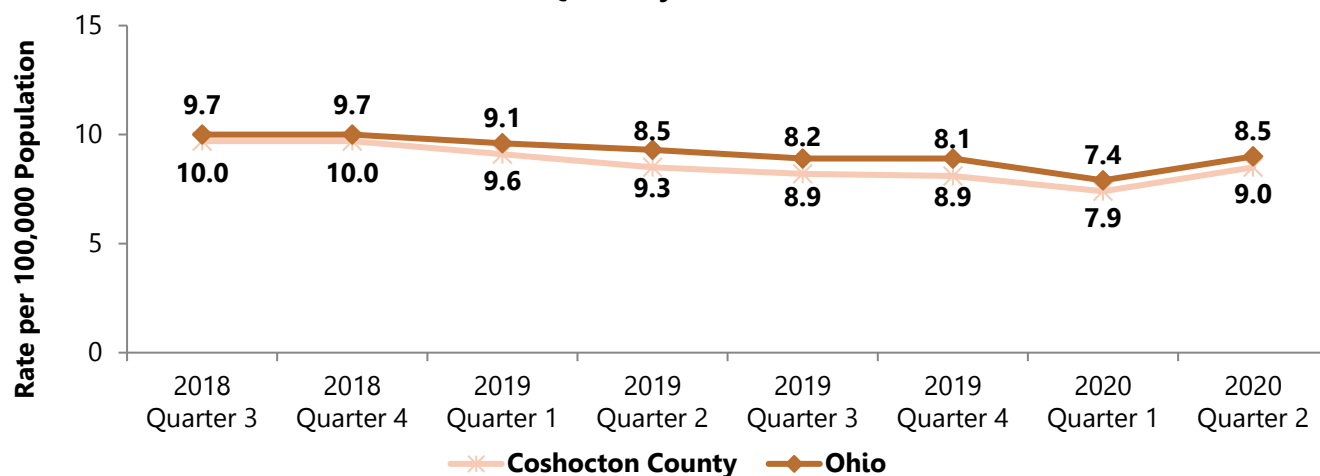
**Coshocton County and Ohio Number of Opiate and Pain Reliever
Doses Per Capita, 2013-2019**



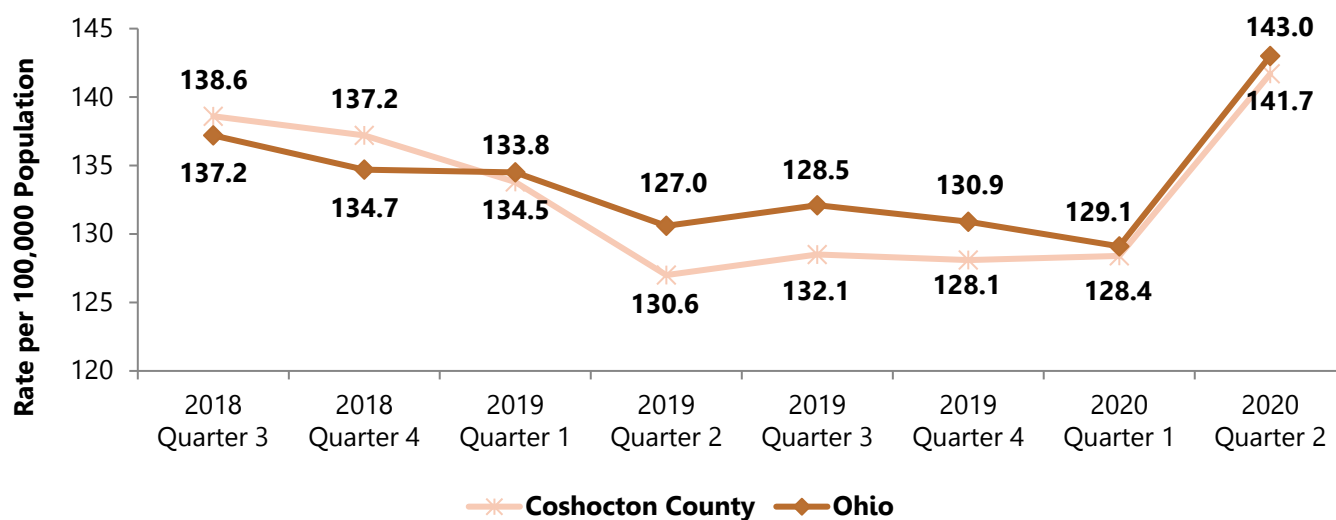
(Source for graphs: Ohio Automated Rx Reporting System, Quarterly County Data)

The following graphs show Coshocton County and Ohio quarterly opiate and pain reliever doses per capita and per patient.

Coshocton County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2018-2020



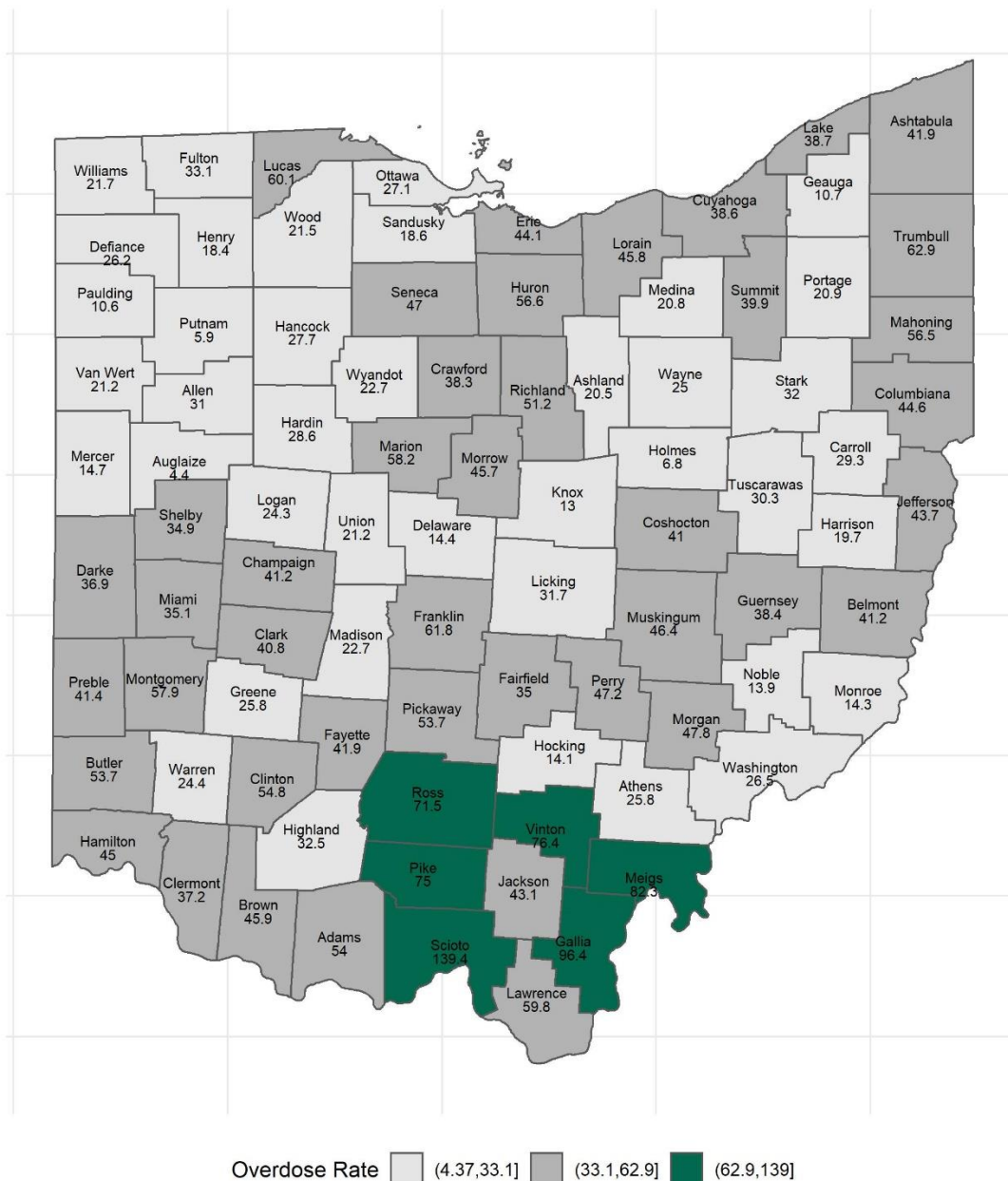
Number of Opioid Doses Per Patient, Quarterly from 2018-2020



(Source for graphs: Ohio's Automated Rx Reporting System, 2018-2020)

The following map illustrates 2020 age-adjusted unintentional overdose death rates per 100,000 population, by county.

- Coshocton County's age adjusted overdose death rate (per 100,000 population) was 41.0



(Source: Ohio Department of Health, Bureau of Vital Statistics, Ohio Death Certificate File. 2020 Ohio Drug Overdose Data, compiled by Ohio University)

Health Behaviors: Adult Sexual Behavior

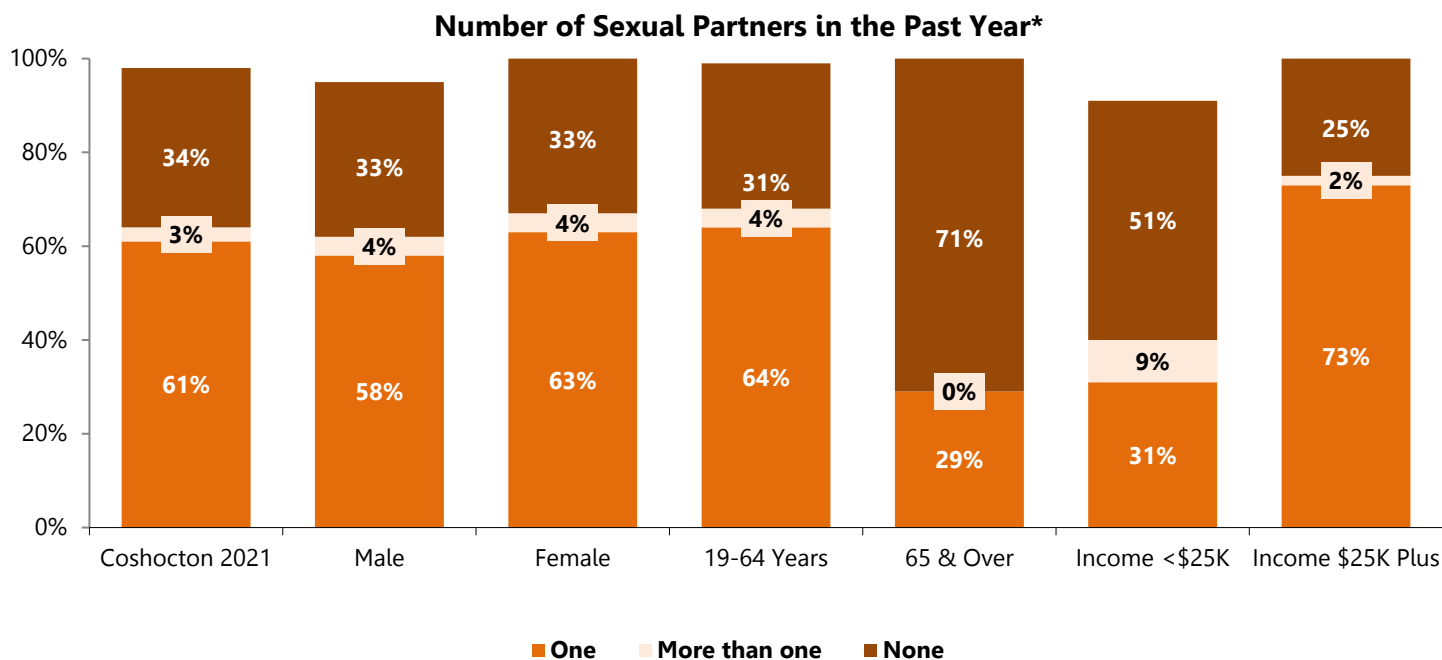
Key Findings

Sixty-four percent (64%) of Coshocton County adults had sexual intercourse in the past year. Three percent (3%) of adults had more than one partner.

Adult Sexual Behavior

- Sixty-four percent (64%) of Coshocton County adults had sexual intercourse in the past year.
- Three percent (3%) of adults reported they had intercourse with more than one partner in the past year, increasing to 9% of those with annual incomes less than \$25,000.
- Adults used the following methods of birth control: male sterilization (vasectomy) (21%); female sterilization (tubes tied) (16%); male or female condoms (12%); hysterectomy (11%); they or their partner is too old to get pregnant (10%); having sex at certain times (rhythm or natural family planning) (7%); withdrawal (6%); IUD (e.g., Mirena) (6%); birth control pills, any kind (6%); they or their partner is infertile (5%); no partner/not sexually active (5%); gay or lesbian (3%); had ovaries or testicles removed (2%); and contraceptive implant (e.g., Nexplanon) (1%).
- Eleven percent (11%) of Coshocton County adults were not using any method of birth control; 1% were pregnant and 4% were trying to get pregnant.

The following graph shows the number of sexual partners Coshocton County adults had in the past year. Examples of how to interpret the information include: 61% of all Coshocton County adults had one sexual partner in the past year, 3% had more than one partner, and 34% did not have a sexual partner.



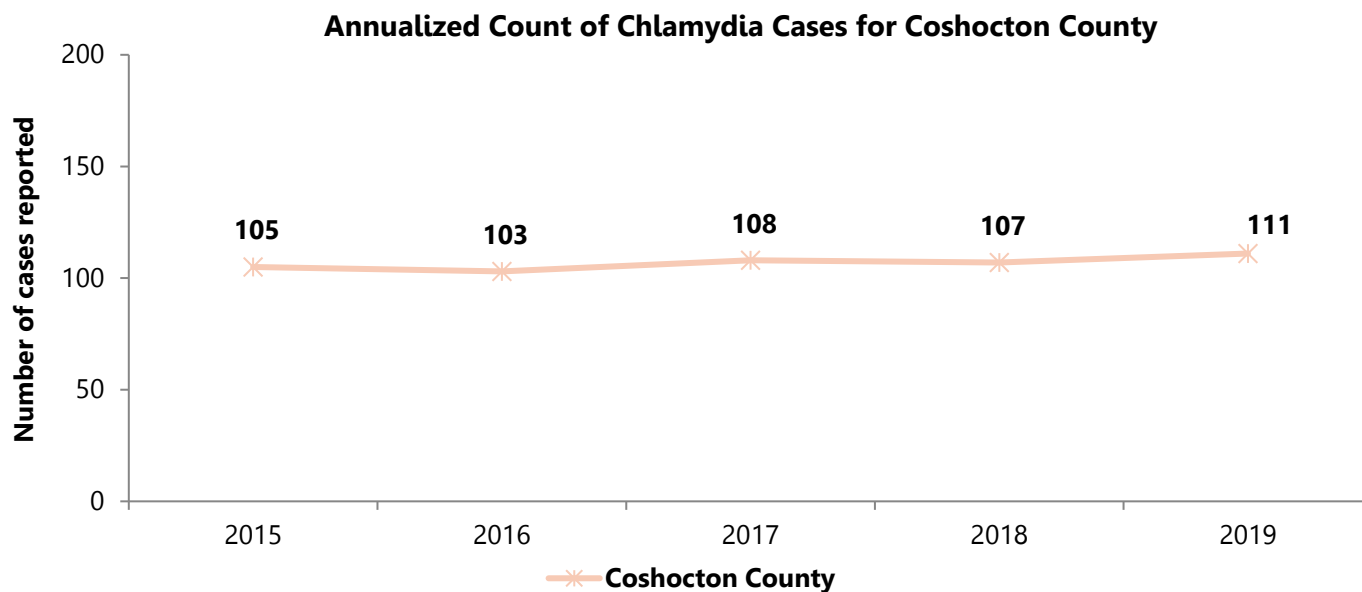
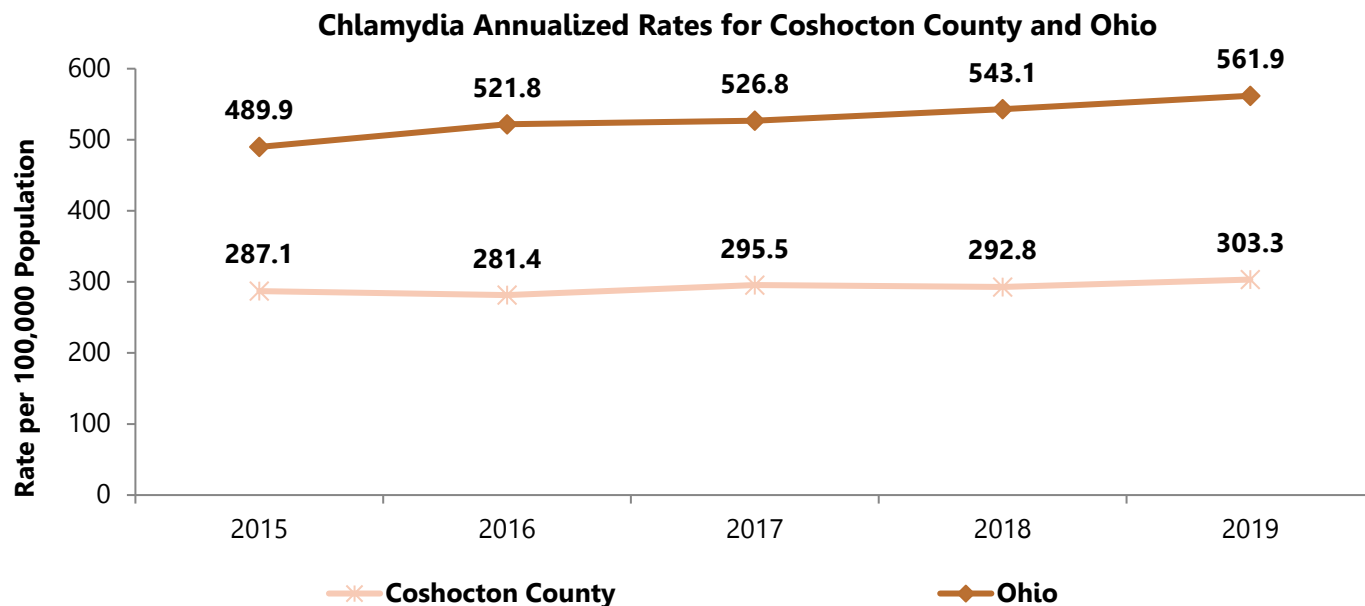
Respondents were asked: "During the past year, with how many different people have you had sexual intercourse?"

*Totals may not equal 100% as some respondents answered, "Don't 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)

The following graphs show Coshocton County chlamydia infection rates per 100,000 population. The graphs show:

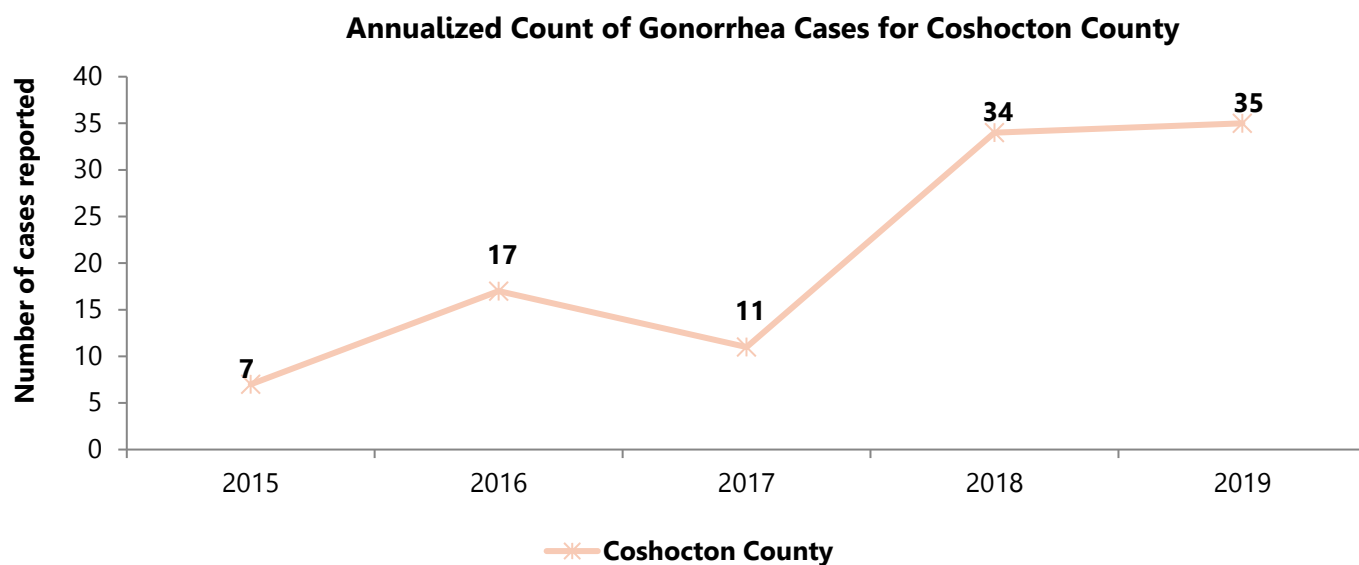
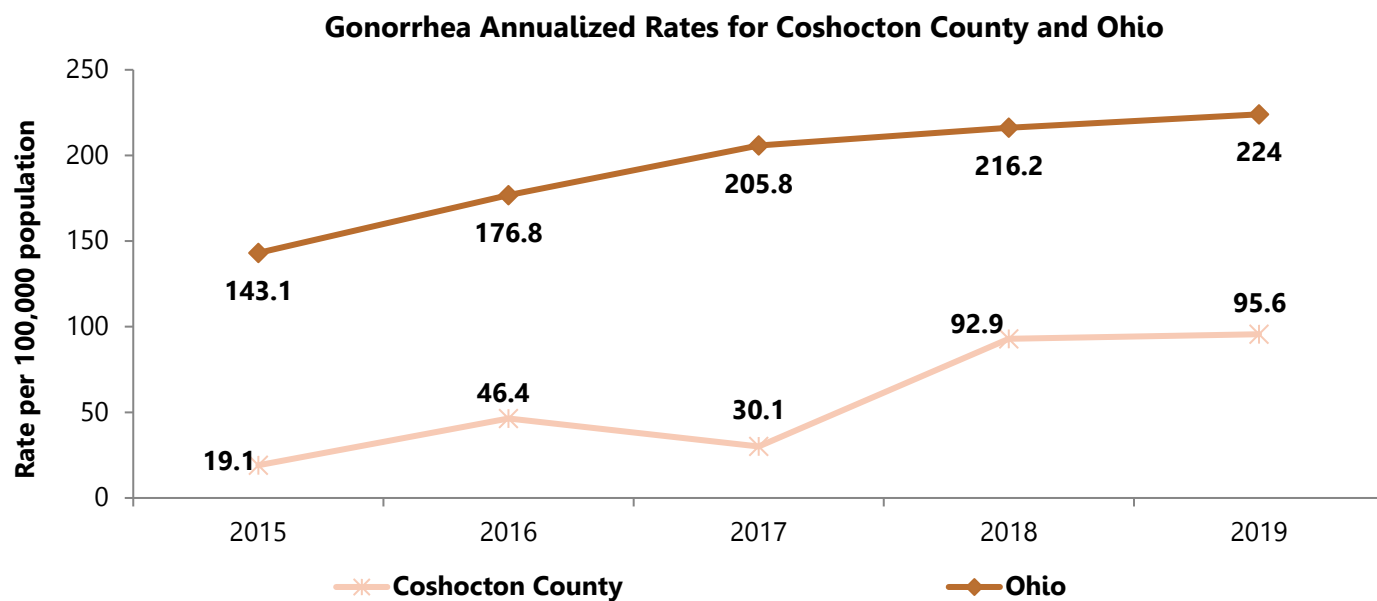
- Coshocton County chlamydia rates increased from 2018 to 2019.
- The number of chlamydia cases in Coshocton County fluctuated from 2015 to 2019.



(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 3/28/2021)

The following graphs show Coshocton County gonorrhea infection rates per 100,000 population. The graphs show:

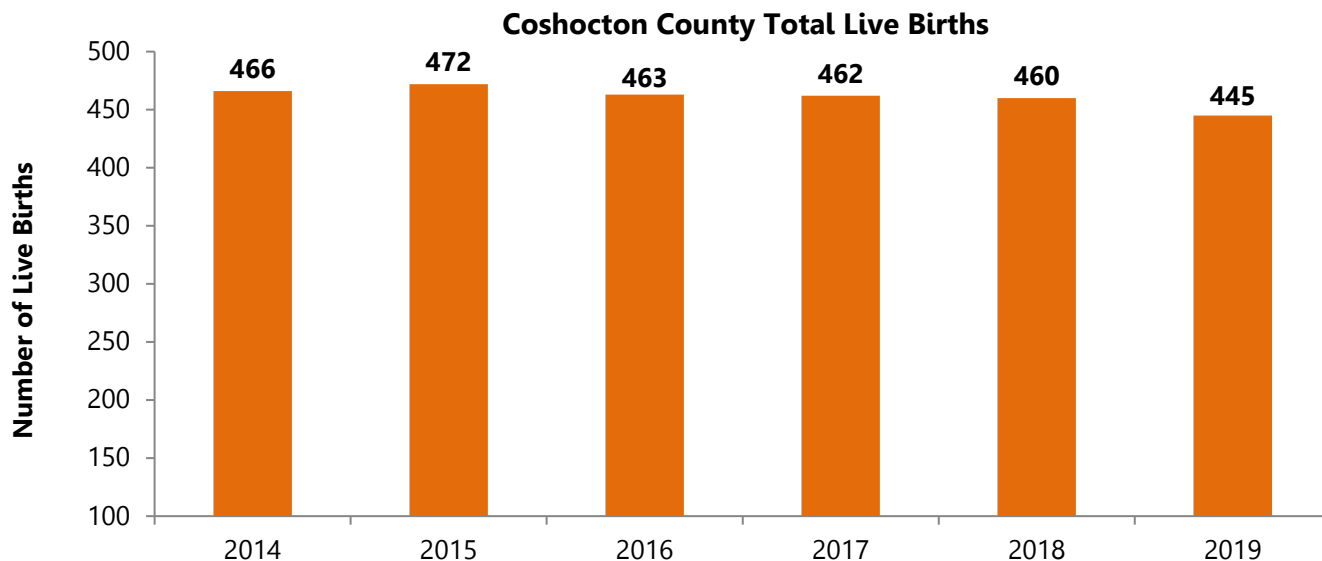
- Coshocton County gonorrhea rates increased significantly between 2015 and 2019.
- Ohio gonorrhea rates fluctuated year-to-year from 2015 to 2019.



(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data Reported through 3/28/2021)

Pregnancy Outcomes

- From 2014 to 2019, there was an average of 461 live births per year in Coshocton County.



(Source: Ohio Public Health Data Warehouse 2014-2019, Updated 3/14/2021)

Note: Pregnancy outcome data includes all births to both adults and adolescents.

Unintended Pregnancy

- The concept of unintended pregnancy helps in understanding the fertility of populations and the unmet need for contraception, also known as birth control, and family planning. Most unintended pregnancies result from not using contraception or from not using it consistently or correctly.
- Unintended pregnancy is associated with an increased risk of problems for the mom and baby. If the mom was not planning to get pregnant, she may have unhealthy behaviors or delay getting health care during the pregnancy, which could affect the health of the baby. Therefore, it is important for all women of reproductive age to adopt healthy behaviors such as:
 - Take folic acid
 - Maintain a healthy diet and weight
 - Be physically active regularly
 - Quit tobacco use
 - Refrain from excessive alcohol drinking
 - Abstain from alcohol if pregnant or planning to become pregnant
 - Take only medicines prescribed by your doctor
 - Talk to your health care provider about screening and proper management of chronic diseases
 - Visit your health care provider to receive recommended health care for your age, learn about possible health risks, and discuss if or when you are considering becoming pregnant
 - Use effective contraception correctly and consistently if you are sexually active but choose to delay or avoid pregnancy
- The CDC is working on many things to help prevent unintended pregnancy, such as:
 - Increase access, use, and dissemination of data to identify groups most at risk for unintended pregnancy; show the health impacts of teen and unintended pregnancy; and close gaps in access to quality, patient-centered family planning services.
 - Develop and identify evidence-based strategies to reduce unmet needs for quality family planning services among the most affected groups.
 - Provide guidance for health care providers who counsel men, women, and couples about contraception.
 - Build capacity for health care providers, states, communities, and partners to improve quality patient-centered family planning services and support states and communities to increase access to contraception services.

(Source: CDC, Reproductive Health, Unintended Pregnancy, Updated September 12, 2019)

Health Behaviors: Adult Mental Health

Key Findings

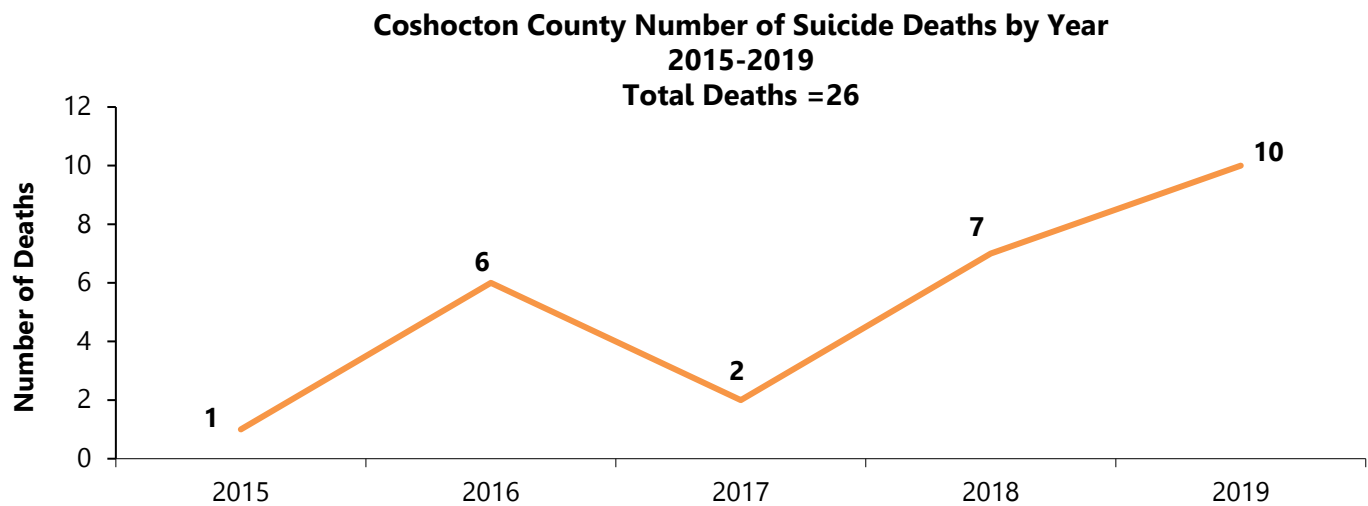
Six percent (6%) of Coshocton County adults considered attempting suicide in the past year. Thirteen percent (13%) of adults had a period of two or more weeks when they felt sad or hopeless nearly every day that they stopped doing usual activities in the past year.

6% of Coshocton County adults, or approximately 1,650 adults seriously considered attempting suicide in the past year.

Adult Mental Health

- During the past year, 13% of Coshocton County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped during usual activities, increasing to 32% of those with annual incomes less than \$25,000.
- More than one-fourth (27%) of adults were told they had a depressive disorder (including depression, major depression, dysthymia, or minor depression), increasing to 42% of those with incomes less than \$25,000.
- Six percent (6%) of Coshocton County adults seriously considered attempting suicide in the past year.
- Two percent (2%) of adults reported actually attempting suicide in the past year.
- Coshocton County adults reported they or someone in their household were diagnosed with or treated for the following mental health issues in the past year:
 - Anxiety or emotional problems (39%)
 - Depression (32%)
 - Anxiety disorder (panic attacks, phobia, obsessive-compulsive disorder) (26%)
 - Bipolar disorder (12%)
 - Post-traumatic stress disorder (PTSD) (11%)
 - Attention deficit disorder (ADD/ADHD) (7%)
 - Developmental disability (5%)
 - Other trauma (4%)
 - Alcohol and/or illicit drug abuse (3%)
 - Psychotic disorder (schizophrenia, schizoaffective disorder) (3%)
 - Autism spectrum (2%)
 - Eating disorder (2%)
 - Life adjustment disorder (1%)
 - Other mental health disorder (7%)
- One-third (33%) of adults indicated they or someone in their household have taken medication for one or more mental health issues.
- Coshocton County adults reported the following caused them anxiety, stress or depression: current news/political environment (36%), financial stress (29%), death of close family member or friend (28%), job stress (22%), sick family member (19%), poverty/no money (17%), marital/dating relationships (13%), family member with a mental illness (12%), raising/caring for children (11%), fighting in the home (11%), caring for a parent (10%), social media (7%), other stress at home (6%), unemployment (6%), divorce/separation (6%), not feeling safe in the community (4%), not having enough to eat (4%), not having a place to live (1%), and other causes (19%).
- Eighteen percent (18%) of Coshocton County adults had used a program or service for themselves or someone in their households to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: had not thought of it (7%), could not afford to go (6%), fear (6%), stigma of seeking mental health services (6%), co-pay/deductible too high (5%), embarrassed to seek mental health services (5%), did not know how to find a program (3%), other priorities (3%), could not find a mental health doctor or provider (3%), clinic their insurance covers was too far away (2%), transportation (2%), took too long to get in to see a doctor/health care provider (1%), and other reasons (9%). Fifty-seven percent (57%) of adults indicated they did not need such a program.

The graph below shows the number of suicide deaths by year in Coshocton County.



*(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 3/14/21)
Note: Ohio Resident deaths include individuals that resided in Ohio at the time of death regardless of where the death occurred.*

Suicide in the United States

Fatal Outcomes

- In 2019, suicide ranked as the 10th leading cause of death overall in the U.S. and ranked as the 2nd leading cause of death for those ages 15-34.
- In 2019, there was a total of 47,511 suicides, equating to an age-adjusted rate of 13.9 suicides per 100,000 people. Firearms accounted for half (50.4%) of these suicides, amounting to 23,941 suicides.
- On average, one person died due to suicide in the U.S. every 11.1 minutes.
- Males have a higher rate of fatal suicide, with 3.6 suicide deaths for every female death by suicide.

Non-Fatal Outcomes

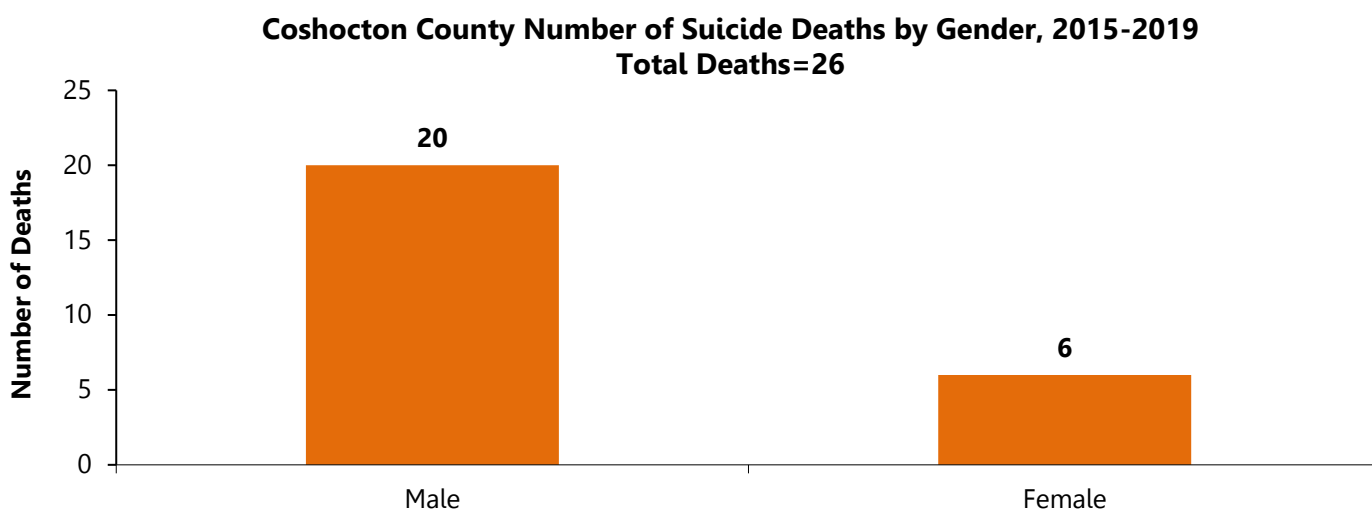
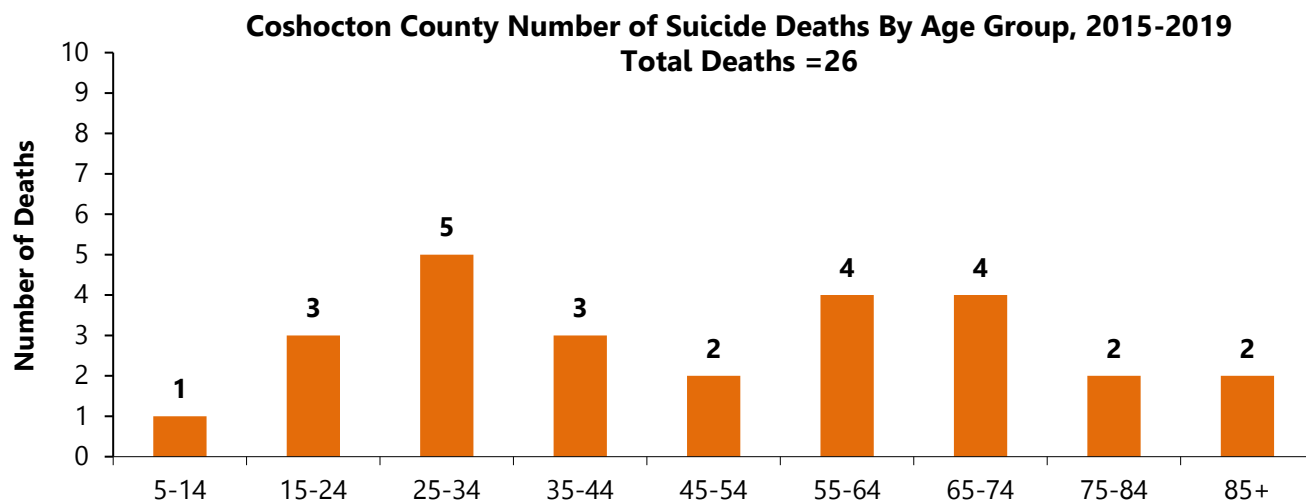
- In 2019, 1.2 million Americans attempted suicide. This equates to one suicide attempt every 26.6 seconds.
- Females have a higher rate of attempting suicide, with three females attempting suicide for every male who attempts suicide.

Survivors of Suicide Loss

- As much as 40-50% of the population have been exposed to suicide (those who knew someone personally who died by suicide) in their lifetime. The number of survivors of suicide loss in the U.S. is more than 5.4 million, or 1 out of every 60 Americans in 2019.

(Source: American Association of Suicidology, 2019 Facts and Statistics, Updated February 12, 2020)

The graphs below show the number of suicide deaths by age group and gender from 2015 to 2019 in Coshocton County.

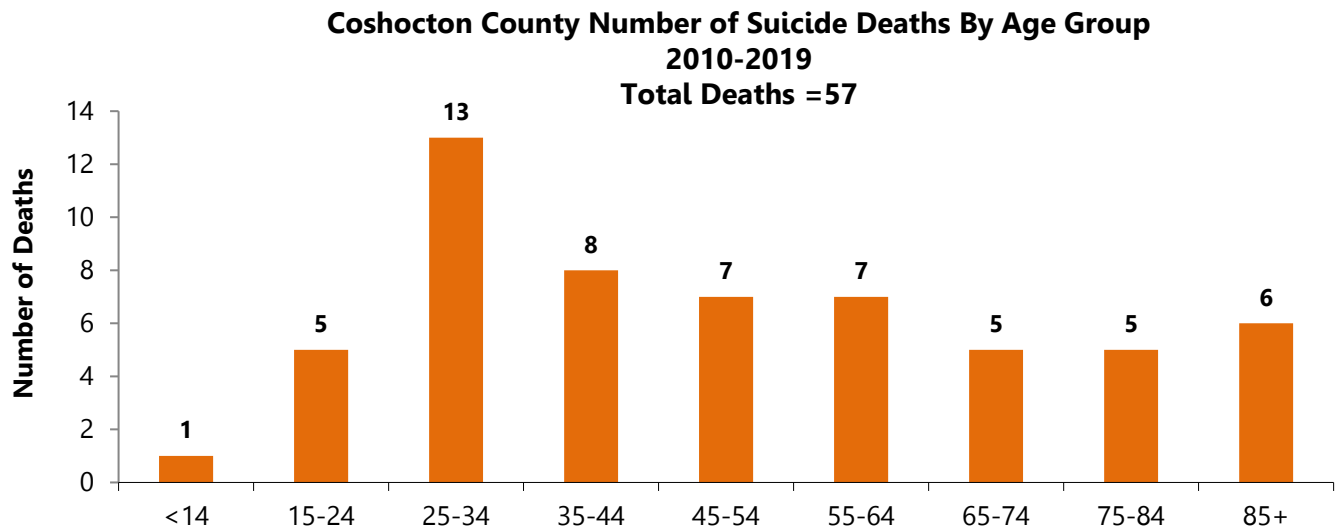


(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 3/14/21)

Note for graphs: Ohio Resident deaths include individuals that resided in Ohio at the time of death regardless of where the death occurred.

The graph below shows the number of suicide deaths by age group in Coshocton County. The graph shows:

- From 2010 to 2019, 23% of all Coshocton County suicide deaths occurred among residents ages 25 to 34.



*Note: Ohio Resident deaths include individuals that resided in Ohio at the time of death regardless of where the death occurred.
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 3/14/2021)*

Common Signs of Mental Illness in Adults

- Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness can be difficult. There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness. Knowing the warning signs can help determine if someone needs to speak to a professional. For many people, getting an accurate diagnosis is the first step in a treatment plan.
- Each illness has its own symptoms, but common signs of mental illness in adults can include:
 - Excessive worrying or fear
 - Feeling excessively sad or low
 - Extreme mood changes
 - Avoiding friends and social activities
 - Changing in sleep habits or feeling tired and having low energy
 - Changes in eating habits such as increased hunger or lack of appetite
 - Abuse of substances like alcohol or drugs
 - Inability to carry out daily activities or handle daily problems and stress
- After diagnosis, a health care provider can help develop a treatment plan that could include medication, therapy or other lifestyle changes.
- Getting a diagnosis is just the first step; knowing your own preferences and goals are also important. Treatments for mental illness vary by diagnosis and by person. There's no "one size fits all" treatment. Treatment options can include medication, counseling (therapy), social support and education.

(Source: National Alliance on Mental Illness, Warning Signs & Symptoms, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Eight percent (8%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Thirty-nine percent (39%) had high blood cholesterol, 37% were obese, 31% had high blood pressure, and 18% were current smokers, which are four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Eight percent (8%) of adults reported they were diagnosed with angina or coronary heart disease, increasing to 11% of those over the age of 65 and those with incomes less than \$25,000.
- Eight percent (8%) of adults reported they had survived a heart attack, increasing to 12% of those over the age of 65.
- Three percent (3%) of adults reported they had survived a stroke.
- Three percent (3%) of adults reported they had congestive heart disease, increasing to 6% of those with incomes less than \$25,000.

High Blood Pressure (Hypertension)

- Nearly one-third (31%) of adults had been diagnosed with high blood pressure.
- More than four-fifths (82%) of adults had their blood pressure checked within the past year.
- Coshocton County adults diagnosed with high blood pressure were more likely to have:
 - Been ages 65 years or older (59%)
 - Been classified as obese by body mass index (BMI) (47%)

High Blood Cholesterol

- Nearly two-fifths (39%) of adults had been diagnosed with high blood cholesterol.
- More than three-quarters (78%) of adults had their blood cholesterol checked within the past five years.
- Coshocton County adults with high blood cholesterol were more likely to:
 - Have been ages 65 years or older (62%)
 - Have been classified as obese by body mass index (BMI) (50%)

Coshocton County Leading Causes of Death 2017-2019

Total Deaths: 1,308

1. Heart Disease (23% of all deaths)
2. Cancer (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (5%)

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

Ohio Leading Causes of Death 2017-2019

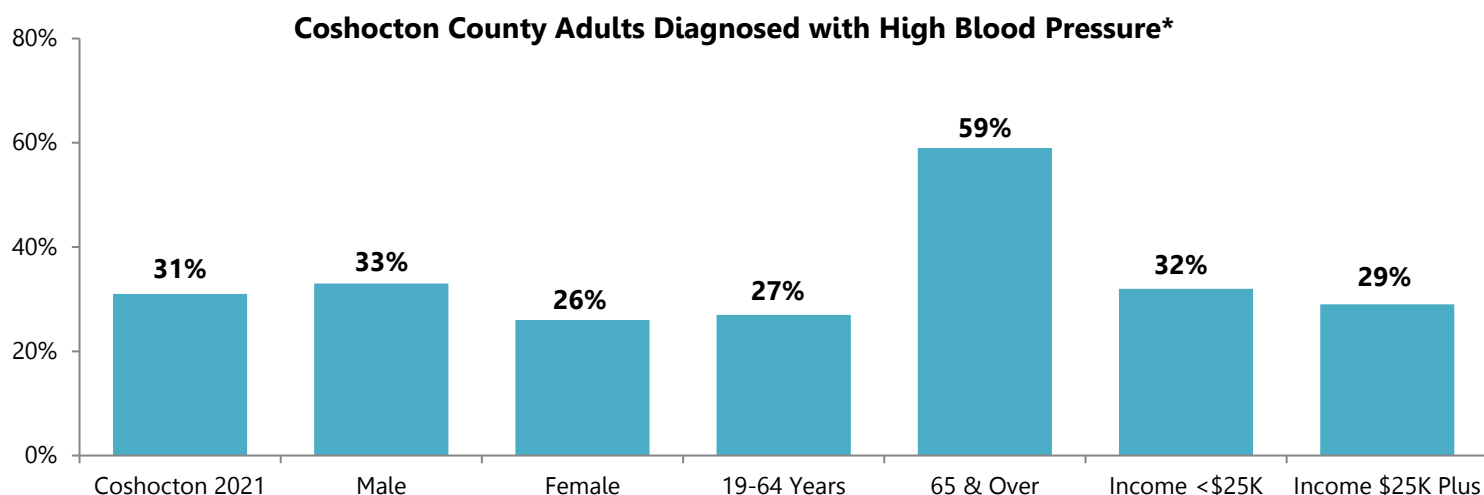
Total Deaths: 371,649

1. Heart Disease (23% of all deaths)
2. Cancers (20%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

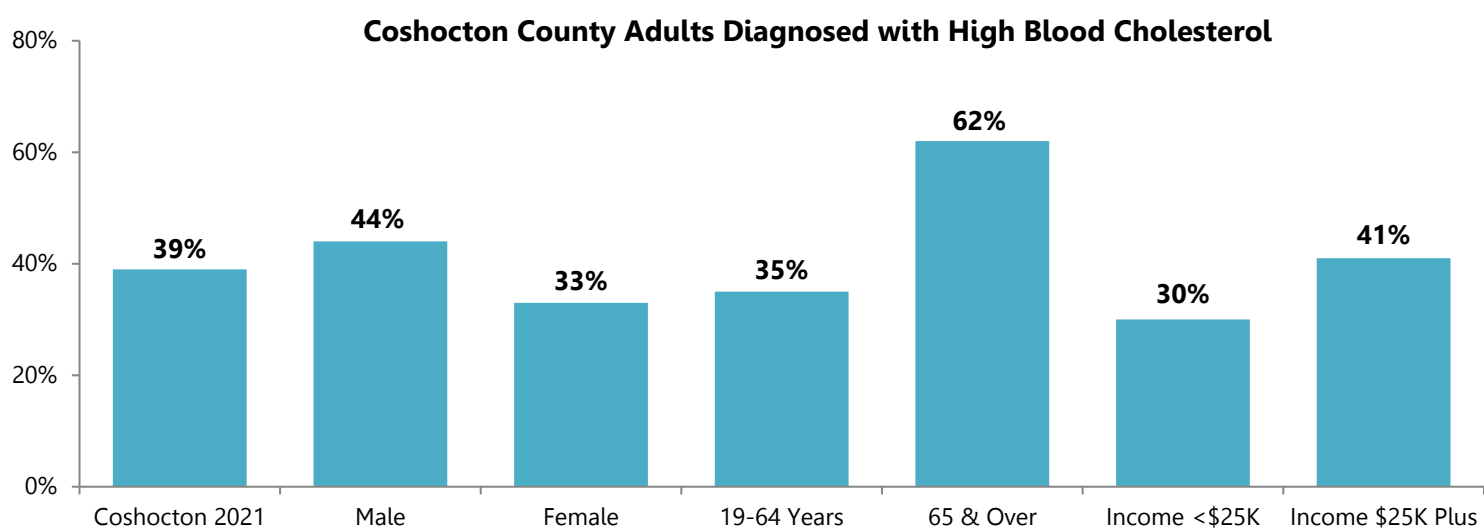
(Source: Ohio Public Health Data Warehouse, 2017-2019)

8% of Coshocton County adults or approximately 2,200 adults survived a heart attack or myocardial infarction.

The following graphs show the number of Coshocton County adults who have been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 31% of all Coshocton County adults have been diagnosed with high blood pressure, including 33% of males, 26% of females, and 59% of those 65 years and older.

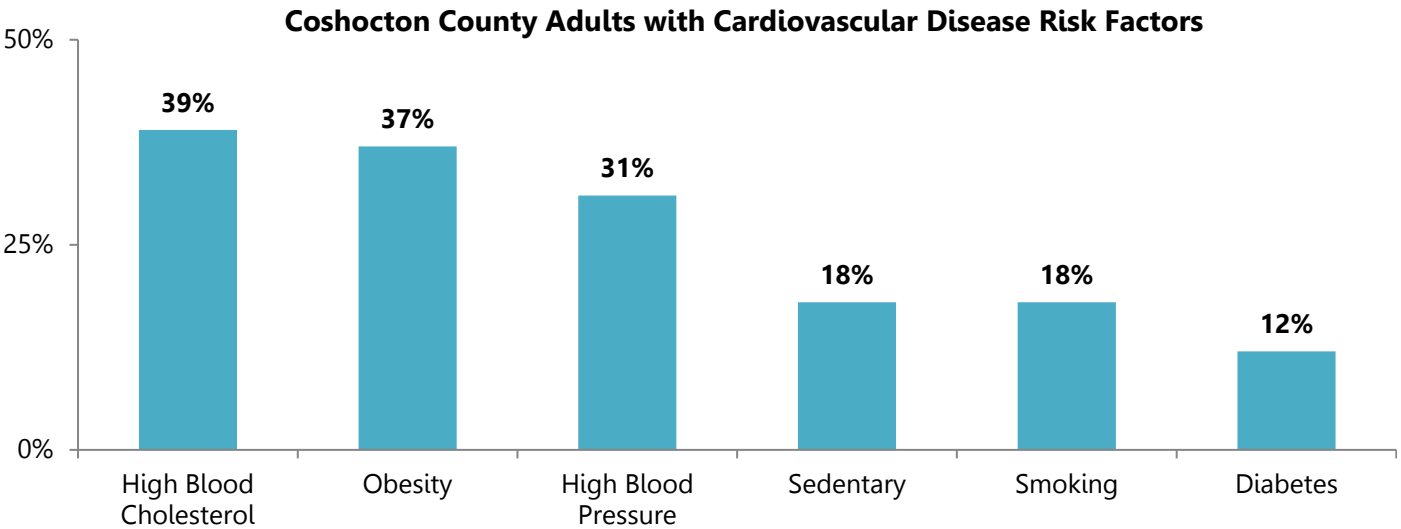


**Does not include respondents who indicated high blood pressure during pregnancy only.*



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 demonstrates the percentage of Coshocton County adults who had major risk factors for developing cardiovascular disease (CVD).

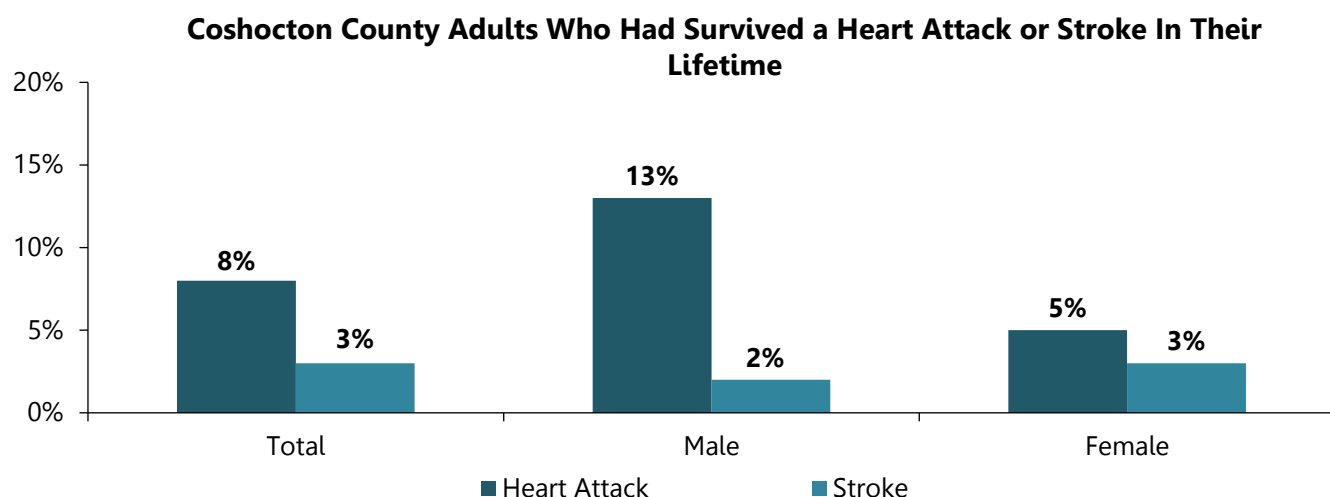


**Healthy People 2030 Objectives
Heart Disease and Stroke (HDS)**

Objective	2021 Coshocton Survey Population Baseline	2019 U.S. Baseline	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with hypertension	31%	32% Adults age 18 and older	28%

*Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2030, 2019 BRFSS, 2021 Coshocton County Health Assessment)*

The following graph shows the percentage of Coshocton County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 13% of Coshocton County males survived a heart attack, compared to 5% of females.

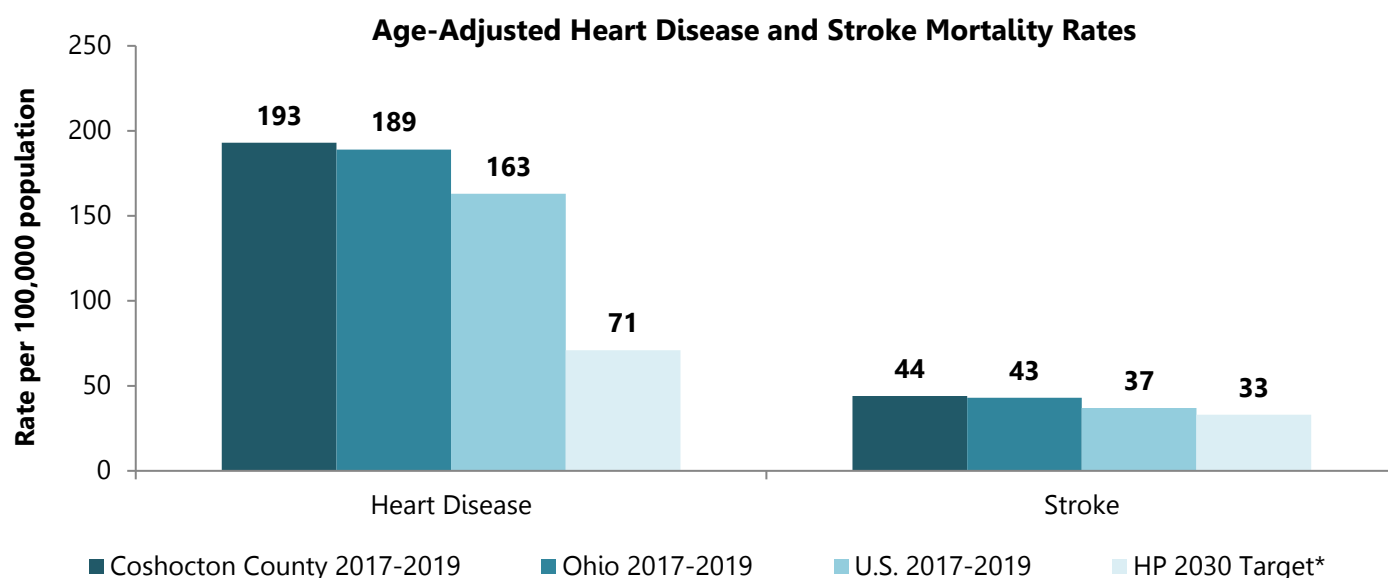


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

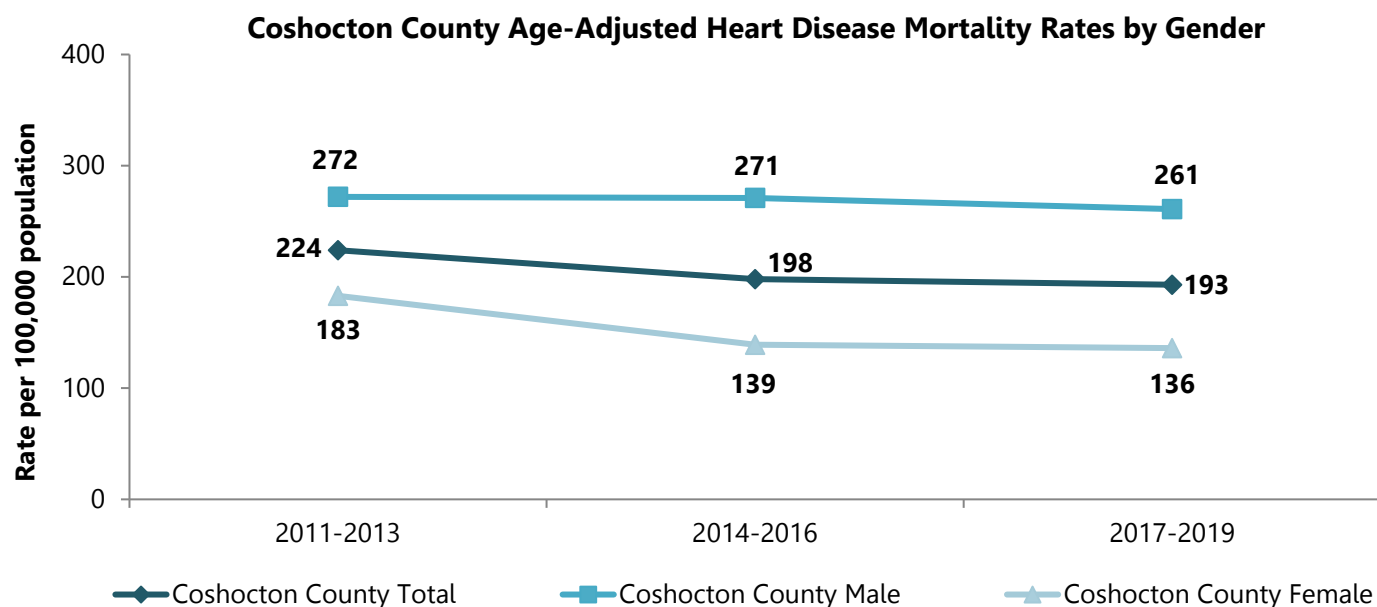
Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Had angina or coronary heart disease	8%	5%	4%
Had a heart attack	8%	5%	4%
Had a stroke	3%	4%	3%
Had been diagnosed with high blood pressure	31%	35%	32%
Had been diagnosed with high blood cholesterol	39%	33%	33%
Had their blood cholesterol checked within the last five years	78%	85%	87%

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

- When age differences are accounted for, the statistics indicate that the Coshocton County heart disease mortality rate was higher than the figures for the state, the U.S., and the Healthy People 2030 target from 2017 to 2019.
- The 2017 to 2019 Coshocton County age-adjusted stroke mortality rate was higher than the figures for the state, the U.S., and the Healthy People 2030 target.
- From 2011 to 2019, Coshocton County female and male age-adjusted heart disease mortality rates showed a downward trend.



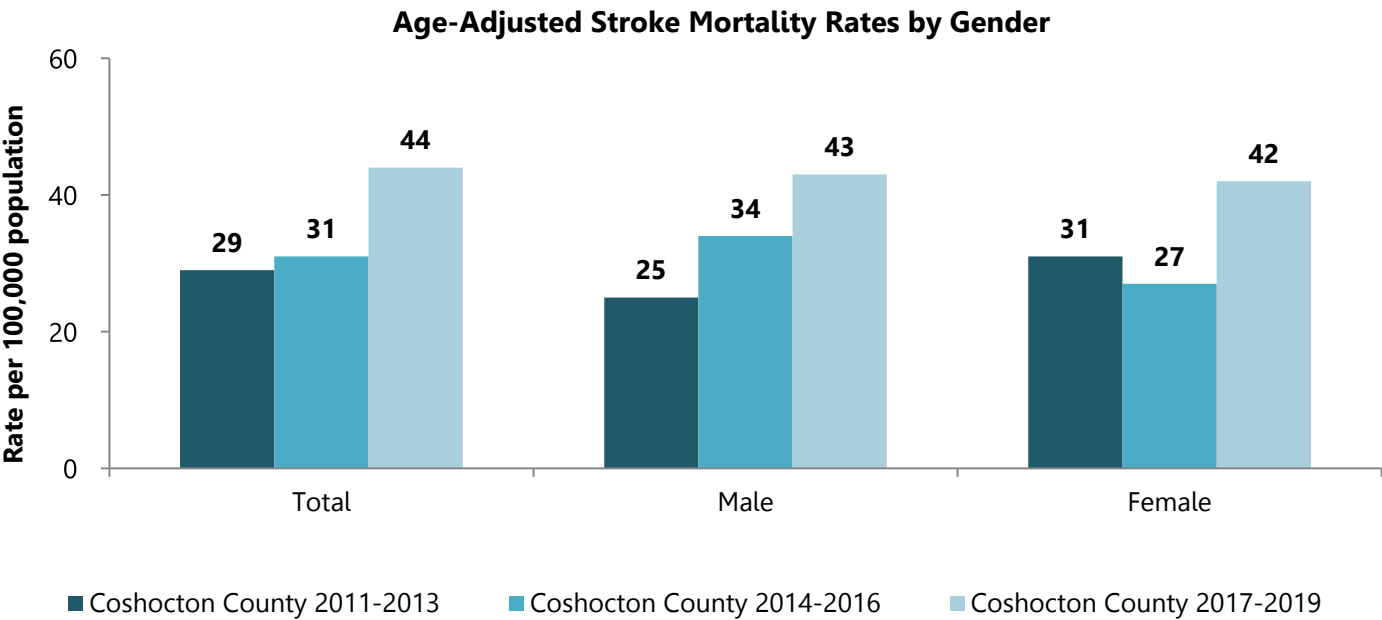
**The Healthy People 2030 Target objective for coronary heart disease is reported for heart attack mortality.
(Source: Ohio Public Health Data Warehouse, 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)*



(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 2016, the Coshocton County stroke mortality rate stayed relatively stable, but demonstrated a slightly upward trend in 2017 to 2019.



(Source: Ohio Public Health Data Warehouse, 2011-2019)

Chronic Disease: Cancer

Key Findings

In 2021, 22% of Coshocton County adults had been diagnosed with cancer at some time in their life. The Ohio Department of Health (ODH) indicates that, from 2017 to 2019, cancers caused 21% (272) of all (1,308) Coshocton County resident deaths.

Adult Cancer

- Twenty-two percent (22%) of Coshocton County adults were diagnosed with cancer at some point in their lifetime, increasing to 35% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: breast (47%), prostate (19%), melanoma (12%), other skin cancer (9%), cervical (6%), testicular (6%), colon (3%), brain (3%), liver (3%), esophageal (3%), and other types of cancer (18%). Eighteen percent (18%) of adults were diagnosed with multiple types of cancer.

Coshocton County Incidence of Cancer, 2014-2018

All Types: 1,190 cases

- Lung and Bronchus: 182 cases (15%)
- Breast: 148 cases (12%)
- Prostate: 119 cases (10%)
- Colon and Rectum: 113 cases (9%)

From 2017-2019, there were 272 cancer deaths in Coshocton County.

(Source: Ohio Cancer Incidence Surveillance System, Ohio Public Health Data Warehouse, 2014-2018)

22% of Coshocton County adults, or approximately 6,051 adults were diagnosed with cancer at some point in their lifetime.

Cancer Facts

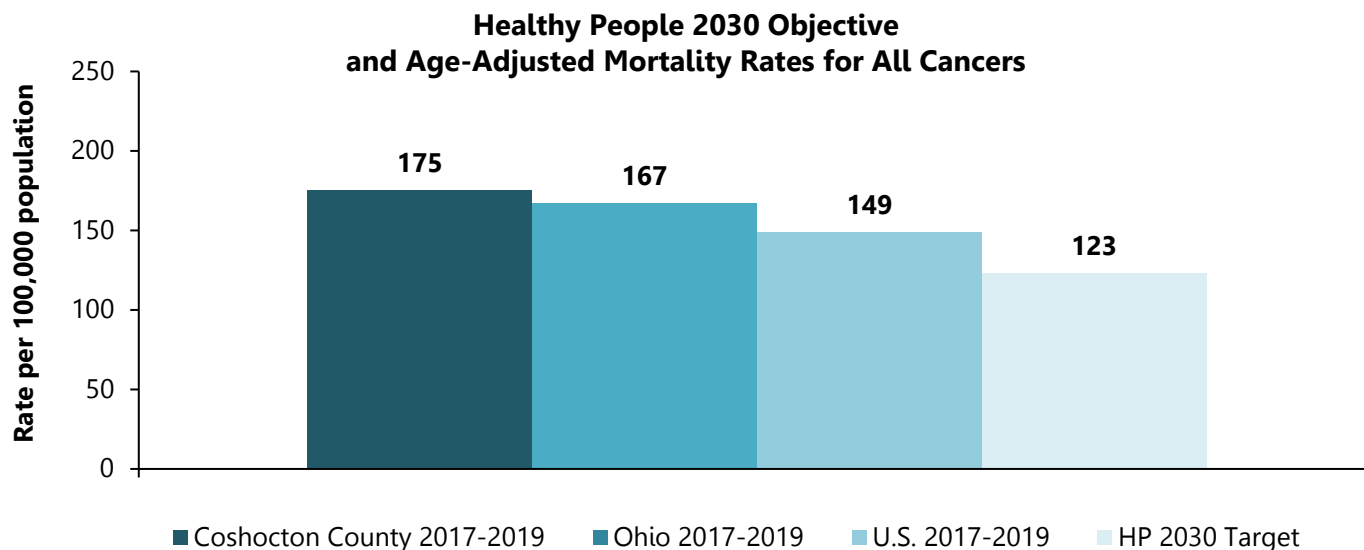
- The Ohio Department of Health (ODH) indicates that, from 2017 to 2019, cancers caused 21% (272) of all (1,308) Coshocton County resident deaths *(Source: Ohio Public Health Data Warehouse, 2017-2019).*
- The American Cancer Society states that about 608,570 Americans are expected to die of cancer in 2021. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease *(Source: American Cancer Society, Facts & Figures 2021).*

Cancer Fast Facts

- Cancer is the second leading cause of death in the United States, but many kinds of cancer can be prevented or caught early.
- Leading risk factors for preventable cancers are smoking, getting too much UV radiation from the sun or tanning beds, being overweight or obese, and drinking too much alcohol.
- Some kinds of cancer (like breast, cervical, and colorectal) can be caught early through screening. Other kinds of cancer can be prevented. For example, cervical cancer through vaccination and colorectal cancer can be prevented through removing precancerous growths in the colon and rectum.
- The cost of cancer care in the United States is expected to reach almost \$174 billion by 2020.

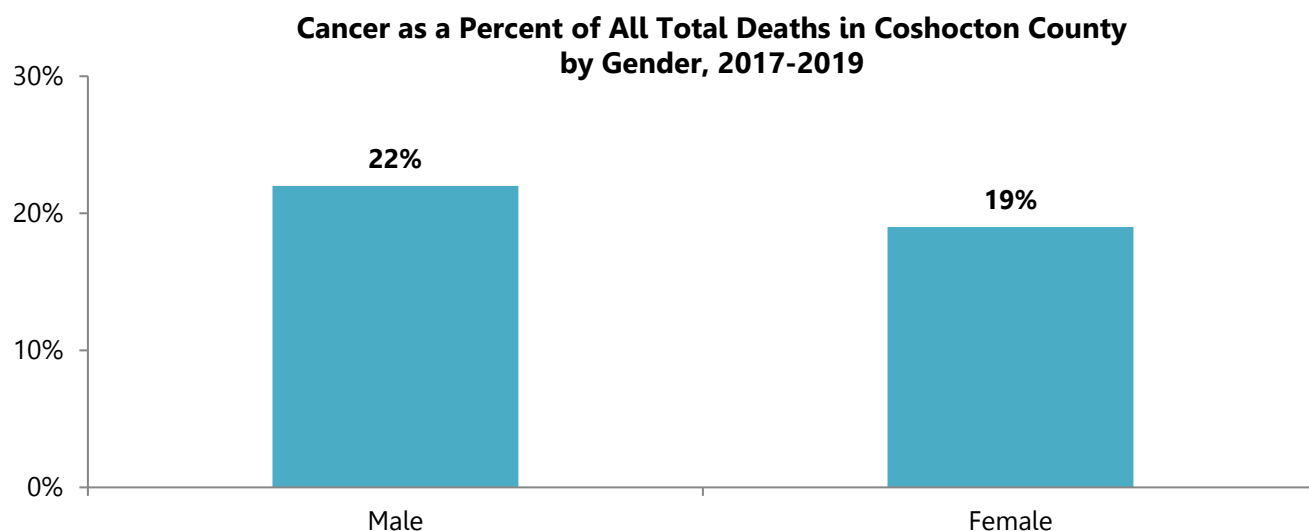
(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Cancer, Updated December 16, 2020)

The following graph shows the Coshocton County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population) for all types of cancer in comparison to the Healthy People 2030 objective.



(Source: Ohio Public Health Data Warehouse, CDC Wonder, Healthy People 2030)

The following graph shows cancer as a percent of total deaths in Coshocton County.

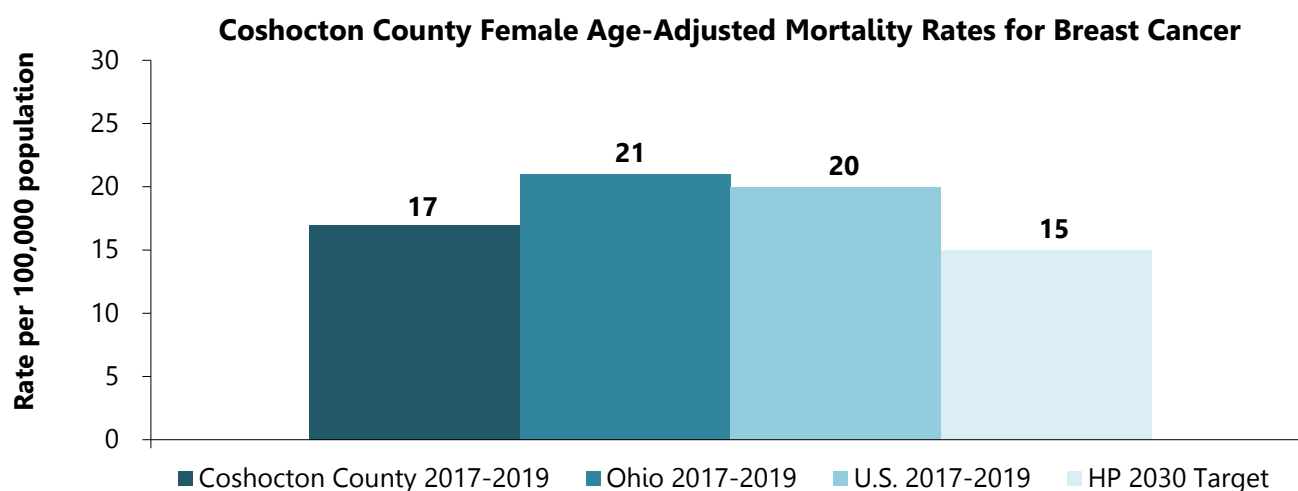


(Source: Ohio Public Health Data Warehouse, 2017-2019)

Breast Cancer

- In 2021, 30% of Coshocton County females reported having a clinical breast examination in the past year.
- Nearly half (48%) of Coshocton County females older than the age of 40 had a mammogram in the past year.
- 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).

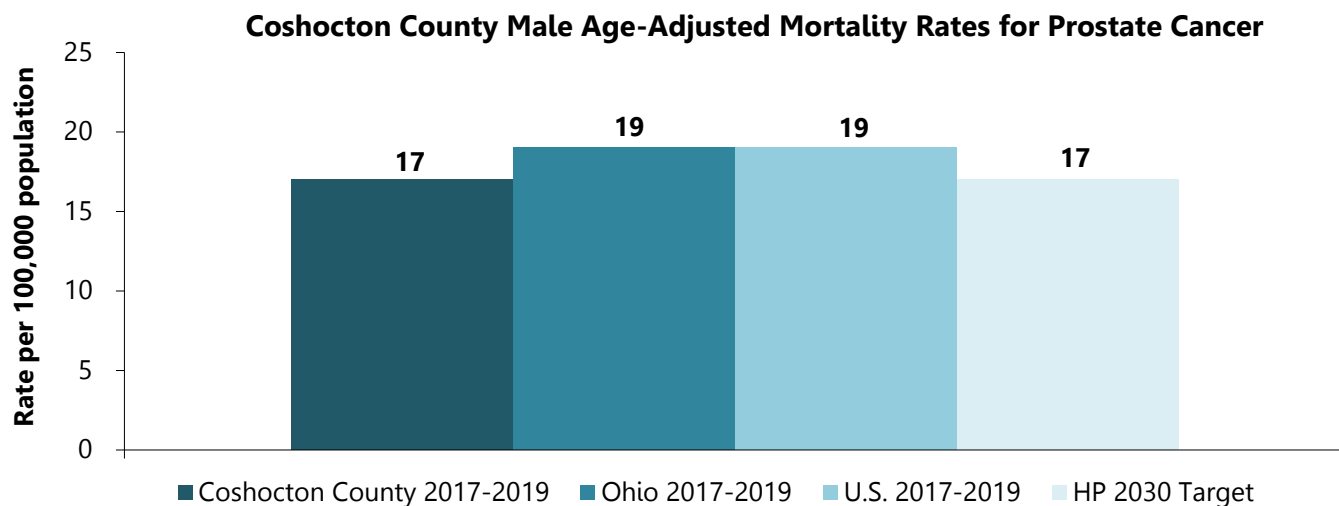
The following graph shows the Coshocton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2030 objective.



Prostate Cancer

- Nearly half (48%) of Coshocton County men had a prostate-specific antigen test (PSA) in their lifetime, and 24% had one in the past year.
- ODH statistics indicate that prostate cancer accounted for 7% of all male cancer deaths from 2017 to 2019 in Coshocton County (Source: Ohio Public Health Data Warehouse, 2017-2019).
- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms or harm), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (Black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 (Source: American Cancer Society, Facts & Figures 2021).

The following graph shows the Coshocton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2030 objective.

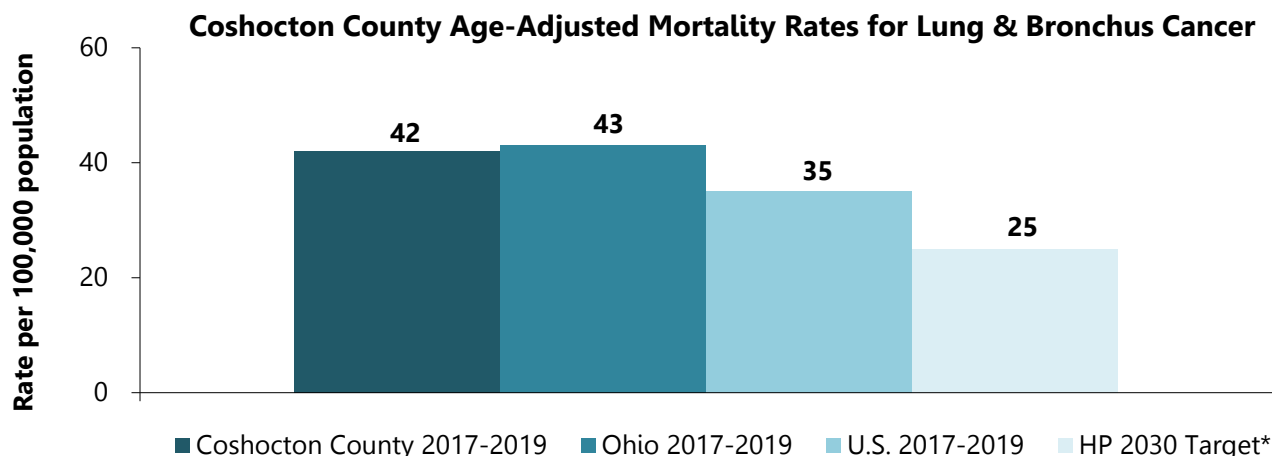


(Sources: Healthy People 2030, Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019)

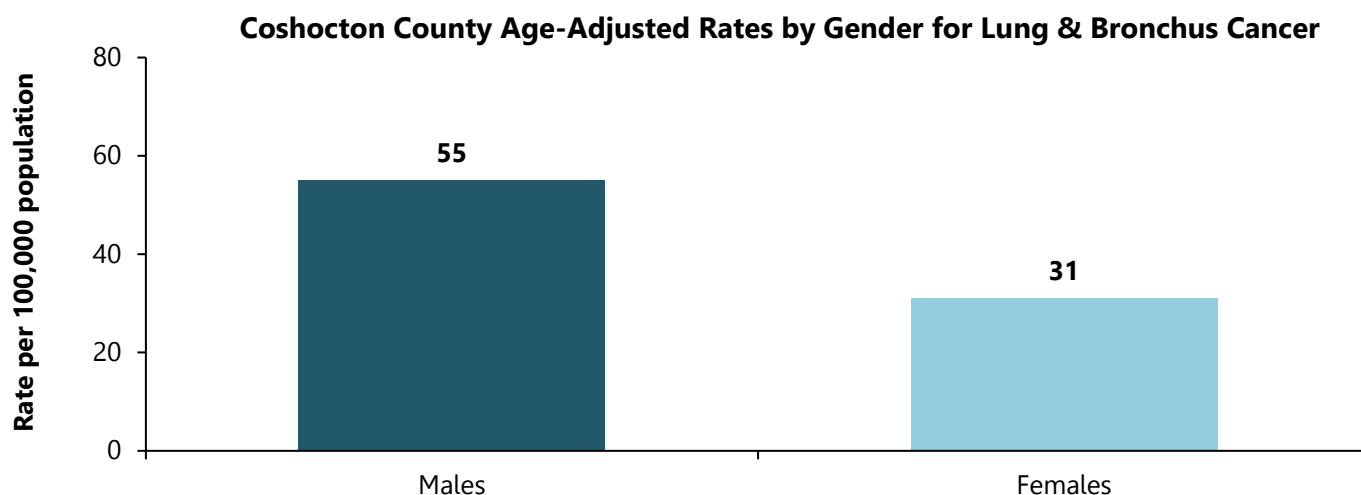
Lung Cancer

- In Coshocton County, 18% of adults were current smokers and 20% were former smokers.
- ODH reports that lung and bronchus cancer (total deaths=42) was the leading cause of male cancer deaths from 2017 to 2019 in Coshocton County *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.
- ODH reports that lung and bronchus cancer was the leading cause of female cancer deaths (total deaths=26) in Coshocton County from 2017 to 2019, followed by breast (total deaths=14) and colorectal cancers (total deaths=11) *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.
- According to the American Cancer Society, smoking causes 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 *(Source: American Cancer Society, Facts & Figures 2021)*.

The following graphs show the Coshocton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2030 objective, as well as by gender.



**Healthy People 2030 Target data is for lung cancer only
(Sources: Healthy People 2030, Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019)*

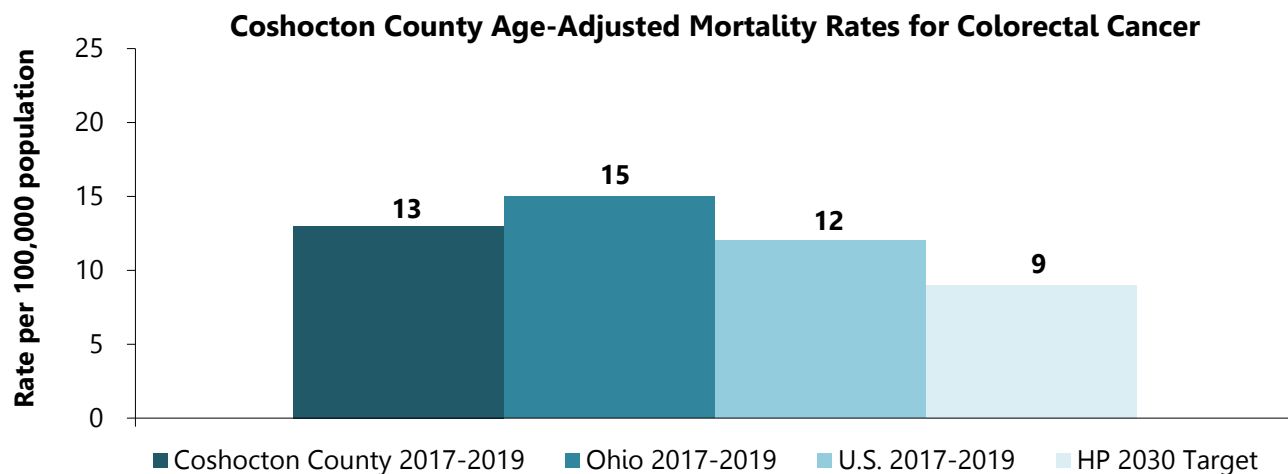


(Source: Ohio Public Health Data Warehouse 2017-2019)

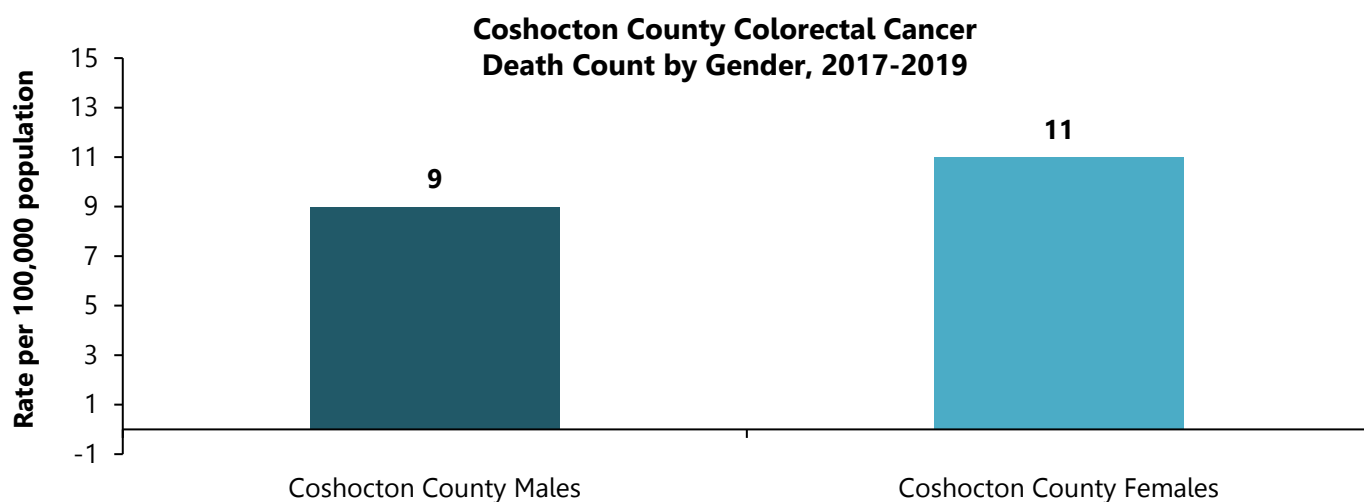
Colorectal Cancer

- ODH indicates that colorectal cancer accounted for 9% of all female and 6% of all male cancer deaths from 2017 to 2019 in Coshocton County *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.
- Modifiable factors that increase colorectal cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes *(Source: American Cancer Society, Facts & Figures 2021)*.
- Screening can prevent colorectal cancer through the detection and removal of precancerous growths, as well as detect cancer at an early stage. Regular screenings with either stool tests or exams (e.g., colonoscopy) results in a reduction in premature colorectal cancer death. New guidelines from the American Cancer Society recommend men and women at average risk for colorectal cancer be screened starting at age 45 *(Source: American Cancer Society, Facts & Figures 2021)*.

The following graphs show Coshocton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colorectal cancer in comparison with the Healthy People 2030 objective, as well as by gender.



(Source: Healthy People 2030, Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019)



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

Coshocton County Incidence of Cancer, 2014-2018

Types of Cancer	Age-Adjusted Rate	Number of Cases
Lung and Bronchus	68.8	182
Breast	61.2	148
Prostate	69.3	119
Colon & Rectum	45.2	113
Non-Hodgkins Lymphoma	27.3	67
Melanoma of Skin	28.3	65
Bladder	23.9	61
Uterus	40.7	53
Kidney & Renal Pelvis	17.7	41
Pancreas	12.9	33
Oral Cavity & Pharynx	10.4	28
Leukemia	11.0	26
Thyroid	10.8	25
Liver & Intrahepatic Bile Duct	9.5	23
Ovary	14.6	20
Esophagus	8.0	18
Stomach	6.8	16
Brain and Other CNS	7.3	16
Larynx	6.3	15
Multiple Myeloma	4.4	12
Cervix	10.1	11
Hodgkins Lymphoma	5.0	8
Testis	N/A	4
Other Sites/Types	37.2	86
Total		1,190

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/28/2021)

2021 Cancer Estimates

- In 2020, more than 1.9 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about 18% of the new cancer cases expected to occur in the U.S. will be related to being overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 608,570 Americans are expected to die of cancer in 2021.
- 80% of lung cancer deaths in the U.S are attributed to smoking.
- In 2021, estimates predict that there will be 73,320 new cases of cancer and 25,140 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 10,350 (14%) will be from lung and bronchus cancers and 5,860 (8%) will be from colon and rectum cancers.
- About 10,450 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 9,010 (12%).

(Source: American Cancer Society, Facts and Figures 2021)

Chronic Disease: Arthritis

Key Findings

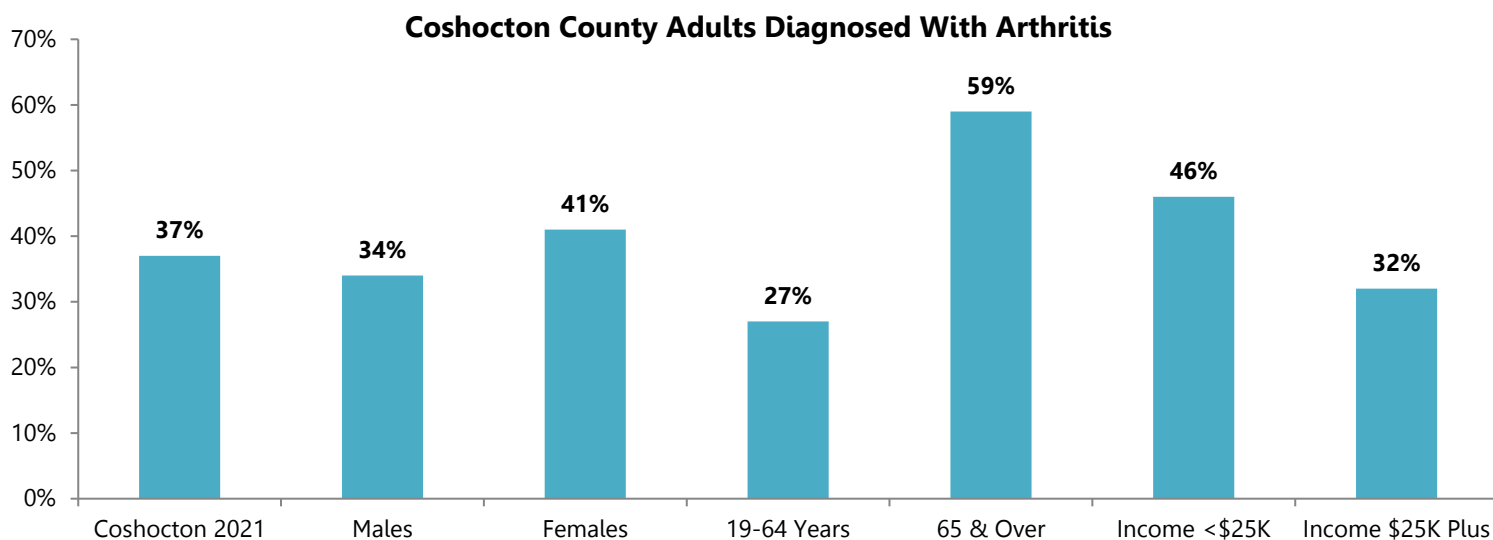
More than one-third (37%) of Coshocton County adults were diagnosed with arthritis.

Arthritis

- More than one-third (37%) of Coshocton County adults were diagnosed with arthritis, increasing to 59% of those older than the age of 65.

37% of Coshocton County adults, or approximately 10,176 adults were diagnosed with arthritis.

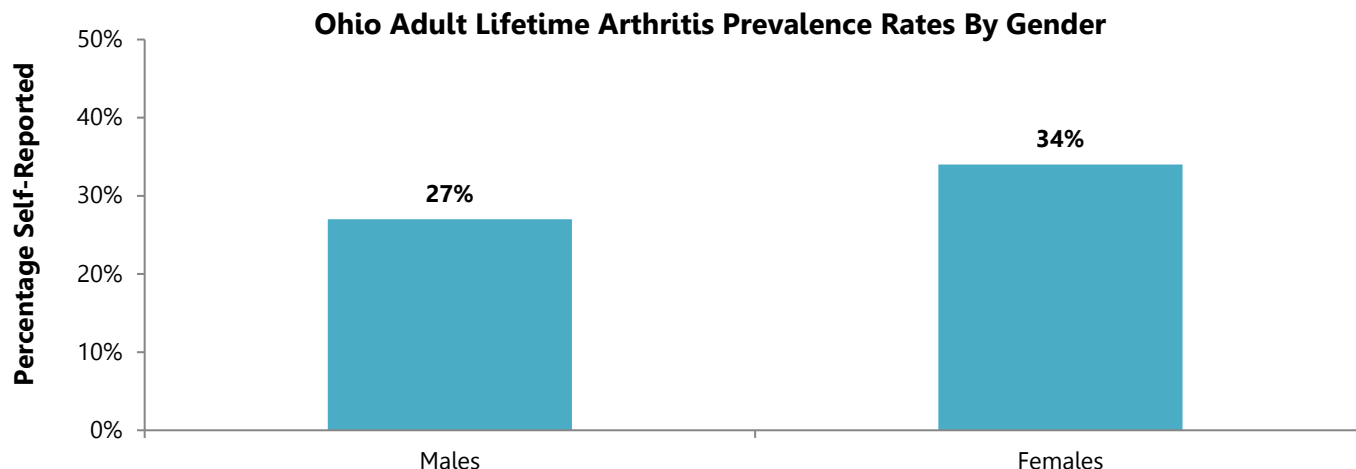
The following graph shows the percentage of Coshocton County adults who were told by a doctor they had arthritis. An example of how to interpret the information includes: 37% of adults were told they had arthritis, including 34% of males and 59% of adults ages 65 and older.



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	Coshocton County 2021	Ohio 2019	U.S. 2019
Diagnosed with arthritis	37%	31%	26%

The following graphs demonstrate the lifetime prevalence rates of arthritis by gender for Ohio residents.



(Source: 2019 BRFSS)

Arthritis: Key Public Health Messages

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.

Key self-management activities include the following:

- 1. Learn arthritis management strategies** – Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. Self-Management Education has proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about \$25 – \$35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
- 2. Be active** – Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least thirty minutes of moderate physical activity at least five days a week. You can get activity in ten-minute intervals.
- 3. Watch your weight** – The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just eleven pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
- 4. See your doctor** – Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- 5. Protect your joints** – Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, Updated on February 5, 2019)

Chronic Disease: Asthma

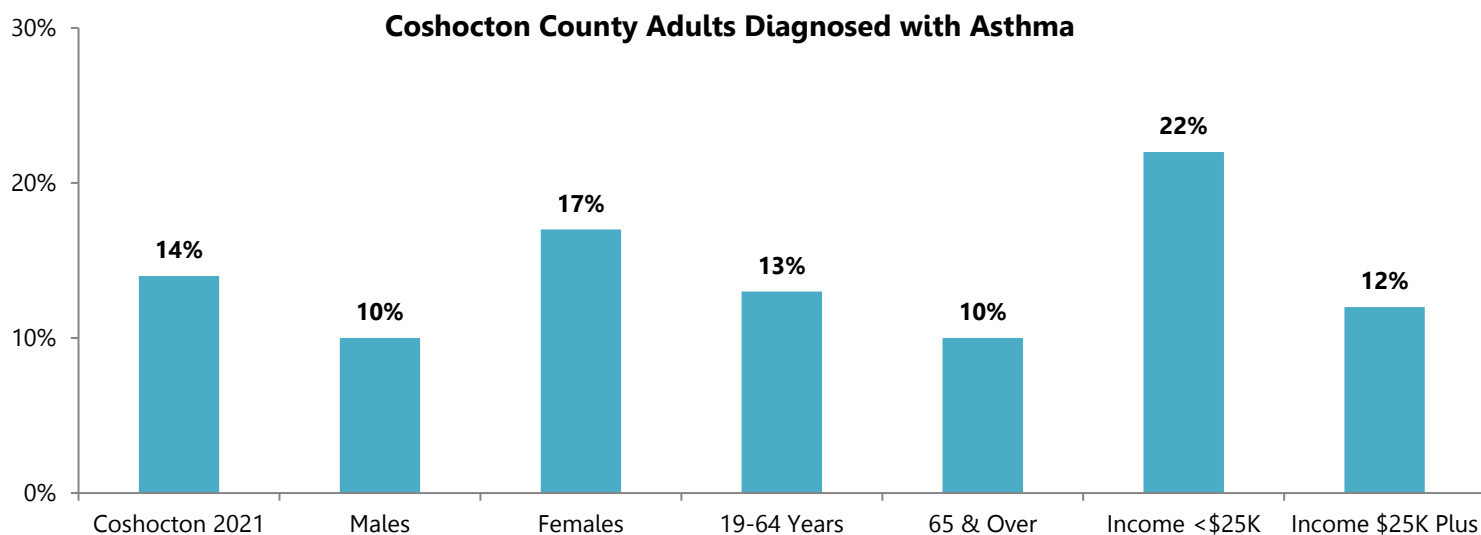
Key Findings

In 2021, 14% of Coshocton County adults reported they were diagnosed with asthma at some time in their lifetime.

Asthma and Other Respiratory Disease

- In 2021, 14% of Coshocton County adults reported they were diagnosed with asthma at some time in their lifetime.
- 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 linked to the flu, colds, and respiratory viruses (*Source: CDC, Asthma, Updated September 6, 2019*).
- Chronic lower respiratory disease was the third leading cause of death in Coshocton County and the fourth leading cause of death in Ohio in 2017 to 2019 (*Source: Ohio Public Health Data Warehouse, 2017-2019*).

The following graph shows the percentage of Coshocton County adults who were diagnosed with asthma. Examples of how to interpret the information include: 14% of adults were diagnosed with asthma, including 17% of females and 22% of those with incomes less than \$25,000.

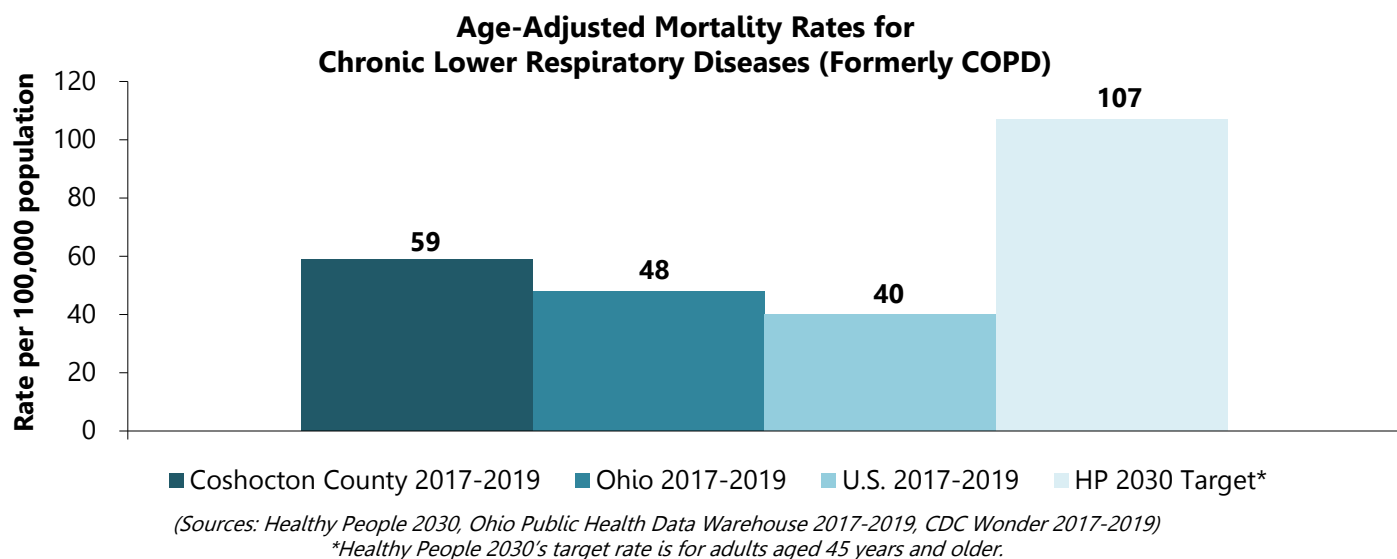


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

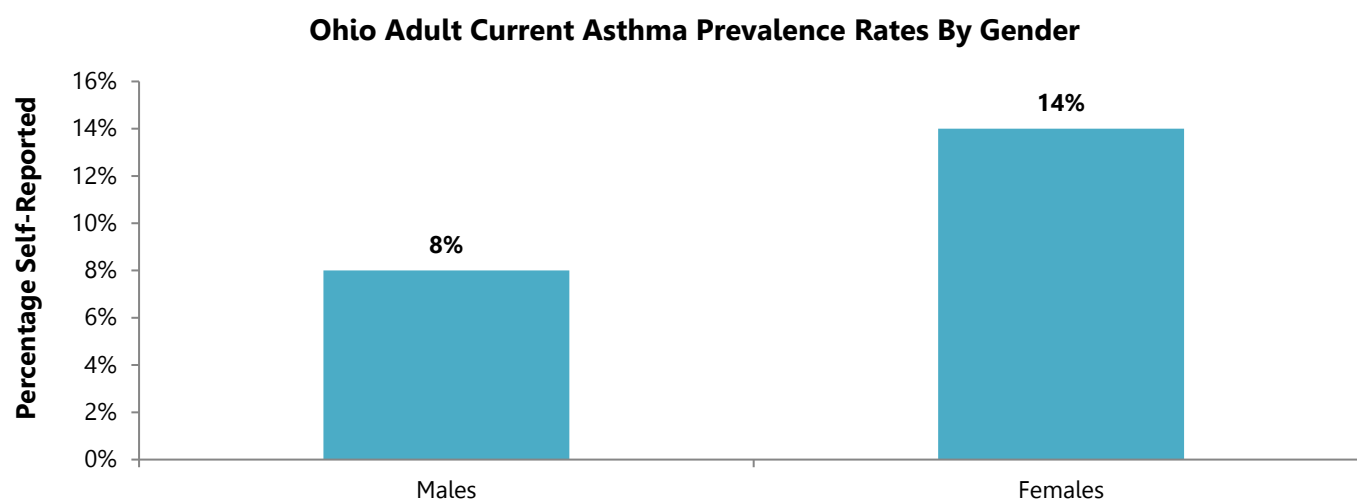
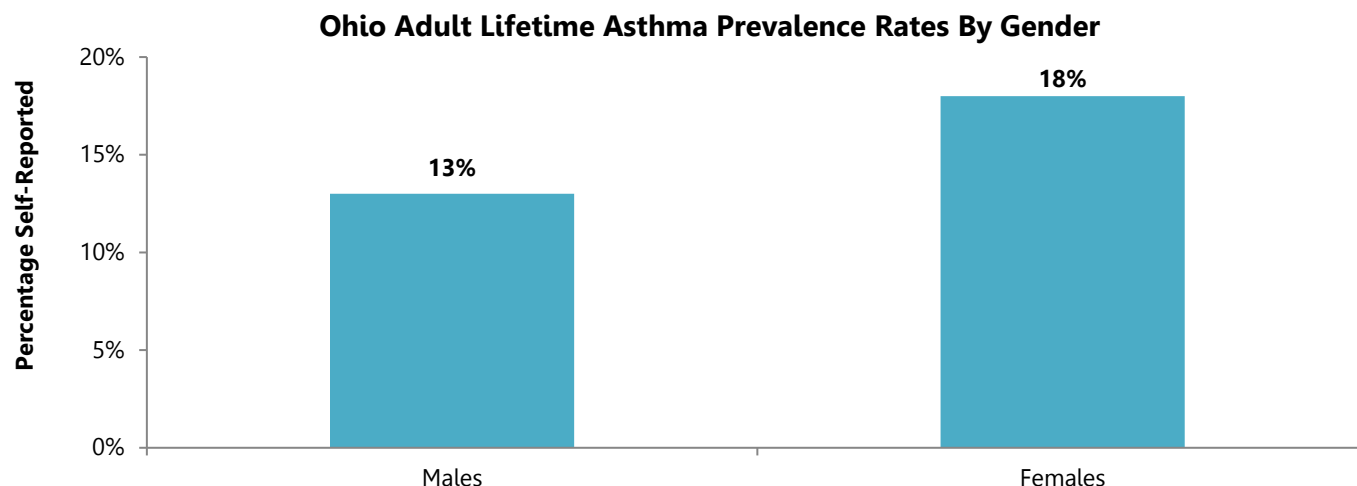
Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Diagnosed with asthma	14%	16%	15%

The following graph shows the Coshocton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2030 objective. The graph shows:

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



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



(Source: 2019 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26.5 million Americans have asthma.
- More than 3,500 people die of asthma each year, nearly half of whom are age 65 or older.
- Asthma results in 439,000 hospitalizations and 1.3 million emergency room visits annually.
- Annually, patients with asthma reported 11 million visits to a doctor's office and 1.7 million visits to hospital outpatient departments.
- 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, & Immunology, Asthma Facts, updated June 13, 2018)

Chronic Disease: Diabetes

Key Findings

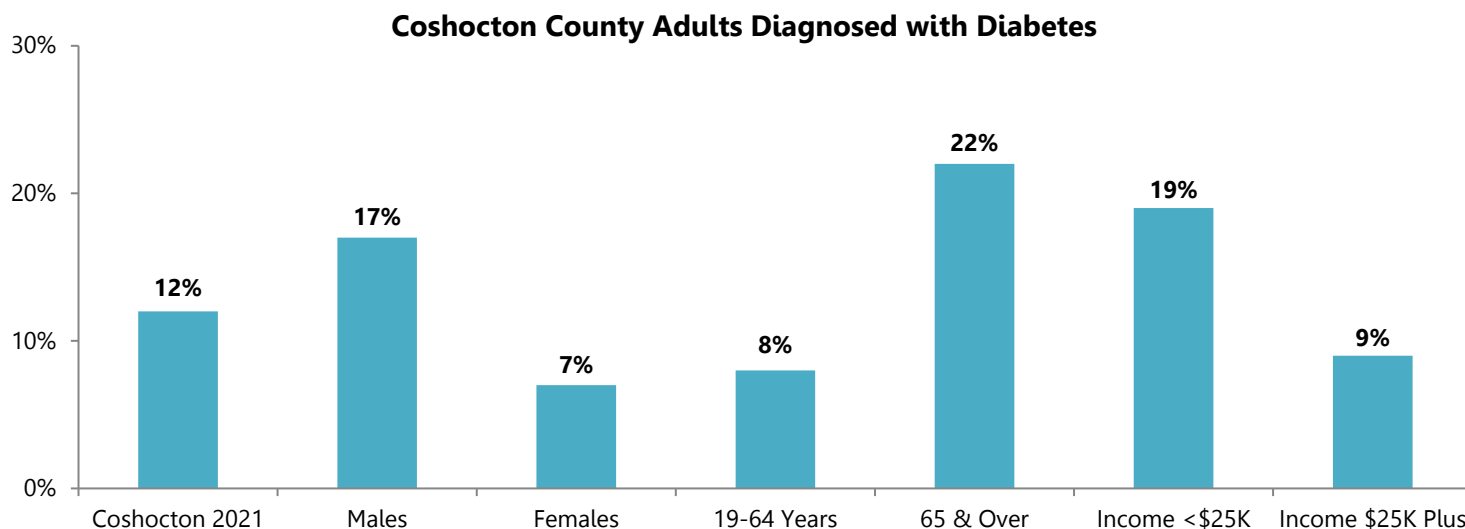
In 2021, 12% of Coshocton County residents reported they were diagnosed with diabetes at some time in their lifetime. More than half (58%) of adults with diabetes rated their health as fair or poor.

12% of Coshocton County adults, or approximately 3,300 adults were diagnosed with diabetes.

Diabetes

- Twelve percent (12%) of Coshocton County adults were diagnosed with diabetes at some time in their lifetime, increasing to 22% of those older than the age of 65.
- More than half (58%) of adults with diabetes rated their health as fair or poor.
- Nine percent (9%) of Coshocton County adults were diagnosed with pre-diabetes or borderline diabetes at some time in their lifetime.
- Coshocton County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - Overweight or obese (100%)
 - High blood cholesterol (74%)
 - High blood pressure (53%)

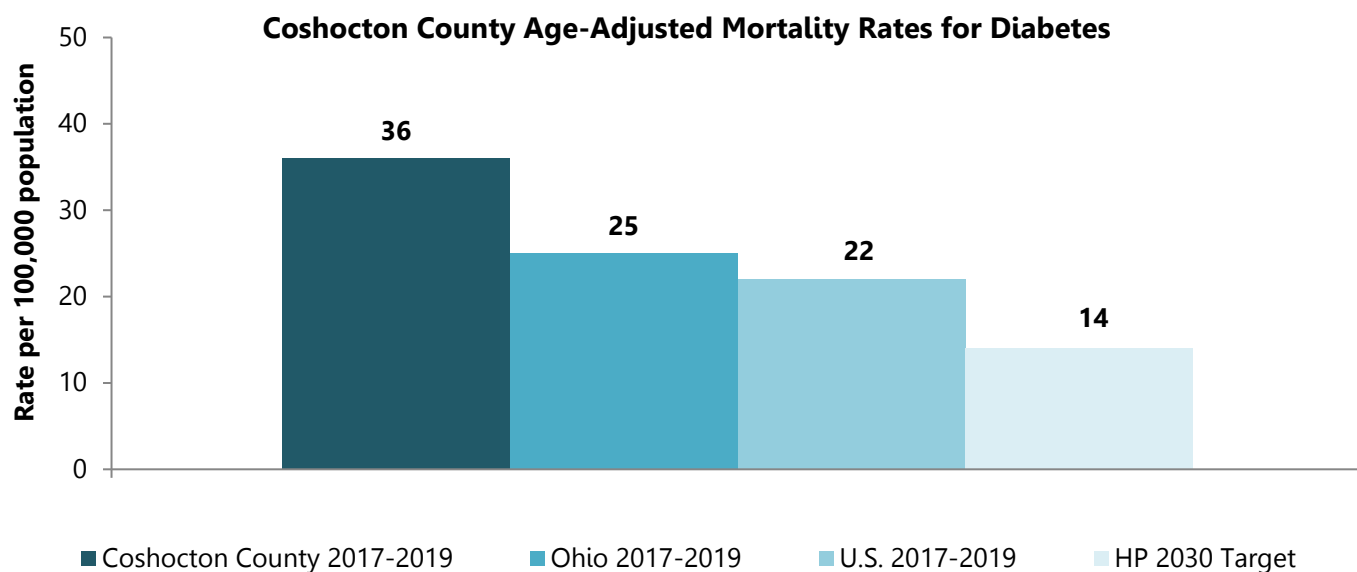
The following graph shows the percentage of Coshocton County adults who were diagnosed with diabetes. Examples of how to interpret the information include: 12% of adults were diagnosed with diabetes, including 17% of males and 22% of adults ages 65 and older.



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 the Coshocton County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for diabetes in comparison with the Healthy People 2030 objective. The graph shows:

- From 2017 to 2019, Coshocton County's age-adjusted diabetes mortality rate was higher than Ohio, U.S., and Healthy People 2030 target objective rate.



**The Healthy People 2030 rate is for all deaths among those diagnosed with diabetes per 1,000 people
(Source: Ohio Public Health Data Warehouse, 2017-2019, CDC Wonder 2017-2019 Healthy People 2030)*

Adult Comparisons	Coshocton County 2021	Ohio 2019	U.S. 2019
Ever been told by a doctor they have diabetes (not pregnancy-related)	12%	12%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	9%	2%	2%

Statistics About Diabetes

- Among the US population overall, crude estimates for 2018 indicated that:
 - 34.2 million people of all ages—or 10.5% of the US population—had diabetes.
 - 34.1 million adults aged 18 years or older—or 13.0% of all US adults—had diabetes.
 - 7.3 million adults aged 18 years or older who met laboratory criteria for diabetes were not aware of or did not report having diabetes. This number represents 2.8% of all US adults and 21.4% of all US adults with diabetes.
 - The percentage of adults with diabetes increased with age, reaching 26.8% among those aged 65 years or older.
- Among adults aged 18 or older in the U.S., 1.5 million new cases, or 6.9 per 1,000 persons, were diagnosed in 2018.
- Compared to adults aged 18-to-44 years, incidence rates of diagnosed diabetes in 2018 were higher among adults aged 45-to-64 years and those aged 65 years and older
- Prevalence of diagnosed diabetes was highest among American Indians/Alaska Native people (14.7%), people of Hispanic origin (12.5%), and non-Hispanic Black people (11.7%), followed by non-Hispanic Asians people (9.2%) and non-Hispanic white people (7.5%)

(Source: CDC, 2020 National Diabetes Statistics Report, Updated August 28, 2020)

Chronic Disease: Quality of Life

Key Findings

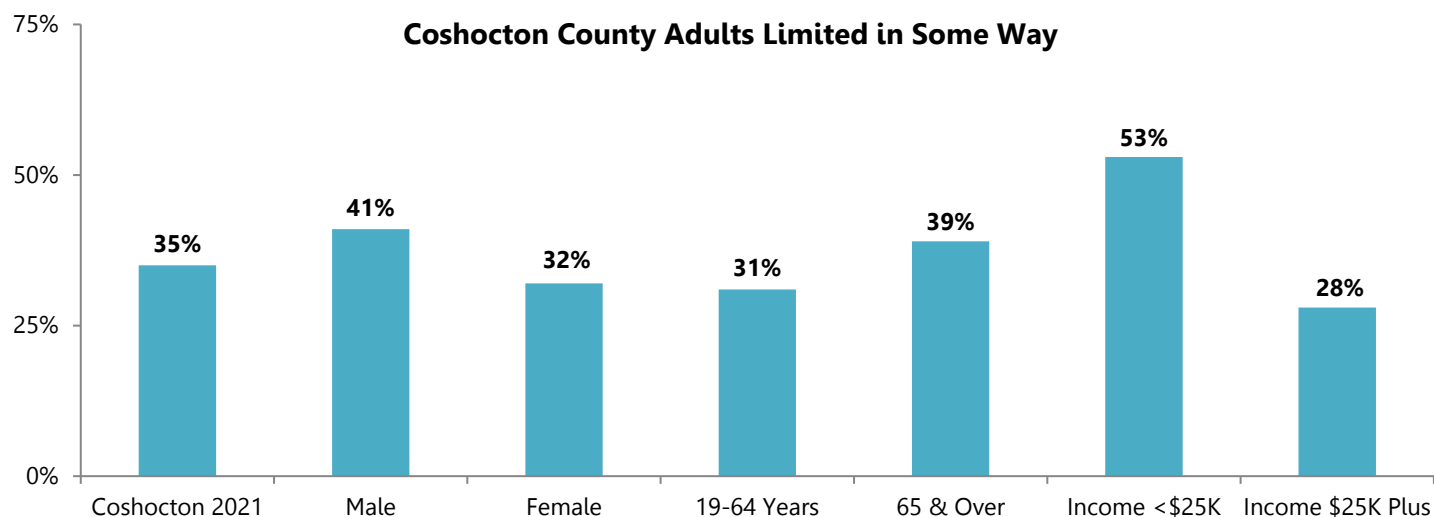
In 2021, 35% of Coshocton County adults were limited in some way because of a physical, mental, or emotional problem. The most limiting health problems were back or neck problems (46%); chronic pain (39%); arthritis/rheumatism (34%); stress, depression, anxiety and emotional problems (24%); and fitness level (24%).

35% of Coshocton County adults, or approximately 9,626 adults were limited in some way because of a physical, mental or emotional problem.

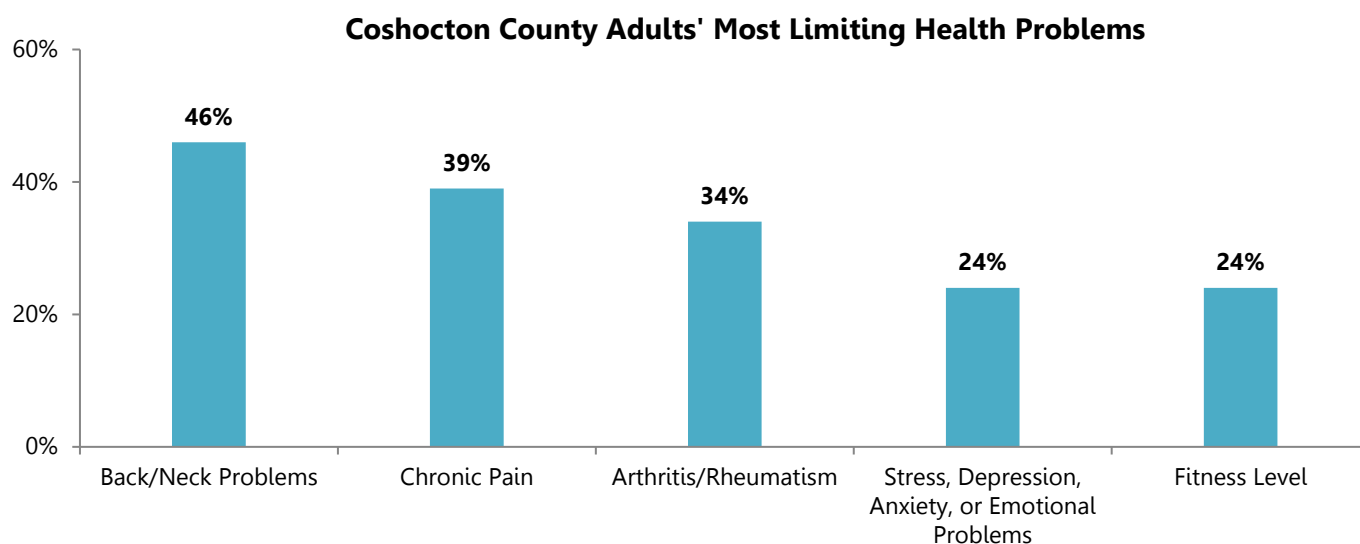
Impairments and Health Problems

- More than one-third (35%) of Coshocton County adults were limited in some way because of a physical, mental, or emotional problem, increasing to 53% of those with annual incomes less than \$25,000.
- Those who were limited in some way reported the following most limiting problems or impairments:
 - Back or neck problems (46%)
 - Chronic pain (39%)
 - Arthritis/rheumatism (34%)
 - Stress, depression, anxiety, or emotional problems (24%)
 - Fitness level (24%)
 - Fractures, bone/joint injuries (22%)
 - Walking problems (22%)
 - Chronic illness (20%)
 - Sleep problems (17%)
 - Other physical disability (17%)
 - Mental health illness/disorder (17%)
 - Lung/breathing problems (14%)
 - Eye/vision problems (10%)
 - Memory loss (8%)
 - Dental problems (3%)
 - Confusion (3%)
 - Other impairments/problems (10%)
- Nearly one-third (31%) of Coshocton County adults had fallen in the past year, increasing to 41% of those 65 and older.
- More than one-third (36%) of Coshocton adults who had fallen in the past year reported the fall caused an injury.
- Adults were responsible for providing regular care or assistance to the following: multiple children (20%); a friend, family member, or spouse who had a health problem (14%); elderly parent or loved one (10%); children with discipline issues (5%); grandchildren (5%); a friend, family member or spouse with a mental health issue (5%); someone with special needs (4%); a friend, family member, or spouse with dementia (3%); an adult child (3%); and children whose parent(s) lost custody due to other reasons (2%).
- As a result of having confusion or memory loss, adults reported someone in their household needed the most assistance in the following areas: safety (3%), personal care (1%), and household activities (1%). One percent (1%) of adults reported someone in their household needed assistance, but not in those areas and 6% did not need assistance in any area.

The following graphs show the percentage of Coshocton County adults who were limited in some way and the most limiting health problems. Examples of how to interpret the information on the first graph include: 35% of Coshocton County adults were limited in some way, including 41% of males and 39% of those ages 65 and older.



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.



Healthy People 2030

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Coshocton 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	35%	39%

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

(Sources: Healthy People 2030 Objectives, 2021 Coshocton County Health Assessment)

Social Conditions: Social Determinants of Health

Key Findings

In 2021, 8% of Coshocton County adults had to choose between paying bills and buying food. Fifteen percent (15%) of adults experienced four or more adverse childhood experiences (ACEs) in their lifetime (ACEs are stressful or traumatic events, for example, parents becoming separated or divorced, or living with someone who was a problem drinker or alcoholic).

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
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Social Determinants of Health



Social Determinants of Health
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Healthy People 2030

Economic Stability

- Adults reported the following percentage of their income goes to their housing:
 - Less than 30% (54%)
 - 30-50% (23%)
 - 50% or higher (15%)
 - Don't know (8%)
- Seventy-eight percent (78%) of Coshocton County adults owned their home, 16% rented their home, and 6% reported another arrangement.
- In the past month, 11% of adults reported needing help meeting their general daily needs such as food, clothing, shelter, or paying utility bills, increasing to 30% of those with incomes less than \$25,000.

10% of Coshocton County adults, or approximately 2,750 adults experienced more than one food insecurity issue in the past year.

- Coshocton County adults attempted to get assistance from the following social service agencies: Job & Family Services/JFS (14%), food pantries (8%), Kno-Ho-Co Community Action Commission (7%), place of worship (5%), personal debts/budgeting (4%), friend or family member (4%), WIC/health department (2%), free clinics (2%), United Way (1%), and somewhere else (1%). Three percent (3%) of adults did not know where to look for assistance, and 9% did not qualify for assistance.
- Adults reported they or an immediate family member had the following literacy needs: learning computer skills (13%); reading and understanding instructions (6%); and reading a map, signs, food ingredient labels, etc. (1%). Eighty-four percent (84%) of adults reported they or an immediate family member did not have any literacy needs.

- Adults experienced the following food insecurity issues during the past year: worried food would run out (10%), had to choose between paying bills and buying food (8%), food assistance was cut (6%), loss of income led to food insecurity issues (6%), went hungry/ate less to provide more food for their family (6%), and were hungry but did not eat because they did not have money for food (4%).
- One-in-ten (10%) adults experienced more than one food insecurity issue.
- According to the 2019 American Community Survey 5-year Estimates, the median household income in Coshocton County was \$46,606. The U.S. Census Bureau reports median annual income levels of \$56,602 for Ohio and \$62,843 for the U.S. *(Source: U.S. Census Bureau, 2019 American Community Survey 5-year Estimate).*
- According to the 2019 Poverty and Median Household Income Estimates, 12.5% of all Coshocton County residents were living in poverty, and 18.8% of children and youth ages 0 to 17 were living in poverty *(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2019).*
- The unemployment rate for Coshocton County was 6.9 as of February 2021 *(Source: Bureau of Labor Statistics, Local Area Unemployment Statistics).*
- According to the 2019 American Community Survey 5-year Estimates, in Coshocton County, there were 16,455 housing units. The owner-occupied housing unit rate was 88%. Rent in Coshocton County cost an average of \$615 per month *(Source: U.S. Census Bureau, 2019 American Community Survey 5-year Estimate).*

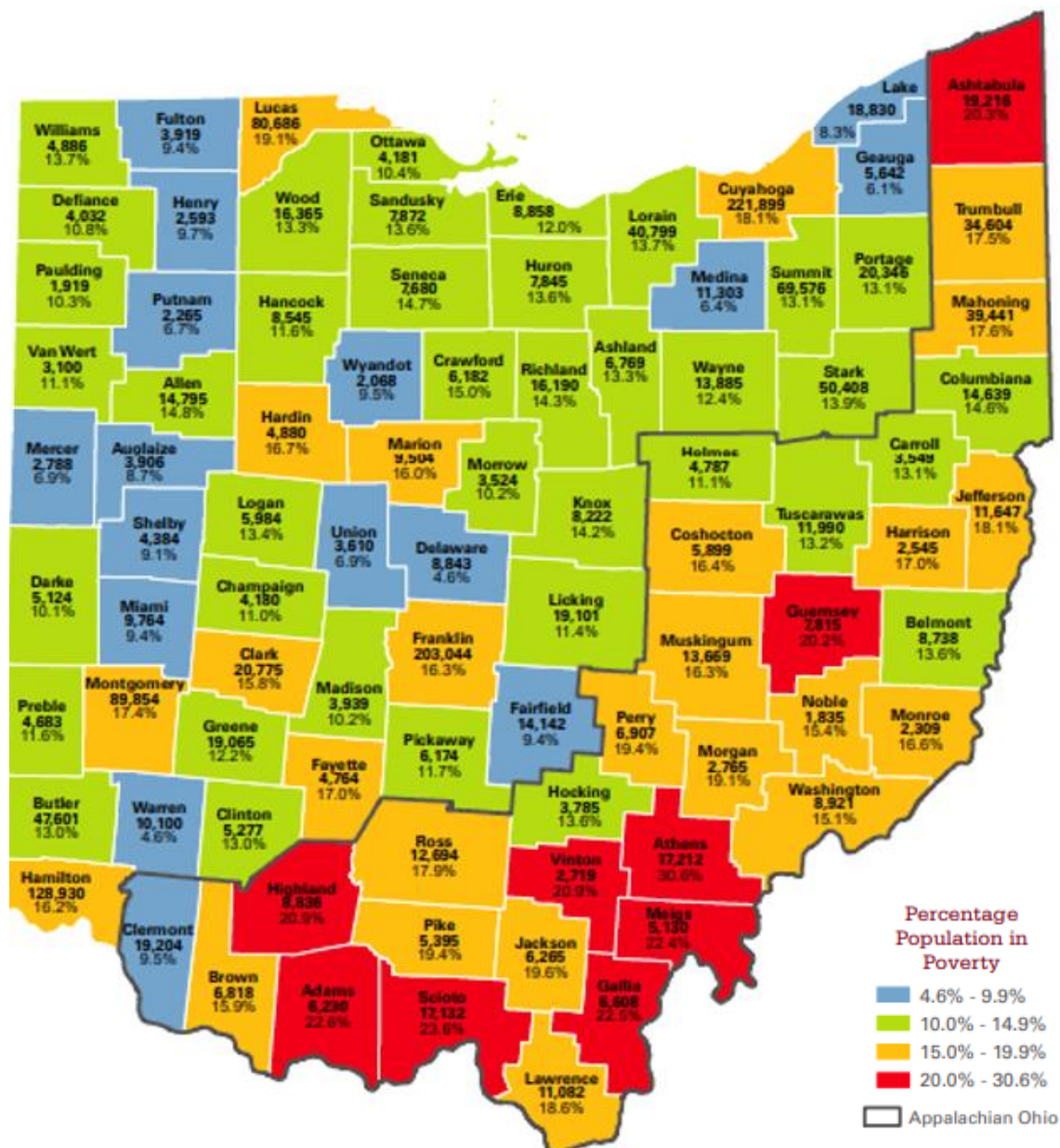
Coshocton County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Received Assistance	Did Not Know Where to Look	Did Not Need Assistance
Food	18%	1%	80%
Medicare	15%	0%	85%
Health care	14%	1%	84%
Prescription assistance	12%	0%	88%
Mental illness issues, including depression	12%	1%	87%
Dental care	9%	1%	89%
Electric, gas, or water bills	9%	2%	89%
Acquiring disability benefits	9%	1%	90%
Utilities	7%	2%	91%
Employment	5%	0%	95%
Transportation	4%	0%	96%
Free tax preparation	4%	0%	96%
Home repair	3%	1%	96%
Rent/mortgage	3%	1%	96%
Drug or alcohol addiction	2%	0%	98%
Diapers	1%	0%	99%
Credit counseling	0%	0%	100%
Clothing	0%	3%	97%
Gambling addiction	0%	0%	100%
Septic/well repairs	0%	0%	100%
Post incarceration transition issues	0%	0%	100%
Unplanned pregnancy	0%	0%	100%
Affordable childcare	0%	0%	100%

The map below shows the variation in poverty rates across Ohio during the 2014 to 2018 period.

- The 2014 to 2018 American Community Survey 5-year estimates report that approximately 1,645,986 Ohio residents, or 14.5% of the population, were living in poverty.
- From 2014 to 2018, 16.4% of Coshocton County residents were living in poverty.

Estimated Poverty Rates in Ohio by County (2014-2018)

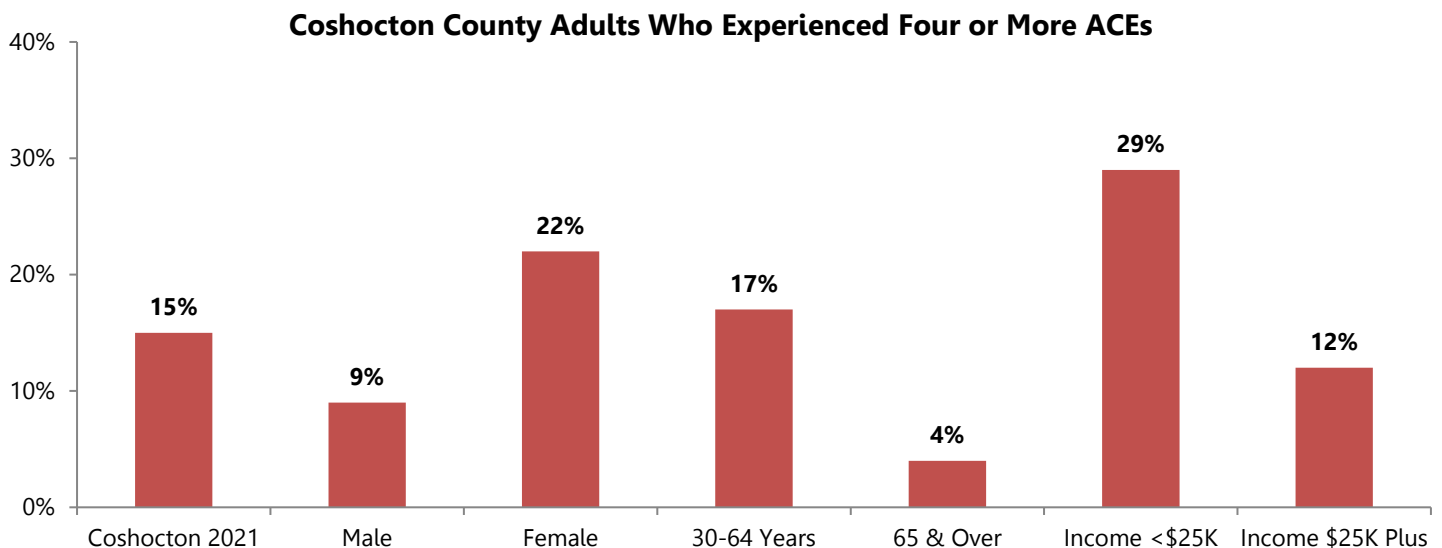


(Source: 2014-2018 American Community Survey five-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, June 2020)

Social and Community Context

- Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood, including experiencing violence, abuse, or neglect; witnessing violence in the home or community; and having a family member attempt or die by suicide. ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential (CDC, *Preventing Adverse Childhood Experiences*, Updated on April 6, 2021).
- Coshocton County adults experienced the following adverse childhood experiences (ACEs):
 - A parent or adult in their home swore at them, insulted them, or put them down (23%)
 - Lived with someone who was depressed, mentally ill, or suicidal (22%)
 - Lived with someone who was a problem drinker or alcoholic (18%)
 - Someone at least five years older than them or an adult touched them sexually (18%)
 - Their parents became separated or were divorced (16%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (12%)
 - Someone at least five years older than them or an adult tried to make them touch them sexually (10%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (8%)
 - Their family did not look out for each other, feel close to each other, or support each other (7%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (7%)
 - Lived with someone who used illegal stress drugs, or who abused prescription medications (6%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (6%)
 - Someone at least five years older than them or an adult forced them to have sex (6%)
 - Their parents were not married (2%)
- Fifteen percent (15%) of Coshocton County adults experienced four or more adverse childhood experiences (ACEs).

The following graph shows the percentage of Coshocton County adults who experienced four or more adverse child experiences (ACEs) in their lifetime. Examples of how to interpret the information on the graph include: 15% of all Coshocton County adults had experienced four or more ACEs in their lifetime, including 22% of females and 29% of those with annual incomes less than \$25,000.



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 table below indicates correlations between those who experienced four or more ACEs in their lifetime and participating in risky behaviors, as well as other experiences. An example of how to interpret the information include: 33% of those who experienced four or more ACEs seriously considered attempting suicide in the past year, compared to 1% of those who did not experience any ACEs.

Behaviors of Coshocton County Adults
*Experienced four or more ACEs vs. Did Not Experience Any ACEs**

Adult Behaviors	Experienced four or more ACEs	Did Not Experience Any ACEs
Binge drinker (drank five or more drinks for males and four or more for females on an occasion in the past month)	62%	18%
Current drinker (had at least one alcoholic beverage in the past month)	54%	57%
Current smoker (currently smoke on some or all days)	50%	7%
Seriously contemplated suicide (in the past year)	33%	1%
Used recreational marijuana (in the past six months)	17%	5%
Had two or more sexual partners (in the past year)	17%	1%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past six months)	8%	4%

**ACEs indicate adults who self-reported having experienced four or more adverse childhood experiences in their lifetime.*

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.

Adverse Childhood Experiences (ACEs)

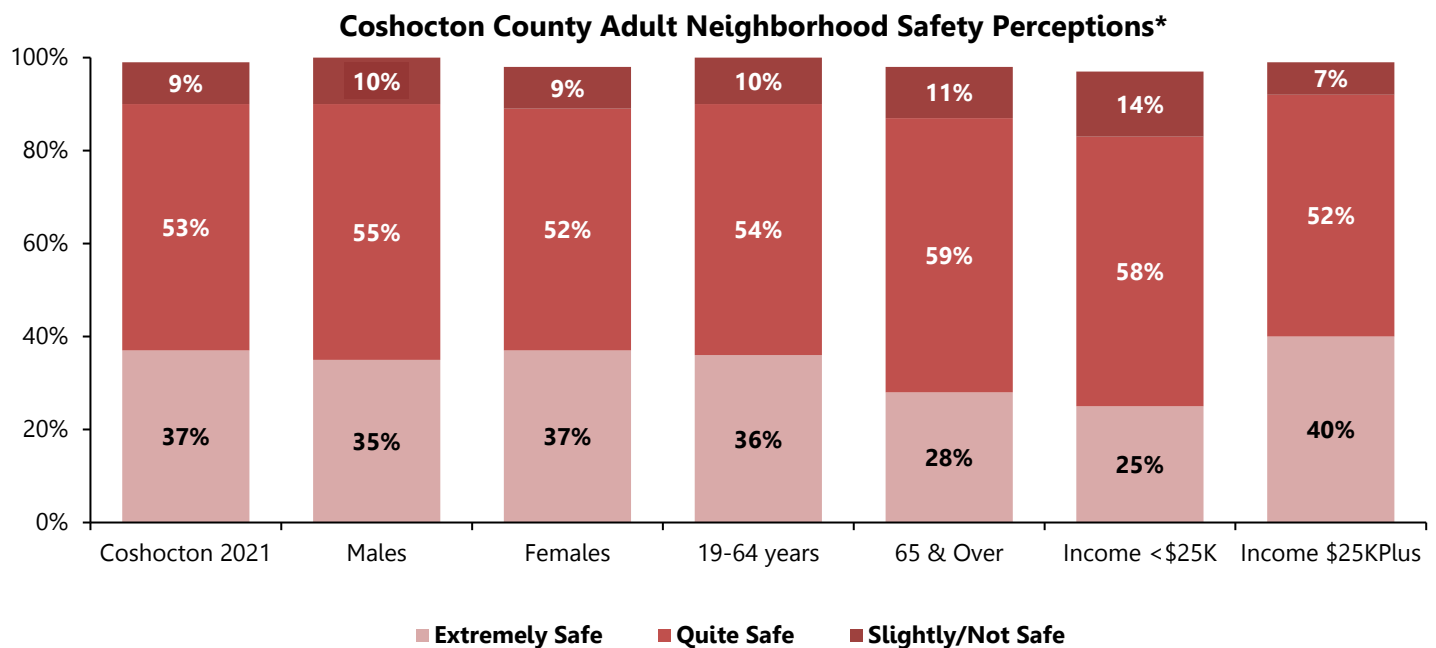
- **Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years),** such as the following:
 - experiencing violence, abuse, or neglect
 - witnessing violence in the home or community
 - having a family member attempt or die by suicide
- Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with the following issues:
 - substance misuse
 - mental health problems
 - instability due to parental separation or household members being in jail or prison
- **ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood.** ACEs can also negatively impact education and job opportunities. However, ACEs can be prevented.
- **ACEs are common.** About 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.
- **Preventing ACEs could potentially reduce a large number of health conditions.** For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.
- **Some children are at greater risk than others.** Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.
- **ACEs are costly.** The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.
- **ACEs can have lasting, negative effects on health, well-being, and opportunity.** These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

(Source: CDC Violence Prevention, Fast Facts, Updated April 6, 2021)

Neighborhood and Built Environment

- More than one-third (37%) of Coshocton County adults reported that their neighborhood was extremely safe; 53% reported it to be quite safe, 9% reported it to be slightly safe, and no adults reported it to be not safe at all. One percent (1%) reported that they did not know how safe from crime their neighborhood was.

The following graph shows the percentage of Coshocton County adults who described their neighborhood as extremely safe, quite safe, and slightly/not safe. Examples of how to interpret the information include: 37% of all Coshocton County adults described their neighborhood as extremely safe, including 35% of males and 25% of those with annual incomes less than \$25,000.



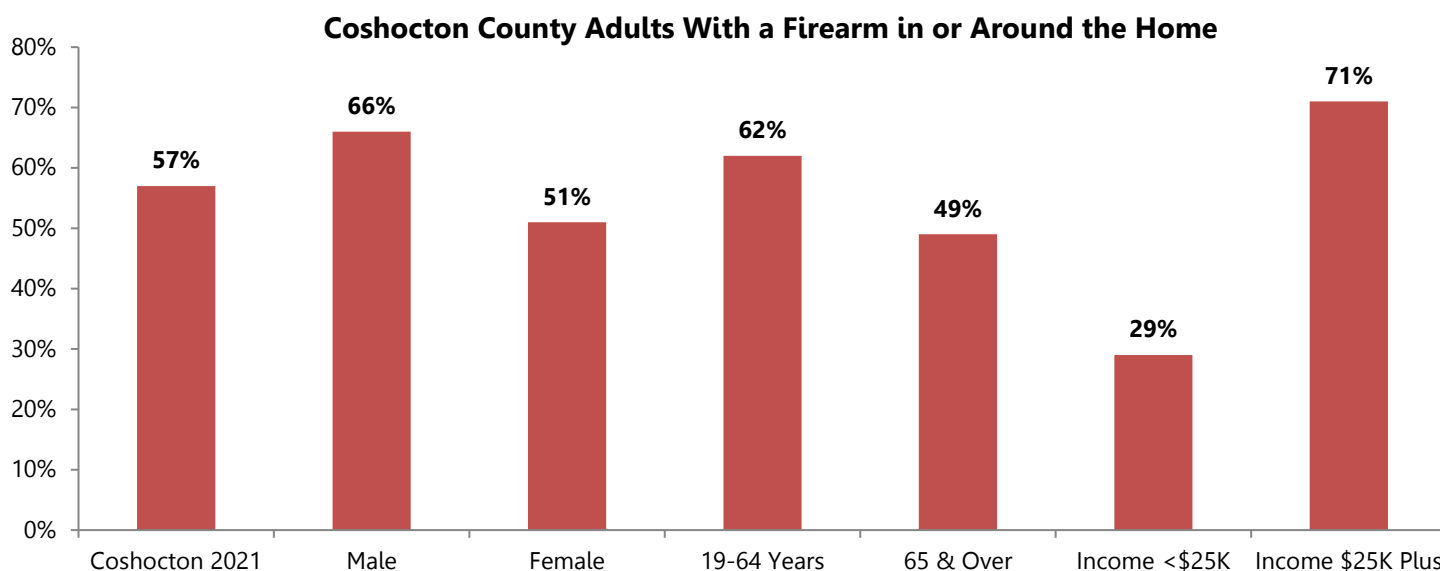
**Respondents were asked: "How safe from crime do you consider your neighborhood to be?"*

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.

- Fifteen percent (15%) of Coshocton County adults reported the following transportation issues: could not afford gas (5%), other car issues/expenses (4%), no car (3%), limited public transportation available or accessible (3%), did not feel safe to drive (3%), cost of public or private transportation (2%), disabled (2%), suspended/no driver's license (1%), no car insurance (1%), and no public transportation available or accessible (1%). Forty-two percent (42%) of adults who reported having transportation issues had more than one issue.
- Coshocton County adults indicated they used the following forms of transportation regularly: their own vehicle or family vehicle (91%), walking (18%), bike (9%), ride from a friend or family member (9%), and other (6%).
- Coshocton County adults reported doing the following while driving in the past month: eating (32%); talking on hand-held cell phone (28%); talking on hands-free cell phone (25%); not wearing a seatbelt (14%); texting (11%); using the Internet on their cell phone (9%); being under the influence of alcohol (2%); and being under the influence of recreational drugs (2%). Thirty percent (30%) of adults had more than one distraction. Six percent (6%) of adults reported they did not drive.
- Coshocton County adults reported they would support the following community improvement initiatives: more locally grown foods or farmer's markets (73%), local agencies partnering with grocery stores to provide healthier low-cost food items (54%), safe roadways (52%), neighborhood safety (45%), bike/walking trail accessibility and connectivity (40%), community gardens (39%), new/updated parks (35%), sidewalk accessibility (34%), and new/updated recreation centers (30%). Six percent (6%) of adults reported they would not support any of the community improvement initiatives.

- More than half (57%) of Coshocton County adults kept a firearm in or around their home. Six percent (6%) of adults reported that their firearms were unlocked and loaded.
- Adults with firearms in or around their home reported the following reasons for having them: hunting or sport (65%), protection (54%), work (3%), and other reasons (14%).

The following graph shows the percentage of Coshocton County adults that have a firearm in or around the home. Examples of how to interpret the information include: 57% of all Coshocton County adults had a firearm in or around the home, including 66% of males and 71% of those with annual incomes of \$25,000 or more.



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.

Victims of Gun Violence in America

- Every year, 115,551 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
 - 38,826 people die from gun violence and 76,725 people survive gun injuries.
- Every day, an average of 316 persons are shot in America. Of those 316 people, 106 people die and 210 are shot, but survive.
 - Of the 310 people who are shot every day, an average of 22 are children and teens.
 - Of the 103 people who die, 64 are suicides, one death is unintentional, one is by legal intervention, and one with an unknown intent.
 - Of the 210 people who are shot but survive, 95 are assaulted, 90 are shot accidentally, ten are suicide attempts, four are legal interventions and 12 are shot with an unknown intent.

(Source: Brady Campaign to Prevent Gun Violence, Key Statistics, Retrieved on April 17, 2021)

Reactions to Race

- During the past month, adults felt emotionally upset as a result of how they were treated based on their:
 - Disability (8%)
 - Ethnicity (3%)
 - Culture (3%)
 - Skin color (1%)
 - Religion (1%)
 - Sexual orientation (1%)
 - Gender identity (1%)

COVID-19

- The COVID-19 pandemic negatively impacted adults or their family's health or well-being in the following ways:
 - Change in mental health (16%)
 - Not seeking health care (15%)
 - Financial instability (15%)
 - Not seeking dental care (13%)
 - Educational challenges (13%)
 - Loss of household income (13%)
 - Change in physical health (10%)
 - Changes to employment status (8%)
 - Death or serious illness of loved one(s) (6%)
 - Increased alcohol use (4%)
 - Unable to afford food (4%)
 - Unable to afford basic needs, such as personal, household, or baby care (4%)
 - Unable to afford medicine (3%)
 - Lack of Internet access (3%)
 - Housing instability (2%)
 - Lack of childcare (1%)
 - Other (8%)

Social Conditions: Environmental Conditions

Key Findings

Coshocton County adults reported the following as the top three issues that threatened their health in the past year: insects (12%), mold (10%), and moisture issues (6%). Twenty-four percent (24%) of adults felt their household was well prepared to handle a large-scale disaster or emergency.

12% of Coshocton County adults, or approximately 3,300 adults reported that insects threatened their or their family members' health in the past year.

Environmental Health

- Coshocton County adults thought the following threatened their or their family members' health in the past year:
 - Insects (12%)
 - Mold (10%)
 - Moisture issues (6%)
 - Agricultural chemicals (5%)
 - Fracking (4%)
 - Rodents (4%)
 - Unsafe water supply/wells (4%)
 - Plumbing problems (3%)
 - Air quality (3%)
 - Temperature regulation (heating and air conditioning) (3%)
 - Chemicals found in household products (3%)
 - Sewage/wastewater problems (2%)
 - Lyme disease (2%)
 - Sanitation issues (2%)
 - Radon (1%)
 - Radiation (1%)
 - Bed bugs (1%)
 - Food safety/foodborne illness (1%)
 - Safety hazards (structural problems) (1%)
- Fourteen percent (14%) of Coshocton County adults reported more than one environmental issue that threatened their or their family members' health in the past year.
- Fifty-nine percent (59%) of adults used a septic tank for wastewater. Of those who used a septic tank, 36% reported it was pumped within the past 5 years. One-fifth (20%) have never had their septic tank pumped, and 17% did not know the last time it was pumped.

Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Some people are sensitive to molds. For these people, exposure to molds can lead to symptoms such as stuffy nose, wheezing, and red or itchy eyes, or skin. Some people, such as those with allergies to molds or with asthma, may have more intense reactions.
- In your home, you can control mold growth by:
 - Keeping humidity levels as low as you can, no higher than 50%, all day long.
 - Making sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
 - Fixing any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
 - Not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture.

(Source: CDC, Basic Facts about Mold and Dampness, Updated August 11, 2020)

Disaster Preparedness

- Coshocton County households had the following disaster preparedness supplies: working flashlight and working batteries (91%), working smoke detector (88%), cell phone (81%), cell phone with texting (79%), three-day supply of nonperishable food for everyone in the household (74%), computer/tablet (73%), three-day supply of prescription medication for each person who takes prescribed medicines (56%), reliable internet (56%), working battery-operated radio and working batteries (53%), three-day supply of water for everyone in the household (one gallon of water per person per day) (51%), home land-line telephone (49%), generator (43%), communication plan (35%), and disaster plan (13%).
- Ninety-five percent (95%) of Coshocton County adults reported having more than one disaster preparedness supply. Five percent (5%) reported having none of the above disaster preparedness supplies.
- Almost one-fourth (24%) of adults felt their household was well prepared to handle a large-scale disaster or emergency. Fifty-six percent (56%) reported their household was somewhat prepared, 16% reported not prepared at all, and 4% did not know.
- In a large-scale disaster or emergency, adults reported the following methods or ways of getting information from authorities:
 - Friends/family (67%)
 - Radio (66%)
 - Internet (66%)
 - Television (60%)
 - Emergency alert system (51%)
 - Text message (45%)
 - Wireless emergency alerts (45%)
 - Neighbors (44%)
 - Facebook (44%)
 - Smart phone app (27%)
 - Landline phone (26%)
 - Newspaper (25%)
 - Other social media (12%)
 - Twitter (3%)
 - Other (4%)

Social Conditions: Parenting

Key Findings

In the past year, more than two-thirds (69%) of parents talked to their child ages 12-to-17-year-old about a career plan/post-secondary education as well as dating and relationships. Eighty-two percent (82%) of parents took their child to a doctor/health care provider for regular check-ups.

Parenting

- In the past year, parents reported taking their child (ages 17 or younger) to the doctor/health care provider for: regular checkups (82%), and routine vaccinations (64%), dental visits (56%), other visits (for any illness) (30%), injuries (17%), ear infection (15%), asthma (10%), behavioral problems (2%), and poisoning (2%).

Coshocton County parents indicated that their child rode in a car seat, booster seat, or wore a seatbelt at the following frequencies:

Car Seat	Booster Seat	Seat Belt with No Booster Seat
Always (41%)	Always (26%)	Always (53%)
Nearly always (11%)	Nearly always (8%)	Nearly always (10%)
Sometimes (0%)	Sometimes (5%)	Sometimes (7%)
Seldom (0%)	Seldom (0%)	Seldom (0%)
Never (0%)	Never (0%)	Never (0%)
Child is too big for car seat (48%)	Child is over 4'9" and 80 lbs. (40%) OR Child is too small for booster seat (21%)	Child is too small for seat belt with no booster seat (smaller than 4'9" and 80 lbs.) (30%)

- In the past year, adults talked to their child ages 12-to-17-year-old about the following topics: career plan/post-secondary education (69%); dating and relationships (69%); weight status (eating habits, physical activity, and screen time) (65%); bullying (cyber, indirect, physical, verbal) (62%); abstinence and how to refuse sex (58%); depression, anxiety, suicide (58%); volunteering (58%); body image (54%); negative effects of alcohol, tobacco, illegal drugs or misusing prescription drugs (54%); social media issues (50%); school/legal consequences of using alcohol tobacco or other drugs (46%); refusal skills/peer pressure (46%); birth control, condoms, safer sex, STD prevention (35%); and energy drinks (35%). Twelve percent (12%) of parents reported they did not talk about any of the above topics to their child.

Ohio Child Passenger Safety

The American Academy of Pediatrics (AAP) and the National Highway Transportation Safety Administration recommend parents use the following four steps to keep their children safe.

Step 1: Rear-Facing Car Seat – placed in the back seat -- The AAP recommends that children ride in a rear-facing seat until they reach the upper height and weight limits of their seat or until they're 2 years old. Ohio law requires that young children be properly restrained in a car seat.

Step 2: Forward-Facing Car Seat – placed in the back seat -- Once children outgrow their rear-facing seat, Ohio law requires that children less than 4 years old and 40 pounds be properly secured in a car seat.

Step 3: Booster Seat – placed in the back seat -- Once children reach the upper limit of their forward-facing car seat, Ohio law requires that children ride in a booster seat until they are at least 4'9" tall or 8 years old.

Step 4: Adult Seat Belt – in the back seat until at least 13 years old -- Children who have outgrown their booster seats should ride in the back seat until they're at least 13 years old. Ohio law requires children aged 8-15 years, who are not secured in a car seat or booster seat, to be secured by the vehicle seat belt.

(Source: ODH, Child Passenger Safety, 2018)

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Suicide in the U.S. 	https://suicidology.org/facts-and-statistics/
American Cancer Society	<ul style="list-style-type: none"> 2021 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2021.html
	<ul style="list-style-type: none"> Summary of the ACS Guidelines on Nutrition and Physical Activity 	https://www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2018, 2019 Adult Ohio and U.S. Correlating Statistics 	https://www.cdc.gov/brfss/brfssprevallence/index.html
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence: Key Statistics 	https://www.bradyunited.org/key-statistics
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACEs) 	https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_reval=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html
	<ul style="list-style-type: none"> Arthritis: Key Public Health Messages 	https://www.cdc.gov/arthritis/basics/management.htm
	<ul style="list-style-type: none"> Learn How to Control Asthma 	https://www.cdc.gov/asthma/faqs.htm
	<ul style="list-style-type: none"> Mold Prevention Tips 	https://www.cdc.gov/mold/faqs.htm
	<ul style="list-style-type: none"> Cancer Fast Facts 	https://www.cdc.gov/chronicdisease/resources/publications/factsheets/cancer.htm
	<ul style="list-style-type: none"> Facts About Adult Oral Health 	https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
	<ul style="list-style-type: none"> Five Minutes for Women's Health 	https://www.cdc.gov/healthequity/features/fiveminutes/index.html
	<ul style="list-style-type: none"> Men and Heart Disease 	https://www.cdc.gov/heartdisease/men.htm
	<ul style="list-style-type: none"> Statistics About Diabetes 	https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf
	<ul style="list-style-type: none"> Prostate Cancer Screening 	https://www.cdc.gov/cancer/prostate/basic_info/screening.htm

Source	Data Used	Website
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Reproductive Health: Unintended Pregnancy 	https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm
	<ul style="list-style-type: none"> Recommended Adult Immunization Schedule, 2021 	https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf
	<ul style="list-style-type: none"> Smoking and Tobacco Use: About Electronic Cigarettes 	https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
	<ul style="list-style-type: none"> Smoking and Tobacco Use: Cost of Smoking 	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
CDC, Wonder, U.S.	<ul style="list-style-type: none"> About Underlying Cause of Death, 2017-2019 U.S. age-adjusted mortality rates 	http://wonder.cdc.gov/ucd-icd10.html
Healthy People 2030: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2030 Target Data Points Social Determinants of Health Some U.S. Baseline Statistics 	https://health.gov/healthypeople/objectives-and-data/browse-objectives
National Alliance on Mental Illness (NAMI)	<ul style="list-style-type: none"> About Mental Illness: Warning Signs and Symptoms 	https://www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms
National Highway Traffic Safety Administration	<ul style="list-style-type: none"> Drunk Driving 	https://www.nhtsa.gov/risky-driving/drunk-driving
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Coshocton County Number of Opiate and Pain Reliever Doses Per Capita and Per Patient Ohio Number of Opiate and Pain Reliever Doses Per Capita and Per Patient 	https://www.ohiopmp.gov/Reports.aspx
Ohio Department of Health	<ul style="list-style-type: none"> Bureau of Vital Statistics, Ohio Death Certificate File – 2020 Ohio Drug Overdose Data, Compiled by Ohio University 	Not available
	<ul style="list-style-type: none"> Child Passenger Safety 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/child-injury-Prevention/child-passenger-safety#:~:text=Ohio's%20child%20passenger%20safety%20law%20requires%20the%20following%3A,must%20use%20a%20booster%20seat.

Source	Data Used	Website
Ohio Department of Health	<ul style="list-style-type: none"> 2019 Ohio Drug Overdose Data: General Findings 	https://odh.ohio.gov/wps/wcm/connect/gov/0a7bdcd9-b8d5-4193-a1af-e711be4ef541/2019_OhioDrugOverdoseReport_Final_11.06.20.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0a7bdcd9-b8d5-4193-a1af-e711be4ef541-nmv3qSt
	<ul style="list-style-type: none"> 2019 Ohio State Health Assessment 	https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Incidence of Cancer, 2014-2018 Coshocton County and Ohio Birth Statistics (live births, preterm births) Coshocton County and Ohio Leading Causes of Death Coshocton County and Ohio Mortality Statistics Sexually Transmitted Diseases 	www.odh.ohio.gov/
Ohio Department of Job and Family Services	<ul style="list-style-type: none"> Office of Workforce Development: Bureau Labor Market Information 	https://ohiolmi.com/?page85481=1&size85481=48
Ohio Development Services Agency	<ul style="list-style-type: none"> Ohio Poverty Report 	https://www.development.ohio.gov/files/research/P7005.pdf
Stanford Children's Health	<ul style="list-style-type: none"> How to Increase Your School-Aged Child's Social Ability 	https://www.stanfordchildrens.org/en/topic/default?id=the-growing-child-school-age-6-to-12-years-90-P02278

Source	Data Used	Website
U.S. Department of Agriculture Food Environment Atlas, County Health Rankings	<ul style="list-style-type: none"> • Food Environment Index • County, Ohio, and U.S. Health Rankings 	http://www.countyhealthrankings.org/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> • American Community Survey 1-year & 5-year estimates, 2019 • Federal Poverty Thresholds • Ohio and Coshocton County 2019 Census Demographic Information • Ohio and U.S. Health Insurance Sources • Small Area Income and Poverty Estimates 	www.census.gov
U.S. Bureau of Labor Statistics	<ul style="list-style-type: none"> • Local Area Unemployment Statistics 	https://www.bls.gov/lau/tables.htm

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2030 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions , Topic of Healthy People 2030 objectives
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2030 objectives
HP 2030	Healthy People 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.
HPIO	Health Policy Institute of Ohio
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 ≥ 140 and Diastolic ≥ 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2030 objectives
N/A	Data is not available.
ODH	Ohio Department of Health
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.
SHA	State Health Assessment
SHIP	State Health Improvement Plan
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.

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

Weightings were created for each category within sex (male, female), race/ethnicity (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 Coshocton 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 Coshocton County Survey and the 2019 Census estimates.

2021 Coshocton Survey			2019 Census		Weight
Sex	Number	Percent	Number	Percent	
Male	64	39.50617	18,120	49.52850	1.253690
Female	98	60.49383	18,465	50.47150	0.834325

In this example, it shows that there was a smaller portion of males in the sample compared to the actual portion in Coshocton County. The weighting for males was calculated by taking the percent of males in Coshocton County (based on Census information) (49.52850%) and dividing that by the percent found in the 2021 Coshocton County sample (39.50617%) [$49.52850 / 39.50617 =$ weighting of 1.253690 for males]. The same was done for females [$50.47150 / 60.49383 =$ weighting of 0.834325 for females]. Thus, males' responses are weighted more by a factor of 1.253690 and females' responses weighted less by a factor of 0.834325.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, Black, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 0.72584 [0.83433 (weight for females) x 0.96109 (weight for non-white) x 1.21372 (weight for age 35-44) x 0.74580 (weight for income \$50-\$75k)]. Thus, each individual in the 2021 Coshocton County sample has their own individual weighting based on their combination of age, race/ethnicity, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 26.0) 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 each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, 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	Coshocton Sample	%	Coshocton 2019 Census*	%	Weighting Value
Sex:					
Male	64	39.50617	18,120	49.52850	1.253690
Female	98	60.49383	18,465	50.47150	0.834325
Age:					
20 to 34 years	13	8.12500	6,103	22.43008	2.76063
35 to 44 years	20	12.50000	4,128	15.17145	1.21372
45 to 54 years	19	11.87500	4,705	17.29207	1.45617
55 to 59 years	23	14.37500	2,606	9.57771	0.66628
60 to 64 years	13	8.12500	2,719	9.99302	1.22991
65 to 74 years	53	33.12500	3,901	14.33717	0.43282
75 to 84 years	16	10.00000	2,123	7.80257	0.78026
85+ years	3	1.87500	924	3.39594	1.81117
Race:					
White (non-Hispanic)	156	95.70552	35,075	95.87263	1.00175
Non-White	7	4.29448	1,510	4.12737	0.96109
Household Income:					
Less than \$25k	39	26.00000	3,641	25.15198	0.96738
\$25k to \$35k	14	9.33333	1,931	13.33932	1.42921
\$35k to \$50k	19	12.66667	2,270	15.68113	1.23798
\$50k to \$75k	40	26.66667	2,879	19.88809	0.74580
\$75k to \$100k	14	9.33333	1,683	11.62614	1.24566
\$100k to \$150k	12	8.00000	1,450	10.01658	1.25207
\$150k or more	12	8.00000	622	4.29677	0.53710

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

*Coshocton County population figures taken from the 2019 Census Estimates.

Appendix IV: Coshocton County Sample Demographic Profile*

Adult Variable	2021 Adult Survey Sample	Coshocton County Census 2015-2019 (5-year estimates)	Ohio Census 2019 (1-year estimates)
Age			
20-29	6.9%	11.3%	13.2%
30-39	20.8%	12.2%	12.6%
40-49	11.1%	10.6%	11.9%
50-59	23.0%	13.9%	13.1%
60 plus	35.9%	26.4%	24.4%
Gender			
Male	45.7%	49.5%	49.0%
Female	53.2%	50.5%	51.0%
Race/Ethnicity			
White	93.7%	98.2%	83.5%
Black or African American	0.2%	2.0%	14.4%
American Indian or Alaskan Native	1.7%	0.5%	0.8%
Asian	0%	0.5%	3.0%
Other	3.7%	0.1%	1.3%
Hispanic Origin (may be of any race)	0%	1.1%	4.0%
Marital Status†			
Married	60.4%	54.1%	47.0%
Never been married/member of an unmarried couple	14.0%	24.8%	32.7%
Divorced/Separated	15.9%	13.2%	13.9%
Widowed	8.9%	8.0%	6.3%
Education†			
Less than High School Diploma	8.6%	14.5%	9.2%
High School Diploma	26.9%	47.3%	32.6%
Some college/College graduate	64.6%	29.3%	58.1%
Income (Household)			
\$14,999 and less	9.6%	6.3%	6.0%
\$15,000 to \$24,999	12.6%	7.4%	5.9%
\$25,000 to \$49,999	23.9%	29.6%	18.7%
\$50,000 to \$74,999	17.6%	23.2%	19.4%
\$75,000 or more	28.5%	33.4%	49.9%

*The percent's 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). Percent's may not add to 100% due to missing data (non-responses) or multiple responses.

†The Ohio and Coshocton 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.

Appendix V: Demographics and Household Information

Coshocton County Population by Age Groups and Gender U.S. Census 2010

Age	Total	Males	Females
Coshocton County	36,901	18,225	18,676
0-4 years	2,291	1,164	1,127
1-4 years	1,862	943	919
< 1 year	429	221	208
1-2 years	911	478	433
3-4 years	951	465	486
5-9 years	2,473	1,333	1,140
5-6 years	1,010	554	456
7-9 years	1,463	779	684
10-14 years	2,517	1,305	1,212
10-12 years	1,494	777	717
13-14 years	1,023	528	495
12-18 years	3,624	1,865	1,759
15-19 years	2,525	1,277	1,248
15-17 years	1,598	801	797
18-19 years	927	476	451
20-24 years	1,940	959	981
25-29 years	2,131	1,099	1,032
30-34 years	1,984	966	1,018
35-39 years	2,202	1,109	1,093
40-44 years	2,343	1,176	1,167
45-49 years	2,692	1,326	1,366
50-54 years	2,887	1,442	1,445
55-59 years	2,625	1,327	1,298
60-64 years	2,299	1,128	1,171
65-69 years	1,756	819	937
70-74 years	1,546	713	833
75-79 years	1,080	497	583
80-84 years	842	321	521
85-89 years	504	181	323
90-94 years	212	66	146
95-99 years	45	16	29
100-104 years	4	0	4
105-109 years	2	0	2
110 years & over	1	1	0
Total 85 years and over	768	264	504
Total 65 years and over	5,992	2,614	3,378
Total 19 years and over	27,504	13,348	14,156

COSHOCTON COUNTY PROFILE

(Source: U.S. Census Bureau, 2019)
2019 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2019 Total Population	36,585	100%
Largest City – City of Coshocton		
2019 Total Population	11,063	100%
Population by Race/Ethnicity		
Total population	36,585	100%
White	35,929	98.2%
Black or African American	733	2.0%
American Indian or Alaskan Native	193	0.5%
Asian	187	0.5%
Native Hawaiian/Other Pacific Islander	0	0.0%
Other	54	0.1%
Two or more races	511	1.4%
Hispanic or Latino (of any race)	389	1.1%
Population by Age		
Under 5 years	2,313	6.3%
5 to 14 years	4,766	13.0%
15 to 24 years	4,173	11.4%
25 to 44 years	8,355	22.9%
45 to 64 years	10,030	27.4%
65 years and more	6,948	19.0%
Median age (years)	41.3	N/A
Household by Type		
Total households	14,476	100%
Households with children <18 years	3,931	27.2%
Married-couple family household	7,756	53.6%
Married-couple family household with children <18 years	2,774	19.2%
Female householder, no husband present	1,526	10.5%
Female householder, no husband present, with children <18 years	818	5.7%
Nonfamily household (single person) living alone	4,002	27.6%
Nonfamily household (single person) 65 years and over	2,033	14.0%
Average household size	2.50 people	N/A
Average family size	3.03 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$99,200	N/A
Median housing units with a mortgage	\$968	N/A
Median housing units without a mortgage	\$360	N/A
Median value of occupied units paying rent	\$615	N/A
Median rooms per total housing unit	5.9	N/A
Total occupied housing units	14,476	100%
No telephone service available	398	2.7%
Lacking complete kitchen facilities	127	0.9%
Lacking complete plumbing facilities	111	0.8%
Total household with a computer	11,609	80.2%
Total households with a broadband internet subscription	10,193	70.4%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	7,717	100%
Nursery & preschool	419	5.4%
Kindergarten	419	5.4%
Elementary School (Grades 1-8)	3,914	50.8%
High School (Grades 9-12)	1,814	23.5%
College or Graduate School	1,151	14.9%
Educational Attainment		
Population 25 years and over	25,333	100%
< 9 th grade education	1,568	6.2%
9 th to 12 th grade, no diploma	2,110	8.3%
High school graduate (includes equivalency)	11,993	47.3%
Some college, no degree	4,096	16.2%
Associate degree	2,232	8.8%
Bachelor's degree	2,236	8.8%
Graduate or professional degree	1,098	4.3%
Percent high school graduate or higher	21,655	85.5%
Percent Bachelor's degree or higher	3,334	13.2%
Marital Status		
Population 15 years and over	29,506	100%
Never married	7,317	24.8%
Now married, excluding separated	15,963	54.1%
Separated	354	1.2%
Widowed	2,360	8.0%
Widowed females	1,813	6.1%
Divorced	3,541	12.0%
Divorced females	1,767	6.0%
Veteran Status		
Civilian population 18 years and over	27,906	100%
Veterans 18 years and over	2,301	8.2%

Selected Economic Characteristics

<i>Employment Status</i>		
Population 16 years and over	28,823	100.0%
16 years and over in labor force	16,859	58.5%
16 years and over not in labor force	11,964	41.5%
Females 16 years and over	14,683	--
Females 16 years and over in labor force	7,811	53.2%
Population living with own children <6 years	2,538	--
All parents in family in labor force	1,358	53.5%
Population living with own children 6-to-17 years	5,649	--
All parents in family in labor force	3,675	65.1%
<i>Class of Worker</i>		
Civilian employed population 16 years and over	15,877	100.0%
Private wage and salary workers	12,923	81.4%
Government workers	1,814	11.4%
Self-employed in own not incorporated business workers and unpaid family workers	1,092	6.9%
<i>Occupations</i>		
Civilian employed population 16 years and over	15,877	100%
Management, business, science, and arts occupations	4,249	26.8%
Service occupations	2,797	17.6%
Sales and office occupations	2,763	17.4%
Natural resources, construction, and maintenance occupations	2,041	12.9%
Production, transportation, and material moving occupations	4,027	25.4%
<i>Leading Industries</i>		
Civilian employed population 16 years and over	15,877	100.0%
Agriculture, forestry, fishing and hunting, and mining	905	5.7%
Construction	973	6.1%
Manufacturing	3,598	22.7%
Wholesale trade	363	2.3%
Retail trade	1,720	10.8%
Transportation and warehousing, and utilities	855	5.4%
Information	127	0.8%
Finance and insurance, and real estate and rental and leasing	514	3.2%
Professional, scientific, and management, and administrative and waste management services	837	5.3%
Educational services, and health care and social assistance	3,578	22.5%
Arts, entertainment, and recreation, and accommodation and food services	1,110	7.0%
Other services, except public administration	858	5.4%
Public administration	439	2.8%

Selected Economic Characteristics, Continued

<i>Income In 2019</i>		
Total households	14,476	100.0%
Less than \$10,000	1,036	7.2%
\$10,000 to \$14,999	736	5.1%
\$15,000 to \$24,999	1,869	12.9%
\$25,000 to \$34,999	1,931	13.3%
\$35,000 to \$49,999	2,270	15.7%
\$50,000 to \$74,999	2,879	19.9%
\$75,000 to \$99,999	1,683	11.6%
\$100,000 to \$149,999	1,450	10.0%
\$150,000 to \$199,999	380	2.6%
\$200,000 or more	242	1.7%
Median household income (dollars)	\$46,606	N/A
<i>Income in 2019</i>		
Families	9,876	100.0%
Less than \$10,000	373	3.8%
\$10,000 to \$14,999	248	2.5%
\$15,000 to \$24,999	735	7.4%
\$25,000 to \$34,999	1,285	13.0%
\$35,000 to \$49,999	1,635	16.6%
\$50,000 to \$74,999	2,296	23.2%
\$75,000 to \$99,999	1,486	15.0%
\$100,000 to \$149,999	1,283	13.0%
\$150,000 to \$199,999	333	3.4%
\$200,000 or more	202	2.0%
Median family income (dollars)	\$56,193	N/A
Per capita income (dollars)	\$23,432	N/A
<i>Poverty Status in 2019</i>		
People in families	N/A	11.4%
Unrelated individuals 15 years and over	N/A	28.7%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2019	\$ 35,962	81 of 88 counties
BEA Per Capita Personal Income 2018	\$ 35,070	81 of 88 counties
BEA Per Capita Personal Income 2017	\$ 33,579	80 of 88 counties
BEA Per Capita Personal Income 2016	\$ 32,326	80 of 88 counties
BEA Per Capita Personal Income 2015	\$ 34,602	72 of 88 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Note: 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

**Poverty Rates, 5-year averages
2014-to-2018**

Category	Coshocton	Ohio
Population in poverty	16.4%	14.5%
< 125% FPL (%)	23.9%	18.8%
< 150% FPL (%)	29.5%	23.0%
< 200% FPL (%)	42.2%	32.0%
Population in poverty (2003)	10.2%	10.7%

*(Source: The Ohio Poverty Report, Ohio Development Services Agency, June 2020,
<http://www.development.ohio.gov/files/research/P7005.pdf>)*

Employment Statistics, as of February 2021

Category	Coshocton	Ohio
Labor Force	13,700	5,706,400
Employed	12,700	5,388,100
Unemployed	900	318,300
Unemployment Rate* in February 2021	6.9	5.6
Unemployment Rate* in January 2021	6.7	6.1
Unemployment Rate* in February 2020	6.9	4.7

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, February 2021, <https://ohiolmi.com/Home/RateMapArchive>)

Estimated Poverty Status in 2019

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Coshocton County						
All ages in poverty	4,517	3,690	5,344	12.5%	10.2%	14.8%
Ages 0-17 in poverty	1,603	1,137	2,069	18.8%	13.3%	24.3%
Ages 5-17 in families in poverty	1,142	792	1,492	18.6%	12.9%	24.3%
Median household income	\$49,679	\$45,524	\$53,834			
Ohio						
All ages in poverty	1,474,285	1,449,452	1,499,118	13.0%	12.8%	13.2%
Ages 0-17 in poverty	458,134	443,797	472,471	18.1%	17.5%	18.7%
Ages 5-17 in families in poverty	306,068	293,671	318,465	16.6%	15.9%	17.3%
Median household income	\$58,704	\$58,147	\$59,261			
United States						
All ages in poverty	39,490,096	39,248,096	39,732,096	12.3%	12.2%	12.4%
Ages 0-17 in poverty	12,000,470	11,865,995	12,134,945	16.8%	16.6%	17.0%
Ages 5-17 in families in poverty	8,258,906	8,160,650	8,357,162	15.8%	15.6%	16.0%
Median household income	\$65,712	\$65,594	\$65,830			

(Source: U.S. Census Bureau, 2019 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2019/demo/saie/2019-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 under age 65 years	\$13,465					
1 Person 65 and older	\$12,413					
2 People Householder under age 65 years	\$17,331	\$17,839				
2 People Householder 65 and older	\$15,644	\$17,771				
3 People	\$20,244	\$20,832	\$20,852			
4 People	\$26,695	\$27,131	\$26,246	\$26,338		
5 People	\$32,193	\$32,661	\$31,661	\$30,887	\$30,414	
6 People	\$37,027	\$37,174	\$36,408	\$35,674	\$34,582	\$33,935
7 People	\$42,605	\$42,871	\$41,954	\$41,314	\$40,124	\$38,734
8 People	\$47,650	\$48,071	\$47,205	\$46,447	\$45,371	\$44,006
9 People or more	\$57,319	\$57,597	\$56,831	\$56,188	\$55,132	\$53,679

(Source: U. S. Census Bureau, Poverty Thresholds 2020, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VI: County Health Rankings

	Coshocton 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)	8,800	8,500	6,900
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2018)	22%	18%	17%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2018)	4.8	4.1	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2018)	5.5	4.8	4.1
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2013-2019)	7%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2018)	27%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2017)	38%	34%	30%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 & 2018)	7.2	6.8	7.8
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2017)	32%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2019)	46%	84%	84%
Excessive drinking. Percentage of adults reporting binge or heavy drinking (2018)	17%	18%	19%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2015-2019)	48%	32%	27%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2018)	292.8	542.3	539.9
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2013-2019)	29	22	21

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

	Coshocton County 2021	Ohio 2021	U.S. 2021
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2018)	10%	8%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2018)	3,050:1	1,300:1	1,320:1
Access to dental care. Ratio of population to dentists (2019)	2,820:1	1,560:1	1,400:1
Access to behavioral health care. Ratio of population to mental health providers (2020)	1,180:1	380:1	380:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2018)	5,242	4,901	4,236
Mammography screening. Percentage of female Medicare enrollees ages 65-74 that receive annual mammography screening (2018)	43%	43%	42%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2018)	45%	51%	48%
Social and Economic Factors			
Education. Percentage of adults age 25 and over with a high school diploma or equivalent (2015-2019)	85%	90%	88%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2015-2019)	48%	66%	66%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2019)	5.8%	4.1%	3.7%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2019)	19%	18%	17%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2015-2019)	4.1	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)	11.5	11.0	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	107	293	386
Injury. Number of deaths due to injury per 100,000 population (2015-2019)	71	91	72

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

	Coshocton 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)	8.8	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)	No	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)	11%	14%	18%
Transportation. Percentage of the workforce that drives alone to work (2015-2019)	78%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2015-2019)	32%	31%	37%

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

N/A – Not Available

Appendix VII: Community Stakeholder Perceptions

Coshocton County Community Event **Virtual release in September 2021**

What surprised you the most?

- Low survey response rate (2)
- Higher rate of cancer in county compared to other counties (2)
- Percent of individuals reporting earning \$75,000 or more
- Uninsured adult percentages are higher than other counties
- Women's health prevention screenings are low
- Average number of drinks per occasion are high
- Adults who consider themselves limited in some way
- People not using car seats for their children
- Percent of women who took prenatal vitamins
- Tobacco rates
- Low suicide rates

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

- Pre-natal care data
- More information about physical activity
- Participant knowledge of preventive health care services available
- Suicide rates obtained from the local health department

What will you or your organization do with this data?

- Educational opportunities with clients (2)
- Put information into a pamphlet and disseminate information
- Expand OSU extension programming (Dining with Diabetes)
- Offer information on prenatal care
- Emphasize use of car seats
- Discuss food insecurity with clients
- Help clients obtain insurance
- Help clients obtain mental health care
- Continue to offer services

Based on the 2021 community health assessment, what are the top issues that the county needs to focus on? Please list 2 or 3 choices.

- Obesity (3)
- Preventive health care (3)
- Mental health (2)
- Heart health
- Women's health
- Cancer prevention
- Food insecurity
- Birth control
- Quality of life issues
- Uninsured rates
- Transportation
- Behavioral health services
- Better distribution of information about available resources

In your opinion, what is the best way to communicate the information from the community health assessment to the rest of the public?

- Coshocton Beacon (4)
- Coshocton Tribune (2)
- WTNS Talk Show (2)
- Pamphlet with infographics
- Community health fair
- Multi-pronged involving several agencies and organizations
- Rotary
- Kiwanis
- Lions
- Facebook
- Small focus groups
- Word-of-mouth
- Unique channels

What are some barriers that clients, patients, neighbors, loved ones or you face regarding the top issues that the county needs to focus on?

- Finances (2)
- Transportation (2)
- Knowing about resources that are available (2)
- Health care
- Unintrusive ways of educating people about basic health care needs
- Availability of healthy food choices
- Realizing the importance of self-care
- Lack of insurance
- Lack of time to get treatment
- Not enough mental health providers in the area
- Lack of information/knowledge

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

- OSU Extension (2)
- Primary care providers (2)
- Local media
- Public library
- United Way
- Kno-Ho-Co Ashland Community Action
- WIC
- Coshocton County Coordinated Transportation Agency
- Family and Children First Council
- ERs
- Mental health and recovery services board

Additional feedback:

- Thank you for this outstanding data!
- Very comprehensive report