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Funded by the Hocking County Health Department, Hocking Valley Community Hospital, Hocking County Board of Developmental Disabilities, Athens-Hocking-Vinton Alcohol, Drug Addiction, and Mental Health Services Board (317 Board), Ohio Family & Children First, Hopewell Health Centers, and Ohio Department of Job and Family Services

Community Health Assessment Overview

The Hocking County Community Health Assessment Steering Committee is pleased to provide this comprehensive overview of our community's health status and needs: Hocking County's 2020 Community Health Assessment.

Hocking County's 2020 Community Health Assessment (CHA) is the result of a collaborative effort coordinated by the Hocking County Health Department and Hocking Valley Community Hospital. It is intended to help community stakeholders better understand the health needs and priorities of Hocking County residents.

Characterizing and understanding the prevalence of acute and chronic health conditions, access to care barriers, health disparities, and other health issues can help direct community resources to where they will have the biggest impact. Participating organizations will begin using the data reported in the [Hocking County 2020 Community Health Assessment](#) to inform the development and implementation of strategic plans to meet the community's health needs.

We hope the [Hocking County 2020 Community Health Assessment](#) serves as a guide to target and prioritize limited resources, a vehicle for strengthening community relationships, and a source of information that contributes to keeping people healthy.

The Hocking County Steering Committee represents organizations that connect residents to community assets and resources, and is comprised of the following community leading organizations:

- Hocking County Health Department
- Hocking Valley Community Hospital
- Hocking County Board of Developmental Disabilities
- Athens-Hocking-Vinton Alcohol, Drug Addiction, and Mental Health Services Board (317 Board)
- Ohio Family & Children First
- Hopewell Health Centers
- Ohio Department of Job and Family Services

About the Community Health Assessment Process

The process followed by the Hocking County 2020 Community Health Assessment reflected an adapted version of the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps: Assess Needs and Resources process.¹ This process is designed to help stakeholders "understand current community strengths, resources, needs, and gaps," so that they can better focus their efforts and collaboration.

Hocking County Health Department, on behalf of the Hocking County Health Partners and the Hocking County Health Partners Steering Committee, contracted with Illuminology, a central Ohio based research firm, and the Center for Public Health Practice, within The Ohio State University College of Public Health, to assist with this work. The Hocking County Community Health Assessment Steering Committee approved the process to be used in this health assessment. The primary phases of the Assess Needs and Resources process, as adapted for use in Hocking County, included the following steps.

(1) Prepare to assess / generate questions. On June 17, 2020, as part of an inclusive effort to engage the community, the Hocking County Community Health Assessment Steering Committee worked with Illuminology to design and deploy an informal, qualitative poll of community residents and stakeholders. The intent of this poll was to hear broad, high-level, open-ended community perspectives about the current state of health in Hocking County. The poll was widely publicized via promotion on the Hocking County Health Department's Facebook page and nearly one hundred emails sent by the Hocking County Health Department. Overall, 58 individuals who reported living or working in Hocking County responded to this poll. These community members shared their viewpoints about the following topics:

- *What does a healthy Hocking County look like to you?*
- *Given your vision for a healthy Hocking County, what do you think are the biggest barriers or issues that are keeping the County from getting there?*
- *Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?*

On July 14, 2020, community leaders, stakeholders, and employees from participating organizations gathered to discuss the community poll results along with their perspectives on emerging health issues in Hocking County. Facilitated by Illuminology, this session provided an opportunity for community members to better understand the upcoming community health assessment process and to suggest indicators to be considered in the community health assessment. Illuminology used the information from this session to identify which

¹ See <https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources>

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indicators could be assessed via secondary sources and which indicators needed to be included as part of the primary data collection efforts.

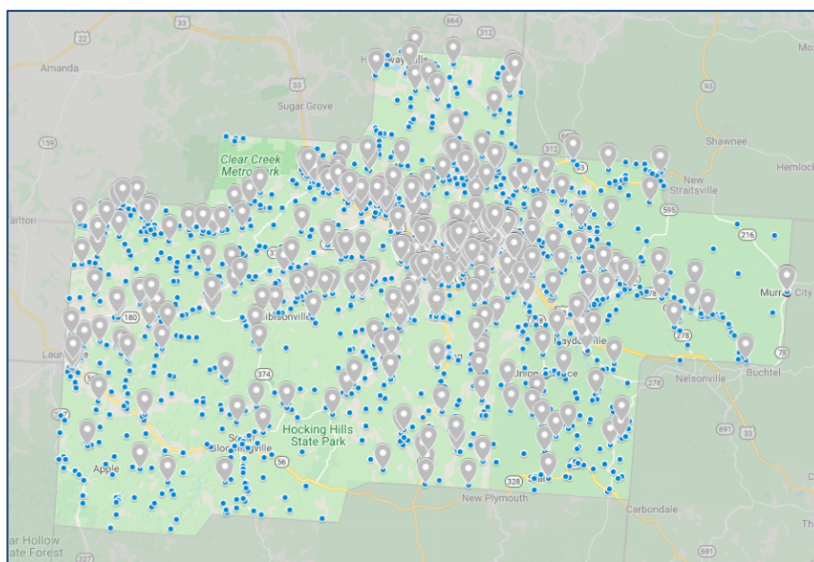
(2) Collect secondary data. Secondary data for this health assessment came from national sources (e.g., U.S. Department of Health and Human Services: *Healthy People 2030*; U.S. Census Bureau), state sources (e.g., Ohio Department of Health's Data Warehouse), and local sources (e.g., Hocking Valley Community Hospital). Rates and/or percentages were calculated when necessary. The Center for Public Health Practice located and recorded this information into a secondary data repository. All data sources are identified in the Reference section at the end of the report. To ensure community stakeholders are able to use this report to make well-informed decisions, only the most recent data available at the time of report preparation are presented. To be considered for inclusion in the Hocking County 2020 Community Health Assessment, secondary data must have been collected or published in 2016 or later.

(3) Collect and analyze primary data from adult residents. A representative survey of Hocking County adult residents was conducted (i.e., Hocking County Health Survey). Fielded in multiple waves from August 7, 2020 through October 7, 2020, respondents completed a self-administered questionnaire, either on paper or online; see Appendix A.

A total of 2,000 addresses were randomly selected from the universe of residential addresses in Hocking County. A notification letter was sent to each household, asking the adult in the household who most recently had a birthday to complete the survey online. About three weeks after the initial mailing, a hard copy of the survey was sent to households that had not yet completed the survey online. This mailing also included a cover letter, a Business Reply Mail envelope so respondents could complete the survey and mail it back at no cost to them, and (for some) a \$2 bill to encourage the household's participation.

In total, 399 Hocking County adult residents completed the survey, or 22% of the total number of valid addresses (i.e., addresses that were not vacant or otherwise unable to be surveyed) that were invited to participate. With a random sample of this size, the margin of error is $\pm 4.9\%$ at the 95% confidence level.

Hocking County Health Survey Households
(● = randomly selected; 📍 = completed)



Before analyzing responses to the survey, survey weights were computed; this step allows researchers to produce more accurate statistical estimates at the overall county level. First, a base weight was created that adjusted for unequal probabilities of selection into the survey (i.e., compensating for the number of adults in the household). Then, this base weight was adjusted so that respondents' demographic characteristics (i.e., age, gender, educational attainment, household income, presence of children in the household, and whether they are residents of Logan or another part of the county) aligned with population benchmarks for Hocking County. These population benchmarks were obtained from the U.S. Census Bureau's American Community Survey. This adjusted base weight was calculated via an iterative proportional fitting procedure within the STATA v15 software package; analyses of weighted data were conducted using complex survey [svy] commands within STATA v15.

(4) Share results with the community. This report presents the analysis and synthesis of all secondary and primary data collected during this effort. This report will be posted on the Hocking County Health Department website (<https://www.hockingcountyhealthdepartment.com/>), will be used in subsequent community prioritization and planning efforts, and will be widely distributed to organizations that serve and represent residents in the county.

How to Read This Report

Key findings and Healthy People 2030. As shown on page 11, the Hocking County 2020 Community Health Assessment is organized into multiple, distinct sections. Each section begins with a "story box" that highlights and summarizes the key research findings from the researchers' perspectives. For some indicators, Hocking County is compared to the U.S. Department of Health and Human Services *Healthy People 2030* goal, indicated by dashed boxes containing the Hocking County outline in light blue.

Community Voices. Comments and findings from the informal, qualitative poll of community residents are also included in each section where possible and are located in tables titled "**Community Voices**." The rich insights provided by community members satisfy the qualitative component of the Public Health Accreditation Board (PHAB) standard 1.1.2.1a, *"Qualitative data as well as quantitative data must be utilized. Qualitative data may address, for example, the community's perception of health, factors that contribute to higher health risks and poorer health outcomes, or attitudes about health promotion and health improvement. Data collection methods include, for example, surveys, asset mapping, focus groups, town forums, and community listening sessions."*

Comparison to the Hocking County 2015 Community Health Assessment. Where possible, results were compared to data from the Hocking County 2015 Community Health Assessment, denoted by a clock symbol: ⌚. In addition, a table comparing 2015 data to 2020 is on page 59. The following differences between 2015 and 2020 data were noted. One

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key finding from the comparison of the 2020 and 2015 data is that binge drinking significantly increased in 2020. This may have been a result of increased drinking during the COVID-19 pandemic.¹ This increased behavior that causes negative health consequences should continue to be monitored.

Areas of improvement from 2015 to 2020. In 2020 compared to 2015:

- More respondents said their health was excellent or very good.
- Fewer respondents had ever been diagnosed with skin cancer.
- More respondents visited a dentist/dental clinic in the past two years.

Areas of decline from 2015 to 2020. In 2020 compared to 2015:

- Fewer respondents eat fruit at least twice on a typical day.
- More respondents binge drank at least once in the past 30 days.
- More respondents had sewage or plumbing problems in their household in the past 12 months.

Health disparities between populations or areas in the community. Many efforts were made to detect and understand "*the existence and extent of health disparities between and among specific populations in the community or areas in the community*" (the Public Health Accreditation Board (PHAB) standard 1.1.2.1c). Analyses explored statistically significant differences in results based on demographic factors such as age, gender, educational attainment, income, and Logan vs. outside of Logan residence. When these analyses suggested the presence of significant differences among specific populations, the report tables display a lightbulb symbol: . The following disparities were noted.

Disparities by Household Income. The relationship between lower household income and poorer health outcomes and behaviors is striking:

- Those with household income of less than \$75,000 were more likely than those with an income of \$75,000 or more to say that they hadn't filled a prescription they needed (15.3% vs. 4.4%).
- Those with income of less than \$50,000 were more likely than those with income of \$50,000 or more to have wanted or needed to see a mental health professional but not do so over the past 12 months (14.9% vs. 4.2%).
- The percent of respondents who had smoked 100 cigarettes in their lives decreases as household income increases: 55.7% of those with household income of less than \$50,000, 43.8% of those with income between \$50,000 and \$74,999, 37.3% of those with household income between \$75,000 and \$99,999, and 18.6% of those with income of \$100,000 or more.
- Similar trends are found for those who are current smokers, which also decreases as income increases: 33.9% of those with income of less than \$50,000, 9.6% of those with income of \$50,000-\$99,999, and 0.0% of those with income of \$100,000 or more are

current smokers.

- Average number of times eating fast food in a typical day is higher amongst those with household income of less than \$50,000 compared to those with an income of \$50,000 or more (0.49 times vs. 0.36 times).
- Reported general health was lower for those with lower incomes: 39.2% of those who had a household income of less than \$75,000 reported having very good or excellent health vs. 67.0% of those with household incomes of \$75,000 or higher.
- Those with income of less than \$100,000 were more likely than those with income of \$100,000 or more to have had at least one poor physical health day in the past 30 days (28.7% vs. 6.3%).
- Those with household income of less than \$50,000 were more likely to have been diagnosed with COPD compared to those with household income of \$50,000 or more (14.0% vs. 3.1%).

Disparities by Educational Attainment. There are also several examples of the relationship between lower education and poorer health outcomes and behaviors:

- Those with a high school degree or GED or less education were less likely than those with an associate's degree or some college or higher education to have visited a dentist in the past year (48.3% vs. 70.3%).
- Having ever smoked 100 cigarettes or more decreases as education increases: 53.8% of those with a high school degree or GED or less, 40.5% of those with an associate's degree or some college, and 23.4% of those with a bachelor's degree or higher.
- Current smoking also decreases as education increases: 24.6% of those with a high school degree or GED or less, 18.5% of those with an associate's degree or some college, and 2.0% of those with a bachelor's degree or higher.
- Other tobacco use (besides cigarettes and e-cigarettes) also decreases as education increases; 22.0% of those with a high school degree or GED or less, 14.5% of those with an associate's degree or some college, and 2.2% of those with a bachelor's degree or higher.
- The average number of times eating vegetables each day increases with education: 1.3 times for those with a high school degree or GED or less, 1.7 times for those with an associate's degree or some college, and 2.0 times for those with a bachelor's degree or higher.
- Reported general health improves as education increases: 38.6% of those with those with a high school degree or GED or less reported excellent or very good health, compared with 51.6% who had an associate's degree or some college, and 70.4% of those with a bachelor's degree or higher.
- Those who have a high school degree or GED or less education were less likely than those with an associate's degree or some college or more education to have had at least one day when they felt sad or depressed in the past 30 (36.2% vs. 58.5%).

Disparities by Age. Older adults tended to have poorer health outcomes such as poor physical health days and chronic disease prevalence (as measured in the survey). However, they had some positive health outcomes such as more routine health care and less substance abuse.

- Those age 55 and older were less likely than those under 55 to use the Internet as a source of health information (47.6% vs. 84.6%).
- Adults 65 and older are more likely than adults younger than 65 to have been diagnosed with coronary heart disease (20.9% vs. 3.0%) and C.O.P.D. or emphysema (36.3% vs. 4.4%).
- Adults 55 and older are more likely than adults younger than 55 to have diabetes (42.6% vs. 6.7%) and high cholesterol (61.3% vs. 14.8%).
- High blood pressure increases with age: 75.4% of those 65 or older reported high blood pressure, compared to 66.2% of those 55-64, 53.1% of those 45-54, 45.3% of those 35-44, and 11.6% of those 18-34.
- Skin cancer increases with age: 22.0% of those 65 or older reported skin cancer, compared to 10.8% of those 55-64, 7.9% of those 45-54, and 0.0% of those 18-44.
- The average number of times engaging in physical activity in the past 30 days decreases with age: 8.8 times for those 65+, 12.7 times for those 35-64, and 17.3 times for those 18-34.
- Adults 45 and older were less likely to report that their health was very good or excellent than adults who were younger than 45 (37.0% vs. 64.5%).
- Among those with at least one poor physical health day, those who are 35 and older had more days than those who are younger than 35 (10.3 vs. 2.8 days, on average).
- The likelihood of visiting a doctor for a routine checkup within the past year decreases as age decreases: 97.3% of those 65+, 85.5% of those 55-64, 82.0% of those 45-54, 72.1% of those 35-44, and 63.1% of those 18-34.
- Adults age 55 or older are less likely to engage in binge drinking than those younger than 55 (20.3% vs. 55.8%).
- Adults age 45 or older are less likely than those younger than 45 to use other tobacco products (besides cigarettes or e-cigarettes) (10.5% vs. 26.6%).
- Those age 35 or older were less likely than those 18-34 to have wanted or needed to see a mental health professional but not do so over the past 12 months (5.0% vs. 24.0%).
- Women age 55 or older are less likely than women age 45 to 54 to have never had a mammogram (0.5% vs. 9.0%).
- Those 45 or older are less likely than those younger than 45 to have been diagnosed with an anxiety disorder (17.5% vs. 38.7%).
- Those who are 55 or older were less likely than those younger than 55 to have at least one day when they felt sad or depressed in the past 30 (33.7% vs. 54.6%).
- However, among those who had at least one day when mental health affected activities, those who are 45 or older reported more days on average than those who are younger

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than 45 (9.4 days versus 5.8 days in the past 30, on average).

- Unsafe drinking water is less common for those age 55 or older compared to those younger than 55 (2.5% vs. 12.8%).
- Plumbing issues are less common for those age 55 or older compared to those younger than 55 (4.1% vs. 22.8%).

Disparities by gender. Males and females reported similar health behaviors, except that males were more likely to use other tobacco products. Males also had more poor physical health days, high blood pressure, and coronary heart disease.

- Males are more likely than females to use other types of tobacco products besides cigarettes and e-cigarettes (28.0% vs. 6.7%).
- Among those with at least one poor physical health day, males had more days than females (10.8 vs. 6.9 days in the past 30, on average).
- Males were more likely than females to have high blood pressure (60.0% vs. 41.2%) and coronary heart disease (19.5% vs. 4.5%).

Disparities by location (Logan vs. outside Logan residence). Those living in Logan were less likely to have high cholesterol and more likely to have unsafe drinking water or plumbing issues.

- Those living in Logan were less likely to have high cholesterol than those living in other parts of the county (28.9% vs. 42.8%).
- Those living in Logan were more likely to have unsafe drinking water than those living in other parts of the county (11.7% vs. 2.0%).
- Those living in Logan were more likely to have plumbing issues than those living in other parts of the county (19.2% vs. 6.2%).

The contributing causes of health challenges. Next, the Hocking County community is also very interested in understanding *"the contributing causes of health challenges, for example, behavioral risk factors, environmental factors (including the built environment), socioeconomic factors, policies (e.g., zoning, taxation, education, transportation, insurance status, etc.), injury, maternal and child health issues, infectious and chronic disease, resource distribution (e.g., grocery stores), and the unique characteristics of the community that impact on health status. Multiple determinants of health, especially social determinants, must be included..."* (i.e., PHAB standard 1.1.2.1d). This standard is addressed in multiple waves throughout the report, and especially in the following sections: Social Determinants of Health, Behavioral Risk Factors, Maternal and Infant Health, Mental and Social Health, and Death, Illness, and Injury.

Overall, the following contributing causes seem to be worthy of future discussion and action. Among the community at large:

- Many are not meeting the *Healthy People 2030* goals for smoking, binge drinking, or obesity.

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- The community voiced concerns about access to health care and a lack of collaboration among leaders of the community.
- In Hocking County, 20% of respondents reported that they personally knew someone who was homeless in the past year – this seems like an alarmingly high percentage.

Sources for all secondary data included in this document are marked by an endnote and described in the report's References section. Caution should be used in drawing conclusions in cases where data are sparse (e.g., counts less than ten).

Primary data (i.e., from the Hocking County Health Survey) are marked by the following endnote symbol: §. In some tables, the percentages may not sum to 100% due to rounding. In some cases, outlying values were winsorized (outlying values were replaced with the highest or lowest non-outlying value).

Effects of the COVID-19 pandemic. Next, the COVID-19 pandemic reached the United States in January 2020, and the first case was confirmed in Ohio on March 9th, 2020. The Ohio State of Emergency was declared on March 9th and a Stay at Home Order went into effect on March 23rd. Besides the increase in binge drinking, there were no notable differences in responses to the Hocking County Health Survey between 2015 and 2020 that seemed to be related to the pandemic. However, COVID-19 did come up in responses to the community poll; these are noted in a COVID-19 section at the end of the Death, Illness, and Injury section. Generally, residents would like to see more masks, social distancing, and hand sanitizer.

Community Health Assessment Planning. Lastly, some of the responses from the community poll related to Community Health assessment planning, specifically. These can be considered as context for the Hocking County 2020 Community Health Assessment and for future planning. (See next page.)

Community Voices

Health Issues to be Considered

Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?

...About the
Community Health
Assessment /
planning

- Timely feedback when local information available to policy makers and the public - advocating for recommendations based on data and facts. Decisions that transform require willing to change preconceived biases or "feeling."
- Collaboration on selecting the questions to make sure we are asking what needs to be asked.
- Plan for this to be done every three years i.e. planning ahead financially.
- Data collected from local health care facilities
- Health indicators of the county
- Broad participation

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Community Profile

This section describes the demographic and household characteristics of the population in Hocking County, which is located in southern Ohio.

Hocking County was founded about 200 years ago and covers 424 square miles. Logan is the seat of this county.



Resident Demographics¹

		Hocking County	Ohio
Total Population	Total population	28,495	11,641,879
Gender	Male	49.6%	49.0%
	Female	50.4%	51.0%
Age	Under 5 years	5.7%	6.0%
	5-19 years	18.7%	19.2%
	20-64 years	57.2%	58.6%
	65 years and over	18.3%	16.3%
Race	White	97.2%	81.2%
	Black/African American	0.8%	12.3%
	American Indian/Alaskan Native	0.1%	0.2%
	Asian	0.3%	2.1%
	Native Hawaiian/Other Pacific Islander	0.0%	0.0%
	Some other race	0.2%	0.9%
	Two or more races	1.4%	2.8%
Ethnicity	Hispanic/Latino (any race)	1.0%	3.7%
	Not Hispanic/Latino (White alone)	96.4%	96.3%
Marital Status	Never married	23.3%*	32.2%*
	Now married (not currently separated)	54.5%*	47.8%*
	Divorced or separated	15.1%*	13.7%*
	Widowed	7.2%*	6.4%*

*Denominator = population 15 years and over

Community Profile

Resident Households¹

		Hocking County	Ohio
Total Households	Number of households	11,120	4,654,075
Household Type	Households with one or more people under 18 years	30.4%	29.6%
	Households with one or more people 60 years and over	42.6%	39.1%
Family Households	Total family households	69.5%	63.5%
	Married-couple family household	54.5%	46.1%
	Male householder, no wife present, family household	5.8%	4.7%
	Female householder, no husband present, family household	9.2%	12.6%
Grandparents As Caregivers	Household with grandparents living with grandchildren	3.4%	3.2%
	Household with grandparent responsible for own grandchildren under 18 years	2.2%	1.5%
	Household with grandparent not responsible for own grandchildren under 18 years	1.2%	1.7%
Non-Family Households	Non-family households	30.5%	36.5%
Household Size	Average household size	2.5	2.4
	Average family size	3.0	3.0
Household Income	Less than \$10,000	7.3%	7.2%
	\$10,000 - \$14,999	4.9%	4.9%
	\$15,000 - \$24,999	12.2%	10.2%
	\$25,000 - \$34,999	11.5%	10.1%
	\$35,000 - \$49,999	14.2%	13.7%
	\$50,000 - \$74,999	19.6%	18.3%
	\$75,000 - \$99,999	14.2%	12.6%
	\$100,000 - \$149,999	11.8%	13.6%
	\$150,000 - \$199,999	2.9%	4.9%
	\$200,000 or more	1.5%	4.5%
Transportation	Households without a vehicle	5.3%	8.2%

Community Profile

Residents - Disability Information¹

		Hocking County	Ohio
Disability Status*	Total with a disability	17.6%	14.0%
	Under 18 years	4.7%	5.0%
	18 to 64 years	16.2%	11.9%
	65 years and over	39.1%	34.6%
Disability By Type**	Hearing difficulty	31.0%	27.1%
	Vision difficulty	14.2%	17.0%
	Cognitive difficulty	38.7%	39.0%
	Ambulatory difficulty	51.2%	51.0%
	Self-care difficulty	19.4%	18.9%
	Independent living difficulty	32.2%	34.6%

*Denominator is civilian noninstitutionalized population in the specified age range **Denominator is total with a disability

Community Profile

A statistical portrait of the adult respondents who completed the 2020 Hocking County Health Survey is shown below. These percentages have been weighted to match population benchmarks for age, gender, educational attainment, household income, Logan residence, and presence of children in the household.

2020 Health Survey: Respondent Profiles[§]

		Hocking County
Gender		(n=391)
	Male	49.6%
	Female	50.5%
Age		(n=392)
	18-34	23.4%
	35-44	15.4%
	45-54	18.4%
	55-64	19.2%
	65+	23.6%
Education		(n=395)
	High school diploma / GED or less	55.6%
	Associate's degree / some college	30.3%
	Bachelor's degree or more	14.1%
Household Size		(n=399)
	Average household size	2.7
Household Income		(n=388)
	Less than \$50,000	50.1%
	\$50,000 - \$74,999	19.6%
	\$75,000 - \$99,999	14.2%
	\$100,000 or more	16.2%
Children Under 18 (In Household)		(n=392)
	0 children	69.1%
	1-2 children	21.7%
	3 or more children	9.2%
Logan Residence		(n=399)
	Resident of Logan	64.5%
	Not a resident of Logan	35.5%

Vision of a Healthy Hocking County

As part of the community poll, residents answered the question, "What does a healthy Hocking County look like to you?" Their responses are displayed below.

Generally, they see a healthy Hocking County as safe, prospering, and proactive; concerned conscientious residents; caring for environment and public spaces; more accessible opportunities to improve health / access to health care; resources to care for residents and their families; active lifestyles promoted; and lower rates of health issues.

Community Voices Residents' Vision of Hocking County <i>What does a healthy Hocking County look like to you?</i>	
...Safe, prospering, and proactive	<ul style="list-style-type: none">- Safe and prospering- Low crime rate- Successful small businesses- Proactive, strong, honest leaders- Proactive in responding to public health issues (opiates, communicable disease, health education and promotion)- Solutions for stimulant epidemic other than naltrexone- Active pursuit of grant programs (SDOH)- Active coalitions- Support for health department
...Concerned, conscientious residents	<ul style="list-style-type: none">- Concerned citizens who seek alternatives to substance use like physical, mental, and emotional health activities- Residents who are aware of health issues / maintaining health- Residents who practice good hygiene- Proactive and educated residents- Conscious of personal, family, and community health- Strong families, stable marriages- Neighbors helping neighbors- Pride in community
...Care for environment and public spaces	<ul style="list-style-type: none">- Clean houses and yards- City and countywide trash service- Code enforcement of substandard housing- Care for the environment- less trash along highways and yard, no junk yards at homes

Vision of a Healthy Hocking County

	<ul style="list-style-type: none"> - Community events like trash pick-up / planting trees / flowers - High water and air quality - Enforcement of environmental laws (to curb burning of solid waste) - Sidewalks without cracks
...More accessible opportunities to improve health/access to health care	<ul style="list-style-type: none"> - Free clinics - Universal health care/more people with insurance - Proper immunization and vaccinations - Address mental health, have behavioral health care - Physical and mental health facilities in locations accessible to all residents with specialty professionals - Increased mental health and drug addiction counseling - Early intervention in drug and alcohol abuse
...People have resources to care for themselves and their families	<ul style="list-style-type: none"> - Opportunities for economic stability, home ownership, education, and learning - Assistance for those struggling economically - Access to food, housing, and basic needs (phone, Internet service) - Available fresh food (produce stands and farmers markets) - No homeless - Low rate of families on government assistance - Low unemployment - Higher rate of continuing education or job placement after graduation - Local employment with higher pay and advancement - At least 60% home ownership - High literacy rate - Basic life skills taught in school - Reputable accessible information about health around town - Public transit encouragement - Effort to identify inequalities and inequity that affect health and correct them
...Promote active lifestyles	<ul style="list-style-type: none"> - Easy access to outdoor activities - Recreational activities year-round for all ages - More parks and green spaces - Extension of bike path - Community exercise programs
...Lower rates of health issues	<ul style="list-style-type: none"> - Low incidence of preventable diseases, investing in preventative health - Less chronic disease - Low communicable disease - Lower premature mortality - Less suicide - No substance abuse disorders - Less stress and worry

Social Determinants of Health

This section combines statistics on social and economic characteristics with insight from community members about how these characteristics influence community health. Health and health care, education, economic stability, neighborhood and built environment, and social and community context are frequently assessed social determinants categories (per *Healthy People 2030*).

Key Findings

Health & Health Care

- The community voiced lack of quality/affordable health care and lack of healthcare providers and brought both up as issues to be considered in planning work.
- Ratio of licensed practitioners to residents extremely low.

Education

- The community voiced lack of education about healthy lifestyles and lack of support for at-risk students. They brought up various types of education as issues to be considered in planning work.
- Hocking County has more residents with lower education levels than the state of Ohio as a whole: 55% high school education or less in Hocking County and 43% in Ohio.

Economic Stability

- Nearly 20% of children in Hocking County are below the 100% federal poverty level and about 20% are food insecure.
- The community voiced unequal access to basic needs as an issue to be considered in planning work.

Social & Community Context

- The community voiced lack of collaboration and agreement between agencies and community leaders and that health is not treated as a priority culturally.
- The community voiced that the community caring for each other is an issue to be considered in planning work.

Neighborhood & Built Environment

- The community voiced that transportation systems are inadequate and there may be a lack of accessible recreation and exercise.
- The community voiced that infrastructure and health of our surroundings / cleanup of town and businesses are issues to be considered in planning work.

Health Insurance

Getting health care can cause major financial strain. Some health care is unaffordable without health insurance, and health insurance itself can be very expensive.

Community Voices

Residents' Vision of Hocking County - Barriers

Given your vision for a healthy Hocking County, what do you think are the biggest barriers or issues that are keeping the County from getting there?

...Unequal access to health care

- Lack of quality health insurance
- Most employers do not offer medical insurance or if they do the cost is prohibitive
- Inability to obtain health insurance through many carriers (Hocking County not eligible for coverage through Anthem or Blue Cross for example)
- Lack of affordable behavioral health care
- Need for additional healthcare providers (GPs, NPs, pediatric health, mental health, and substance use)

Community Voices

Health issues to be Considered

Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?

...Health Care access (includes transportation) and equity

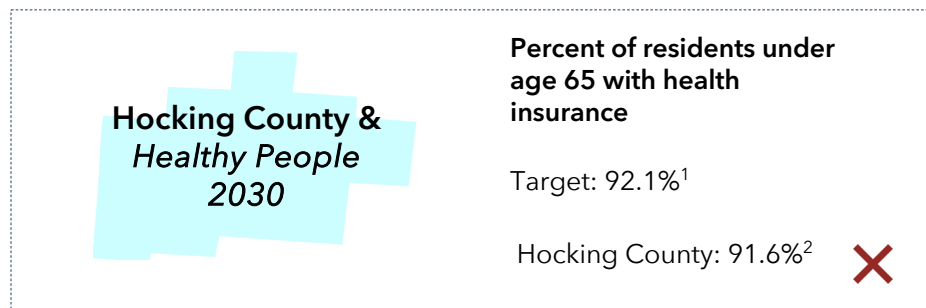
- Quick, affordable, reachable emergency room
- Medical transportation access and awareness
- Access to reasonably priced health care
- Healthcare service for poor
- Free screenings
- Free clinics
- Health Insurance
- Affordable dental care
- Vaccines for school children

Social Determinants of Health

As shown in the table below, most Hocking County residents have health insurance.

Health Insurance Coverage By Age²

		Hocking County	Ohio
With Health Insurance Coverage	Total with insurance	93.0%	93.5%
	Age 18 and under	96.5%	95.6%
	Working-age (19-64) persons	89.7%	91.1%
	Under age 65	91.6%	92.4%
	Age 65+	99.6%	99.5%
Without Health Insurance Coverage	Total without insurance	7.0%	6.5%
	Age 18 and under	3.5%	4.4%
	Working-age (19-64) persons	10.3%	8.9%
	Under age 65	8.4%	7.6%
	Age 65+	0.4%	0.5%



Social Determinants of Health

Among Hocking County residents with health insurance, employment-based insurance was the most common. Note that residents could have more than one type of health insurance. For example, someone with direct-purchase insurance may also have Medicare coverage.

Private Health Insurance Coverage²

	Hocking County	Ohio
Total with private health insurance	63.6%	69.5%
<i>Private health insurance alone</i>	47.2%	55.4%
Employment-based health insurance	52.6%	59.6%
<i>Employment-based health insurance alone</i>	41.5%	50.2%
Direct-purchase health insurance	13.0%	11.7%
<i>Direct-purchase health insurance alone</i>	5.3%	4.8%
TRICARE / military health coverage	1.9%	1.6%
<i>TRICARE / military health coverage alone</i>	0.4%	0.5%

Public Health Insurance Coverage²

	Hocking County	Ohio
Total with public health insurance	44.1%	36.6%
<i>Public health insurance alone</i>	26.6%	21.6%
Medicare coverage	20.2%	18.1%
<i>Medicare coverage alone</i>	6.4%	5.6%
Medicaid / means-tested public coverage	26.2%	20.4%
<i>Medicaid / means-tested public coverage alone</i>	20.0%	15.7%
VA health care	2.5%	2.3%
<i>VA health care alone</i>	0.1%	0.3%

Health Care

The ratio of Hocking County physicians (both MDs and DOs) is 1 to every 1,356 Hocking County residents. This is much lower than the 1 to 172 ratio in the state of Ohio as a whole. There are no licensed psychologists in Hocking County; this may negatively impact access to mental health treatment.

Social Determinants of Health

Licensed Practitioners

	Hocking County		Ohio	
	Count	Ratio*	Count	Ratio**
Licensed physicians: MDs & DOs ³	21	1:1,356	67,880	1:172
Licensed dentists ⁴	4	1:7124	7,247	1:1613
Licensed social workers ⁴	30	1:965	17,733	1:659
Licensed Chemical Dependency Counselor ⁵	6	1:4749	12,949	1:903
Licensed psychiatrists ³	1	1:28,495	1,269	1:9,211
Licensed psychologists ⁴	0	0	3,536	1:3306

*Ratio of practitioners to Hocking County residents **Ratio of practitioners to Ohio residents

A majority of respondents (81%) visited a doctor for a routine checkup within the year before taking the survey.

Amount Of Time Since Last Visiting Doctor For A Routine Checkup[§]

	Hocking County (n=397)
Within the past year	80.6%
Within the past 2 years	8.3%
Within the past 5 years	7.3%
5 or more years ago	3.8%



The likelihood of visiting a doctor for a routine checkup within the past year decreases as age decreases: 97.3% of those 65+, 85.5% of those 55-64, 82.0% of those 45-54, 72.1% of those 35-44, and 63.1% of those 18-34.

A majority of respondents (58%) also visited a dentist within the year before taking the survey; however, about one-fifth (21%) have not visited the dentist for five or more years.

Amount Of Time Since Last Visiting Dentist For Any Reason[§]

	Hocking County (n=399)
Within the past year	58.4%
Within the past 2 years	10.8%
Within the past 5 years	9.9%
5 or more years ago	20.9%

Social Determinants of Health



Those with a high school degree or GED or less education were less likely than those with an associate's degree or some college or higher education to have visited a dentist in the past year (48.3% vs. 70.3%).



In 2015, 62% of respondents had visited a dentist in the past two years, which increased to 69% in 2020.

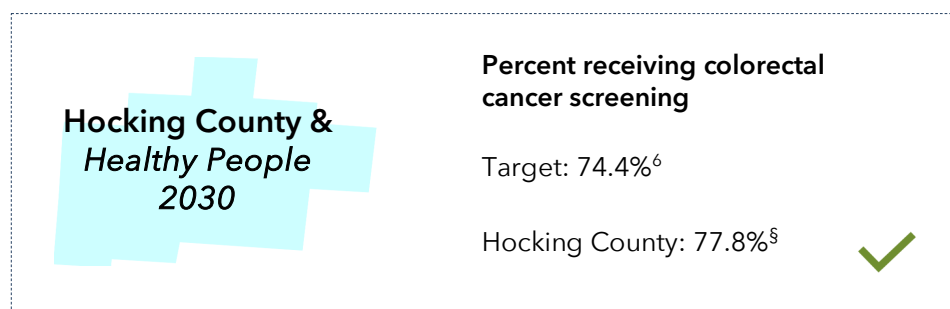
Respondents age 50 or older were asked when they last had a colorectal cancer screening. About one in five (18%) had this type of screening within the past year, but a slightly higher percentage (22%), has never had this type of screening.

Amount Of Time Since Having Last Colorectal Cancer Screening (Sigmoidoscopy or Colonoscopy)[§]

	Hocking County (n=191)
Within the past year	18.4%
Within the past 2 years	16.5%
Within the past 3 years	10.6%
Within the past 5 years	17.8%
Within the past 10 years	10.3%
10 or more years ago	4.2%
Never	22.2%



In 2020, 46% of respondents age 50 or older reported that they had this type of screening within the past three years, a decrease from the 56% who reported this in 2015.



Some county residents are not getting the healthcare they need. Nearly 12% of respondents reported they needed prescriptions but did not fill them in the past 12 months. 9.3% of respondents wanted or needed to see a mental or behavioral health professional but did not in the past 12 months.

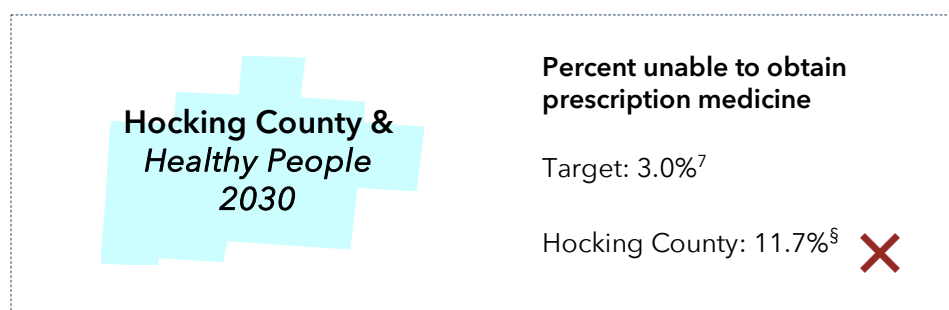
Social Determinants of Health



Those age 35 or older were less likely than those 18-34 to have wanted or needed to see a mental health professional but not do so over the past 12 months (5.0% vs. 24.0%).

Those with household income of less than \$75,000 were more likely to say that they hadn't filled a prescription they needed vs. those with an income of \$75,000 or higher (15.3% vs. 4.4%).

Those with income of less than \$50,000 were more likely than those with income of \$50,000 or more to have wanted or needed to see a mental health professional but not do so over the past 12 months (14.9% vs. 4.2%).



Women's Health

The American Cancer Society recommends that women should start having annual mammograms at age 45 and may opt to have mammograms every other year starting at age 55.⁸ The next table displays the amount of time since having their last mammogram for women 45 and older who completed the survey. A majority of these women (63%) have had a mammogram within the past year; only 3% of them have never had a mammogram.

Amount Of Time Since Having Last Mammogram (Women 45 or Older)[§]

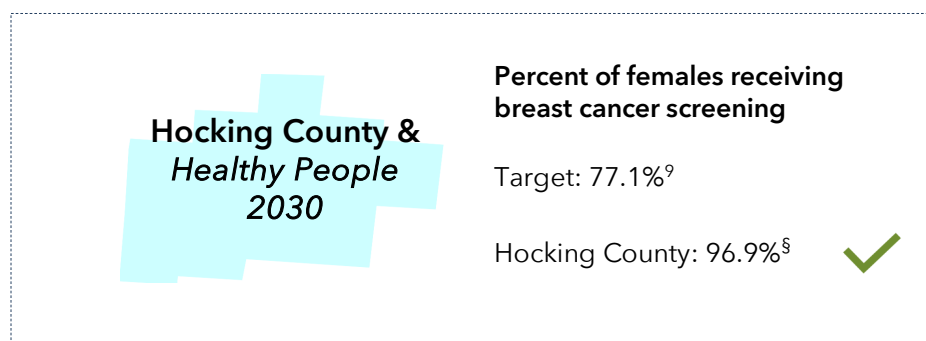
	Hocking County (n=119)
Within the past year	62.6%
Within the past 2 years	21.6%
Within the past 5 years	7.8%
5 or more years ago	5.0%
Never	3.1%



Women age 55 or older are less likely than women age 45 to 54 to have never had a mammogram (0.5% vs. 9.0%).



In 2015, 75% had a mammogram in the past two years, similar to 78% in 2020.



According to the Mayo Clinic, doctors normally recommend Pap tests every three years for women age 21 to 65.¹⁰ The next table displays the amount of time since having their last Pap test for women age 21 to 65 who completed the survey. Almost half of these women hadn't had a Pap test within the past two years, but nearly all of them have had at least one Pap test in their lifetime. In 2020, 50% of respondents age 18 or older had a Pap test in the past two years, less than the 60% recorded in 2015.

Amount Of Time Since Having Last Pap Test (Women 21 to 65)[§]

	Hocking County (n=143)
Within the past year	43.3%
Within the past 2 years	13.6%
Within the past 5 years	21.5%
5 or more years ago	19.1%
Never	2.6%

Education

Educational attainment and literacy affect health by shaping people's employment opportunities, ultimately affecting their economic stability. Education can also positively impact psychological wellbeing.

Community Voices

Residents' Vision of Hocking - Barriers

Given your vision for a healthy Hocking County, what do you think are the biggest barriers or issues that are keeping the County from getting there?

...Education
inequity/ attainment

- Limited health education programs
- Health miseducation and misguidance across generations of families
- Public agencies, courts, and churches that focus on educational interventions that can transform lives
- We need to get into the schools to provide students with the skills for a better future and identify at-risk students early and get them what they need to be successful
- We need to provide a skill set for success
- Need for better and more preparation for marriages and training in parenting
- Lack of awareness of ways to maintain a healthy lifestyle
- Lack of awareness of available services
- Persistent unhealthy attitudes about diet and health
- Lack of support to make and stick with healthy choices

Community Voices

Health issues to be Considered

Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?

...Education

- Continuing health education of local community
- Outreach that does not talk down to residents
- Getting information out
- Improved information and educational interventions
- Education regarding the vaccination of children
- Ability, can they get to classes
- Promotion of Healthy Lifestyles and Recreation while combatting drugs, tobacco, alcohol, etc.

Social Determinants of Health

- Educating the community on the importance of a CHA and CHIP

As reviewed below, Hocking County residents are less likely to continue their education beyond high school than Ohioans as a whole: More than half (55%) of Hocking County residents have only a high school education or less compared to 43% in Ohio. About 15% of Hocking County residents have a bachelor's degree or higher, compared to nearly 30% in Ohio as a whole.

Educational Attainment²

	Hocking County	Ohio
Less than 9 th grade	1.9%	2.8%
9 th to 12 th grade (no diploma)	8.4%	7.1%
High school graduate / GED	44.8%	33.3%
Some college (no degree)	19.8%	20.5%
Associate's degree	10.4%	8.6%
Bachelor's degree	10.0%	17.3%
Graduate or professional degree	4.7%	10.5%

However, the current average four-year high school graduation rate in Hocking County is 94.8%*, which is higher than the Ohio average of 91.3%¹¹.

**Hocking County &
Healthy People
2030**

High school graduation rate

Target: 90.7%¹²

Hocking County: 94.8%² ✓

Regarding young children preparing to enter kindergarten in Hocking County, 77% are considered to have "demonstrated readiness" or to be "approaching readiness," meaning they entered with "sufficient skills, knowledge and abilities to engage with kindergarten-level instruction" or "needed supports to be able to engage with kindergarten-level instruction," respectively. Almost all (97%) Hocking County third graders met the threshold needed in reading proficiency to move to fourth grade.

Social Determinants of Health

Kindergarten Readiness¹³

	Hocking County	Ohio
Demonstrated or approaching readiness	77.0%	77.5%

Third Graders With Reading Proficiency¹⁴

	Hocking County	Ohio
Reading proficiency - third graders who met threshold to move to fourth grade	97.1%	95.0%

Regarding sources of health information, over 80% of Hocking County respondents use medical health professionals as a source. The most common "Other" responses were books and magazines.

Sources Of Health Information^{§*}

	Hocking County (n=399)
Family or friends	58.6%
Medical health professionals	82.0%
Internet	69.2%
Other	5.1%



Those age 55 and older were less likely than those under 55 to use the Internet as a source of health information (47.6% vs. 84.6%).

Economic Stability

Economic stability plays an important role in health, with at least one study on this topic showing that those with greater income had greater life expectancy (Chetty et al., 2016).¹⁵

Community Voices

Residents' Vision of Hocking County - Barriers

Given your vision for a healthy Hocking County, what do you think are the biggest barriers or issues that are keeping the County from getting there?

...Unequal access to basic needs

- Income disparity
- Lack of licensed shelters for homeless, sober living for women and children, and safe housing for women and child victims of domestic violence

Social Determinants of Health

...Unequal access to basic needs (cont'd)

- Conflict between finding housing and decreasing substance use
- Lack of living wage/stable employment
 - Most people are forced to travel outside the county for employment
 - Lack of industrial or technical better paying jobs
- Lack of affordable waste management services
 - Raw sewage in creeks
- Fluoridated/chlorinated water
- Broadband technology for education and family transactions
- Lack of inexpensive healthy food choices
- Not enough community gardens in smaller towns of Hocking County

In Hocking County, 18.8% of children are living below the 100% federal poverty level (FPL), which is about the same as the state of Ohio (18.4% of children are below FPL).

Income And Poverty²

		Hocking County	Ohio
Annual Household Income	Per capita income	\$24,138	\$30,304
	Median household income	\$50,000	\$54,533
	Mean household income	\$60,814	\$74,109
Poverty Status Of Individuals	Total persons below FPL	13.6%	14.5%
	Below 100% FPL	9.7%	10.4%
Poverty Status Of Families	At 100% - 199% FPL	18.8%	14.7%
	At 200% - 399% FPL	37.6%	31.7%
	At or over 400% FPL	33.9%	43.2%
Poverty Status Of Those <18 Years Old	Below 100% FPL	18.8%	18.4%
	100% - 199% FPL	26.9%	21.5%
	At or above 200% FPL	54.3%	60.1%

Hocking County & Healthy People 2030

Percent of people living in poverty

Target: 8.0%¹⁶

Hocking County: 13.6%² **✗**

Community Voices

Health issues to be Considered

Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?

...Access to nutritious foods

- Access to healthy foods
- Are good food choices available or do they have to travel to other areas?
- Vitamins

Economic instability is linked to food insecurity. People who are food insecure do not get adequate food or have disrupted eating patterns due to lack of money and other resources.¹⁷ In Hocking County, 14.0% of all residents are food insecure, and 20.6% of children in Hocking County are estimated to be food insecure. These percentages are similar to the percentages for Ohio as a whole.

Food Access

		Hocking County	Ohio
Food Insecure Persons¹⁸	Total residents	14.0%	13.9%
	Children	20.6%	18.9%
Food Stamp Households²	Total households	18.9%	13.7%
	With one or more people 60 years and over	28.4%*	29.3%*
	With children under 18 years	40.7%*	47.6%*

*Denominator is total households receiving food stamps

Some researchers use the food environment index when assessing access to nutritious foods. This index of factors that contribute to a healthy food environment ranges from 0 (worst) to 10 (best). Hocking County's food environment index score of 7.5 is better than Ohio's score (6.7).¹⁹

Another economic indicator that may influence the health of the community is the unemployment rate. The unemployment rate in Hocking County in 2018 was the same as Ohio (5.9%), using the Ohio Department of Job and Family Services' unemployment definition as those people, 16 years of age and over, who were "actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within 30 days to a new payroll job." Those who have stopped looking for a new job (and who have

Social Determinants of Health

therefore removed themselves from the civilian labor force) are not included in this statistic.

Employment Status²

		Hocking County	Ohio
Unemployment Rate*	Annual average unemployment rate	5.9%	5.9%
	In labor force**	58.0%	63.2%
Employment Rate Of Labor Force	<i>Civilian labor force***</i>	100.0%	99.9%
	Employed*	94.1%	94.2%
	Unemployed*	5.9%	5.8%
	<i>Armed forces***</i>	0.0%	0.1%
	Not in labor force**	42.0%	36.8%

*Denominator is civilian labor force **Denominator is total area population 16 years and over ***Denominator is total labor force

The leading industry in Hocking County is management, business, science, and arts, with 30% employed in that industry. Ohio has the same leading industry, with a slightly higher percentage (37%). Hocking County has more people employed in natural resources, construction, and maintenance than Ohio.

Leading Industries In Hocking County^{2*}

		Hocking County	Ohio
Employment Occupations	Management, business, science, and arts	29.9%	36.5%
	Service	19.8%	17.2%
	Sales and office	19.5%	21.8%
	Natural resources, construction, and maintenance	13.3%	7.5%
	Production, transportation, and material moving	17.5%	17.0%

*Denominator is civilian employed population 16 years and over

Readers who wish to learn more about the current state of jobs and public assistance (veterans' services, SNAP, etc.) in Hocking County are encouraged to access the Ohio Department of Job and Family Services' "QuickView" report, at <http://jfs.ohio.gov/County/QuickView/Index.stm>.

Neighborhood & Built Environment

Neighborhood and built environment refer to what extent individuals feel safe in their community and how the environment influences their quality of life. Crime is one aspect of this, while housing, recreation, and transportation are other important factors. In terms of

Social Determinants of Health

housing, In Hocking County, 20.2% of respondents reported that they personally knew someone who was homeless in the past year - this seems like a cause for concern.

Community Voices Residents' Vision of Hocking County - Barriers <i>Given your vision for a healthy Hocking County, what do you think are the biggest barriers or issues that are keeping the County from getting there?</i>	
...Transportation systems are inadequate	<ul style="list-style-type: none">- Lack of transportation options- No bike infrastructure- Don't think that active transportation planning is a priority. I would love to see the City of Logan adopt a complete streets policy!- We need Lyft or Uber to come to Hocking- some people need immediate access to transportation and cannot schedule appointments 24 hours in advance
...There is a lack of accessible recreation and exercise	<ul style="list-style-type: none">- Lack of local facilities which encourage physical activities, i.e., walking/biking/equine trails, civilian sports<ul style="list-style-type: none">- We need more funding to make public outdoor recreation a possibility- Lack of accessible physical fitness programs to rural residents

Community Voices Health issues to be Considered <i>Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?</i>	
...Infrastructure	<ul style="list-style-type: none">- Building community infrastructure for behavioral health care- Housing- Zoning- Septic systems- Assuring affordable access to waste management services (including reducing waste and recycling)- Working with the County Commissioners to install more sewage systems to rid the county of individual sewage systems- Raise lodging tax to support local infrastructure and services- Active transportation and complete streets- Public transportation

Social Determinants of Health

	<ul style="list-style-type: none"> - Clean drinking water
...Health of our surroundings / cleanup of town and businesses	<ul style="list-style-type: none"> - Everyone is doing his part to keep Hocking clean - Respect for our environment - Illegal dumps - Trash in yards, along roads - Trash clean-up day

Crime²⁰

	Hocking County		Ohio	
	Count	Rate*	Count	Rate*
Homicides	2	**	761	6.9

*Rate per 100,000 population, age-adjusted **Rates based on counts of less than ten are considered unreliable

Social & Community Context

The health of communities also depends on the level of social cohesion, or the willingness of people to work together to prosper.

<h3>Community Voices</h3> <h4>Residents' Vision of Hocking County - Barriers</h4> <p><i>Given your vision for a healthy Hocking County, what do you think are the biggest barriers or issues that are keeping the County from getting there?</i></p>	
...Lack of collaboration and cooperation between agencies and community leaders	<ul style="list-style-type: none"> - I feel there is a lack of a solid, "agreed upon", coordinated and collaborative effort across all sectors of the community regarding the health of Hocking County. There must be a coordinated and collaborative financial investment as well and I feel that is lacking. - Difficulty of health department getting public support and backing of policies - Lack of manpower for enforcement of regulations - County commissioners seem apathetic - Absence of zoning - Lack of long-term investment in community - Businesses not following public health regulations - Lack of communication and team mindset - Lack of common goal - Leadership - Low community involvement in coalitions - Limited hospital involvement in the promotion and funding of community health initiatives

Social Determinants of Health

	<ul style="list-style-type: none"> - Lack of communication and education regarding health matters on the part of local, state, and federal government
...Socio-cultural factors	<ul style="list-style-type: none"> - Conflicts between science and politics - Narrow-mindedness - Ignorance - Health not being treated as a priority - Mostly a cultural change for improved eating habits, i.e., education - The general culture in our area does not necessarily prioritize wellness - Unsustainable growth in tourism

<p style="text-align: center;">Community Voices</p> <p style="text-align: center;">Health issues to be Considered</p> <p style="text-align: center;"><i>Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?</i></p>	
...Caring for others in the community	<ul style="list-style-type: none"> - Respect for each other - Accountability - Working together - Helping those in need - Combatting prejudice and intolerance - Community involvement - Strong leadership - Community outreach programs - Marriage enrichments - Help for kids going through divorce - Less tourism marketing

Behavioral Risk Factors

This section describes behaviors of Hocking County residents that may impact their health outcomes: substance use, nutrition, and physical activity.

Key Findings

Substance Use

- The community voiced concerns about substance use and the supply of drugs, and substance abuse was mentioned as an issue that should be considered in planning work.
- 19% of Hocking County residents are current smokers. About a quarter are former smokers.
- 41% of residents reported binge drinking in the past month.
- Around 40% of Hocking County residents personally know someone in their community who has an abuse or addiction problem with illegal drugs, alcohol, or prescription pain medicine.

Nutrition & Physical Activity

- The community voiced that emphasizing physical fitness is an issue to be considered in planning work.
- About 40% of Hocking County adult residents are obese.
- Most residents reported eating at least one serving of fruits and vegetables a day.
- Nearly 80% of residents reported participating in physical activity at least once during the past 30 days. On average, they participated in physical activity about 13 times.

Hocking County is currently not meeting the *Healthy People 2030* goals for adult smokers, binge drinkers or obese individuals.

Substance Use

Substance use can have major negative impacts on physical health and mental and social health. This section reports patterns of substance abuse in Hocking County.

Community Poll Residents' Vision of Hocking County - Barriers <i>Given your vision for a healthy Hocking County, what do you think are the biggest barriers or issues that are keeping the County from getting there?</i>	
...Substance use and supply of drugs	<ul style="list-style-type: none">- Access to adequate treatment- Addiction resources- Stigma towards substance use disorder- Negative perceptions about the role of health providers in treating the most vulnerable populations (poor, substance use, chronically ill)- Difficulty of educating individuals under the influence of drugs about their harmful effects. Personal view of impact of drug use rather than communal view of impact.- Lack events without alcohol to bring neighbors together

Community Poll Health issues to be Considered <i>Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?</i>	
...Substance abuse	<ul style="list-style-type: none">- Drugs, tobacco, alcohol use, abuse, addiction, prevention, and education- Healthcare access for mental health and substance abuse disorders

Almost half of Hocking County adults (45.1%) have smoked at least 100 cigarettes in their lives. About 19% of Hocking County adults reported being current smokers (smoking every day or some days.) About 17% of Hocking County adults reported using other tobacco/nicotine besides cigarettes or e-cigarettes every day or some days. Low percentages of Hocking County adults reported using e-cigarettes or other tobacco/nicotine products every day or some days. About a quarter (24.6%) were former smokers (adults who had smoked at least 100 cigarettes in their lifetime but do not smoke currently).

 In 2015, 20% were current smokers.

Behavioral Risk Factors

Tobacco And Alcohol Use^s

		Hocking County (average n=377)
Tobacco Use (Every Day Or Some Days)	Cigarettes	19.4%
	E-cigarettes (e.g., Juul)	4.9%
	Other tobacco/nicotine product(s)	16.8%
Alcohol Use	Binge drinkers	40.9%

Overall, 41% of Hocking County adults reported binge drinking (i.e. five or more drinks on one occasion for men, four or more drinks on one occasion for women) at least once in the past month; among those who binge drank, the average number of days on which they reported binge drinking was 6.4 days.



In 2015, 27% of respondents reported binge drinking. This apparent increase to 41% in 2020 could be due to the timing of the survey during the COVID-19 pandemic: studies show that alcohol purchases and consumption have increased during the pandemic.¹



Those age 55 or older were less likely than those younger than 55 to have binge drank in the past 30 days: 20.3% vs. 55.8%.

Lower income and poorer health behaviors:

The percent of respondents who had smoked 100 cigarettes in their lives decreases as household income increases: 55.7% of those with household income of less than \$50,000, 43.8% of those with income between \$50,000 and \$74,999, 37.3% of those with household income between \$75,000 and \$99,999, and 18.6% of those with income of \$100,000 or more.

Similar trends are found for those who are current smokers, which also decreases as income increases: 33.9% of those with income of less than \$50,000, 9.6% of those with income of \$50,000-\$99,999, and 0.0% of those with income of \$100,000 or more are current smokers.

Lower education and poorer health behaviors:

Having ever smoked 100 cigarettes or more decreases as education increases: 53.8% of those with a high school degree or GED or less, 40.5% of those with an associate's degree or some college, and 23.4% of those with a bachelor's degree or higher.


Behavioral Risk Factors

Current smoking also decreases as education increases: 24.6% of those with a high school degree or GED or less, 18.5% of those with an associate's degree or some college, and 2.0% of those with a bachelor's degree or higher.

Other tobacco use also decreases as education increases; 22.0% of those with a high school degree or GED or less, 14.5% of those with an associate's degree or some college, and 2.2% of those with a bachelor's degree or higher.

Adults age 45 or older are less likely than those younger than 45 to use other tobacco products (besides cigarettes or e-cigarettes) (10.5% vs. 26.6%).

Males are more likely than females to use other types of tobacco products: 28.0% vs. 6.7%.

	Percent of adults who are current cigarette smokers	Percent of adults who binge drank in the past 30 days
	Target: 5.0% ²	Target: 25.4% ³
	Hocking County: 19.4% [§] ×	Hocking County: 40.9% [§] ×

The table below shows the counts of fatal motor vehicle crashes. The count of motor vehicle deaths is too low to compute a reliable rate, so it's undetermined whether the *Healthy People 2030* target of 10.1/100,000⁴ is met.

Motor Vehicle Activity⁵

	Hocking County		Ohio	
	Count	Rate*	Count	Rate*
Motor vehicle deaths	6	**	1,179	10.4
Alcohol-related motor vehicle deaths	1	**	314	2.8
Motor vehicle OVI activity	1	**	11,461	100.9

*Rate per 100,000 population based on population estimates from source **Rates based on counts of less than ten are considered unreliable

Behavioral Risk Factors

With regard to drug abuse or addiction, 43% of adult respondents know someone in their community who has a problem with a drug abuse or addiction problem with illegal drugs, alcohol, or prescription pain medication. These questions suggests the extent to which the adult population in Hocking County struggles with substance use in these ways.

Know Anyone With A Drug Abuse Or Addiction Problem[§]

	Hocking County (average n=383)
Illegal drugs	28.4%
Alcohol	33.8%
Prescription pain medication	20.8%
At least one of the above	42.8%

Hocking County has low counts of deaths from unintentional drug overdose from opiates, fentanyl and analogues, and other synthetic narcotics, as seen in the table below. Note that these statistics do not indicate the overall prevalence of illicit drug use or abuse among adults in Hocking County; rather, it only measures the extent to which such use results in death.

Deaths From Unintentional Drug Overdose^{6*}

	Hocking County		Ohio	
	Count	Rate*	Count	Rate*
Opiates	9	**	3,150	28.9
Heroin	2	**	714	6.5
Fentanyl and analogues	0	**	2,733	25.2
Benzodiazepines	1	**	403	3.7
Cocaine	0	**	1,092	9.7
Alcohol (all types)	0	**	442	3.9
Methadone	0	**	65	0.6
Hallucinogens	0	**	60	0.5
Barbiturates	0	**	12	0.1
Other opiates	3	**	471	4.1
Other narcotics	0	**	65	0.6
Other synthetic narcotics	5	**	2,737	25.3
Other unspecified drugs	2	**	2,204	20.0
Psychostimulants	4	**	564	5.3

*Rate per 100,000 population, age-adjusted **Rates based on counts of less than ten are considered unreliable

Behavioral Risk Factors

EMS providers administered Naloxone (Narcan) 45 times in Hocking County and 43,636 times in Ohio in 2019.⁷ Only 83% of transporting Ohio EMS Agencies reported Naloxone administrations; the actual counts are likely higher than reported here.

Nutrition and Physical Activity

Community Poll
Health issues to be Considered
Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?


...Physical fitness

- Physical education
- Ability to easily access outdoor space.
- more outside activities for children!
- Promote biking paths to avoid traffic interactions
- Accessible free recreation close to town
- Outdoor options for health and wellness (walking path through town)
- Low cost fitness

According to Body Mass Index (BMI) measurements, about 34% of Hocking County adult respondents are overweight and about 39% of respondents are obese.


Adult Body Mass Index[§]

	Hocking County (n=383)
Underweight (BMI < 18.5)	0.7%
Normal weight (BMI = 18.5 - 24.9)	26.3%
Overweight (BMI= 25 - 29.9)	33.6%
Obese (BMI > 29.9)	39.4%

**Hocking County &
Healthy People
2030**

Percent of adults who are obese

Target: 36.0%⁸

Hocking County: 39.4%[§] 

Behavioral Risk Factors

BMI is just one measure of physical health. Age, sex, ethnicity, and muscle mass can influence the way BMI correlates with actual levels of body fat.⁹ For example, a trained athlete may have a higher BMI due to increased muscle mass and may be deemed healthy by other measurements. Other ways to measure health are shown next, in the form of diet and physical activity.

High percentages of Hocking County adults report eating fruit (i.e., fresh, frozen, or canned fruit, but excluding fruit juice) and vegetables at least once on a typical day. The U.S. Department of Health recommends a daily serving of 2.5 cup-equivalents of vegetables and 2 cup-equivalents of fruit.¹⁰

Nutrition[§]

	Hocking County (average n=385)	
	Average Times In A Typical Day	Percentage At Least Once In A Typical Day
Eating fruit	1.2	82.1%
Eating vegetables	1.6	94.9%
Getting food from a fast food restaurant	0.4	32.9%



Average number of times eating fast food in a typical day is higher amongst those with household income of less than \$50,000 compared to those with an income of \$50,000 or more: 0.49 times vs. 0.36 times.

The average number of times eating vegetables each day increases with education: 1.3 times for those with a high school degree or GED or less, 1.7 times for those with an associate's degree or some college, and 2.0 times for those with a bachelor's degree or higher.



In 2015, 38% of respondents reported eating fruit two times a day, compared to 31% in 2020. 45% of respondents reported eating vegetables twice a day in both 2015 and 2020.

Nearly 80% (78.6%) of Hocking County adults said they participated in physical activity at least once during the past 30 days. On average, Hocking County adults participated in physical activity 13.2 times. For comparison, the U.S. Department of Health recommends adults spend at least 2.5 hours per week (about 10 hours a month) doing moderate-intensity aerobic activity.¹¹

Behavioral Risk Factors



The average number of times engaging in physical activity in the past 30 days decreases with age: 8.8 times for those 65+, 12.7 times for those 35-64, and 17.3 times for those 18-34.



In 2015, 34% reported engaging in physical activity 16 or more times in the past 30 days. In 2020, 37% reported the same frequency of physical activity.

Mental and Social Health

The 2020 Community Health Assessment also measured mental and social health, an important component of overall health.

Key Findings

- About one in five adult respondents in Hocking County have been diagnosed with a depressive disorder, and about a quarter have been diagnosed with an anxiety disorder.
- Nearly half of adult respondents had at least one day in the past 30 when they felt sad or depressed (similar to 2015).
- About three quarters of respondents feel they get the social or emotional support they need usually or always.

As measured by the survey, 22% of Hocking County adult respondents have been diagnosed with a depressive disorder and 27% have been diagnosed with an anxiety disorder.

Diagnoses Of Mental Health Conditions^s

		Hocking County (average n=382)
Ever Been Told That You Had...	A depressive disorder	22.1%
	An anxiety disorder	27.0%



Those 45 or older are less likely than those younger than 45 to have been diagnosed with an anxiety disorder (17.5% vs. 38.7%). Organizations such as the Mayo Clinic are making efforts to reduce stigma - one positive interpretation of this difference is that perhaps these efforts are effective and more younger people who need help with mental health feel comfortable seeking out help.¹

Poor Mental Health Days In The Past 30 Days[§]

	Hocking County
Percent who felt sad or depressed	(n=393) 46.3%
Days felt sad or depressed (average)*	(n=182) 8.2
Percent for whom mental health affected activity levels	(n=393) 22.0%
Days activity levels were affected (average)*	(n=87) 7.4

*Among those who had at least one day when activity levels were affected



Those who are 55 or older were less likely than those younger than 55 to have at least one day when they felt sad or depressed in the past 30 (33.7% vs. 54.6%).

However, among those who had at least one day when mental health affected activities, those who are 45 or older reported more days on average than those who are younger than 45 (9.4 days versus 5.8 days in the past 30, on average).

Those who have a high school degree or GED or less education were less likely than those with an associate's degree or some college or more education to have had at least one day when they felt sad or depressed in the past 30 (36.2% vs. 58.5%).



In 2015, about half of adults (48%) felt sad or depressed for at least one day, similar to 46% in 2020.

Almost three quarters of respondents feel they always or usually get the social and emotional support they need.

Social And Emotional Support[§]

	Hocking County (n=391)
How Often Respondents Get The Social And Emotional Support They Need	
Always	29.7%
Usually	42.8%
Sometimes	16.0%
Rarely	5.0%
Never	6.4%



In 2015, 68% reported they always or usually get the social and emotional support they need, similar to the 73% who reported this in 2020.

Mental and Social Health

Hocking County had six suicides in 2018. The count is too low to compute a reliable rate, so it remains undetermined whether the *Healthy People 2030* target of 12.8/100,000² is met.

Suicide³

	Hocking County		Ohio	
	Count	Rate*	Count	Rate*
Suicides	6	**	1836	15.2

*Rate per 100,000 population, age-adjusted **Rates based on counts of less than ten are considered unreliable

The following table presents domestic violence incidents in 2018. Total incidents include DVI charge, other charge, and no charge at the following locations Hocking County Sheriff's Office, Laurelville Police Department, Logan Police Department, and Murray City Police Department.

Domestic Violence^{4*}

	Hocking County		Ohio	
	Count	Rate	Count	Rate
Domestic violence incidents	209	N/A	75,466	N/A

N/A= not available or cannot be calculated

The following table presents the number of child abuse reports in 2019. Note: this may not be accurate to the total counts of child abuse, which may be underreported.

Child Abuse^{5*}

		Hocking County		Ohio	
		Count	Percent**	Count	Percent**
Total child abuse reports		362		97,602	
Child Abuse	Physical abuse	96	27%	29,659	30%
	Neglect	101	28%	25,098	26%
	Sexual abuse	41	11%	9,040	9%
	Emotional maltreatment	3	1%	1,301	1%
	Family in need of other services; dependency and other	60	17%	18,856	19%
	Multiple allegations of abuse / neglect	61	17%	13,827	14%

*Percent rounded to nearest whole number by source **Denominator is total child abuse reports

Maternal and Infant Health

In this section, secondary data are used to identify the state of maternal and infant health in Hocking County.

Key Findings

Hocking County is currently not meeting the Healthy People 2030 goal for percent of preterm births.

Hocking County & Healthy People 2030

Percent of preterm live births

Target: 9.4%¹

Hocking County: 12.3%²



Infant Mortality²

		Hocking County Count		Ohio Count	
Total Births		312		134,560	
		Count*	Rate**	Count	Rate**
Infant Mortality Rate ¹	Total	2	***	929	6.9
	White	1	***	518	5.1
	Black	1	***	356	14.3
	American Indian	0	***	3	12.0
	Asian or Other Pacific	0	***	21	4.4
	Unknown Race	0	***	31	8.8
	Hispanic	0	***	45	5.8
	Non-Hispanic	2	***	883	6.9
		Count	Percent	Count	Percent
Low Birth Weight	Low birth weight babies (<2500 grams)	20	6.4%	9,499	7.1%
	Very low birth weight babies (<1500 grams)	4	1.3%	2,049	1.5%
Preterm Births	Preterm births (<37 weeks)	38	12.3%	14,136	10.5%
Tobacco Use	Mothers smoked during 3 rd trimester	79	25.5%	12,916	9.6%

*Race and ethnicity do not sum to total because they are separate measures **Rate per 1000,000 using live birth data ***Rates for counts under ten are unreliable

Overall Health

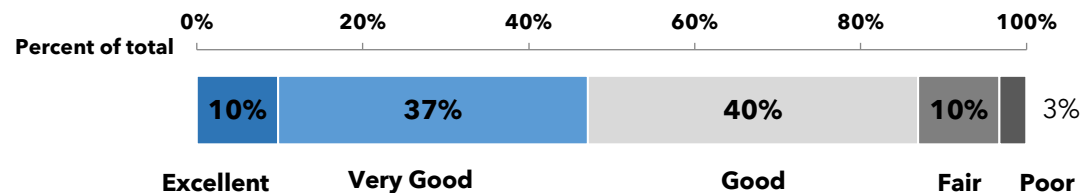
This section reviews how residents perceive their overall health. The majority of Hocking County adult respondents report that in general their health is “good,” “very good,” or “excellent.”

Key Findings

- 47% of adults reported that their health was excellent or very good, which is higher than 37% in 2015.
- Those with lower household income and less education were more likely to say their health was good, fair, or poor.

Very few respondents feel that in general their health is fair or poor.

Perceptions Of Health Status[§]



Reported general health was lower for those with lower incomes: 39.2% of those who had a household income of less than \$75,000 reported having very good or excellent health vs. 67.0% of those with household incomes of \$75,000 or higher.

Reported general health improves as education increases: 38.6% of those with those with a high school degree or GED or less reported excellent or very good health compared with 51.6% who had an associate’s degree or some college, and 70.4% of those with a bachelor’s degree or higher.

Adults over 45 were less likely to report that their health was very good or excellent than adults who were 45 or younger (37.0% vs. 64.5%).



In 2020, a higher percentage of respondents reported health that was excellent or very good (47%), compared to 2015 (37%).

Overall Health

About a quarter of residents reported having at least one poor physical health day in the past 30 days; among those who had at least one day, the average number of days in the past 30 was 9.

Poor Physical Health Days In The Past 30 Days^s

	Hocking County
Percent had activity levels affected at least 1 day	(n=394) 24.5%
Days activity levels were affected (average)*	(n=96) 9.0

**Among those who had at least one day when activity levels were affected*



Those with income of less than \$100,000 were more likely than those with income of \$100,000 or more to have at least one poor physical health day (28.7% vs. 6.3%).

Among those with at least one poor physical health day, those who are 35 or older had more days than those who are younger than 35 (10.3 vs. 2.8 days, on average).

Among those with at least one poor physical health day, males had more days than females (10.8 vs. 6.9 days, on average).

Death, Illness, and Injury

This section presents the leading causes of death, illness, and injury for residents of Hocking County.

Key Findings

- Lung cancer is the leading cause of mortality in Hocking County.
- Among cancer diagnoses, breast and prostate have the highest incidence rates.
- The community voiced that illnesses and diseases should be taken into account in future planning.
- 51% of adult respondents have been diagnosed with high blood pressure, 34% with high cholesterol, and 21% with diabetes.

The following tables and information reflect data from Hocking Valley Community Hospital. In 2019, there were about 10,000 visits to the emergency department for this hospital. It is unclear how many of these visits were made by Hocking County residents.

HVCH Emergency Department Visits by Age¹

	Hocking County	
	Count*	Percent
Total	10,653	
Less than 18	1,643	15.4%
18 - 64	6,425	60.3%
65+	2,585	24.3%

Hocking Valley Community Hospital provided the top reasons for emergency department visits (in the format description (Internal Classification of Diseases code)). The most common diagnoses were sepsis, kidney and urinary tract infections, and pneumonia.

- Septicemia or severe sepsis without mechanical ventilation >96 hours with major complication or comorbidity (871)
- Kidney and urinary tract infections without major complication or comorbidity (690)
- Simple pneumonia and pleurisy with complication or comorbidity (194)
- Cellulitis without major complication or comorbidity (603)
- Pulmonary edema and respiratory failure (189)

* Counts are accurate to within 10 visits.

Death, Illness, and Injury

- Chronic obstructive pulmonary disease without complication or comorbidity / major complication or comorbidity (192)
- Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes without major complication or comorbidity (641)
- Fractures of hip and pelvis without major complication or comorbidity (536)
- Septicemia or severe sepsis without mechanical ventilation >96 hours without major complication or comorbidity (872)
- Heart failure and shock with major complication or comorbidity (291)
- Chronic obstructive pulmonary disease with complication or comorbidity (191)
- Other pneumonia (139)
- Diabetes (420)
- Simple pneumonia and pleurisy with major complication or comorbidity (193)
- Heart failure and shock with complication or comorbidity (292)
- Renal failure with complication or comorbidity (683)
- Medical back problems without major complication or comorbidity (552)
- Chronic obstructive pulmonary disease with major complication or comorbidity (190)

Hocking Valley Community Hospital provided the top reasons for non-emergency department visits (in the format description (Internal Classification of Diseases code)). The most common diagnoses were psychoses, sepsis, and heart failure.

- Psychoses (885)
- Septicemia or severe sepsis without mechanical ventilation >96 hours with major complication or comorbidity (871)
- Heart failure and shock with complication or comorbidity (292)
- Fractures of hip and pelvis without major complication or comorbidity (536)
- Chronic obstructive pulmonary disease without complication or comorbidity / major complication or comorbidity (192)
- Depressive neuroses (881)
- Pulmonary edema and respiratory failure (189)
- Simple pneumonia and pleurisy with complication or comorbidity (194)
- Major hip and knee joint replacement or reattachment of lower extremity without major complication or comorbidity (470)
- Chronic obstructive pulmonary disease with complication or comorbidity (191)
- Kidney and urinary tract infections without major complication or comorbidity (690)
- Heart failure and shock with major complication or comorbidity (291)
- Septicemia or severe sepsis without mechanical ventilation >96 hours without major complication or comorbidity (872)
- Simple pneumonia and pleurisy with major complication or comorbidity (193)

Death, Illness, and Injury

- Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes without major complication or comorbidity (641)
- Cellulitis without major complication or comorbidity (603)
- Other pneumonia (139)
- Diabetes (420)

Turning to the top causes of death in Hocking County, lung cancer is most common, followed by chronic obstructive pulmonary disease (unspecified).

Mortality - Leading Causes^{2*}

Description	Hocking County		Ohio	
	Count	Rate*	Count	Rate*
Total	360	1,268.3	124,264	1,063.0
Bronchus or lung, unspecified - Malignant neoplasms (C34.9)	28	68.2	6,582	33.5
Chronic obstructive pulmonary disease, unspecified (J44.9)	23	56.0	5,856	38.0
Atherosclerotic heart disease (I25.1)	20	55.1	7,479	64.0
Acute myocardial infarction, unspecified (I21.9)	20	53.1	4,309	28.2
Congestive heart failure (I50.0)	12	**	2,810	18.0
Stroke (I64)	12	**	2,291	14.8
Alzheimer's disease, unspecified (G30.9)	11	**	5,181	33.5
Unspecified dementia (F03)	***	***	4,782	30.7
Accidental poisoning by and exposure to narcotics and psychodysleptics (X42)	***	***	2,295	20.7
Atherosclerotic cardiovascular disease	***	***	2,488	16.6

*Rate per 100,000 population, age-adjusted **Rates are unreliable ***Data unavailable

**Hocking County &
Healthy People
2030**

Atherosclerotic heart disease death rate

Target: 71.1/100,000³

Hocking County:
55.1/100,000²



Community Poll

Health issues to be Considered

Overall, what are the three most important issues that should be considered in our upcoming community health assessment and planning work?

...Illnesses and diseases

- Chronic disease
- Cardiovascular health
- Cancer rate and causes
- Blood-borne viral illness
- Communicable diseases
- Diabetes

With regard to cancer incidence rates, breast cancer (female) and prostate (male) had the highest incidence rates in Hocking County.

Cancer Incidence Rates - Top Cancers^{4*}

	Hocking County		Ohio	
	Count	Rate*	Count	Rate*
Breast (female)	23	119.7	N/A	127.4
Prostate (male)	15	71.0	N/A	103.0
Lung and bronchus	28	70.9	N/A	68.5
Colon and rectum	18	50.1	N/A	41.5
Uterus	5	27.5	N/A	29.5

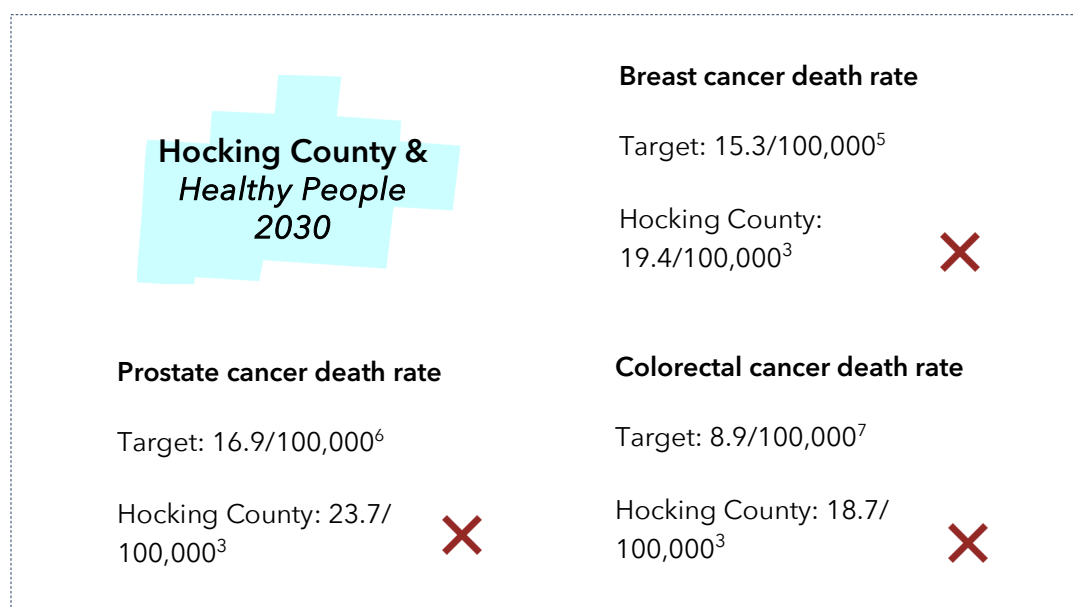
*Rate per 100,000 population, age-adjusted; rates are sex specific for cancer of the breast and prostate N/A=comparable data are not available

Lung and bronchus cancers have the highest mortality rate in Hocking County.

Cancer Mortality Rates - Top Cancers^{4*}

	Hocking County		Ohio	
	Count	Rate*	Count	Rate*
Lung and Bronchus	24	63.1	N/A	50.3
Prostate (male)	4	23.7	N/A	19.0
Breast (female)	4	19.4	N/A	22.4
Colon and rectum	7	18.7	N/A	15.7
Pancreas	4	9.1	N/A	11.6

*Rate per 100,000 population, age-adjusted; rates are sex specific for cancer of the breast and prostate N/A=comparable data are not available



The most common reportable infectious disease diagnosis in Hocking County is chlamydia infection, followed by gonococcal infection and Hepatitis C - chronic. See Appendix B for the detailed summary of infectious diseases in Hocking County from 2017-2019.

Turning to chronic health conditions, 51% of adult Hocking County respondents have at some point been told by a health professional that they have high blood pressure, 34% have been diagnosed with high cholesterol, and 21% were diagnosed with diabetes. All three of these statistics are greater than the prevalence for Ohio, overall.

Diagnoses Of Chronic Health Conditions[§]



		Hocking County (average n=372)	Ohio
Ever Been Told That You Had...	High blood pressure	50.8%	34.7% ⁸
	High blood cholesterol	34.0%	33.0% ⁹
	Diabetes	21.3%	12.2% ⁸
	Asthma	13.1%	13.4% ⁸
	Coronary heart disease	11.5%	5.0%* ⁸
	Skin cancer	8.3%	6.0% ⁸
	Other cancer	9.0%	7.2% ⁸
	COPD/emphysema	8.3%	8.5% ^{8**}

*Data include angina **Data are for COPD only



Those with household income of less than \$50,000 were more likely to have been diagnosed with COPD compared to those with household income of \$50,000 or more (14.0% vs. 3.1%).

Older adults have more chronic health conditions:

Adults 65 and older are more likely than adults younger than 65 to have been diagnosed with coronary heart disease (20.9% vs. 3.0%) and C.O.P.D. or emphysema (36.3% vs. 4.4%).

Adults 55 and older are more likely than adults younger than 55 to have diabetes (42.6% vs. 6.7%) and high cholesterol (61.3% vs. 14.8%).

High blood pressure increases with age: 75.4% of those 65 or older reported high blood pressure, compared to 66.2% of those 55-64, 53.1% of those 45-54, 45.3% of those 35-44, and 11.6% of those 18-34.

Skin cancer increases with age: 22.0% of those 65 or older reported skin cancer, compared to 10.8% of those 55-64, 7.9% of those 45-54, and 0.0% of those 18-44.

Males were more likely than females to have high blood pressure (60.0% vs. 41.2%) and coronary heart disease (19.5% vs. 4.5%).

Those living in Logan were less likely to have high cholesterol than those living in other parts of the county (28.9% vs. 42.8%).



Percentages of respondents reporting diagnoses has increased for diabetes, 21% compared to 16% in 2015, and for high blood pressure, 51% compared to 47% in 2015. Percentages for asthma were very similar: 14% in 2015 and 13% in 2020. Skin cancer decreased, with 13% in 2015 compared to 8% in 2020. High blood cholesterol decreased somewhat with 40% in 2015 and 34% in 2020. Other cancers decreased slightly, with 11% in 2015 and 9% in 2020.

Community Voices

Throughout the community poll, several ideas related to Covid-19 came up, which are presented below.

FOCUS ON COVID-19

Vision

- Good leadership in COVID times (following health protocols w masks, etc.)
- Local businesses following public health guidelines
- People wearing masks
- Following social distancing guidelines especially within tourism

Barriers

- Lack of testing, face masks, hand sanitizer
- People not wearing masks and social distancing

Issues to be considered in health assessment and future planning

- | | |
|---|--|
| - Getting through this pandemic | - Social Distancing |
| - Planning for future pandemics | - Importance of mandatory masks |
| - COVID-19 prevention | - Supplying masks |
| o Safe shopping hours for those at risk. | - Supplying hand sanitizer |
| o Requiring fast food and restaurants temp/health checks and masks and gloves | - Hand sanitizing stations should be made available for use in public areas like parks |
| - Education regarding COVID-19 and protective measures | - School plans for fall |
| | - Easy testing |

Emergency Preparedness and Environmental Health

This section provides data on Hocking County residents' emergency preparedness and environmental health.

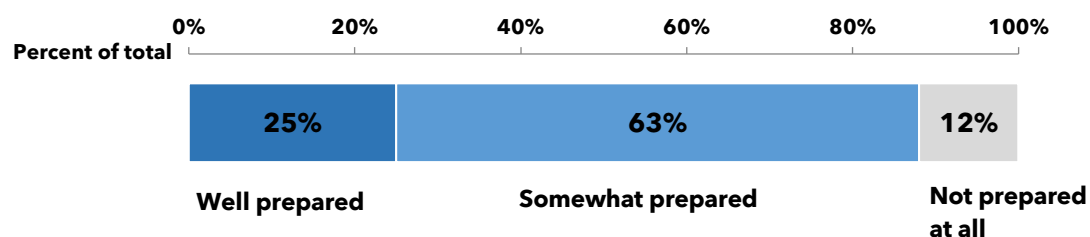
Key Findings

- Most Hocking County respondents feel they are unprepared for an emergency.
- The largest environmental health issues they face of the option provided is insects or vermin, which about a fifth of respondents faced in the past 12 months.

A large-scale disaster or emergency is any event that leaves one isolated in their home or displaces them from their home for at least three days. This might include natural disasters such as tornadoes, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

Overall, only 25% of Hocking County adults think they are well prepared for a large-scale disaster or emergency.

Prepared For Emergencies



Household Environmental Health

		Hocking County 2020 (n=399)
Issues Experienced in Past 12 Months	Unsafe drinking water	8.3%
	Sewage / plumbing problems	14.6%
	Mold	7.1%
	Radon	0.1%
	Insects or vermin	21.8%

Emergency Preparedness and Environmental Health



Unsafe drinking water is less common for those age 55 or older compared to those younger than 55 (2.5% vs. 12.8%).

Plumbing issues are less common for those age 55 or older compared to those younger than 55 (4.1% vs. 22.8%).

Those living in Logan were more likely to have unsafe drinking water than those living in other parts of the county (11.7% vs. 2.0%).

Those living in Logan were more likely to have plumbing issues than those living in other parts of the county (19.2% vs. 6.2%).



Sewage and plumbing problems increased from 2015 (10%) to 2020 (15%). Unsafe drinking water also increased slightly (6% in 2015 to 8% in 2020). Insects or vermin remained about the same (20% in 2015 vs. 22% in 2020). Radon stayed the same (0% for both years). Mold decreased from 2015 (11%) to 2020 (7%).

Trends over Time

This section of this report presents an overview of changes in health indicators over time in Hocking County. The health indicator cell is **green** if community health improved over time, **orange** if community health declined over time, and white if there was little change.¹

Health Indicator	2015 (Average number of observations =326)	2020 (Average number of observations =399)
Overall health is excellent or very good	37%	47%
Felt sad or depressed for at least one day (past 30 days)	48%	46%
Always or usually gets the social or emotional support needed	68%	73%
Ever diagnosed with asthma	14%	13%
Ever diagnosed with skin cancer	13%	8%
Ever diagnosed with other types of cancer	11%	9%
Ever diagnosed with diabetes	16%	21%
Ever diagnosed with high blood pressure	47%	51%
Ever diagnosed with high blood cholesterol	40%	34%
Visited a dentist/dental clinic (past 2 years)	62%	69%
People 50+ who had colorectal cancer screening (past 3 years) ²	56%	46%
Women 40+ who had a mammogram (past 2 years) ³	75%	78%
Women 18+ who had a Pap test (past 2 years) ⁴	60%	50%
Eats fruit at least twice on a typical day	38%	31%
Eats vegetables at least twice on a typical day	45%	45%
Participated in physical activities 16+ times (past 30 days)	34%	39%
Current smokers	20%	19%
Binge drinkers (past 30 days)	27%	41%
Unsafe drinking water in the household (past 12 months)	6%	8%
Sewage/plumbing problems in the household (past 12 months)	10%	15%
Mold in the household (past 12 months)	11%	7%
Radon in the household (past 12 months)	0%	0%
Insects or vermin in the household (past 12 months)	20%	22%

¹ To test whether the difference between the 2015 and 2020 percentages was statistically significant, a 2-sample proportions test was computed for each health indicator. This analytic procedure calculates the difference between the 2015 and 2020 percentages, considers the total number of observations in each sample, and then computes a z statistic. When the z statistic was statistically significant ($p < .05$), which suggests the difference between the two percentages is not due to chance alone, a dark green or orange color was used to mark the cell. When the z statistic approaches statistical significance ($p < .10$), a lighter orange or green color was used.

² Weighted counts (for use in 2-sample proportions test): 2015 = 82; 2020 = 191

³ Weighted counts (for use in 2-sample proportions test): 2015 = 113; 2020 = 132

⁴ Weighted counts (for use in 2-sample proportions test): 2015 = 163; 2020 = 194

Summary

The Hocking County 2020 Community Health Assessment provides a comprehensive overview of the community's health status, illuminating areas of strength as well as areas in which there could be improvement.

Consistent with Public Health Accreditation Board requirements and IRS regulations, the Hocking County CHA Steering Committee will use this report to inform the development and implementation of strategies to address these findings. It is intended that a wide range of stakeholders will also use this report for their own planning efforts.

Subsequent planning documents and reports will be shared with community stakeholders and with the public. For example, Appendix C of this report includes a preliminary list of community assets and resources that could possibly be mobilized and leveraged to address the priority health issues identified by this process. This list will be reviewed and (if necessary) revised by the Hocking County Health Department and its partners after the health department's Community Health Improvement Plan is formulated.

Hocking County Health Partners will provide annual updates to this assessment as new data becomes available. Users of the Hocking County 2020 Community Health Assessment are encouraged to send feedback and comments that can help improve the usefulness of this information when future editions are developed. Questions and comments about the Hocking County 2020 Community Health Assessment may be directed to:

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Appendix A: Hocking County Survey Questionnaire

The following pages show a hard copy version of the adult survey questionnaire.

HOCKING COUNTY HEALTH SURVEY

This survey should be completed by the adult aged 18 or over at this address who MOST RECENTLY had a birthday.

All responses will remain confidential, so please answer honestly.

YOUR OVERALL HEALTH

These questions ask about your physical and mental health.

1. Would you say that in general your health is... [Circle one answer]

Excellent	Very good	Good	Fair	Poor
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2. During the past 30 days, for about how many days did poor **physical health** keep you from doing your usual activities, such as self-care, work, or recreation?

[Write a number] ____

3. During the past 30 days, for about how many days did poor **mental health** keep you from doing your usual activities, such as self-care, work, or recreation?

[Write a number] ____

4. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

[Write a number] ____

5. How often do you get the social and emotional support you need? [Circle one answer]

Always	Usually	Sometimes	Rarely	Never
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6. Has a doctor, nurse, or other health professional EVER told you that you had...

[For each question, circle one answer]

Asthma?	Yes	No
Skin cancer?	Yes	No
Any other types of cancer?	Yes	No
Diabetes?	Yes	No
High blood pressure?	Yes	No
High blood cholesterol?	Yes	No
Coronary heart disease?	Yes	No
COPD or emphysema?	Yes	No
An anxiety disorder?	Yes	No
A depressive disorder?	Yes	No

{PLEASE TURN OVER AND COMPLETE THE BACK}

Unique ID

HEALTH CARE AND CHECKUPS

These questions ask about different kinds of health care you may have received recently.

7. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago
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8. How long has it been since you last visited a doctor for a routine checkup? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago
---	--	---	------------------------

NOTE: If you are 49 years of age or younger, please go to Question 10.

9. The next question is about colorectal cancer screening. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had a sigmoidoscopy or colonoscopy? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 3 years (at least 2 years but less than 3 years ago)	Within the past 5 years (at least 3 years but less than 5 years ago)	Within the past 10 years (at least 5 years but less than 10 years ago)	10 or more years ago	Never
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10. In the past 12 months, was there ever a time when you needed a prescription but didn't get it filled? [Circle one answer]

Yes	No
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11. In the past 12 months, did you want or need to see a mental or behavioral health professional, but not have the ability to do so? [Circle one answer]

Yes	No
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NOTE: If you are male, please go to the next section ("Nutrition And Exercise").

12. The next questions are about breast and cervical cancer. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had your last mammogram? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago	Never
---	--	---	------------------------	-------

13. A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test? [Circle one answer]

Within the past year (anytime less than 12 months ago)	Within the past 2 years (at least 1 year but less than 2 years ago)	Within the past 5 years (at least 2 years but less than 5 years ago)	5 or more years ago	Never
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NUTRITION AND EXERCISE

These questions ask about the types of food you eat and how much you exercise.

14. On a typical day, how many times do you...

... eat fruit? (Count fresh, frozen, or canned fruit; don't count fruit juice.)	[Write a number] ____
... eat vegetables? (Include green salads.)	[Write a number] ____
... get food from a fast food restaurant? (A fast food restaurant is one where you usually order from a menu board at a counter or at a drive-thru.)	[Write a number] ____

15. During the past 30 days, other than your regular job, about how many times did you participate in any physical activities such as running or walking for exercise, calisthenics, golf, gardening, or other activity for exercise? [Write a number] ____

OTHER HEALTH BEHAVIORS

These questions ask about a variety of other health behaviors and topics.

16. Have you smoked at least 100 cigarettes in your entire life? [Circle one answer]

Yes	No
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17. How often do you...[For each question, circle one answer]

Smoke cigarettes?	Every day	Some days	Never
Use e-cigarettes (e.g., Juul)?	Every day	Some days	Never
Use other tobacco/nicotine product(s)?	Every day	Some days	Never

18. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (*if male, 5 drinks or more | if female, 4 drinks or more*) on an occasion? [Write a number] ____

19. Do you personally know **anyone in Hocking County** who has an abuse or addiction problem with...

[For each, circle one answer]

Illegal drugs?	Yes	No
Prescription pain medication?	Yes	No
Alcohol?	Yes	No

20. People who are homeless don't have a regular and adequate place to live and sleep. Instead, people who are homeless might live at a friend or family member's home, in a car, in a motel or hotel, outside, in a homeless shelter, or some other place. Do you personally know **anyone in Hocking County** who was homeless in the past year? [Circle one answer]

Yes	No
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21. When you're trying to learn about health-related topics, do you get information from...[For each, circle one answer]

Family or friends?	Yes	No
Medical health professionals?	Yes	No
The internet?	Yes	No
Other? (please specify: _____)	Yes	No

{PLEASE TURN OVER AND COMPLETE THE BACK}

EMERGENCY PREPAREDNESS AND ENVIRONMENTAL HEALTH

These questions ask about your household and how prepared it is for a large-scale disaster or emergency (any event that leaves you isolated in your home for at least 3 days). This might include natural disasters such as tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

22. How well prepared do you feel your household is to handle a large-scale disaster or emergency? [Circle one answer]

Well prepared	Somewhat prepared	Not prepared at all
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23. In the past 12 months, have you experienced any of the following issues in your household? [Circle all that apply]

Unsafe drinking water	Sewage / plumbing problems	Mold	Radon	Insects or vermin
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OTHER QUESTIONS

These questions are for statistical purposes only. All responses will remain confidential.

24. Which of the following best describes your gender? [Circle one answer]

Male	Female	Transgender	Non-binary	I prefer not to classify myself
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25. What is your age? [Write a number] ____

26. How much do you weigh without shoes? [Write a number] ____ pounds

27. How tall are you without shoes? [Write two numbers] ____ feet / ____ inches

28. Including yourself, how many people live in your household? [Write a number] ____

29. And how many of these people are under age 18? [Write a number] ____

30. What is the highest level of education you have completed? [Circle one answer]

Less than 12 th grade (no diploma)	High school degree / GED	Some college (no degree)	Associate's degree	Bachelor's degree	Graduate or professional degree
---	--------------------------	--------------------------	--------------------	-------------------	---------------------------------

31. Which of the following categories includes the total income of everyone living in your home in 2019, before taxes? [Circle one answer]

Less than \$24,999	Between \$25,000 and \$49,999	Between \$50,000 and \$74,999	Between \$75,000 and \$99,999	\$100,000 or more
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{YOU ARE FINISHED! PLEASE USE THE ENVELOPE PROVIDED TO RETURN THIS SURVEY.
THANK YOU!}

Appendix B: Hocking County Reportable Infectious Diseases

The table below contains the infectious disease totals in Hocking County from 2017 - 2019 from the Hocking Year End Report 2019.

Disease	2017	2018	2019
Campylobacteriosis	3	4	3
Chlamydia infection	77	74	113
E. coli, Shiga toxin-producing (O157:H7, not O157, unknown serotype)	3	1	1
Giardiasis	1	2	1
Gonococcal infection	8	10	37
Haemophilus influenzae (invasive disease)	1	0	0
Hepatitis A	0	8	7
Hepatitis B (including delta) - Acute	1	1	4
Hepatitis B (including delta) - Chronic	9	10	3
Hepatitis C - Acute	0	3	0
Hepatitis C - Chronic	67	64	32
Hepatitis C - Perinatal infection	0	0	1
Influenza-associated hospitalization	16	21	15
LaCrosse virus disease (other California serogroup virus disease)	0	3	0
Legionellosis - Legionnaires' disease	4	4	1
Lyme disease	1	0	2
Meningitis - Aseptic/viral	1	1	1
Mumps	0	1	1
Pertussis	3	1	1
Salmonellosis	7	1	3
Shigellosis	2	0	0
Staphylococcal aureus - Intermediate resistance to vancomycin (VISA)	0	1	0
Streptococcal - Group A - Invasive	1	1	2
Streptococcus pneumoniae - Invasive antibiotic resistance unknown or non-resistant	5	1	1
Streptococcus pneumoniae - Invasive antibiotic resistant/intermediate	1	0	1
Varicella	5	1	1
Vibriosis (not cholera)	0	0	1
TOTAL	216	213	232

Appendix C: Community Assets and Resources

A list of community assets and resources that could possibly be mobilized and leveraged to address the prioritized health needs identified via this process is shown below.

Category	Hocking County Assets/Resources
Social Services	<ul style="list-style-type: none">• Family and Children First Council (FCFC)• Family Teams at FCFC• Head Start• Help Me Grow• Hocking County Board of DD
Senior Services	<ul style="list-style-type: none">• Scenic Hills Senior Center
Behavioral Health/ Substance Use	<ul style="list-style-type: none">• Active Opiate Task Force• Behavioral Healthcare• Drug Court• Project DAWN• Project HOPE
Clinical Services	<ul style="list-style-type: none">• Hocking Valley Community Hospital• Hocking Valley Medical Group• Hopewell
Community	<ul style="list-style-type: none">• Caves• Hiking• Hocking Hills• Logan Hocking Schools Band Boosters• Logan Hocking Schools Sport Boosters
Schools	<ul style="list-style-type: none">• Logan Hocking School District
Government	<ul style="list-style-type: none">• County Commissioners
Business	<ul style="list-style-type: none">• Tourism Association
Law Enforcement	<ul style="list-style-type: none">• Police• Sheriff

References

Community Health Assessment Overview

¹ Pollard MS, Tucker JS, Green HD. Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. *JAMA Netw Open*. 2020;3(9):e2022942. doi:10.1001/jamanetworkopen.2020.22942

Community Profile

¹ U.S. Census Bureau, American Community Survey 5 Year Estimates (2018)

Social Determinants of Health

¹ Healthy People 2030 objective AHS-01, U.S. Department of Health

² U.S. Census Bureau, American Community Survey 5 Year Estimates (2018)

³ Medical Board of Ohio, Active License Roster (2020)

⁴ Ohio Department of Administrative Services (2019)

⁵ Ohio Chemical Dependency Professionals Board (2019)

⁶ Healthy People 2030 objective C-07, U.S. Department of Health

⁷ Healthy People 2030 objective AHS-06 U.S. Department of Health

⁸ American Cancer Society (2017) "Breast Cancer Screening Guidelines"

⁹ Healthy People 2030 objective C-05 U.S. Department of Health

¹⁰ Mayo Clinic Staff (2019) "Pap smear: Overview"

¹¹ Ohio Department of Education, District Graduation Rates (2019)

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⁵ Ohio Department of Public Safety, 2017 Crash Facts for All Counties

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- ⁹ Centers for Disease Control "Body Mass Index: Considerations for Practitioners" (2011).
- ¹⁰ U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015-2020 Dietary Guidelines for Americans 8th Edition (2015).
- ¹¹ U.S. Department of Health, Physical Activity Guidelines for Americans 2nd Edition (2018).

Mental And Social Health

- ¹ E.g., <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>
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- ³ Ohio Department of Health, Ohio Public Health Information Warehouse, 2018
- ⁴ Domestic Violence Report, Ohio Bureau of Criminal Identification and Investigation, 2018
- ⁵ Public Children Services Association of Ohio, 2019 Factbook, Hocking County Profile; Ohio Children's Trust Fund via Ohio.gov

Maternal And Infant Health

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Death, Illness, And Injury

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- ² Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2018 on CDC WONDER Online Database, released in 2020
- ³ Healthy People 2030 objective HDS-02 U.S. Department of Health
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- ⁵ Healthy People 2030 objective C-04, U.S. Department of Health
- ⁶ Healthy People 2030 objective C-08 U.S. Department of Health
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- ⁸ Behavioral Risk Factor Surveillance System, CDC (2018)
- ⁹ America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, Accessed 2020