

Ohio 2015 BRFSS Annual Report





To protect and improve the health of all Ohioans by preventing disease, promoting good health and assuring access to quality health care.

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Introduction

The Ohio Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey conducted by the Ohio Department of Health (ODH) and supported by the Centers for Disease Control and Prevention (CDC). The BRFSS is the primary source of health information among Ohio residents 18 years and older, including data related to chronic diseases, obesity, physical activity, nutrition, alcohol use, oral health, injuries, cancer screenings and access to health care, among many other measures. The collection of Ohio BRFSS data allows ODH, local health departments and other public health stakeholders to monitor health trends and develop and evaluate public health programs and policies designed to improve the health of Ohio residents.

Methodology

Sample Design

The BRFSS survey sample consists of non-institutionalized adults 18 years or older. Since 2011, the BRFSS has conducted both landline telephone- and cellular telephone-based surveys using Random-Digit-Dialing (RDD) techniques. In conducting the BRFSS landline telephone survey, data are collected from a randomly selected adult in a household. In conducting the cellular telephone version of the BRFSS survey, data are collected from an adult who participates by using a cellular telephone. In 2015, the Ohio BRFSS conducted 11,929 interviews and oversampled 14 regions in order to produce regional estimates for key indicators.

Questionnaire

The Ohio BRFSS questionnaire is designed by a working group of BRFSS state coordinators and CDC staff as well as the Ohio BRFSS Advisory Group and other stakeholders. Currently, the questionnaire has three parts: 1) the core component questions, which must be asked by all states without modification in wording; 2) optional modules, which are supported by CDC but not required to be asked in all states; and 3) state-added questions not offered as core or optional modules. The Ohio BRFSS implements a two-way split survey design to allow for larger coverage of optional modules and state-added questions, while maintaining a sufficient sample size for each split.

Weighting

The Ohio BRFSS data are weighted to known proportions of age, race, ethnicity, gender and geographic region in Ohio to ensure that estimates are representative of the Ohio adult population. In 2011, the BRFSS moved to a new weighting methodology known as iterative proportional fitting or raking to allow for the incorporation of telephone ownership (landline and/or cellular telephone), as well as education level, marital status and renter vs. owner status, into the BRFSS weighting methodology.

Prevalence Estimates/Statistical Significance

The results presented in this report provide a broad overview of the health status of Ohioans, and the degree to which health behaviors and outcomes can vary among different demographic and socioeconomic groups within Ohio. Prevalence estimates are based on a sample of Ohio's population and are presented with 95 percent confidence intervals (CI). In figures, 95 percent CIs are represented with error bars. A 95 percent CI means that if the same survey was repeated 100 times, the estimated prevalence would fall within the range of the CI 95 times out of 100. Statistical significance between populations is determined by comparing CIs; if the CIs do not overlap, the difference is determined to be statistically significant. This is particularly important when comparing prevalence estimates for smaller populations, because they often have wider confidence intervals.

Methodology, continued

Limitations

The *Ohio 2015 BRFSS Annual Report* provides data and information on the health status and health-related risk behaviors of adult Ohioans at both the state and regional level. When reading this report, the following data limitations should be considered:

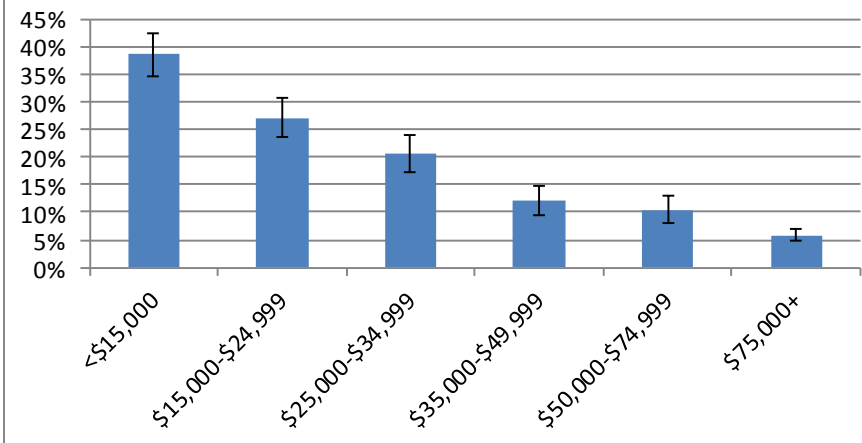
- Estimates through 2010 should not be compared to estimates from 2011 and beyond because of the shift from post stratification weighting to iterative proportional raking in 2011. For this reason, trend data are excluded from this report.
- Data estimates for fewer than 50 respondents are considered statistically unreliable by the CDC and are not included in this report. Respondents who answered that they do not know or refused to answer a question are excluded from the calculation of prevalence estimates related to that question. Therefore, the sample sizes used to calculate the estimates in this report are different for each indicator. Estimates with a relative standard error greater than 30 percent are also excluded as they do not meet CDC reporting criteria.
- The BRFSS only surveys adults living in households. Therefore, individuals living in a group setting such as a nursing home, the military or prison are not surveyed. In addition, adults who live in households without telephones are not included in the sample.
- BRFSS prevalence estimates are based solely on respondents' self-reported answers to survey questions. Respondents may be uncomfortable sharing private health information, or conversely, may exaggerate particular feelings or experiences. Others may be tempted to provide responses that are more socially desirable. In some cases, information provided by respondents may be subject to recall bias. Thus, results should be interpreted with caution.

Key Findings

General Health Status

In 2015, an estimated 16.5 percent of Ohio adults reported that their health was fair or poor. Older adults, blacks and those with low levels of education and annual household income were significantly more likely to report fair or poor health. An estimated 38.6 percent of respondents with an annual household income less than \$15,000 reported fair or poor health, compared to only 5.9 percent of respondents with an annual household income of \$75,000 or more (Figure 1).

Figure 1. Fair or Poor Health by Household Income, Ohio BRFSS 2015



Key Findings, continued

Chronic Diseases and Conditions

In 2015, an estimated 45.1 percent of Ohio adults reported that they had at least one of the following chronic diseases or conditions: diabetes, heart disease, stroke, current asthma, chronic obstructive pulmonary disease (COPD), cancer, arthritis and/or kidney disease; 19.4 percent reported having two or more chronic diseases or conditions. Among adults 65 years and older, 76.0 percent had at least one chronic disease or condition (Figure 2) and 43.3 percent had two or more chronic diseases or conditions (data not shown). The most common chronic disease or condition among Ohio adults was arthritis (28.4 percent), followed by diabetes (11.0 percent) and current asthma (10.0 percent) (Figure 3).

Figure 2. Any Chronic Disease or Condition by Age, Ohio BRFSS 2015

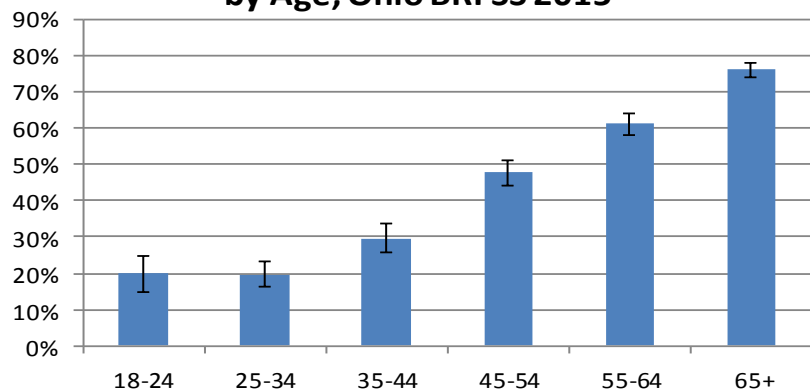
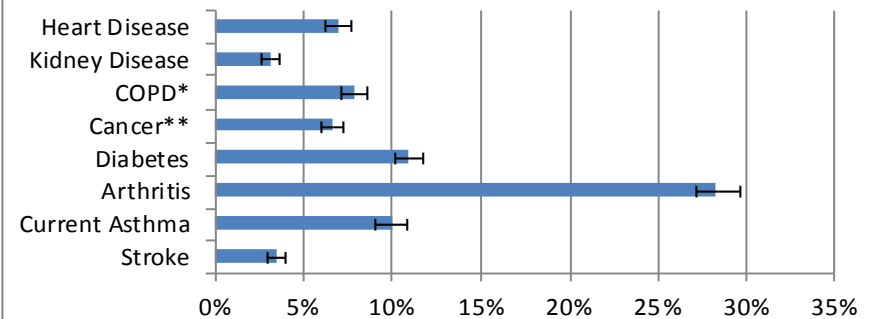


Figure 3. Chronic Diseases and Conditions, Ohio BRFSS 2015



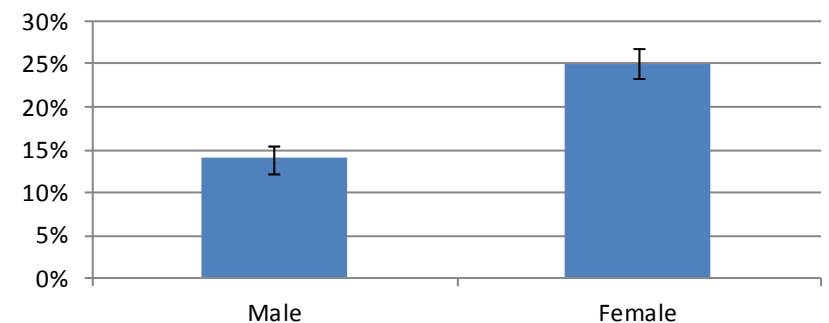
*Chronic Obstructive Pulmonary Disease

**Does not include skin cancer

Depression

In 2015, an estimated 19.6 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had a depressive disorder. Respondents with low levels of education and annual household income, females and adults less than 65 years of age were more likely to report depression. Females were nearly twice as likely to report having been told that they had a depressive disorder (24.9 percent), compared to males (13.9 percent) (Figure 4).

Figure 4. Depression by Gender, Ohio BRFSS 2015

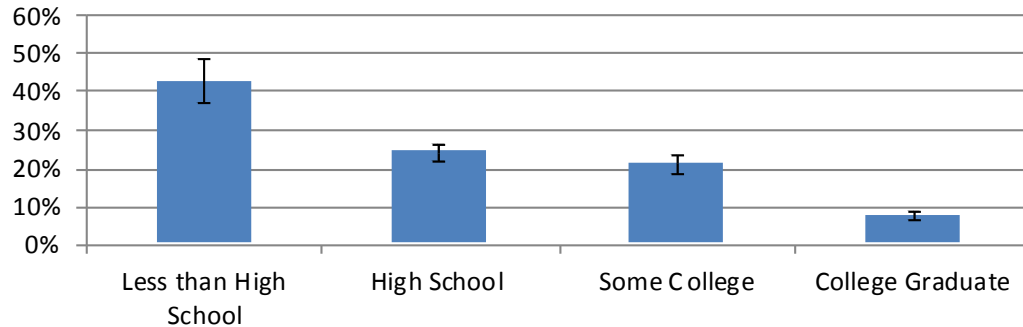


Key Findings

Current Smoking

In 2015, an estimated 21.6 percent of Ohio adults reported that they currently smoke cigarettes. Respondents with lower levels of education and annual household income were significantly more likely to be current smokers. An estimated 42.7 percent of respondents with less than a high school education were current smokers, compared to 7.6 percent of college graduates (Figure 5).

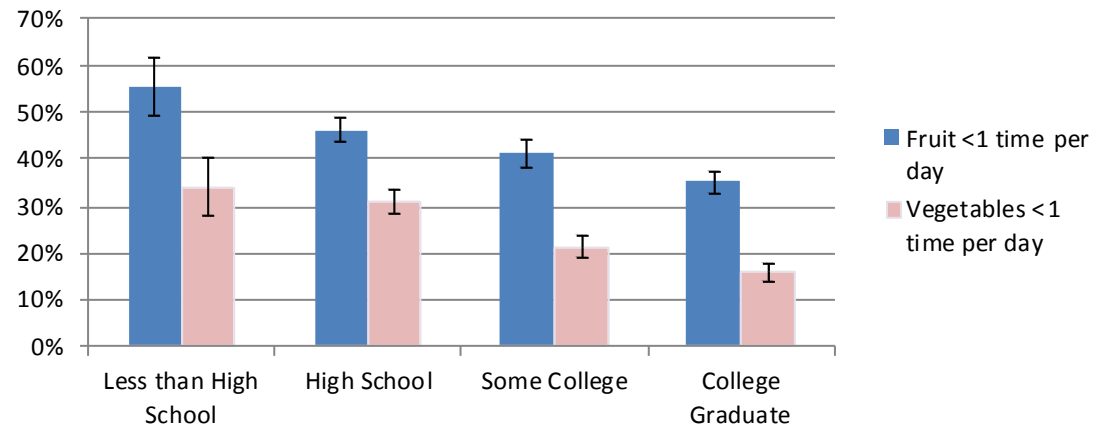
Figure 5. Current Smoking by Education Level, Ohio BRFSS 2015



Obesity/Physical Activity/Fruit and Vegetable Consumption

In 2015, an estimated 29.8 percent of Ohio adults, based on reported height and weight, were obese; 19.7 percent met physical activity guidelines; 42.9 percent consumed fruit less than one time per day; and 24.7 percent consumed vegetables less than one time per day. Insufficient fruit and vegetable consumption decreased as education level increased (Figure 6).

Figure 6. Insufficient Fruit and Vegetable Consumption by Education Level, Ohio BRFSS 2015



General Health Status

Self-assessed health status is based on a respondent's perceived general health. Self-rated health can reflect the state of both the body and the mind, and its association with mortality is well documented.ⁱ

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

- In 2015, 16.5 percent of Ohio adults reported that their general health was fair or poor.
- The prevalence of fair or poor health increases as age increases among Ohioans 25 and older.
- The prevalence of fair or poor health does not significantly differ by gender.
- The prevalence of fair or poor health does not significantly differ by race/ethnicity.
- The prevalence of fair or poor health decreases as annual household income increases.
- The prevalence of fair or poor health decreases as education level increases.

Table 1. Prevalence of Fair or Poor Health by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	General Health, Fair or Poor ¹			
	Prevalence (%)	95% Confidence Interval		
Total	16.5	15.5	-	17.6
Age				
18-24	9.5	5.6	-	13.4
25-34	6.9	4.8	-	9.0
35-44	10.5	7.9	-	13.0
45-54	19.5	16.6	-	22.5
55-64	23.5	21.1	-	25.9
65+	24.5	22.6	-	26.4
Gender				
Male	16.5	14.9	-	18.0
Female	16.6	15.1	-	18.1
Race/Ethnicity				
White, Non-Hispanic	16.1	15.0	-	17.2
Black, Non-Hispanic	21.3	16.8	-	25.7
Hispanic	11.8	5.2	-	18.4
Other, Non-Hispanic	13.3	6.4	-	20.2
Multi-Racial	25.1	13.6	-	36.6
Annual Household Income				
<\$15,000	38.6	32.9	-	44.3
\$15,000-\$24,999	27.1	23.6	-	30.5
\$25,000-\$34,999	20.6	17.1	-	24.1
\$35,000-\$49,999	12.1	9.4	-	14.7
\$50,000-\$74,999	10.5	8.1	-	12.8
\$75,000+	5.9	4.7	-	7.2
Education				
Less than High School	32.5	27.5	-	37.5
High School Diploma	19.8	17.9	-	21.7
Some College	14.4	12.7	-	16.2
College Graduate	6.3	5.4	-	7.3

¹Among adults, the proportion who reported that their health, in general, was either fair or poor.

Heart Disease

Heart disease is the leading cause of death for men and women. Key risk factors for heart disease include high blood pressure, high cholesterol and smoking. Other risk factors include diabetes, overweight and obesity, poor diet, physical inactivity and excessive alcohol use.ⁱⁱ

Respondents were asked two questions related to heart attack and coronary heart disease which were combined to create one heart disease indicator:

- “Has a doctor, nurse or other health professional ever told you that you had a heart attack also called myocardial infarction?”
- “Has a doctor, nurse or other health professional ever told you that you had angina or coronary heart disease?”

- In 2015, 7.0 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had a heart attack, angina or coronary heart disease.
- The prevalence of heart disease, for adults ages 45 and older, increases as age increases.
- The prevalence of heart disease is significantly higher among males (8.7 percent) than among females (5.4 percent).
- The prevalence of heart disease does not significantly differ by race/ethnicity.
- The prevalence of heart disease decreases as annual household income increases.
- The prevalence of heart disease is significantly lower among college graduates compared with those without a college degree.

Table 2. Prevalence of Heart Disease by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Heart Disease ¹			
	Prevalence (%)	95% Confidence Interval		
Total	7.0	6.3	-	7.6
Age				
18-24	N/A ²	N/A ²	-	N/A ²
25-34	N/A ²	N/A ²	-	N/A ²
35-44	N/A ²	N/A ²	-	N/A ²
45-54	6.0	4.2	-	7.7
55-64	9.7	7.9	-	11.5
65+	18.1	16.3	-	19.8
Gender				
Male	8.7	7.6	-	9.8
Female	5.4	4.7	-	6.1
Race/Ethnicity				
White, Non-Hispanic	7.2	6.5	-	7.8
Black, Non-Hispanic	7.9	5.0	-	10.7
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	11.5	8.5	-	14.5
\$15,000-\$24,999	10.7	8.2	-	13.1
\$25,000-\$34,999	9.7	7.5	-	11.8
\$35,000-\$49,999	6.9	5.2	-	8.6
\$50,000-\$74,999	4.9	3.7	-	6.1
\$75,000+	3.4	2.6	-	4.3
Education				
Less than High School	9.7	7.2	-	12.3
High School Diploma	8.1	7.0	-	9.2
Some College	7.1	5.8	-	8.4
College Graduate	3.8	3.1	-	4.5

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they had a heart attack (or myocardial infarction), angina or coronary heart disease.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Stroke

Stroke is the fifth leading cause of death in the United States and one of the leading causes of serious disability among adults. Major risk factors for stroke include high blood pressure, high cholesterol and smoking.ⁱⁱⁱ

Respondents were asked, “Has a doctor, nurse or other health professional ever told you that you had a stroke?”

- In 2015, 3.5 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had suffered a stroke.
- The prevalence of stroke is significantly higher among adults ages 65 and older.
- The prevalence of stroke does not significantly differ by gender.
- The prevalence of stroke does not significantly differ by race/ethnicity.
- The prevalence of stroke generally decreases as annual household income increases.
- The prevalence of stroke decreases as education level increases; 6.8 percent of adults with less than a high school education have had a stroke, compared to 1.7 percent of college graduates.

Table 3. Prevalence of Stroke by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Stroke ¹			
	Prevalence (%)	95% Confidence Interval		
Total	3.5	3.0	-	3.9
Age				
18-24	N/A ²	N/A ²	-	N/A ²
25-34	N/A ²	N/A ²	-	N/A ²
35-44	N/A ²	N/A ²	-	N/A ²
45-54	2.9	1.8	-	4.0
55-64	4.7	3.5	-	5.9
65+	8.5	7.3	-	9.7
Gender				
Male	3.7	3.1	-	4.4
Female	3.2	2.7	-	3.7
Race/Ethnicity				
White, Non-Hispanic	3.3	2.9	-	3.7
Black, Non-Hispanic	4.3	2.7	-	5.9
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	5.4	3.6	-	7.2
\$15,000-\$24,999	7.0	5.2	-	8.8
\$25,000-\$34,999	4.9	3.2	-	6.7
\$35,000-\$49,999	2.6	1.4	-	3.8
\$50,000-\$74,999	2.0	1.0	-	2.9
\$75,000+	1.2	0.7	-	1.7
Education				
Less than High School	6.8	5.0	-	8.7
High School Diploma	3.7	3.0	-	4.4
Some College	3.3	2.5	-	4.1
College Graduate	1.7	1.2	-	2.2

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they had a stroke.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

High Blood Pressure

Untreated high blood pressure puts one at higher risk of developing heart disease, stroke, kidney disease and many other health conditions.^{iv}

Respondents were asked, “Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?”

- In 2015, 34.3 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had high blood pressure.
- The prevalence of high blood pressure increases as age increases.
- The prevalence of high blood pressure is significantly higher among males (37.8 percent) than among females (31.1 percent).
- Hispanic adults (19.0 percent) and other, non-Hispanic adults (19.4 percent) reported a significantly lower prevalence of high blood pressure compared with black, non-Hispanic adults (40.3 percent) and white, non-Hispanic adults (34.5 percent).
- The prevalence of high blood pressure is significantly lower among adults with annual household income of \$75,000 or more compared to adults with annual household income less than \$75,000.
- The prevalence of high blood pressure decreases as education level increases.

Table 4. Prevalence of High Blood Pressure by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	High Blood Pressure ¹			
	Prevalence (%)	95% Confidence Interval		
Total	34.3	32.9	-	35.6
Age				
18-24	9.3	5.9	-	12.6
25-34	15.0	11.8	-	18.2
35-44	20.1	16.7	-	23.6
45-54	36.6	33.2	-	39.9
55-64	46.6	43.8	-	49.5
65+	62.2	60.1	-	64.4
Gender				
Male	37.8	35.6	-	39.9
Female	31.1	29.4	-	32.7
Race/Ethnicity				
White, Non-Hispanic	34.5	33.0	-	35.9
Black, Non-Hispanic	40.3	35.3	-	45.4
Hispanic	19.0	10.6	-	27.3
Other, Non-Hispanic	19.4	11.2	-	27.5
Multi-Racial	33.1	21.2	-	45.0
Annual Household Income				
<\$15,000	35.7	30.5	-	40.9
\$15,000-\$24,999	44.1	40.0	-	48.1
\$25,000-\$34,999	36.1	31.8	-	40.4
\$35,000-\$49,999	35.2	31.4	-	38.9
\$50,000-\$74,999	34.3	30.7	-	37.9
\$75,000+	26.8	24.3	-	29.3
Education				
Less than High School	40.7	35.3	-	46.1
High School Diploma	37.6	35.3	-	40.0
Some College	33.7	31.2	-	36.3
College Graduate	26.9	24.9	-	28.9

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they had high blood pressure.

Asthma

Asthma is a chronic inflammatory disease of the airways. There is no cure for asthma, but it can be controlled through appropriate medical care and by avoiding known exposures that can trigger an attack.^v

Adult respondents were asked, “Has a doctor, nurse or other health professional ever told you that you had asthma?” If yes, “Do you still have asthma?”

- In 2015, 14.1 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had asthma; 10.0 percent of Ohio adults reported that they currently have asthma.
- The prevalence of lifetime asthma was significantly lower among adults ages 65 and older (11.3 percent) compared to adults ages 18-24 (20.5 percent).
- The prevalence of lifetime and current asthma among adults is significantly higher among females (17.1 percent and 13.3 percent, respectively) compared to males (10.8 percent and 6.5 percent, respectively).
- The prevalence of lifetime and current asthma among adults does not significantly differ by race/ethnicity.
- The prevalence of lifetime and current asthma among adults generally decreases as annual household income increases.
- The prevalence of lifetime and current asthma among adults is significantly higher among respondents with less than a high school education compared to college graduates.

Table 5. Prevalence of Asthma by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Asthma, Ever Told ¹			Current Asthma ¹		
	Prevalence (%)	95% Confidence Interval		Prevalence (%)	95% Confidence Interval	
Total	14.1	12.9 - 15.2		10.0	9.1 - 11.0	
Age						
18-24	20.5	15.3 - 25.6		13.7	9.3 - 18.2	
25-34	13.6	10.6 - 16.7		9.0	6.4 - 11.6	
35-44	12.9	10.2 - 15.6		8.5	6.2 - 10.8	
45-54	15.1	12.6 - 17.7		11.1	8.8 - 13.3	
55-64	13.4	11.4 - 15.4		10.1	8.3 - 11.9	
65+	11.3	9.9 - 12.6		8.9	7.6 - 10.1	
Gender						
Male	10.8	9.3 - 12.2		6.5	5.4 - 7.6	
Female	17.1	15.5 - 18.8		13.3	11.8 - 14.8	
Race/Ethnicity						
White, Non-Hispanic	13.3	12.1 - 14.4		9.2	8.2 - 10.1	
Black, Non-Hispanic	17.8	13.4 - 22.2		13.5	9.4 - 17.6	
Hispanic	18.2	9.1 - 27.2		15.9	7.1 - 24.8	
Other, Non-Hispanic	N/A ²	N/A ² - N/A ²		N/A ²	N/A ² - N/A ²	
Multi-Racial	21.0	10.7 - 31.3		17.7	8.1 - 27.3	
Annual Household Income						
<\$15,000	26.6	20.8 - 32.4		22.1	16.5 - 27.7	
\$15,000-\$24,999	19.1	15.7 - 22.5		14.4	11.2 - 17.6	
\$25,000-\$34,999	10.6	8.0 - 13.2		7.1	5.2 - 8.9	
\$35,000-\$49,999	12.6	9.8 - 15.5		9.4	6.8 - 12.0	
\$50,000-\$74,999	10.3	8.2 - 12.3		7.0	5.3 - 8.8	
\$75,000+	10.9	8.9 - 13.0		6.4	5.0 - 7.8	
Education						
Less than High School	19.1	14.4 - 23.8		16.7	12.1 - 21.2	
High School Diploma	12.5	10.8 - 14.2		8.4	7.1 - 9.7	
Some College	15.8	13.6 - 18.0		10.8	9.0 - 12.6	
College Graduate	11.4	9.8 - 13.1		7.9	6.5 - 9.3	

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they ever had asthma and currently have asthma.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Childhood Asthma

About 1 in 11 children in the United States has asthma. An asthma attack may be triggered by respiratory infections, cigarette smoke, allergies, air pollutants, exposure to cold air/temperature changes, excitement/stress or exercise.^{vi}

Respondents were asked, “Has a doctor, nurse or other health professional ever said that the child has asthma?” If yes, “Does the child still have asthma?”

- In 2015, an estimated 13.5 percent of Ohio children ages 0-17 were ever told by a doctor, nurse or other health professional that they had asthma; an estimated 7.2 percent of Ohio children currently have asthma.
- The prevalence of lifetime and current asthma among children does not significantly differ by gender.
- The prevalence of lifetime asthma is significantly higher among black, non-Hispanic children (24.6 percent) compared with white, non-Hispanic children (10.1 percent).
- The prevalence of lifetime asthma is significantly lower among children with annual household income \$50,000 or more compared with children with annual household income less than \$35,000.

Table 6. Prevalence of Childhood Asthma by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Asthma, Ever Told ¹				Current Asthma ¹			
	Prevalence (%)	95% Confidence Interval			Prevalence (%)	95% Confidence Interval		
Total	13.5	10.7	-	16.3	7.2	5.1	-	9.3
Age								
0-4	8.7	4.4	-	13.0	N/A ²	N/A ²	-	N/A ²
5-9	14.2	7.6	-	20.7	N/A ²	N/A ²	-	N/A ²
10-14	15.3	10.3	-	20.2	7.0	4.1	-	9.9
15-17	16.4	10.2	-	22.7	10.3	4.9	-	15.7
Gender								
Male	14.2	10.4	-	17.9	7.5	4.9	-	10.0
Female	12.9	8.6	-	17.1	6.9	3.5	-	10.3
Race/Ethnicity								
White, Non-Hispanic	10.1	7.8	-	12.4	5.0	3.4	-	6.5
Black, Non-Hispanic	24.6	12.6	-	36.6	N/A ²	N/A ²	-	N/A ²
Hispanic	N/A ²	N/A ²	-	N/A ²	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²	N/A ²	N/A ²	-	N/A ²
Annual Household Income								
<\$15,000	N/A ²	N/A ²	-	N/A ²	N/A ²	N/A ²	-	N/A ²
\$15,000-\$24,999	16.7	8.3	-	25.0	N/A ²	N/A ²	-	N/A ²
\$25,000-\$34,999	36.0	19.8	-	52.3	N/A ²	N/A ²	-	N/A ²
\$35,000-\$49,999	N/A ²	N/A ²	-	N/A ²	N/A ²	N/A ²	-	N/A ²
\$50,000-\$74,999	10.9	5.4	-	16.2	N/A ²	N/A ²	-	N/A ²
\$75,000+	9.2	5.9	-	12.5	3.5	1.8	-	5.2

¹The proportion of those who reported ever being told by a doctor, nurse or other health professional that the child has asthma and currently has asthma.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Cancer

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. Regular screening examinations by a healthcare professional can result in the detection of many cancers at earlier stages, when treatment is more likely to be successful.^{vii}

Respondents were asked:

- “Has a doctor, nurse or other health professional ever told you that you had skin cancer?”
- “Has a doctor, nurse or other health professional ever told you that you had any other type of cancer?”

- In 2015, 6.1 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they had skin cancer; 6.7 percent of adults reported ever being told that they had any other type of cancer.
- The prevalence of skin cancer and other types of cancer among adults ages 45 and older increases as age increases.
- The prevalence of skin cancer does not significantly differ by gender; the prevalence of other types of cancer is significantly higher among females (7.7 percent) compared to males (5.7 percent).
- The prevalence of other types of cancer does not significantly differ by race/ethnicity.
- The prevalence of skin cancer and other types of cancer does not significantly differ by annual household income.
- The prevalence of skin cancer and other types of cancer does not significantly differ by education level.

Table 7. Prevalence of Cancer by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Skin Cancer ¹			Other Cancer ¹		
	Prevalence (%)	95% Confidence Interval		Prevalence (%)	95% Confidence Interval	
Total	6.1	5.6	- 6.7	6.7	6.1	- 7.3
Age						
18-24	N/A ²	N/A ²	- N/A ²	N/A ²	N/A ²	- N/A ²
25-34	N/A ²	N/A ²	- N/A ²	1.4	0.6	- 2.3
35-44	N/A ²	N/A ²	- N/A ²	3.5	1.9	- 5.0
45-54	3.6	2.5	- 4.6	4.2	3.0	- 5.4
55-64	7.8	6.3	- 9.3	8.2	6.6	- 9.8
65+	17.2	15.5	- 19.0	17.1	15.6	- 18.6
Gender						
Male	6.1	5.3	- 7.0	5.7	4.9	- 6.6
Female	6.1	5.4	- 6.9	7.7	6.8	- 8.5
Race/Ethnicity						
White, Non-Hispanic	7.5	6.7	- 8.2	7.1	6.5	- 7.8
Black, Non-Hispanic	N/A ²	N/A ²	- N/A ²	6.6	4.0	- 9.1
Hispanic	N/A ²	N/A ²	- N/A ²	N/A ²	N/A ²	- N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	- N/A ²	N/A ²	N/A ²	- N/A ²
Multi-Racial	N/A ²	N/A ²	- N/A ²	N/A ²	N/A ²	- N/A ²
Annual Household Income						
<\$15,000	3.8	1.9	- 5.7	8.7	5.6	- 11.9
\$15,000-\$24,999	5.6	3.9	- 7.3	8.1	6.2	- 10.0
\$25,000-\$34,999	6.5	4.9	- 8.1	8.1	6.2	- 10.0
\$35,000-\$49,999	5.8	4.0	- 7.7	5.8	4.5	- 7.2
\$50,000-\$74,999	5.7	4.3	- 7.1	6.1	4.5	- 7.8
\$75,000+	6.4	5.3	- 7.6	5.3	4.3	- 6.3
Education						
Less than High School	5.7	3.4	- 7.9	5.6	3.6	- 7.6
High School Diploma	5.9	4.9	- 6.9	7.7	6.6	- 8.7
Some College	5.8	4.8	- 6.7	6.6	5.4	- 7.7
College Graduate	7.2	6.2	- 8.3	6.2	5.2	- 7.2

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they had skin cancer or other types of cancer.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Arthritis

Arthritis—an umbrella term that includes multiple conditions affecting the joints and connective tissues—is the leading cause of disability in the United States. Arthritis commonly occurs with other chronic conditions and can complicate the treatment of those conditions.^{viii}

Respondents were asked, “Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia?”

- In 2015, 28.4 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they have arthritis.
- The prevalence of arthritis increases as age increases.
- The prevalence of arthritis is significantly higher among females (32.3 percent) compared to males (24.3 percent).
- The prevalence of arthritis is significantly higher among white, non-Hispanic adults (29.6 percent) compared to Hispanic adults (17.4 percent) and adults of other, non-Hispanic race/ethnicity (13.4 percent).
- The prevalence of arthritis decreases as annual household income increases.
- The prevalence of arthritis decreases as education level increases.

Table 8. Prevalence of Arthritis by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Arthritis ¹			
	Prevalence (%)	95% Confidence Interval		
Total	28.4	27.2	-	29.6
Age				
18-24	N/A ²	N/A ²	-	N/A ²
25-34	6.5	4.5	-	8.5
35-44	17.2	13.9	-	20.5
45-54	32.7	29.4	-	36.0
55-64	41.9	39.1	-	44.7
65+	53.7	51.5	-	55.9
Gender				
Male	24.3	22.5	-	26.0
Female	32.3	30.5	-	34.0
Race/Ethnicity				
White, Non-Hispanic	29.6	28.3	-	30.9
Black, Non-Hispanic	25.7	21.2	-	30.2
Hispanic	17.4	9.4	-	25.4
Other, Non-Hispanic	13.4	6.8	-	20.0
Multi-Racial	30.7	20.1	-	41.3
Annual Household Income				
<\$15,000	37.2	31.7	-	42.6
\$15,000-\$24,999	36.7	32.8	-	40.5
\$25,000-\$34,999	31.1	27.2	-	35.1
\$35,000-\$49,999	28.9	25.5	-	32.4
\$50,000-\$74,999	27.2	23.9	-	30.5
\$75,000+	19.5	17.3	-	21.6
Education				
Less than High School	38.3	33.0	-	43.6
High School Diploma	31.1	28.9	-	33.2
Some College	28.3	26.0	-	30.5
College Graduate	19.7	18.0	-	21.5

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Kidney Disease

CDC estimates that more than 10 percent of adults in the United States may have chronic kidney disease. Diabetes and high blood pressure increase the risk of developing kidney disease; approximately 1 in 3 adults with diabetes and 1 in 5 adults with high blood pressure has chronic kidney disease.^{ix}

Respondents were asked, “Has a doctor, nurse or other health professional ever told you that you have kidney disease?”

- In 2015, 3.2 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they have kidney disease.
- The prevalence of kidney disease is significantly higher among adults ages 65 and older compared with those ages 35-54.
- The prevalence of kidney disease does not significantly differ by gender.
- The prevalence of kidney disease does not significantly differ by race/ethnicity.
- The prevalence of kidney disease is significantly higher among adults with an annual household income less than \$15,000 compared to those with an annual household income of \$50,000 or more.
- The prevalence of kidney disease is significantly lower among college graduates compared with adults with a high school diploma or less education.

Table 9. Prevalence of Kidney Disease by Demographic Characteristics, Ohio, 2015
Kidney Disease¹

Demographic Characteristics	Kidney Disease ¹			
	Prevalence (%)	95% Confidence Interval		
Total	3.2	2.7	-	3.6
Age				
18-24	N/A ²	N/A ²	-	N/A ²
25-34	N/A ²	N/A ²	-	N/A ²
35-44	1.0	0.5	-	1.5
45-54	2.3	1.3	-	3.3
55-64	4.8	3.6	-	6.1
65+	6.7	5.6	-	7.8
Gender				
Male	3.2	2.6	-	3.9
Female	3.1	2.5	-	3.6
Race/Ethnicity				
White, Non-Hispanic	3.3	2.8	-	3.8
Black, Non-Hispanic	2.6	1.5	-	3.6
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	6.4	3.9	-	9.0
\$15,000-\$24,999	5.1	3.6	-	6.6
\$25,000-\$34,999	3.2	1.9	-	4.5
\$35,000-\$49,999	3.7	2.5	-	4.8
\$50,000-\$74,999	2.4	1.0	-	3.8
\$75,000+	1.4	1.0	-	1.9
Education				
Less than High School	4.1	2.7	-	5.6
High School Diploma	3.6	2.8	-	4.4
Some College	3.1	2.3	-	3.9
College Graduate	2.1	1.6	-	2.5

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they have kidney disease (not including kidney stones, bladder infection or incontinence).

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Diabetes

Diabetes can result in serious complications such as heart disease, stroke, kidney disease, blindness and death. Age, obesity, family history, history of gestational diabetes, impaired glucose metabolism, physical inactivity and race/ethnicity can contribute to one's risk of developing diabetes.^x

Respondents were asked, "Has a doctor, nurse or other health professional ever told you that you have diabetes?"

- In 2015, 11.0 percent of Ohio adults reported ever being told by a doctor, nurse or other healthcare professional that they have diabetes.
- The prevalence of diabetes increases as age increases among those ages 35 and older.
- The prevalence of diabetes does not significantly differ by gender.
- The prevalence of diabetes does not significantly differ by race/ethnicity.
- The prevalence of diabetes is significantly lower among adults with annual household income of \$75,000 or more compared with adults with annual household income of less than \$50,000.
- The prevalence of diabetes is significantly lower among college graduates compared to adults without a college degree.

Table 10. Prevalence of Diabetes by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Diabetes ¹			
	Prevalence (%)	95% Confidence Interval		
Total	11.0	10.2	-	11.8
Age				
18-24	N/A ²	N/A ²	-	N/A ²
25-34	N/A ²	N/A ²	-	N/A ²
35-44	3.6	2.4	-	4.8
45-54	13.1	10.6	-	15.5
55-64	17.2	15.0	-	19.3
65+	23.4	21.5	-	25.2
Gender				
Male	11.4	10.2	-	12.6
Female	10.7	9.7	-	11.7
Race/Ethnicity				
White, Non-Hispanic	10.8	10.0	-	11.6
Black, Non-Hispanic	14.1	10.8	-	17.3
Hispanic	8.4	3.9	-	12.8
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	13.7	10.4	-	16.9
\$15,000-\$24,999	14.7	12.0	-	17.4
\$25,000-\$34,999	14.4	11.6	-	17.2
\$35,000-\$49,999	11.1	9.1	-	13.1
\$50,000-\$74,999	9.5	7.4	-	11.5
\$75,000+	6.9	5.6	-	8.2
Education				
Less than High School	13.6	10.6	-	16.6
High School Diploma	12.9	11.5	-	14.3
Some College	11.0	9.6	-	12.5
College Graduate	7.0	6.0	-	8.1

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they have diabetes.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Prediabetes

Prediabetes is a condition in which blood glucose or hemoglobin A1C levels are elevated but not high enough to be classified as diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease and stroke, but not everyone with prediabetes will progress to diabetes.^{xi}

Respondents were asked, “Have you ever been told by a doctor, nurse or other health professional that you have prediabetes or borderline diabetes?”

- In 2015, 7.5 percent of Ohio adults reported being told by a doctor, nurse or other health professional that they have prediabetes.
- The prevalence of prediabetes is significantly higher among adults ages 45 and older compared to those younger than 45.
- The prevalence of prediabetes does not significantly differ by gender.
- The prevalence of prediabetes does not significantly differ by race/ethnicity.
- The prevalence of prediabetes does not significantly differ by annual household income.
- The prevalence of prediabetes does not significantly differ by education level.

Table 11. Prevalence of Prediabetes by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Prediabetes ¹			
	Prevalence (%)	95% Confidence Interval		
Total	7.5	6.8	-	8.3
Age				
18-24	N/A ²	N/A ²	-	N/A ²
25-34	3.3	1.8	-	4.8
35-44	5.0	3.4	-	6.6
45-54	9.2	7.1	-	11.4
55-64	10.6	8.7	-	12.5
65+	13.4	11.7	-	15.0
Gender				
Male	7.4	6.2	-	8.5
Female	7.7	6.7	-	8.7
Race/Ethnicity				
White, Non-Hispanic	7.2	6.5	-	8.0
Black, Non-Hispanic	10.3	7.0	-	13.6
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	8.0	5.0	-	11.0
\$15,000-\$24,999	9.9	7.3	-	12.4
\$25,000-\$34,999	8.8	6.3	-	11.4
\$35,000-\$49,999	7.5	5.4	-	9.7
\$50,000-\$74,999	8.1	6.0	-	10.2
\$75,000+	6.5	5.2	-	7.8
Education				
Less than High School	8.6	5.5	-	11.7
High School Diploma	7.3	6.2	-	8.5
Some College	8.0	6.5	-	9.5
College Graduate	6.8	5.6	-	7.9

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they have prediabetes or borderline diabetes.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema and chronic bronchitis, is a disease where inflammation of the airways and destruction of lung tissue results in shortness of breath. COPD can cause long-term disability and is the third leading cause of death in the United States.^{xii}

Respondents were asked, “Have you ever been told by a doctor, nurse or other health professional that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?”

- In 2015, 7.9 percent of Ohio adults reported being told by a doctor, nurse or other health professional that they have COPD.
- The prevalence of COPD generally increases as age increases.
- The prevalence of COPD does not significantly differ by gender.
- The prevalence of COPD does not significantly differ by race/ethnicity.
- The prevalence of COPD decreases as annual household income increases; 19.0 percent of adults with annual household income less than \$15,000 have COPD, compared to 2.7 percent of those with annual household income of \$75,000 or more.
- The prevalence of COPD decreases as education level increases; 16.5 percent of adults with less than a high school education have COPD, compared to 2.4 percent of those with a college degree.

Table 12. Prevalence of Chronic Obstructive Pulmonary Disease (COPD) by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	COPD ¹			
	Prevalence (%)	95% Confidence Interval		
Total	7.9	7.2	-	8.7
Age				
18-24	N/A ²	N/A ²	-	N/A ²
25-34	3.2	1.8	-	4.7
35-44	2.6	1.5	-	3.7
45-54	8.4	6.5	-	10.2
55-64	11.8	9.9	-	13.8
65+	14.2	12.6	-	15.8
Gender				
Male	6.9	5.8	-	7.9
Female	8.9	7.9	-	10.0
Race/Ethnicity				
White, Non-Hispanic	8.3	7.5	-	9.2
Black, Non-Hispanic	6.5	4.1	-	8.9
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	19.0	14.7	-	23.3
\$15,000-\$24,999	13.5	11.0	-	16.0
\$25,000-\$34,999	10.3	8.0	-	12.6
\$35,000-\$49,999	6.1	4.5	-	7.7
\$50,000-\$74,999	3.7	2.6	-	4.9
\$75,000+	2.7	1.6	-	3.8
Education				
Less than High School	16.5	13.0	-	20.0
High School Diploma	9.9	8.5	-	11.4
Some College	6.5	5.5	-	7.6
College Graduate	2.4	1.8	-	2.9

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they have COPD, emphysema or chronic bronchitis.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Depression

Depression is a serious, life-long condition that affects thoughts, feelings, behavior, mood and physical health. It is estimated that 25 million adults are affected by major depression every year in the United States.^{xiii}

Respondents were asked, “Have you ever been told by a doctor, nurse or other health professional that you have a depressive disorder, including depression, major depression, dysthymia or minor depression?”

- In 2015, 19.6 percent of Ohio adults reported ever being told by a doctor, nurse or other health professional that they have a depressive disorder.
- The prevalence of depression is significantly lower among adults 65 and older compared to adults 35-64 years of age.
- The prevalence of depression is significantly higher among females (24.9 percent) compared to males (13.9 percent).
- The prevalence of depression does not significantly differ by race/ethnicity.
- The prevalence of depression among adults generally decreases as annual household income increases; 32.6 percent of adults with annual household income less than \$15,000 reported being told they have a depressive disorder compared with 12.9 percent of adults with annual household income of \$75,000 or more.
- The prevalence of depression generally decreases as education level increases.

Table 13. Prevalence of Depression by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Depression ¹			
	Prevalence (%)	95% Confidence Interval		
Total	19.6	18.4	-	20.8
Age				
18-24	21.1	16.2	-	26.1
25-34	17.5	14.1	-	20.9
35-44	21.3	17.9	-	24.6
45-54	21.3	18.4	-	24.1
55-64	22.4	20.1	-	24.8
65+	15.8	14.2	-	17.4
Gender				
Male	13.9	12.3	-	15.5
Female	24.9	23.1	-	26.7
Race/Ethnicity				
White, Non-Hispanic	20.2	18.9	-	21.5
Black, Non-Hispanic	15.5	11.5	-	19.4
Hispanic	26.7	16.5	-	36.9
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	27.4	16.0	-	38.9
Annual Household Income				
<\$15,000	32.6	27.1	-	38.1
\$15,000-\$24,999	30.8	26.9	-	34.8
\$25,000-\$34,999	19.5	15.9	-	23.1
\$35,000-\$49,999	16.3	13.3	-	19.3
\$50,000-\$74,999	17.4	14.5	-	20.4
\$75,000+	12.9	11.0	-	14.9
Education				
Less than High School	30.3	25.0	-	35.6
High School Diploma	18.1	16.2	-	19.9
Some College	20.2	17.9	-	22.4
College Graduate	15.6	13.9	-	17.4

¹Among adults, the proportion of those who reported ever being told by a doctor, nurse or other health professional that they have a depressive disorder, including depression, major depression, dysthymia or minor depression.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Smoking

Smoking increases the risk of heart disease, stroke, COPD (including emphysema and chronic bronchitis) and cancer, and is the leading preventable cause of death in the United States. Nearly every organ of the body is harmed by smoking. Quitting smoking has been shown to reduce the risk of heart attack, stroke and cancer.^{xiv}

Respondents were asked, “Have you smoked at least 100 cigarettes in your entire life?” If yes, “Do you now smoke cigarettes every day, some days or not at all?”

- In 2015, an estimated 21.6 percent of Ohio adults were current cigarette smokers.
- The prevalence of cigarette smoking is significantly lower among adults 65 and older compared to other age groups.
- The prevalence of cigarette smoking does not significantly differ by gender.
- The prevalence of cigarette smoking is significantly higher among multi-racial adults (39.2 percent) and black, non-Hispanic adults (28.2 percent) compared with white, non-Hispanic adults (20.4 percent) and adults of Other race (12.1 percent).
- The prevalence of cigarette smoking generally decreases as annual household income increases; 38.6 percent of adults with an annual household income less than \$15,000 currently smoke cigarettes, compared with 10.5 percent of adults with an annual household income of \$75,000 or more.
- The prevalence of cigarette smoking decreases as education level increases; 42.7 percent of adults with less than a high school education are current smokers, compared to 7.6 percent of those with a college degree.

Table 14. Prevalence of Current Smoking by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Current Smoking ¹			
	Prevalence (%)	95% Confidence Interval		
Total	21.6	20.2	-	22.9
Age				
18-24	22.2	16.9	-	27.5
25-34	26.8	22.6	-	31.1
35-44	26.8	22.8	-	30.8
45-54	26.7	23.4	-	29.9
55-64	21.2	18.6	-	23.8
65+	9.9	8.5	-	11.3
Gender				
Male	23.1	21.0	-	25.2
Female	20.2	18.3	-	22.0
Race/Ethnicity				
White, Non-Hispanic	20.4	18.9	-	21.8
Black, Non-Hispanic	28.2	22.9	-	33.4
Hispanic	29.2	18.7	-	39.7
Other, Non-Hispanic	12.1	5.1	-	19.0
Multi-Racial	39.2	25.7	-	52.8
Annual Household Income				
<\$15,000	38.6	32.6	-	44.6
\$15,000-\$24,999	35.3	31.0	-	39.5
\$25,000-\$34,999	21.5	16.9	-	26.1
\$35,000-\$49,999	22.5	18.7	-	26.4
\$50,000-\$74,999	17.6	14.4	-	20.9
\$75,000+	10.5	8.6	-	12.3
Education				
Less than High School	42.7	36.8	-	48.5
High School Diploma	24.2	21.9	-	26.5
Some College	21.3	18.9	-	23.8
College Graduate	7.6	6.3	-	9.0

¹Among adults, the proportion of those who reported having smoked at least 100 cigarettes in their life and that they currently smoke, either every day or some days.

Binge Drinking

About 90 percent of alcohol consumption among youth under age 21 and more than half of alcohol consumption among adults is in the form of binge drinking. Binge drinking is associated with multiple health problems such as unintentional injury (crashes, falls, burns, drowning), intentional injury and violence, alcohol poisoning and many others.^{xv}

Respondents were asked, “Considering all types of alcoholic beverages, how many times during the past 30 days did you have (5 for men, 4 for women) or more drinks on an occasion?”

- In 2015, 18.2 percent of Ohio adults reported binge drinking in the past month.
- The prevalence of binge drinking is significantly lower among adults ages 55 and older compared to those younger than 55.
- The prevalence of binge drinking is significantly higher among males (24.0 percent) compared to females (12.9 percent).
- The prevalence of binge drinking is significantly higher among multi-racial adults (30.9 percent) compared to black, non-Hispanic adults (13.9 percent).
- The prevalence of binge drinking does not significantly differ by annual household income.
- The prevalence of binge drinking is significantly higher among adults with a college degree compared with adults with less than a high school education.

Table 15. Prevalence of Binge Drinking by Demographic Characteristics, Ohio, 2015
Binge Drinking¹

Demographic Characteristics	Prevalence (%)	95% Confidence Interval		
Total	18.2	16.9	-	19.6
Age				
18-24	32.3	26.5	-	38.2
25-34	28.4	24.2	-	32.7
35-44	22.0	18.5	-	25.5
45-54	18.6	15.7	-	21.5
55-64	12.1	10.0	-	14.2
65+	4.5	3.6	-	5.4
Gender				
Male	24.0	21.9	-	26.2
Female	12.9	11.3	-	14.5
Race/Ethnicity				
White, Non-Hispanic	18.9	17.5	-	20.4
Black, Non-Hispanic	13.9	9.7	-	18.1
Hispanic	17.3	8.3	-	26.4
Other, Non-Hispanic	11.9	5.2	-	18.7
Multi-Racial	30.9	18.3	-	43.6
Annual Household Income				
<\$15,000	18.2	12.5	-	24.0
\$15,000-\$24,999	17.5	13.7	-	21.3
\$25,000-\$34,999	17.1	13.2	-	21.0
\$35,000-\$49,999	16.6	13.1	-	20.2
\$50,000-\$74,999	21.3	17.7	-	24.9
\$75,000+	23.8	21.0	-	26.6
Education				
Less than High School	13.6	9.0	-	18.3
High School Diploma	16.9	14.6	-	19.1
Some College	19.5	17.0	-	22.1
College Graduate	20.9	18.6	-	23.3

¹Among adults, the proportion of those who reported consuming five or more drinks per occasion (males) or four or more drinks per occasion (females) at least once in the past month.

Seat Belt Use

More than 2.3 million adult drivers and passengers were treated in emergency departments for motor vehicle crash injuries in the United States in 2014. Seat belt use saves lives and reduces crash-related injuries.^{xvi}

Respondents were asked, “How often do you use seat belts when you drive or ride in a car?”

- In 2015, 91.8 percent of Ohio adults reported using seat belts always or nearly always.
- The prevalence of seat belt use is significantly lower among adults ages 25-34 compared to those ages 65 and older.
- The prevalence of seat belt use is significantly higher among females (95.2 percent) compared to males (88.2 percent).
- The prevalence of seat belt use does not significantly differ by race/ethnicity.
- The prevalence of seat belt use is significantly higher among respondents with annual household income of \$75,000 or more compared to those respondents with annual household income of \$25,000-\$34,999 and less than \$15,000.
- The prevalence of seat belt use is significantly higher among adults with some college or higher education compared to those with a high school diploma or less education.

Table 16. Prevalence of Seat Belt Use by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Seat Belt Use ¹			
	Prevalence (%)	95% Confidence Interval		
Total	91.8	90.8	-	92.7
Age				
18-24	91.4	88.0	-	94.7
25-34	88.5	84.9	-	92.0
35-44	90.3	87.6	-	93.0
45-54	92.8	91.0	-	94.7
55-64	92.6	91.0	-	94.2
65+	93.8	92.6	-	94.9
Gender				
Male	88.2	86.5	-	89.8
Female	95.2	94.2	-	96.1
Race/Ethnicity				
White, Non-Hispanic	92.2	91.2	-	93.2
Black, Non-Hispanic	90.2	86.9	-	93.6
Hispanic	85.5	76.5	-	94.6
Other, Non-Hispanic	92.8	88.5	-	97.2
Multi-Racial	93.3	87.3	-	99.2
Annual Household Income				
<\$15,000	86.5	81.6	-	91.5
\$15,000-\$24,999	91.1	88.8	-	93.4
\$25,000-\$34,999	89.2	85.4	-	92.9
\$35,000-\$49,999	92.3	89.9	-	94.7
\$50,000-\$74,999	92.1	89.8	-	94.5
\$75,000+	94.6	93.1	-	96.2
Education				
Less than High School	84.8	80.1	-	89.5
High School Diploma	89.7	88.0	-	91.5
Some College	93.4	92.0	-	94.9
College Graduate	95.9	94.9	-	97.0

¹Among adults, the proportion of those who reported wearing a seat belt always or nearly always.

Physical Activity

Regular physical activity reduces the risk for many adverse health outcomes. The *2008 Physical Activity Guidelines for Americans* recommends for adults at least 150 minutes of moderate-intensity physical activity per week and muscle-strengthening activities two or more days a week.^{xvii}

Respondents were asked about the types of physical activities they participated in, how often they participated in those activities and for how long they participated to determine whether they met the 2008 physical activity guidelines.

- In 2015, an estimated 19.7 percent of Ohio adults met physical activity guidelines.
- Adults ages 18-24 are significantly more likely to meet physical activity guidelines compared with adults 25 and older.
- The prevalence of meeting physical activity guidelines does not significantly differ by gender.
- The prevalence of meeting physical activity guidelines does not significantly differ by race/ethnicity.
- The prevalence of meeting physical activity guidelines is higher among adults with annual household income of \$75,000 or more compared to those adults with annual household income less than \$25,000 or \$35,000-\$49,999.
- The prevalence of meeting physical activity guidelines is significantly higher among college graduates compared with adults with a high school diploma or less education.

Table 17. Prevalence of Meeting Physical Activity Guidelines, Ohio, 2015

Demographic Characteristics	Meet Physical Activity Guidelines ¹			
	Prevalence (%)	95% Confidence Interval		
Total	19.7	18.3	-	21.1
Age				
18-24	33.6	27.2	-	40.0
25-34	19.9	16.0	-	23.7
35-44	20.7	17.3	-	24.0
45-54	17.5	14.7	-	20.3
55-64	15.4	13.3	-	17.5
65+	16.4	14.7	-	18.1
Gender				
Male	21.5	19.4	-	23.6
Female	18.0	16.3	-	19.7
Race/Ethnicity				
White, Non-Hispanic	19.8	18.3	-	21.2
Black, Non-Hispanic	20.7	16.0	-	25.5
Hispanic	16.8	8.2	-	25.4
Other, Non-Hispanic	15.8	7.6	-	24.1
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	16.4	11.5	-	21.3
\$15,000-\$24,999	14.0	10.6	-	17.3
\$25,000-\$34,999	19.4	15.3	-	23.6
\$35,000-\$49,999	17.5	14.2	-	20.9
\$50,000-\$74,999	20.7	17.2	-	24.2
\$75,000+	24.3	21.5	-	27.2
Education				
Less than High School	16.2	10.7	-	21.6
High School Diploma	15.7	13.5	-	17.8
Some College	21.3	18.7	-	23.9
College Graduate	24.7	22.4	-	27.0

¹Among adults, the proportion of those who reported that they meet both the aerobic and muscle strengthening guidelines established in the 2008 Physical Activity Guidelines for Americans.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Fruit and Vegetable Consumption

Fruit and vegetable consumption recommendations are based on one's age, sex and activity level. A diet rich in fruits and vegetables may reduce the risk of cancer and other chronic diseases.

Respondents were asked how many times per day, week or month they consumed the following: 100 percent fruit juice; fruit (not juiced); beans (not long green beans); dark green vegetables; orange vegetables; and other vegetables. Responses were combined to create each fruit and vegetable indicator.

- In 2015, 42.9 percent of Ohio adults reported insufficient fruit consumption; 24.7 percent reported insufficient vegetable consumption.
- Insufficient fruit consumption is significantly higher among adults ages 18-24 or 35-64 compared with adults ages 65 and older.
- Insufficient fruit and vegetable consumption is significantly higher among males (48.1 percent and 29.9 percent respectively) compared with females (38.1 percent and 19.9 percent respectively).
- Insufficient vegetable consumption is significantly higher among black, non-Hispanic adults compared with white, non-Hispanics, Hispanics and other, non-Hispanics.
- Insufficient fruit and vegetable consumption is significantly higher among adults with annual household income less than \$50,000 compared to adults with annual household income of \$75,000 or more.
- As education level increases, insufficient fruit and vegetable consumption decreases.

Table 18. Prevalence of Insufficient Fruit and Vegetable Consumption by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Consume Fruits <1 Time/Day ¹			Consume Vegetables <1 Time/Day ²		
	Prevalence (%)	95% Confidence Interval		Prevalence (%)	95% Confidence Interval	
Total	42.9	41.3	- 44.5	24.7	23.3	- 26.2
Age						
18-24	48.5	42.2	- 54.9	27.4	21.9	- 32.9
25-34	40.8	36.1	- 45.6	25.2	20.9	- 29.4
35-44	45.9	41.5	- 50.3	21.6	18.0	- 25.2
45-54	46.2	42.6	- 49.8	26.0	22.6	- 29.4
55-64	44.0	41.0	- 47.0	26.0	23.2	- 28.9
65+	35.3	33.0	- 37.6	23.2	21.2	- 25.2
Gender						
Male	48.1	45.7	- 50.5	29.9	27.7	- 32.2
Female	38.1	36.0	- 40.1	19.9	18.2	- 21.6
Race/Ethnicity						
White, Non-Hispanic	43.2	41.5	- 44.9	23.3	21.9	- 24.8
Black, Non-Hispanic	46.4	40.5	- 52.2	38.9	33.1	- 44.8
Hispanic	33.9	22.5	- 45.4	21.8	12.4	- 31.2
Other, Non-Hispanic	34.4	23.0	- 45.9	16.3	8.1	- 24.5
Multi-Racial	39.5	26.0	- 53.0	22.5	10.0	- 35.0
Annual Household Income						
<\$15,000	51.8	45.4	- 58.1	36.2	30.1	- 42.3
\$15,000-\$24,999	48.9	44.5	- 53.3	34.2	30.0	- 38.3
\$25,000-\$34,999	45.7	40.6	- 50.8	25.7	21.4	- 29.9
\$35,000-\$49,999	46.6	42.2	- 51.1	25.0	20.8	- 29.1
\$50,000-\$74,999	40.7	36.7	- 44.7	22.8	19.3	- 26.4
\$75,000+	36.5	33.5	- 39.5	15.3	13.0	- 17.5
Education						
Less than High School	55.3	49.1	- 61.5	34.1	28.2	- 39.9
High School Diploma	46.1	43.4	- 48.8	31.0	28.5	- 33.5
Some College	41.1	38.2	- 44.1	21.4	18.9	- 23.9
College Graduate	35.1	32.6	- 37.6	15.9	14.0	- 17.8

¹Among adults, the proportion who reported consuming fresh, frozen or canned fruit or 100 percent fruit juice less than once per day.

²Among adults, the proportion who reported consuming vegetables or vegetable juice less than once per day. 25

Obesity

More than one-third of American adults are obese. Conditions associated with obesity include heart disease, stroke, type 2 diabetes and some cancers.^{xviii}

Overweight and obesity are determined by calculating a body mass index (BMI) based on one's height and weight. A BMI of 30 or above is considered to be obese, which for a 5'9" adult would be a weight of 203 pounds or more. BRFSS height and weight data are self-reported. A previous study found that female BRFSS participants, on average, under-report their weight, while male participants over-report their height.^{xix} This bias should be considered when interpreting BRFSS obesity prevalence estimates.

- In 2015, 29.8 percent of Ohio adults were classified as obese.
- The prevalence of obesity is significantly higher among adults ages 35 and older compared to adults ages 18-24.
- The prevalence of obesity does not significantly differ by gender.
- The prevalence of obesity is significantly higher among black, non-Hispanic adults (34.9 percent), white, non-Hispanic adults (29.7 percent) and multi-racial adults (43.1 percent) compared with other, non-Hispanic adults (13.1 percent) and Hispanic adults (19.5 percent).
- The prevalence of obesity is significantly lower among adults with annual household income of \$75,000 or more compared to adults with annual household income of \$15,000-\$24,999 or \$35,000-\$74,999.
- The prevalence of obesity is significantly lower among college graduates (22.8 percent) compared to those with a high school diploma (32.4 percent) or some college education (32.8 percent).

Table 19. Prevalence of Obesity by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Obesity ¹			
	Prevalence (%)	95% Confidence Interval		
Total	29.8	28.3	-	31.2
Age				
18-24	17.8	13.1	-	22.6
25-34	24.9	21.0	-	28.9
35-44	30.9	26.8	-	34.9
45-54	35.6	32.2	-	39.0
55-64	37.2	34.3	-	40.1
65+	29.0	26.9	-	31.1
Gender				
Male	31.1	29.0	-	33.2
Female	28.4	26.6	-	30.3
Race/Ethnicity				
White, Non-Hispanic	29.7	28.2	-	31.2
Black, Non-Hispanic	34.9	29.8	-	40.1
Hispanic	19.5	11.3	-	27.8
Other, Non-Hispanic	13.1	6.6	-	19.6
Multi-Racial	43.1	30.1	-	56.1
Annual Household Income				
<\$15,000	30.4	25.0	-	35.8
\$15,000-\$24,999	32.8	28.8	-	36.7
\$25,000-\$34,999	31.9	27.3	-	36.5
\$35,000-\$49,999	32.5	28.6	-	36.4
\$50,000-\$74,999	32.3	28.6	-	36.1
\$75,000+	25.1	22.5	-	27.7
Education				
Less than High School	28.7	23.7	-	33.8
High School Diploma	32.4	30.0	-	34.8
Some College	32.8	30.0	-	35.5
College Graduate	22.8	20.6	-	24.9

¹Among adults, the proportion of respondents whose body mass index (BMI) was greater than or equal to 30.0.

Disability

Disability is a general term that can include limitations related to vision, movement, thinking, learning, remembering, hearing, communicating, mental health and social relationships.

Respondents were asked, “Are you limited in any way in any activities because of physical, mental or emotional problems?”

- In 2015, 20.6 percent of Ohio adults reported a physical, mental or emotional limitation or disability.
- The prevalence of disability is significantly lower among adults ages 18-44 compared to those ages 45 and older.
- The prevalence of disability does not significantly differ by gender.
- The prevalence of disability is significantly lower among other, non-Hispanic adults (9.8 percent) compared to white non-Hispanics (21.0 percent), black non-Hispanics (18.7 percent) and Hispanics (25.3 percent).
- The prevalence of disability decreases as annual household income increases.
- The prevalence of disability decreases as education level increases; 32.2 percent of adults with less than a high school education have a disability, compared to 13.4 percent of those with a college degree.

Table 20. Prevalence of Disability by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Disability ¹			
	Prevalence (%)	95% Confidence Interval		
Total	20.6	19.4	-	21.7
Age				
18-24	12.1	7.8	-	16.5
25-34	11.7	8.7	-	14.7
35-44	14.0	11.2	-	16.8
45-54	23.1	20.2	-	26.0
55-64	28.6	26.0	-	31.2
65+	29.0	27.1	-	31.0
Gender				
Male	19.0	17.3	-	20.6
Female	22.1	20.4	-	23.7
Race/Ethnicity				
White, Non-Hispanic	21.0	19.8	-	22.3
Black, Non-Hispanic	18.7	14.6	-	22.9
Hispanic	25.3	14.9	-	35.7
Other, Non-Hispanic	9.8	5.1	-	14.4
Multi-Racial	25.0	13.7	-	36.2
Annual Household Income				
<\$15,000	40.5	34.7	-	46.3
\$15,000-\$24,999	28.9	25.2	-	32.6
\$25,000-\$34,999	24.4	20.6	-	28.1
\$35,000-\$49,999	16.6	13.8	-	19.5
\$50,000-\$74,999	15.8	13.0	-	18.7
\$75,000+	11.7	9.9	-	13.4
Education				
Less than High School	32.2	27.0	-	37.5
High School Diploma	20.9	18.9	-	22.8
Some College	21.3	19.2	-	23.4
College Graduate	13.4	11.9	-	14.8

¹Among adults, the proportion who reported that they were limited in any way in any activities because of physical, mental or emotional problems.

Access to Healthcare Coverage

Healthcare coverage is a determinant of access to health care and health status. The major source of coverage for adults less than age 65 is private employee-sponsored group health insurance.^{xx}

Respondents were asked, “Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Indian Health Service?”

- In 2015, 91.6 percent of Ohio adults reported they had healthcare coverage.
- Access to healthcare coverage is significantly higher among adults ages 65 and older compared to those younger than 65 years of age.
- Access to healthcare coverage is significantly higher among females (93.1 percent) compared to males (90.0 percent).
- Access to healthcare coverage is significantly higher among white, non-Hispanic adults compared to black, non-Hispanic and Hispanic adults.
- Access to healthcare coverage is significantly higher among adults with annual household income of \$50,000 or more compared with adults with annual household income less than \$25,000.
- Access to healthcare coverage increases as education level increases; 80.1 percent of adults with less than a high school education have healthcare coverage, compared to 97.4 percent of those with a college degree.

Table 21. Access to Healthcare Coverage by Demographic Characteristics, Ohio, 2015
Access to Healthcare Coverage¹

Demographic Characteristics	Prevalence (%)	95% Confidence Interval		
Total	91.6	90.6	-	92.6
Age				
18-24	84.4	80.0	-	88.8
25-34	88.1	85.1	-	91.1
35-44	89.1	86.0	-	92.2
45-54	92.5	90.5	-	94.6
55-64	93.3	91.6	-	94.9
65+	98.2	97.6	-	98.8
Gender				
Male	90.0	88.5	-	91.6
Female	93.1	91.8	-	94.4
Race/Ethnicity				
White, Non-Hispanic	92.8	91.9	-	93.8
Black, Non-Hispanic	87.6	83.5	-	91.7
Hispanic	74.4	63.5	-	85.3
Other, Non-Hispanic	93.4	87.9	-	98.9
Multi-Racial	85.0	76.2	-	93.9
Annual Household Income				
<\$15,000	85.2	80.5	-	89.9
\$15,000-\$24,999	85.3	82.0	-	88.5
\$25,000-\$34,999	92.9	90.2	-	95.6
\$35,000-\$49,999	89.6	86.5	-	92.6
\$50,000-\$74,999	96.4	94.9	-	98.0
\$75,000+	96.8	95.5	-	98.2
Education				
Less than High School	80.1	75.5	-	84.8
High School Diploma	89.2	87.3	-	91.1
Some College	94.3	92.9	-	95.7
College Graduate	97.4	96.6	-	98.2

¹Among adults, the proportion of those who reported any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare or Indian Health Service.

Mammogram Testing

Breast cancer is the most common cancer among women in the United States. Regular mammograms can lower the risk of dying from breast cancer.^{xxi}

Respondents were asked, “Have you ever had a mammogram?” followed by “How long has it been since you had your last mammogram?”

- In 2015, 78.6 percent of Ohio women ages 50 and older reported that they had a mammogram in the past two years.
- Prevalence of mammogram testing does not significantly differ by age.
- Prevalence of mammogram testing does not significantly differ by race.
- Prevalence of mammogram testing is significantly higher among women with household income greater than \$75,000 compared with those with household income less than \$15,000 or \$25,000-\$34,999.
- Prevalence of mammogram testing is significantly higher among women with a college degree compared with those with a high school degree or less education.

Table 22. Prevalence of Mammogram Testing by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Mammogram (Last 2 Years, Women 50+) ¹			
	Prevalence (%)	95% Confidence Interval		
Total	78.6	76.6	-	80.6
Age				
50-54	81.5	74.9	-	88.0
55-64	79.0	75.6	-	82.3
65+	76.4	73.8	-	79.0
Race/Ethnicity				
White, Non-Hispanic	77.9	75.8	-	80.0
Black, Non-Hispanic	81.1	73.4	-	88.7
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	N/A ²	N/A ²	-	N/A ²
Annual Household Income				
<\$15,000	69.1	61.8	-	76.4
\$15,000-\$24,999	76.5	71.5	-	81.6
\$25,000-\$34,999	68.9	61.9	-	75.9
\$35,000-\$49,999	81.5	76.4	-	86.6
\$50,000-\$74,999	80.8	74.1	-	87.6
\$75,000+	85.8	81.4	-	90.2
Education				
Less than High School	68.2	59.8	-	76.5
High School Diploma	76.2	73.0	-	79.3
Some College	80.2	76.5	-	84.0
College Graduate	83.4	79.9	-	86.9

¹Among women 50+, the proportion of those who reported getting a mammogram in the past two years.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Pap Testing

Pap testing is one of two tests that can help prevent cervical cancer or help with early detection.^{xxii}

Respondents were asked, “A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?” followed by “How long has it been since your last Pap test?”

- In 2015, 75.2 percent of Ohio women reported that they had a Pap test in the past three years.
- Prevalence of Pap testing is significantly lower among women ages 18-24 and 65 and older compared with women ages 25-64.
- Prevalence of Pap testing does not significantly differ by race.
- Prevalence of Pap testing is significantly higher among women with annual household income of \$50,000 or more compared with those with annual household income of \$25,000-\$34,999.
- Prevalence of Pap testing is significantly higher among women with a college degree or some college compared with those with a high school degree or less education.

Table 23. Prevalence of Pap Testing by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Pap Test (Last 3 Years) ¹			
	Prevalence (%)	95% Confidence Interval		
Total	75.2	72.4	-	78.0
Age				
18-24	51.7	39.7	-	63.7
25-34	86.3	81.1	-	91.5
35-44	88.3	84.0	-	92.6
45-54	84.2	79.0	-	89.4
55-64	78.2	73.9	-	82.4
65+	57.5	53.4	-	61.7
Race/Ethnicity				
White, Non-Hispanic	75.7	72.7	-	78.6
Black, Non-Hispanic	79.3	69.6	-	89.0
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	68.0	50.3	-	85.6
Annual Household Income				
<\$15,000	70.7	61.3	-	80.0
\$15,000-\$24,999	75.0	68.6	-	81.5
\$25,000-\$34,999	64.2	55.3	-	73.0
\$35,000-\$49,999	76.9	70.2	-	83.7
\$50,000-\$74,999	82.1	76.3	-	87.9
\$75,000+	86.4	80.5	-	92.3
Education				
Less than High School	53.7	39.0	-	68.4
High School Diploma	64.9	59.5	-	70.3
Some College	80.3	76.3	-	84.3
College Graduate	86.5	83.6	-	89.4

¹Among women, the proportion of those who reported having a pap test in the last three years.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

Colorectal Cancer Screening

Colon and rectum cancer can be prevented with regular colorectal screenings. Recommended screenings include a high-sensitivity fecal occult blood test (FOBT) every year; or sigmoidoscopy every five years with FOBT every three years; or colonoscopy every 10 years.^{xxiii}

Respondents were asked about their last FOBT, sigmoidoscopy and colonoscopy to determine whether screening guidelines were met.

- In 2015, 67.1 percent of Ohio adults ages 50-75 met colorectal cancer screening guidelines.
- Colorectal cancer screening rates increase as age increases.
- Colorectal cancer screening rates do not significantly differ by gender.
- Colorectal cancer screening rates do not significantly differ by race.
- Colorectal cancer screening rates are significantly higher among adults with household income greater than \$75,000 compared with those with household income \$25,000-\$34,999 or less than \$15,000.
- Colorectal cancer screening rates are significantly higher among adults with a college degree compared with those with some college or less education.

Table 24. Adults Age 50-75 Meeting Colorectal Cancer Screening Guidelines by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Colorectal Cancer Screening ¹			
	Prevalence (%)	95% Confidence Interval		
Total	67.1	64.9	-	69.2
Age				
50-54	52.0	46.4	-	57.6
55-64	67.2	64.0	-	70.5
65-75	77.8	75.0	-	80.5
Gender				
Male	66.5	63.1	-	70.0
Female	67.6	64.8	-	70.3
Race/Ethnicity				
White, Non-Hispanic	67.4	65.2	-	69.7
Black, Non-Hispanic	68.4	59.4	-	77.4
Hispanic	N/A ²	N/A ²	-	N/A ²
Other, Non-Hispanic	N/A ²	N/A ²	-	N/A ²
Multi-Racial	55.7	35.8	-	75.7
Annual Household Income				
<\$15,000	53.0	44.1	-	61.8
\$15,000-\$24,999	63.6	57.5	-	69.8
\$25,000-\$34,999	58.8	51.5	-	66.1
\$35,000-\$49,999	68.6	62.8	-	74.5
\$50,000-\$74,999	68.2	62.3	-	74.2
\$75,000+	72.0	67.9	-	76.0
Education				
Less than High School	59.2	51.0	-	67.4
High School Diploma	64.6	60.8	-	68.3
Some College	66.2	62.0	-	70.4
College Graduate	74.9	71.5	-	78.3

¹Among adults age 50-75, the proportion of those meeting cancer screening guidelines.

²Estimate does not meet the reliability criteria for reporting set by the CDC.

HIV Testing

Human immunodeficiency virus (HIV) weakens a person's immune system by destroying important cells that fight disease and infection. Although there is no cure for HIV, with proper medical care, HIV can be controlled. CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care.^{xxiv}

Respondents were asked "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth."

- In 2015, 30.7 percent of Ohio adults reported that they had been tested for HIV.
- HIV testing rates are significantly lower among adults ages 65 and older compared to all other age groups.
- The prevalence of HIV testing does not significantly differ by gender.
- The prevalence of HIV testing is significantly lower among white, non-Hispanic adults compared to black, non-Hispanic, Hispanic and multi-racial adults.
- The prevalence of HIV testing is significantly higher among adults with annual household income less than \$15,000 compared to those with annual household income of \$25,000 or more.
- The prevalence of HIV testing is significantly lower among adults with a high school diploma (26.1 percent) compared to adults with some college (33.1 percent) or a college degree (33.3 percent).

Table 25. Prevalence of HIV Testing by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	HIV Testing ¹			
	Prevalence (%)	95% Confidence Interval		
Total	30.7	29.1	-	32.3
Age				
18-24	31.2	24.9	-	37.6
25-34	44.3	39.3	-	49.2
35-44	50.7	46.3	-	55.2
45-54	36.4	32.8	-	40.1
55-64	21.6	19.0	-	24.2
65+	9.5	7.8	-	11.2
Gender				
Male	31.5	29.0	-	34.0
Female	30.0	27.9	-	32.1
Race/Ethnicity				
White, Non-Hispanic	26.1	24.5	-	27.7
Black, Non-Hispanic	55.0	49.3	-	60.7
Hispanic	60.1	48.9	-	71.3
Other, Non-Hispanic	31.5	19.6	-	43.4
Multi-Racial	53.8	39.8	-	67.8
Annual Household Income				
<\$15,000	44.1	37.5	-	50.8
\$15,000-\$24,999	36.5	31.9	-	41.1
\$25,000-\$34,999	31.0	25.8	-	36.2
\$35,000-\$49,999	27.7	23.5	-	31.9
\$50,000-\$74,999	27.8	23.8	-	31.8
\$75,000+	31.0	28.0	-	34.0
Education				
Less than High School	32.6	26.0	-	39.2
High School Diploma	26.1	23.4	-	28.7
Some College	33.1	30.1	-	36.0
College Graduate	33.3	30.7	-	35.9

¹Among adults, the proportion of those who reported having ever been tested for HIV.

Flu Shot

Influenza (flu) is a serious disease that can lead to hospitalization or death. CDC recommends that everyone ages 6 months and older receive a flu shot annually to reduce the spread of seasonal flu.^{xxv}

Respondents were asked “During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?”

- In 2015, 38.1 percent of Ohio adults reported that they had received a flu shot in the past year.
- The prevalence of having a flu shot increases as age increases.
- The prevalence of having a flu shot is significantly higher among females (41.9 percent) compared to males (34.1 percent).
- The prevalence of having a flu shot is significantly lower among Hispanic adults (20.4 percent) compared with white, non-Hispanic adults (39.5 percent) and black, non-Hispanic adults (34.0 percent).
- The prevalence of having a flu shot is significantly higher among adults with annual household income of \$75,000 or more compared with adults with annual household income less than \$25,000 and \$35,000-\$49,999.
- The prevalence of having a flu shot is significantly higher among college graduates compared to those with some college or less education.

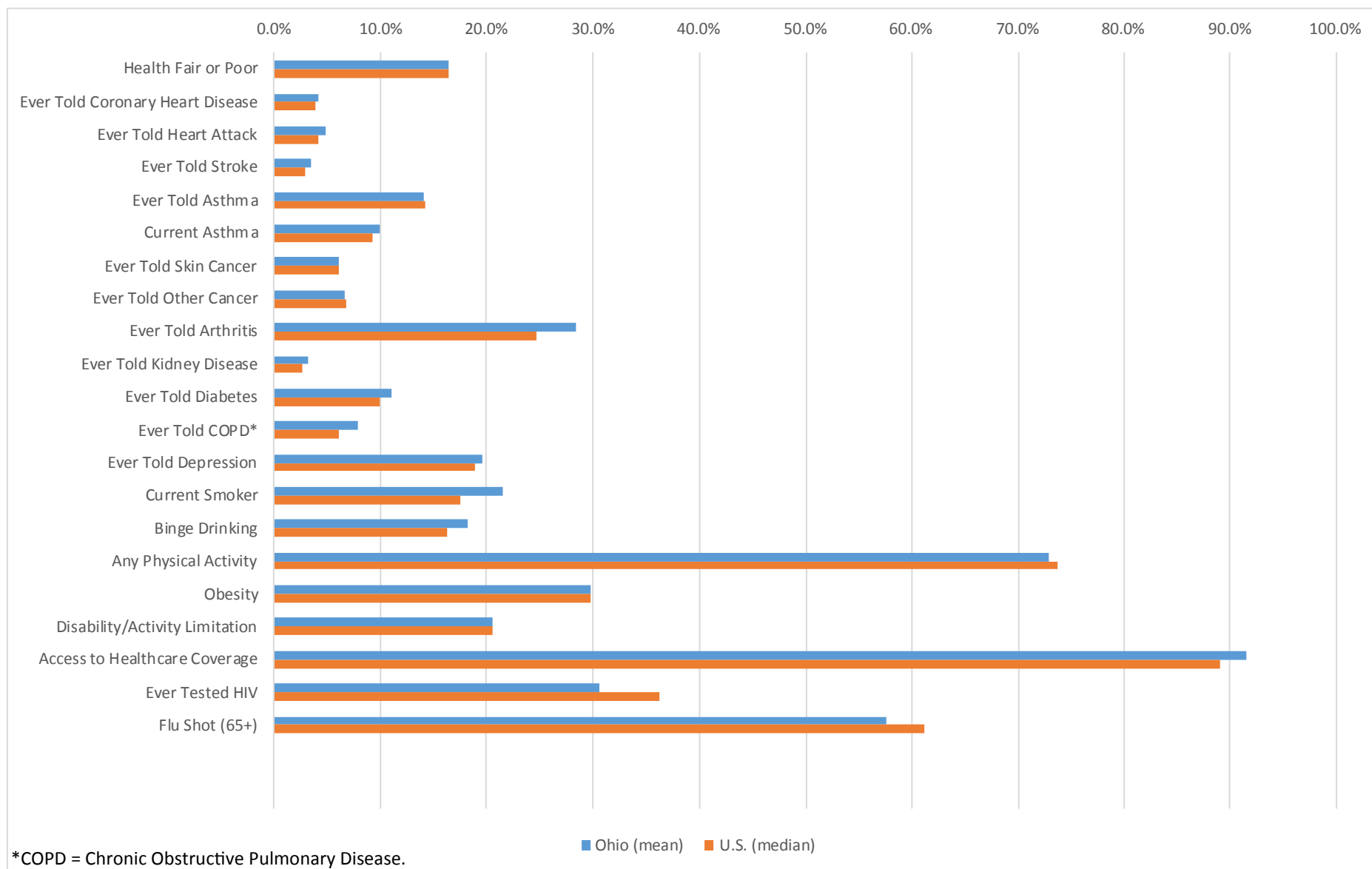
Table 26. Prevalence of Having a Flu Shot by Demographic Characteristics, Ohio, 2015

Demographic Characteristics	Flu Shot ¹			
	Prevalence (%)	95% Confidence Interval		
Total	38.1	36.6	-	39.6
Age				
18-24	25.7	19.8	-	31.6
25-34	27.8	23.6	-	32.0
35-44	30.0	26.1	-	33.8
45-54	33.3	29.9	-	36.6
55-64	43.7	40.8	-	46.7
65+	57.7	55.4	-	60.0
Gender				
Male	34.1	31.9	-	36.3
Female	41.9	39.8	-	43.9
Race/Ethnicity				
White, Non-Hispanic	39.5	37.9	-	41.1
Black, Non-Hispanic	34.0	28.9	-	39.2
Hispanic	20.4	12.3	-	28.4
Other, Non-Hispanic	40.4	26.7	-	54.2
Multi-Racial	23.2	11.1	-	35.3
Annual Household Income				
<\$15,000	31.2	25.7	-	36.7
\$15,000-\$24,999	35.9	31.8	-	40.0
\$25,000-\$34,999	37.9	33.3	-	42.4
\$35,000-\$49,999	36.1	32.1	-	40.0
\$50,000-\$74,999	38.8	35.0	-	42.7
\$75,000+	43.2	40.1	-	46.3
Education				
Less than High School	30.7	25.1	-	36.3
High School Diploma	34.2	31.8	-	36.7
Some College	39.3	36.4	-	42.1
College Graduate	45.6	43.0	-	48.2

¹Among adults, the proportion of those who reported having received a flu shot in the past year.

Appendix A—Ohio/U.S. BRFSS Data

Figure A1. BRFSS Health Indicators: Ohio Compared to the United States, 2015



Appendix B—Ohio Regional BRFSS Data

BRFSS Region	Health Fair/Poor				Ever Told Heart Attack or Coronary Heart Disease				Ever Told Stroke				Ever Told High Blood Pressure				Ever Told Asthma			
	%	95% CI			%	95% CI			%	95% CI			%	95% CI			%	95% CI		
1	14.7	11.6	-	17.8	7.2	5.2	-	9.2	3.7	2.2	-	5.3	33.3	29.1	-	37.5	13.7	10.3	-	17.0
2	14.3	10.9	-	17.7	7.5	5.3	-	9.8	3.8	2.2	-	5.4	31.7	26.8	-	36.5	9.7	6.8	-	12.7
3	15.5	12.2	-	18.8	7.0	5.1	-	8.9	3.4	1.5	-	5.4	36.2	31.3	-	41.2	13.7	9.0	-	18.3
4	19.4	15.8	-	23.1	6.6	4.6	-	8.6	2.7	1.6	-	3.8	33.6	29.4	-	37.8	15.1	11.3	-	18.9
5	18.2	14.4	-	22.1	5.2	3.7	-	6.7	4.5	2.9	-	6.1	34.7	30.1	-	39.3	15.6	11.7	-	19.6
6	18.0	13.6	-	22.4	6.4	4.6	-	8.2	3.8	2.2	-	5.4	39.6	34.5	-	44.7	14.0	9.8	-	18.3
7	14.5	10.4	-	18.7	4.8	3.1	-	6.4	2.1	1.0	-	3.2	32.8	27.5	-	38.1	14.8	10.2	-	19.4
8	15.8	12.8	-	18.8	6.4	4.5	-	8.2	4.1	2.7	-	5.5	31.5	27.9	-	35.1	14.2	11.3	-	17.1
9	13.0	10.1	-	15.9	8.0	5.6	-	10.5	4.4	2.8	-	6.1	34.9	30.4	-	39.4	13.5	10.0	-	17.0
10	14.6	11.5	-	17.7	8.0	5.5	-	10.5	2.7	1.4	-	3.9	37.3	32.7	-	41.9	13.2	9.9	-	16.5
11	21.7	17.5	-	25.9	9.8	7.3	-	12.3	4.2	2.7	-	5.7	38.0	32.6	-	43.4	16.4	11.0	-	21.9
12	20.3	16.7	-	23.9	11.1	8.3	-	13.9	3.6	2.0	-	5.2	38.2	33.7	-	42.7	11.5	8.6	-	14.4
13	20.5	16.7	-	24.3	10.9	8.0	-	13.8	5.0	3.0	-	7.0	41.2	36.4	-	46.0	11.2	8.1	-	14.2
14	26.4	22.0	-	30.8	11.4	8.8	-	13.9	3.5	2.2	-	4.8	38.1	33.5	-	42.8	15.2	11.6	-	18.7

Region 1	Defiance, Fulton, Henry, Lucas, Paulding, Williams, Wood
Region 2	Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, Van Wert
Region 3	Crawford, Erie, Huron, Ottawa, Richland, Sandusky, Seneca, Wyandot
Region 4	Cuyahoga, Geauga, Lake, Lorain
Region 5	Ashland, Holmes, Medina, Stark, Summit, Wayne
Region 6	Ashtabula, Columbiana, Mahoning, Portage, Trumbull
Region 7	Delaware, Knox, Marion, Morrow, Union
Region 8	Fairfield, Franklin, Licking, Madison, Pickaway
Region 9	Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble, Shelby
Region 10	Butler, Clermont, Clinton, Hamilton, Warren
Region 11	Adams, Brown, Fayette, Highland, Pike, Ross, Scioto
Region 12	Coshocton, Guernsey, Morgan, Muskingam, Noble, Perry, Tuscarawas
Region 13	Belmont, Carroll, Harrison, Jefferson, Monroe, Washington
Region 14	Athens, Gallia, Hocking, Jackson, Lawrence, Meigs, Vinton

Appendix B—Ohio Regional BRFSS Data

BRFSS Region	Current Asthma				Ever Told Skin Cancer				Ever Told Other Cancer				Ever Told Arthritis			
	%	95% CI			%	95% CI			%	95% CI			%	95% CI		
1	10.2	7.2	-	13.3	6.2	4.1	-	8.4	7.2	5.4	-	9.1	28.8	24.8	-	32.8
2	7.6	4.8	-	10.3	7.7	5.5	-	9.9	6.8	4.8	-	8.9	24.7	20.5	-	28.8
3	9.9	5.6	-	14.2	5.5	3.9	-	7.1	7.7	5.7	-	9.8	27.7	23.7	-	31.7
4	10.7	7.5	-	13.8	5.8	4.2	-	7.5	6.9	4.9	-	8.8	28.1	24.2	-	32.1
5	12.8	9.1	-	16.5	5.2	3.8	-	6.7	7.1	5.0	-	9.2	29.2	25.1	-	33.3
6	10.5	6.5	-	14.6	5.2	3.7	-	6.8	6.3	4.4	-	8.2	32.2	27.6	-	36.7
7	8.1	5.2	-	10.9	6.6	4.5	-	8.6	7.6	5.2	-	10.1	28.7	23.6	-	33.8
8	10.1	7.6	-	12.7	5.6	4.1	-	7.0	5.7	4.2	-	7.2	26.2	22.9	-	29.4
9	8.3	5.4	-	11.3	6.8	5.1	-	8.4	7.3	5.2	-	9.4	30.3	26.2	-	34.5
10	9.2	6.5	-	12.0	7.8	5.2	-	10.4	7.4	5.2	-	9.5	28.0	23.7	-	32.3
11	12.9	8.6	-	17.3	7.6	5.5	-	9.8	8.8	6.1	-	11.5	34.8	29.6	-	40.1
12	7.0	4.9	-	9.2	7.4	5.3	-	9.6	7.3	5.4	-	9.2	32.0	28.0	-	36.1
13	9.5	6.6	-	12.4	8.5	6.2	-	10.8	8.1	5.0	-	11.3	35.7	31.1	-	40.3
14	9.8	7.1	-	12.6	6.3	4.4	-	8.1	7.1	5.3	-	8.8	36.2	31.6	-	40.7

Region 1	Defiance, Fulton, Henry, Lucas, Paulding, Williams, Wood
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Region 12	Coshocton, Guernsey, Morgan, Muskingam, Noble, Perry, Tuscarawas
Region 13	Belmont, Carroll, Harrison, Jefferson, Monroe, Washington
Region 14	Athens, Gallia, Hocking, Jackson, Lawrence, Meigs, Vinton

Appendix B—Ohio Regional BRFSS Data

BRFSS Region	Ever Told Kidney Disease				Ever Told Diabetes				Ever Told Prediabetes				Ever Told Chronic Obstructive Pulmonary Disease			
	%	95% CI			%	95% CI			%	95% CI			%	95% CI		
1	3.7	2.1	-	5.3	10.6	8.2	-	13.0	8.3	5.7	-	10.9	8.0	5.9	-	10.2
2	3.0	1.6	-	4.4	9.3	7.0	-	11.6	5.3	3.4	-	7.3	7.1	4.7	-	9.5
3	3.3	2.0	-	4.6	11.8	9.1	-	14.5	6.2	4.2	-	8.2	7.8	4.3	-	11.3
4	2.7	1.4	-	3.9	11.5	9.0	-	14.0	6.8	4.4	-	9.1	7.0	4.9	-	9.1
5	3.0	1.8	-	4.1	11.0	8.6	-	13.3	7.3	4.9	-	9.7	11.3	8.1	-	14.6
6	3.2	1.9	-	4.5	11.1	8.6	-	13.7	9.6	6.8	-	12.4	8.4	6.0	-	10.8
7	3.6	1.9	-	5.3	10.3	7.7	-	12.8	6.7	4.4	-	9.0	6.6	4.3	-	8.9
8	3.4	2.2	-	4.6	10.7	8.3	-	13.0	8.4	6.2	-	10.6	5.4	3.8	-	7.0
9	2.3	1.3	-	3.3	11.0	8.4	-	13.6	6.9	4.6	-	9.2	6.6	4.7	-	8.6
10	4.3	2.3	-	6.4	11.6	8.9	-	14.4	6.6	4.5	-	8.7	8.1	5.5	-	10.6
11	3.4	1.8	-	5.0	13.8	10.7	-	16.9	6.3	3.8	-	8.7	11.5	8.5	-	14.4
12	3.2	1.7	-	4.7	12.6	9.7	-	15.5	6.4	4.4	-	8.4	8.5	6.2	-	10.7
13	4.6	2.8	-	6.3	13.4	10.5	-	16.4	11.3	7.6	-	15.1	10.3	7.7	-	12.8
14	3.9	2.1	-	5.7	12.7	9.9	-	15.6	12.2	9.0	-	15.4	15.7	12.5	-	18.9

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Region 12	Coshocton, Guernsey, Morgan, Muskingam, Noble, Perry, Tuscarawas
Region 13	Belmont, Carroll, Harrison, Jefferson, Monroe, Washington
Region 14	Athens, Gallia, Hocking, Jackson, Lawrence, Meigs, Vinton

Appendix B—Ohio Regional BRFSS Data

BRFSS Region	Ever Told Depression				Current Smoker				Binge Drinking				Seat Belt Use (Always or Nearly Always)			
	%	95% CI			%	95% CI			%	95% CI			%	95% CI		
1	20.0	16.0	-	24.0	17.9	13.8	-	22.0	17.1	12.8	-	21.5	93.7	91.3	-	96.0
2	16.1	11.9	-	20.2	15.9	11.4	-	20.4	21.3	15.6	-	27.0	88.3	83.6	-	93.0
3	17.6	13.0	-	22.1	19.7	15.3	-	24.1	13.4	9.2	-	17.5	94.1	91.7	-	96.5
4	16.7	12.9	-	20.4	23.5	18.9	-	28.1	21.4	16.7	-	26.0	89.8	86.3	-	93.2
5	20.5	16.4	-	24.7	23.8	18.8	-	28.8	18.7	14.0	-	23.4	89.1	85.1	-	93.1
6	18.5	14.4	-	22.6	21.8	17.1	-	26.5	15.3	10.6	-	20.0	89.6	85.8	-	93.4
7	21.8	16.4	-	27.3	19.7	13.8	-	25.6	15.3	10.3	-	20.3	96.9	95.0	-	98.8
8	22.7	19.2	-	26.3	24.3	20.4	-	28.3	21.1	17.4	-	24.9	92.6	90.4	-	94.9
9	17.0	13.2	-	20.8	19.8	15.6	-	23.9	14.0	10.3	-	17.7	94.1	91.7	-	96.5
10	20.9	16.9	-	24.9	21.7	17.3	-	26.1	19.9	15.9	-	23.8	92.7	90.0	-	95.4
11	22.3	17.7	-	26.8	26.5	21.0	-	32.0	9.7	5.4	-	14.1	91.6	87.4	-	95.8
12	22.3	18.5	-	26.2	19.1	15.0	-	23.2	12.2	8.8	-	15.7	89.8	86.3	-	93.3
13	22.9	18.4	-	27.4	23.8	19.1	-	28.4	14.3	10.5	-	18.0	90.2	87.0	-	93.3
14	26.7	22.1	-	31.4	23.3	18.9	-	27.7	14.4	10.4	-	18.3	93.1	90.1	-	96.1

Region 1	Defiance, Fulton, Henry, Lucas, Paulding, Williams, Wood
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Appendix B—Ohio Regional BRFSS Data

BRFSS Region	Met Physical Activity Guidelines				Consume Fruit <1 Time/Day				Consume Vegetables <1 Time/Day				Obesity			
	%	95% CI			%	95% CI			%	95% CI			%	95% CI		
1	17.0	12.7	-	21.3	44.5	39.3	-	49.6	27.6	22.9	-	32.4	28.5	24.0	-	33.0
2	19.0	13.8	-	24.3	40.6	34.1	-	47.0	23.0	17.1	-	28.9	33.1	27.5	-	38.7
3	15.9	10.5	-	21.3	41.6	36.1	-	47.2	31.0	25.4	-	36.5	33.6	28.3	-	38.9
4	21.9	17.4	-	26.3	38.5	33.4	-	43.6	24.1	19.6	-	28.6	28.9	24.5	-	33.3
5	19.9	15.5	-	24.3	45.0	39.6	-	50.4	20.5	16.1	-	24.9	29.3	24.4	-	34.2
6	16.5	12.1	-	21.0	43.7	38.1	-	49.3	24.6	20.2	-	29.1	32.3	27.1	-	37.4
7	19.6	14.2	-	24.9	36.7	30.6	-	42.9	17.6	13.1	-	22.1	28.8	23.6	-	34.0
8	17.9	14.6	-	21.1	44.7	40.5	-	49.0	26.0	22.1	-	30.0	31.0	27.0	-	35.0
9	20.6	16.3	-	25.0	45.4	40.2	-	50.6	27.8	22.7	-	32.8	29.1	24.5	-	33.7
10	23.5	18.7	-	28.3	42.0	37.0	-	47.1	25.2	20.8	-	29.7	29.0	24.5	-	33.6
11	14.9	9.4	-	20.4	46.3	39.8	-	52.8	25.3	19.8	-	30.9	33.3	27.7	-	39.0
12	15.9	12.1	-	19.6	48.0	43.0	-	53.0	27.6	23.0	-	32.2	34.8	30.0	-	39.6
13	17.4	13.1	-	21.7	42.7	37.4	-	48.1	24.6	20.0	-	29.2	31.8	27.1	-	36.5
14	14.0	10.2	-	17.7	50.0	44.6	-	55.4	28.5	23.6	-	33.5	33.1	28.2	-	38.0

Region 1	Defiance, Fulton, Henry, Lucas, Paulding, Williams, Wood
Region 2	Allen, Auglaize, Hancock, Hardin, Mercer, Putnam, Van Wert
Region 3	Crawford, Erie, Huron, Ottawa, Richland, Sandusky, Seneca, Wyandot
Region 4	Cuyahoga, Geauga, Lake, Lorain
Region 5	Ashland, Holmes, Medina, Stark, Summit, Wayne
Region 6	Ashtabula, Columbiana, Mahoning, Portage, Trumbull
Region 7	Delaware, Knox, Marion, Morrow, Union
Region 8	Fairfield, Franklin, Licking, Madison, Pickaway
Region 9	Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble, Shelby
Region 10	Butler, Clermont, Clinton, Hamilton, Warren
Region 11	Adams, Brown, Fayette, Highland, Pike, Ross, Scioto
Region 12	Coshocton, Guernsey, Morgan, Muskingam, Noble, Perry, Tuscarawas
Region 13	Belmont, Carroll, Harrison, Jefferson, Monroe, Washington
Region 14	Athens, Gallia, Hocking, Jackson, Lawrence, Meigs, Vinton

Appendix B—Ohio Regional BRFSS Data

BRFSS Region	Disability/Activity Limitation				Access to Healthcare Coverage				Ever Tested HIV				Flu Shot (Past Year)			
	%	95% CI			%	95% CI			%	95% CI			%	95% CI		
1	23.6	19.7	-	27.6	89.8	86.2	-	93.4	34.5	29.3	-	39.8	39.9	35.0	-	44.7
2	16.8	13.2	-	20.5	94.8	91.8	-	97.7	23.8	17.8	-	29.8	39.8	33.8	-	45.7
3	19.1	14.8	-	23.4	88.5	84.2	-	92.8	21.4	16.6	-	26.3	36.0	30.7	-	41.2
4	21.4	17.5	-	25.2	92.6	89.7	-	95.5	36.0	30.7	-	41.3	39.1	34.2	-	43.9
5	22.2	18.0	-	26.3	94.3	91.7	-	96.9	28.8	23.5	-	34.1	37.7	32.7	-	42.6
6	23.9	19.1	-	28.7	91.3	87.9	-	94.6	25.8	20.2	-	31.5	32.7	27.9	-	37.5
7	20.3	15.4	-	25.1	91.5	86.8	-	96.2	24.9	18.8	-	31.0	43.2	37.0	-	49.3
8	19.3	16.2	-	22.4	92.8	90.4	-	95.2	33.2	29.0	-	37.5	37.2	33.3	-	41.1
9	20.0	16.4	-	23.6	88.6	84.6	-	92.6	32.2	26.9	-	37.5	36.7	32.0	-	41.3
10	17.3	13.9	-	20.6	90.8	87.1	-	94.4	32.6	27.4	-	37.8	42.5	37.4	-	47.6
11	28.1	23.2	-	33.1	93.1	90.0	-	96.3	28.4	22.3	-	34.4	44.1	37.7	-	50.4
12	21.3	17.7	-	24.9	91.2	87.7	-	94.7	23.8	19.5	-	28.2	33.2	28.8	-	37.5
13	21.8	18.1	-	25.6	89.7	85.2	-	94.1	24.6	19.7	-	29.5	31.4	26.8	-	35.9
14	26.4	22.2	-	30.6	91.9	88.8	-	95.0	26.1	20.9	-	31.4	36.7	31.7	-	41.7

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The Ohio Behavioral Risk Factor Surveillance System is supported by the Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, cooperative agreement #6NU58DP006046-02-02. This award was funded by the National Center for Chronic Disease Prevention and Health Promotion and National Center for Environmental Health. The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.

Suggested Citation:

Ohio 2015 BRFSS Annual Report. Chronic Disease Epidemiology and Evaluation Section, Bureau of Health Promotion, Ohio Department of Health, 2017.