



Older Ohioan Health Profile

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INTRODUCTION

The older adult population (ages 55-64) in Ohio is a key demographic in the state health care system due their health status and financial position as well as their importance to the health care system (2014 Centers for Disease Control and Prevention). This population will be eligible for Medicare within the next ten years, which impacts how Ohio Medicare plans to allocate future scarce resources. Additionally, chronic conditions, which increase as individuals age, will require management from multiple providers within the healthcare system (2014 Centers for Disease Control and Prevention). Estimates indicate that adults, age 65 or older, will comprise 20% of the U.S. population by 2030 (2017 NSAAA) and 21.7% of the U.S. population by 2040 (2017 United Health Foundation). While Ohio's overall population is projected to grow 1.6 percent by 2030, Ohio's 60-plus population is projected to grow from 2.6 million to 3.37 million, representing a 30% increase (2017 Scripps Gerontology Center). The status and needs of Ohioans over 55 are important for policy and program planning to improve the quality of life of this population and enable them to age in their community of choice. Data are drawn from the 2017 Ohio Medicaid Assessment Survey (OMAS).

METHODS

The OMAS is a population health survey that samples both landline and cell phones in Ohio. The 2017 OMAS completed 39,711 interviews with adults, and 9,202 proxy interviews for children. The OMAS topics emphasize access to health care, health statuses for various populations, health risk behaviors, and health demographics for Ohio's Medicaid, Medicaid eligible, and non-Medicaid populations. The findings reported in this brief are weighted to be representative of all non-institutionalized adults in Ohio. For more information about OMAS' background, findings, methodology, and the OMAS Dashboard (web analytics) please visit <http://grc.osu.edu/omas/>.

This report examines sociodemographic data, health indicators, need for support and the financial situation for five subgroups of Ohio adults ages 55 and older. The age groups examined are: 1) 55-59; 2) 60-64; 3) 65-69; 4) 70-74; and 5) 75 and older. The indicators are represented through the following seven areas:

Health status: Whether the adult self-reports fair or poor health.

Chronic Disease: Whether the adult has ever been told by a health professional that they had: heart disease; hypertension, or diabetes. A fourth constructed indicator presents whether the adult has zero, one or more than one chronic condition.

KEY FINDINGS

- Older Ohioans, ages 55-64, fare comparatively worse than those ages 65 and older on percentage of current smokers, percentage in need of social or emotional support, self-rated health status as fair or poor, greater difficulty buying food and the experience of cost as a barrier to needed care.
- Ohioans, ages 55 and older, who live in a household with one or more children have higher odds of both finding it harder to buy food and delaying or avoiding needed care due to cost than do same age Ohioans living in households with no children.
- Lack of transportation is a barrier to needed care, although its impact differed by region and age. Transportation barriers to needed care for Ohioans age 75 and older ranged from 14.3% to 27.7% with more than 25% in both Appalachian and suburban regions experiencing this barrier.

Risk Factors: Body-Mass Index (BMI) – whether the adult is overweight or obese;¹ smoking status – whether the adult is a current smoker.

Need for Assistance: Because of a physical, mental, or emotional condition lasting six months or longer, whether the adult currently needs assistance with personal care, such as bathing, dressing, toileting, or feeding; because of a physical, mental, or emotional condition lasting six months or longer, whether the adult currently needs assistance with domestic assistance, such as shopping, laundry, housekeeping, cooking, or transportation; because of a physical, mental, or emotional condition lasting six months or longer, whether the adult currently needs assistance with social or emotional support, such as companionship, recreation, and socialization.

Financial Stress: During the previous 12 months, whether it has gotten harder to pay for food.

Unmet Needs: During the previous 12 months, whether the adult delayed or avoided getting care that they felt they needed due to cost, transportation, or because a provider was not available.

Logistic regression was employed to examine the association between seven indicators and three outcomes of interest. The three models' dependent variables were: self-rated health status (fair or poor vs. excellent, very good, or good); experienced more difficulty buying food; and avoided care due to cost. The seven indicators used in the models included: age (5 categories), gender (2 categories), race/ethnicity (4 categories), county type of residence (4 categories), income (3 categories), household composition (2 categories) and work status (2 categories). Because each indicator variable represents a set of categories rather than a continuum, model estimates are presented in reference to a particular category – for example, for Ohioans ages 55-59 compared with those 65-69, or black Ohioans compared with whites. The models show how each category of an indicator changes the odds of the outcome, compared to a reference group, adjusting for the other indicators. Reference groups, which are italicized in figures, are as follows: age 65-69, male, white, metropolitan, >250% FPL, worked last week. Model estimates are expressed as an odds ratio, that is, the ratio of the odds in the case of a particular value of a variable compared with the reference value. For example, where the odds ratio for female is 1.4, the odds of the outcome is 40% higher for females than for males, again adjusted for all other indicator variables in the model. Point estimates as well as 95% confidence intervals for odds ratios are presented here, but no statistical comparisons are performed or presented here.

RESULTS

Demographics

Table 1 presents the demographic characteristics of older adults in Ohio. Beginning with age 55, the percentage of males within each age group consistently decreased with age. The largest disparity in representation occurred in the 75 and older age group, in which females and males comprised 58.1% and 41.9%, respectively. Experiencing the death of a spouse occurred for more than 20% of Ohioans ages 70-74. The percentage of widowed older Ohioans nearly doubled to a high of 41.4% from the 70-74 to the 75 and older age group. The percentage of college graduates was larger in the younger age groups. Approximately 40% of 55-59 and 60-64 year olds had graduated college. The percentage decreased to 25.9 for those age 75 and older. Moreover, the percentage of Ohioans who were high school graduates increased with age to 44.2% in the 75 and older age group.

The decrease in household income with older age, after age 55, is consistent with previous research (U.S. Census Bureau, 2018). The percentage of older Ohioans with incomes greater than 250% FPL was the highest among those ages 55-59 (57.9%) and decreased consistently to a low of 37.4% for 75 and older adults. The largest change in the percentage with incomes greater than 250% FPL occurred between the 70-74 and 75 and older age groups. This 9 percentage point reduction compared with the 3-4 percentage point differences among the 55-59, 60-64, and 64-69 age groups. More than one-fourth (25.5%) of Ohioans age 75 and older lived in households with incomes <138% FPL, which constitutes the age group with the largest percentage of older Ohioans living at this income level. The percentages of those living <138% FPL among each age group ranged from a low of 24.0% in the 65-69 age group to the high of 27.5% among those 75 and older. Thus, there was a variation of 3.5 percentage points for the percentage living <138% FPL among all of the age groups. The percentages of older Ohioans living in households with incomes between 138% and 250% FPL consistently increased with age, ranging from a low of 17.1% among those 55-59 to a high of 35.0% among those 75 and older.

Between the ages of 55-74, the percentage of older Ohioans living <138% FPL changed minimally (1.0%). However, the percentage living >250% FPL decreased by 11.5%. Consequently, larger percentages of older Ohioans in these age groups moved from >250% FPL to 138-250% FPL. Finally, the differences in percentages of older Ohioans in each income group was much less among those 75 and older, with a variability of 10 percentage points compared to a range of nearly 33 percentage point difference among 55-59 year olds.

Table I. Sociodemographics Among Ohioans Age 55 and Older, 2017 OMAS

Indicator	Percentage				
	55-59	60-64	65-69	70-74	75+
Gender					
Female	49.7	52.9	54.4	56.8	58.1
Male	50.3	47.1	45.6	43.2	41.9
Education					
Did Not Graduate High School	8.8	8.2	12.6	14.4	17.2
High School Graduate	36.6	36.8	36.7	40.5	44.2
Some College	14.4	15.5	14.4	14.3	12.8
College Graduate	40.3	39.5	36.3	30.7	25.9
Marital Status					
Married	58.5	60.5	59.5	55.4	43.7
Divorced/Separated	21.3	18.5	18.7	15.7	9.8
Widowed	5.2	7.5	12.8	21.3	41.4
Never Married	10.6	9.1	6.0	4.6	3.2
Unmarried Couple	4.1	3.9	2.2	2.7	1.7
Race/Ethnicity					
Black/African American	11.1	10.3	10.2	9.6	7.3
Asian	1.5	1.3	1.4	1.4	0.5
Hispanic	1.8	1.8	1.4	1.1	1.0
White	83.8	85.2	86.1	86.9	90.0
Other	1.8	1.5	0.9	1.0	1.2
Income					
<138% FPL	25.0	24.5	24.0	24.1	27.5
138-250% FPL	17.1	21.3	25.9	29.5	35.0
>250% FPL	57.9	54.3	50.1	46.4	37.4
Insurance Status					
Insured	95.1	95.3	99.4	99.3	99.5
Uninsured	4.9	4.7	0.6	0.7	0.5
Insurance Type					
Medicare and Medicaid	5.3	4.8	10.2	9.8	8.8
Medicaid, no Medicare	11.3	9.8	1.8	0.9	0.5
Medicare, no Medicaid	8.9	13.5	79.6	84.2	85.9
Job-Based Coverage	57.1	52.4	5.6	1.7	2.1
Other	17.3	19.5	2.8	3.4	2.7
Household Composition					
1 Adult, 0 Children	25.6	24.6	29.9	34.4	44.2
1 Adult, 1 Child	1.6	1.3	1.1	0.5	0.7
2 Adults, 0 Children	57.1	64.8	61.6	59.8	51.0
2 Adults, 1 (+) Children	15.7	9.3	7.4	5.3	4.0
Work Status					
No Work Last Week	36.5	52.8	72.5	84.0	91.7
Work Last Week	63.5	47.3	27.5	16.0	8.3

The percentage of insured older Ohioans increased the most between the age groups of 60-64 and 65-69. The increase of four percentage points between these two age groups resulted in more than 99.0% with health insurance in all age groups older than 65. Eligibility for Medicare occurs at age 65, unless an individual is deemed disabled. The percentage of older Ohioans with only Medicare increased from 13.5% to 79.6% between 60-64 and 65-69. During this same period, those having job-based insurance decreased from 52.4% to 5.6%. Additionally, during the transition between these two age groups, the percentage of older Ohioans with Medicaid, no Medicare; job-based insurance and some other type of insurance decreased and, as previously stated, the percentage with Medicare increased by 66 percentage points. Although the percentage of older adults in Ohio who worked during the previous week

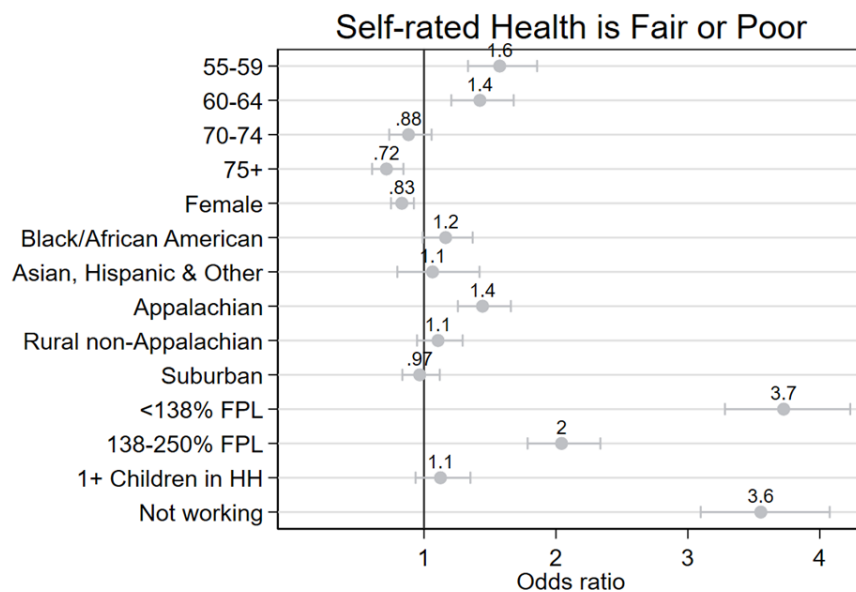
decreased from 47.3% among those age 60-64, more than 25% of older Ohioans age 65-69 continued to work, as did 16% of 70-74 year olds.

Health Status

More than 25% of older Ohioans in all of age groups examined had self-rated fair or poor health. The percentages ranged from 25.3 to 28.6. As presented in Figure 1, compared with Ohioans ages 65-69, those 55-64 experienced higher odds and those 70 and older experienced lower odds of self-rated fair or poor health. Adults, 55-59, had odds of fair or poor health that were 60% higher and those 60-64 had odds that were 40% higher than 65-69. Conversely, those 70-74 and 75 and older had odds of fair or poor health that were 12% and 18% lower, respectively, than 65-69 year-old Ohioans. It is important to note that these findings are based on

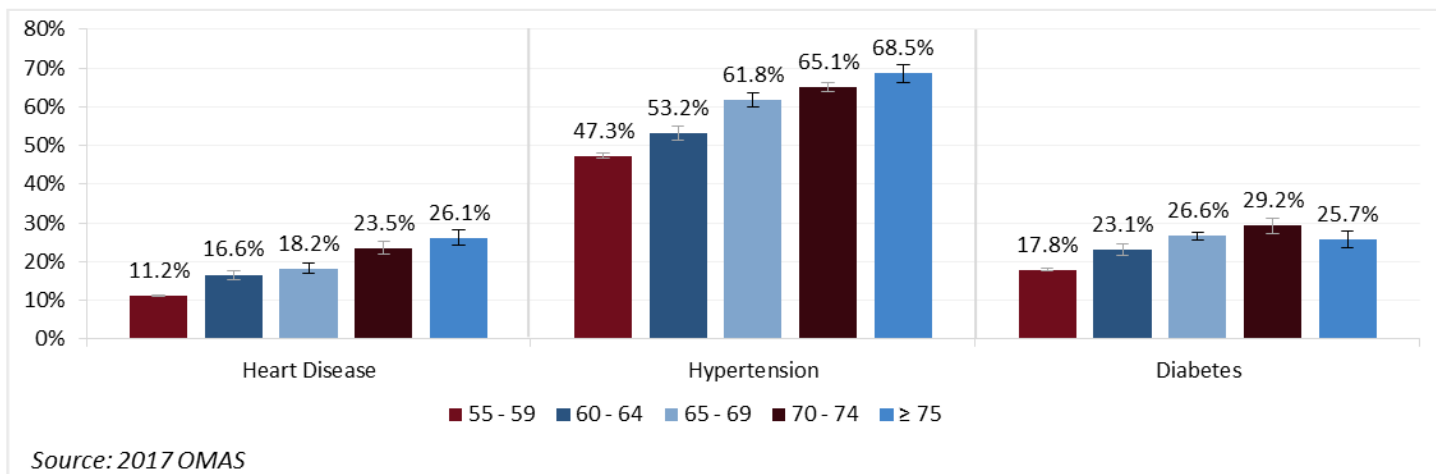
perceptions and not objective indicators of health. Compared to males, females had 17% lower odds of self-rated fair or poor health. African-Americans had odds of fair or poor health that were 20% larger than Caucasians and Asian, Hispanic and Ohioans of other races had odds that were 10% higher than Caucasians. Compared to Ohioans living in metropolitan areas, those in Appalachia and rural, non-Appalachia had odds of fair or poor health that were 40% and 10% greater, respectively. Compared to older Ohioans with incomes above 250% FPL, those with incomes <138% FPL had odds that were 270% greater and those with incomes 138-250% FPL had odds that were 100% greater of fair or poor health. Older adults who were not working had odds of fair or poor health that were 260% greater than older adults who worked.

Figure 1. Odds of Fair or Poor Health Status Among Ohioans Age 55 and Older: Self-Rated Fair or Poor Health, 2017 OMAS



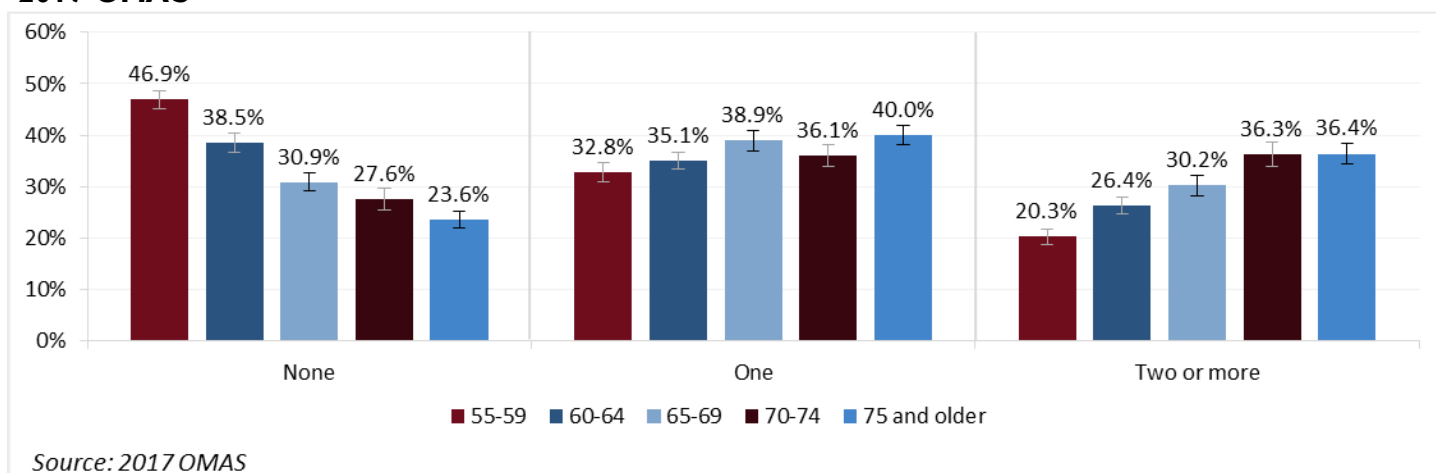
Source question: In general, would you say your health is excellent, very good, good, fair, or poor?

Figure 2. Lifetime Prevalence of Chronic Disease Among Ohio Adults Age 55 and Older (90% CI), 2017 OMAS



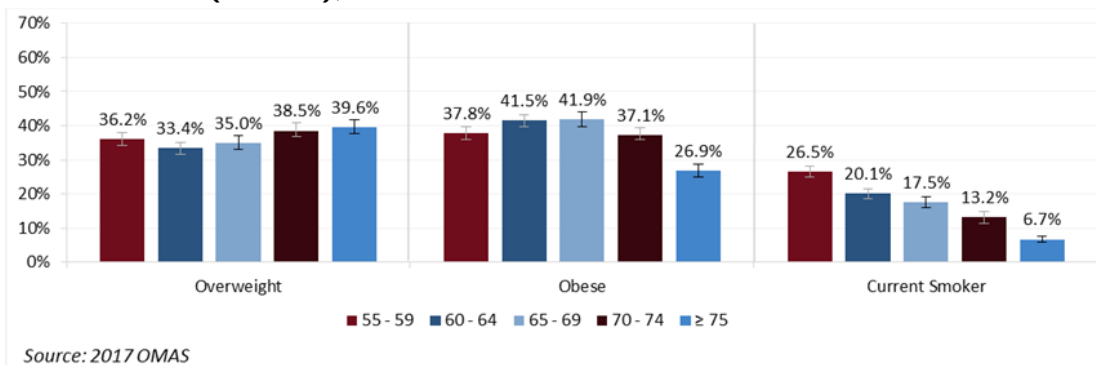
Source: 2017 OMAS

Figure 3. Percent of Ohio Adults Age 55 and Older by Burden of Chronic Conditions (90% CI), 2017 OMAS



Source: 2017 OMAS

Figure 4. Percent of Ohio Adults Age 55 and Older Experiencing Health Risk Factors (90% CI), 2017 OMAS



65 and older: Hypertension has been experienced by more than 60% in each of the three age groups, 65 and older, reaching the largest percentage of 68.5% among those age 75 and older. More than 25% within all age groups 65 and older had ever been advised that they had diabetes. More than 36% in the 70-74 and 75

and older age groups had two or more chronic conditions.

Figure 4 presents risk factors among Older Ohio adults. Ohioans age 65-69 had the largest combined percentage of those overweight or obese of any of the age groups and the age group with the largest percentage of obese. The percentage obese peaked at 60-64 and decreased to a low of nearly 27% of those 75 and older. There was less variability in percentage overweight among the age groups with a low of 33% in the 60-64 and a high percentage of 40% in the 75 and older age group. The percentage who smoke consistently decreased with age.

55-64: Nearly 75% of Ohioans, age 55-59, were either overweight or obese, with a slightly larger percentage (37.8%) being obese. More than 25% in this age category were current smokers. This represented the age group with the largest percentage of current smokers of those examined, with the next largest percentage in an age group being more than six percentage points smaller among 60-64 year olds. More than 40% within the 60-64 age group were obese and more than 33% were overweight. Additionally, 20% were current smokers.

65 and older: The percentage of overweight, older Ohioans increased among 65-69 year olds from the 60-64 age group and continued to increase to a largest

percentage of 40% in the 75 and older age group. The percentage who were obese reached a high of 42% in the 65-69 age group and decreased to the low of 27% among those 75 and older. The percentage who smoke decreased with age from nearly 18% in the 65-69 year old group to 6.7% among Ohioans age 75 and older.

Figures 2 and 3 present chronic conditions among Ohio older adults. This discussion is limited to heart disease, hypertension and diabetes although additional chronic conditions are experienced by older adults. As reflected in Figure 2, the percentages within each age group ever told that they had heart disease and hypertension increased with age. The percentage ever informed that they had diabetes follows the trend until 75 and older, at which age it decreased, but remained greater than 25%.

55-64: Although their percentages for each chronic disease examined was the smallest among all age groups, more than 47% of Ohioans, 55-59, had ever been advised that they had hypertension. Additionally, more than 17% and 11% had ever been told they had diabetes and heart disease, respectively. Nearly 50% of older adults, age 55-59, had none of the three chronic conditions examined and this age group has the smallest percentage with one, and more than one, chronic condition. Although they experience the smallest percentage, relative to the older age groups, nearly 33% had one chronic condition and 20% had two or more. Ages 60-64 represented the youngest of the age groups for which the percentage ever advised they had hypertension was greater than 50%. More than 25% of 60-64 year old, Ohioans had two or more of the chronic conditions examined.

Figure 5. Percent of Ohio Adults Age 55 and Older in Need of Assistance (90% CI), 2017 OMAS

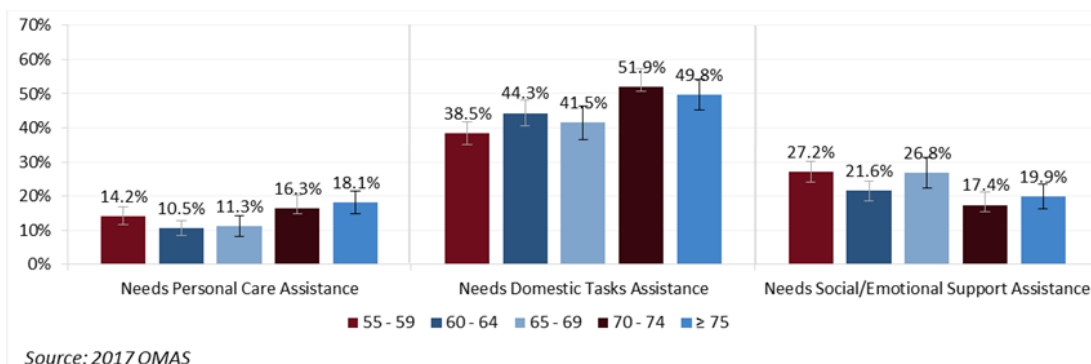


Figure 5 presents the need for assistance among Ohio older adults.

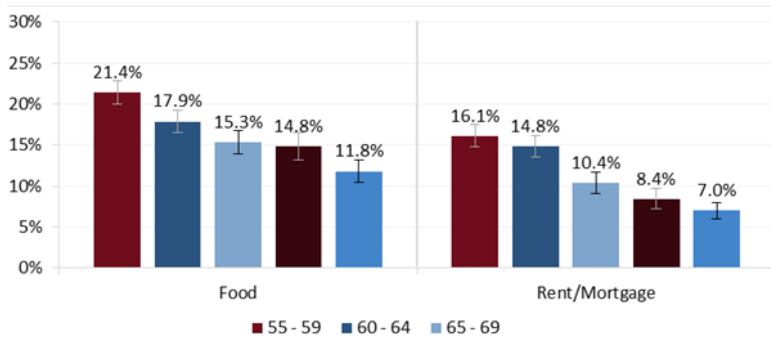
55-64: More than 10% of Ohioans age 55-59 needed assistance with personal care. Although those 55-59 represent the age group with the smallest percentage in need of domestic assistance, a percentage of 38.5% illustrated the extent of this need among 55-59 year olds. Additionally, the largest percentage, among the older adult age groups, with a need for emotional or social support occurred in 55-59 year old Ohioans (27%). Ohioans 60-64 experienced the smallest percentage in need of assistance with personal care. However, more than 21% needed social or emotional support and more than 44% needed assistance with domestic tasks.

65 and older: Domestic tasks was the area with the largest percentage of Ohioans in need of assistance across all age groups. Among those 70 and older, more than, or close to, 50% had this need. The percentage of older Ohioans with the need for assistance with personal care increased with age from age 65 on to a high of 18% among those 75 and older.

Figures 6 and 7 reflect hardship buying food during the previous 12 months. The percentage of adults age 55 and older who experienced difficulty decreased with age.

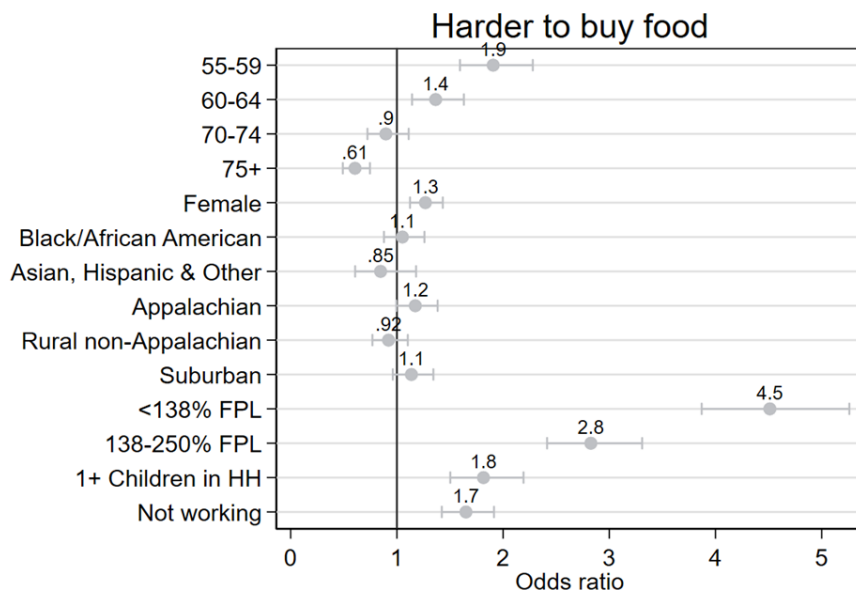
55-64 Ohio adults, age 55-59, comprised the only age group with more than 20% experiencing more difficulty buying food during the previous 12 months. Although the percentage of 60-64 years olds was smaller than the 55-59 group, there remained nearly 18% who experienced increased difficulty buying food during the previous 12 months.

Figure 6. Percent of Ohioans Age 55 and Older Experiencing Increased Financial Stress (90% CI), 2017 OMAS



Source: 2017 OMAS

Figure 7. Odds of Reporting that it's Harder to Buy Food Among Ohioans Age 55 and Older, 2017 OMAS



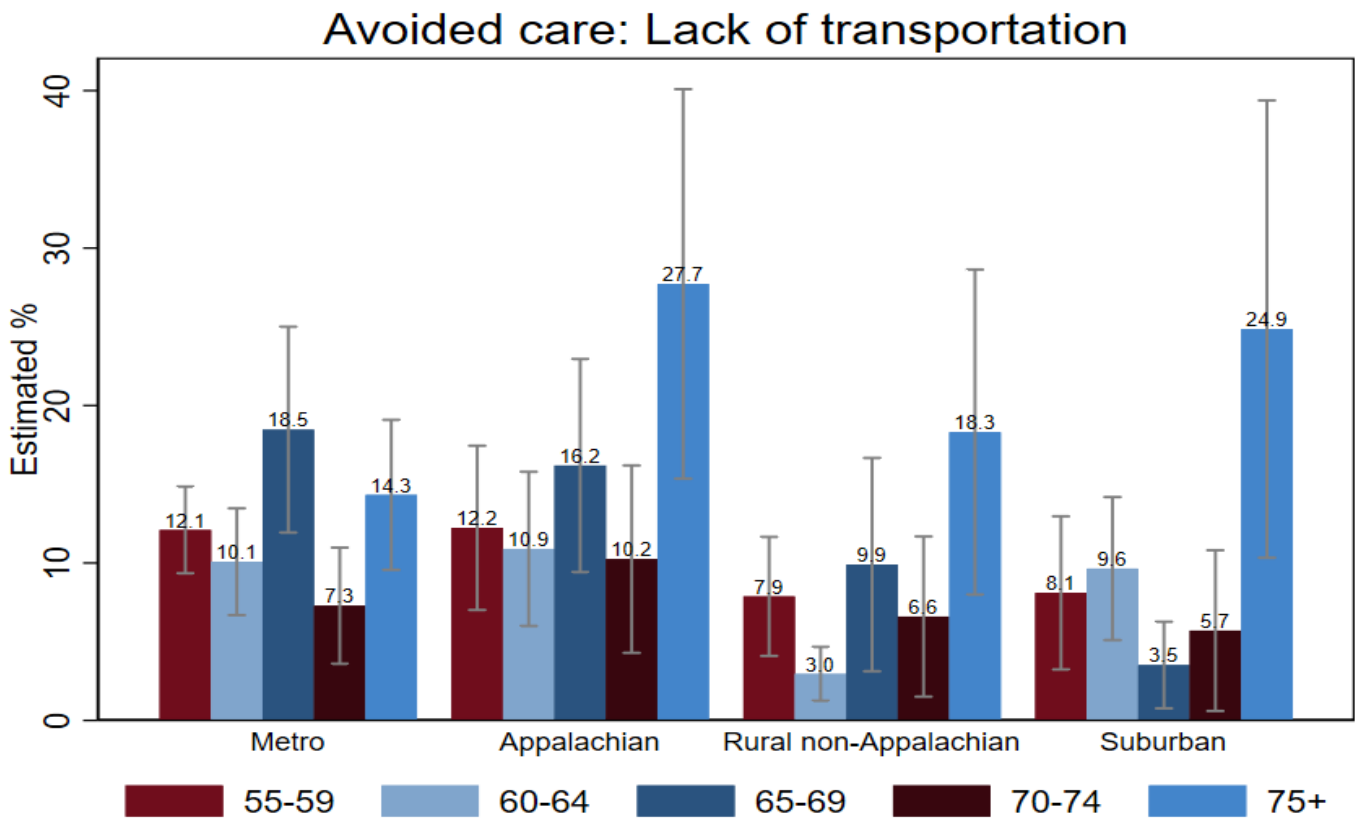
Source question: In the past 12 months, has it gotten easier, harder, or stayed the same to buy food for your family or household?

65 and older: Although the percentage of older adults with more difficulty buying food decreased as age increased, this financial stress existed in even the age group of oldest adults. Nearly 12% of those age 75 and older experienced financial barriers to food during the previous 12 months.

Figure 7 illustrates that compared with Ohioans ages 65-69, those 55-64 experienced higher odds and those 70 and older experienced lower odds of having more difficulty buying food during the previous 12 months. Adults, 55-59, had odds of finding it harder to buy food that were 90% higher and those 60-64 had odds that were 30% higher than 65-69. Conversely, those 70-74 and 75 and older had odds that were 10% and 39% lower of finding it harder to buy food during the previous 12 months than did 65-69 year-old Ohioans.

Compared to males, females had 30% higher odds of having more difficulty buying food. Compared to Ohioans living in metropolitan areas, those in Appalachia and suburban areas had odds of having more difficulty buying food during the previous 12 months that were 20% and 10% greater, respectively than those living in metropolitan areas. Conversely, those living in rural, non-Appalachia had odds of experiencing more difficulty buying food during the previous 12 months that were 8% lower than those living in metropolitan areas. Compared to older Ohioans with incomes above 250% FPL, those with incomes <138% FPL had odds that were 340% greater and those with incomes 138-250% FPL had odds that were 180% greater of having more difficulty buying

Figure 8. Percent of Ohioans Age 55 and Older Who Delayed or Avoided Getting Needed Care Due to Lack of Transportation by Age Group and County Type, 2017 OMAS



food during the previous 12 months. Older adults who lived in households with children had odds of having more difficulty buying food during the previous 12 months that were 80% greater than those in households without children. Compared to older Ohioans who were working and insured, those not working and uninsured had odds that were 70% greater of having difficulty buying food during the previous 12 months.

Figures 8-10 present factors associated with unmet healthcare needs among older Ohioans. These include lack of transportation, provider not available when needed, and cost.

The percentage of older Ohioans with transportation barriers to needed care among the age groups ranged from 7.8-14.5%. Figure 8 illustrates the regional experience of transportation barriers to needed care. Larger percentages of Ohioans 75 and older delayed or avoided needed care due to transportation in three of the four regions. Ohioans, age 75 and older living in Appalachia and suburban areas had the largest percentages with transportation barriers to needed care, with each having near or above 25% experiencing this barrier. More than 12% of 55-59 year olds living in metropolitan areas and Appalachia had transportation barriers as did more than 10% of 60-64 year olds in each

of these areas. This similarity continued among those age 65-69 as each of these two areas had transportation barriers to needed care for greater than 16% of residents. The widest variation of age group percentages within a region occurred among older adults living in suburban areas. A 21 percentage point difference existed between the transportation barriers of 65-69 and 75 and older living in suburbs.

Figure 9 presents the regional experience of provider availability as a barrier to needed care. Twelve of the 20 age groups examined within the four regions had more than 20% experiencing a provider not being available when needed as a barrier to care. Six of these age groups had greater than 25% with this barrier. More than 20% among four of the five age groups in metropolitan areas and Appalachia experienced a provider not available when needed. Among older adults, age 70-74 and 75 and older, those living in suburban areas were the only groups with less than 20% unable to access a provider when needed.

The range of older Ohioans who experienced cost barriers to needed care among the age groups ranged from 34.7%-64.0%. Figure 10 presents the regional experience of cost barriers to needed care. Younger ages, in all regions, experienced larger percentages with

Figure 9. Percent of Ohioans Age 55 and Older Who Delayed or Avoided Getting Needed Care Because of Provider Availability by Age Group and County Type, 2017 OMAS

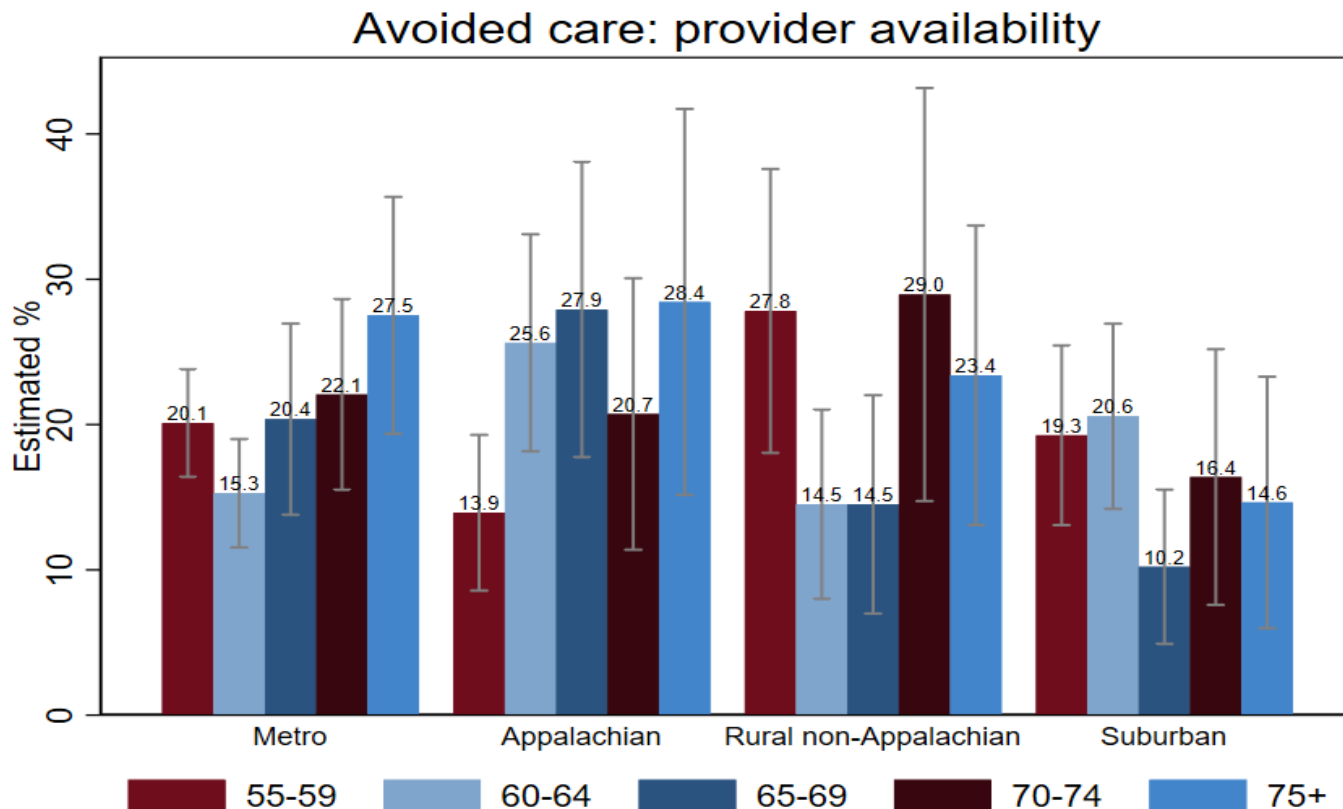
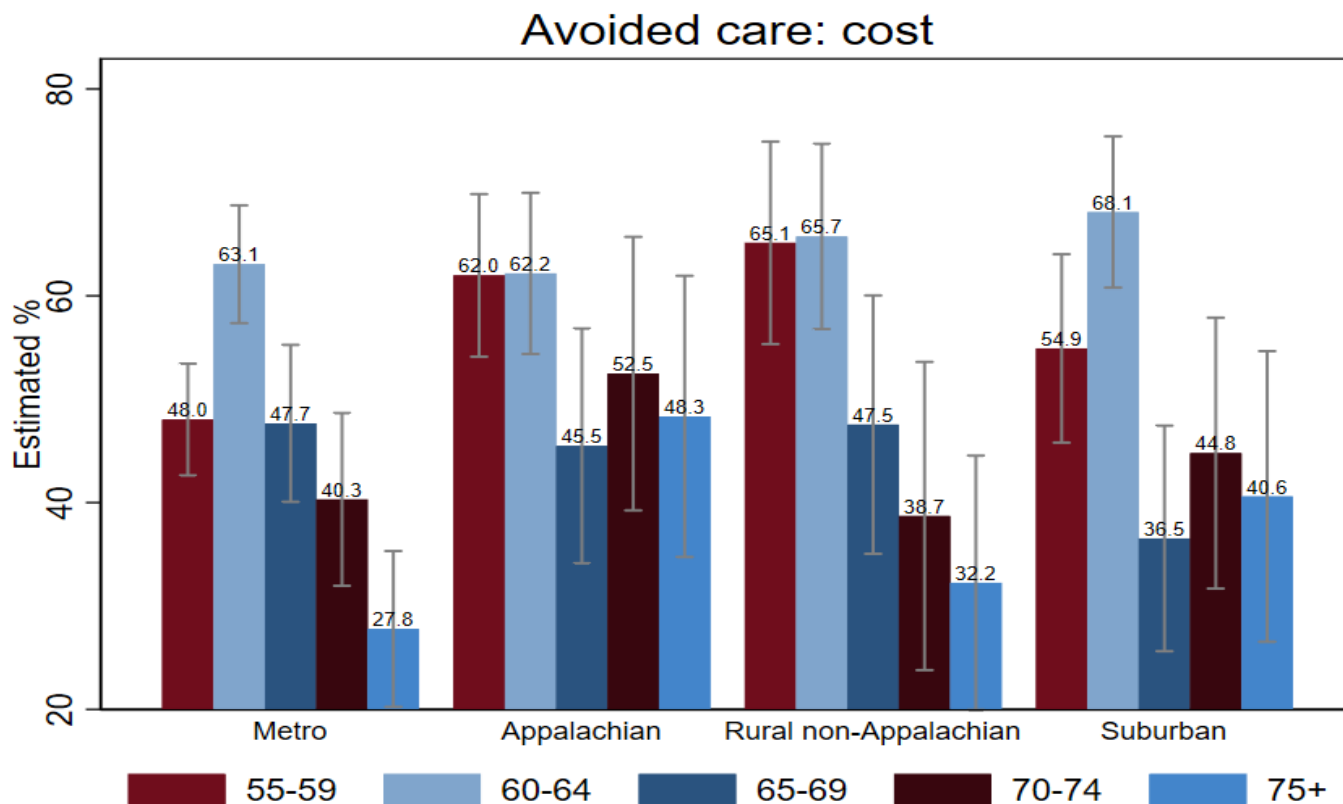


Figure 10. Percent of Ohioans Age 55 and Older Who Delayed or Avoided Getting Needed Care Due to Cost by Age Group and County Type, 2017 OMAS

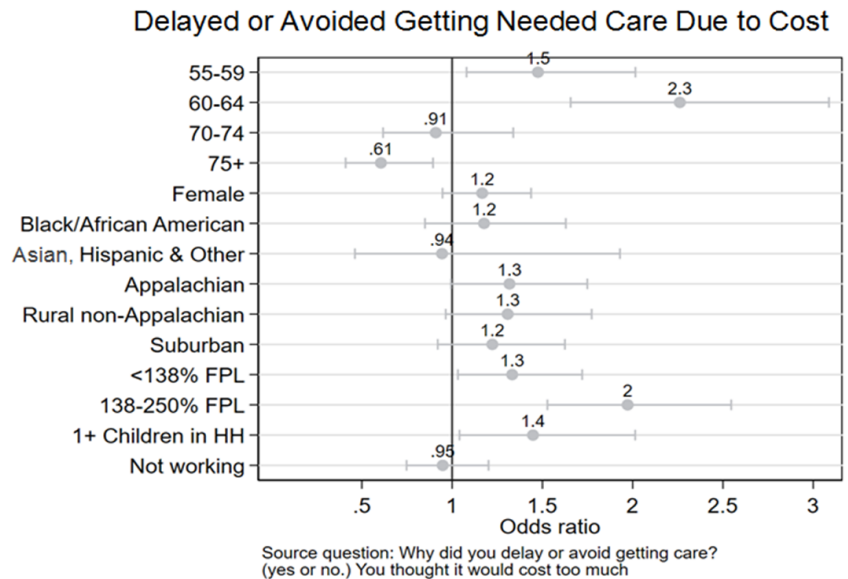


financial barriers to needed health care. The largest percentages of more than 60% occurred among six of the eight 55-59 and 60-64, age groups. However, nearly all of the 20 age groups living in the 4 regions in Ohio had at least 33% who delayed or avoided needed care due to cost. Eight of the 20 age groups had more than 50% experiencing cost as a barrier to needed care. Within each region, those age 75 and older had the smallest percentage delaying or avoiding care due to cost. However, a greater than 20 percentage point difference existed among the 75 and older regional age groups. Among Ohioans age 75 and older, the percentage delaying or avoiding needed care due to cost was lowest in the metropolitan areas and highest (48.3%) in Appalachia. More than 40% of those age 75 and older living in suburban areas experienced financial barriers to needed health care. The suburbs was also the region in which the age group with the largest percentage experiencing financial barriers to needed health care lived (68.1% among those 60-64).

The differences in percentages avoiding or delaying needed health care due to cost among those living in different Ohio regions appeared to be largest for the youngest and oldest age groups. A 17 percentage point difference occurred between 55-59 year olds living in metropolitan areas and rural, non-Appalachian areas. A nearly 21 percentage point difference occurred between those 75 and older living in metropolitan areas and Appalachian areas.

Figure 11 illustrates that, compared with Ohioans ages 65-69, those 55-64 experienced higher odds and those 70 and older experienced lower odds of avoiding care due cost. Adults, 55-59, had odds of avoiding care due to cost that were 50% higher and those 60-64 had odds that were 130% higher than 65-69. Conversely, those 70-74 and 75 and older had odds that were 9% and 39% lower of avoiding care due to cost than did 65-69 year-old Ohioans. Compared to males, females had 20% higher odds of avoiding care due to cost. African-Americans had odds that were 20% higher than Caucasians. Compared to Ohioans living in metropolitan areas, those in Appalachia and rural, non-Appalachia had odds of avoiding care due to cost that were 30% higher and the odds were 20% higher than metropolitan areas for those living in suburban areas. Compared to older Ohioans with incomes above 250% FPL, those with incomes <138% FPL had odds that were 30% greater and those with incomes 138-250% FPL had odds that were 100% greater of avoiding needed care due to cost. Older

Figure 11. Odds of Having Delayed or Avoided Getting Needed Healthcare Due to Cost Among Ohioans Age 55 and Older, 2017 OMAS



adults who lived in households with children had odds of avoiding care due to cost that were 40% higher than those in households without children.

CONCLUSIONS

The status and needs of older Ohioans varied by age, region of residence, economic status and household composition. Older Ohioans, ages 55-64, presented unique challenges and opportunities for policy and planning. Compared to 65-69 year old Ohioans, those age 55-59 and 60-64 had higher odds of: fair or poor health (compared to good, very good or excellent health), avoiding care due to cost, and having more difficulty buying food than during the previous 12 months. Overweight and obesity were critical targets of intervention for all older Ohioans, including those ages 55-64, as was smoking cessation. Although the percentage in need of social or emotional support was higher among all age groups than the percentage in need of assistance with personal care, the difference in need was more pronounced among those ages 55-69. The percentages in need of social or emotional support was approximately twice as large in each of these age groups. More than 50% of 55-59 and 60-64 year olds experienced cost barriers to needed care. There was consistency among regions for these younger age groups regarding larger percentages experiencing cost as a barrier to needed care. However, there were differences in cost barriers between regions and among age groups within the same region. Multigenerational households warrant further examination and present additional opportunities for

intervention. Older adults living in households with children had odds that were 40% larger of avoiding care due to cost and 80% greater of finding it harder to buy food than those without children.

POLICY IMPLICATIONS

During the next 10 years, older Ohioans, ages 55-64, will reach the age of eligibility for Medicare and community-based services that support aging-in-place. Their health status, risk factors, financial stress and unmet needs—particularly the need for social or emotional support—present opportunities for new or enhanced programs. Although Medicare enrollment may contribute to decreased financial stress, the rise in prevalence of chronic conditions among Ohioans 65 and older and the need for more support with personal care and domestic assistance among those 70 and older underscore the importance of community-based preventive and supportive services. Additionally, although they experience the lowest percentage among the age groups, nearly 12% of Ohioans 75 and older had more difficulty buying food during the previous 12 months demonstrating the need across all age groups to support food security programs and policies. Finally, Ohio’s four county types may present unique challenges for each age group related to barriers to needed care including transportation, cost and provider availability.

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Endnotes

1. Respondents were asked for their height and weight, from which a BMI indicator was constructed. Adults with a BMI of 30.0 or greater were classified as obese. Adults with a BMI of 25.0 or greater, but not greater than 30.0, were classified as overweight.

For more information about the methodology and findings in this brief, please visit grc.osu.edu/OMAS.