



Behavioral Risk Factor Surveillance System (BRFSS) 2023 Survey



Glenn County, CA

Acknowledgments



This study is an effort by Glenn County, CA officials to identify health disparities within the County and provide a comprehensive health profile of County residents.

Please note this report has been edited slightly by Glenn County Public Health for deidentification purposes.



The survey data collection was conducted by The Logit Group. The analysis of survey results and the following report were prepared by the research team at Market Decisions Research (MDR) of Portland, Maine.

September 2023

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BACKGROUND AND PURPOSE

According to the 2023 County Health Rankings from the University of Wisconsin Population Health Institute (*see Appendix B*), Glenn County lags behind the rest of California based on various key health indicators, including but not limited to premature deaths and mental health care access.

The purpose of this report is to present county-level results of the Behavioral Risk Factor Surveillance System (BRFSS) survey – a tool used to collect health-related data at the county, state, and national levels – that illuminate additional insights about the well-being of Glenn County residents. Specifically, this report aims to:



1. **Provide a Comprehensive Health Profile:** This report presents a comprehensive picture of the health status of Glenn County residents, including the proportion of residents reporting that they have chronic diseases, engage in risky health behaviors, et cetera.
2. **Highlight Health Disparities:** This report contains results that may spotlight health disparities across demographic groups in the county, which is crucial information for designing and implementing interventions to improve health equity.

Healthy People 2030:

The Healthy People 2030 initiative is a comprehensive set of objectives and targets developed by the U.S. Department of Health and Human Services (HHS) to guide national public health efforts and promote the health and well-being of Americans. Healthy People 2030 builds upon the previous Healthy People 2020 framework and sets goals and objectives for the next decade that are meant to address urgent public health challenges. To situate country-level results within a national context, the data in this report is presented based on their associated Healthy People 2030 topic (e.g., disability) and, when appropriate, accompanied by a description of said topic.

History

In 1990, the first set of National Health Promotion and Disease Prevention Objectives was released to the public. These objectives, known collectively as Healthy People 1990, outlined the U.S. government’s initiative to improve the health of individuals, communities, and the nation, with an initial focus on reducing death rates for all ages and improving older adults’ ability to thrive independently.¹ This initiative was revised in 1999 (as Healthy People 2010) and again in 2010 (as Healthy People 2020).

Healthy People 2030 is the most recent iteration of this initiative. It outlines 359 core 10-year health objectives organized into five public health domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context. These domains spotlight often-intertwining factors — such as behavior, biology, physical environment and social environment — that can influence individual and community health. Rather than focus on outcomes of disease, these objectives aim to draw attention to both the individual and social determinants that affect public health as well as contribute to health disparities for individuals, regardless of their age.

2030 Overarching Goals and Focus Areas

Healthy People 2030 has the following overarching goals:

1. Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
3. Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
4. Promote healthy development, healthy behaviors, and well-being across all life stages.
5. Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

With these overarching goals in mind, Healthy People 2030 encompasses a wide range of specific focus areas, including but not limited to:

1. **Mental Health and Substance Use:** Addressing mental health challenges, promoting emotional well-being, and preventing substance use.
2. **Chronic Disease and Healthy Aging:** Reducing the prevalence and impact of chronic diseases, with a particular emphasis on healthy aging and quality of life for older adults.
3. **Infectious Diseases:** Preventing and controlling infectious diseases, including vaccinations, sexually transmitted infections, and emerging threats.
4. **Nutrition and Physical Activity:** Promoting healthy eating habits and physical activity to reduce the risk of obesity and related chronic diseases.
5. **Healthcare Access and Quality:** Ensuring access to affordable, high-quality healthcare services and improving healthcare delivery systems.
6. **Social Determinants of Health:** Understanding social determinants of health, including education, income, housing, and employment, to help reduce health disparities.

HOW TO READ THIS REPORT

The survey results included in this report touch mainly on two of the public health domains identified by the Healthy People 2030 initiative: Health Care Access and Quality, and Social and Community Context. The specific Healthy People 2030 objective, which includes a brief description of the objective (for example: *reduce the number of new HIV diagnoses*), that is associated with the topic will accompany the topic description (if a related objective exists).

The tables that visualize relevant BRFSS data show the percentage of Glenn County residents and are broken down by demographic groups. When data are not available (because the indicator was not included on the survey), the comparison column will contain a dash (-) or not available (NA). Comparison charts will include 2023 BRFSS data for Glenn County respondents overall as well as BRFSS data for California respondents overall. The 2021 California state data is the most recently available.

Additionally, it is important to note that the overall Summary of Results only reports on the weighted percentages. Unweighted respondent demographics are reported separately.

Definitions

Weighting/Weighted Data

Weighting means that the data have been adjusted (weighted) so that the sample proportion of respondents with a given characteristic more closely matches the true proportion of respondents with that characteristic in the broader county population.

Statistically Significant

When applicable, the term “statistically significant” is used to describe differences between data estimates that could not have occurred by chance. Specifically, these differences represent instances where the respective 95 percent confidence intervals for the data estimates do not overlap.

METHODOLOGY

Survey

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, state-based telephone surveillance system supported by the Centers for Disease Control and Prevention (CDC). Through a series of monthly telephone interviews, states uniformly collect data on the behaviors and conditions that place adults at risk for chronic diseases, injuries, and preventable infectious diseases that are the leading causes of illness and death in the United States.

The Glenn County BRFSS follows the CDC protocol for the BRFSS and uses the standardized core questionnaire and modules. The interviews were administered via telephone (via landline and cell phone) to randomly selected adults from a sample of households in the County from June 21st, 2023 to July 31st, 2023.

The sample for this study included both landline and cell phone users and was provided by Marketing System Group (MSG), which used the following methods to select its samples:

- The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed methodology with disproportionate stratification based on “listedness.”
- The cell phone sample included the application of Cellular Working Identification Number Service, which identified inactive telephone numbers within the cellular RDD sample. To improve the efficiency of the sample further and reduce the number of out-of-scope calls, a zip code matching process was also used.

The Glenn County BRFSS survey was completed by 381 residents, took on average 32 minutes to complete.

Weighting

The collected BRFSS data were weighted to adjust for gender, age, and race using the 2010 Glenn County intercensal population distributions. The first step in this process is to compute design weights. Design weights are calculated using the weight of each geographic stratum (STRWT), the number of landline phones within a household, and the number of adults who use those phones. For cellphone respondents, both the number of landline phones within a household, and the number of adults who use those phones are set to 1. The formula for the design weight is:

$$\text{Design Weight (DW)} = \text{STRWT} * \frac{1}{\text{number of landlines in household}} * \text{number of adults}$$

The stratum weight (STRWT) accounts for differences in the probability of selection among strata. It is the inverse of the sampling fraction of each stratum.

This initial design weight is then adjusted by age, gender, and race in separate weighting adjustments. Since the application of any weighting adjustment to the initial weight causes the survey counts to vary, a process called “raking” was utilized.

Raking is done to calibrate and improve the reliability of survey estimates by reducing standard errors. Once the raking adjustments are made, the process was repeated until the adjustments converged and the weighted counts for the entire dataset matched the target population demographic profile.

The variable “LLCPWT” is the final weight assigned to each respondent.

Statistical Analysis

All statistical analyses were performed on the full dataset and comparisons were made between certain subgroups of interest using IBM SPSS 24.

Tests were conducted to identify statistically significant differences between survey results when comparing by demographic characteristics of Glenn County adults. Confidence intervals at the 95% level were calculated by determining the value of the standard error and multiplying this standard error by 1.96 (i.e., the number of standard deviations that contain 95% of distributed proportions). The range that includes the survey result minus this value and plus this value is the 95% confidence interval.

A confidence interval gives the estimated range of values which is likely to include an unknown population parameter that is represented by a survey result with the estimated range calculated based on the survey results.

Confidence intervals were used to determine statistical significance. Confidence intervals were calculated by using the following equation:

$$CI = \bar{x} \pm z \frac{s}{\sqrt{n}}$$

Where CI = confidence interval,

\bar{x} = sample mean, Z = confidence level value (1.96), s = standard deviation, n = sample size.

A difference between two values would be considered statistically significantly different if the confidence intervals calculated for the two values do not overlap. If they do overlap, the two values are not statistically significantly different.

Limitations

The Glenn County BRFSS survey is meant to provide valuable insights into the health status of the community. Extensive precautions were taken to weight the data and ensure that the results and findings presented in this report are sound and based upon statistically valid methods and analyses. However, it is important to acknowledge certain limitations that should be considered when interpreting the findings:

1. **Small Sample Size:** Some subgroups and specific health indicators may have smaller sample sizes, potentially resulting in less precise estimates. When analyzing data for these subgroups, caution should be exercised in drawing definitive conclusions, as the statistical reliability of such estimates may be limited.
2. **Time Discrepancies in Comparisons:** When making comparisons with state-level data, it is essential to note that the data from Glenn County and the state may not always correspond to the same year. BRFSS data collection occurs annually and may differ in timing, which can affect the comparability of trends and statistics.

3. **Self-Reported Data:** BRFSS relies on self-reported information from survey respondents. As such, the data is subject to recall bias and social desirability bias, which can affect the accuracy of responses, especially on sensitive topics such as health behaviors and trauma history.
4. **Non-Response Bias:** The survey's response rate may vary across different demographic groups, potentially leading to non-response bias. For instance, survey respondents for this study are significantly skewed toward the age group of 65 years and over (39%). This skewedness means that the survey results may not fully represent the entire population of Glenn County.

Population Demographics

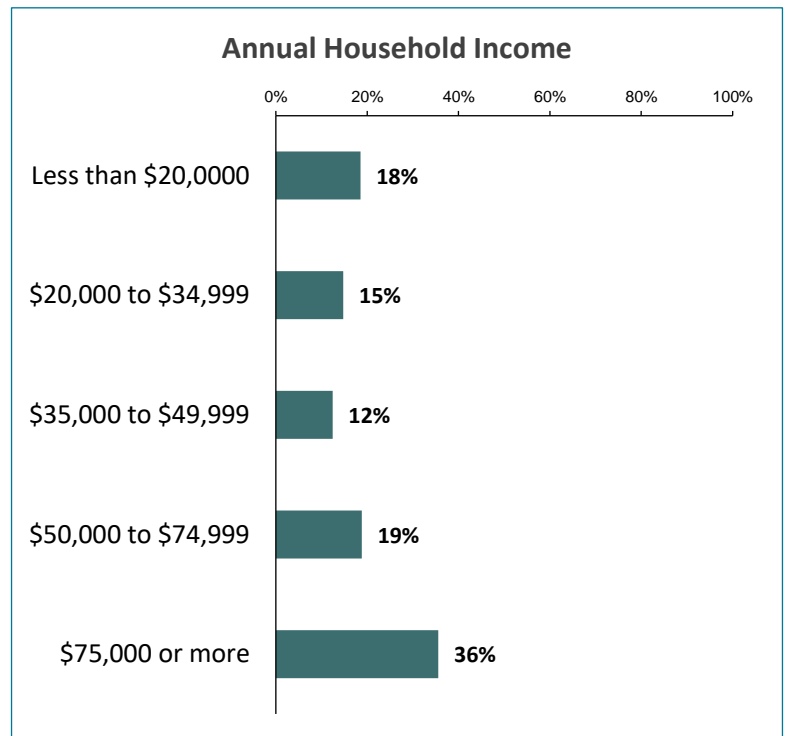
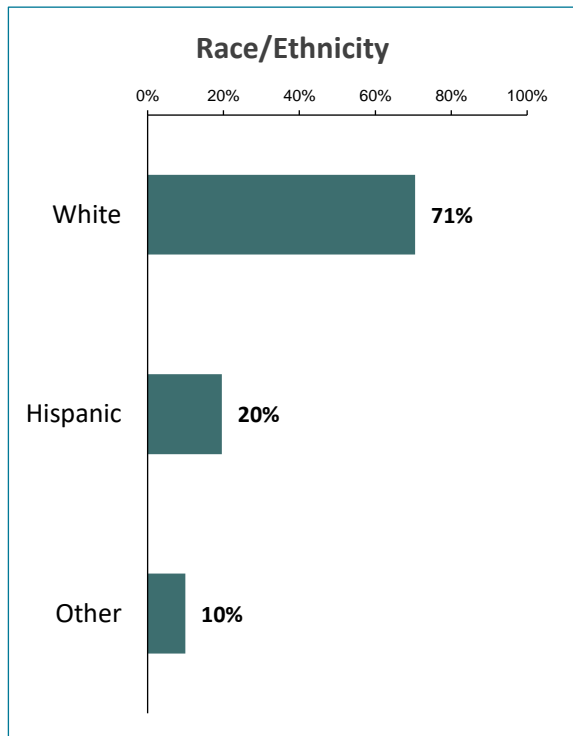
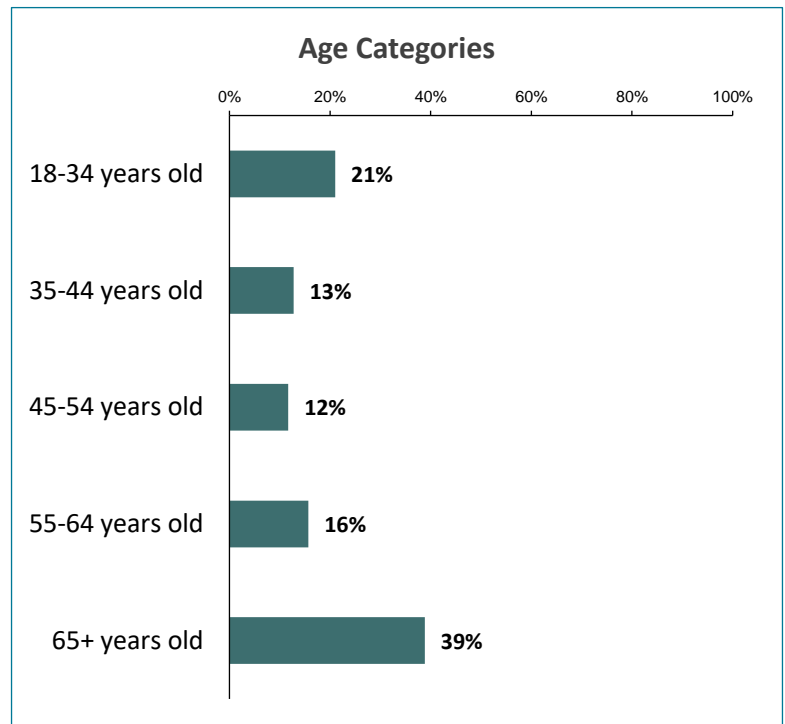
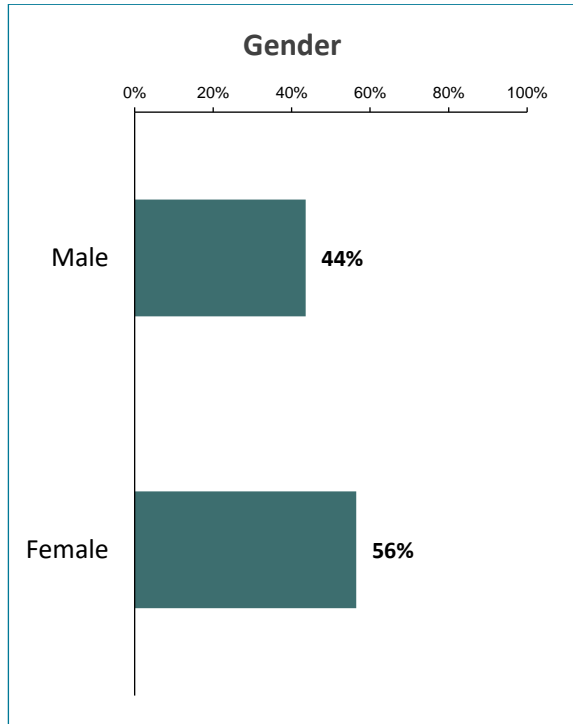
The following tables show information about the composition of Glenn County's population based on current Census estimates.

GLENN COUNTY POPULATION 28,339
STATE OF CALIFORNIA POPULATION 39,029,342

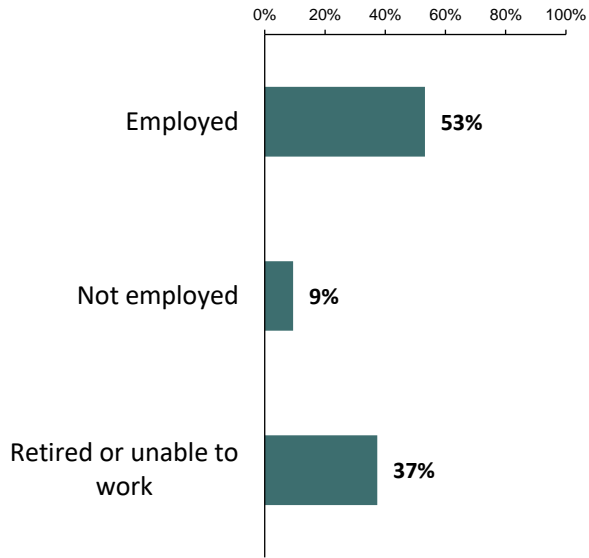
	GLENN COUNTY	CALIFORNIA
Population		
Female persons	48.9%	49.9%
Persons under 18 years	26.7%	21.8%
Persons 65 years and over	17.2%	15.8%
Veterans	1,351	1,467,026
Foreign born persons	16.0%	26.5%
Persons per household	2.91	2.92
Rural population	40.9%	5.0%
Race and Ethnicity		
White	88.9%	70.7%
Black or African American	1.3%	6.5%
American Indian and Alaska Native	3.5%	1.7%
Asian	3.0%	16.3%
Other	3.3%	4.8%
Hispanic or Latino	44.6%	40.3%
Health		
With a disability, age <65	8.4%	6.8%
Persons without health insurance, age <65	11.6%	8.1%
Education		
High school graduate or higher, age 25+	76.5%	84.2%
Bachelor's degree or higher, age 25+	16.0%	26.5%
Income and Poverty		
Median household income	\$56,332	\$84,097
Unemployment rate	6.9%	7.3%
Individuals living in poverty	15.5%	12.3%
Households with broadband internet	82.7%	90.4%
Mean travel time to work (minutes)	22.2	29.5

Respondent Demographics (unweighted)

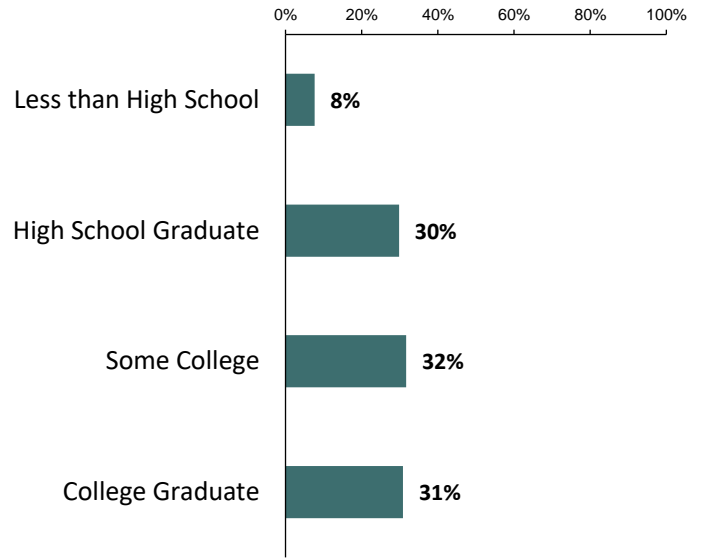
The following graphs and charts show information about the make-up of Glenn County residents who participated in the survey (n=381).



Employment Status



Education Level



SUMMARY OF RESULTS

The survey results did not vary considerably from available state estimates for most indicators (see Appendix A), potentially indicating that the county is neither falling behind nor pulling ahead of the state in terms of overall public health outcomes. However, there were a few notable exceptions, namely:

Areas of Strength

Overall General Health	Glenn County residents exhibit a similar level of self-reported general health compared to the state of California, with approximately 16% reporting fair or poor general health. This suggests that a majority of residents perceive their health as good or better, which is a positive indicator for overall community well-being.
Health Insurance Coverage	A relatively low percentage (less than 3%) of residents lack health insurance, which is lower than the state average. This indicates that a significant portion of Glenn County's population has access to healthcare services and coverage, reducing potential barriers to receiving necessary medical care.
Routine Check-ups	A majority of residents have seen a doctor for a routine check-up within the past 12 months, indicating good healthcare utilization. Regular check-ups are vital for preventive care and early detection of health issues, contributing to better health outcomes.

Areas to Explore

<p>Disparities in Self-Reported Health</p>	<p>While Glenn County residents exhibit a similar level of self-reported general health compared to the state, a significant proportion of older residents (65 and over), those with lower incomes, and individuals with lower educational attainment report fair or poor general health. Addressing these disparities is essential to ensure that health outcomes are equitable across demographic groups, emphasizing the importance of accessible and culturally sensitive healthcare services.</p>
<p>Physical and Mental Health</p>	<p>Residents with lower incomes report poorer physical and mental health, suggesting a need for accessible and affordable healthcare and mental health services. Tackling the social determinants of health, such as income disparities, is crucial to improving overall well-being.</p> <p>Moreover, a substantial proportion of residents report a history of depressive disorders, indicating a need for accessible mental health services and destigmatization efforts. Reducing barriers to seeking mental healthcare and promoting mental health awareness are critical steps.</p> <p>Glenn County also experiences higher rates of Adverse Childhood Experiences (ACEs), particularly emotional abuse and parental separation or divorce. This suggests the need for support services, trauma-informed care, and community programs to address the lasting impact of childhood adversity.</p>
<p>Obesity</p>	<p>Glenn County faces a higher prevalence of overweight and obese individuals as compared to the state. This indicates a need for targeted interventions to promote healthier lifestyles and nutrition, potentially through community programs, education campaigns, and increased access to fresh and nutritious foods.</p>
<p>Low Fruit and Vegetable Consumption</p>	<p>A substantial number of residents do not consume fruits and vegetables regularly, indicating a need for nutrition education and access to fresh produce. Promoting healthy eating habits and improving food security can be key strategies to address this issue.</p>
<p>Physical Inactivity</p>	<p>A notable percentage, especially among older and less educated residents, report no physical activity outside of their jobs. Encouraging physical activity among these groups is crucial for overall health and may involve creating safe and accessible spaces for exercise and providing educational resources.</p>

Areas to Explore

Disability

Glenn County has a higher prevalence of disability, particularly among those with lower incomes and educational attainment. Supporting individuals with disabilities through inclusive policies, accessible infrastructure, and employment opportunities is vital for their well-being and full participation in the community.

Chronic Conditions

Glenn County residents report rates of chronic conditions such as high blood pressure, diabetes, and heart disease that are on par with the state. Preventive health measures, regular screenings, and management strategies are essential to address and mitigate the impact of these conditions.

Substance Use

While some substance use rates align with the state, binge drinking, marijuana use, and tobacco use are areas to explore. Substance abuse prevention and intervention efforts may be beneficial, including education and support services to reduce harmful behaviors.

Preventive Screenings

While some preventive screenings are on par with the state, encouraging residents to participate in screenings for conditions like diabetes and cancer remains important. Public health campaigns and outreach efforts can increase awareness and participation.

A significant proportion of residents have never been tested for HIV. Promoting HIV awareness and testing is crucial for public health, emphasizing the importance of education, testing centers, and reducing stigma associated with HIV.

Perceived Health Status

A primary goal of Healthy People 2030 is to help individuals improve their quality of life. Quality of life is a multifaceted concept, but a person’s perception of their overall health status – especially if they report that their overall health status is fair or poor – is a meaningful way of measuring and understanding this concept.

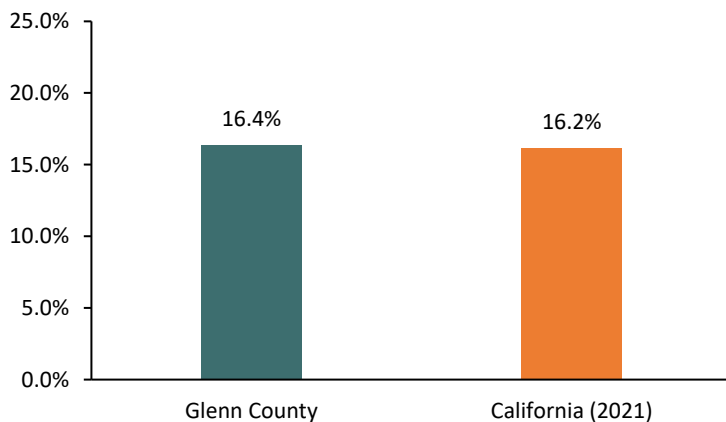
Key Findings

Overall, roughly 16% of Glenn County residents reported fair or poor general health. This proportion is comparable to the state overall.

A greater proportion of residents 65 and over (about 31%), those earning annual household incomes less than \$20,000 and between \$20,000 and \$35,000 (about 31% for each income category), and those with less than a high school diploma (about 45%) reported fair or poor health.

Demographics	% Reported Fair or Poor Overall Health
Overall	16.4%
Gender	
Male	16.1%
Female	16.7%
Age Categories	
18-34 years old	7.3%
35-44 years old	19.2%
45-54 years old	11.6%
55-64 years old	21.6%
65+ years old	31.3%
Annual Household Income	
Less than \$20,000	31.6%
\$20,000 to \$34,999	31.4%
\$35,000 to \$49,999	11.1%
\$50,000 to \$74,999	12.4%
\$75,000 or more	7.1%
Education Level	
Less than High School	44.9%
High School Graduate	21.2%
Some College	15.7%
College Graduate	6.8%
Employment Status	
Employed	8.7%
Not employed	23.2%
Retired or unable to work	35.7%
Race Categories	
White	17.7%
Hispanic	14.3%
Other	16.3%

Overall Perceived Health (% Fair or Poor)



Quality of Life

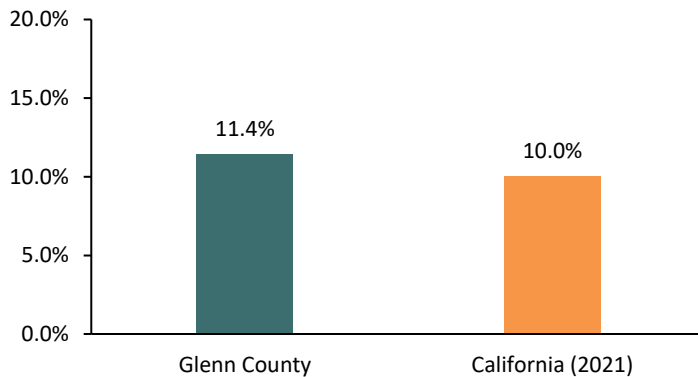
Quality of life encompasses a person’s sense of their physical and mental well-being. In this report, the concept of quality of life is measured by the proportion of residents who said that their physical and/or mental health has been not good for 14 days or longer.

Key Findings

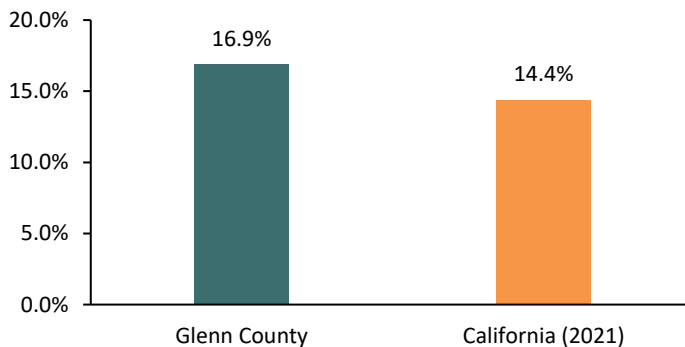
Overall, roughly 11% of Glenn County residents reported poor physical health for 14 or more days and roughly 17% reported poor mental health. These proportions are comparable to the overall state proportions in 2021.

A greater proportion of residents with incomes under \$50,000 reported poor physical health (about 56% collectively) and mental health (about 85% collectively) compared to residents making over \$50,000 (about 11% collectively for physical health and about 24% collectively for mental health).

Overall % Physical Health Not Good (14+ Days)



Overall % Mental Health Not Good (14+ Days)



Demographics	% Physical Health Not Good (14+ Days)	% Mental Health Not Good (14+ Days)
Overall	11.4%	16.9%
Gender		
Male	9.1%	12.6%
Female	13.7%	21.2%
Age Categories		
18-34 years old	5.1%	27.5%
35-44 years old	12.6%	18.4%
45-54 years old	11.8%	14.5%
55-64 years old	20.1%	9.0%
65+ years old	14.5%	9.9%
Annual Household Income		
Less than \$20,000	22.8%	25.5%
\$20,000 to \$34,999	22.5%	29.4%
\$35,000 to \$49,999	10.8%	29.7%
\$50,000 to \$74,999	5.7%	18.5%
\$75,000 or more	5.6%	5.4%
Education Level		
Less than High School	11.8%	24.9%
High School Graduate	17.3%	25.9%
Some College	9.4%	17.3%
College Graduate	8.3%	7.3%
Employment Status		
Employed	7.0%	17.3%
Not employed	19.3%	14.5%
Retired or unable to work	21.1%	16.9%
Race Categories		
White	11.9%	17.1%
Hispanic	8.6%	15.9%
Other	23.5%	23.6%

Body Mass Index (BMI)

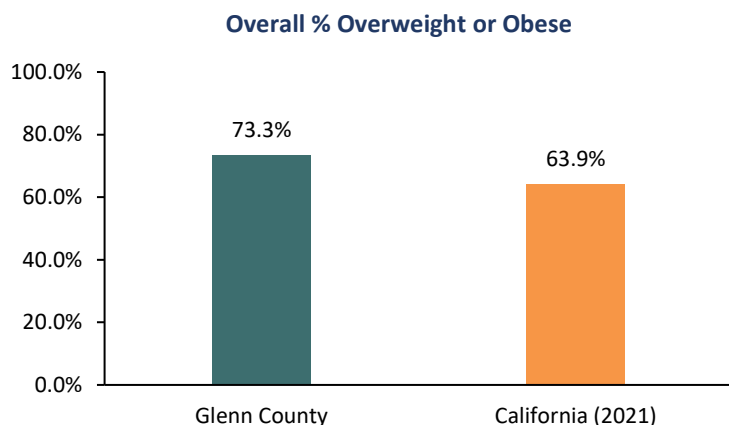
Another Healthy People 2030 goal is to reduce the number of adults who are overweight or obese. Based on their weight and height, about 1 out of every 3 adults in the United States is categorically overweight, and about 2 out of every 5 adults are categorically obese.²

Excessive weight is primarily the consequence of diet – whether from restricted access to healthy foods or overeating – and a lack of physical activity. When left untreated, excessive weight can lead to a multitude of health problems, including but not limited to diabetes, heart disease, and stroke.³

Key Findings

About 73% of residents overall reported that they are either overweight or obese, which is almost 10 percentage points higher than the proportion of overall California residents who reported the same in 2021.

A greater proportion of men reported that they are either overweight or obese compared to women. Compared to white residents, a greater proportion of Hispanic residents and residents who identified as another race (but not white) reported that they were overweight or obese.



Demographics	% Overweight or Obese
Overall	73.3%
Gender	
Male	76.9%
Female	69.6%
Age Categories	
18-34 years old	66.6%
35-44 years old	76.5%
45-54 years old	78.8%
55-64 years old	82.7%
65+ years old	67.4%
Annual Household Income	
Less than \$20,000	81.3%
\$20,000 to \$34,999	75.8%
\$35,000 to \$49,999	69.0%
\$50,000 to \$74,999	65.7%
\$75,000 or more	76.9%
Education Level	
Less than High School	59.0%
High School Graduate	69.3%
Some College	79.4%
College Graduate	74.6%
Employment Status	
Employed	73.9%
Not employed	68.8%
Retired or unable to work	72.9%
Race Categories	
White	69.2%
Hispanic	79.0%
Other	79.7%

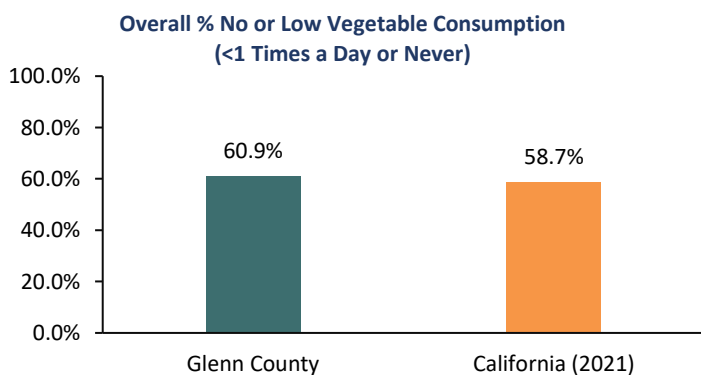
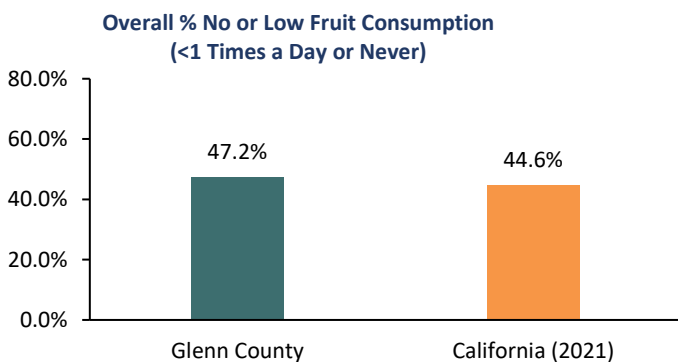
Nutrition

Healthy People 2030 focuses on helping people get the recommended amounts of healthy foods — like fruits, vegetables, and whole grains — to reduce their risk for chronic diseases and improve their health. According to the United Health Foundation’s America’s Health Rankings analysis of national BRFSS data, only about 7% of adults consume two or more pieces of fruit and three or more vegetables on a daily basis.⁴

Key Findings

Nearly half of residents reported consuming fruit less than once per day or never, and about 60% reported consuming vegetables less than once per day or never. Both proportions are comparable to California residents overall in 2021 and were similar across most demographic groups, with residents who possess less than a high school education serving as an interesting exception for fruit consumption (only about 25% reported consuming fruit less than once per day or never).

Demographics	% Fruit Consumption (< 1 Times Per Day or Never)	% Vegetable Consumption (<1 Times Per Day or Never)
Overall	47.2%	60.9%
Gender		
Male	46.2%	63.9%
Female	48.3%	57.9%
Age Categories		
18-34 years old	52.9%	69.0%
35-44 years old	43.9%	49.2%
45-54 years old	40.8%	62.4%
55-64 years old	45.8%	53.6%
65+ years old	42.2%	63.0%
Annual Household Income		
Less than \$20,000	41.9%	57.4%
\$20,000 to \$34,999	68.0%	66.5%
\$35,000 to \$49,999	45.9%	56.1%
\$50,000 to \$74,999	47.3%	75.0%
\$75,000 or more	42.3%	55.7%
Education Level		
Less than High School	24.7%	59.0%
High School Graduate	53.9%	71.1%
Some College	55.3%	64.8%
College Graduate	38.1%	49.3%
Employment Status		
Employed	45.4%	60.9%
Not employed	43.9%	60.3%
Retired or unable to work	54.6%	60.3%
Race Categories		
White	50.0%	56.7%
Hispanic	40.9%	67.0%
Other	58.2%	71.4%



Physical Inactivity

Healthy People 2030 Objective: Reduce the proportion of adults who do no physical activity in their free time

Healthy People 2030 focuses on improving health and well-being by helping people of all ages get enough aerobic and muscle-strengthening activity. For Healthy People 2030, the target percentage of adults who do no physical activity in their free time is 21.8%.⁵

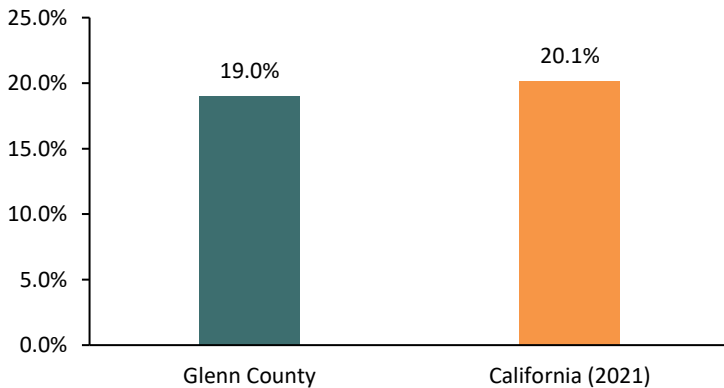
Key Findings

Nineteen percent of residents overall reported that they did not participate in any physical activity outside of their job within the past 30 days, which is comparable to the proportion of state residents overall who reported no physical activity in 2021. Perhaps unsurprisingly, a greater proportion of residents between the ages of 55 and 64 years old (about 26%) and 65 years old and older (about 35%) reported no physical activity compared to younger residents.

Additionally, a greater proportion of residents with lower education levels reported no physical activity compared to residents with higher levels of education, especially college graduates.

Demographics	% No Physical Activity
Overall	19.0%
Gender	
Male	18.4%
Female	19.5%
Age Categories	
18-34 years old	18.3%
35-44 years old	4.5%
45-54 years old	12.6%
55-64 years old	25.5%
65+ years old	34.9%
Annual Household Income	
Less than \$20,000	19.0%
\$20,000 to \$34,999	30.2%
\$35,000 to \$49,999	19.8%
\$50,000 to \$74,999	17.5%
\$75,000 or more	13.1%
Education Level	
Less than High School	40.7%
High School Graduate	21.1%
Some College	20.0%
College Graduate	11.5%
Employment Status	
Employed	14.6%
Not employed	29.0%
Retired or unable to work	27.8%
Race Categories	
White	20.3%
Hispanic	18.0%
Other	13.4%

Overall % No Physical Activity Outside of Job (Past 30 Days)



Disability

One of the Healthy People 2030 goals is to improve the health and well-being of people with disabilities, with disability defined in this report as being limited in any activities because of physical, mental, or emotional problems.

Key Findings

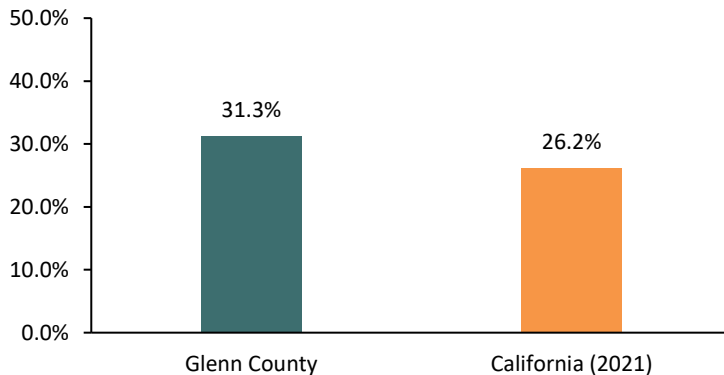
Nearly a third of residents overall reported that they have a disability, which is slightly higher than the proportion of state residents overall who reported they had a disability in 2021.

Differences in disability status were most apparent across income, education, and employment levels. Only 11% of residents making \$75,000 or more reported that they have a disability, compared to over half of residents who make between \$20,000 and \$34,999 and between \$35,000 and \$49,999, respectively. About 20% of college graduates reported that they have a disability compared to 45% of residents who have less than a high school education. Half of respondents who identified as a race other than white or Hispanic reported that they have a disability.

Perhaps expectedly, a greater proportion of retired residents or residents who were unable to work reported having a disability compared to residents who are employed.

Demographics	% With a Disability
Overall	31.3%
Gender	
Male	25.3%
Female	37.4%
Age Categories	
18-34 years old	29.2%
35-44 years old	28.5%
45-54 years old	19.8%
55-64 years old	25.7%
65+ years old	52.3%
Annual Household Income	
Less than \$20,000	48.8%
\$20,000 to \$34,999	53.5%
\$35,000 to \$49,999	54.2%
\$50,000 to \$74,999	26.6%
\$75,000 or more	11.1%
Education Level	
Less than High School	45.3%
High School Graduate	38.0%
Some College	34.2%
College Graduate	19.8%
Employment Status	
Employed	19.4%
Not employed	33.9%
Retired or unable to work	63.7%
Race Categories	
White	34.1%
Hispanic	22.4%
Other	50.0%

Overall % With a Disability



Notes: The disability indicator is calculated and includes respondents who reported the following conditions: deaf or have serious difficulty hearing; blind or have serious difficulty seeing even when wearing glasses; difficulty concentrating, remembering, or making decisions; serious difficulty walking or climbing stairs; difficulty dressing or bathing; difficulty doing errands alone such as visiting a doctor's office or shopping.

Health Care Access: No Health Care Coverage

Healthy People 2030 Objective: Increase the proportion of people with health insurance

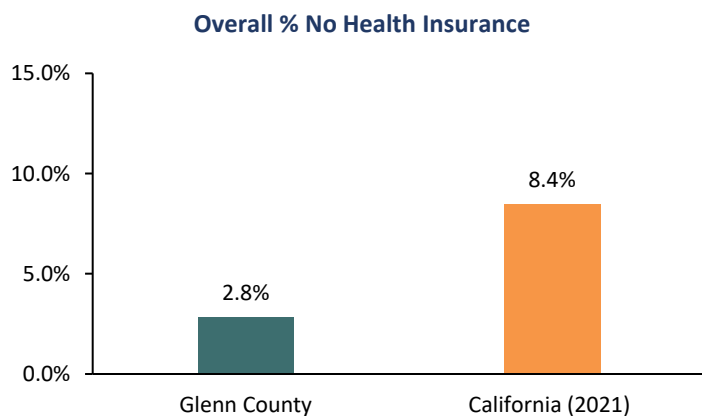
About 1 in 10 people in the United States do not have health insurance.⁶ Many studies have shown that, without insurance to assist with costs, individuals often forego necessary and life-saving preventative care, and they may also feel forced to forego the medications they need.^{7,8} The Healthy People 2030 target percentage for persons under 65 years who have medical insurance is 92.4%.⁹

Key Findings

Less than three percent of residents overall reported not having health insurance, which is lower than the percentage of overall state residents who reported that they did not have health insurance in 2021.

Although a small percentage of residents of both genders respectively reported not having health insurance, fewer women reported having no health insurance than men. Fewer college graduates reported having no health insurance compared to residents who were not as highly educated, especially residents with less than a high school education.

Demographics	% No Health Insurance
Overall	2.8%
Gender	
Male	4.1%
Female	1.5%
Race Categories	
White	3.5%
Hispanic	1.4%



Health Care Access: Limited Health Care Coverage

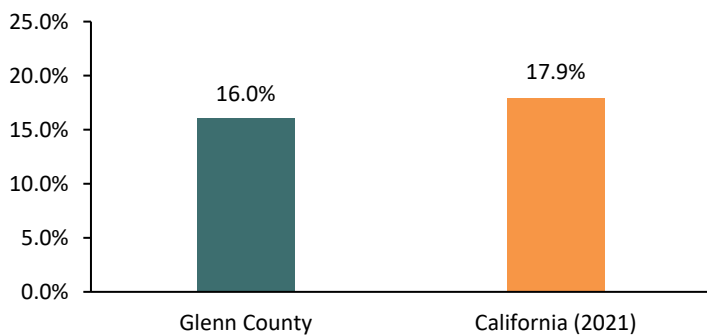
Healthy People 2030 Objectives: 1) Reduce the proportion of people who cannot get medical care when they need it; 2) Increase the proportion of people with a usual primary care provider

As mentioned, the cost of health services can represent significant barriers for receiving necessary care. The Healthy People 2030 target percentage for persons who are unable or delayed obtaining necessary care due to cost is 5.9%,¹⁰ and the target percentage for people with a usual care provider is 84%.¹¹

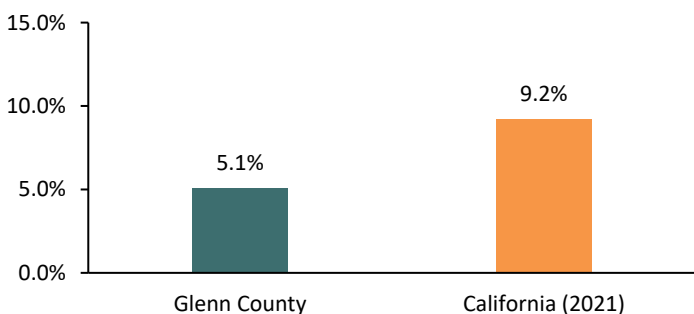
Key Findings

Less than one-fifth of residents overall reported having no personal health care provider, and only about five percent reported that they did not get the health care they needed due to cost in the past 12 months. A greater proportion of men reported having no personal health care provider than women. Additionally, a greater proportion of residents with a high school education, residents making \$34,999 or less, and non-white residents reported not having a personal health care provider.

Overall % No Personal Health Care Provider



Overall % No Health Care Access Due to Cost



Demographics	% No Personal Health Care Provider	% No Health Care Access Due to Cost
Overall	16.0%	5.1%
Gender		
Male	21.2%	5.1%
Female	10.8%	5.0%
Age Categories		
18-34 years old	31.6%	7.5%
35-44 years old	14.1%	4.6%
45-54 years old	-	3.2%
55-64 years old	10.1%	6.8%
65+ years old	8.4%	2.5%
Annual Household Income		
Less than \$20,000	18.8%	9.1%
\$20,000 to \$34,999	24.4%	8.4%
\$35,000 to \$49,999	7.9%	4.6%
\$50,000 to \$74,999	23.4%	3.8%
\$75,000 or more	12.3%	4.1%
Education Level		
Less than High School	19.3%	7.9%
High School Graduate	23.4%	6.4%
Some College	14.2%	4.6%
College Graduate	11.1%	3.1%
Employment Status		
Employed	16.7%	5.5%
Not employed	24.0%	9.7%
Retired or unable to work	9.5%	2.0%
Race Categories		
White	12.1%	5.5%
Hispanic	22.7%	3.8%
Other	23.6%	8.3%

Health Care Access: No Routine Checkup

Healthy People 2030 Objective: Increase the proportion of people with a usual primary care provider

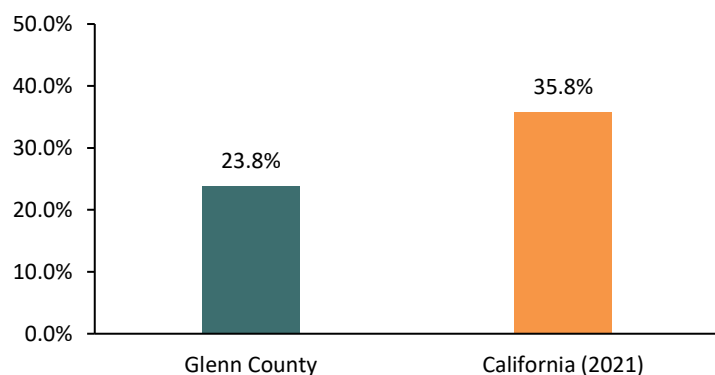
A yearly routine checkup with a health care professional provides an opportunity to raise awareness regarding adult preventive services, conduct individual risk assessments, promote informed decision-making, and help individuals potentially benefit from early detection.

Key Findings

A little under a quarter of residents overall reported that they did not see a doctor for a routine check-up in the past 12 months, which is lower than the proportion of California residents who reported the same in 2021.

More residents between the ages of 18 and 24 reported not seeing a doctor for a routine check-up than residents in any other age category. A greater proportion of Hispanic residents and residents who identified as race other than white reported not seeing a doctor. Additionally, a low proportion of residents making \$75,000 or more (about 10%) as well as residents who are college graduates (about 17%) reported not seeing a doctor.

**Overall % Did Not See Doctor for Routine Check-Up
(in the Past 12 Months)**



Demographics	% Did Not See Doctor for Routine Check-Up in the Past 12 Months
Overall	23.8%
Gender	
Male	25.9%
Female	21.7%
Age Categories	
18-34 years old	42.8%
35-44 years old	21.9%
45-54 years old	23.2%
55-64 years old	14.0%
65+ years old	9.5%
Annual Household Income	
Less than \$20,000	32.4%
\$20,000 to \$34,999	40.5%
\$35,000 to \$49,999	20.6%
\$50,000 to \$74,999	33.0%
\$75,000 or more	10.2%
Education Level	
Less than High School	26.8%
High School Graduate	33.7%
Some College	22.3%
College Graduate	16.6%
Employment Status	
Employed	25.3%
Not employed	35.7%
Retired or unable to work	13.5%
Race Categories	
White	18.1%
Hispanic	33.6%
Other	33.4%

Hypertension Awareness

Healthy People 2030 Objective: Reduce the proportion of adults with high blood pressure

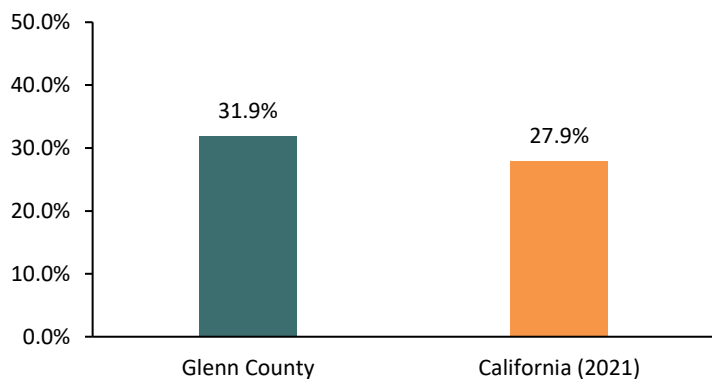
High blood pressure, also known as hypertension, is a well-known major risk factor for heart disease and stroke. As of 2017, nearly half of Americans (about 48%) were estimated to have high blood pressure,¹² and in 2021, it was a primary or contributing cause of almost 700,000 deaths in the United States.¹³ The Healthy People 2030 target percentage for adults aged 18 years and over who have hypertension is 42.6%.¹⁴

Key Findings

Almost a third of residents overall reported that they had ever been told they have high blood pressure, which is slightly higher than the proportion of overall California residents who reported the same in 2021.

A slightly greater proportion of men reported that they had ever been told they have high blood pressure than women. Additionally, compared to residents with higher levels of education, a greater proportion of residents with less than a high school education reported they had ever been told they have high blood pressure.

Overall % Ever Told They Have High Blood Pressure



Demographics	% Ever Told They Have High Blood Pressure
Overall	31.9%
Gender	
Male	35.7%
Female	28.0%
Age Categories	
18-34 years old	7.6%
35-44 years old	32.8%
45-54 years old	24.2%
55-64 years old	38.2%
65+ years old	71.2%
Annual Household Income	
Less than \$20,000	33.3%
\$20,000 to \$34,999	30.8%
\$35,000 to \$49,999	37.5%
\$50,000 to \$74,999	28.7%
\$75,000 or more	29.5%
Education Level	
Less than High School	42.0%
High School Graduate	24.3%
Some College	34.4%
College Graduate	33.8%
Employment Status	
Employed	23.9%
Not employed	10.4%
Retired or unable to work	64.3%
Race Categories	
White	38.3%
Hispanic	21.3%
Other	25.5%

Cholesterol Awareness

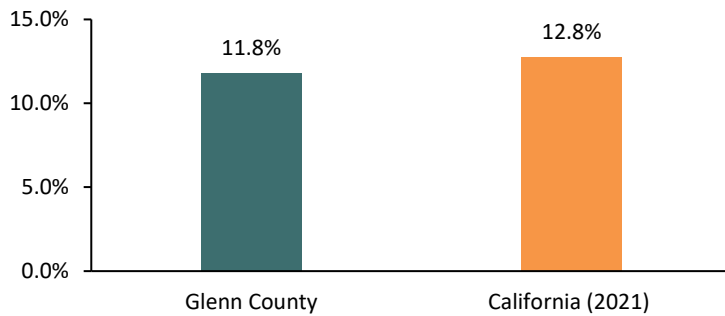
Healthy People 2030 Objective: Reduce cholesterol in adults

Like high blood pressure, high cholesterol – a substance that in excess can promote the buildup of plaque in a person’s arteries – is another well-known major risk factor for heart disease and stroke.

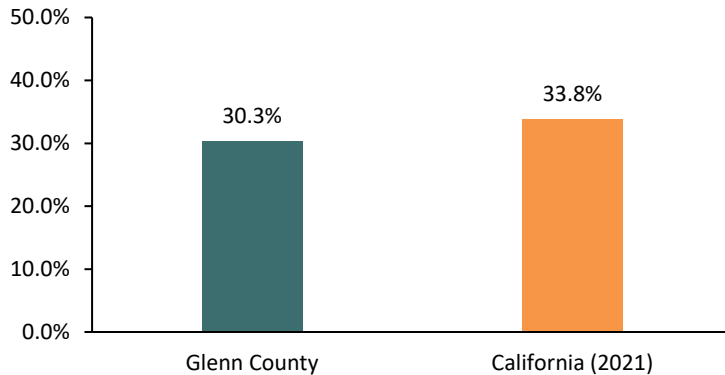
Key Findings

Overall, about 12% of residents reported that their cholesterol had not been checked in the last five years or never, and of those residents who had their cholesterol checked, close to a third reported that they were told it was too high. A greater proportion of men than women reported that they had not had their cholesterol checked. Perhaps unsurprisingly, a considerably greater proportion of residents between the age of 18 and 34 reported not having their cholesterol checked.

Overall % Cholesterol Not Checked Within the Last 5 Years or Never Checked



Overall % Cholesterol Checked and Told It Was High



Demographics	% Cholesterol Not Checked Within the Last 5 Years or Never Checked	% Cholesterol Checked and Told It Was High
Overall	11.8%	30.3%
Gender		
Male	15.8%	25.3%
Female	7.7%	34.9%
Age Categories		
18-34 years old	30.8%	19.4%
35-44 years old	7.5%	27.6%
45-54 years old	7.5%	32.3%
55-64 years old	1.9%	30.4%
65+ years old	3.1%	45.0%
Annual Household Income		
Less than \$20,000	4.5%	44.9%
\$20,000 to \$34,999	15.9%	13.3%
\$35,000 to \$49,999	3.0%	47.2%
\$50,000 to \$74,999	20.6%	28.3%
\$75,000 or more	12.4%	27.0%
Education Level		
Less than High School	11.1%	20.9%
High School Graduate	16.9%	31.6%
Some College	13.6%	30.6%
College Graduate	6.2%	31.2%
Employment Status		
Employed	13.0%	24.7%
Not employed	23.8%	43.6%
Retired or unable to work	3.1%	40.2%
Race Categories		
White	10.8%	29.6%
Hispanic	14.4%	31.7%
Other	10.9%	24.6%

Chronic Health Conditions: Heart Disease

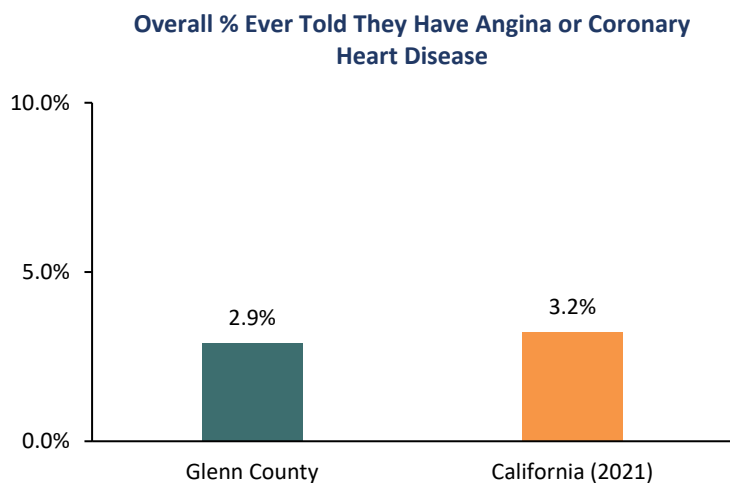
Healthy People 2030 Objectives: 1) Improve cardiovascular health in adults; 2) Reduce coronary heart disease deaths

Heart disease is the leading cause of death in the United States: Over 900,000 deaths in the United States were attributable to heart disease in 2020 alone.¹⁵

Key Findings

About three percent of residents overall reported that they had ever been told they have angina or coronary heart disease, which is comparable to the proportion of California residents overall who reported the same in 2021.

This proportion was reflected across most demographic groups, although a notably higher proportion of residents with less than a high school education (about 10%) as well as those who are 65 and older (about 8%) and/or are retired/unable to work (about 7%) reported they had ever been told they have angina or coronary heart disease.



Demographics	% Ever Told They Have Angina or Coronary Heart Disease
Overall	2.9%
Gender	
Male	4.1%
Female	1.7%
Age Categories	
18-34 years old	-
35-44 years old	-
45-54 years old	-
55-64 years old	5.3%
65+ years old	8.2%
Annual Household Income	
Less than \$20,000	4.2%
\$20,000 to \$34,999	3.2%
\$35,000 to \$49,999	5.7%
\$50,000 to \$74,999	-
\$75,000 or more	1.4%
Education Level	
Less than High School	10.4%
High School Graduate	3.1%
Some College	2.7%
College Graduate	1.2%
Employment Status	
Employed	2.1%
Not employed	-
Retired or unable to work	6.5%
Race Categories	
White	2.7%
Hispanic	3.6%
Other	-

Chronic Health Conditions: Heart Attack

Healthy People 2030 Objective: 1) Improve cardiovascular health in adults. 2) Reduce coronary heart disease deaths

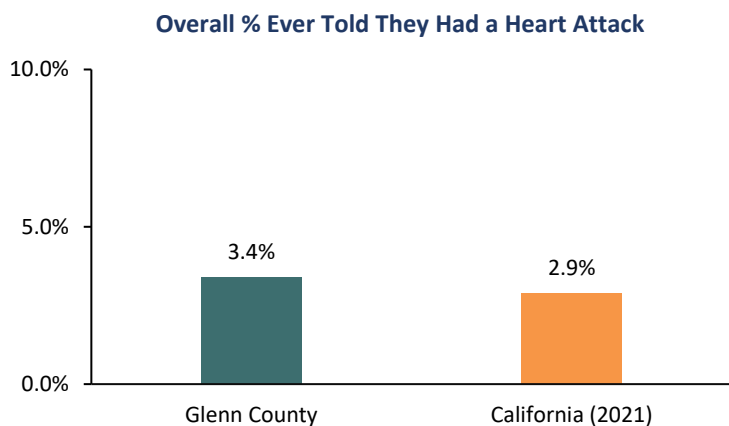
An estimated 605,000 first-time heart attacks and 200,000 recurrent heart attacks occur yearly among U.S. adults.¹⁶ The aggregate annual cost of heart attacks and heart disease in the United States is estimated to be about \$240 billion.¹⁷

Key Findings

About three percent of Glenn County residents overall reported that they had ever been told they had a heart attack, which is close to the proportion of California residents overall who reported the same in 2021.

Compared to residents with higher incomes and higher levels of education, a greater proportion of residents making between \$20,000 and \$34,999 and residents with less than a high school education reported that they had ever been told they had a heart attack.

Demographics	% Ever Told They Had a Heart Attack
Overall	3.4%
Gender	
Male	2.5%
Female	4.3%
Age Categories	
18-34 years old	-
35-44 years old	-
45-54 years old	2.9%
55-64 years old	9.0%
65+ years old	6.7%
Annual Household Income	
Less than \$20,000	-
\$20,000 to \$34,999	14.2%
\$35,000 to \$49,999	4.4%
\$50,000 to \$74,999	2.3%
\$75,000 or more	-
Education Level	
Less than High School	10.5%
High School Graduate	5.9%
Some College	2.2%
College Graduate	1.0%
Employment Status	
Employed	2.8%
Not employed	-
Retired or unable to work	5.8%
Race Categories	
White	5.5%
Hispanic	-
Other	-



Chronic Health Conditions: Stroke

Healthy People 2030 Objective: Reduce stroke deaths

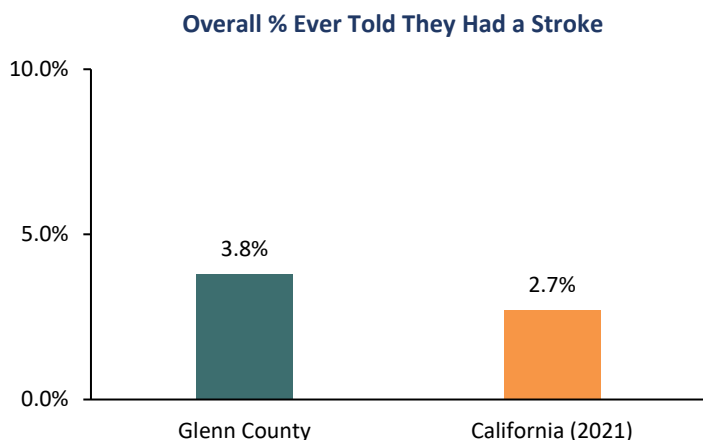
Stroke is the fifth leading cause of death in the United States, with an estimated 160,000 deaths attributable to strokes in the United States in 2020 alone.¹⁸

Key Findings

Similar to heart disease and heart attacks, about four percent of residents overall reported that they had ever been told that they had a stroke. This proportion is slightly higher than the proportion of overall California residents who reported the same in 2021.

Like with heart attacks, compared to residents with higher incomes and higher levels of education, a greater proportion of residents making between \$20,000 and \$34,999 (about 6%) and residents with less than a high school education (about 8%) reported that they had ever been told they had a stroke.

Perhaps unsurprisingly, a greater proportion of residents 65 and older as well as residents who are retired/unable to work reported that they had ever been told they had a stroke.



Demographics	% Ever Told They Had a Stroke
Overall	3.8%
Gender	
Male	4.3%
Female	3.2%
Age Categories	
18-34 years old	-
35-44 years old	-
45-54 years old	1.4%
55-64 years old	5.4%
65+ years old	14.4%
Annual Household Income	
Less than \$20,000	3.6%
\$20,000 to \$34,999	6.3%
\$35,000 to \$49,999	2.4%
\$50,000 to \$74,999	5.7%
\$75,000 or more	1.8%
Education Level	
Less than High School	7.6%
High School Graduate	5.1%
Some College	4.6%
College Graduate	1.0%
Employment Status	
Employed	1.3%
Not employed	-
Retired or unable to work	11.3%
Race Categories	
White	6.0%
Hispanic	-
Other	-

Chronic Health Conditions: Asthma

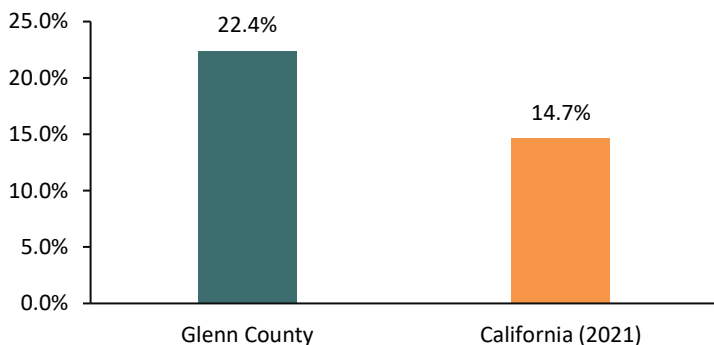
Healthy People 2030 Objective: Reduce asthma deaths

Each year, thousands of people die from asthma – an inflammatory lung disease that is often chronic – in the United States,¹⁹ with disparities often evident in the number of deaths depending on a person’s race/ethnicity, sex, and/or geographic location.²⁰

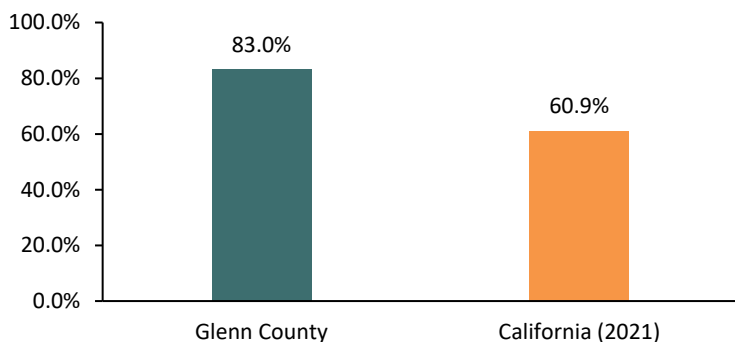
Key Findings

A little over one-fifth (about 22%) of residents overall reported that they had ever been told they have asthma, with a greater proportion of women reporting that they had ever been told they have asthma than men (28.6% compared to 16.3%, for a difference of about 12%). In addition, a markedly lower proportion of male residents who have ever been told they have asthma reported that they still have the disease compared to women (67.1% compared to 92.6%, for a difference of about 26%).

Overall % Ever Told They Have Asthma



Overall % Still Have Asthma



Demographics	% Ever Told They Have Asthma	% Still Have Asthma
Overall	22.4%	83.0%
Gender		
Male	16.3%	67.1%
Female	28.6%	92.6%
Age Categories		
18-34 years old	22.4%	62.5%
35-44 years old	34.5%	100.0%
45-54 years old	20.4%	73.4%
55-64 years old	16.0%	94.1%
65+ years old	23.4%	90.4%
Annual Household Income		
Less than \$20,000	29.6%	86.2%
\$20,000 to \$34,999	33.8%	88.8%
\$35,000 to \$49,999	23.0%	100.0%
\$50,000 to \$74,999	18.0%	82.6%
\$75,000 or more	19.0%	67.6%
Education Level		
Less than High School	16.8%	83.5%
High School Graduate	21.1%	78.3%
Some College	21.5%	100.0%
College Graduate	25.9%	72.7%
Employment Status		
Employed	20.1%	74.0%
Not employed	35.9%	94.4%
Retired or unable to work	23.3%	96.2%
Race Categories		
White	18.1%	83.4%
Hispanic	30.1%	79.2%
Other	30.1%	100.0%

Chronic Health Conditions: COPD

Healthy People 2030 Objective: Reduce deaths from chronic obstructive pulmonary disease (COPD) in adults

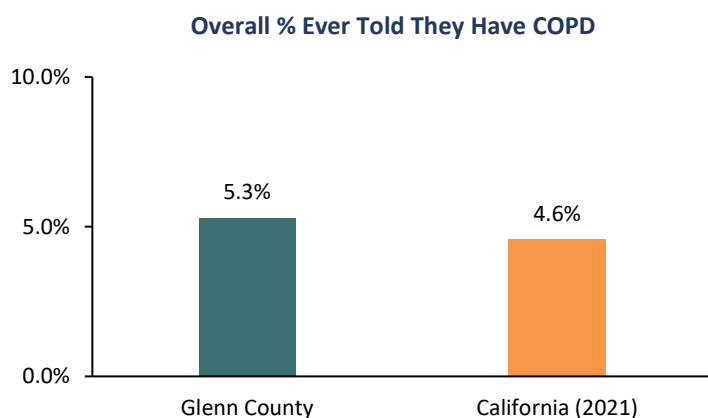
Chronic obstructive pulmonary disease (COPD) is a group of diseases — including emphysema, chronic bronchitis, and non-reversible asthma — that make it hard to breathe and is largely linked to tobacco use and occupation-related fume and/or fibrous particle exposure.²¹ COPD is a major cause of disability and one of the leading causes of death in the United States.²²

Key Findings

About five percent of residents overall reported that they had ever been told they have COPD, which is comparable to the proportion of California residents overall who reported the same in 2021. A greater proportion of women compared to men reported that they have ever been told they have the disease (8.5% compared to 2.1%, for a difference of about 6%).

Additionally, compared to residents with higher incomes and higher levels of education, a greater proportion of residents making between \$20,000 and \$34,999 (about 16%) and residents with less than a high school education (about 17%) reported that they have ever been told they have the disease.

Demographics	% Ever Told They Have COPD
Overall	5.3%
Gender	
Male	2.1%
Female	8.5%
Age Categories	
18-34 years old	-
35-44 years old	3.5%
45-54 years old	-
55-64 years old	10.0%
65+ years old	13.4%
Annual Household Income	
Less than \$20,000	5.9%
\$20,000 to \$34,999	15.8%
\$35,000 to \$49,999	7.4%
\$50,000 to \$74,999	2.8%
\$75,000 or more	1.0%
Education Level	
Less than High School	16.6%
High School Graduate	6.5%
Some College	4.5%
College Graduate	2.7%
Employment Status	
Employed	3.0%
Not employed	4.2%
Retired or unable to work	12.5%
Race Categories	
White	6.0%
Hispanic	3.5%
Other	6.4%



Chronic Health Conditions: Arthritis

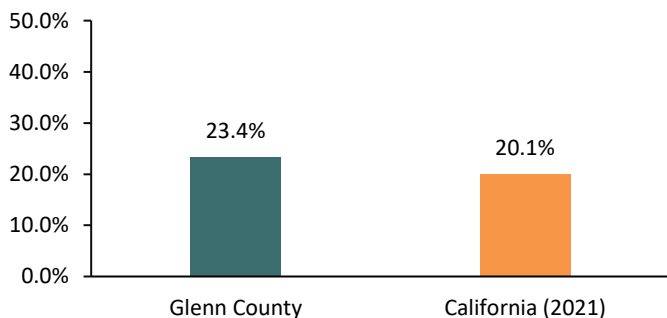
Healthy People 2030 Objective: Reduce the proportion of adults with arthritis who have moderate or severe joint pain

About 58 million adult Americans (1 out of every 4) have arthritis, a catch-all term that encompasses many different diseases that cause severe, chronic joint pain.²³ The Healthy People 2030 target percentage for adults aged 18 and over with provider-diagnosed arthritis who have moderate or severe joint pain is 52.1%.²⁴

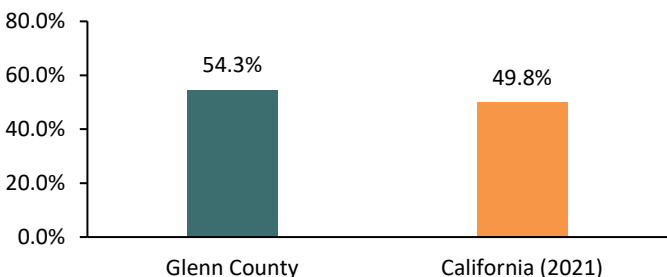
Key Findings

Slightly under a quarter of residents overall reported that they had ever been told they have arthritis. Similar to the prevalence of asthma, a greater proportion of women reported that they had ever been told they have arthritis than men (29.2% compared to 17.5%, for a difference of about 12%). Of those residents who had been told they have arthritis and still have it, over half reported moderate to severe joint pain within the last 30 days.

Overall % Ever Told They Have Arthritis



Overall % Moderate to Severe Joint Pain (Score 5 or Higher in Last 30 Days)



Demographics	% Ever Told They Have Arthritis	% Moderate to Severe Joint Pain (Score 5 or Higher in Last 30 Days)
Overall	23.4%	54.3%
Gender		
Male	17.5%	51.0%
Female	29.2%	56.2%
Age Categories		
18-34 years old	4.1%	64.0%
35-44 years old	13.9%	46.8%
45-54 years old	25.8%	80.0%
55-64 years old	35.6%	60.9%
65+ years old	45.0%	44.9%
Annual Household Income		
Less than \$20,000	31.6%	76.7%
\$20,000 to \$34,999	31.0%	53.8%
\$35,000 to \$49,999	33.9%	79.3%
\$50,000 to \$74,999	14.6%	31.2%
\$75,000 or more	15.3%	44.2%
Education Level		
Less than High School	24.5%	63.2%
High School Graduate	24.1%	46.4%
Some College	19.5%	41.6%
College Graduate	26.5%	67.2%
Employment Status		
Employed	14.6%	56.1%
Not employed	18.7%	64.6%
Retired or unable to work	51.5%	51.0%
Race Categories		
White	25.7%	48.0%
Hispanic	15.6%	64.5%
Other	29.1%	97.0%

Chronic Health Conditions: Depressive Disorder

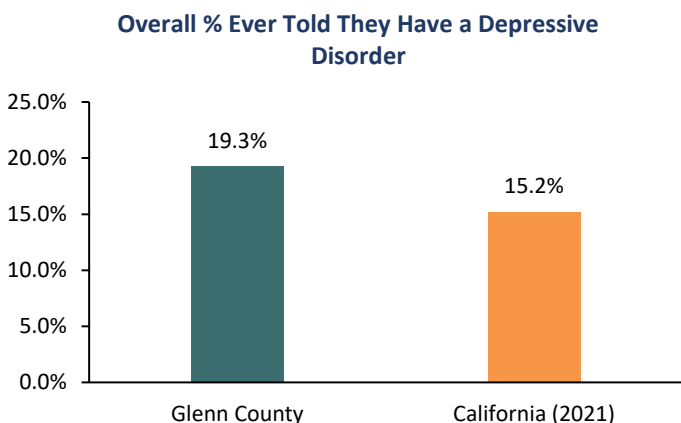
Healthy People 2030 Objective: Increase the proportion of primary care visits where adolescents and adults are screened for depression

Depression is a treatable mental disorder characterized by changes in mood and declines in cognitive and physical well-being over time. The COVID-19 pandemic has potentially exacerbated the prevalence of the disorder; according to a recent study, one out of every 10 adults now has depression in the United States,²⁵ with a greater proportion of women than men afflicted with the disorder.²⁶

Key Findings

A little under one-fifth of residents overall reported that they had ever been told they have a depressive disorder, which is slightly higher than the proportion of California residents overall who reported the same in 2021.

Compared to other age categories, a greater proportion of 18- to 34-year-old residents (about 27%) reported that they had ever been told they have a depressive disorder. A substantially higher proportion of women reported that they had ever been diagnosed with a depressive disorder than men (32.2% compared to 6.4%, for a difference of about 26%). Additionally, a greater proportion of residents with incomes under \$50,000 reported that they had ever been told they have a depressive disorder.



Demographics	% Ever Told They Have a Depressive Disorder
Overall	19.3%
Gender	
Male	6.4%
Female	32.2%
Age Categories	
18-34 years old	26.6%
35-44 years old	18.3%
45-54 years old	20.7%
55-64 years old	12.9%
65+ years old	15.2%
Annual Household Income	
Less than \$20,000	27.1%
\$20,000 to \$34,999	26.3%
\$35,000 to \$49,999	43.7%
\$50,000 to \$74,999	10.8%
\$75,000 or more	10.6%
Education Level	
Less than High School	22.9%
High School Graduate	24.8%
Some College	16.1%
College Graduate	16.5%
Employment Status	
Employed	17.5%
Not employed	19.4%
Retired or unable to work	25.0%
Race Categories	
White	19.6%
Hispanic	18.7%
Other	23.7%

Chronic Health Conditions: Kidney Disease

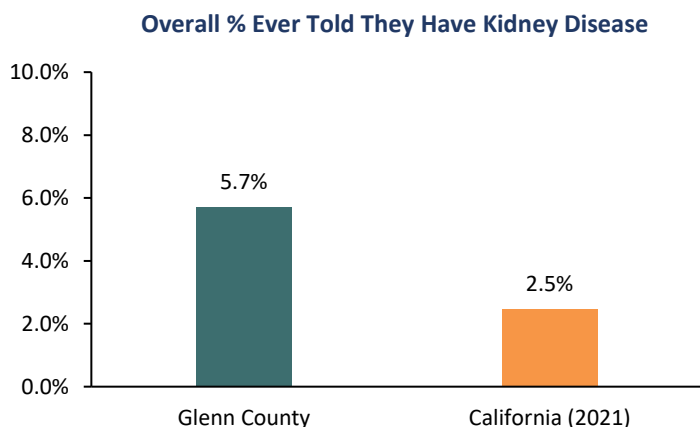
Healthy People 2030 Objective: Reduce the proportion of adults with chronic kidney disease

Chronic kidney disease (CKD) is a leading cause of death in the United States.²⁷ People who have chronic kidney disease are also more likely to have heart disease and stroke.²⁸ The Healthy People 2030 target percentage for adults aged 18 years and over who have CKD is 11.4%.²⁹

Key Findings

About six percent of residents overall reported that they had ever been told they have kidney disease, which is higher than the proportion of California residents overall who reported the same in 2021.

A greater proportion of women reported that they had ever been told they have kidney disease than men (8.1% compared to 3.4%).



Demographics	% Ever Told They Have Kidney Disease
Overall	5.7%
Gender	
Male	3.4%
Female	8.1%
Age Categories	
18-34 years old	-
35-44 years old	3.6%
45-54 years old	11.1%
55-64 years old	4.5%
65+ years old	12.1%
Annual Household Income	
Less than \$20,000	4.0%
\$20,000 to \$34,999	4.4%
\$35,000 to \$49,999	17.6%
\$50,000 to \$74,999	5.9%
\$75,000 or more	3.7%
Education Level	
Less than High School	-
High School Graduate	5.9%
Some College	3.5%
College Graduate	8.2%
Employment Status	
Employed	4.4%
Not employed	-
Retired or unable to work	10.9%
Race Categories	
White	5.8%
Hispanic	6.0%
Other	5.0%

Chronic Health Conditions: Skin Cancer and Other Types of Cancer

Healthy People 2030 Objective: Reduce the overall cancer death rate

Cancer is the second leading cause of death in the United States, resulting in about 602,000 deaths in 2020 alone.³⁰ The Healthy People 2030 target rate for cancer deaths is 122.7 deaths per 100,000 people.³¹

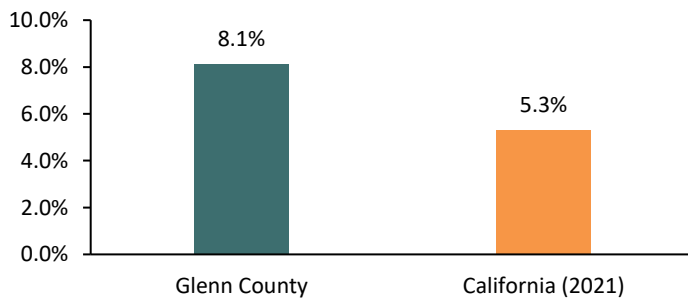
Key Findings

About eight percent of residents overall reported that they had ever been told they have skin cancer, and about seven percent reported that they had ever been told they have another type of cancer. Both of these proportions are higher than the proportions of California residents overall who reported the same in 2021.

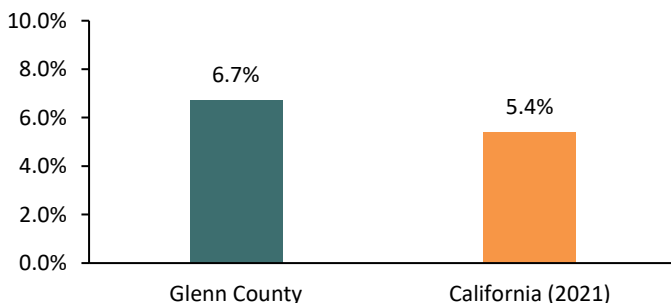
Compared to residents with higher levels of education, a greater proportion of residents with less than a high school education reported that they had ever been told they have skin cancer. Additionally, a greater proportion of residents 65 and older reported they had ever been told they either have skin cancer or another type of cancer compared to younger residents.

Demographics	% Ever Told They Have Skin Cancer	% Ever Told They Have Cancer (Excluding Skin Cancer)
Overall	8.1%	6.7%
Gender		
Male	8.6%	6.1%
Female	7.7%	7.3%
Age Categories		
18-34 years old	1.8%	1.9%
35-44 years old	4.2%	-
45-54 years old	-	4.3%
55-64 years old	7.4%	3.7%
65+ years old	27.8%	21.3%
Annual Household Income		
Less than \$20,000	5.8%	8.7%
\$20,000 to \$34,999	9.8%	6.6%
\$35,000 to \$49,999	3.3%	5.7%
\$50,000 to \$74,999	7.9%	7.0%
\$75,000 or more	7.1%	1.9%
Education Level		
Less than High School	22.4%	-
High School Graduate	8.0%	7.6%
Some College	5.7%	9.4%
College Graduate	7.6%	4.7%
Employment Status		
Employed	6.2%	2.5%
Not employed	4.7%	-
Retired or unable to work	15.3%	20.7%
Race Categories		
White	10.7%	10.3%
Hispanic	2.9%	0.8%
Other	-	1.8%

Overall % Ever Told They Have Skin Cancer



Overall % Ever Told They Have Cancer (Excluding Skin Cancer)



Cancer Screening

Healthy People 2030 Objective: Increase the proportion of individuals who receive recommended cancer screenings

Cancer remains a significant public health challenge, with early detection and timely screenings playing a pivotal role in reducing its impact. One of the overarching goals of Healthy People 2030 is to increase the proportion of individuals who receive recommended cancer screenings. This includes screenings for breast cancer, colorectal cancer, cervical cancer, and other types of cancer based on age and risk factors.

Key Findings

While mammogram (61.6% vs. 62.9%) and colorectal screening (58.5% vs. 59.5%) rates are comparable between Glenn County and the state; the County is doing a much better job than the state when it comes to P.S.A. testing (54.8% vs. 39.5%).

Indicator	Glenn County	California (2020)
CT or CAT scan to check for lung cancer (past 12 months)	4.2%	NA
Ever had mammogram	61.6%	62.9%
Ever had cervical cancer screening test	59.3%	NA
Had Pap test at most recent cervical screening	97.5%	NA
Had H.P.V test at most recent cervical screening	56.0%	NA
Had a hysterectomy	18.8%	14.3%
Ever had a P.S.A. test	54.8%	39.5%
Ever had a colonoscopy or sigmoidoscopy	58.5%	59.5%
Ever had a virtual colonoscopy	10.6%	6.0%
Ever had a blood stool test	75.9%	48.3%
Ever had a Cologuard test	34.8%	NA

Diabetes

Healthy People 2030 Objective: Reduce the number of diabetes cases diagnosed yearly

Diabetes is the seventh leading cause of death in the United States, resulting directly in about 88,000 deaths in 2019 alone.³² The Healthy People 2030 target rate for new case of diabetes is 4.8 per 1,000 adults.³³

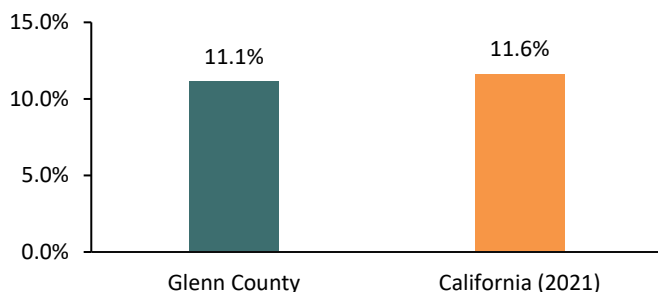
Key Findings

About 11% of residents overall reported that they had ever been told they have diabetes. Roughly 40% of residents overall reported that they had not been tested for diabetes in the past three years, which is lower than the proportion of California residents overall who reported the same in 2021.

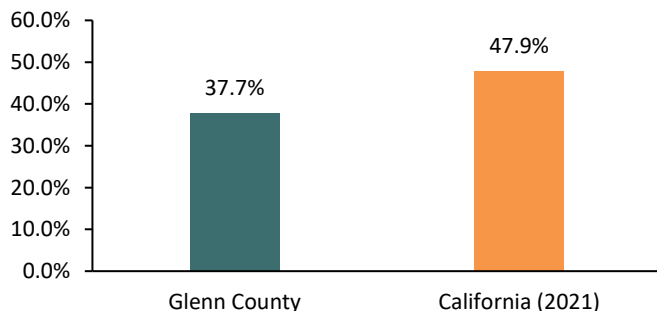
Compared to residents who are either college graduates or have some college education, a greater proportion of residents with a high school education or less reported that they had ever been told they have diabetes.

Demographics	% Ever Told They Have Diabetes	% No Test for High Blood Sugar or Diabetes in Past Three Years
Overall	11.1%	37.7%
Gender		
Male	9.2%	36.3%
Female	13.0%	39.2%
Age Categories		
18-34 years old	-	63.2%
35-44 years old	4.5%	29.2%
45-54 years old	16.0%	27.9%
55-64 years old	12.4%	30.6%
65+ years old	27.8%	23.9%
Annual Household Income		
Less than \$20,000	21.2%	35.9%
\$20,000 to \$34,999	10.1%	50.5%
\$35,000 to \$49,999	18.9%	24.4%
\$50,000 to \$74,999	15.9%	43.4%
\$75,000 or more	3.7%	34.6%
Education Level		
Less than High School	26.8%	35.1%
High School Graduate	10.9%	44.7%
Some College	6.8%	37.0%
College Graduate	12.1%	33.3%
Employment Status		
Employed	6.8%	39.2%
Not employed	6.1%	52.1%
Retired or unable to work	25.9%	25.9%
Race Categories		
White	8.8%	32.8%
Hispanic	14.1%	45.9%
Other	19.4%	42.8%

Overall % Ever Told They Have Diabetes



Overall % No Test for High Blood Sugar or Diabetes (in Past Three Years)



Tobacco Use

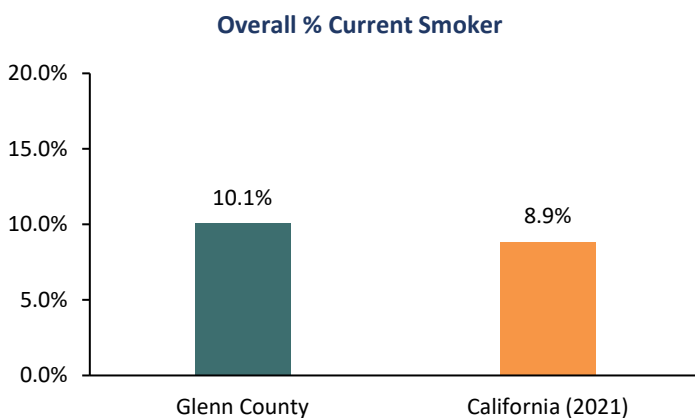
Healthy People 2030 Objectives: 1) Reduce current cigarette smoking in adults; 2) Increase the proportion of smoke-free homes

Smoking is a leading cause of preventable death, with its chronic use linked to the development of cancer, respiratory disease, diabetes, and cardiovascular disease.³⁴ The Healthy People 2030 target percentage for adults aged 18 and over who are current smokers is 6.1%, with a current smoker defined as someone who has smoked 100 cigarettes in their lifetime and now smokes either every day or some days.³⁵

Key Findings

While only about 10% of residents overall reported that they are a current smoker, this proportion varied across demographic groups. A greater proportion of residents making less than \$34,999 a year reported that they are current smokers compared to residents with higher incomes. Similarly, a greater proportion of residents with less than a high school education reported that they are current smokers compared to residents with more formal education.

Additionally, a slightly greater proportion of women reported that they are a current smoker compared to men, and a greater proportion of respondents who identified as a race other than white or Hispanic reported that they are a current smoker.



Demographics	% Current Smoker
Overall	10.1%
Gender	
Male	8.1%
Female	12.1%
Age Categories	
18-34 years old	5.3%
35-44 years old	11.2%
45-54 years old	7.7%
55-64 years old	21.1%
65+ years old	11.1%
Annual Household Income	
Less than \$20,000	21.8%
\$20,000 to \$34,999	10.4%
\$35,000 to \$49,999	6.8%
\$50,000 to \$74,999	8.8%
\$75,000 or more	7.2%
Education Level	
Less than High School	22.8%
High School Graduate	11.6%
Some College	12.3%
College Graduate	3.8%
Employment Status	
Employed	7.2%
Not employed	18.7%
Retired or unable to work	14.7%
Race Categories	
White	11.9%
Hispanic	3.3%
Other	29.0%

Other Tobacco Use: Chewing Tobacco and E-Cigarettes

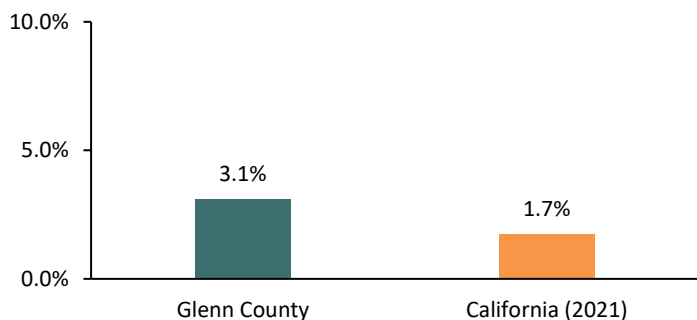
Besides cigarettes, chewing tobacco is another common form of tobacco in the United States. Its use has been linked to various oral health problems, such as cavities, mouth sores and, more seriously, oral cancer.³⁴ Additionally, e-cigarettes have risen in popularity as a smoking alternative but come with their own set of risks, namely the inhalation of inflammatory vapors that can cause airway damage.³⁶

Key Findings

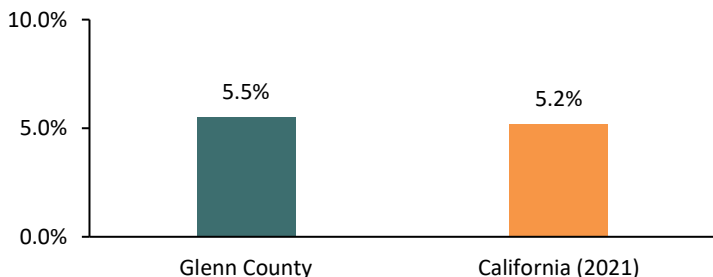
About three percent of residents overall reported that they used chewing tobacco every day or some days in the past 30 days, which is slightly higher than the proportion of California residents overall who reported the same in 2021. This proportion was about the same across most demographic groups.

About six percent of residents overall reported that they use e-cigarettes every day or some days, with a greater proportion of residents under 35 and residents who are unemployed having reported they use e-cigarettes than other demographic groups.

Overall % Use Chewing Tobacco (Every Day or Some Days)



Overall % Use E-Cigarettes (Every Day or Some Days)



Demographics	% Use Chewing Tobacco Every Day or Some Days	% Use E-Cigarettes Every Day or Some Days
Overall	3.1%	5.5%
Gender		
Male	5.7%	4.3%
Female	-	6.7%
Age Categories		
18-34 years old	5.3%	13.0%
35-44 years old	4.2%	6.1%
45-54 years old	-	-
55-64 years old	3.5%	-
65+ years old	1.9%	1.1%
Annual Household Income		
Less than \$20,000	2.4%	10.8%
\$20,000 to \$34,999	-	7.2%
\$35,000 to \$49,999	-	-
\$50,000 to \$74,999	5.5%	6.1%
\$75,000 or more	3.5%	4.1%
Education Level		
Less than High School	-	10.5%
High School Graduate	3.0%	9.1%
Some College	1.9%	4.0%
College Graduate	5.1%	2.9%
Employment Status		
Employed	4.0%	5.1%
Not employed	-	17.3%
Retired or unable to work	2.1%	1.6%
Race Categories		
White	3.7%	4.9%
Hispanic	-	6.8%
Other	-	6.3%

Alcohol Consumption

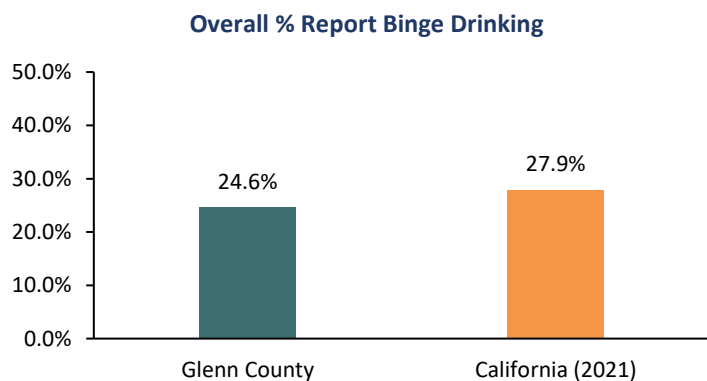
Healthy People 2030 Objective: Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month

Alcohol abuse is associated with several serious health conditions, such as cirrhosis, high blood pressure, stroke, and certain types of cancer.³⁷ Additionally, since 2000, the incidence of alcohol-induced death – which can result from binge drinking – has increased in rural regions of the country.³⁸ Binge drinking is defined differently for men and women. For men, binge drinking is defined as consuming five or more drinks at the same time or within a few hours. For women, this definition changes to four or more drinks. The Healthy People 2030 target percentage for persons aged 21 years and over who report binge drinking is 25.4%.³⁹

Key Findings

Almost a quarter of residents overall reported that they had engaged in binge drinking in the past 30 days, which is slightly lower than the proportion of California residents overall who reported the same in 2021.

A greater proportion of men than women reported that they had engaged in binge drinking (28% compared to 20.5%, for a difference of about 8%). Additionally, a greater proportion of residents under 44 reported that they had engaged in binge drinking compared to older residents.



Demographics	% Report Binge Drinking
Overall	24.6%
Gender	
Male	28.0%
Female	20.5%
Age Categories	
18-34 years old	45.6%
35-44 years old	32.8%
45-54 years old	14.8%
55-64 years old	13.2%
65+ years old	12.0%
Annual Household Income	
Less than \$20,000	14.3%
\$20,000 to \$34,999	33.2%
\$35,000 to \$49,999	7.8%
\$50,000 to \$74,999	35.5%
\$75,000 or more	26.2%
Education Level	
Less than High School	19.0%
High School Graduate	34.3%
Some College	22.3%
College Graduate	21.3%
Employment Status	
Employed	26.1%
Not employed	26.2%
Retired or unable to work	17.6%
Race Categories	
White	22.4%
Hispanic	28.6%
Other	25.9%

Substance Use

Healthy People 2030 Objective: Reduce past-month use of illicit substances

The misuse of illicit substances has emerged as a significant public health concern, touching the lives of individuals and their communities in diverse and often devastating ways. Whether through addiction, adverse health outcomes, or social repercussions, the impact of illicit substance use is profound. In light of this, Healthy People 2030 seeks to tackle this issue head-on by setting clear and measurable goals for the reduction of past-month illicit substance use.

Key Findings

About one in ten (13.4%) Glenn County residents used marijuana in the past 30 days. This figure is slightly lower than the state overall (14.6%).

Over half (55.5%) reported ever taken a strong prescription painkiller while about one-in-six (17.2%) said they have ever used cocaine.

Indicator	Glenn County	California
Used marijuana or cannabis in past 30 days	13.4%	14.6%
Ever taken strong prescription painkiller	55.5%	NA
Used strong prescription painkillers in past 30 days	64.5%	NA
Ever used heroin	3.3%	NA
Ever used fentanyl	2.9%	NA
Ever used cocaine	17.2%	NA
Ever used methamphetamines	10.2%	NA
Ever taken a prescription stimulant	10.3%	NA

Adult Immunization: Flu and Pneumonia Shots

Healthy People 2030 Objective: Increase the proportion of people who get the flu vaccine every year

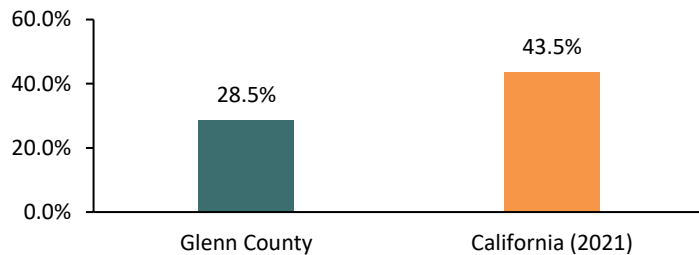
Currently, the National Foundation for Infectious Diseases recommends immunizing adults against 12 infectious diseases, including influenza and pneumonia.⁴⁰ However, the number of adults who are vaccinated for the flu each year remains substantially below the desired level, resulting in millions of flu-related hospitalizations and thousands of flu-related deaths each year.⁴¹ The Healthy People 2030 target percentage for persons aged 6 months and older who are vaccinated against the seasonal flu is 70%.⁴²

Key Findings

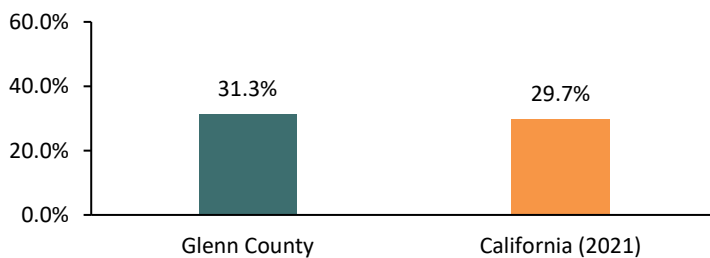
Compared to the state overall, a markedly lower proportion of Glenn County residents overall reported the same in 2023 (43.5% versus 28.5%, for a difference of 15%). A lower proportion of men reported that they are vaccinated than women (22.8% versus 34.0%, for a difference of about 11%). The proportion of residents overall who reported having received a pneumonia shot is comparable to the proportion of California residents overall who reported the same in 2021.

Demographics	% Vaccinated Against the Flu in Past 12 Months	% Ever Received Pneumonia Shot
Overall	28.5%	31.3%
Gender		
Male	22.8%	21.1%
Female	34.0%	41.2%
Age Categories		
18-34 years old	22.4%	16.6%
35-44 years old	16.2%	17.3%
45-54 years old	23.0%	30.1%
55-64 years old	30.3%	24.3%
65+ years old	51.1%	66.0%
Annual Household Income		
Less than \$20,000	34.1%	35.4%
\$20,000 to \$34,999	33.2%	34.9%
\$35,000 to \$49,999	39.4%	51.3%
\$50,000 to \$74,999	22.4%	23.3%
\$75,000 or more	21.6%	23.1%
Education Level		
Less than High School	26.8%	24.9%
High School Graduate	19.9%	29.2%
Some College	27.2%	28.0%
College Graduate	37.8%	37.8%
Employment Status		
Employed	22.0%	19.6%
Not employed	16.1%	23.2%
Retired or unable to work	54.3%	67.5%
Race Categories		
White	32.8%	33.9%
Hispanic	21.4%	25.9%
Other	29.1%	35.3%

Overall % Vaccinated Against the Flu (in Past 12 Months)



Overall % Ever Received Pneumonia Shot



HIV/AIDS

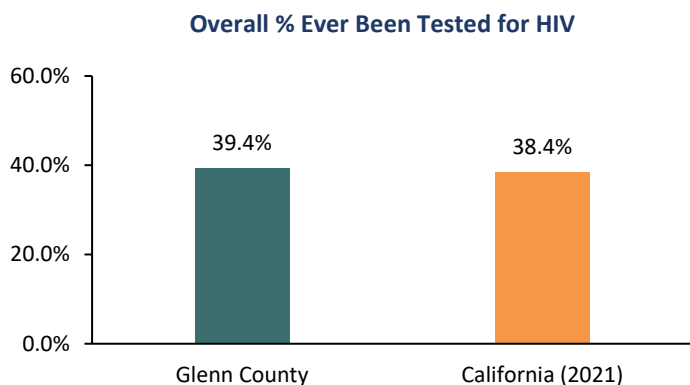
Healthy People 2030 Objective: Reduce the number of new HIV diagnoses

Tens of thousands of people in the United States are diagnosed with HIV each year, with the most recent data estimating over 30,000 people were diagnosed with the disease in 2021 alone.⁴³ The Healthy People 2030 target for the number of individuals newly diagnosed with HIV in a given year is 3,835.⁴⁴

Key Findings

About 40% of residents overall reported that they had ever been tested for HIV, which is comparable to the proportion of California residents overall who reported the same in 2021.

A lower proportion of residents who make \$75,000 or more a year reported that they had ever been tested compared to residents who earned less. Additionally, a lower proportion of men reported that they had ever been tested compared to women (34.4% versus 43.9%, for a difference of about 10%).



Demographics	% Ever Been Tested for HIV
Overall	39.4%
Gender	
Male	34.4%
Female	43.9%
Age Categories	
18-34 years old	40.2%
35-44 years old	70.2%
45-54 years old	36.1%
55-64 years old	41.0%
65+ years old	14.3%
Annual Household Income	
Less than \$20,000	51.3%
\$20,000 to \$34,999	38.7%
\$35,000 to \$49,999	57.5%
\$50,000 to \$74,999	42.8%
\$75,000 or more	28.1%
Education Level	
Less than High School	29.5%
High School Graduate	37.5%
Some College	38.9%
College Graduate	43.0%
Employment Status	
Employed	42.5%
Not employed	40.9%
Retired or unable to work	28.6%
Race Categories	
White	36.3%
Hispanic	43.9%
Other	47.9%

Adverse Childhood Experience: Emotional/Verbal and Physical Abuse

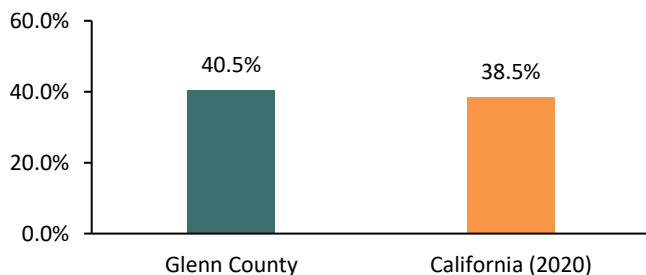
Healthy People 2030 Objective: Reduce nonfatal child abuse and neglect

Adverse childhood experiences (ACEs) encompass a range of traumatic experiences that occur during a person’s childhood and adolescence. The more ACEs someone experiences, the more likely they are to engage in risky behaviors later in life that are injurious to their health, such as binge drinking and smoking.⁴⁵ Historically, among adult Californians, emotional abuse is the commonly reported ACE, and physical abuse is the fourth most common.⁴⁶

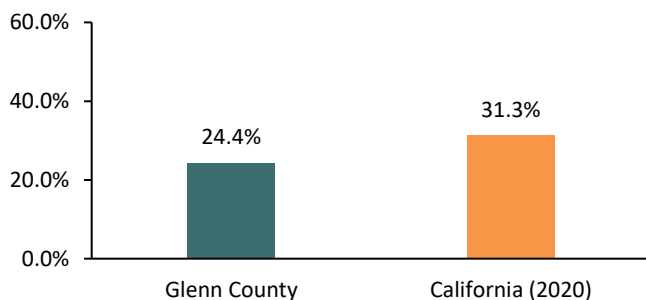
Key Findings

In Glenn County, about 40% of residents reported experiencing emotional abuse by a family member before age 18, slightly higher than the state average for California in 2020. Women reported emotional abuse more frequently than men (46.9% vs. 34.2%). Younger residents and those identifying as non-white or non-Hispanic also reported higher rates of emotional abuse. Approximately 25% of residents reported physical abuse, which is lower than the state average, with similar rates across genders. Non-white and non-Hispanic residents reported higher instances of physical abuse compared to their white or Hispanic counterparts.

% Emotionally Abused Before Age 18



% Physically Abused Before Age 18



Demographics	% Emotionally Abused Before Age 18 (Once or More than Once)	% Physically Abused Before Age 18 (Once or More than Once)
Overall	40.5%	24.4%
Gender		
Male	34.2%	24.0%
Female	46.9%	24.8%
Age Categories		
18-34 years old	47.2%	24.8%
35-44 years old	50.4%	29.7%
45-54 years old	33.0%	31.6%
55-64 years old	43.4%	22.9%
65+ years old	27.8%	17.3%
Annual Household Income		
Less than \$20,000	45.3%	29.0%
\$20,000 to \$34,999	35.5%	13.0%
\$35,000 to \$49,999	60.7%	56.5%
\$50,000 to \$74,999	35.3%	14.9%
\$75,000 or more	39.2%	21.6%
Education Level		
Less than High School	30.7%	14.3%
High School Graduate	39.7%	27.1%
Some College	37.1%	21.3%
College Graduate	46.6%	27.3%
Employment Status		
Employed	40.6%	26.0%
Not employed	38.7%	18.6%
Retired or unable to work	41.7%	22.8%
Race Categories		
White	38.9%	24.7%
Hispanic	40.0%	21.6%
Other	66.7%	36.4%

Adverse Childhood Experience: Separation/Divorce and Incarcerated Household Member

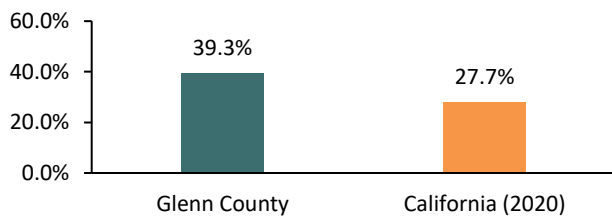
Healthy People 2030 Objective: Reduce nonfatal child abuse and neglect

Nationally, the percentage of adults who experienced parental separation/divorce as a child is estimated to be roughly 28%, and the percentage of adults who experienced having an incarcerated household member as a child is roughly 9%.⁴⁷ These percentages have historically been estimated to be similar among adult Californians, with roughly 28% having reported parental separation/divorce and roughly 8% having reported that they grew up with a household member who was incarcerated.⁴⁶

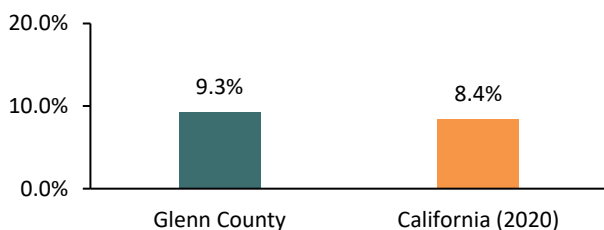
Key Findings

Approximately 39% of Glenn County residents reported experiencing parental separation or divorce during childhood, a rate higher than both national and state estimates. This experience was less common among residents aged 65 or older and Hispanic residents. Additionally, a higher proportion of Glenn County residents reported having an incarcerated family member during their upbringing compared to the state average. This was more frequently reported by residents under 45, as well as by Hispanic and other non-white racial groups compared to white residents.

% Parents Separated or Divorced Before Age 18



% Had Incarcerated Household Member Before Age 18



Demographics	% Parents Separated or Divorced (Before Age 18)	% Had Incarcerated Household Member (Before Age 18)
Overall	39.3%	9.3%
Gender		
Male	41.8%	8.5%
Female	36.8%	10.2%
Age Categories		
18-34 years old	44.9%	11.4%
35-44 years old	50.2%	19.4%
45-54 years old	36.0%	9.8%
55-64 years old	38.8%	4.9%
65+ years old	22.8%	2.3%
Annual Household Income		
Less than \$20,000	38.6%	14.2%
\$20,000 to \$34,999	43.6%	9.2%
\$35,000 to \$49,999	43.8%	4.3%
\$50,000 to \$74,999	37.1%	12.7%
\$75,000 or more	37.8%	9.0%
Education Level		
Less than High School	29.5%	14.1%
High School Graduate	58.4%	9.1%
Some College	42.1%	11.5%
College Graduate	22.8%	6.7%
Employment Status		
Employed	41.2%	9.5%
Not employed	43.0%	12.1%
Retired or unable to work	31.0%	7.8%
Race Categories		
White	43.3%	7.7%
Hispanic	28.9%	11.3%
Other	51.8%	18.2%

Adverse Childhood Experience: Sexual Abuse and Witness to Domestic Violence

Healthy People 2030 Objective: Reduce nonfatal child abuse and neglect

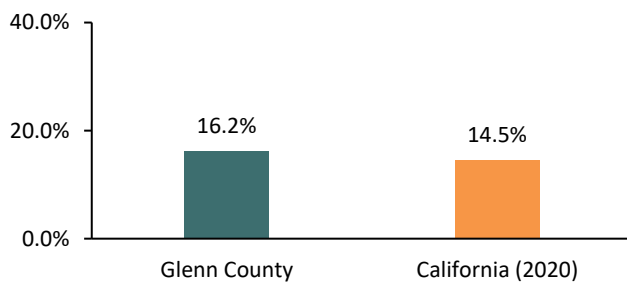
A childhood experience of sexual abuse has been estimated to be about as prevalent among adult Californians as it is among the national population of adult; roughly 13% of adults in the United States experienced sexual abuse as a child,⁴⁷ and roughly 15% of adult Californians in 2020 reported experiencing this type of abuse as a child.⁴⁶ However, an estimated 20% of adult Californians witnessed domestic violence as a child, compared to about 17% of adults nationally.

Key Findings

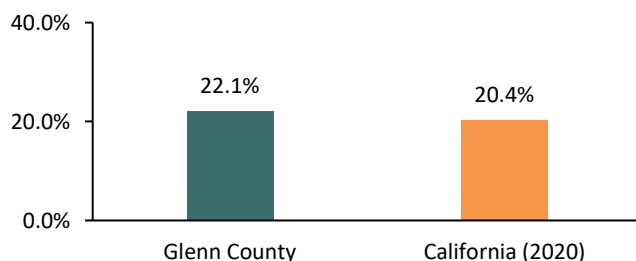
About 16% of Glenn County residents reported experiencing childhood sexual abuse, a rate higher than state and national averages. Significantly fewer men reported sexual abuse compared to women (5.5% vs. 26.9%). Non-white and non-Hispanic residents also reported higher rates of sexual abuse than their white or Hispanic counterparts. Additionally, more residents reported witnessing domestic violence as a child than the national and state estimates, particularly among those with annual incomes under \$50,000 and those identifying as non-white or non-Hispanic.

Demographics	% Sexually Abused (Before Age 18)	% Witnessed Domestic Violence (Before Age 18)
Overall	16.2%	22.1%
Gender		
Male	5.5%	19.3%
Female	26.9%	24.8%
Age Categories		
18-34 years old	20.2%	22.8%
35-44 years old	8.5%	29.9%
45-54 years old	24.7%	27.4%
55-64 years old	12.9%	20.8%
65+ years old	12.4%	13.0%
Annual Household Income		
Less than \$20,000	16.6%	25.0%
\$20,000 to \$34,999	20.1%	26.9%
\$35,000 to \$49,999	41.1%	50.1%
\$50,000 to \$74,999	17.8%	14.4%
\$75,000 or more	7.4%	15.3%
Education Level		
Less than High School	14.1%	33.0%
High School Graduate	19.5%	31.3%
Some College	11.5%	13.0%
College Graduate	18.7%	21.8%
Employment Status		
Employed	16.9%	21.0%
Not employed	15.2%	28.4%
Retired or unable to work	15.1%	21.7%
Race Categories		
White	16.1%	20.2%
Hispanic	15.7%	24.0%
Other	23.0%	33.6%

% Sexually Abused Before Age 18



% Witnessed Domestic Violence Before Age 18



Adverse Childhood Experience: Substance Use and Household Member with Mental Illness

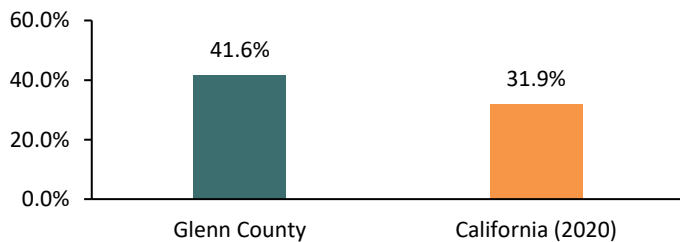
Healthy People 2030 Objective: Reduce nonfatal child abuse and neglect

Nationally, living with someone who used substances was the third most prevalent ACE, with about 27% of adults reporting that they experienced it as a child.⁴⁷ Nearly the same percentage of adult Californians are estimated to have experienced it as a child (28% according to 2017 estimates and 32% according to 2020 estimates).⁴⁶ A lower percentage of adults nationally and adult Californians are estimated to have lived with someone who was mentally ill as a child (about 17% nationally and 15% of California residents in 2020, respectively).

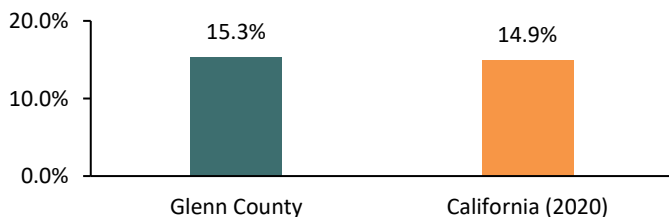
Key Findings

Around 42% of Glenn County residents reported growing up with a household member who had a substance use disorder, significantly higher than national and state estimates. This experience was more common among women and non-white, non-Hispanic residents. About 15% reported growing up with an adult with a mental illness, aligning with national and state averages. This was more frequently reported by residents under 45, those earning less than \$35,000 annually, and non-white, non-Hispanic residents.

% Household Member with Substance Use Disorder Before Age 18



% Household Member with Mental Illness Before Age 18



Demographics	% Household Member with Substance Use Disorder* (Before Age 18)	% Household Member with Mental Illness (Before Age 18)
Overall	41.6%	15.3%
Gender		
Male	38.8%	10.3%
Female	44.3%	20.5%
Age Categories		
18-34 years old	53.1%	18.0%
35-44 years old	45.8%	25.9%
45-54 years old	43.7%	12.4%
55-64 years old	37.7%	7.3%
65+ years old	27.3%	14.2%
Annual Household Income		
Less than \$20,000	48.8%	25.0%
\$20,000 to \$34,999	34.5%	23.7%
\$35,000 to \$49,999	56.4%	17.1%
\$50,000 to \$74,999	48.2%	6.7%
\$75,000 or more	39.7%	13.5%
Education Level		
Less than High School	38.1%	11.1%
High School Graduate	51.0%	19.4%
Some College	35.0%	10.1%
College Graduate	40.5%	18.1%
Employment Status		
Employed	46.7%	14.8%
Not employed	24.5%	16.0%
Retired or unable to work	34.6%	16.4%
Race Categories		
White	39.8%	16.3%
Hispanic	42.3%	12.0%
Other	63.3%	25.4%

*Includes street drug use, prescription drug use, and alcohol use

Financial Stability and Cost of Living

Understanding the economic well-being of households is crucial for addressing broader public health challenges. Financial stability and concerns about the cost of living are significant determinants of health, influencing access to healthcare, nutrition, and overall quality of life.

Key Findings

Overall, 33.9% of respondents rate their household's financial situation as fair or poor, with a significant 70.7% expressing worry about the rising cost of living. When broken down by gender, it is evident that females are more likely to report financial difficulties (37.6%) and concerns about living costs (73.8%) compared to males (30.3% and 67.6%, respectively).

Age and income levels also reveal notable differences. Younger adults (18-34 years) and those nearing retirement (55-64 years) report higher rates of financial hardship, at 39.1% and 39.7%, respectively. Concerns about the cost of living are prevalent across all age groups, with the highest worry among those aged 45-54 years (75.2%). Financial insecurity is most pronounced among those with lower incomes and education levels, with over half of households earning less than \$35,000 annually reporting financial struggles. Notably, individuals with less than a high school education face the greatest financial difficulties (54.7%) and the highest level of concern about living costs (87.1%). These insights underscore the need for targeted economic policies and support systems to address these financial disparities and alleviate the associated stress.

Demographics	% Household Financial Situation Fair or Poor	% Very or Fairly Worried about Increasing Cost of Living
Overall	33.9%	70.7%
Gender		
Male	30.3%	67.6%
Female	37.6%	73.8%
Age Categories		
18-34 years old	39.1%	73.9%
35-44 years old	34.8%	73.6%
45-54 years old	28.8%	75.2%
55-64 years old	39.7%	63.6%
65+ years old	29.7%	66.8%
Annual Household Income		
Less than \$20,000	53.4%	65.5%
\$20,000 to \$34,999	56.7%	78.7%
\$35,000 to \$49,999	48.2%	82.7%
\$50,000 to \$74,999	36.1%	74.1%
\$75,000 or more	12.3%	63.0%
Education Level		
Less than High School	54.7%	87.1%
High School Graduate	52.0%	78.2%
Some College	29.5%	70.2%
College Graduate	17.8%	61.2%
Employment Status		
Employed	32.3%	75.9%
Not employed	42.1%	55.8%
Retired or unable to work	35.4%	62.8%
Race Categories		
White	35.9%	69.7%
Hispanic	27.7%	71.4%
Other	48.5%	74.0%

APPENDIX A: GLENN COUNTY BRFSS SUMMARY TABLE

The following table shows results for all BRFSS indicators included in this report that have associated California data as well as percent differences (Glenn County % - California %) for each indicator. Percent differences greater than +5% that potentially signal that the county is underperforming compared to the rest of the state are highlighted in orange, whereas percent differences lower than -5% that potentially signal that the county is outperforming the state are highlighted in green.

However, it is important to note that depending on the indicator, a negative percentage difference does not necessarily indicate that the county is underperforming.

BRFSS Indicators	Glenn County	California (2021 or 2020)	% Difference
Reported Fair or Poor Overall Health	16.4%	16.2%	0.2%
Physical Health Not Good (14+ Days)	11.4%	10.0%	1.4%
Mental Health Not Good (14+ Days)	16.8%	14.4%	2.4%
Body Mass Index (Overweight or Obese)	73.3%	63.9%	9.4%
Fruit Consumption (<1 Times a Day or Never)	47.2%	44.6%	2.6%
Vegetable Consumption (<1 Times a Day or Never)	60.9%	58.7%	2.2%
No Physical Activity	19.0%	20.1%	-1.1%
With a Disability	31.3%	26.2%	5.1%
No Health Insurance	2.8%	8.4%	-5.6%
No Personal Health Care Provider	16.0%	17.9%	-1.9%
No Health Care Access Due to Cost	5.1%	9.2%	-4.1%
Did Not See Doctor for Routine Check-Up in Last 12 Months	23.8%	35.8%	-12.0%
Ever Told They Have High Blood Pressure	31.9%	27.9%	4.0%
Cholesterol Not Checked Within the Last 5 Years or Never	11.8%	12.8%	-1.0%
Cholesterol Checked and Told It Was High	30.3%	33.8%	-3.5%
Ever Told They Have Angina or Coronary Heart Disease	2.9%	3.2%	-0.3%
Ever Told They Had a Heart Attack	3.4%	2.9%	0.5%

BRFSS Indicators	Glenn County	California (2021 or 2020)	% Difference
Ever Told They Had a Stroke	3.8%	2.7%	1.1%
Ever Told They Have Asthma	22.4%	14.7%	7.7%
Still Have Asthma	83.0%	60.9%	22.1%
Ever Told They Have COPD	5.3%	4.6%	0.7%
Ever Told They Have Arthritis	23.4%	20.1%	3.3%
Moderate to Severe Joint Pain (Score 5 or Higher)	54.3%	49.8%	4.5%
Ever Told They Have a Depressive Disorder	19.3%	15.2%	4.1%
Ever Told They Have Kidney Disease	5.7%	2.5%	3.2%
Ever Told They Have Skin Cancer	8.1%	5.3%	2.8%
Ever Told They Have Cancer (Excluding Skin Cancer)	6.7%	5.4%	1.3%
Ever Told They Have Diabetes	11.1%	11.6%	-0.5%
No Test for High Blood Sugar or Diabetes in Past Three Years	37.7%	47.7%	-10.0%
Current Smoker	10.1%	8.9%	1.2%
Use Chewing Tobacco Every Day or Some Days	3.1%	1.7%	1.4%
Use E-Cigarettes Every Day or Some Days	5.5%	5.2%	0.3%
Report Binge Drinking	24.6%	27.9%	-3.3%
Vaccinated Against the Flu in Past 12 Months	28.5%	43.5%	-15.0%
Ever Received Pneumonia Shot	31.3%	29.7%	1.6%
Ever Been Tested for HIV	39.4%	38.4%	1.0%
No Usual Activities Poor Mental/Physical Health (14+ Days)	19.1%	18.2%	.9%
Readily Able to Access Primary Care Provider (% Disagree or Strongly Disagree)	12.8%	NA	NA
Readily Able to Access Specialty Care Provider (% Disagree or Strongly Disagree)	18.6%	NA	NA
Distance Delayed Care	17.0%	NA	NA
Currently Taking Blood Pressure Medicine	74.8%	73.3%	1.5%
Currently Taking Cholesterol Medicine	18.0%	21.8%	-3.8%

BRFSS Indicators	Glenn County	California (2021 or 2020)	% Difference
Diabetes Onset (44 or Younger)	55.0%	41.6%	13.4%
Doctor Suggested Physical Activity/Exercise for Joint Pain	58.6%	70.2%	-11.6%
Educational Course to Manage Joint Pain	9.4%	19.5%	-10.1%
Joint Pain Limits Usual Activities	57.8%	43.1%	14.8%
Joint Pain Affects Work	37.0%	31.0%	6.0%
Deaf or Serious Difficulty Hearing	7.6%	6.1%	1.5%
Blind or Serious Difficulty Seeing	4.2%	4.7%	-0.5%
Serious Difficulty Concentrating, Remembering, Making Decisions	14.9%	11.9%	3.1%
Difficulty Walking	16.2%	11.8%	4.4%
Difficulty Dressing or Bathing	4.3%	4.1%	0.25%
Adults Had At Least 1 Alcoholic Drink in Past 30 Days	47.7%	54.3%	-6.6%
Average Number of Drinks on Days They Drank (6 or More)	6.8%	7.4%	-0.5%
Largest Number of Drinks on Any Occasion (6 or More)	14.8%	16.2%	-1.4%
Drink Fruit Juice (<1 Times a Day or Never)	92.0%	87.1%	4.9%
Eat Green Leafy or Lettuce Salad (<1 Times a Day or Never)	83.4%	74.4%	8.9%
Eat Fried Potatoes (≥1 Times a Day)	1.8%	2.2%	-0.4%
Eat Non-Fried Potatoes (≥1 Times a Day)	1.6%	1.8%	-0.2%
Usually Have Healthy Foods Available at Home (% Disagree or Strongly Disagree)	3.5%	NA	NA
Healthy Foods Accessible (% Disagree or Strongly Disagree)	9.7%	NA	NA
Healthy Foods Affordable (% Disagree or Strongly Disagree)	24.4%	NA	NA
Kept from Medical Appointments and Getting Things Needed for Daily Living Due to Lack of Transportation	5.1%	NA	NA
No Steady Place to Live	1.4%	NA	NA
Concerned about Safety and/or Cost of Living Situation	15.7%	NA	NA
If Concerned, Mainly Concerned about Ability to Pay for Housing or Feeling Safe	65.9%	NA	NA

BRFSS Indicators	Glenn County	California (2021 or 2020)	% Difference
No Internet Access at Home	8.3%	NA	NA
Ever Been Told They Are Pre-Diabetic	16.3%	16.2%	0.1%
Taking Insulin	26.3%	NA	NA
Checks Blood Glucose (≥ 1 Times a Day)	60.5%	62.0%	-1.5%
Has Not Seen a Health Professional for Their Diabetes within Past 12 Months	23.5%	NA	NA
Ever Told Diabetes Has Affected Their Eyes	17.6%	NA	NA
Taken Course on How to Manage Their Diabetes	64.3%	55.6%	8.7%
Was Less than 18 When They First Started Smoking	48.9%	NA	NA
CT or CAT Scan for Lung Cancer in Past 12 Months	4.2%	NA	NA
Ever Had Mammogram	61.6%	62.9%	-1.3%
Have Not Had Mammogram within the Past 12 Months	34.4%	55.2%	-20.8%
Ever Had Cervical Cancer Screening	59.3%	NA	NA
Have Not Had Cervical Cancer Screening within the Past 12 Months	51.3%	NA	NA
Had Pap Test Along with Cervical Cancer Screening	97.5%	NA	NA
Had HPV Test Along with Cervical Cancer Screening	56.0%	NA	NA
Had a Hysterectomy	18.8%	14.3%	4.5%
Ever Had PSA Test	54.8%	39.5%	15.3%
Have Not Had PSA Test within the Past 12 Months	24.5%	48.5%	-23.9%
Ever Had a Colonoscopy or Sigmoidoscopy	58.5%	59.5%	-1.0%
Have Not Had Colonoscopy or Sigmoidoscopy within the Past 12 Months	70.6%	92.0%	-21.4
Ever Had a Virtual Colonoscopy	10.6%	6.0%	4.6%
Ever Had Another Kind of Colorectal Cancer Test	28.2%	NA	NA
Ever Had a Blood Stool Test	75.9%	48.3%	27.6%
Have Not Had Blood Stool Test within the Past 12 Months	55.3%	62.4%	-7.2%
Ever Had Cologuard Test	34.8%	NA	NA

BRFSS Indicators	Glenn County	California (2021 or 2020)	% Difference
Have Not Had Cologuard Test within the Past 12 Months	45.2%	NA	NA
As a Child, Family Stood by During Difficult Times (% Rarely or Never)	9.4%	NA	NA
As a Child, Able to Talk to Family About Feelings (% Rarely or Never)	21.0%	NA	NA
As a Child, Had Adult Who Made Them Feel Safe (% Rarely or Never)	5.9%	NA	NA
As a Child, Enjoyed Participating in Community Traditions (% Rarely or Never)	13.9%	NA	NA
As a Child, Felt Supported by Friends (% Rarely or Never)	7.8%	NA	NA
As a High Schooler, Felt Like They Belonged at High School (% Rarely or Never)	14.1%	NA	NA
As a Child, Had Two Adults Who Took a Genuine Interest in Them (% Rarely or Never)	16.2%	NA	NA
As a Child, Didn't Have Enough to Eat, Clean Clothes, Someone to Protect Them (% Yes)	11.8%	NA	NA
As a Child, Lived with Someone Who Was Mentally Ill	15.3%	14.9%	0.4%
As a Child, Lived with Someone Who Was Alcoholic	29.2%	23.6%	5.6%
As a Child, Lived with Someone Who Had a Substance Use Disorder	12.4%	8.3%	4.1%
As a Child, Had a Household Member Who Had Been Previously Incarcerated or Was Incarcerated	9.3%	8.4%	0.9%
As a Child, Parents Separated or Divorced	39.3%	27.7%	11.6%
As a Child, Witnessed Domestic Violence (% Once or More Than Once)	22.1%	20.4%	1.7%
As a Child, Physically Abused by a Family Member (% Once or More Than Once)	24.4%	31.3%	-6.9%
As a Child, Emotionally Abused by a Family Member (% Once or More Than Once)	40.5%	38.5%	2.0%
As a Child, No One Loved Them or Thought They Were Special	15.9%	NA	NA
As a Child, Sexually Abused by a Family Member (% Once or More Than Once)	16.2%	14.5%	1.7%
Used Marijuana in Past 30 Days	13.4%	14.6%	-1.2%
Ever Taken a Strong Prescription Painkiller	55.5%	NA	NA
Taken a Strong Prescription Painkiller in the Past 12 Months	29.6%	NA	NA
Taken a Strong Prescription Painkiller in the Past 12 Months (% Not Prescribed)	3.4%	NA	NA

BRFSS Indicators	Glenn County	California (2021 or 2020)	% Difference
Taken a Strong Prescription Painkiller in the Past 12 Months (% More Frequently Than Prescribed)	13.3%	NA	NA
Ever Used Heroin	3.3%	NA	NA
Ever Used Heroin in the Past 12 Months (If Ever Used)	9.9%	NA	NA
Ever Used Fentanyl	2.9%	NA	NA
Ever Used Fentanyl in the Past 12 Months (If Ever Used)	41.1%	NA	NA
Ever Used Fentanyl in the Past 12 Months (% Not Prescribed)	64.5%	NA	NA
Ever Used Cocaine	17.2%	NA	NA
Ever Used Fentanyl in the Past 12 Months (If Ever Used)	4.4%	NA	NA
Ever Used Methamphetamine	10.2%	NA	NA
Ever Used Methamphetamine in the Past 12 Months (If Ever Used)	5.5%	NA	NA
Ever Used a Prescription Stimulant	10.3%	NA	NA
Ever Used Prescription Stimulant in the Past 12 Months (If Ever Used)	9.9%	NA	NA

APPENDIX B: COUNTY HEALTH RANKINGS

The County Health Rankings – developed by the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute – are a nationally recognized and trusted resource for assessing the overall health of counties across the United States. These rankings provide a comprehensive assessment of a county's health, considering a wide range of factors, from health behaviors and clinical care access to social and economic determinants of health.

Statistics for the 2023 County Health Ranking & Roadmaps measures for Glenn County are shown below:

Health Outcomes				
Length of Life	Glenn County	California	United States	Notes
Premature Death	7,900	5,700	7,300	Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Quality of Life	Glenn County	California	United States	Notes
Poor or Fair Health	24%	18%	17%	Percentage of adults reporting fair or poor health (age-adjusted).
Poor Physical Health Days	4.6	3.7	3.9	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Poor Mental Health Days	4.7	3.9	4.5	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).
Low Birthweight	6%	7%	8%	Percentage of live births with low birthweight (< 2,500 grams).
Additional Health Outcomes	Glenn County	California	United States	Notes
COVID-19 Age-Adjusted Mortality	70	69	85	All deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19, per 100,000 population (age-adjusted).
Life Expectancy	77.3	81	78.5	Average number of years a person can expect to live.
Premature Age-Adjusted Mortality	390	290	360	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).
Child Mortality	70	40	50	Number of deaths among residents under age 18 per 100,000 population.
Infant Mortality	N/A	4	6	Number of infant deaths (within 1 year) per 1,000 live births.
Frequent Physical Distress	15%	11%	12%	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).

Additional Health Outcomes	Glenn County	California	United States	Notes
Frequent Mental Distress	15%	12%	14%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)
Diabetes Prevalence	12%	9%	9%	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted).
HIV Prevalence	96	401	378	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.
Health Factors				
Health Behaviors	Glenn County	California	United States	Notes
Adult Smoking	15%	10%	16%	Percentage of adults who are current smokers (age-adjusted).
Adult Obesity	32%	26%	32%	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).
Food Environment Index	7.3	8.9	7.8	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).
Physical Inactivity	28%	22%	26%	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).
Access to Exercise Opportunities	59%	93%	80%	Percentage of population with adequate access to locations for physical activity.
Excessive Drinking	20%	19%	20%	Percentage of adults reporting binge or heavy drinking (age-adjusted).
Alcohol-Impaired Driving Deaths	22%	28%	27%	Percentage of driving deaths with alcohol involvement.
Sexually Transmitted Infections	433.2	599.1	551	Number of newly diagnosed chlamydia cases per 100,000 population.
Teen Births	22	16	19	Number of births per 1,000 female population ages 15-19.
Additional Health Behaviors	Glenn County	California	United States	Notes
Food Insecurity	14%	10%	11%	Percentage of population who lack adequate access to food.
Limited Access to Healthy Foods	9%	3%	6%	Percentage of population who are low-income and do not live close to a grocery store.
Drug Overdose Deaths	25	17	23	Number of drug poisoning deaths per 100,000 population.
Motor Vehicle Crash Deaths	17	10	12	Number of motor vehicle crash deaths per 100,000 population.
Insufficient Sleep	34%	35%	35%	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted).

Clinical Care	Glenn County	California	United States	Notes
Uninsured	12%	9%	11%	Percentage of population under age 65 without health insurance.
Primary Care Physicians	7,100:1	1,240:1	1,310:1	Ratio of population to primary care physicians.
Dentists	1,290:1	1,130:1	1,400:1	Ratio of population to dentists.
Mental Health Providers	880:1	240:1	350:1	Ratio of population to mental health providers.
Preventable Hospital Stays	5,270	3,067	3,767	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Mammography Screening	37%	37%	43%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Flu Vaccinations	36%	43%	48%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination
Additional Clinical Care	Glenn County	California	United States	Notes
Uninsured Adults	16%	11%	13%	Percentage of adults under age 65 without health insurance.
Uninsured Children	6%	4%	6%	Percentage of children under age 19 without health insurance.
Other Primary Care Providers	1,410:1	1,370:1	870:1	Ratio of population to primary care providers other than physicians.
Social & Economic Factors	Glenn County	California	United States	Notes
High School Completion	74%	84%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Some College	44%	67%	67%	Percentage of adults ages 25-44 with some post-secondary education.
Unemployment	8.90%	10.10%	8.10%	Percentage of population ages 16 and older unemployed but seeking work.
Children in Poverty	17%	15%	16%	Percentage of people under age 18 in poverty.
Income Inequality	4.8	5.1	4.9	Ratio of household income at the 80 th percentile to income at the 20 th percentile.
Children in Single-Parent Households	21%	22%	25%	Percentage of children that live in a household headed by a single parent.
Social Associations	7.4	6	9.2	Number of membership associations per 10,000 population.
Violent Crime	408	421	386	Number of reported violent crime offenses per 100,000 population.
Injury Deaths	96	55	76	Number of deaths due to injury per 100,000 population.

Physical Environment	Glenn County	California	United States	Notes
Air Pollution - Particulate Matter	13.8	12.9	7.5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Severe Housing Problems	21%	26%	17%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.
Driving Alone to Work	78%	72%	75%	Percentage of the workforce that drives alone to work.
Long Commute - Driving Alone	32%	42%	37%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.

APPENDIX C: DATA SOURCES

1. U.S. Department of Health and Human Services. Updated August 24, 2021. History of Healthy People. <https://health.gov/our-work/national-health-initiatives/healthy-people/about-healthy-people/history-healthy-people>
2. Centers for Disease Control and Prevention. Updated June 3, 2022. Defining Adult Obesity. www.cdc.gov/obesity/basics/adult-defining.html
3. National Institute of Diabetes and Digestive and Kidney Diseases. Updated September 2021. Overweight and Obesity Statistics. <https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity>
4. America's Health Rankings. (n.d.). Fruit and Vegetable Consumption in United States. <https://www.americashealthrankings.org/explore/measures/fvcombo>
5. U.S. Department of Health and Human Services. (n.d.). Reduce the Proportion of Adults Who Do No Physical Activity in Their Free Time (PA-01). <https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity/reduce-proportion-adults-who-do-no-physical-activity-their-free-time-pa-01>
6. Berchick, E.R., Hood, E., & Barnett, J.C. (2018). Health Insurance Coverage in the United States: 2017. <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf>
7. Liang, H., Beydoun, M. A., & Eid, S. M. (2019). Health needs, utilization of services and access to care among Medicaid and uninsured patients with chronic disease in health centres. *Journal of Health Services Research & Policy*, 24(3), 172-181. <https://pubmed.ncbi.nlm.nih.gov/31291765/>
8. Hawks, L., et al. (2020). Trends in unmet need for physician and preventive services in the United States, 1998-2017. *JAMA Internal Medicine*, 180(3), 439-448. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2759743#:~:text=Findings%20Using%20data%20from%20US,because%20of%20cost%20increased%202.7>
9. U.S. Department of Health and Human Services. (n.d.). Increase the proportion of people with health insurance — AHS-01. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-health-insurance-ahs-01>
10. U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of people who can't get medical care when they need it — AHS-04. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/reduce-proportion-people-who-cant-get-medical-care-when-they-need-it-ahs-04>
11. U.S. Department of Health and Human Services. (n.d.). Increase the proportion of people with a usual primary care provider — AHS-07. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-usual-primary-care-provider-ahs-07>
12. U.S. Department of Health and Human Services. Updated May 12, 2023. Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among U.S. Adults Aged 18 Years and Older Applying the Criteria from the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2017–2020. <https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html>

13. Centers for Disease Control and Prevention/National Center for Health Statistics. Updated September 8, 2023. Multiple Cause of Death Data. <https://wonder.cdc.gov/mcd.html>
14. U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of adults with high blood pressure — HDS-04. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-proportion-adults-high-blood-pressure-hds-04>
15. Tsao, C. W., et al. (2023). Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association. *Circulation*, 147(8), e93-e621. https://www.ahajournals.org/doi/10.1161/CIR.0000000000001123?utm_campaign=sciencenews22-23&utm_source=science-news&utm_medium=phd-link&utm_content=phd-01-25-23
16. Ibid.
17. Ibid.
18. Ibid.
19. Centers for Disease Control and Prevention. Updated April 24, 2018. Asthma as the Underlying Cause of Death. https://www.cdc.gov/asthma/asthma_stats/asthma_underlying_death.html
20. Ibid.
21. Syamlal, G., et al. (2020). Chronic Obstructive Pulmonary Disease Mortality by Industry and Occupation — United States, 2020. *Morbidity and Mortality Weekly Report*, 71, 1550-1554. <https://www.cdc.gov/mmwr/volumes/71/wr/mm7149a3.htm>
22. Ibid.
23. Centers for Disease Control and Prevention. Updated November 3, 2021. Arthritis. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/arthritis.htm#:~:text=In%20the%20United%20States%2C%202024,form%20of%20arthritis%20is%20osteoarthritis.>
24. U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of adults with arthritis who have moderate or severe joint pain — A-01. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/arthritis/reduce-proportion-adults-arthritis-who-have-moderate-or-severe-joint-pain-01>
25. Goodwin, R.E., et al. (2022). Trends in U.S. Depression Prevalence From 2015 to 2020: The Widening Treatment Gap. *American Journal of Preventative Medicine*, 63(5), 726-733. [https://www.ajpmonline.org/article/S0749-3797\(22\)00333-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(22)00333-6/fulltext)
26. Ibid.
27. Centers for Disease Control and Prevention/National Center for Health Statistics. Updated January 17, 2023. Kidney Disease. <https://www.cdc.gov/nchs/fastats/kidney-disease>
28. Jankowski, J., Floege, J., Fliser, D., Böhm, M., & Marx, N. (2021). Cardiovascular Disease in Chronic Kidney Disease: Pathophysiological Insights and Therapeutic Options. *Circulation*, 143(11), 1157–1172. <https://www.ahajournals.org/doi/full/10.1161/CIRCULATIONAHA.120.050686#:~:text=In%20addition%20to%20the%20high,particularly%20in%20advanced%20CKD%20stages.>
29. U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of adults with chronic kidney disease — CKD-01. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/chronic-kidney-disease/reduce-proportion-adults-chronic-kidney-disease-ckd-01>

30. Centers for Disease Control and Prevention. Last updated February 28, 2022. Cancer Deaths in the United States. <https://www.cdc.gov/cancer/dcpc/research/update-on-cancer-deaths/index.htm>
31. U.S. Department of Health and Human Services. (n.d.). Reduce the overall cancer death rate — C-01. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer/reduce-overall-cancer-death-rate-c-01>
32. Centers for Disease Control and Prevention. Last updated June 29, 2022. National Diabetes Statistics Report. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>
33. U.S. Department of Health and Human Services. (n.d.). Reduce the number of diabetes cases diagnosed yearly — D-01. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes/reduce-number-diabetes-cases-diagnosed-yearly-d-01>
34. U.S. Department of Health and Human Services/Office of the Surgeon General. (2014). *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General* [Report]. <https://www.ncbi.nlm.nih.gov/books/NBK179276/>
35. U.S. Department of Health and Human Services. (n.d.). Reduce current cigarette smoking in adults — TU-02. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/reduce-current-cigarette-smoking-adults-tu-02>
36. Mohammadi, L., et al. (2022). Chronic e-cigarette use impairs endothelial function on the physiological and cellular levels. *Arteriosclerosis, thrombosis, and vascular biology*, 42(11), 1333–1350.
37. Rehm, J., & Shield, K.D. (2013). Global alcohol-attributable deaths from cancer, liver cirrhosis, and injury in 2010. *Alcohol Research*, 35(2):174–83.
38. Spencer, M. R., Curtin, S. C., & Hedegaard, H. (2020). Rates of alcohol-induced deaths among adults aged 25 and over in rural and urban areas: United States, 2000–2018. NCHS Data Brief, No. 383. Hyattsville, MD: National Center for Health Statistics.
39. U.S. Department of Health and Human Services. (n.d.). Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month — SU-10. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/drug-and-alcohol-use/reduce-proportion-people-aged-21-years-and-over-who-engaged-binge-drinking-past-month-su-10>
40. The National Foundation for Infectious Diseases. (n.d.) Adult Immunization Schedule by Age, 2023. <https://www.nfid.org/immunization/us-vaccine-recommendations/adult-immunization-schedule-19-years-and-older/>
41. Centers for Disease Control and Prevention. Last updated October 4, 2022. Disease Burden of Flu. <https://www.cdc.gov/flu/about/burden/index.html>
42. U.S. Department of Health and Human Services. (n.d.). Increase the proportion of people who get the flu vaccine every year — IID-09. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/increase-proportion-people-who-get-flu-vaccine-every-year-iid-09/data>
43. Centers for Disease Control and Prevention. Last updated May 22, 2023. HIV Basic Statistics. <https://www.cdc.gov/hiv/basics/statistics.html>
44. U.S. Department of Health and Human Services. (n.d.). Reduce the number of new HIV diagnoses — HIV-03. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-number-new-hiv-diagnoses-hiv-03>

45. Campbell, J. A., Walker, R. J., & Egede, L. E. (2016). Associations between adverse childhood experiences, high-risk behaviors, and morbidity in adulthood. *American Journal of Preventive Medicine*, 50(3), 344-352.
46. California Department of Public Health/California Department of Social Services. (2020). *Adverse Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017: An Overview of Adverse Childhood Experiences in California* [Report]. Essentials for Childhood Initiative.
47. Centers for Disease Control and Prevention. Last updated April 6, 2021. Behavioral Risk Factor Surveillance System ACE Data [Data set]. <https://www.cdc.gov/violenceprevention/aces/ace-brfss.html>