

# **Community Health Needs Assessment**

**Year 2013**

Lodi Community Hospital

A Member of the



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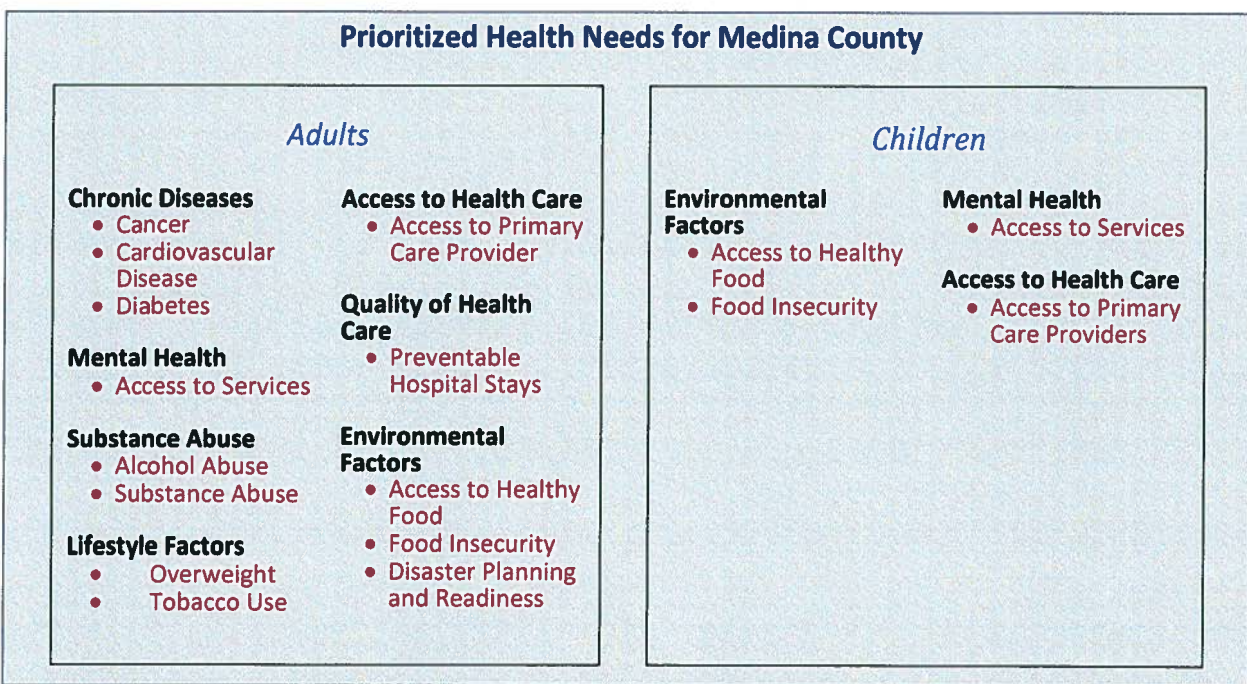
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### EXECUTIVE SUMMARY

Lodi Community Hospital is a twenty-five bed Critical Access Hospital located in Lodi, Ohio. Throughout its over 90 year history, Lodi Community Hospital (LCH) has itself conducted and many times participated in various community needs surveys designed to assess the health needs of the community it serves. Such surveys have been used for evaluating current services and for determining future programming. All have been designed with end being to deliver progressively better services meant to improve the health of the community it serves. The assessment presented here is intended to continue that progression, as well as satisfy the requirements of a Community Health Needs Assessment described in Internal Revenue Code section 501(r)(3) and related guidance.

During the CHNA process, epidemiologic data were reviewed and compared to the rates for Medina County to two peer Counties, the state, the nation, and Healthy People 2020 objectives. Input was also obtained from community leaders and community residents and CHNAs conducted by other community groups were consulted.

All of this information was used to develop a list of prioritized health needs in Medina County. These prioritized health needs are being used by LCH to guide intervention and outreach efforts aimed at improving community health in Medina County.



Background information on the CHNA, the methodology used to conduct the CHNA, and the results of the analysis are contained in the full report. The activities undertaken by LCH to address these prioritized health needs are contained in the "Implementation Strategy," which is also located on the LCH website.

**ADOPTION BY BOARD OF DIRECTORS**

**Lodi Community Hospital**  
***2013 Community Health Needs Assessment***

The Akron General Hospitals Board of Directors is the governing body of Lodi Community Hospital, an IRC 501(c)(3) hospital organization operating the hospital facility Lodi Community Hospital. The Akron General Hospitals Board hereby adopts the 2013 Community Health Needs Assessment (the "CHNA Report") for Lodi Community Hospital.

  
\_\_\_\_\_  
Craig M. Babbitt, Esq., Secretary

Date

10/23/13

### BACKGROUND

#### **Purpose**

Throughout its over 90 year history, LCH has itself conducted and many times participated in various surveys designed to assess the health needs of the community it serves. Such surveys have been used for evaluating current services and for determining future programming. All have been designed with the end being to deliver progressively better services meant to improve the health of the community it serves. The assessment presented here is intended to continue that progression, as well as satisfy the requirements of a Community Health Needs Assessment (CHNA) described below.

Enacted in March 2010, the Patient Protection and Affordable Care Act (ACA) continues to bring changes to the US health care system, including the addition of Internal Revenue Code (IRC) section 501(r) applicable to hospital organizations exempt from federal income tax. Within IRC 501(r) is the requirement for such a hospital organization to conduct, once every three years, a Community Health Needs Assessment (CHNA) for each hospital facility it operates. The Internal Revenue Service (IRS) is charged with enforcing these new requirements, and has issued guidance for hospital facilities to follow in order to comply with the law. As LCH's CHNA process was concluding such guidance provided that a CHNA report would include: a definition of community served by the hospital and a description of how the community was determined; a description of the process and methods used to conduct the CHNA; a description of how the hospital facility took into account input from persons who represent the broad interests of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing such significant health needs; and a description of potential measures and resources identified through the CHNA to address the significant health needs.

#### **Description of Hospital Facility**

Lodi Community Hospital is a critical access hospital. A Critical Access is generally defined as a facility that provides outpatient and inpatient hospital services to people in a rural setting. The hospital must provide 24-hour emergency services; have no more than 25 beds; have an average length of stay for its patients of 96 hours or less; be located more than 35 miles from the nearest hospital or be designated by its State as a "necessary provider". LCH has been designated by the State of Ohio as a necessary provider.

LCH offers a comprehensive range of services. The services include acute and skilled inpatient care, outpatient diagnostic testing, rehabilitation and physical therapy services, occupational health, outpatient surgery, radiology services and a 24-hour Emergency Department.

### **Definition of the Community Served**

The facility is located at 225 Elyria Street in Lodi, Ohio, which is located in southwest Medina County. While LCH welcomes patients from communities throughout Northeast Ohio and beyond, patient discharge and encounter data show that the vast majority of its patients reside within Medina County. For purposes of the CHNA, LCH defines the community it serves as consisting of Medina County.

### **Process and Methods**

#### **Approach**

Lodi Community Hospital is a member of the *Living Well Medina County* Steering Committee. The members of the committee took time to carefully plan the assessment process. The committee's intent was to identify emerging issues and help ensure a high quality, healthy and prosperous future for our county, while using existing resources as efficiently as possible. The members of the Steering Committee have collaborated throughout the years, amongst themselves as well as with many other area agencies. The goals of the collaboration included cost savings, consistency in data collection and the stimulation of new collaborations among both public and private agencies during challenging economic times.

#### **Data Collection Methods**

The findings are based on a self-administered survey using structured questions. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Health System (YRBSS) and the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the process and integrated sources of primary and secondary data in the final CHNA report. The survey design, instrument development, sampling, procedure, data analysis and survey limitations details can be found in the CHNA which is located on the LCH website.

#### **Additional Data Sources**

The County Health Rankings & Roadmaps program is collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program collects information on mortality, morbidity, health behaviors, clinical care, social and economic factors, and physical environment at a county-level for nearly all counties in the United States. Some data reported are actual counts based on actual reports (i.e., reported disease diagnoses), some data are estimated based on samples (i.e., the Behavioral Risk Factor Survey), and some data are modeled to obtain a more current estimate (i.e., projected 2012 estimates based on 2010 census data). Medina County's overall rank in Ohio is fourth. For more information about the County Health Rankings program, please visit: [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

### **Community Involvement**

The selection of topics and related questions utilized in the survey were developed by a group of community leaders from several agencies and organizations.

Leaders from the following community organizations were consulted during this CHNA:

- Center for Health Affairs: Medina Hospital
- Medina County Health Department
- Medina County Family First Council
- Summa Wadsworth Rittman Hospital
- Medina County Economic Development Corporation
- Alternative Paths
- Medina City Schools
- Medina County Commissioner's Office
- HMC Hospice of Medina County
- Medina County Board of Developmental Disabilities
- United Way of Medina County
- Feeding Medina County
- Hinckley Township Trustees
- Medina County Sheriff Office
- Medina County Home
- Cornerstone Wellness Center, Inc.
- Kidney Foundation
- The Salvation Army

### **Other Health Needs Assessment**

The other health needs assessments that were reviewed during the preparation of this CHNA included:

- Health, Income, and Education Indicators Packet by the United Way of Medina County issued May 2013.
- Medina County Health Improvement Plan, 2013-2018 by the Living Well Medina Steering Committee.



### Prioritization Process

As mentioned previously, epidemiologic data from a variety of sources were collected. To prioritize these health indicators, the Medina County data were compared to two peer counties in Ohio that were demographically similar, the state and US averages, and the Healthy People 2020 target, if one was available. To aid the prioritization process, the indicators were divided into adult indicators and child indicators and plotted on matrices.

Indicators listed on the left-hand side of the matrix compared unfavorably to the two comparison counties, the state, and the US. Indicators on the right-hand side of the matrix compared favorably to those benchmarks. In addition, on each side of the matrix, it was noted if the indicators were higher/lower than 2, 3, or 4 of the benchmarks. For example, indicators in the upper left box of the matrix (shaded in red) were “worse” in Medina County compared to the two comparison counties, the State, and the US. Indicators in the bottom right (shaded in blue) were “better” in Medina County compared to these benchmarks. The use of these matrices helped the Steering Committee quickly compare the vast amount of data to key benchmarks and identify the prioritized health needs based on the epidemiologic data.

Medina County Adults			
Unfavorable Comparisons		Favorable Comparisons	
4 Benchmarks	<ul style="list-style-type: none"> <li>Indicator 1</li> <li>Indicator 2</li> <li>Indicator 3</li> </ul>	<ul style="list-style-type: none"> <li>Indicator 10</li> <li>Indicator 11</li> <li>Indicator 12</li> </ul>	4 Benchmarks
3 Benchmarks	<ul style="list-style-type: none"> <li>Indicator 4</li> <li>Indicator 5</li> <li>Indicator 6</li> </ul>	<ul style="list-style-type: none"> <li>Indicator 13</li> <li>Indicator 14</li> <li>Indicator 15</li> </ul>	3 Benchmarks
2 Benchmarks	<ul style="list-style-type: none"> <li>Indicator 7</li> <li>Indicator 8</li> <li>Indicator 9</li> </ul>		

The list of prioritized health needs resulting from the epidemiologic analysis was then supplemented with additional health needs identified by the Community Needs Assessment. LCH formed a Community Needs Assessment Committee. The Committee members were employees actively engaged in community activities. The priorities needed to fit with the resources available and the capabilities of our staff.



### **Prioritized Needs**

Listed in order of importance, the following needs were identified as the most important according to the criteria previously discussed:

#### **Adult Health Concerns**

- Overweight
- Cardiovascular Disease Risk Factors
- Mental Health Services
- Alcohol and Substance Abuse
- Cancer Screenings
- Access to Primary Care Providers
- Preventable Hospital Stays
- Smoking Cessation
- Access to Healthy Foods
- Food Insecurity
- Diabetes Care

#### **Child Health Concerns**

- Mental Health Services
- Access to Primary Care Providers
- Access to Healthy Foods
- Food Insecurity

### **Potential Measures and Resources**

#### **LCH Internal Resources**

##### Overweight Adults

LCH has provided Community Health Screenings at various locations in the community. We have added BMI to that free screening at all locations.

We have also added a 6-week free weight loss support group to our list of free community education offerings.

##### Cardiovascular Disease Risk Factors

LCH currently provides space for two cardiologists from Akron General Medical Center to see patients in our service area.

Cardiac Rehab Phase III opened in July 2013. Cardiac Rehab is available for patients that have meant certain criteria and for those with multiple risk factors. The fee for this service is minimal. Several free educational offerings on specific risk factors are available to patients as well as the community.

### **Cancer Screenings**

LCH has a program called “Muffins for Mammograms”. “Muffins for Mammograms” is a community outreach program that raises money for free mammograms. The free Mammograms are available to any woman without health insurance. The program also provides written educational material for women.

### **Primary Care Providers/Preventable Hospital Stays**

Lodi Community Care Center is a physician office practice owned by LCH. The practice employed five providers. The assessment data and changes to other practices in the area resulted in LCH adding a sixth provider in September 2013. The practice consists of Family Practice and Internal Medicine providers.

### **Smoking Cessation**

In 2013 LCH provided the resources to a Respiratory Therapist to obtain certification from the American Lung Association as a Smoking Cessation Instructor. The sessions will start in January 2014.

### **Access to Healthy Foods**

LCH offers two free healthy cooking classes every year.

LCH offers free “grocery store tours” at Miller Brothers Grocery for diabetics and anyone interested in information on reading food labels. This tour is hosted by a Registered Dietician.

### **Food Insecurity**

LCH hosts a free dinner to the community once a month. The dinner is prepared and served by volunteers from the hospital. Community members attending the dinner can also take home bread, boxed or canned food. The canned and boxed food is donated by hospital employees.

### **Diabetes**

Free finger stick blood sugars are available at all our Health Screening sites.

LCH offers “Sugar School” to patients and families at a very low cost rate. Classes are scheduled as needed.

## **External Resources**

### **Mental Health Services/Alcohol and Substance Abuse**

Alternative Paths is the Community Based Mental Health Service Provider in Medina County. LCH provides two counselors with office space to see patients in our service area. They are certified in Chemical Dependency Counseling. They average 28-32 hours a week on our campus. They treat adults and children. Group Therapy is also available for youth and families.

### Cancer Screenings

Akron General Medical Center's Cancer Treatment Center is working with LCH to provide additional cancer screenings at sites in our community.

### Access to Healthy Food

Feeding Medina County utilizes space at LCH to distribute fresh fruits and vegetables to the community. The fresh food is free to those at or below the 200% poverty level.

### Food Insecurity

The United Methodist Church in Lodi hosts three free community dinners per month. LCH provides one meal a month as mentioned under internal resources.

Bread for distribution is donated by Panera Bread Company in Medina.

### Disaster Planning and Readiness

The Medina County Emergency Management Association is currently looking at distributing guides to each household in the county on disaster readiness.

### **Additional External Resources**

The Living Well Medina County Steering Committee is currently investigating options to help provide a comprehensive list of all community resources.

### **Priorities Not Addressed**

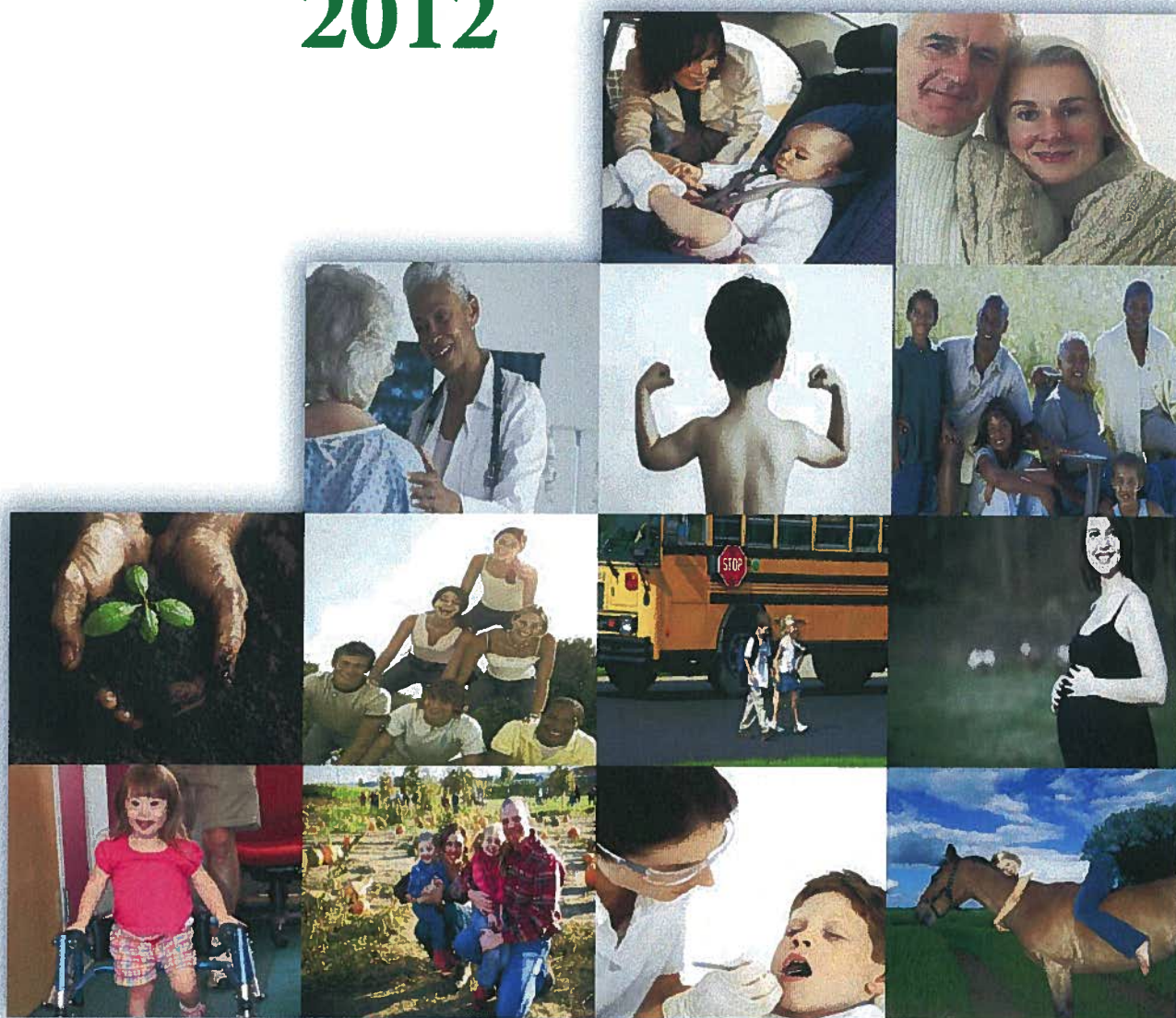
The adult unfavorable comparison with greater than 2 unfavorable benchmarks is related to HIV screenings. The Medina County Health Department is addressing this health concern.

The youth and child unfavorable comparisons with greater than 2 unfavorable benchmarks include anemia and elevated lead levels. The Medina County Health Department is addressing this health concern.

### **Request Copies and More Information**

In addition to being publicly available on our website, a limited number of reports have been printed. If you would like a copy of this report or if you have any questions, please contact Dana Kocsis, Vice President of Nursing and Operations ([Dana.Kocsis@akrongeneral.org](mailto:Dana.Kocsis@akrongeneral.org) or 330-948-5513).

# Medina County Community Needs Assessment 2012



*Commissioned by:  
Living Well Medina County*

# Foreword

*Living Well Medina County*, a collaboration of healthcare, government, education, business, nonprofit, and faith communities in Medina County, is pleased to present the **2012 Medina County Community Needs Assessment Report**.

This report, which provides a comprehensive look at the health and well-being of Medina County children, youth, and adults, represents the first step in the ongoing work of *Living Well Medina County*'s collaborators to create and implement a shared vision for providing health and human services in Medina County. The data contained in the **2012 Medina County Needs Assessment Report** will help guide *Living Well Medina County* in its efforts to develop innovative strategies for effectively and efficiently addressing high priority needs; to create evaluation/outcome measures that effectively track progress and ensure accountability; and to educate Medina County stakeholders about the community vision.

The 2012 needs assessment data were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, randomized sample of Medina County residents as follows: adults aged 19 years and older, youth aged 12 to 18 years, and parents of children aged 0 to 11 years. The survey instruments contained both customized questions and a set of core questions taken from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, and National Survey for Children's Health. The number of surveys completed and analyzed met the threshold for statistical significance at the 95% confidence level, with a 5% margin of error. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities.

This report would not exist without the financial support of many public and private entities as well as the dedicated work of the *Living Well Medina County* Steering Committee, whose members took the time to carefully plan and carry out the assessment. We would also like to thank local school officials who assisted in the assessment planning process and set aside valuable time that allowed 6th to 12th grade students to participate in this important project.

It is our intent to periodically repeat this process to identify emerging issues and help ensure a high quality, healthy, and prosperous future for our county, while using existing resources as efficiently as possible. It is also our hope that this assessment will stimulate new collaborations among public and private agencies during economically challenging times.

Sincerely,  
Steering Committee  
*Living Well Medina County*



# Acknowledgements

## **Funding for the Medina County Community Needs Assessment Provided by:**

Center for Health Affairs: Medina Hospital  
Medina County Health Department  
Ohio Department of Health, Child and Family Health Services Grant  
Medina County Family First Council  
Summa Wadsworth Rittman Hospital  
Medina County Economic Development Corporation  
Solutions Behavioral Health Care  
Lodi Community Hospital  
Medina County A.D.A.M.H. Board  
Alternative Paths  
Medina County School's Grant  
Westfield Insurance Foundation  
FirstMerit Bank  
Medina County Commissioner's Office  
HMC Hospice of Medina County  
Medina County Board of Developmental Disabilities  
Cornerstone Wellness Center, Inc.  
United Way of Medina County

## **Commissioned by: Living Well Medina County**

Center for Health Affairs: Medina Hospital  
Medina County Health Department  
Medina County Family First Council  
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United Way of Medina County  
Feeding Medina County  
Hinckley Township  
Medina County Sheriff Office  
Medina County Home  
Cornerstone Wellness Center, Inc.  
Kidney Foundation  
The Salvation Army

# Acknowledgements

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# Medina County Community Needs Assessment

## *Executive Summary*

This executive summary provides an overview of health-related data for Medina County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide community needs assessment survey during 2012. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS) and *Youth Risk Behavior Surveillance System* (YRBSS) and the *National Survey of Children's Health* (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the community needs assessment process and integrated sources of primary and secondary data into the final report.

## Primary Data Collection Methods

### **Design**

This Community Needs Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Medina County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

### **Instrument Development**

Four survey instruments were designed and pilot tested for this study: one for adults, one for adolescents, one for parents of children ages 0-5, and one for parents of child ages 6-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Medina County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Medina County planning committee, the Project Coordinator composed drafts of surveys containing 117 items for the adult survey, 74 items for the adolescent survey, 80 items for the 0-5 survey, and 80 items for the 6-11 survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

## Primary Data Collection Methods

### **Sampling**

#### *Adult Survey*

Adults ages 19 and over living in Medina County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Medina County. There were 124,657 persons ages 18 and over living in Medina County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5.1% (i.e., we can be 95% sure that the “true” population responses are within a 5.1% margin of error of the survey findings.) A sample size of 367 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Medina County was obtained from American Clearinghouse in Louisville, KY.

#### *Adolescent Survey*

A sample size of 377 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

#### *Children 0-5 and 6-11 Surveys*

Children ages 0-11 residing in Medina County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0-11, living in Medina County, it was determined that 12,610 children ages 0-5 and 15,330 children ages 6-11 reside in Medina County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 375.

The random sample of mailing addresses of parents from Medina County was obtained from American Clearinghouse in Louisville, KY. They select a pool of parents based on a number of sources which includes, birth records, education records, direct response data, etc.

### **Procedure**

#### *Adult Survey*

Prior to mailing the survey to adults, an advance letter was mailed to 1,100 adults in Medina County. This advance letter was personalized, printed on Living Well Medina County stationery and was signed by Steve Hambley, President, Board of Medina County Commissioners; Will Koran, Medina County Schools Superintendent; and Dr. Daniel Raub, Medina County Health Commissioner. The letter introduced the county Community Needs Assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Living Well Medina County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave



## Primary Data Collection Methods

postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the mailing was 33% (n=367). This return rate and sample size means that the responses in the Community Needs Assessment should be representative of the entire county.

### *Adolescent Survey*

Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of all students whose class was selected to participate. The response rate was 94% (n=384). The survey contained 74 questions and had a multiple choice response format.

### *Children 0-5 and 6-11*

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 1600 parents in Medina County. This advance letter was personalized, printed on Living Well Medina County stationery and was signed by Steve Hambley, President, Board of Medina County Commissioners; Will Koran, Medina County Schools Superintendent; and Dr. Daniel Raub, Medina County Health Commissioner. The letter introduced the county Community Needs Assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Living Well Medina County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined population was 375 and this was exceeded by having a combined 438 surveys.

### **Data Analysis**

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Medina County, the adult data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

### **Limitations**

As with all county assessments, it is important to consider the findings in light of all possible limitations. If any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Medina County). If there were little to no differences

## **Primary Data Collection Methods**

between respondents and non-respondents, then this would not be a limitation.

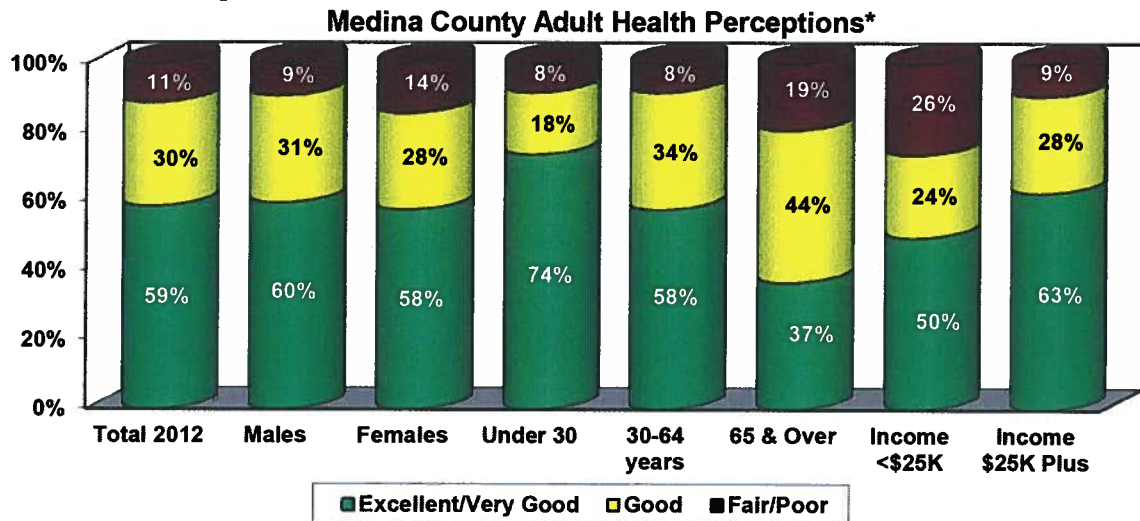
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county Needs Assessment.

Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with our experience in numerous counties, this would represent a threat to the internal validity of the results.

## Data Summary

### Health Perceptions

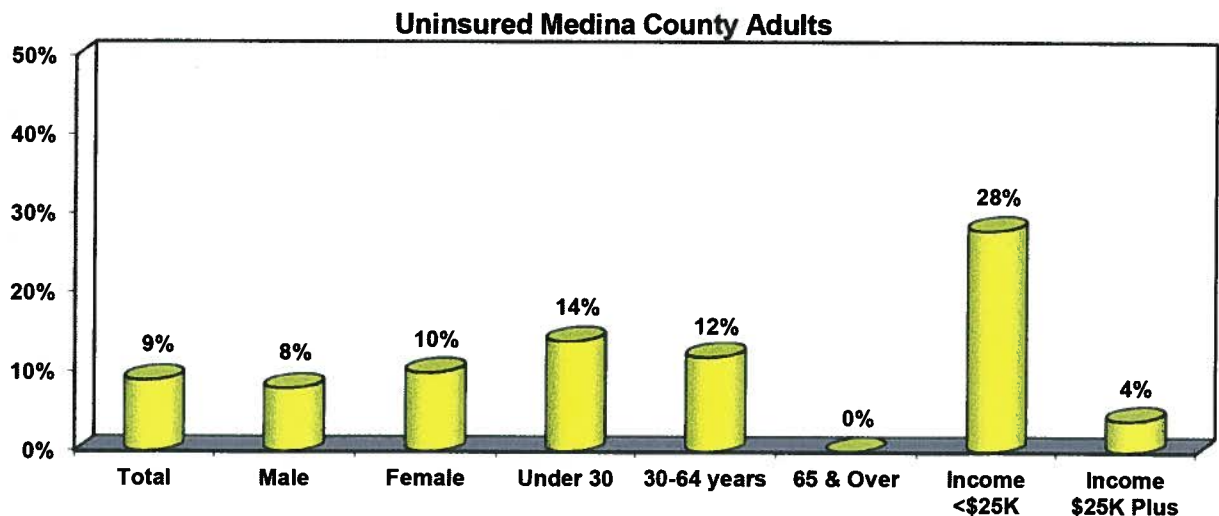
In 2012, nearly three-fifths (59%) of the Medina County adults rated their health status as excellent or very good. Conversely, 11% of the adults, increasing to 26% of those with incomes less than \$25,000, described their health as fair or poor.



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

### Health Care Coverage

The 2012 Community Needs Assessment data has identified that 9% of Medina County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Medina County, 7.7% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2006-2010)



## Data Summary

### Health Care Access

The 2012 Community Needs Assessment project identified that 60% of adults had visited a doctor for a routine checkup within the last year. Nearly one-quarter (22%) of adults visited a hospital emergency room in the past year, increasing to 54% of those with lower incomes. 69% of adults went outside of Medina County for health care services.

### Cardiovascular Health

Heart disease (25%) and stroke (5%) accounted for 30% of all Medina County adult deaths from 2006-2008 (*Source: ODH Information Warehouse*). The 2012 Medina County Community Needs Assessment found that 3% of adults had a heart attack and 3% had a stroke at some time in their life. 28% of Medina County adults have been diagnosed with high blood pressure, 33% have high blood cholesterol, 11% smoked, and 23% were obese, four known risk factors for heart disease and stroke.

### Cancer

Ohio Department of Health statistics indicate that from 2000-2008, a total of 2,480 Medina County residents died from cancer, the second leading cause of death in the county. In 2012, 8% of Medina County adults had been diagnosed with cancer at some time in their life. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

### Diabetes

In 2012, 5% of Medina County adults had been diagnosed with diabetes.

### Arthritis

According to the Medina County Community Needs Assessment survey data, 26% of Medina County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

#### Medina County Leading Types of Death 2006-2008

**Total Deaths: 3,563**

1. Heart Disease (25% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (6%)
4. Alzheimer's Disease (5%)
5. Stroke (5%)

(Source: ODH Information Warehouse, updated 4-15-10)

#### Medina County Incidence of Cancer 2007

**All Types: 813 cases**

- ❖ Prostate: 135 cases (17%)
- ❖ Breast: 133 cases (16%)
- ❖ Lung and Bronchus: 111 cases (14%)
- ❖ Colon and Rectum: 72 cases (9%)
- ❖ Bladder: 43 cases (5%)

**From 2006-2008, there were 858 cancer deaths in Medina County.**

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)

#### Diabetes Facts

- ❖ Diabetes was the 7<sup>th</sup> leading cause of death in Medina County from 2006-2008.
- ❖ Diabetes was the 7<sup>th</sup> leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Medina County age-adjusted mortality rate per 100,000 for diabetes was 26.3 deaths for males (34.4 Ohio) and 27.7 (24.3 Ohio) deaths for females.

(Source: ODH, Information Warehouse, updated 4-15-10)

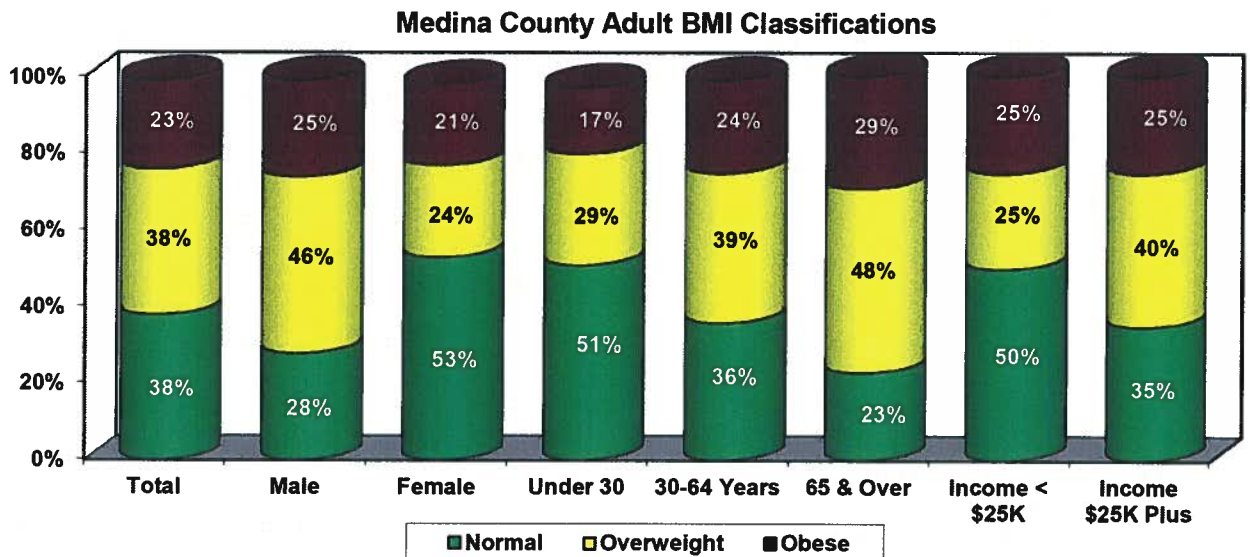
## Data Summary

### Asthma

According to the Medina County Community Needs Assessment survey data, 17% of Medina County adults and 20% of Medina County youth had been diagnosed with asthma.

### Adult Weight Status

The 2012 Community Needs Assessment project identified that 61% of Medina County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Almost one-fourth (23%) of Medina County adults were obese. Nearly half (47%) of adults were trying to lose weight. 17% of adults had not been participating in any physical activities or exercise in the past week.



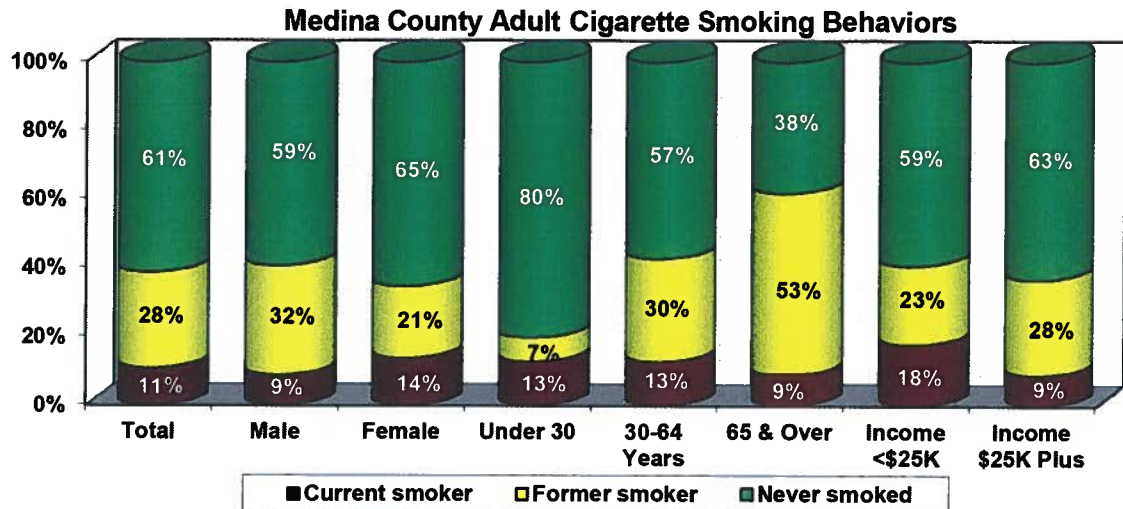
*(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)*

### Adult Tobacco Use

In 2012, 11% of Medina County adults were current smokers and 28% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S.

*(Source: Cancer Facts & Figures, American Cancer Society, 2011)*

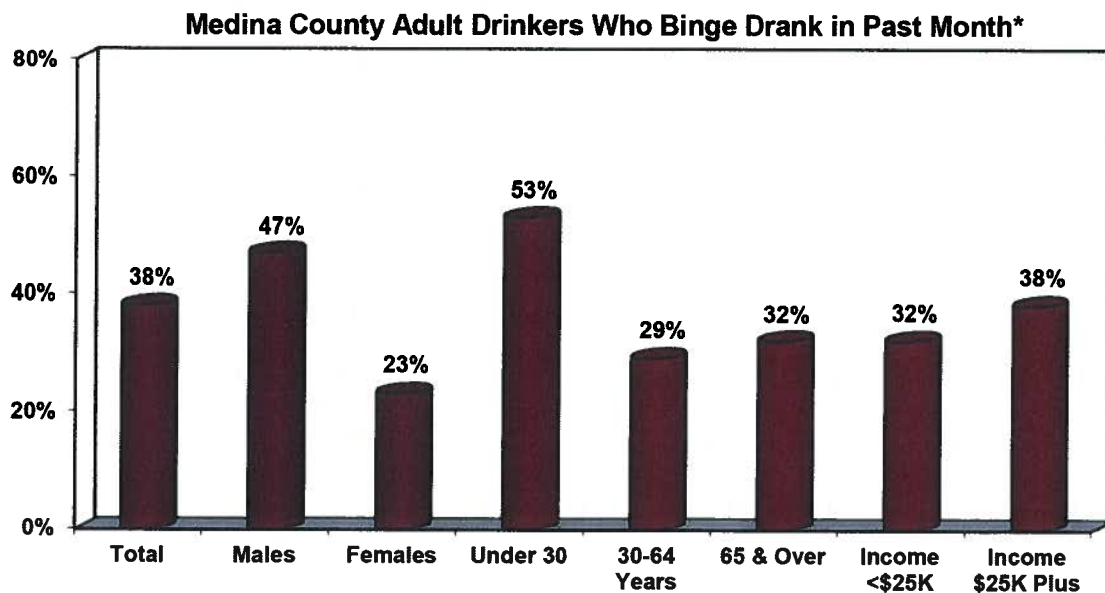
## Data Summary



Respondents were asked:  
*"Have you smoked at least 100 cigarettes in your entire life?  
 If yes, do you now smoke cigarettes every day, some days or not at all?"*

## Adult Alcohol Consumption

In 2012, the Community Needs Assessment indicated that 18% of Medina County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 38% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. One-third (33%) of adult drinkers drove after drinking any alcoholic beverages.



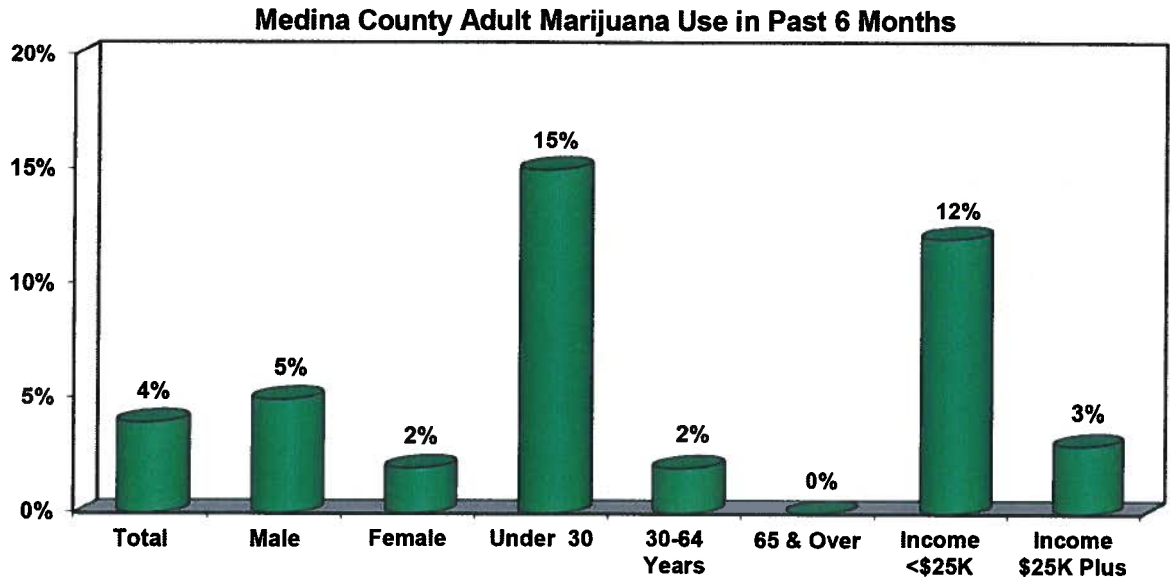
\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.



## Data Summary

### Adult Marijuana and Other Drug Use

In 2012, 4% of Medina County adults had used marijuana during the past 6 months. 6% of adults misused medications.

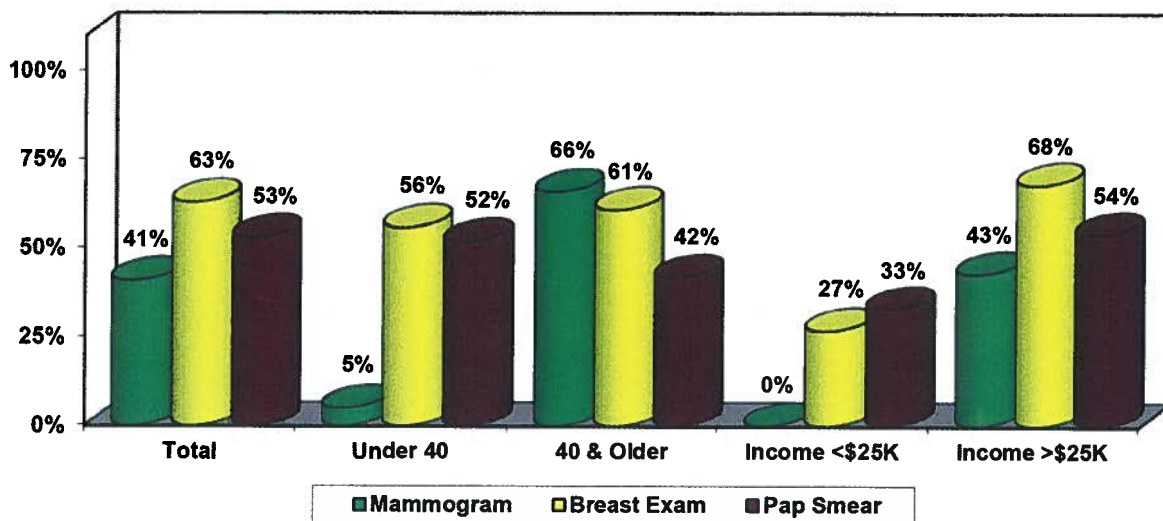


### Women's Health

In 2012, nearly two-thirds (66%) of Medina County women over the age of 40 reported having a mammogram in the past year. 63% of Medina County women have had a clinical breast exam and 53% have had a Pap smear to detect cancer of the cervix in the past year. The Community Needs Assessment determined that 2% of women had a heart attack, and 2% had a stroke at some time in their life. More than one-quarter (27%) had high blood pressure, 26% had high blood cholesterol, 21% were obese, and 14% were identified as smokers, known risk factors for cardiovascular diseases.

## Data Summary

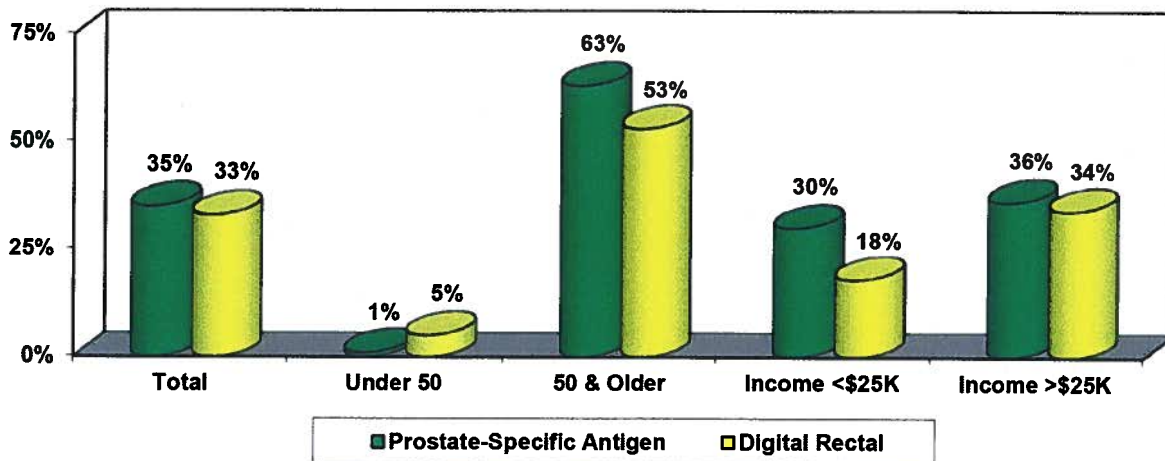
**Medina County Women's Health Exams Within the Past Year**



### Men's Health

In 2012, nearly two-thirds (63%) of Medina County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than half of the population (53%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 28% of all male deaths in Medina County from 2006-2008. The Community Needs Assessment determined that 4% of men had a heart attack, and 3% had a stroke at some time in their life. More than one-quarter (28%) of men had been diagnosed with high blood pressure, 38% had high blood cholesterol, and 9% were identified as smokers, which, along with obesity (25%), are known risk factors for cardiovascular diseases.

**Medina County Men's Health Exams Within the Past Year**



## Data Summary

### Preventive Medicine and Health Screenings

More than two-fifths (41%) of adults had a flu shot during the past 12 months. 25% of adults, increasing to 66% of those ages 65 and older, have had a pneumonia shot in their life.

### Environmental Health/Disaster Preparedness

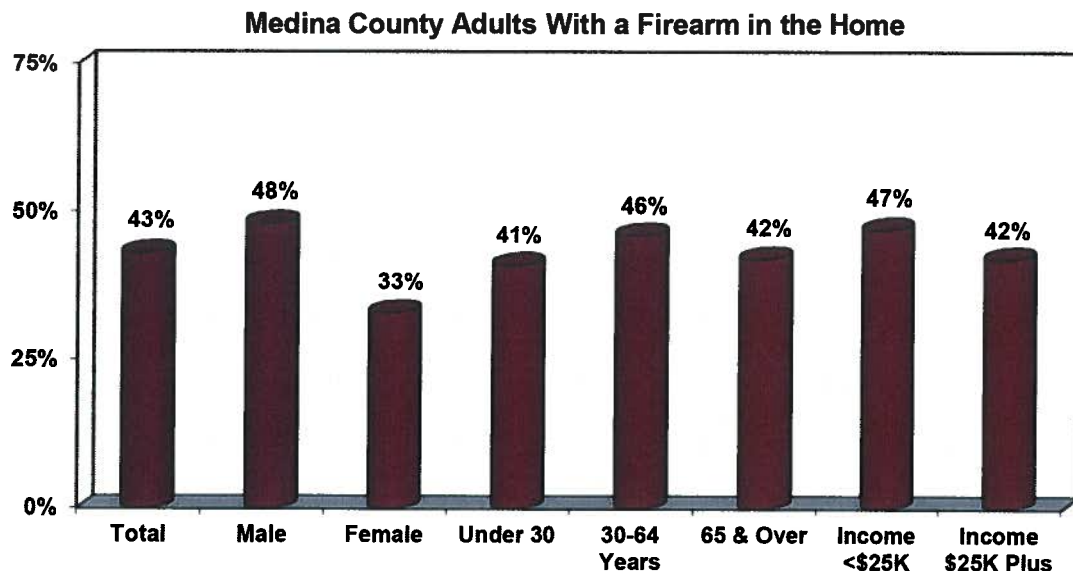
Insects and rodents were the two most important perceived environmental health issues that threatened Medina County adults' health in the past year. 95% of households had one or more disaster preparedness supplies.

### Adult Sexual Behavior & Pregnancy Outcomes

In 2012, almost three-fourths (74%) of Medina County adults had sexual intercourse. Four percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (*Source: CDC, STDs in Adolescents and Young Adults, 2010 STD Surveillance*).

### Social Context and Safety

The Community Needs Assessment identified that 43% of Medina County adults kept a firearm in or around their home. Five percent of adults were abused the past year.



## Data Summary

### Quality of Life

One in seven (14%) Medina County adults in 2012 reported they were limited in some way because of a physical, mental or emotional problem.

### Adult Mental Health and Suicide

In 2012, 2% of Medina County adults considered attempting suicide. 6% of adults felt so sad or hopeless almost every day for two or more weeks that they stopped doing usual activities.

### Oral Health

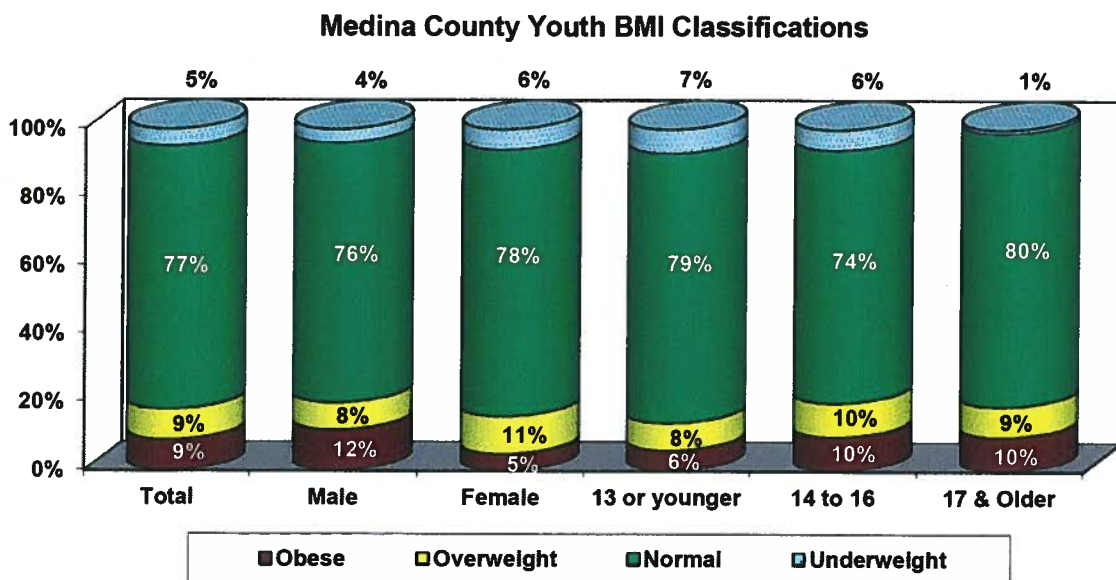
The 2012 Community Needs Assessment project has determined that three-fourths (75%) of Medina County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. More than three-fourths (76%) of Medina youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

### Teen Parenting

Medina County parents were most concerned about their 12-to-18 year-olds' eating habits (52%) and alcohol use (48%). 35% of parents were concerned about bullying.

### Youth Weight Status

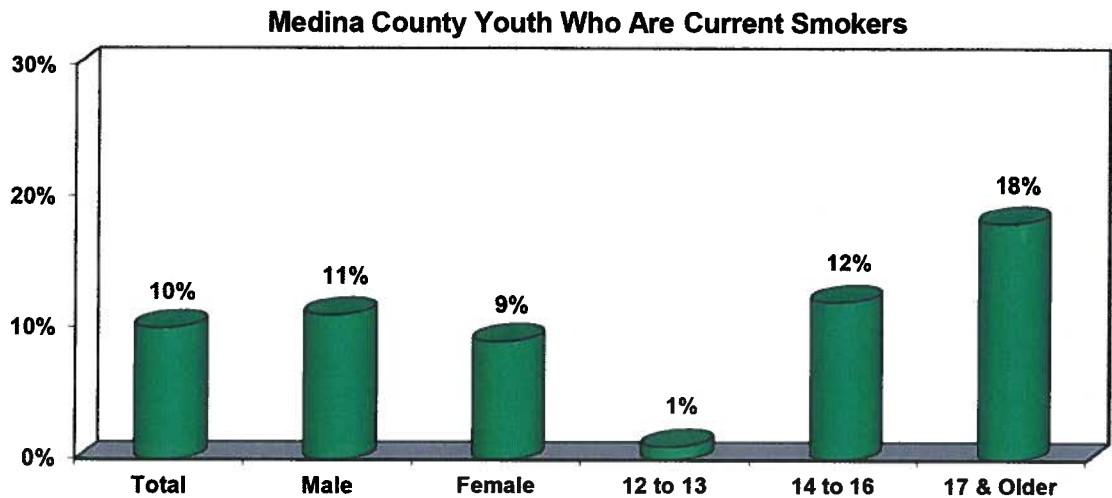
The 2012 Community Needs Assessment identified that 9% of Medina County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 24% of Medina County youth reported that they were slightly or very overweight. 79% of youth were exercising for 60 minutes on 3 or more days per week.



## Data Summary

### Youth Tobacco Use

The 2012 Community Needs Assessment identified that 10% of Medina County youth were smokers, increasing to 18% of those who were over the age of 17.



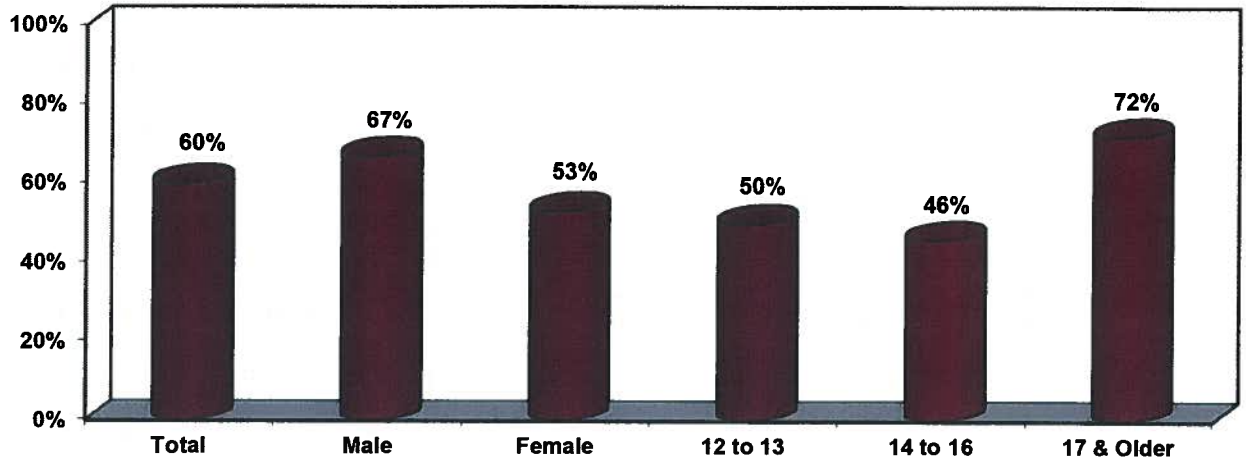
*Current smokers are those who have smoked at any time during the past 30 days.*

### Youth Alcohol Consumption

In 2012, the Community Needs Assessment results indicated that 48% of Medina County youth had drank at least one drink of alcohol in their life, increasing to 78% of youth seventeen and older. 26% of those who drank took their first drink at 12 years old or younger. Almost one-fourth (22%) of all Medina County youth and 44% of those over the age of 17 had at least one drink in the past 30 days. Three-fifths (60%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 9% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

## Data Summary

**Medina County Youth Current Drinkers Binge Drinking in Past Month\***

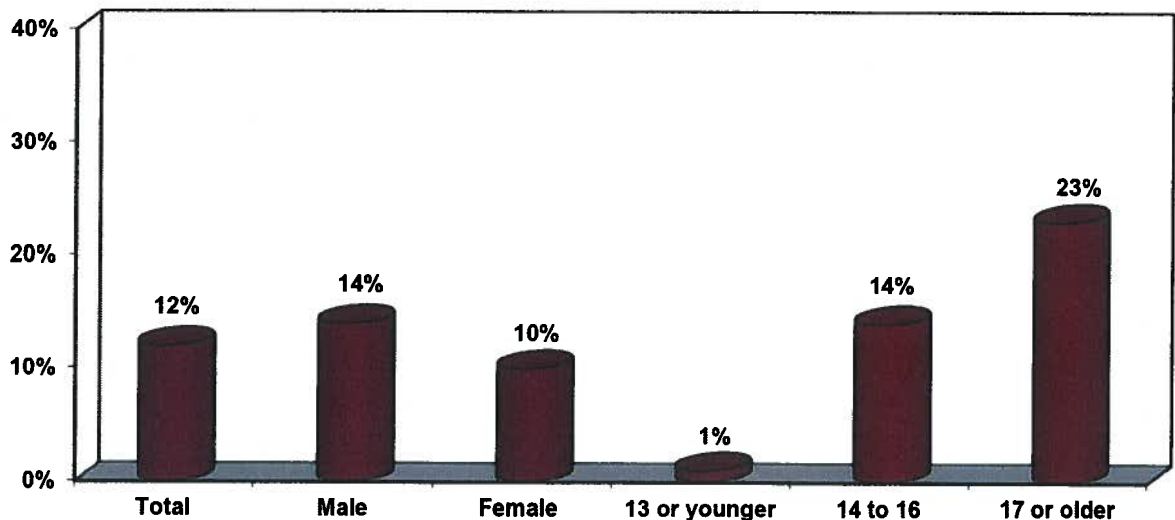


*\*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

## Youth Marijuana and Other Drug Use

In 2012, 12% of Medina County youth had used marijuana at least once in the past 30 days, increasing to 23% of those ages 17 and older. 13% of youth used medications that were not prescribed for them or took more than prescribed to get high, increasing to 21% of those over the age of 17.

**Medina County Youth Marijuana Use in Past Month**



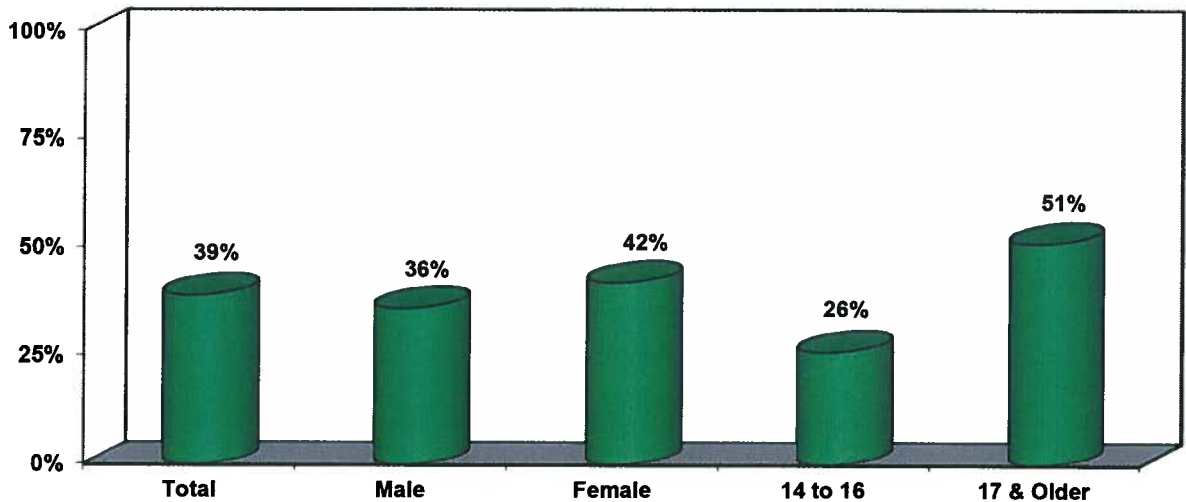


## Data Summary

### Youth Sexual Behavior & Pregnancy Outcomes

Only 9<sup>th</sup>-12<sup>th</sup> grade students were asked sexual behavior questions. One high school did not ask sexual behavior questions. In 2012, nearly two-fifths (39%) of Medina County youth have had sexual intercourse, increasing to 51% of those ages 17 and over. 45% of youth had participated in oral sex. 42% of youth participated in sexting. Of those who were sexually active, 54% had multiple sexual partners.

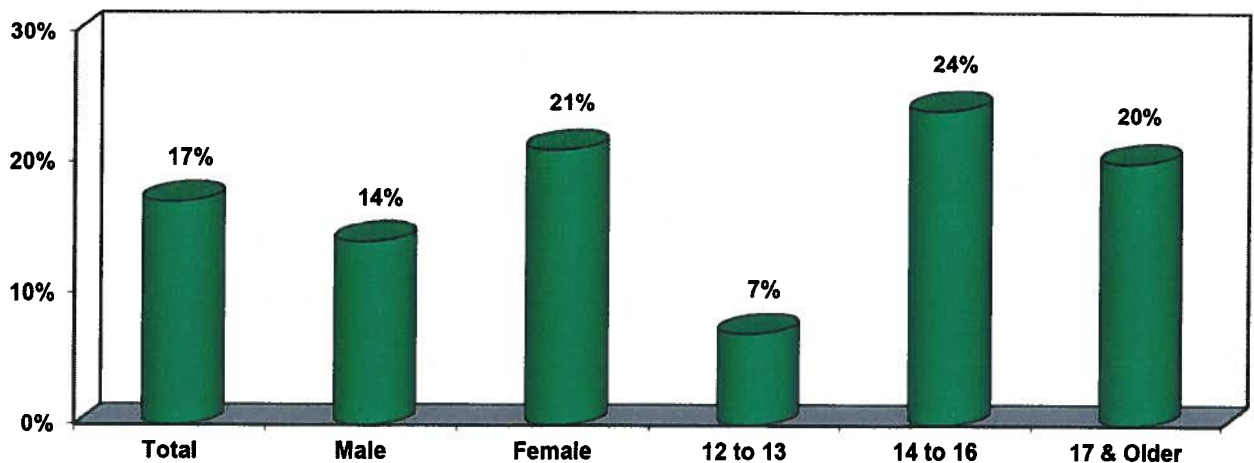
**Medina County Youth Who Had Sexual Intercourse**



### Youth Mental Health and Suicide

In 2012, the Community Needs Assessment results indicated that 17% of Medina County youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.

**Medina County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months**

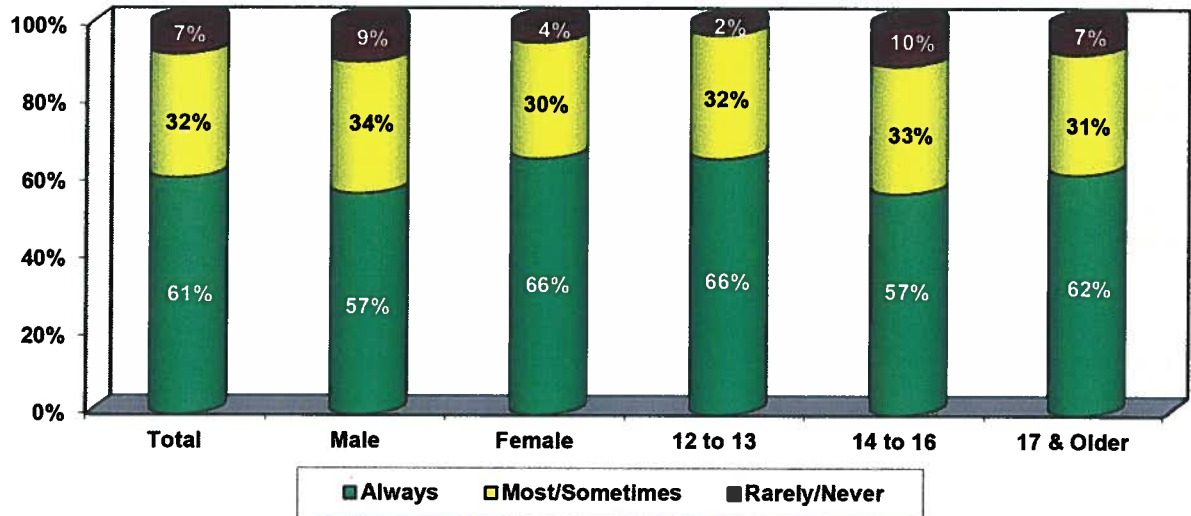


## Data Summary

### Youth Safety

In 2012, 61% of Medina County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 53% of youth drivers texted while driving.

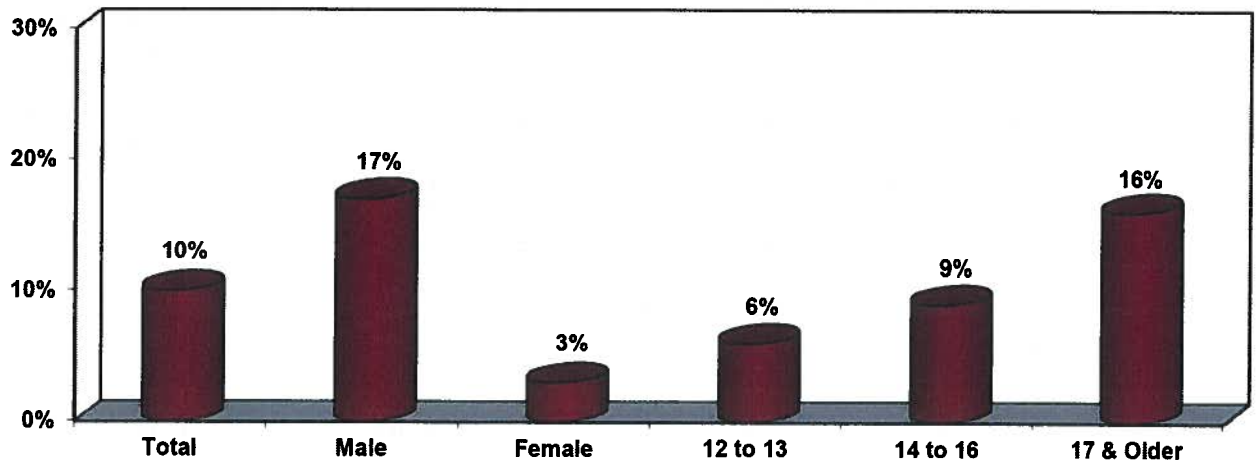
**Medina County Youth Seatbelt Use in the Past Month**



### Youth Violence

In Medina County, 10% of 6<sup>th</sup>-12<sup>th</sup> grade youth had carried a weapon in the past month. 8% of 6<sup>th</sup>-12<sup>th</sup> grade youth had been threatened or injured with a weapon on school property. 54% of 6<sup>th</sup>-12<sup>th</sup> grade youth had been bullied in the past year.

**Medina County Youth Carrying a Weapon During the Past 30 Days**



## **Data Summary**

### **Children's Health & Functional Status**

In 2012, 79% of Medina County parents had taken their child ages 0-11 to the dentist in the past year. 11% of Medina County parents reported their child ages 0-11 had been diagnosed with asthma. 6% of parents reported their child had been diagnosed with ADD/ADHD.

### **Children's Health Insurance, Access, Utilization and Medical Home**

In 2012, 5% of Medina County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 6% of parents reported they received benefits from the SNAP/food stamp program and 5% from the WIC program. 26% of parents reported they had taken their child to the hospital emergency room in the past year. 88% of parents had taken their child to the doctor for preventive care in the past year.

### **Early Childhood (Ages 0-5)**

The following information was reported by parents of 0-5 year olds. 95% of mothers got prenatal care within the first three months during their last pregnancy. 7% of mothers smoked during their last pregnancy. 18% of mothers never breastfed their child. 98% of children ages 0-5 rode in a car seat or booster seat.

### **Middle Childhood (Ages 6-11)**

The following information was reported by Medina County parents of 6-11 year olds. In 2012, 43% of Medina County parents reported their child never wore a helmet when using rollerblades or roller skates. 43% of parents reported their child was bullied at some time in the past year. 90% of parents reported their child participated in extracurricular activities. 15% of parents reported their child had a MySpace or Facebook account. 87% of parents reported their child had exercised for 20 minutes or more on three or more days in the past week.

### **Family Functioning and Neighborhood Characteristics**

In 2012, Medina County parents reported their 0-11 year old child slept an average of 10.3 hours per night. 17% of parents reported they read to their child every day. 99% of parents reported their neighborhood was always or usually safe. 98% of parents reported having a working smoke alarm in their Medina County home.

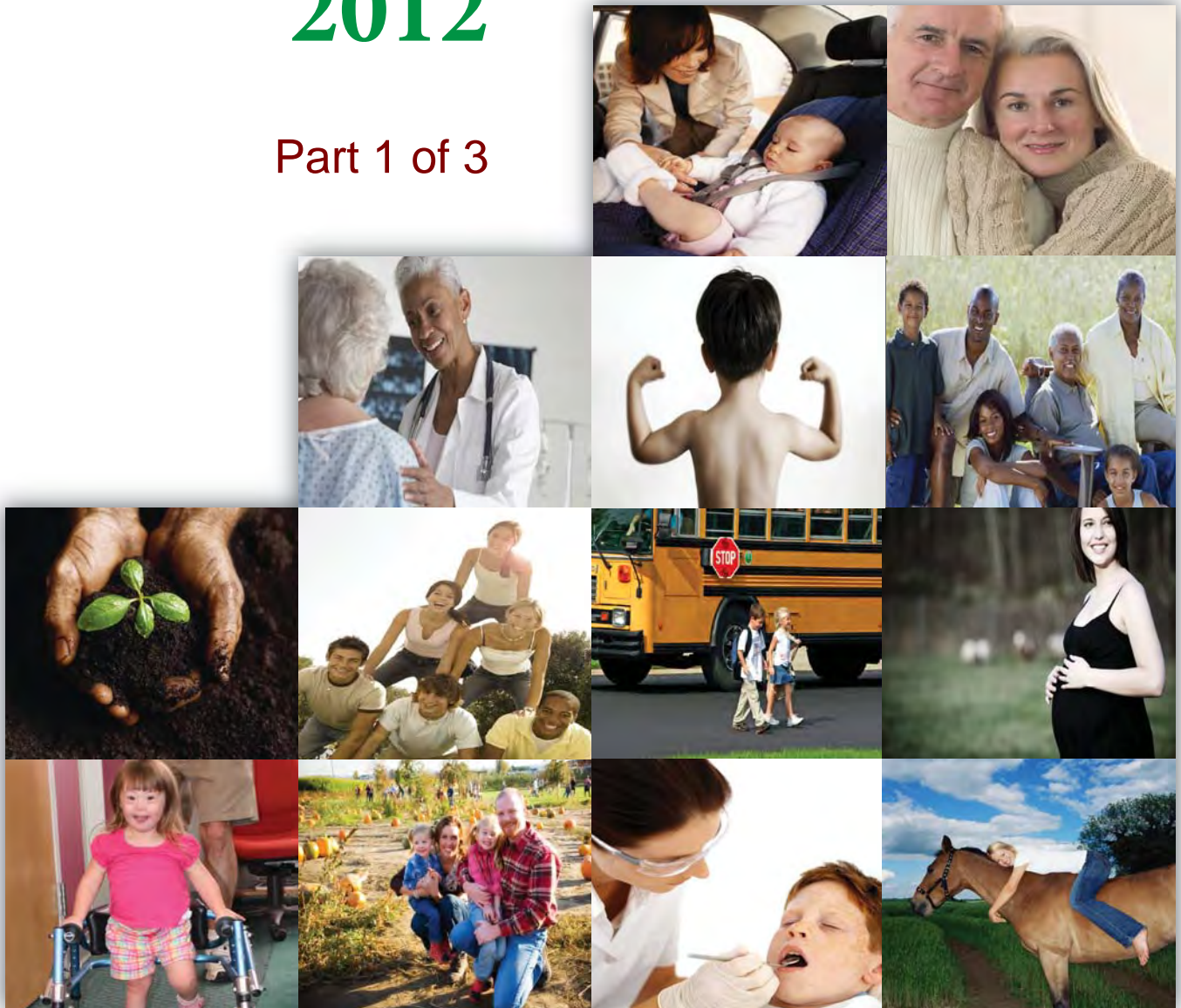
### **Parent Health**

In 2012, 10% of Medina County parents were uninsured. 34% of parents were overweight and 26% were obese. Parents missed work an average of 1.4 days per year due to their child being ill or injured.

# Medina County Community Needs Assessment

## 2012

Part 1 of 3



*Commissioned by:  
Living Well Medina County*

# Foreword

*Living Well Medina County*, a collaboration of healthcare, government, education, business, nonprofit, and faith communities in Medina County, is pleased to present the **2012 Medina County Community Needs Assessment Report**.

This report, which provides a comprehensive look at the health and well-being of Medina County children, youth, and adults, represents the first step in the ongoing work of *Living Well Medina County*'s collaborators to create and implement a shared vision for providing health and human services in Medina County. The data contained in the **2012 Medina County Needs Assessment Report** will help guide *Living Well Medina County* in its efforts to develop innovative strategies for effectively and efficiently addressing high priority needs; to create evaluation/outcome measures that effectively track progress and ensure accountability; and to educate Medina County stakeholders about the community vision.

The 2012 needs assessment data were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, randomized sample of Medina County residents as follows: adults aged 19 years and older, youth aged 12 to 18 years, and parents of children aged 0 to 11 years. The survey instruments contained both customized questions and a set of core questions taken from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, and National Survey for Children's Health. The number of surveys completed and analyzed met the threshold for statistical significance at the 95% confidence level, with a 5% margin of error. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities.

This report would not exist without the financial support of many public and private entities as well as the dedicated work of the *Living Well Medina County* Steering Committee, whose members took the time to carefully plan and carry out the assessment. We would also like to thank local school officials who assisted in the assessment planning process and set aside valuable time that allowed 6th to 12th grade students to participate in this important project.

It is our intent to periodically repeat this process to identify emerging issues and help ensure a high quality, healthy, and prosperous future for our county, while using existing resources as efficiently as possible. It is also our hope that this assessment will stimulate new collaborations among public and private agencies during economically challenging times.

Sincerely,  
Steering Committee  
*Living Well Medina County*

# Acknowledgements

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Center for Health Affairs: Medina Hospital  
Medina County Health Department  
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Medina County Family First Council  
Summa Wadsworth Rittman Hospital  
Medina County Economic Development Corporation  
Solutions Behavioral Health Care  
Lodi Community Hospital  
Medina County A.D.A.M.H. Board  
Alternative Paths  
Medina County School's Grant  
Westfield Insurance Foundation  
FirstMerit Bank  
Medina County Commissioner's Office  
HMC Hospice of Medina County  
Medina County Board of Developmental Disabilities  
Cornerstone Wellness Center, Inc.  
United Way of Medina County

## **Commissioned by: Living Well Medina County**

Center for Health Affairs: Medina Hospital  
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Medina County Family First Council  
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Alternative Paths  
Medina City Schools  
Medina County Commissioner's Office  
HMC Hospice of Medina County  
Medina County Board of Developmental Disabilities  
United Way of Medina County  
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# Medina County Community Needs Assessment

## *Executive Summary*

This executive summary provides an overview of health-related data for Medina County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide community needs assessment survey during 2012. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS) and *Youth Risk Behavior Surveillance System* (YRBSS) and the *National Survey of Children's Health* (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the community needs assessment process and integrated sources of primary and secondary data into the final report.

## Primary Data Collection Methods

### Design

This Community Needs Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Medina County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

### Instrument Development

Four survey instruments were designed and pilot tested for this study: one for adults, one for adolescents, one for parents of children ages 0-5, and one for parents of child ages 6-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Medina County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Medina County planning committee, the Project Coordinator composed drafts of surveys containing 117 items for the adult survey, 74 items for the adolescent survey, 80 items for the 0-5 survey, and 80 items for the 6-11 survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

## Primary Data Collection Methods

### Sampling

#### *Adult Survey*

Adults ages 19 and over living in Medina County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Medina County. There were 124,657 persons ages 18 and over living in Medina County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5.1% (i.e., we can be 95% sure that the “true” population responses are within a 5.1% margin of error of the survey findings.) A sample size of 367 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Medina County was obtained from American Clearinghouse in Louisville, KY.

#### *Adolescent Survey*

A sample size of 377 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

#### *Children 0-5 and 6-11 Surveys*

Children ages 0-11 residing in Medina County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0-11, living in Medina County, it was determined that 12,610 children ages 0-5 and 15,330 children ages 6-11 reside in Medina County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 375.

The random sample of mailing addresses of parents from Medina County was obtained from American Clearinghouse in Louisville, KY. They select a pool of parents based on a number of sources which includes, birth records, education records, direct response data, etc.

### Procedure

#### *Adult Survey*

Prior to mailing the survey to adults, an advance letter was mailed to 1,100 adults in Medina County. This advance letter was personalized, printed on Living Well Medina County stationery and was signed by Steve Hambley, President, Board of Medina County Commissioners; Will Koran, Medina County Schools Superintendent; and Dr. Daniel Raub, Medina County Health Commissioner. The letter introduced the county Community Needs Assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Living Well Medina County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave

## Primary Data Collection Methods

postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the mailing was 33% (n=367). This return rate and sample size means that the responses in the Community Needs Assessment should be representative of the entire county.

### *Adolescent Survey*

Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of all students whose class was selected to participate. The response rate was 94% (n=384). The survey contained 74 questions and had a multiple choice response format.

### *Children 0-5 and 6-11*

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 1600 parents in Medina County. This advance letter was personalized, printed on Living Well Medina County stationery and was signed by Steve Hambley, President, Board of Medina County Commissioners; Will Koran, Medina County Schools Superintendent; and Dr. Daniel Raub, Medina County Health Commissioner. The letter introduced the county Community Needs Assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Living Well Medina County stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined population was 375 and this was exceeded by having a combined 438 surveys.

### **Data Analysis**

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Medina County, the adult data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

### **Limitations**

As with all county assessments, it is important to consider the findings in light of all possible limitations. If any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Medina County). If there were little to no differences

## **Primary Data Collection Methods**

between respondents and non-respondents, then this would not be a limitation.

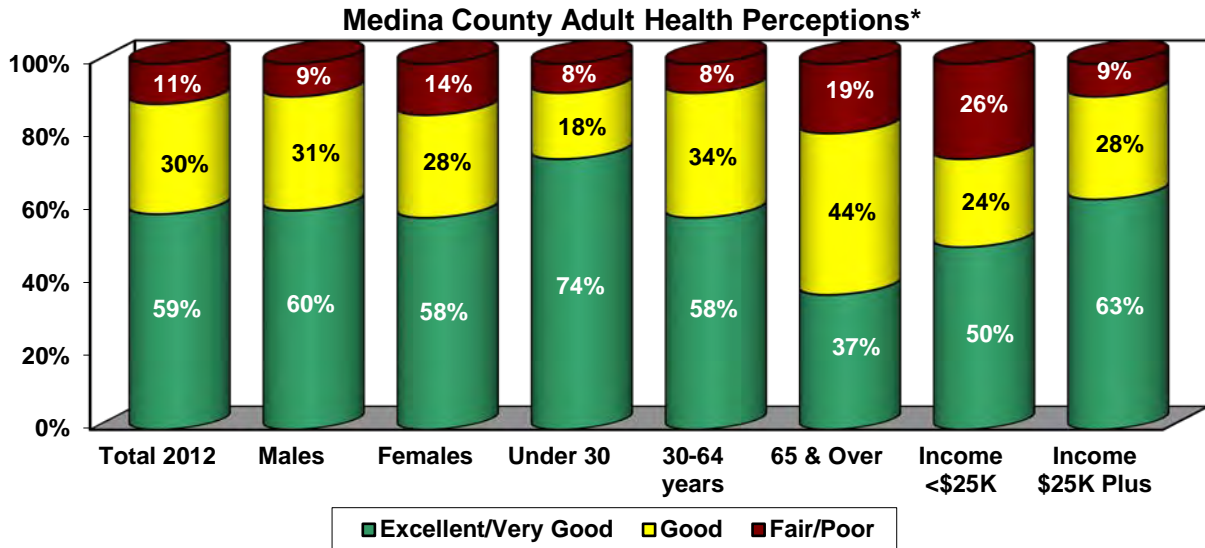
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county Needs Assessment.

Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with our experience in numerous counties, this would represent a threat to the internal validity of the results.

## Data Summary

### Health Perceptions

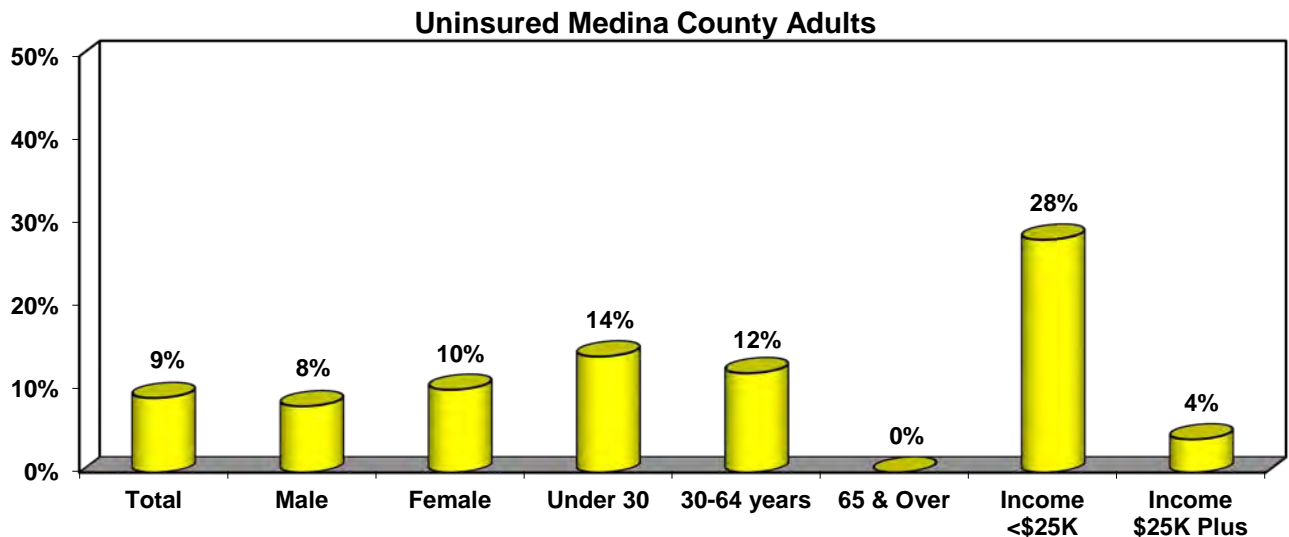
In 2012, nearly three-fifths (59%) of the Medina County adults rated their health status as excellent or very good. Conversely, 11% of the adults, increasing to 26% of those with incomes less than \$25,000, described their health as fair or poor.



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

### Health Care Coverage

The 2012 Community Needs Assessment data has identified that 9% of Medina County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Medina County, 7.7% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2006-2010)





## Data Summary

### Health Care Access

The 2012 Community Needs Assessment project identified that 60% of adults had visited a doctor for a routine checkup within the last year. Nearly one-quarter (22%) of adults visited a hospital emergency room in the past year, increasing to 54% of those with lower incomes. 69% of adults went outside of Medina County for health care services.

### Cardiovascular Health

Heart disease (25%) and stroke (5%) accounted for 30% of all Medina County adult deaths from 2006-2008 *(Source: ODH Information Warehouse)*. The 2012 Medina County Community Needs Assessment found that 3% of adults had a heart attack and 3% had a stroke at some time in their life. 28% of Medina County adults have been diagnosed with high blood pressure, 33% have high blood cholesterol, 11% smoked, and 23% were obese, four known risk factors for heart disease and stroke.

### Cancer

Ohio Department of Health statistics indicate that from 2000-2008, a total of 2,480 Medina County residents died from cancer, the second leading cause of death in the county. In 2012, 8% of Medina County adults had been diagnosed with cancer at some time in their life. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

### Diabetes

In 2012, 5% of Medina County adults had been diagnosed with diabetes.

### Arthritis

According to the Medina County Community Needs Assessment survey data, 26% of Medina County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

#### Medina County Leading Types of Death 2006-2008

**Total Deaths: 3,563**

1. Heart Disease (25% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (6%)
4. Alzheimer's Disease (5%)
5. Stroke (5%)

*(Source: ODH Information Warehouse, updated 4-15-10)*

#### Medina County Incidence of Cancer 2007

**All Types: 813 cases**

- ❖ Prostate: 135 cases (17%)
- ❖ Breast: 133 cases (16%)
- ❖ Lung and Bronchus: 111 cases (14%)
- ❖ Colon and Rectum: 72 cases (9%)
- ❖ Bladder: 43 cases (5%)

**From 2006-2008, there were 858 cancer deaths in Medina County.**

*(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)*

#### Diabetes Facts

- ❖ Diabetes was the 7<sup>th</sup> leading cause of death in Medina County from 2006-2008.
- ❖ Diabetes was the 7<sup>th</sup> leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Medina County age-adjusted mortality rate per 100,000 for diabetes was 26.3 deaths for males (34.4 Ohio) and 27.7 (24.3 Ohio) deaths for females.

*(Source: ODH, Information Warehouse, updated 4-15-10)*

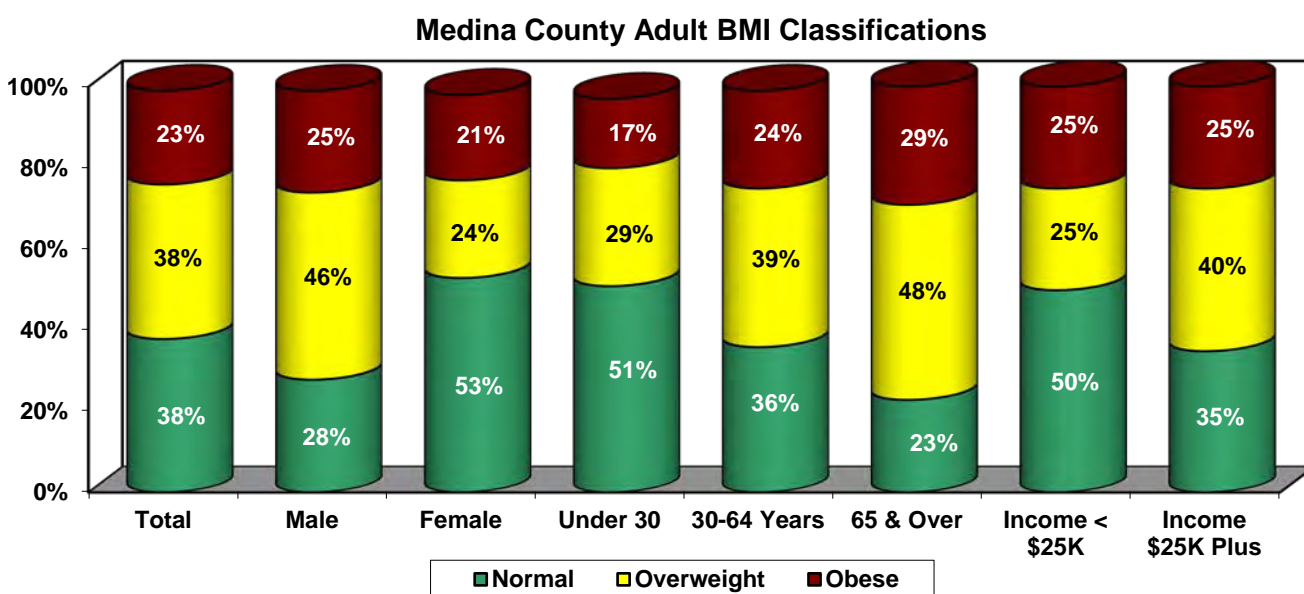
## Data Summary

### Asthma

According to the Medina County Community Needs Assessment survey data, 17% of Medina County adults and 20% of Medina County youth had been diagnosed with asthma.

### Adult Weight Status

The 2012 Community Needs Assessment project identified that 61% of Medina County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Almost one-fourth (23%) of Medina County adults were obese. Nearly half (47%) of adults were trying to lose weight. 17% of adults had not been participating in any physical activities or exercise in the past week.



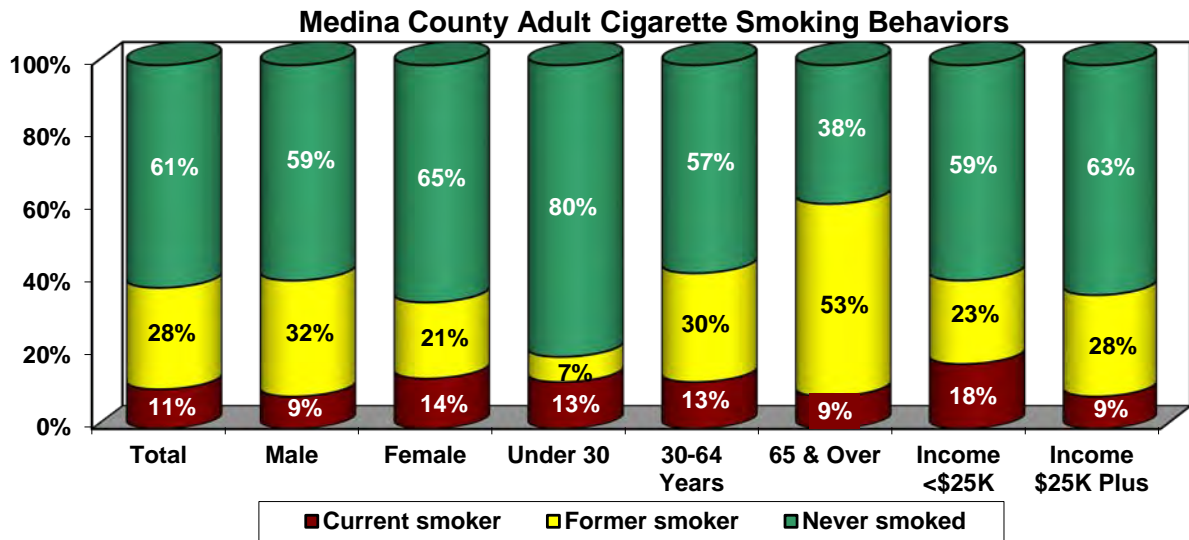
*(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)*

### Adult Tobacco Use

In 2012, 11% of Medina County adults were current smokers and 28% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S.

*(Source: Cancer Facts & Figures, American Cancer Society, 2011)*

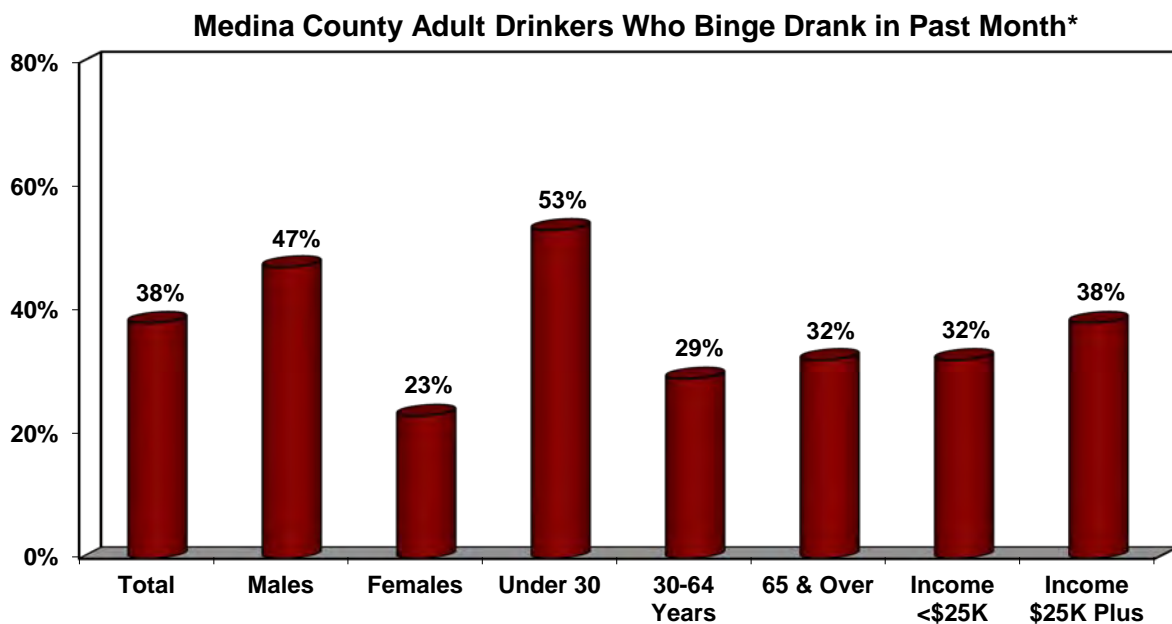
## Data Summary



*Respondents were asked:*  
*"Have you smoked at least 100 cigarettes in your entire life?"*  
*If yes, do you now smoke cigarettes every day, some days or not at all?"*

## Adult Alcohol Consumption

In 2012, the Community Needs Assessment indicated that 18% of Medina County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 38% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. One-third (33%) of adult drinkers drove after drinking any alcoholic beverages.

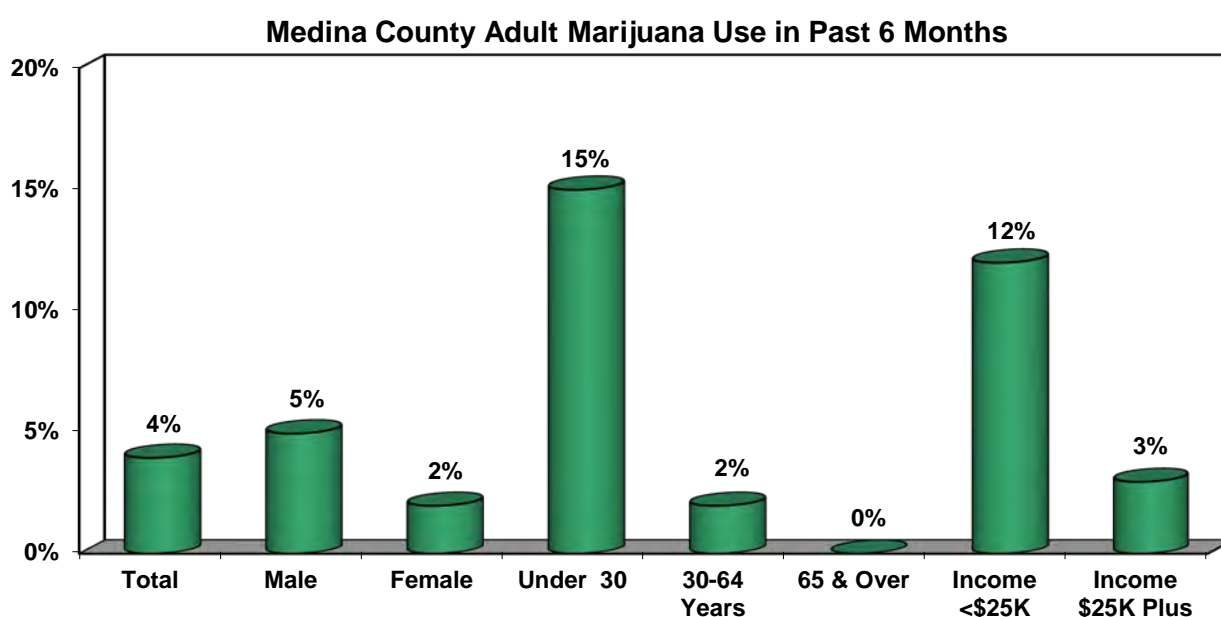


*\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.*

## Data Summary

### Adult Marijuana and Other Drug Use

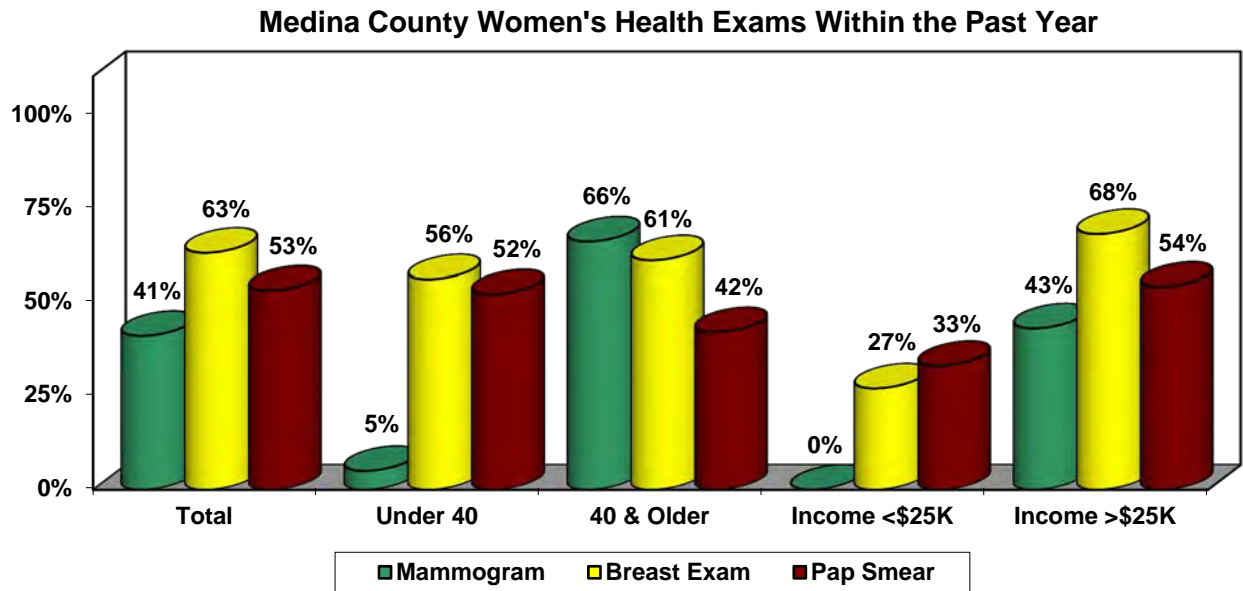
In 2012, 4% of Medina County adults had used marijuana during the past 6 months. 6% of adults misused medications.



### Women's Health

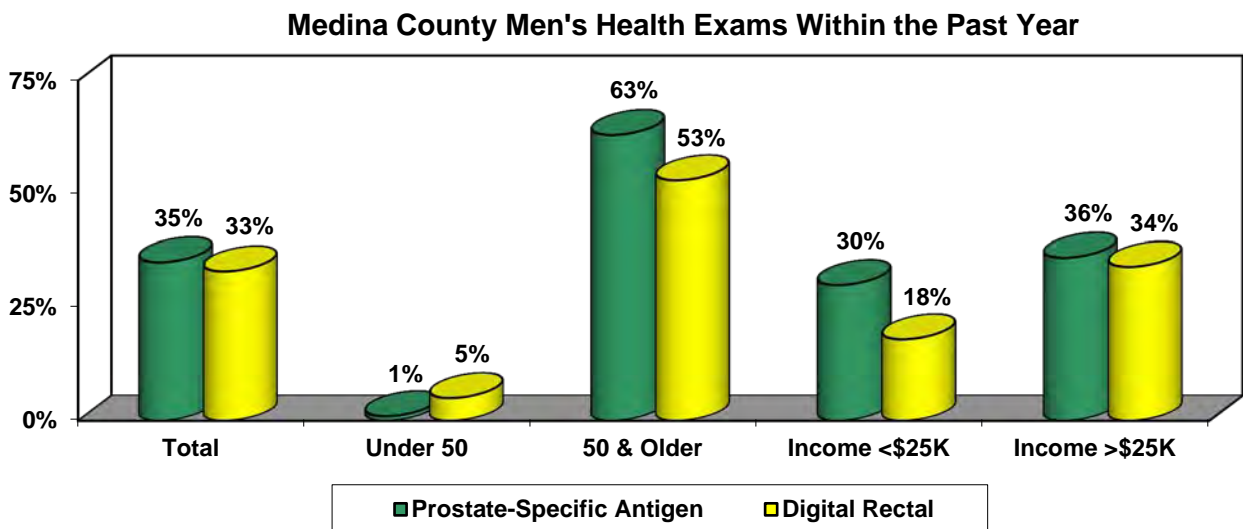
In 2012, nearly two-thirds (66%) of Medina County women over the age of 40 reported having a mammogram in the past year. 63% of Medina County women have had a clinical breast exam and 53% have had a Pap smear to detect cancer of the cervix in the past year. The Community Needs Assessment determined that 2% of women had a heart attack, and 2% had a stroke at some time in their life. More than one-quarter (27%) had high blood pressure, 26% had high blood cholesterol, 21% were obese, and 14% were identified as smokers, known risk factors for cardiovascular diseases.

## Data Summary



## Men's Health

In 2012, nearly two-thirds (63%) of Medina County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than half of the population (53%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 28% of all male deaths in Medina County from 2006-2008. The Community Needs Assessment determined that 4% of men had a heart attack, and 3% had a stroke at some time in their life. More than one-quarter (28%) of men had been diagnosed with high blood pressure, 38% had high blood cholesterol, and 9% were identified as smokers, which, along with obesity (25%), are known risk factors for cardiovascular diseases.



## Data Summary

### Preventive Medicine and Health Screenings

More than two-fifths (41%) of adults had a flu shot during the past 12 months. 25% of adults, increasing to 66% of those ages 65 and older, have had a pneumonia shot in their life.

### Environmental Health/Disaster Preparedness

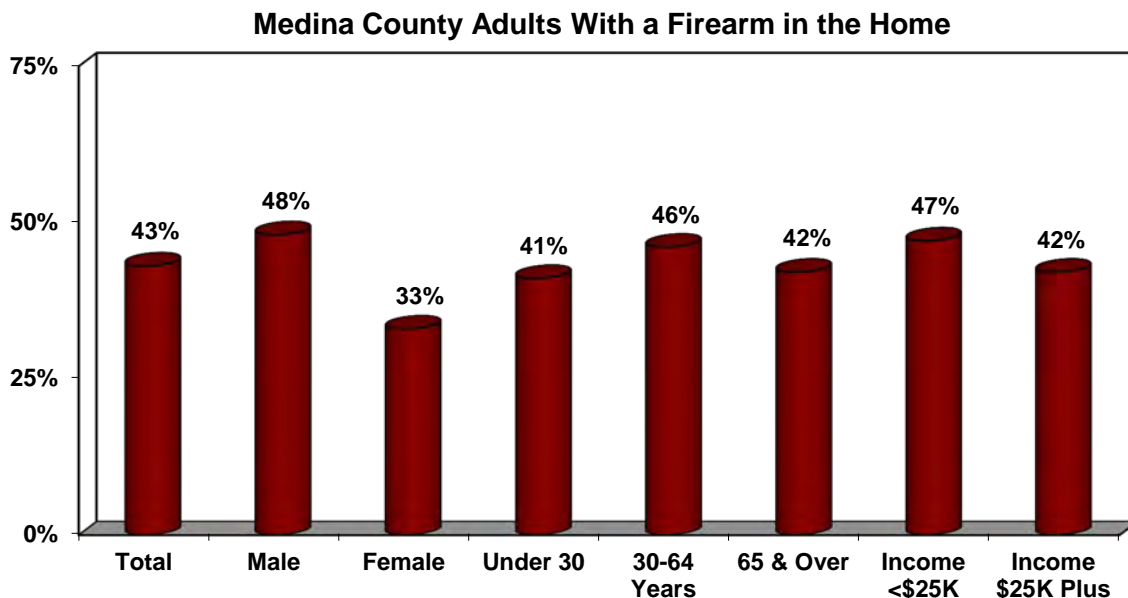
Insects and rodents were the two most important perceived environmental health issues that threatened Medina County adults' health in the past year. 95% of households had one or more disaster preparedness supplies.

### Adult Sexual Behavior & Pregnancy Outcomes

In 2012, almost three-fourths (74%) of Medina County adults had sexual intercourse. Four percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (*Source: CDC, STDs in Adolescents and Young Adults, 2010 STD Surveillance*).

### Social Context and Safety

The Community Needs Assessment identified that 43% of Medina County adults kept a firearm in or around their home. Five percent of adults were abused the past year.



## Data Summary

### Quality of Life

One in seven (14%) Medina County adults in 2012 reported they were limited in some way because of a physical, mental or emotional problem.

### Adult Mental Health and Suicide

In 2012, 2% of Medina County adults considered attempting suicide. 6% of adults felt so sad or hopeless almost every day for two or more weeks that they stopped doing usual activities.

### Oral Health

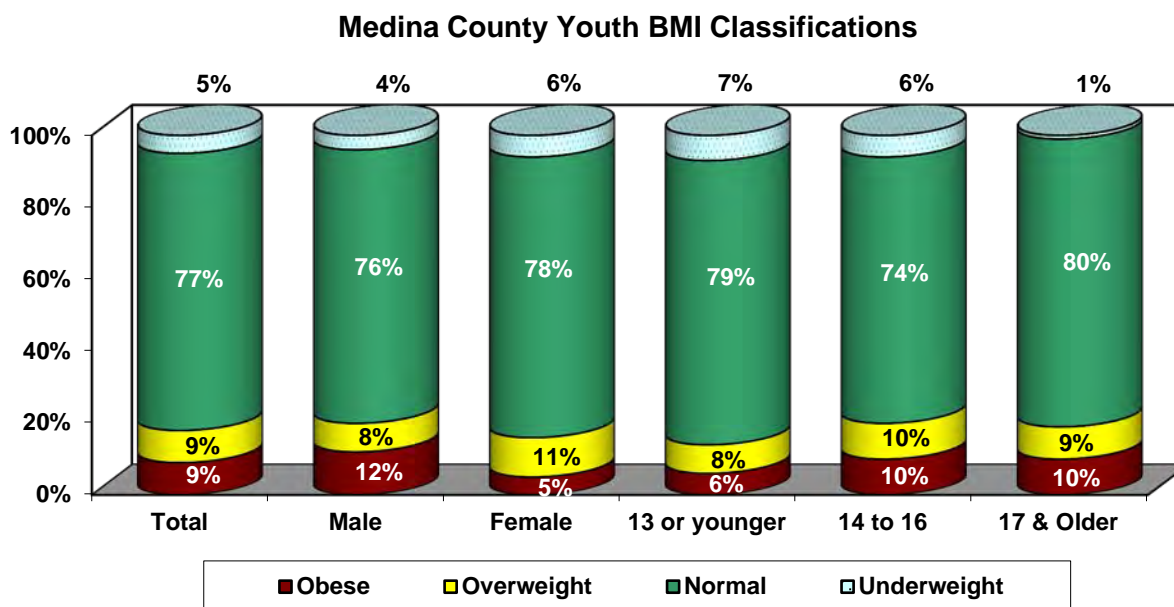
The 2012 Community Needs Assessment project has determined that three-fourths (75%) of Medina County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. More than three-fourths (76%) of Medina youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

### Teen Parenting

Medina County parents were most concerned about their 12-to-18 year-olds' eating habits (52%) and alcohol use (48%). 35% of parents were concerned about bullying.

### Youth Weight Status

The 2012 Community Needs Assessment identified that 9% of Medina County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 24% of Medina County youth reported that they were slightly or very overweight. 79% of youth were exercising for 60 minutes on 3 or more days per week.

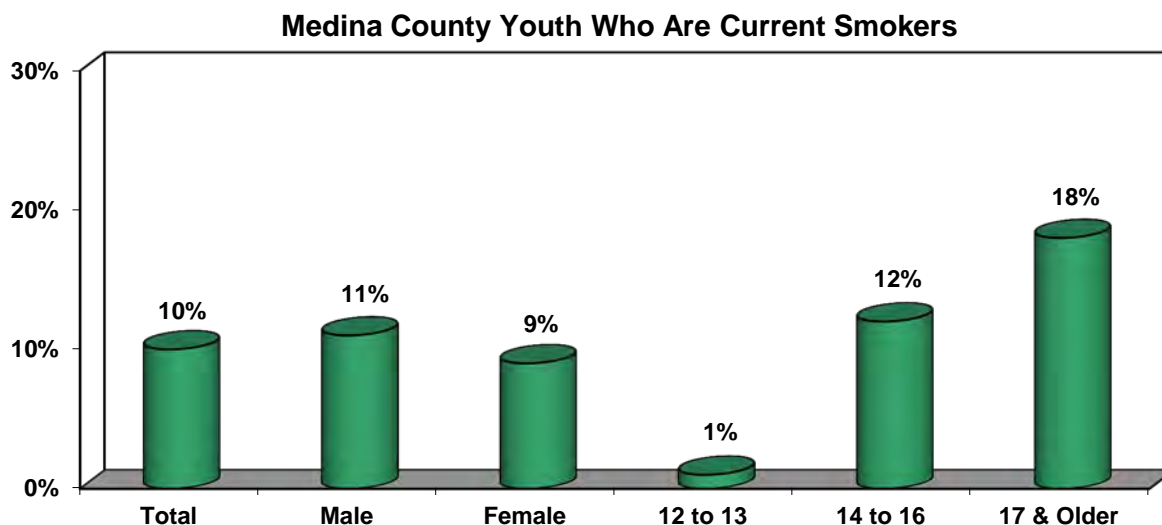




## Data Summary

### Youth Tobacco Use

The 2012 Community Needs Assessment identified that 10% of Medina County youth were smokers, increasing to 18% of those who were over the age of 17.



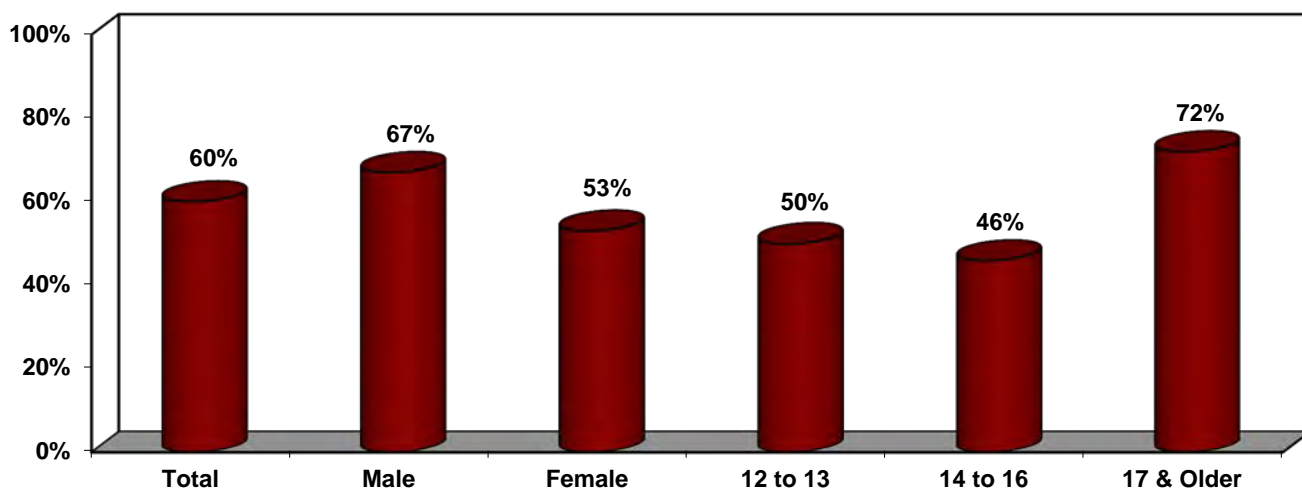
*Current smokers are those who have smoked at any time during the past 30 days.*

### Youth Alcohol Consumption

In 2012, the Community Needs Assessment results indicated that 48% of Medina County youth had drunk at least one drink of alcohol in their life, increasing to 78% of youth seventeen and older. 26% of those who drank took their first drink at 12 years old or younger. Almost one-fourth (22%) of all Medina County youth and 44% of those over the age of 17 had at least one drink in the past 30 days. Three-fifths (60%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 9% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

## Data Summary

**Medina County Youth Current Drinkers Binge Drinking in Past Month\***

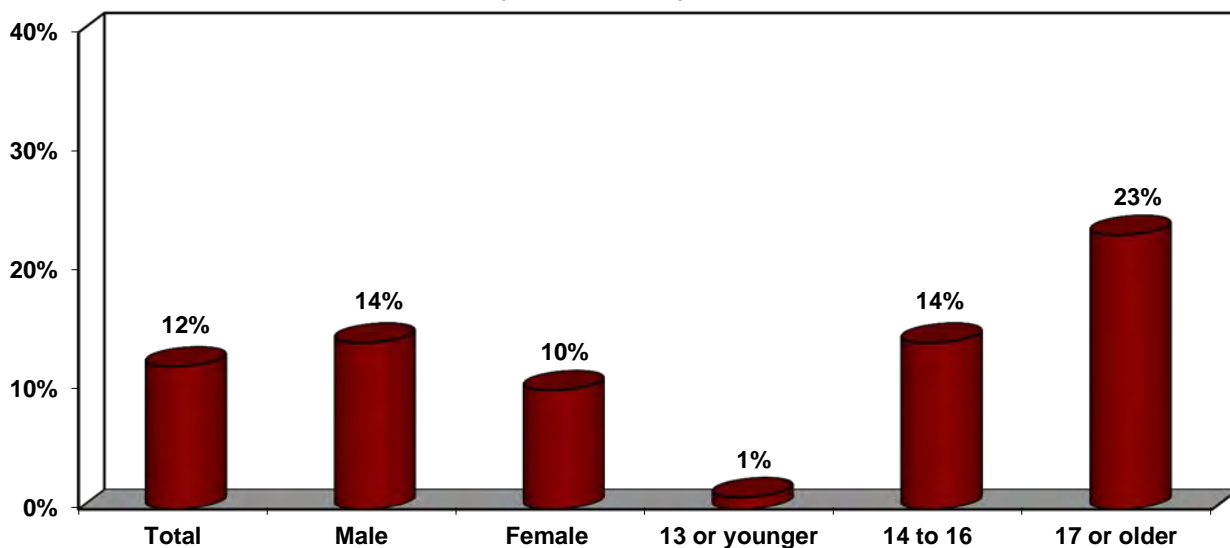


*\*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

## Youth Marijuana and Other Drug Use

In 2012, 12% of Medina County youth had used marijuana at least once in the past 30 days, increasing to 23% of those ages 17 and older. 13% of youth used medications that were not prescribed for them or took more than prescribed to get high, increasing to 21% of those over the age of 17.

**Medina County Youth Marijuana Use in Past Month**

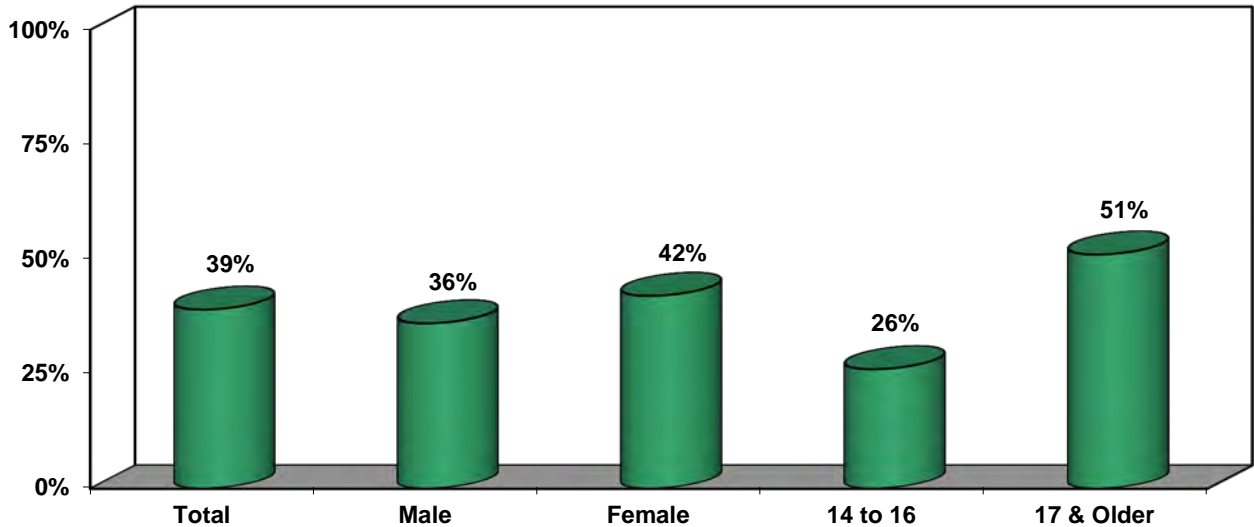


## Data Summary

### Youth Sexual Behavior & Pregnancy Outcomes

Only 9<sup>th</sup>-12<sup>th</sup> grade students were asked sexual behavior questions. One high school did not ask sexual behavior questions. In 2012, nearly two-fifths (39%) of Medina County youth have had sexual intercourse, increasing to 51% of those ages 17 and over. 45% of youth had participated in oral sex. 42% of youth participated in sexting. Of those who were sexually active, 54% had multiple sexual partners.

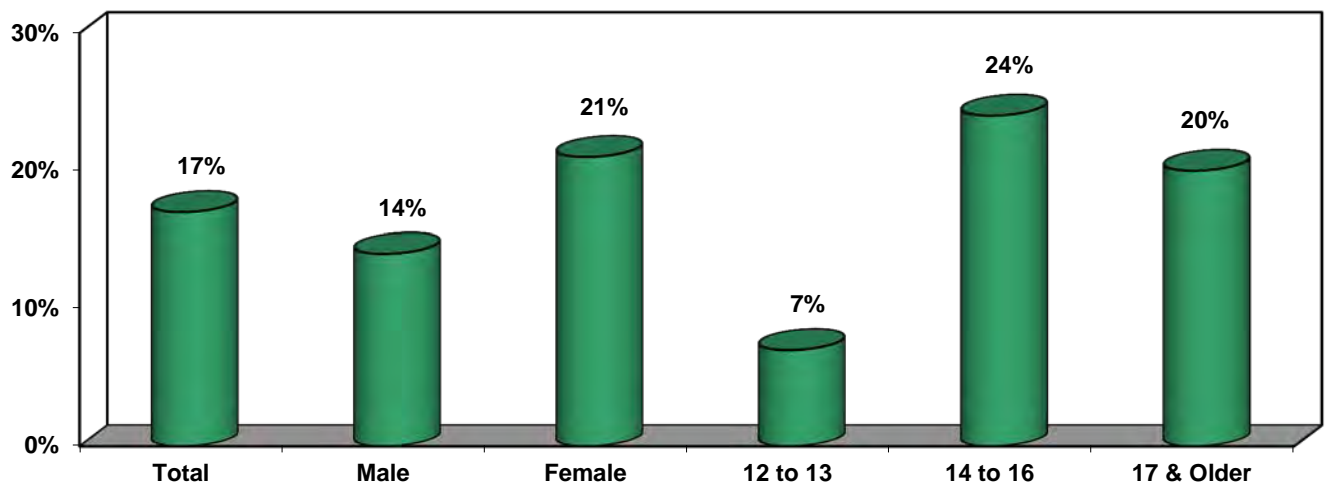
**Medina County Youth Who Had Sexual Intercourse**



### Youth Mental Health and Suicide

In 2012, the Community Needs Assessment results indicated that 17% of Medina County youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.

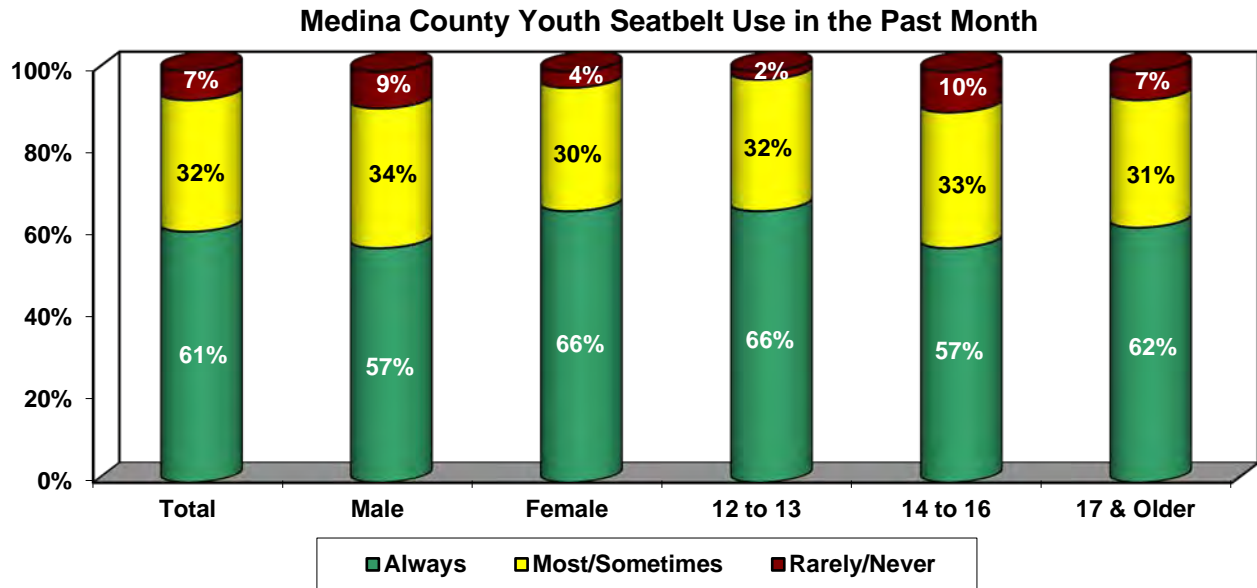
**Medina County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months**



## Data Summary

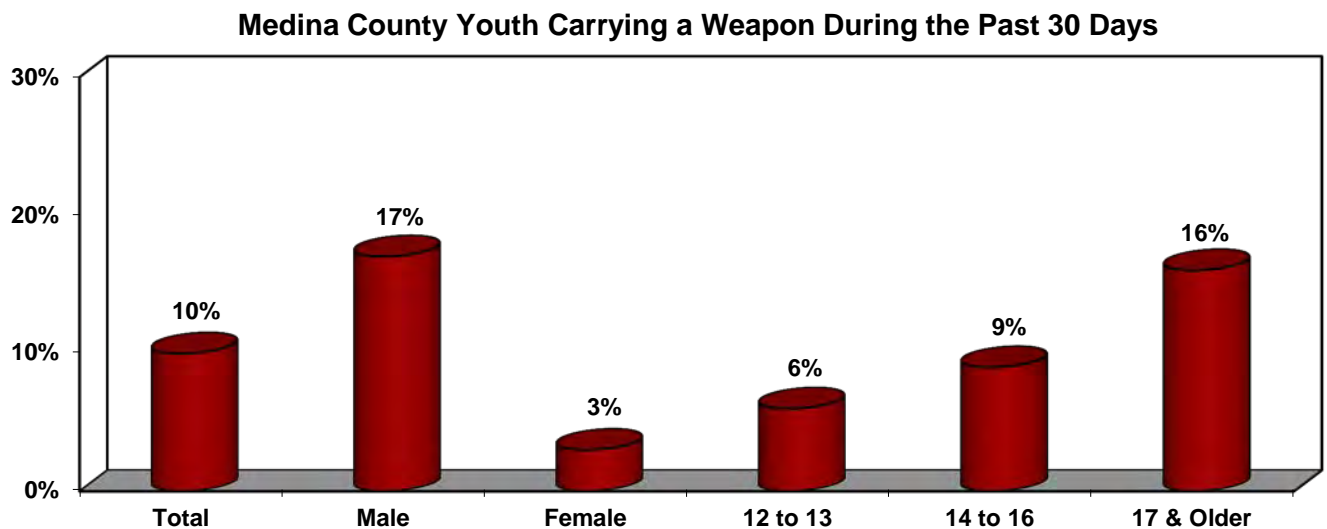
### Youth Safety

In 2012, 61% of Medina County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 53% of youth drivers texted while driving.



### Youth Violence

In Medina County, 10% of 6<sup>th</sup>-12<sup>th</sup> grade youth had carried a weapon in the past month. 8% of 6<sup>th</sup>-12<sup>th</sup> grade youth had been threatened or injured with a weapon on school property. 54% of 6<sup>th</sup>-12<sup>th</sup> grade youth had been bullied in the past year.



## **Data Summary**

### **Children's Health & Functional Status**

In 2012, 79% of Medina County parents had taken their child ages 0-11 to the dentist in the past year. 11% of Medina County parents reported their child ages 0-11 had been diagnosed with asthma. 6% of parents reported their child had been diagnosed with ADD/ADHD.

### **Children's Health Insurance, Access, Utilization and Medical Home**

In 2012, 5% of Medina County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 6% of parents reported they received benefits from the SNAP/food stamp program and 5% from the WIC program. 26% of parents reported they had taken their child to the hospital emergency room in the past year. 88% of parents had taken their child to the doctor for preventive care in the past year.

### **Early Childhood (Ages 0-5)**

The following information was reported by parents of 0-5 year olds. 95% of mothers got prenatal care within the first three months during their last pregnancy. 7% of mothers smoked during their last pregnancy. 18% of mothers never breastfed their child. 98% of children ages 0-5 rode in a car seat or booster seat.

### **Middle Childhood (Ages 6-11)**

The following information was reported by Medina County parents of 6-11 year olds. In 2012, 43% of Medina County parents reported their child never wore a helmet when using rollerblades or roller skates. 43% of parents reported their child was bullied at some time in the past year. 90% of parents reported their child participated in extracurricular activities. 15% of parents reported their child had a MySpace or Facebook account. 87% of parents reported their child had exercised for 20 minutes or more on three or more days in the past week.

### **Family Functioning and Neighborhood Characteristics**

In 2012, Medina County parents reported their 0-11 year old child slept an average of 10.3 hours per night. 17% of parents reported they read to their child every day. 99% of parents reported their neighborhood was always or usually safe. 98% of parents reported having a working smoke alarm in their Medina County home.

### **Parent Health**

In 2012, 10% of Medina County parents were uninsured. 34% of parents were overweight and 26% were obese. Parents missed work an average of 1.4 days per year due to their child being ill or injured.

## Medina County Trend Summary

Youth Variables	Medina County 2012 (6-12 grade)	Medina County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
<b>Weight Control</b>				
Obese	9%	9%	15%	13%
Overweight	9%	9%	15%	15%
Described themselves as slightly or very overweight	24%	24%	30%	29%
Trying to lose weight	39%	40%	N/A	N/A
Exercised to lose weight	55%	56%	61%*	61%**
Ate less food, fewer calories, or foods lower in fat to lose weight	33%	36%	43%*	39%**
Went without eating for 24 hours or more	5%	5%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	3%	4%	6%	5%
Vomited or took laxatives	2%	3%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	80%	84%	85%*	78%**
Physically active at least 60 minutes per day on less than 7 days in past week	74%	74%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	45%	50%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	6%	8%	16%	14%
Watched TV 3 or more hours per day	32%	32%	31%	32%
<b>Unintentional Injuries and Violence</b>				
Always wore a seatbelt	61%	64%	N/A	N/A
Rarely or never wore a seatbelt	7%	7%	17%	8%
Carried a weapon in past month	10%	12%	16%	17%
Carried a weapon on school property in past month	2%	2%	4%*	5%
Threatened or injured with a weapon on school property in past year	8%	9%	8%*	7%
Involved in a physical fight in past year	23%	22%	31%	33%
Involved in a physical fight on school property in past 12 months	8%	9%	9%	12%
Did not go to school because felt unsafe	5%	4%	6%	6%
Bullied on school property in past year	34%	32%	23%	20%
Electronically/cyber bullied in past year	14%	14%	15%	16%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	6%	N/A	9%
Seriously considered suicide in past 12 months	17%	20%	14%	16%
Attempted suicide in past 12 months	7%	7%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	2%	4%	2%
Felt sad or hopeless almost every day for 2 or more weeks in a row	25%	30%	27%	29%

(Note: Numbers highlighted in red indicate an undesired direction for Medina County data, when compared to data from the state of Ohio.)

N/A – Not available

\*2007 YRBS Data

\*\*2009 YRBS Data

## Medina County Trend Summary

Youth Variables	Medina County 2012 (6-12 grade)	Medina County 2012 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
<b>Alcohol Use</b>				
Ever had at least one drink of alcohol in lifetime	48%	66%	71%	71%
Used alcohol during past month	22%	35%	38%	39%
Binged during past month (5 or more drinks in a couple of hours on an occasion)	14%	23%	24%	22%
Drank for the first time before age 13 (of all youth)	11%	10%	18%	21%
Rode with someone who was drinking in past month	14%	13%	21%	24%
Drank and drove	3%	4%	7%	8%
Obtained the alcohol they drank by someone giving it to them	53%	55%	N/A	40%
<b>Tobacco Use</b>				
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	26%	38%	52%	45%
Used cigarettes on one or more of the past month	10%	15%	21%	18%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	5%	5%	14%	10%
Smoked cigarettes on 20 or more days during the past month (of all youth)	3%	3%	10%	6%
<b>Sexual Behavior+</b>				
Ever had sexual intercourse	N/A	39%	45%*	47%
Had four or more sexual partners	N/A	6%	18%	15%
Had sexual intercourse before age 13	N/A	2%	6%	6%
Used a condom at last sexual intercourse	N/A	80%	60%*	60%
Used birth control pills at last sexual intercourse	N/A	47%	23%	18%
Did not use any method to prevent pregnancy during the last sexual intercourse	N/A	9%	10%	13%
<b>Drug Use</b>				
Used marijuana in the past month	12%	17%	24%	23%
Used cocaine in their lifetime	4%	5%	7%	7%
Used heroin in their lifetime	2%	1%	3%	3%
Used methamphetamines in their lifetime	3%	4%	6%*	4%
Used steroids in their lifetime	2%	2%	4%	4%
Used prescription medication in order to get high or feel good	13%	20%	N/A	N/A
Used inhalants in order to get high in their lifetime	11%	10%	12%**	11%
Ever used ecstasy/MDMA	3%	4%	N/A	8%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	14%	18%	24%	26%

(Note: Numbers highlighted in red indicate an undesired direction for Medina County data, when compared to data from the state of Ohio.)

N/A – Not available

+ Only 9<sup>th</sup>-12<sup>th</sup> grade students were asked sexual behavior questions

\*2007 YRBS Data

\*\*2005 YRBS Data



## Medina County Trend Summary

Adult Variables	Medina County 2012	Ohio 2010	U.S. 2010
<b>Health Status</b>			
Rated health as excellent or very good	59%	53%	55%
Rated general health as fair or poor	11%	16%	15%
Average days that physical health not good in past month	2.7	3.9	3.7
Average days that mental health not good in past month	3.2	3.9	3.5
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.6	2.3	2.4
<b>Health Care Access/Coverage</b>			
Has health care coverage	91%	87%	85%
<b>Arthritis, Asthma, &amp; Diabetes</b>			
Has been diagnosed with arthritis	26%	31%*	26%*
Has been diagnosed with asthma	17%	14%	14%
Has been diagnosed with diabetes	5%	11%	10%
<b>Cardiovascular Health</b>			
Had angina	3%	4%	4%
Had a heart attack	3%	4%	4%
Had a stroke	3%	3%	3%
Has been diagnosed with high blood pressure	28%	32%*	29%*
Has been diagnosed with high blood cholesterol	33%	40%*	38%*
Had blood cholesterol checked within the past 5 years	78%	78%*	77%*
<b>Weight Status</b>			
Overweight	38%	36%	36%
Obese	23%	30%	28%
<b>Alcohol Consumption</b>			
Had at least one alcoholic beverage in past month	68%	53%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	25%	17%	15%
<b>Tobacco Use</b>			
Current smoker (currently smoke some or all days)	11%	23%	12%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	28%	25%	25%
<b>Preventive Health</b>			
Age 50 & over had a flu shot in the past year	55%	52%	55%
Age 65 & over had a pneumonia vaccine in lifetime	66%	69%	69%
Age 40 & over had a clinical breast exam in the past two years	78%	75%	77%
Age 40 & over had a mammogram in the past two years	81%	74%	76%
Had a pap smear in the past three years	75%	82%	81%
Had a PSA test in within the past two years (age 40 & over)	60%	54%	53%
<b>Quality of Life &amp; Social Context</b>			
Limited in some way because of physical, mental or emotional problem	14%	22%	21%
<b>Oral Health</b>			
Adults who have visited the dentist in the past year	75%	72%	70%

(Note: Numbers highlighted in red indicate an undesired direction for Medina County data, when compared to data from the state of Ohio.)

N/A – Not available

\*2009 BRFSS Data

## Medina County Trend Summary

Child Comparisons	Medina County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Medina County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
<b>Health and Functional Status</b>						
Rated health as excellent or very good	97%	91%	87%	93%	84%	84%
Diagnosed with asthma	4%	8%	9%	14%	21%	16%
Diagnosed with ADHD/ADD	1%	2%	1%	8%	9%	9%
Diagnosed with behavioral or conduct problems	1%	N/A	1%	4%	N/A	5%
Diagnosed with developmental delay or physical impairment	1%	2%	3%	4%	8%	6%
Diagnosed with anxiety problems	1%	N/A	1%	6%	N/A	4%
Diagnosed with hearing problems	0%	N/A	2%	2%	N/A	3%
No physical activity	15%	N/A	N/A	4%	6%	7%
<b>Health Insurance, Access and Utilization</b>						
Child was not covered by insurance at some time in the past year	3%	12%	15%	6%	11%	16%
Had public insurance	12%	32%	35%	6%	26%	28%
Been to a doctor for preventive care in the past year	94%	96%	96%	86%	87%	86%
Dental care visit in past year	48%	51%	54%	90%	92%	90%
2 or more visits to the ER	8%	8%*	8%*	8%	6%*	4%*
Received all the medical care they needed	91%	99%*	99%*	89%	98%*	98%*
Have a personal doctor or nurse	85%	95%	94%	91%	95%	92%
<b>Family Functioning &amp; Neighborhood Characteristics</b>						
Family eat a meal together every day of the week	49%	55%	58%	30%	40%	47%

(Note: Numbers highlighted in red indicate an undesired direction for Medina County data, when compared to data from the state of Ohio.)

N/A – Not available

\* 2003 national and state data

# Health Status Perceptions

## Key Findings

*In 2012, nearly three-fifths (59%) of the Medina County adults rated their health status as excellent or very good. Conversely, 11% of the adults, increasing to 26% of those with incomes less than \$25,000, described their health as fair or poor.*

## General Health Status

- ◆ In 2012, nearly three-fifths (59%) of Medina County adults rated their health as excellent or very good. Medina County adults with higher incomes (63%) were most likely to rate their health as excellent or very good, compared to 50% of those with incomes less than \$25,000.
- ◆ 11% of adults rated their health as fair or poor. The 2010 BRFSS has identified that 16% of Ohio and 15% of U.S. adults self-reported their health as fair or poor. Medina County adults were most likely to rate their health as fair or poor if they:
  - Had diabetes (29%)
  - Had an annual household income under \$25,000 (26%)
  - Were 65 years of age or older (19%)
  - Had high blood pressure (15%)

### Adults Who Rated General Health Status Excellent or Very Good

- ◆ Medina County 59% (2012)
- ◆ Ohio 53% (2010)
- ◆ U.S. 55% (2010)

*(Source: BRFSS 2010 for Ohio and U.S.)*

## Physical Health Status

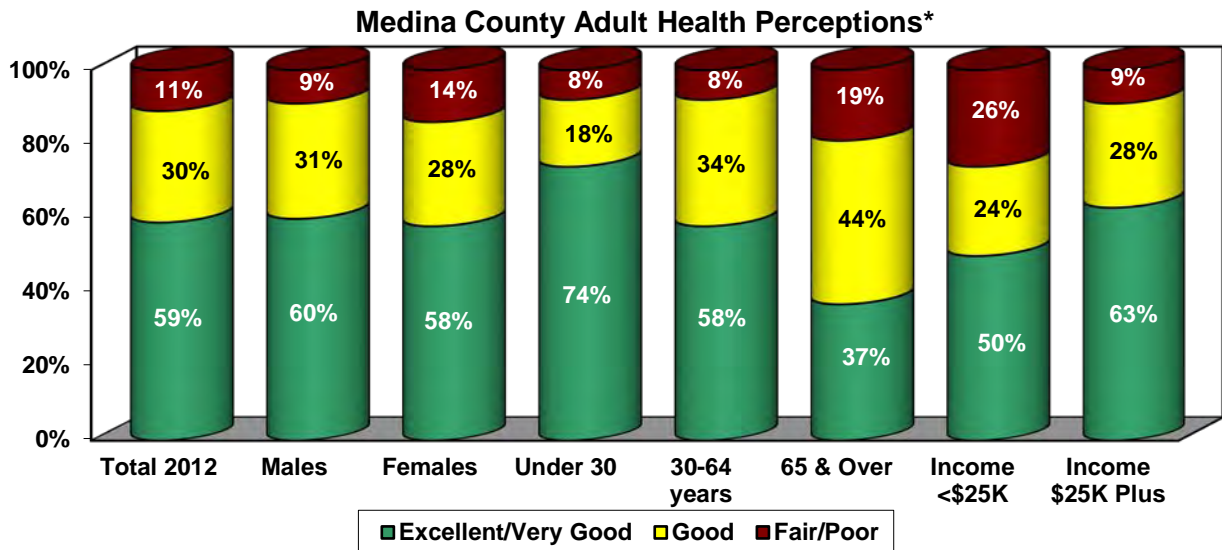
- ◆ In 2012, 14% of Medina County adults rated their physical health as not good on four days or more in the previous month, increasing to 22% of those 65 and older and 20% of those with incomes less than \$25,000.
- ◆ Medina County adults reported their physical health as not good on an average of 2.7 days in the previous month.
- ◆ Ohio and U.S. adults reported their physical health as not good on an average of 3.9 days and 3.7 days, respectively, in the previous month. *(Source: 2010 BRFSS)*

## Mental Health Status

- ◆ In 2012, 21% of Medina County adults rated their mental health as not good on four days or more in the previous month, increasing to 30% of those under the age of 30.
- ◆ Medina County adults reported their mental health as not good on an average of 3.2 days in the previous month.
- ◆ Ohio and U.S. adults reported their mental health as not good on an average of 3.9 days and 3.5 days respectively in the previous month. *(Source: 2010 BRFSS)*
- ◆ About one in five (22%) adults reported that poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation, increasing to 28% of females.
- ◆ Medina County adults reported that poor physical or mental health kept them from doing their usual activities on an average of 1.6 days in the previous month.
- ◆ Ohio and U.S. adults reported that poor physical or mental health kept them from doing their usual activities on an average of 2.4 days and 2.3 days, respectively, in the previous month. *(Source: 2010 BRFSS)*

## Health Status Perceptions

The following graph shows the percentage of Medina County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 59% of all Medina County adults, 74% of those under age 30, and 37% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
<b>Physical Health Not Good in Past 30 Days*</b>					
Males	69%	15%	6%	1%	7%
Females	57%	17%	4%	0%	10%
Total	64%	16%	5%	1%	8%
<b>Mental Health Not Good in Past 30 Days*</b>					
Males	66%	12%	6%	0%	11%
Females	46%	15%	7%	2%	19%
Total	56%	13%	6%	1%	14%

\*Totals may not equal 100% as some respondents answered "Don't know/Not sure".

2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Rated health as excellent or very good	59%	53%	55%
Rated health as fair or poor	11%	16%	15%
Average days that physical health not good in past month	2.7	3.9	3.7
Average days that mental health not good in past month	3.2	3.9	3.5
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.6	2.3	2.4

## Health Care Coverage

### Key Findings

*The 2012 Community Needs Assessment data has identified that 9% of Medina County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Medina County, 7.7% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2006-2010)*

### General Health Coverage

- ◆ In 2012, most (91%) Medina County adults had health care coverage, leaving 9% who were uninsured. The 2010 BRFSS reports uninsured prevalence rates for Ohio (13%) and the U.S. (15%).
- ◆ In the past year, 9% of adults were without healthcare coverage, increasing to 14% of those under the age of 30 and 28% of those with incomes less than \$25,000.
- ◆ 11% of adults with children did not have healthcare coverage, compared to 13% of those who did not have children living in their household.
- ◆ Of those who currently had health care coverage, 6% indicated there was a time in the past year they did not have health insurance, increasing to 12% of those under 30 and 12% of those with incomes less than \$25,000.
- ◆ The following types of health care coverage were used: employer (46%), someone else's employer (22%), Medicare (10%), self-paid plan (9%), Medicaid or medical assistance (3%), multiple-including private sources (3%), multiple-including government sources (2%), military/VA (2%), Indian Health Service (1%), and other (2%).
- ◆ Medina County adult health care coverage included the following: medical (100%), prescription coverage (94%), dental (78%), preventive health (77%), immunizations (77%), their spouse (72%), mental health (72%), vision (71%), their children (65%), alcohol/drug treatment (43%), skilled nursing (25%), home care (21%), hospice (20%), and palliative care (17%).
- ◆ The top three reasons uninsured adults gave for being without health care coverage were:
  1. They lost their job or changed employers (25%)
  2. They could not afford to pay the insurance premiums (17%)
  3. Their employer did not offer or stopped offering coverage (9%)

#### Medina County and Ohio Medicaid Statistics

	Residents Enrolled in Medicaid	Annual Medicaid Expenditures*
<b>Medina County SFY 2009</b>	18,536	\$101,865,055
<b>State of Ohio SFY 2009</b>	2,407,572	\$13,162,469,167
<b>Medina County SFY 2008</b>	12,190	\$90,145,606
<b>State of Ohio SFY 2008</b>	1,789,934	\$11,962,683,659

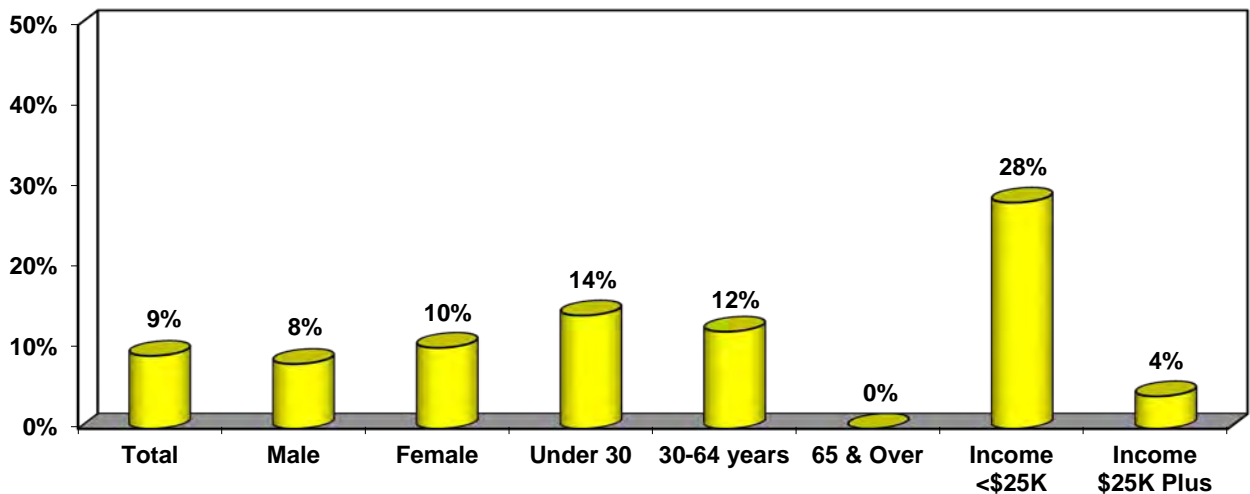
\*(Payments made directly to providers as well as capitation payments to HMOs)  
SFY is State Fiscal Year. (Source: Ohio Job & Family Services, Medina County Profile,  
<http://jfs.ohio.gov/county/countypro/pd09/Medina.pdf> &  
<http://jfs.ohio.gov/county/countypro/pd08/Medina.pdf>)

2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Uninsured	9%	13%	15%

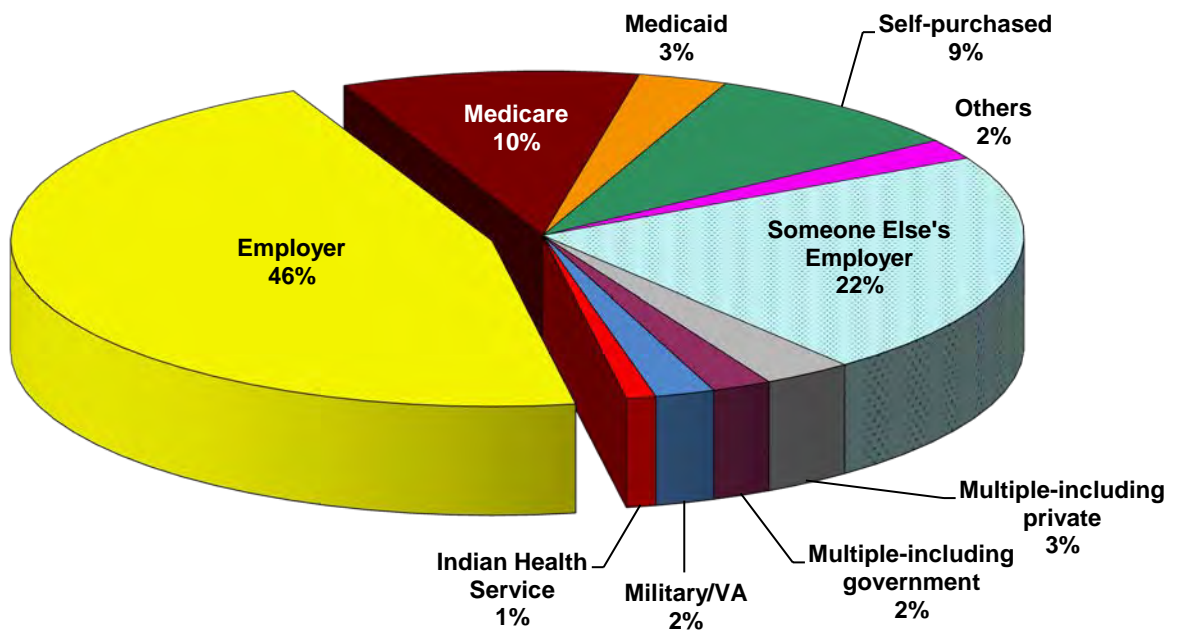
## Health Care Coverage

The following graph shows the percentages of Medina County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 9% of all Medina County adults were uninsured, 28% of adults with an income less than \$25,000 reported being uninsured and 14% of those under age 30 lacked health care coverage. The pie chart shows sources of Medina County adults' health care coverage.

**Uninsured Medina County Adults**



**Source of Health Coverage for Medina County Adults**



## Health Care Coverage

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	0%	<1%
Dental	78%	21%	1%
Vision	71%	27%	2%
Mental Health	72%	5%	23%
Prescription Coverage	94%	3%	3%
Home Care	21%	19%	60%
Skilled Nursing	25%	15%	60%
Hospice	20%	15%	65%
Your Spouse	72%	22%	6%
Your Children	65%	29%	6%
Preventive Health	77%	5%	18%
Palliative Care	17%	13%	70%
Immunizations	77%	6%	17%
Alcohol/Drug Treatment	43%	8%	49%

### Healthy People 2020 Access to Quality Health Services

Objective	Medina County 2012	Ohio 2010	U.S. 2010	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	84% age 20-24 83% age 25-34 94% age 35-44 95% age 45-54 90% age 55-64	69% age 18-24 85% age 25-34 87% age 35-44 87% age 45-54 98% age 55-64	74% age 18-24 80% age 25-34 85% age 35-44 87% age 45-54 89% age 55-64	100%

*\*U.S. baseline is age-adjusted to the 2000 population standard.*

*(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2012 Assessment)*

### 2010 Ohio Family Health Survey Results

- ❖ In Ohio, 19% of adults 18-64 years old and 5% of children were uninsured in 2010, compared respectively to 17% and 4% in 2008.
- ❖ In 2008, 11% of Medina County adults 18-64 years old and 5% of Medina County children were described as being uninsured in the report.
- ❖ Most of the uninsured children in Ohio are in families with incomes within 200% of the poverty level, making them eligible for Medicaid/SCHIP.
- ❖ In 2010, uninsured children had an 11.7 times higher rate of **not** having a usual source of care than insured children. Uninsured children had an almost 3 times higher rate of **not** having a usual source of coverage than uninsured adults.
- ❖ In Ohio, uninsured individuals reported greater issues with access to care, unmet needs, and paying for care than the insured.

*(Source: (Source: 2008 and 2010 Ohio Family Health Survey Results, 03-08-2011))*



# Health Care Access

## Key Findings

*The 2012 Community Needs Assessment project identified that 60% of adults had visited a doctor for a routine checkup within the last year. Nearly one-quarter (22%) of adults visited a hospital emergency room in the past year, increasing to 54% of those with lower incomes. 69% of adults went outside of Medina County for health care services.*

## Health Care Access

- ◆ 60% of Medina County adults had visited their doctor for a routine checkup within the past year, increasing to 88% of those 65 and older. 79% have visited their doctor within the past two years, 90% have visited their doctor within the past 5 years, and <1% have never visited their doctor for a routine checkup.
- ◆ When adults were sick or needed advice about their health, they usually went to the following: a doctor's office (75%), multiple places-including a doctor's office (7%), no usual place (4%), urgent care center (4%), the internet (4%), hospital emergency room (1%), public health clinic or community health center (1%), chiropractor (1%), store clinic (1%), multiple places- not including a doctor's office (<1%), hospital outpatient department (<1%), and some other place (2%).
- ◆ About one-fifth (22%) of adults visited the hospital emergency room for health care in the past year, increasing to 54% of those with incomes less than \$25,000. 3% of adults had been to the ER more than 2 times in the past year.
- ◆ 50% of Medina County adults reported they had one particular doctor or healthcare professional they go to for routine medical care, decreasing to 26% of those with incomes less than \$25,000. 33% of adults had more than one particular doctor or healthcare professional they go to for routine medical care, and 16% did not have one at all.
- ◆ Reasons for not having a usual source of medical care included: two or more usual places (47%), had not needed a doctor (25%), no insurance/could not afford insurance (11%), previous doctor unavailable/moved (4%), did not like/trust/believe doctors (4%), did not know where to go (1%), language barrier (1%), and other reasons (7%).
- ◆ Medina County adults preferred to get their health/healthcare services information from: their doctor (73%), the Internet (20%), a friend or family member (16%), newspaper articles or radio/television news stories (8%), advertisements or mailings from hospitals/clinics/doctor's offices (5%), text messages (2%), and other methods (1%).
- ◆ 69% of adults went outside of Medina County for the following health care services in the past year: primary care (34%), specialty care (28%), dental services (25%), obstetrics/gynecology (10%), orthopedic care (7%), pediatric care (5%), cardiac care (5%), mental health care (4%), cancer care (4%), developmental disability services (1%), hospice care (1%), addiction services (1%), and other services (6%).
- ◆ Medina County adults did not receive the following major care or preventive care due to cost: colonoscopy (8%), mammogram (4%), medications (3%), pap smear (3%), weight-loss program (3%), smoking cessation (2%), surgery (1%), and PSA test (1%).
- ◆ During the past year, Medina County adults did not get a prescription from their doctor filled because: they could not afford to pay the out-of-pocket expenses (7%), they did not think they needed it (4%), they had no insurance (3%), their co-pays were too high (3%), they stretched their current prescription by taking less than prescribed (2%), there was no generic equivalent of what was prescribed (2%), their deductibles were too high (1%), their premiums were too high (1%), transportation (1%), they were taking too many medications (1%), and they opted out of prescription coverage because they could not afford it (<1%).

## Predictors of Access to Health Care

Adults are more likely to have access to medical care if they:

- ❖ Earn a higher income
- ❖ Have a regular primary care provider
- ❖ Have health insurance
- ❖ Utilize preventive services in a clinic setting
- ❖ Have a college education
- ❖ Work for a large company

*(Source: Healthy People 2020 and CDC)*

## Health Care Access

- ♦ The following might prevent Medina County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (34%), hours not convenient (17%), difficult to get an appointment (17%), worried they might find something wrong (9%), could not get time off work (9%), frightened of the procedure or doctor (7%), do not trust or believe doctors (6%), difficult to find/no transportation (3%), and some other reason (1%).
- ♦ Medina County adults had the following transportation problems when they needed health care: no car (3%), disabled (3%), could not afford gas (2%), no driver's license (2%), no public transportation (2%), limited public transportation (1%), and other car issues/expenses (1%).
- ♦ Medina County adults had the following issues regarding their healthcare coverage: deductibles were too high (23%), premiums were too high (21%), co-pays were too high (19%), opted out of certain coverage because they could not afford it (6%), high HSA account deductible (5%), working with their insurance company (5%), could not understand their insurance plan (3%), and opted out of certain coverage because they did not need it (1%).

### Availability of Services

- ♦ When Medina County adults were asked what programs they have looked for, for themselves or a loved one, demand was highest for the following programs: depression, anxiety, or mental health problems (16%), end of life/hospice care (10%), family planning (9%), disability assistance (9%), and alcohol/drug abuse (4%).
- ♦ 14% of adults looked for a program to assist in care for the elderly (either for themselves or a loved one). 4% looked for an assisted living facility, 2% looked for in-home care, 1% looked for respite/overnight care, 1% looked for adult day care, 1% looked for out of home placement, and 1% said an older relative or friend moved in with their family. 4% of adults looked for multiple programs.

### Medina County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Medina County adults who have looked but have <u>NOT</u> found a specific program	Medina County adults who have looked and have found a specific program
<b>Depression, Anxiety or Mental Health</b> (16% of all adults looked)	23%	77%
<b>End of Life/Hospice Care</b> (10% of all adults looked)	18%	82%
<b>Family Planning</b> (9% of all adults looked)	3%	97%
<b>Disability Assistance</b> (9% of all adults looked)	28%	72%
<b>Alcohol/Drug Abuse</b> (4% of all adults looked)	31%	69%

## Health Care Access

### Healthy People 2020 Access to Quality Health Services

Objective	Medina County 2012	Healthy People 2020 Target
AHS-3: Increase the proportion of persons with a usual primary care provider	83%	84%

*\*U.S. baseline is age-adjusted to the 2000 population standard.  
(Sources: Health People 2020 Objectives, 2012 Medina County Community Needs Assessment)*

#### Medina County Health Care Statistics

- ❖ In 2010, 56.7% of Medina County residents ages 0 to 18 were enrolled in Medicaid.
- ❖ 35.7% of Medina County residents ages 19 to 64 were enrolled in Medicaid in 2010.
- ❖ 7.6% of Medina County residents ages 65 and older were enrolled in Medicaid in 2010.

*Source: Job and Family Services- Medina County Job and Family Services Profile: <http://jfs.ohio.gov/County/entyp/medina.pdf>*

# Cardiovascular Health

## Key Findings

*Heart disease (25%) and stroke (5%) accounted for 30% of all Medina County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2012 Medina County Community Needs Assessment found that 3% of adults had a heart attack and 3% had a stroke at some time in their life. 28% of Medina County adults have been diagnosed with high blood pressure, 33% have high blood cholesterol, 11% smoked, and 23% were obese, four known risk factors for heart disease and stroke.*

## Heart Disease and Stroke

- ◆ In 2012, 3% of Medina County adults reported they had a heart attack or myocardial infarction, increasing to 16% of those over the age of 65.
- ◆ 4% of Ohio and U.S. adults reported they had a heart attack or myocardial infarction in 2010 (Source: 2010 BRFSS).
- ◆ 3% of Medina County adults reported having a stroke, increasing to 13% of those over the age of 65.
- ◆ 3% of Ohio and U.S. adults reported having a stroke in 2010 (Source: 2010 BRFSS).
- ◆ 3% of adults reported they had angina or coronary heart disease, increasing to 19% of those over the age of 65.
- ◆ 4% of Ohio and U.S. adults reported having had angina or coronary heart disease in 2010 (Source: 2010 BRFSS).

## High Blood Pressure (Hypertension)

- ◆ 28% of Medina County adults had been diagnosed with high blood pressure. The 2009 BRFSS reports hypertension prevalence rates of 32% for Ohio and 29% for the U.S.
- ◆ 9% of adults were told they were pre-hypertensive/borderline high.
- ◆ 68% of Medina County adults had their blood pressure taken by a doctor, nurse, or other health professional within the past six months. 89% had their blood pressure taken within the past year and 94% had their blood pressure taken within the past two years.
- ◆ Medina County adults diagnosed with high blood pressure were more likely to:
  - Have been age 65 years or older (59%)
  - Have been classified as obese (50%)
  - Have incomes more than \$25,000 (30%)

## High Blood Cholesterol

- ◆ One-third (33%) of adults had been diagnosed with high blood cholesterol. The 2009 BRFSS reported that 40% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- ◆ Three-fifths (60%) of adults had their blood cholesterol checked in the past year.
- ◆ Over three-quarters (78%) of adults had their blood cholesterol checked within the past 5 years. The 2009 BRFSS reported 78% of Ohio adults and 77% of U.S. adults had theirs checked within the past 5 years.
- ◆ Medina County adults with high blood cholesterol were more likely to:
  - Have been age 65 years and older (66%)
  - Have been classified as obese (44%)
  - Have incomes less than \$25,000 (44%)

### Medina County Leading Types of Death 2006-2008

**Total Deaths: 3,563**

1. Heart Disease (25% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (6%)
4. Alzheimer's Disease (5%)
5. Stroke (5%)

(Source: ODH Information Warehouse, updated 4-15-10)

### Ohio Leading Types of Death 2006-2008

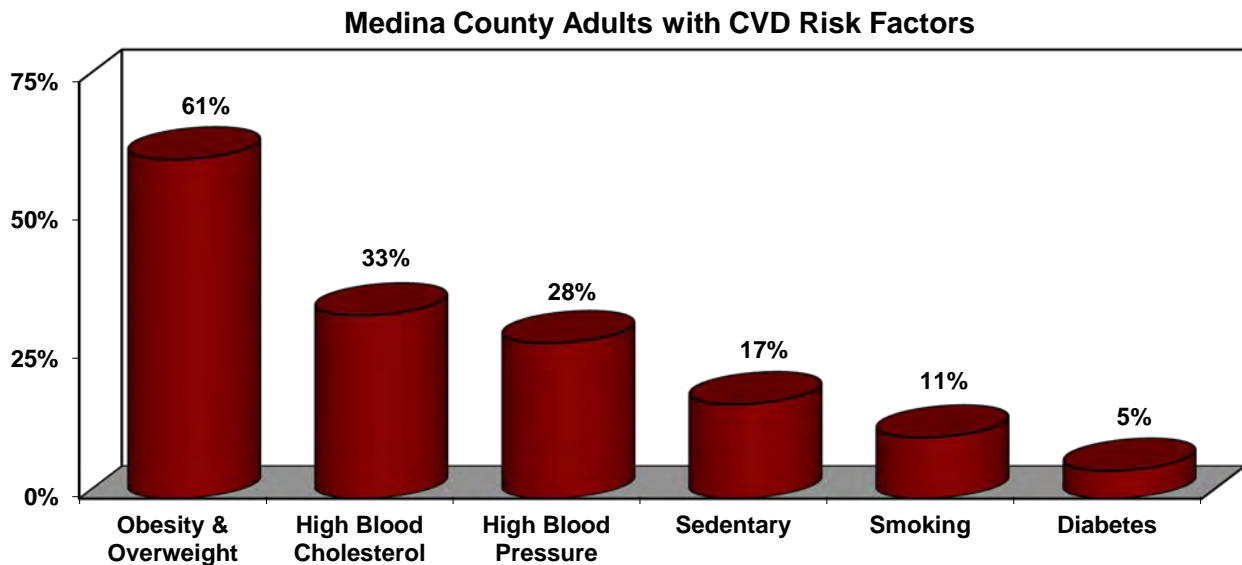
**Total Deaths: 322,264**

1. Heart Disease (25% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (5%)

(Source: ODH Information Warehouse, updated 4-15-10)

## Cardiovascular Health

The following graph demonstrates the percentage of Medina County adults who had major risk factors for developing cardiovascular disease (CVD). (Source: 2012 Medina County Community Needs Assessment)



### Risk Factors for Cardiovascular Disease That Can Be Modified or Treated:

**Cholesterol** – As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet.

**High Blood Pressure** – High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer and causes the heart not to work properly. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases several times.

**Obesity and Overweight** – People who have excess body fat — especially at the waist — are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. It also raises blood pressure and blood cholesterol and triglyceride levels, and lowers HDL ("good") cholesterol levels. Many obese and overweight people may have difficulty losing weight. But by losing even as few as 10 pounds, you can lower your heart disease risk.

**Smoking** – Smokers' risk of developing coronary heart disease is 2-4 times that of nonsmokers. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than people who've never smoked. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke) but their risk isn't as great as cigarette smokers. Exposure to other people's smoke increases the risk of heart disease even for nonsmokers.

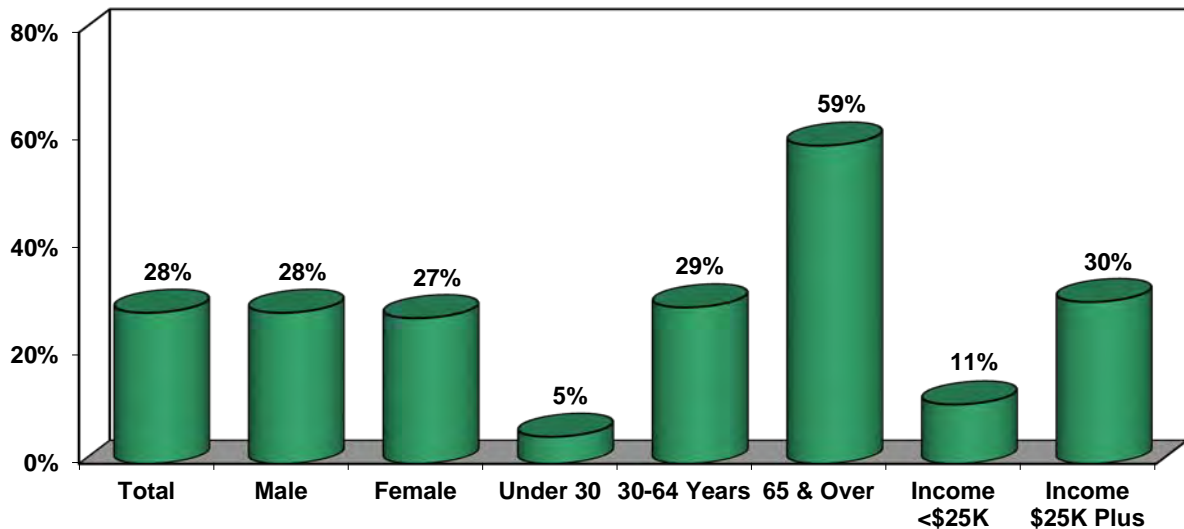
**Physical Inactivity** – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. However, even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

**Diabetes Mellitus** – Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 65% of people with diabetes die of some form of heart or blood vessel disease. (Source: American Heart Association, *Risk Factors for Coronary Heart Disease*, 6-20-11)

## Cardiovascular Health

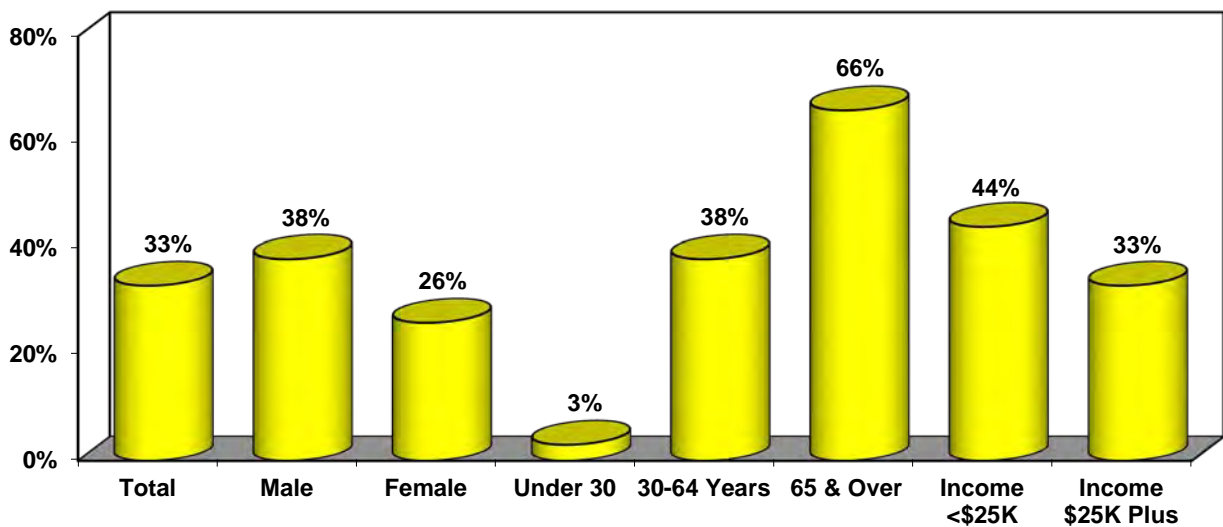
The following graphs show the number of Medina County adults who have been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 28% of all Medina County adults have been diagnosed with high blood pressure, 28% of all Medina County males, 27% of all females, and 59% of those 65 years and older.

**Diagnosed with High Blood Pressure\***



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

**Diagnosed with High Blood Cholesterol**

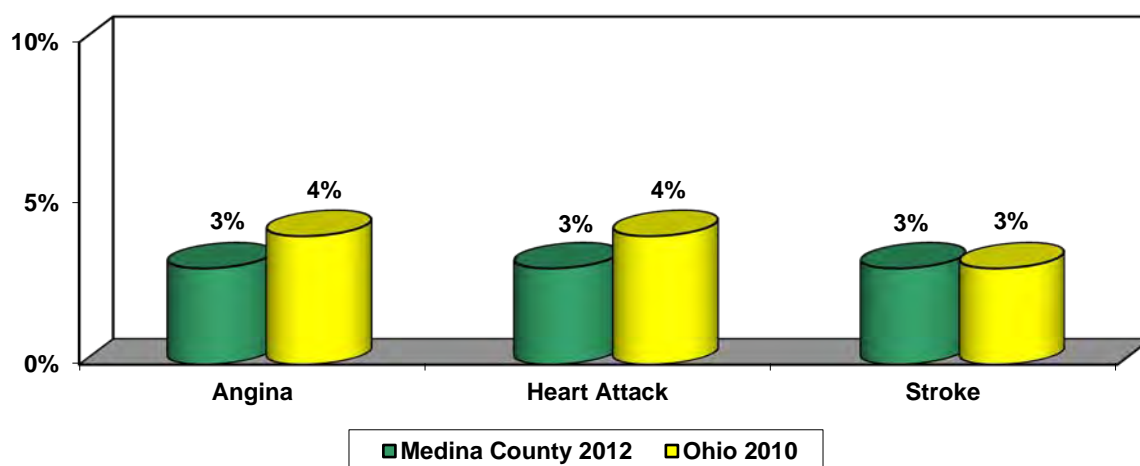


## Cardiovascular Health

The following graphs show the Medina County and Ohio age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender and race/ethnicity.

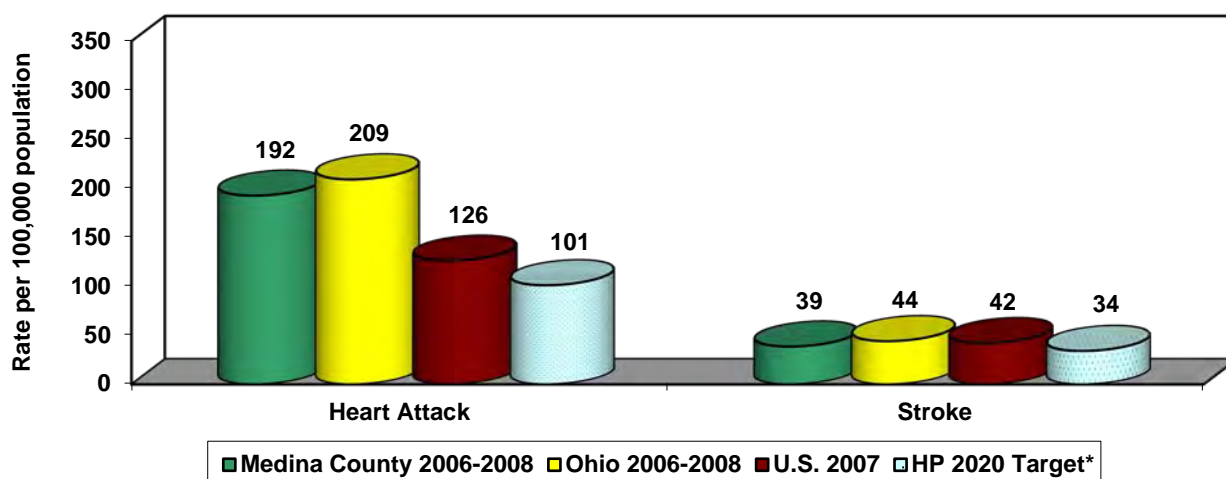
- The 2012 assessment shows that heart attacks are equally as prevalent as strokes in Medina County.
- When age differences are accounted for, the statistics indicate that from 2006-2008 the Medina County heart disease mortality rate was lower than the figure for the state, but higher than the U.S. figure and the Healthy People 2020 target.
- The Medina County age-adjusted stroke mortality rate for 2006-2008 was lower than the Ohio and the U.S. rates, but higher than the Healthy People 2020 objective.
- Disparities exist for heart disease mortality rates by gender in Medina County.

**Cardiovascular Disease Prevalence**



(Source: 2012 Medina County Community Needs Assessment and BRFSS)

**Age-Adjusted Heart Disease and Stroke Mortality Rates**

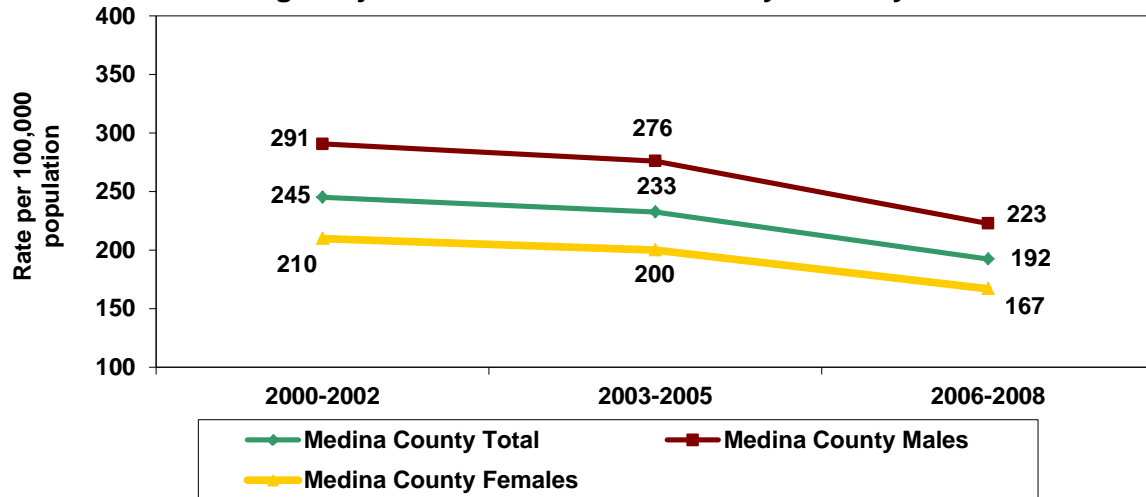


\*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.  
(Source: ODH Information Warehouse, updated 4-15-10, Healthy People 2020)



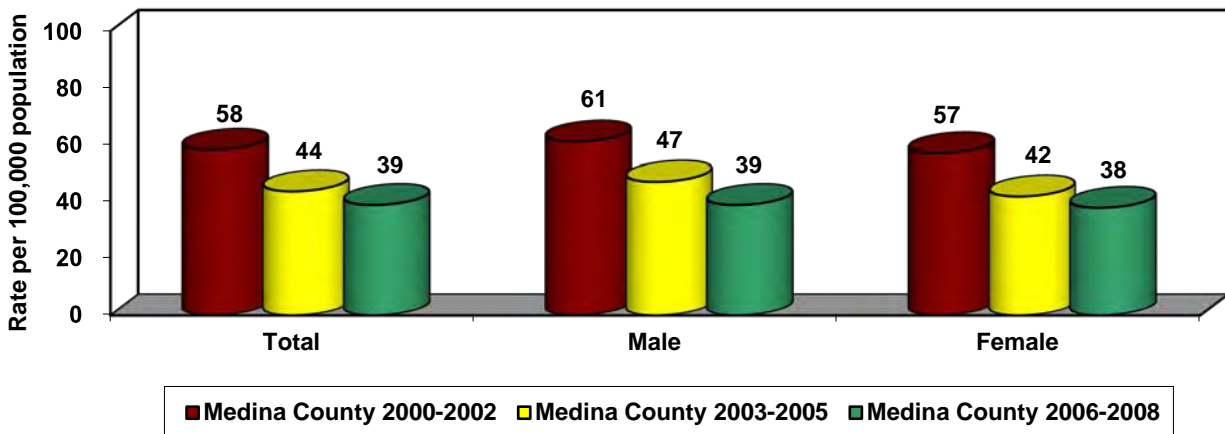
# Cardiovascular Health

## Age-Adjusted Heart Disease Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 4-15-10)

## Age-Adjusted Stroke Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 4-15-10)

# Cardiovascular Health

## Healthy People 2020 Objectives

### High Blood Pressure

Objective	Medina County 2012	U.S. Baseline*	Healthy People 2020 Target
HDS-4 Increase the portion of adults who have had their blood pressure measured within the preceding 2 years and can state whether it was normal or high	94%	91% Adults age 18 and up (2008)	93% ✓
HDS-5: Reduce proportion of adults with hypertension	28%	29% Adults age 18 and up (2009)	27%

*\*All U.S. figures age-adjusted to 2000 population standard.*

✓ indicates that the Medina County rate was better than the Healthy People 2020 target.  
(Source: Healthy People 2020, 2012 Medina County Community Needs Assessment)

### Blood Cholesterol

Objective	Medina County 2012	U.S. Baseline*	Healthy People 2020 Target
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	33%	38% Adults age 2- & up with TBC>240 mg/dl (2009)	14%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	78%	77% Adults age 18 & up (2009)	82% ✓

*\*All U.S. figures age-adjusted to 2000 population standard.*

✓ indicates that the Medina County rate was better than the Healthy People 2020 target.  
(Source: Healthy People 2020, 2012 Medina County Community Needs Assessment)

2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Had angina	3%	4%	4%
Had a heart attack	3%	4%	4%
Had a stroke	3%	3%	3%
Had high blood pressure	28%	32%*	29%*
Had high blood cholesterol	33%	40%*	38%*
Had blood cholesterol checked within the past 5 years	78%	78%*	77%*

*\*2009 BRFSS Data*

# Cancer

## Key Findings

*Ohio Department of Health statistics indicate that from 2000-2008, a total of 2,480 Medina County residents died from cancer, the leading cause of death in the county. In 2012, 8% of Medina County adults had been diagnosed with cancer at some time in their life. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.*

## Cancer Facts

- ◆ About one in twelve (8%) adults had been diagnosed with cancer at some time in their life. The top three reported cancers were: breast (female- 5%), and prostate (male- 4%), and colon (1%).
- ◆ The Ohio Department of Health (ODH) vital statistics indicate that from 2000-2008, cancers caused 24% (2,480 of 10,175 total deaths) of all Medina County resident deaths. The largest percent (28%) of cancer deaths were from lung and bronchus cancer. *(Source: ODH Information Warehouse)*
- ◆ Age-adjusted cancer mortality rates (calculated by ODH per 100,000 population) have decreased for Medina County from 184.4 for 2000-2002 to 170.3 for 2006-2008. The Ohio cancer mortality rate shows a downward trend from 208.3 for 2000-2002 to 195.9 for 2006-2008. *(Source: ODH Information Warehouse)*
- ◆ The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectum, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2012 Medina County Community Needs Assessment project has determined that 11% of Medina County adults are current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

### Medina County Incidence of Cancer, 2007 All Types: 813 cases

- ◆ Prostate: 135 cases (17%)
- ◆ Breast: 133 cases (16%)
- ◆ Lung and Bronchus: 111 cases (14%)
- ◆ Colon and Rectum: 72 cases (9%)
- ◆ Bladder: 43 cases (5%)

**From 2006-2008, there were 858 cancer deaths in Medina County.**

*(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)*

## Lung Cancer

- ◆ The Ohio Department of Health reports that lung cancer (n=392) was the leading cause of male cancer deaths from 2000-2008 in Medina County. Prostate cancer caused 121 deaths and colon cancer caused 111 deaths during the same time period. In Medina County, 9% of male adults are current smokers<sup>1</sup> and 40% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2012 Medina County Community Needs Assessment)*
- ◆ ODH reports that lung cancer was the leading cause of female cancer deaths (n=301) in Medina County from 2000-2008 followed by breast (n=197) and colon & rectum (n=111) cancers. Approximately 14% of female adults in the county are current smokers<sup>1</sup> and 35% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2012 Medina County Community Needs Assessment)*
- ◆ According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer. *(Source: American Cancer Society Facts & Figures 2012)*

## Breast Cancer

- ◆ In 2012, 63% of Medina County females reported having had a clinical breast examination in the past year.
- ◆ 66% of Medina County females over the age of 40 had a mammogram in the past year.
- ◆ If detected early, the 5-year survival rate for breast cancer is 90%. *(Source: American Cancer Society Facts & Figures 2012)*
- ◆ For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. Otherwise, annual mammography is recommended, beginning at age 40. *(Source: American Cancer Society Facts & Figures 2012)*

<sup>1</sup>Have smoked over 100 cigarettes in lifetime and currently smoke some or all days.

# Cancer

## Colon and Rectum Cancer

- ◆ The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, rectum, anus (anal canal & anorectum), liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 21% of all cancer deaths in Medina County from 2000-2008. (*Source: ODH Information Warehouse*)
- ◆ The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables.
- ◆ In the U.S., 91% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

## Prostate Cancer

- ◆ 63% of Medina County males over the age of 50 had a PSA test in the past year.
- ◆ The Ohio Department of Health statistics indicate that prostate cancer deaths accounted for 9% of all male cancer deaths from 2000-2008 in Medina County.
- ◆ African American men are twice as likely as white American men to develop prostate cancer and are more likely to die of prostate cancer. In addition, about 60% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America. (*Source: Cancer Facts & Figures 2012, The American Cancer Society*)

### 2012 Cancer Estimations

- ❖ In 2012, about 1,638,910 new cancer cases are expected to be diagnosed.
- ❖ About 577,190 Americans are expected to die of cancer in 2012.
- ❖ In Ohio, 66,560 new cases of cancer are expected.
- ❖ Ohio female, new breast cancer cases are expected to be 8,990.
- ❖ 173,200 cancer deaths will be caused by tobacco use.
- ❖ About 15% of all new cancer cases in Ohio are expected to be from lung & bronchus cancers.
- ❖ About 9% of all new cancer cases in Ohio are expected to be from colon & rectum cancers.
- ❖ Ohio male, new prostate cancer cases are expected to be 8,560.
- ❖ In the U.S., 29% of male and 26% of female estimated cancer deaths are expected to be from lung & bronchus cancers.

(*Source: American Cancer Society, Facts and Figures 2012*)

# Cancer

## Medina County Cancer Deaths 2000-2008

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Trachea, Lung and Bronchus	693	28%
Other/Unspecified	268	11%
Colon, Rectum & Anus	222	9%
Breast	198	8%
Pancreas	136	5%
Non-Hodgkins Lymphoma	131	5%
Prostate	121	5%
Leukemia	114	5%
Esophagus	79	3%
Brain and CNS	71	3%
Ovary	66	3%
Bladder	64	3%
Kidney and Renal Pelvis	56	2%
Multiple Myeloma	49	2%
Liver and Bile Ducts	45	2%
Cancer of Corpus Uteri	39	2%
Melanoma of Skin	36	1%
Stomach	34	1%
Lip, Oral Cavity & Pharynx	25	1%
Larynx	14	1%
Cancer of Cervix Uteri	13	1%
Hodgkins Disease	6	< 1%
Total	2,480	100%

(Source: ODH Information Warehouse, updated 4-15-10)

## Medina County Number of Cancer Cases 2000-2007

Year	All Sites	Breast	Colon & Rectum	Lung	Prostate
2000	706	118	81	94	103
2001	657	105	54	85	113
2002	794	119	78	89	136
2003	698	86	62	99	121
2004	773	104	91	105	106
2005	805	118	63	101	123
2006	818	111	69	95	104
2007	813	133	72	111	135

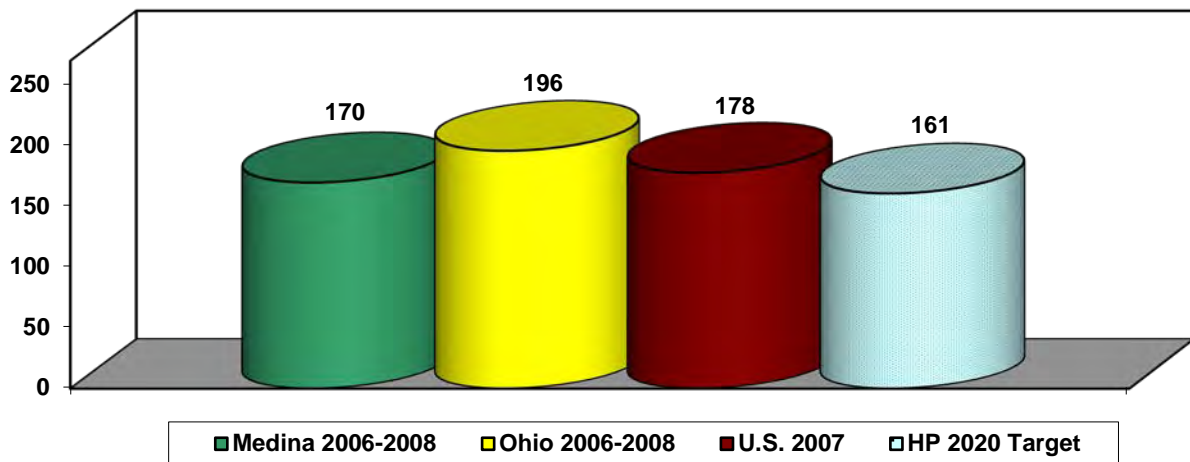
(Source: Ohio Cancer Incidence Surveillance System)

## Cancer

The following graphs show the Medina County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancers in comparison to the Healthy People 2020 objective, and cancer as a percentage of total deaths in Medina County by gender. The graphs indicate:

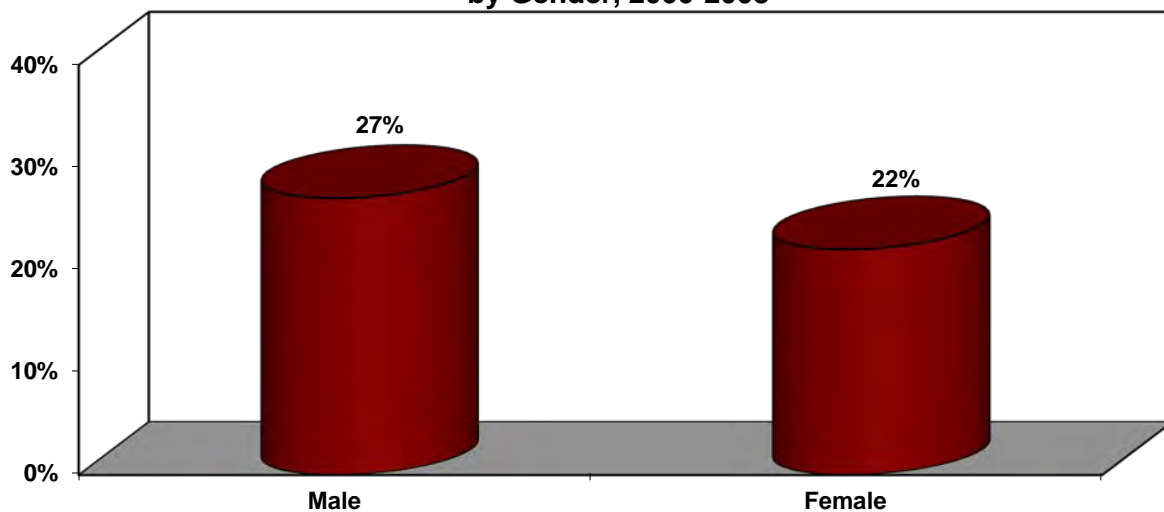
- ◆ When age differences are accounted for, Medina County had a lower cancer mortality rate than the Ohio and the national rate, but the Medina County rate exceeded the Healthy People 2020 target objective.
- ◆ The percentage of Medina County males who died from all cancers was higher than the percentage of Medina County females who died from all cancers.

**Healthy People 2020 Objective  
and Age-Adjusted Mortality Rates for All Cancers\***



*\*Age-adjusted rates/ 100,000 population, 2000 standard  
(Source: ODH Information Warehouse, updated 4-15-10; Healthy People 2020)*

**Cancer As Percent of Total Deaths in Medina County  
by Gender, 2000-2008**



*(Source: ODH Information Warehouse, updated 4-15-10)*

# Diabetes

## Key Findings

*In 2012, 5% of Medina County adults had been diagnosed with diabetes.*

## Diabetes

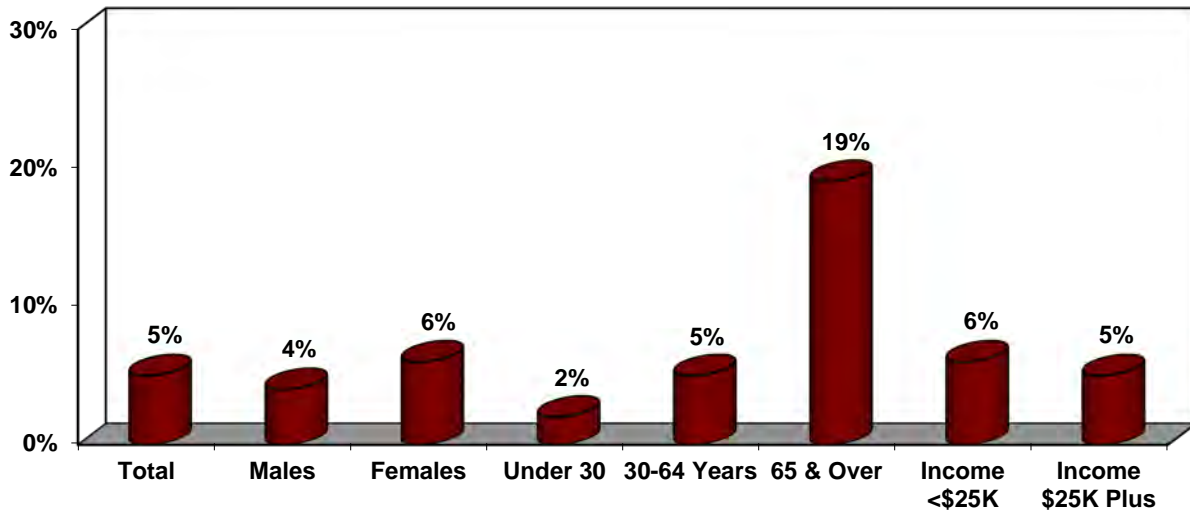
- ◆ The 2012 Community Needs Assessment project has identified that 5% of Medina County adults had been diagnosed with diabetes, increasing to 19% of those over the age of 65.
- ◆ The 2010 BRFSS reports an Ohio prevalence of 11% and 10% for the U.S.
- ◆ Those with diabetes reported using the following to treat it: diabetes pills (59%), diet control (50%), check blood sugar (44%), exercise (33%), and insulin (22%).
- ◆ 88% of those with diabetes felt they had received enough information on how to manage their diabetes.
- ◆ Over one-quarter (29%) of adults with diabetes rated their health as fair or poor.
- ◆ Medina County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 77% were obese or overweight
  - 76% had been diagnosed with high blood cholesterol
  - 53% had been diagnosed with high blood pressure

### Diabetes Facts

- ❖ Diabetes was the 7<sup>th</sup> leading cause of death in Medina County from 2006-2008.
- ❖ Diabetes was the 7<sup>th</sup> leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Medina County age-adjusted mortality rate per 100,000 for diabetes was 26.3 deaths for males (34.4 Ohio) and 27.7(24.3 Ohio) deaths for females.

*(Source: ODH, Information Warehouse, updated 4-15-10)*

**Medina County Adults Diagnosed with Diabetes**



2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Diagnosed with diabetes	5%	11%	10%



# Diabetes

## Diabetes Symptoms

Many people with type 2 diabetes never show any signs, but some people do show symptoms caused by high blood sugar. The most common symptoms of type 2 diabetes are:

### Type 1 Diabetes

- ❖ Frequent urination
- ❖ Unusual thirst
- ❖ Extreme hunger
- ❖ Unusual weight loss
- ❖ Extreme fatigue and irritability

### Type 2 Diabetes

- ❖ Any of the type 1 symptoms
- ❖ Blurred vision
- ❖ Tingling/numbness in hands or feet
- ❖ Recurring skin, gum, or bladder infections
- ❖ Cuts/bruises that are slow to heal
- ❖ Frequent infections

(Source: American Diabetes Association, Diabetes Basics, Symptoms, <http://www.diabetes.org/diabetes-basics/symptoms/>)

## Who is at Greater Risk for Type 2 Diabetes

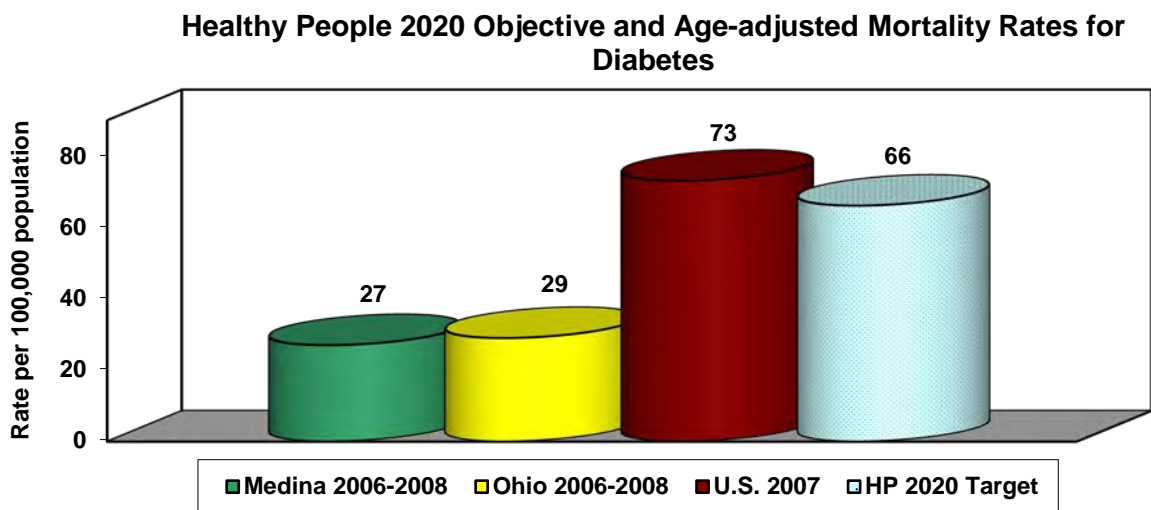
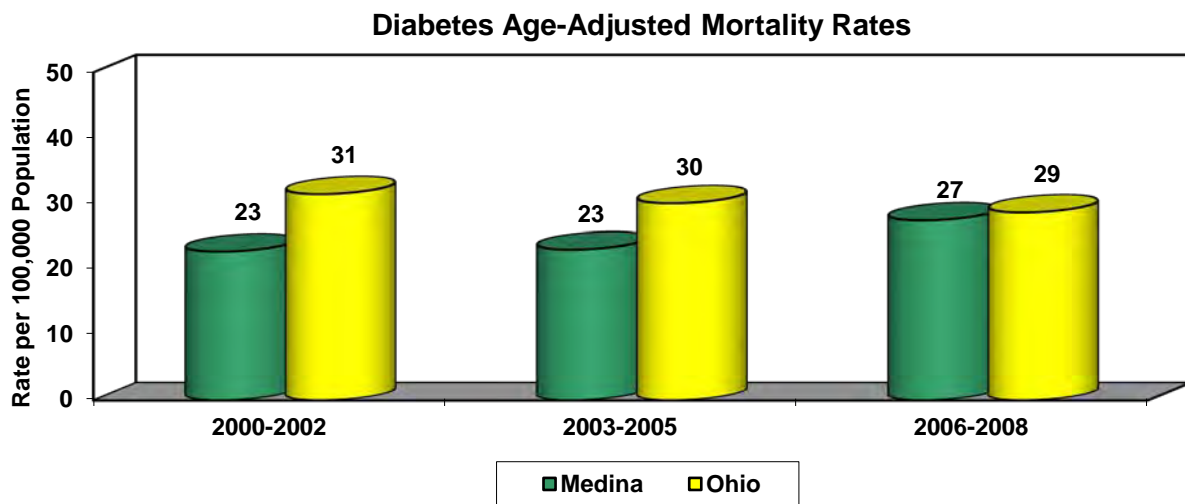
- ❖ People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- ❖ People over age 45
- ❖ People with a family history of diabetes
- ❖ People who are overweight or obese
- ❖ People who do not exercise regularly
- ❖ People with low HDL cholesterol or high triglycerides, high blood pressure
- ❖ Certain racial and ethnic groups (e.g. Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives)
- ❖ Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth

(Source: American Diabetes Association, Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors>)

## Diabetes

The following graphs show age-adjusted mortality rates from diabetes for Medina County and Ohio residents with comparison to the Healthy People 2020 target objective.

- ◆ Medina County's age-adjusted diabetes mortality rate remained the same from 2000 to 2005 and increased from 2006-2008.
- ◆ From 2006 to 2008, both Medina County and Ohio's age-adjusted diabetes mortality rates were less than half of the national rate and both met the Healthy People 2020 target objective.



# Arthritis

## Key Findings

*According to the Medina County Community Needs Assessment survey data, 26% of Medina County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.*

## Arthritis

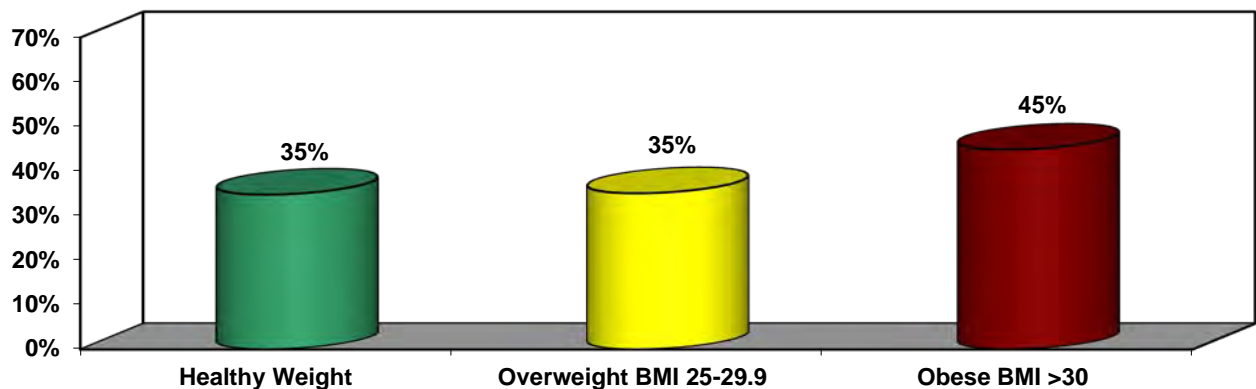
- ◆ Just over one-quarter (26%) of Medina County adults were told by a health professional that they had some form of arthritis.
- ◆ 61% of those over the age of 65 were diagnosed with arthritis.
- ◆ According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.
- ◆ About 1 in 5 U.S. adults have doctor diagnosed arthritis. Approximately 1 in 20 of working age adults reported that arthritis limited their work. (Source: CDC Arthritis at a Glance 2011)
- ◆ Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections. (Source CDC)
- ◆ Medina County adults with arthritis were more likely to:
  - Have been classified as obese (36%)
  - Have incomes less than \$25,000 (29%)

## The Impact of Arthritis

- ❖ Arthritis is the most frequent cause of disability among adults in the United States, with osteoarthritis (OA) being the most common type.
- ❖ 67 million (25%) adults aged 18 years or older will have doctor-diagnosed arthritis by the year 2030.
- ❖ Data indicates that lack of exercise and age are marked risk factors for developing arthritis.
- ❖ Arthritis is a co-morbidity of diabetes, heart disease, high cholesterol, high blood pressure and obesity.
- ❖ Anxiety and depression can develop in people with diagnosed arthritis. Health care providers should screen all people with arthritis, for both anxiety and depression.

(Source: CDC, Arthritis Data and Statistics, 2011, [http://www.cdc.gov/arthritis/data\\_statistics.htm](http://www.cdc.gov/arthritis/data_statistics.htm) & Murphy, L.B. 2012. "Anxiety and depression among US adults with arthritis: Prevalence and correlates," <http://www.ncbi.nlm.nih.gov/pubmed/22550055>)

## Arthritis-Attributable Activity Limitations Increase with Weight



(Source for graph: Arthritis at a Glance 2011, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003)

2012 Adult Comparisons	Medina County 2012	Ohio 2009	U.S. 2009
Diagnosed with arthritis	26%	31%	26%

# Arthritis

## Healthy People 2020 Arthritis

Objective	Medina County 2012	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	27%	36% ✓

\*U.S. baseline is age-adjusted to the 2000 population standard

✓ indicates that the Medina County rate was better than the Healthy People 2020 target.

(Sources: Health People 2020 Objectives, 2012 Assessment)

### Arthritis: Key Public Health Messages

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

Key self-management activities include the following:

- ❖ **Learn arthritis management strategies** –Learning techniques to reduce pain and limitations can be beneficial to people with arthritis. Self-management education, such as the *Arthritis Self-Management Program* (ASMP), or the *Chronic Disease Self-Management Program* (CDSMP) help you develop the skills and confidence to manage your arthritis on a day to day basis.
- ❖ **Be active** –Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
- ❖ **Watch your weight** –The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
- ❖ **See your doctor** –Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- ❖ **Protect your joints** –Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, *Arthritis: Key Public Health Messages*, [www.cdc.gov/arthritis/basics/key.htm](http://www.cdc.gov/arthritis/basics/key.htm))

# Asthma and Other Respiratory Disease

## Key Findings

According to the Medina County Community Needs Assessment survey data, 17% of Medina County adults had been diagnosed with asthma.

## Asthma and Other Respiratory Disease

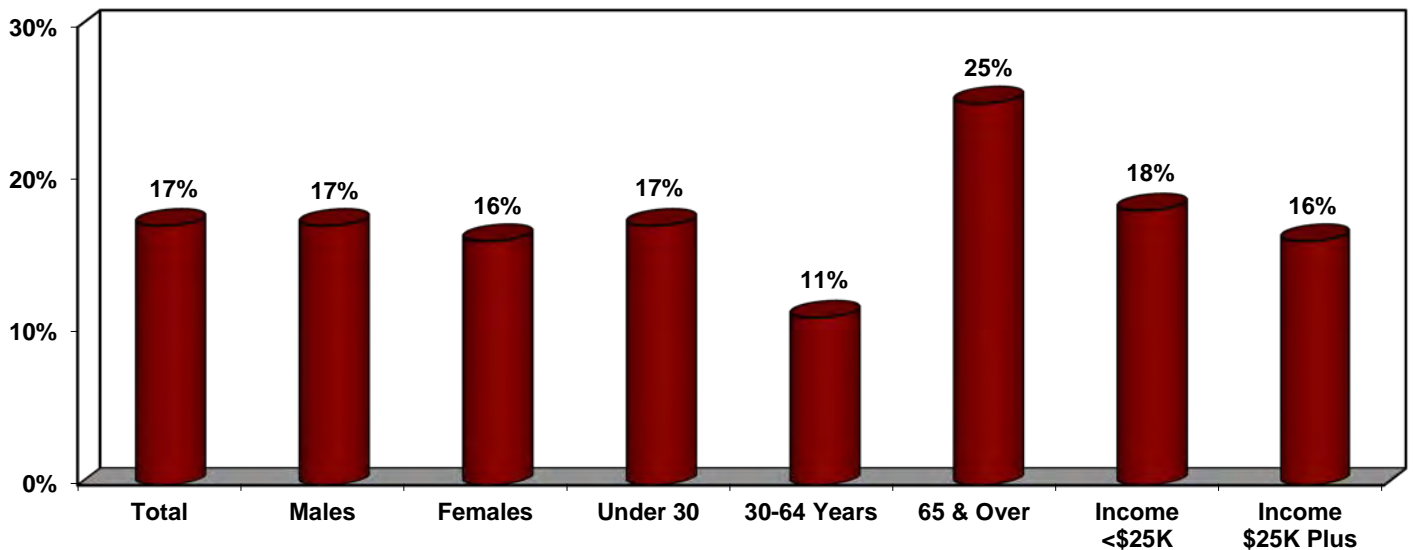
- ◆ In 2012, 17% of Medina County adults had been diagnosed with asthma, increasing to 25% of those ages 65 and older.
- ◆ 14% of Ohio and U.S. adults have ever been diagnosed with asthma. (Source: 2010 BRFSS)
- ◆ There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, infections linked to the flu, colds, and respiratory viruses. (Source: CDC- National Center for Environmental Health, 2011)
- ◆ Chronic lower respiratory disease was the 3<sup>rd</sup> leading cause of death in Medina County and Ohio from 2006-2008. (Source: ODH, Information Warehouse)

## Asthma Statistics

- ◆ Approximately 1 in 12 people had asthma in the U.S. in 2009
- ◆ 1 in 2 people with asthma had an asthma attack in 2008.
- ◆ Asthma rates for African American children increased about 50% from 2001-2009.
- ◆ 185 children and 3,262 adults died from asthma in 2007.
- ◆ Asthma cost the US about \$3,300 per person with asthma each year from 2002 to 2007 in medical expenses.
- ◆ More than half (59%) of children and one-third (33%) of adults who had an asthma attack missed school or work because of asthma in 2008.
- ◆ On average, in 2008 children missed 4 days of school and adults missed 5 days of work due to asthma.

(Source: Centers for Disease Control, Vital Signs, Asthma in the US, Growing every year, <http://www.cdc.gov/VitalSigns/pdf/2011-05-vitalsigns.pdf>)

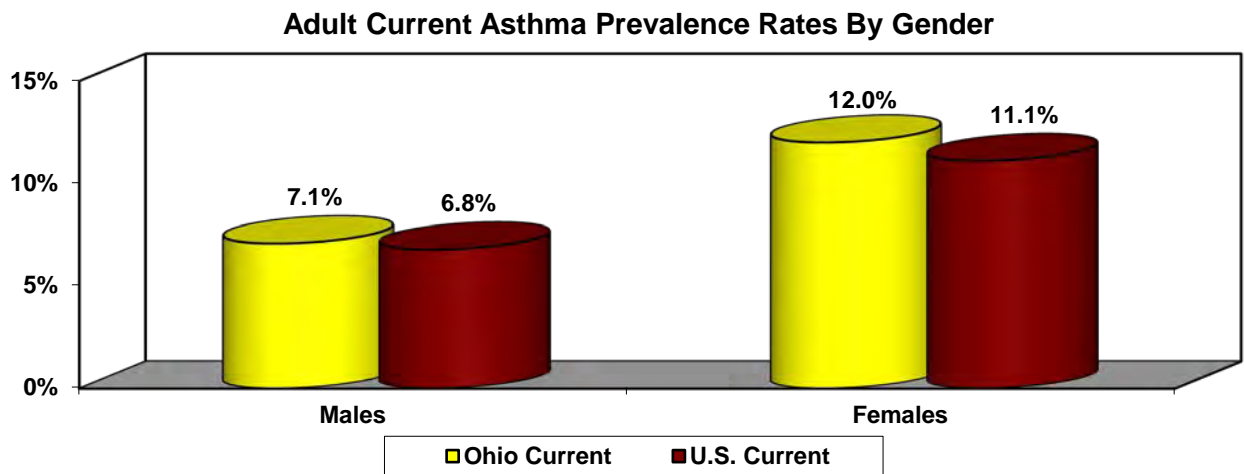
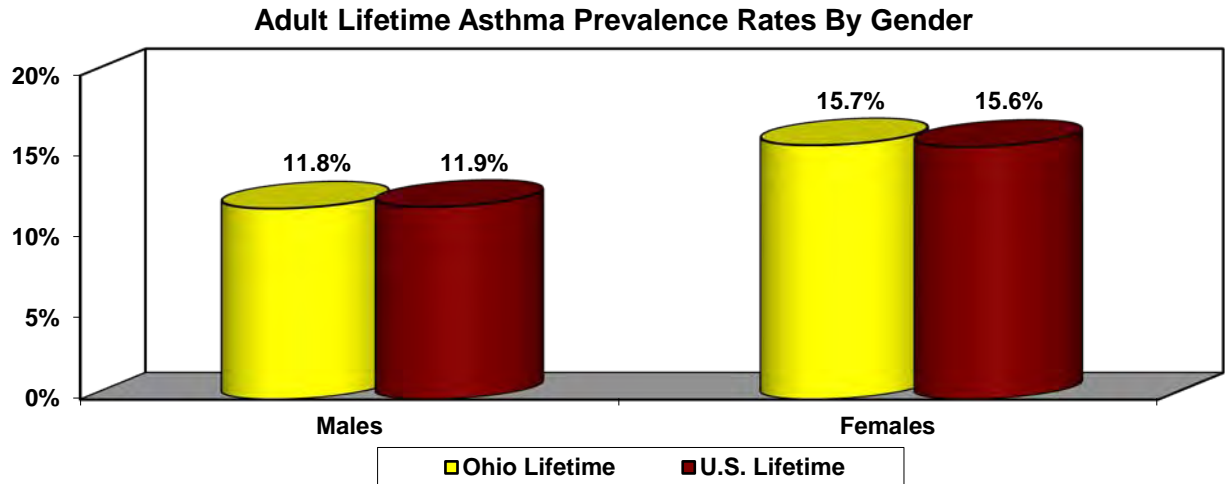
Medina County Adults Diagnosed with Asthma



2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Diagnosed with asthma	17%	14%	14%

## Asthma and Other Respiratory Disease

The following graphs demonstrate the self-reported lifetime and current prevalence rates of asthma by gender for Ohio and U.S. residents.



(Source: 2010 BRFSS)

### Chronic Respiratory Conditions

- ❖ Asthma is a chronic lung disease that inflames and narrows airways. It can cause recurring periods of wheezing, chest tightness, shortness of breath and coughing.
- ❖ Chronic bronchitis is a condition where the bronchial tubes (the tubes that carry air to your lungs) become inflamed. Bronchitis can cause wheezing, chest pain or discomfort, a low fever, shortness of breath and a cough that brings up mucus. Smoking is the main cause of chronic bronchitis.
- ❖ Chronic Obstructive Pulmonary Disorder (COPD) is a disease that over time makes it harder to breathe. COPD can cause large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Smoking is the main cause of COPD.

(Source: National Heart, Lung, Blood Institute, 2011)

# Adult Weight Status

## Key Findings

*The 2012 Community Needs Assessment project identified that 61% of Medina County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Just over one-fifth (23%) of Medina County adults were obese. Nearly half (47%) of adults were trying to lose weight. 17% of adults had not been participating in any physical activities or exercise in the past week.*

## Adult Weight Status

- ◆ In 2012, the Community Needs Assessment indicated that three-fifths (61%) of Medina County adults were either overweight (38%) or obese (23%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases (see below).
- ◆ Nearly half (47%) of adults were trying to lose weight, 38% were trying to maintain their current weight or keep from gaining weight, and 5% were trying to gain weight.
- ◆ Medina County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (57%), exercised (54%), ate a low-carb diet (14%), used a weight loss program (5%), participated in a prescribed dietary or fitness program (2%), smoked cigarettes (1%), vomited or took laxatives (1%), went without eating 24 or more hours (1%), and took diet pills, powders or liquids without a doctor's advice (<1%).

## Physical Activity

- ◆ In Medina County, 68% of adults were engaging in physical activity for at least 30 minutes 3 or more days per week. 34% of adults were exercising 5 or more days per week. Nearly one-fifth (17%) of adults were not participating in any physical activity in the past week, including those who were unable to exercise.
- ◆ Medina County adults gave the following reasons for not exercising: no motivation (22%), time (21%), too tired (16%), pain/discomfort (11%), weather (9%), lost interest (7%), choose not to exercise (6%), cost (5%), no sidewalks (5%), safety (3%), no walking or biking trails (2%), no transportation (2%), no child care (1%), no gym available (1%), did not know what activity to do (1%), doctor advised them not to exercise (1%), and other reasons (5%).
- ◆ On an average day, adults spent time doing the following: 2.7 hours on the computer (including work), 2.3 hours watching television, 1.1 hours on their cell phone, and 0.2 hours playing video games.
- ◆ The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity for Everyone*, <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>).

## Nutrition

- ◆ In 2012, 12% of Medina County adults ate 5 or more servings of fruits and vegetables per day. 85% ate 1 to 4 servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- ◆ Medina County adults purchased their fruits and vegetables from the following places: local grocery store (77%), large grocery store (44%), Farmer's Market (23%), restaurants (4%), food pantry (1%), and other places (7%).
- ◆ Adults ate out in a restaurant or brought home take-out food an average of 2.4 times per week.
- ◆ Medina County adults reported the following reasons for choosing the types of food they eat: taste (67%), healthiness of food (62%), enjoyment (54%), cost (51%), ease of preparation (41%), availability (37%), food that they are used to (32%), calorie content (28%), what their spouse prefers (28%), time (22%), what their child prefers (15%), health care provider's advice (5%), and other (1%).

## Obesity Statistics

- ◆ More than 72 million U.S. adults are obese.
- ◆ Persons who are obese have medical costs that are \$1,429 higher than those who are normal weight.
- ◆ No state has an obesity rate less than 15%, the national goal.
- ◆ In nine states, over 30% of adults are obese.

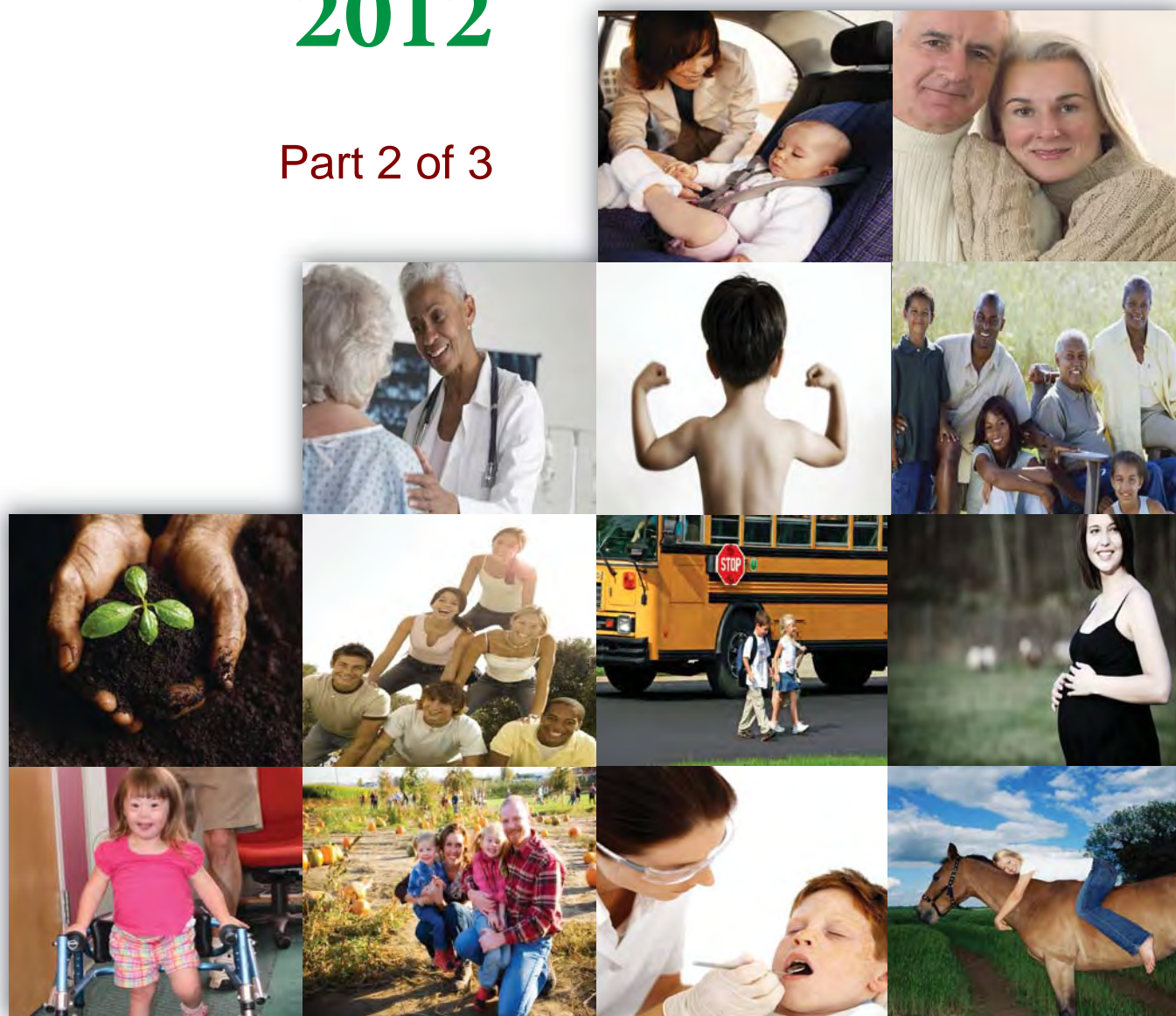
(Source: CDC, *Vital Signs, Adult Obesity: Obesity Rises Among Adults*, <http://www.cdc.gov/VitalSigns/pdf/2010-08-vitalsigns.pdf>)



# Medina County Community Needs Assessment

## 2012

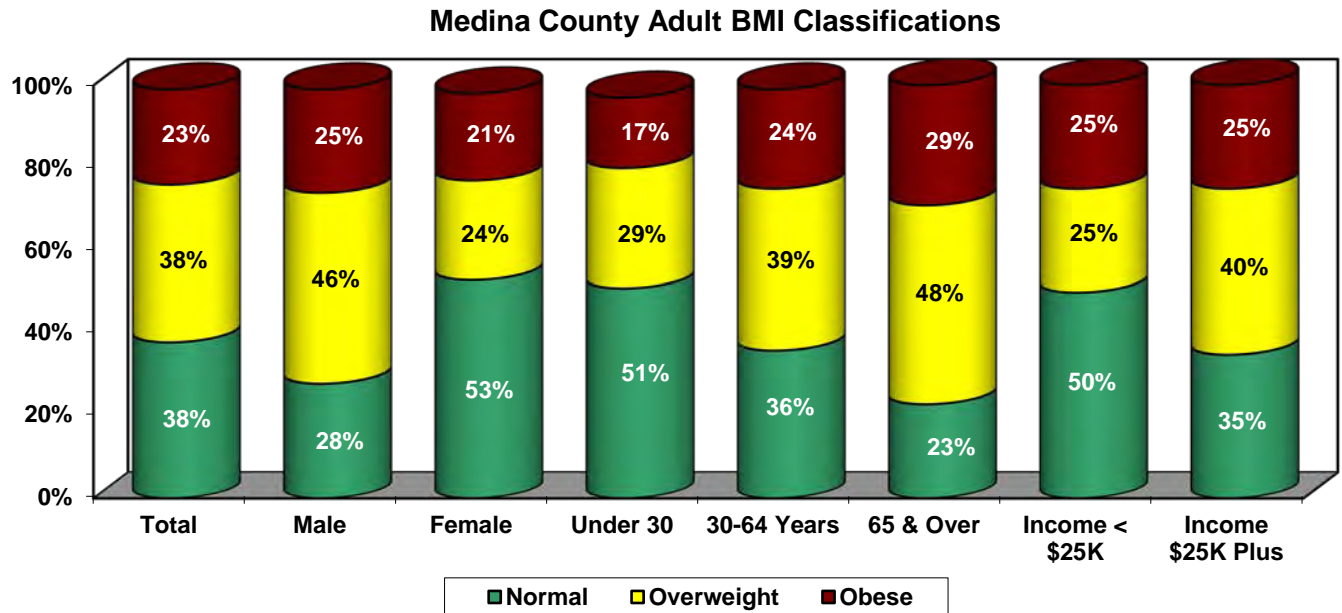
Part 2 of 3



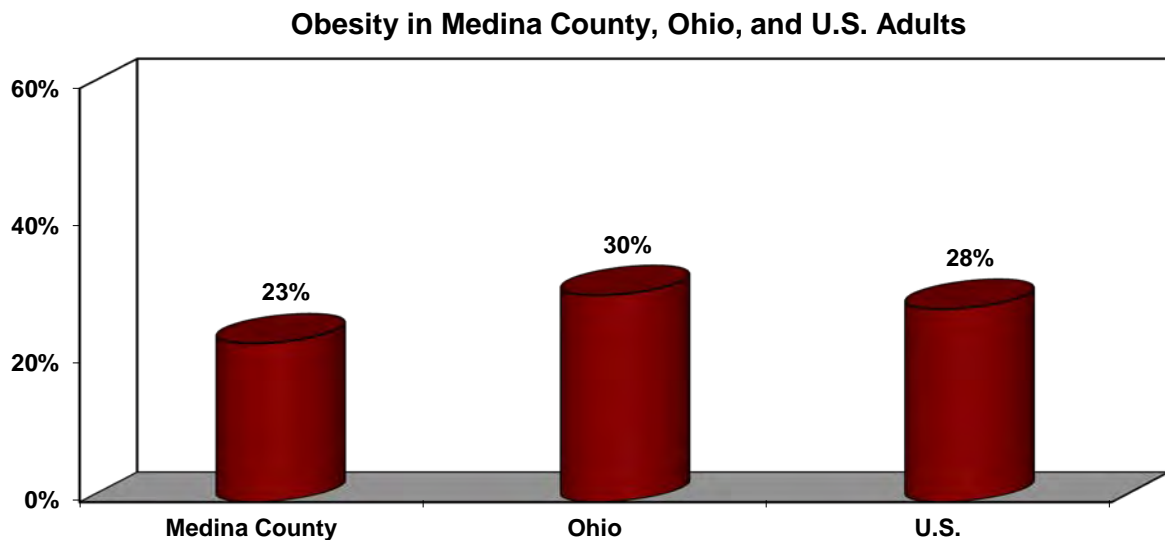
*Commissioned by:  
Living Well Medina County*

## Adult Weight Status

The following graphs show the percentage of Medina County adults who were overweight or obese by Body Mass Index (BMI) and the percentage of Medina County adults who were obese compared to Ohio and U.S. Examples of how to interpret the information include: 38% of all Medina County adults were classified as normal weight, 38% overweight, and 23% obese.



*(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)*



*(Source: 2012 Medina County Community Needs Assessment and 2010 BRFSS)*

## Adult Weight Status

### Healthy People 2020 Obesity

Objective	Medina County 2012	Ohio 2010	U.S. 2010	Healthy People 2020 Target
NWS-9: Reduce the proportion of adults who are obese	16% age 18-24 28% age 25-34 20% age 35-44 22% age 45-54 24% age 55-64 32% age 65+	26% age 18-24 24% age 25-34 31% age 35-44 33% age 45-54 39% age 55-64 27% age 65+	17% age 18-24 28% age 25-34 29% age 35-44 31% age 45-54 32% age 55-64 25% age 65+	31%

*\*U.S. baseline is age-adjusted to the 2000 population standard*

*(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2012 Medina County Community Needs Assessment)*

2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Obese	23%	30%	28%
Overweight	38%	36%	36%

# Adult Tobacco Use

## Key Findings

*In 2012, 11% of Medina County adults were current smokers and 28% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. (Source: Cancer Facts & Figures, American Cancer Society, 2011)*

## Adult Tobacco Use Behaviors

- ◆ The 2012 Community Needs Assessment identified that one in nine (11%) Medina County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2010 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S.
- ◆ 28% of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2010 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.
- ◆ Medina County adult smokers were more likely to:
  - Have been a member of an unmarried couple (23%) or divorced (19%)
  - Have incomes less than \$25,000 (18%)
  - Have been female (14%)
- ◆ 38% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking, increasing to 68% of those under the age of 30.
- ◆ Medina County adults used the following tobacco products in the past year: cigarettes (22%), cigars (7%), hookah (5%), flavored cigarettes (2%), chewing tobacco (2%), swishers (2%), Black and Milds (2%), e-cigarettes (2%), snuff (1%), cigarillos (1%), little cigars (1%), and snus (1%).
- ◆ Nearly one-third (31%) of adults used some form of tobacco, including cigarettes and other tobacco products, in the past year.
- ◆ Medina County adults had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (88%), there are no rules about smoking (7%), smoking is allowed in some place at some times (4%), and smoking is allowed anywhere (1%).

## Tobacco Use and Health

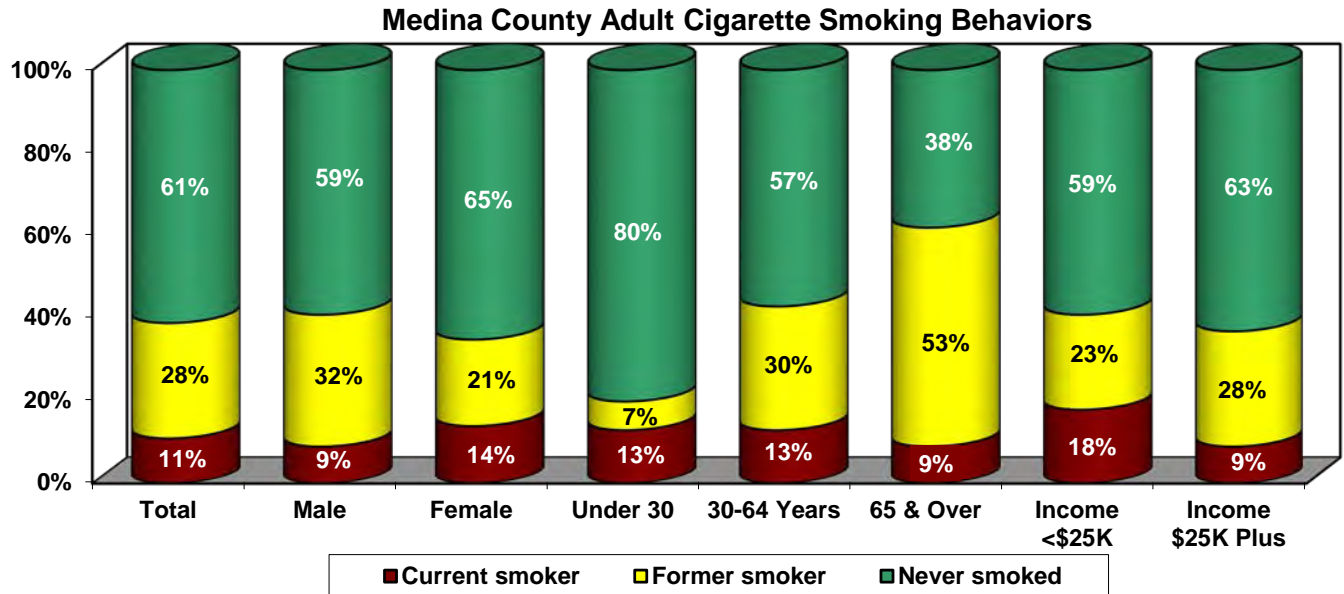
- ◆ Tobacco use is the most preventable cause of death in the U.S. and in the world
- ◆ 87% of all lung cancers deaths and at least 30% of all cancer deaths in the U.S. can be attributed to smoking.
- ◆ When compared to non-smokers, the risk of developing lung cancer is 23 times higher in male smokers and 13 times higher in female smokers.
- ◆ Tobacco use is also associated with at least 20 types of cancer such as cervical, mouth, pharyngeal, esophageal, pancreatic, kidney and bladder.
- ◆ Tobacco use contributes to heart disease, stroke, bronchitis, emphysema, COPD, chronic sinusitis, severity of colds, pneumonia and low birth weight in infants.

*(Source: Cancer Facts & Figures, American Cancer Society, 2011)*

2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Current smoker	11%	23%	17%
Former smoker	28%	25%	25%

## Adult Tobacco Use

The following graph shows the percentage of Medina County adults who used tobacco. Examples of how to interpret the information include: 11% of all Medina County adults were current smokers, 28% of all adults were former smokers, and 61% had never smoked.



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

### Costs of Tobacco Use

- ❖ The average price for a pack of cigarettes in the United States is \$5.98.
- ❖ If a pack-a-day smoker spent approximately \$6/pack, they would spend: \$42/week, \$168/month, or \$2,190/year.
- ❖ 11% of Medina County adults indicated they were smokers. That is approximately 14,145 adults.
- ❖ If 14,145 adults spent \$2,190/year, then \$30,977,550 is spent a year on cigarettes in Medina County.

(Source: Campaign for Tobacco-Free Kids, State Cigarette Excise Tax Rates & Rankings, accessed from: <http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf> and 2012 Medina County Community Needs Assessment)

### Smoking and Tobacco Facts

- ❖ Tobacco use is the most preventable cause of death in the U.S.
- ❖ Approximately 49,000 deaths per year in the U.S. are from secondhand smoke exposure.
- ❖ Typically, smokers die 13 to 14 years earlier than non-smokers.
- ❖ In 2009, cigarette smoking was highest in prevalence in adults among American Indians/Native Americans (23%), followed by whites (22.1%), African Americans (21.3%), Hispanics (14.5%), and Asians (12.0%).
- ❖ Smoking costs over \$193 billion in lost productivity (\$97 billion) and health care expenses (\$96 billion) per year.
- ❖ In 2006, the cigarette industry spent more than \$34 million per day on advertising and promotional expenses.

(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm))

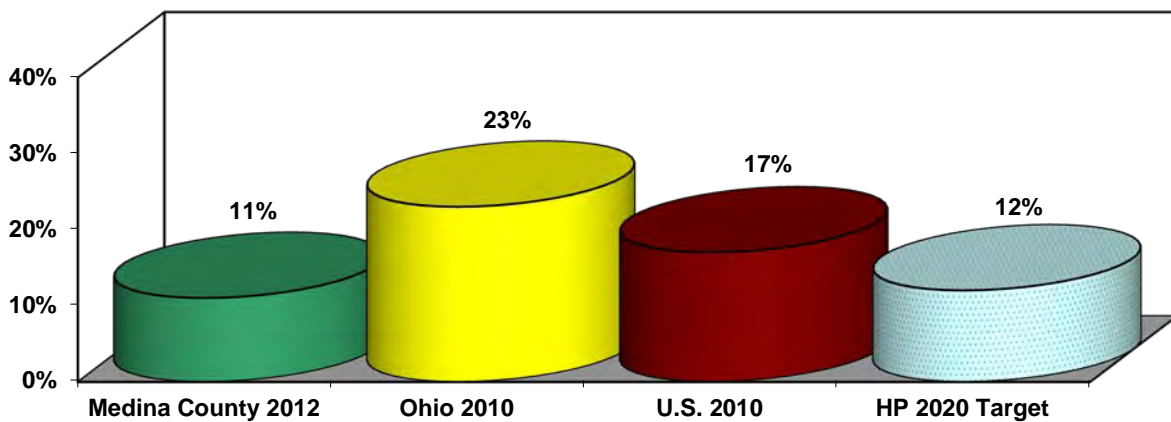


## Adult Tobacco Use

The following graphs show Medina County, Ohio, and U.S. adult cigarette smoking rates and age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) and trachea, bronchus and lung cancers in comparison with the Healthy People 2020 objectives. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. These graphs show:

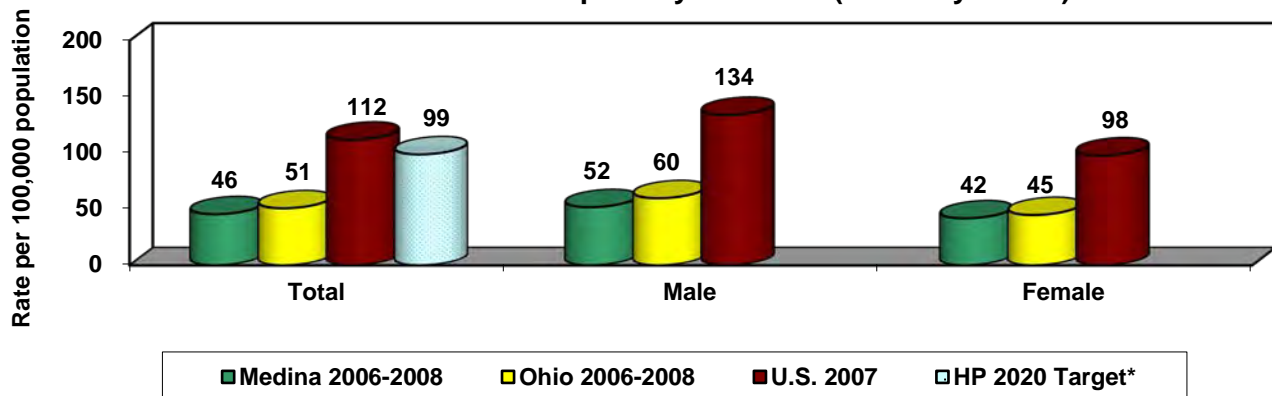
- ◆ Medina County adult cigarette smoking rate was lower than the rate for Ohio and the U.S., and also lower than the Healthy People 2020 Goal.
- ◆ From 2006-2008, Medina County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the Ohio rate, the U.S. rate, and the Healthy People 2020 target objective.
- ◆ From 2006-2010 the percentage of mothers who smoked during pregnancy in Medina County fluctuated slightly from year to year, and was consistently lower than the Ohio rate.
- ◆ Disparities existed by gender for Medina County chronic lower respiratory disease mortality rates, as well as trachea, bronchus, and lung cancer age-adjusted mortality rates. The 2006-2008 Medina male rates were higher than the Medina County female rates in both cases.

**Healthy People 2020 Objectives &  
Cigarette Smoking Rates**



*(Source: 2012 Medina County Community Needs Assessment, BRFSS and HP2020)*

**Age-Adjusted Mortality Rates for  
Chronic Lower Respiratory Diseases (Formerly COPD)**

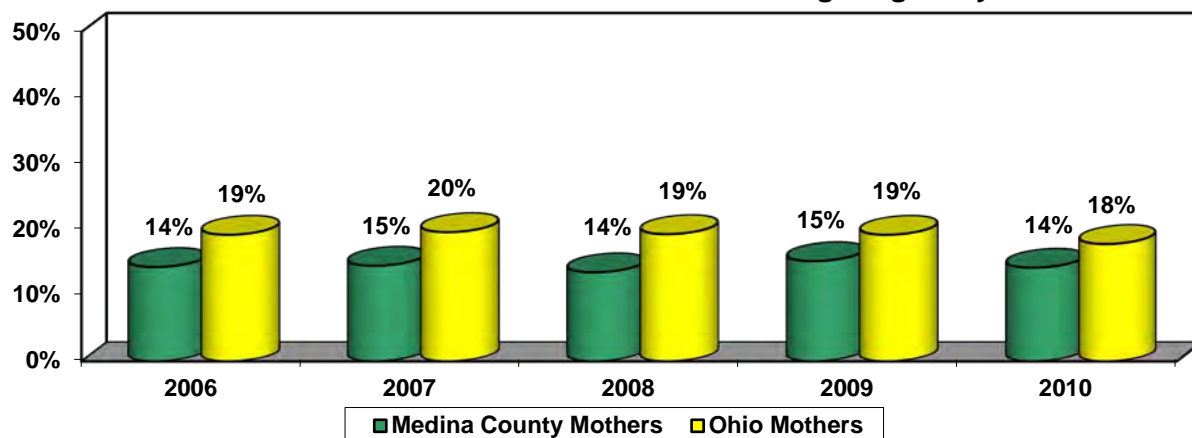


*(Source: ODH Information Warehouse and HP2020)*

*\*HP2020 does not report different goals by gender. The target rate is calculated for adults 45 years and older.*

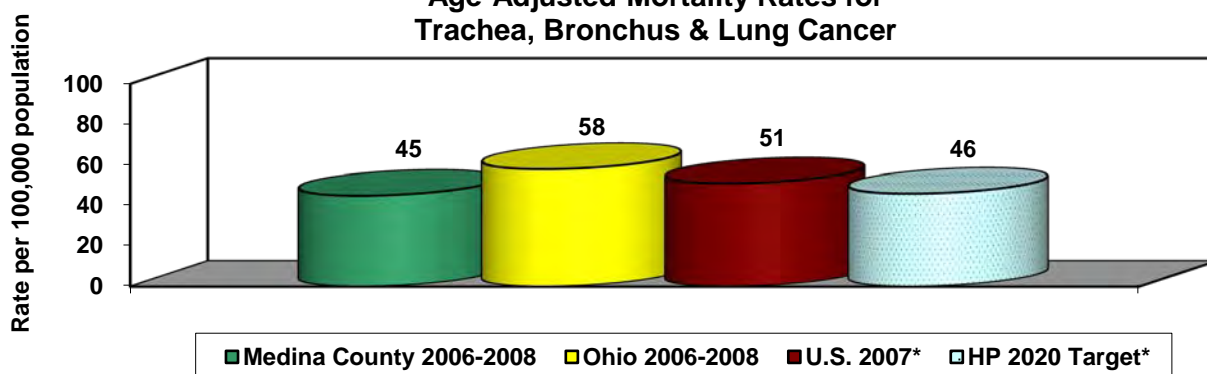
## Adult Tobacco Use

### Births to Mothers Who Smoked During Pregnancy



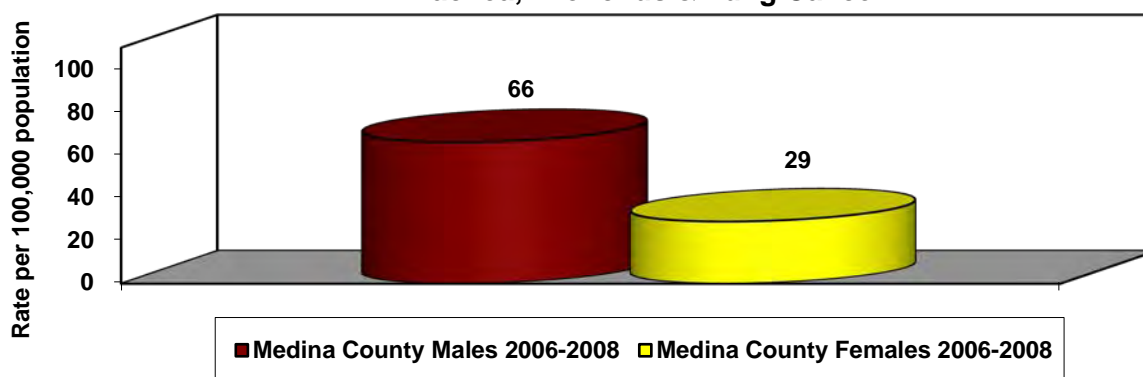
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2006-2010)

### Age-Adjusted Mortality Rates for Trachea, Bronchus & Lung Cancer



\*Healthy People 2020 Target and U.S. 2007 baseline data are for lung cancer only.  
(Source: Healthy People 2020, ODH Information Warehouse, updated 4-15-10)

### Age-Adjusted Mortality Rates by Gender for Trachea, Bronchus & Lung Cancer



(Source: ODH Information Warehouse, updated 4-15-10)



# Adult Alcohol Consumption

## Key Findings

*In 2012, the Community Needs Assessment indicated that 18% of Medina County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 38% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. One-third (33%) of adult drinkers drove after drinking any alcoholic beverages.*

## Adult Alcohol Consumption

- ♦ In 2012, more than two-thirds (68%) of the Medina County adults had at least one alcoholic drink in the past month, increasing to 74% of males. The 2010 BRFSS reported current drinker prevalence rates of 53% for Ohio and 55% for the U.S.
- ♦ Nearly one-fifth (18%) of adults were considered frequent drinkers (drank on an average of three or more days per week).
- ♦ Of those who drank, Medina County adults drank 3.4 drinks on average, increasing to 4.5 drinks for those with incomes less than \$25,000.
- ♦ Of all adults, 25% were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 17% for Ohio and 15% for the U.S.
- ♦ 38% of those who drank alcohol in the past month reported they had five or more alcoholic drinks (for males) or four or more alcoholic drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition, increasing to 53% of those under the age of 30. (See box above)
- ♦ 33% of adults reported driving after having any alcoholic beverages in the past month, increasing to 41% of those ages 65 and older.
- ♦ 18% of adults reported drinking alcohol while on prescription medications, increasing to 29% of males.
- ♦ Medina County adults experienced the following: drank more than they expected (10%), tried to quit or cut down but could not (2%), spent a lot of time drinking (2%), drank more to get the same effect (2%), gave up other activities to drink (2%), continued to drink despite problems caused by drinking (1%), and drank to ease withdrawal symptoms (1%).
- ♦ 3% of Medina County adults have used a program or service to help with alcohol or other drug problems for themselves or a loved one. 13% of adults needed a program, but gave the following reasons for not using such a program: had not thought of it (8%), stigma of seeking alcohol services (1%), fear (1%), did not want to miss work (<1%), and other reasons (3%).

## Binge Drinking Dangers

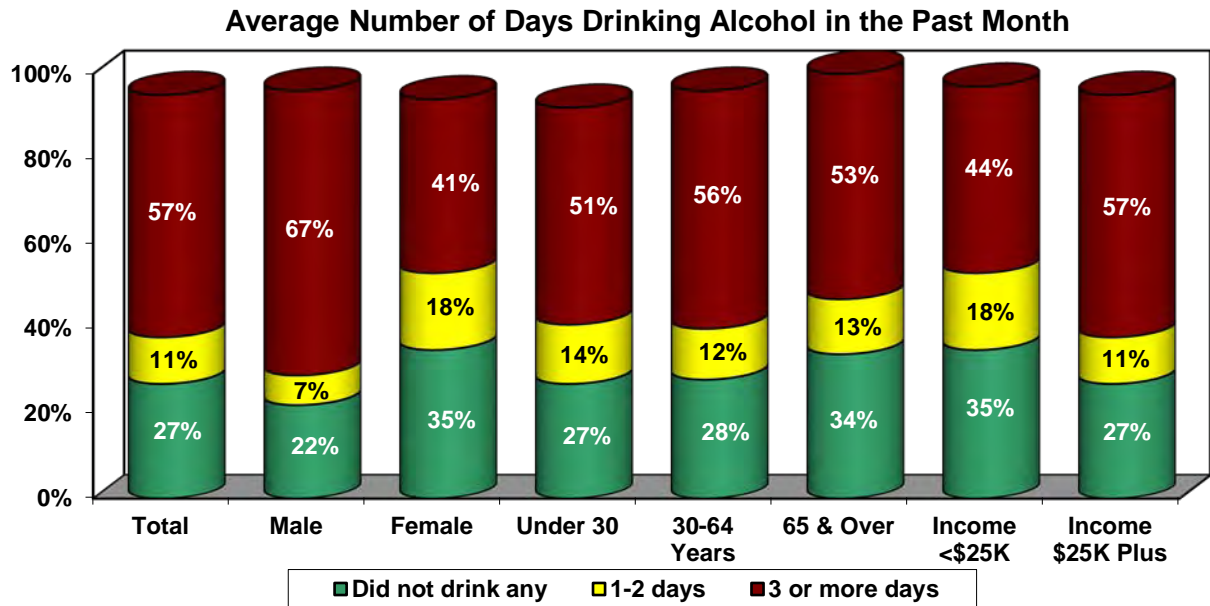
- ❖ Binge drinking is defined as five or more drinks on one occasion or in a short period of time for men, and four or more drinks for women.
- ❖ About 92% of U.S. adults who drink excessively reported binge drinking in the past month.
- ❖ The prevalence of males binge drinking is higher than the prevalence of females binge drinking.
- ❖ Approximately 75% of the alcohol consumed in the U.S. is in the form of binge drinks.
- ❖ The highest proportion age group to binge drink is in the 18-20 year old group at 51%.
- ❖ Most people who binge drink are not alcohol dependent.
- ❖ Unintentional injuries, violence, alcohol poisoning, hypertension, sexually transmitted diseases, cardiovascular diseases, sexual dysfunction and unintentional pregnancy are a few of the adverse health effects of binge drinking.

*(Source: CDC, Binge Drinking Facts Sheet, 10-17-2010)*

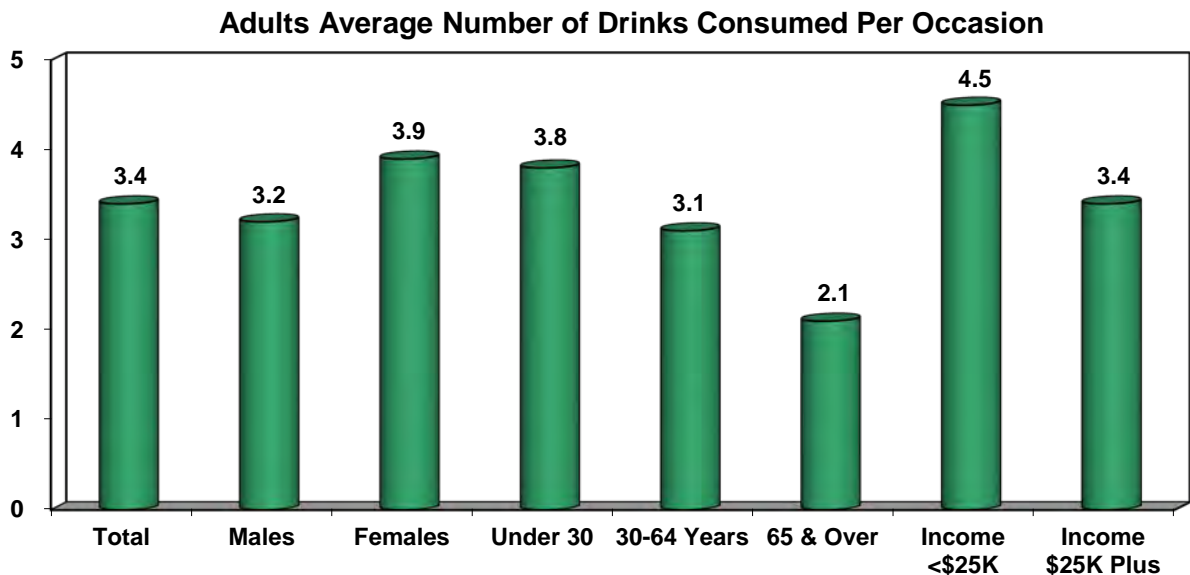
2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Drank alcohol at least once in past month	68%	53%	55%
Binge drinker (drank 5 or more drinks for males or 4 or more drinks for females on occasion)	25%	17%	15%

## Adult Alcohol Consumption

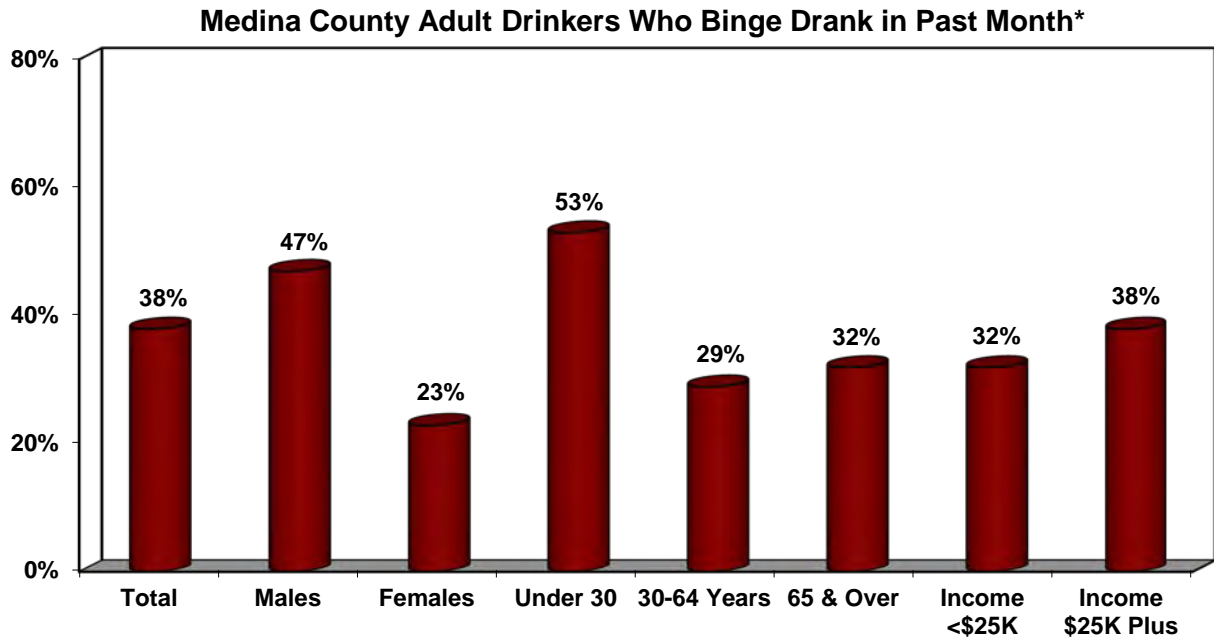
The following graphs show the percentage of Medina County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 27% of all Medina County adults did not drink alcohol, 22% of Medina County males did not drink and 35% of adult females reported they did not drink.



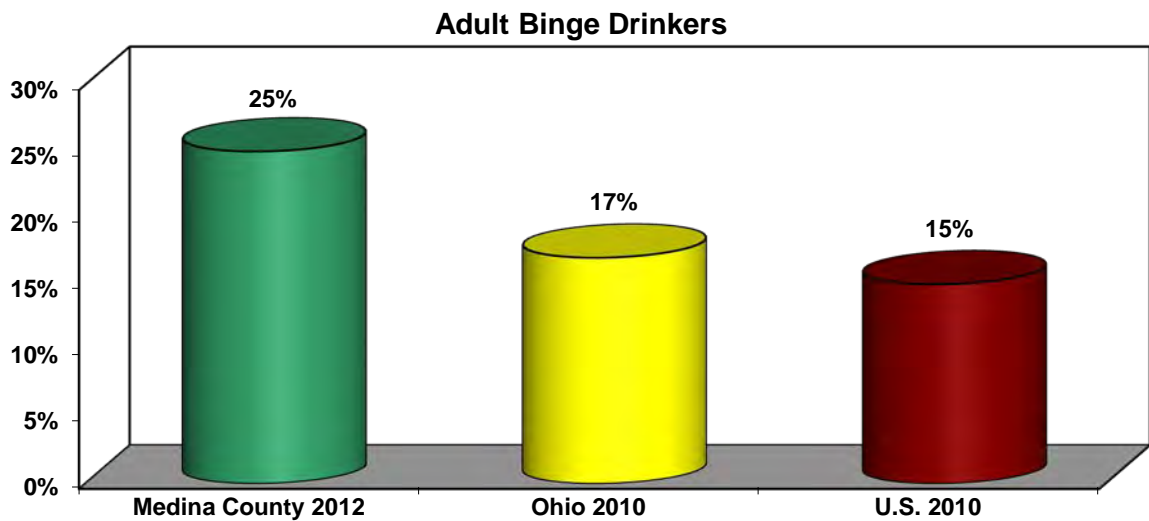
*Percentages may not equal 100% as some respondents answered "don't know"*



## Adult Alcohol Consumption



*\*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.*



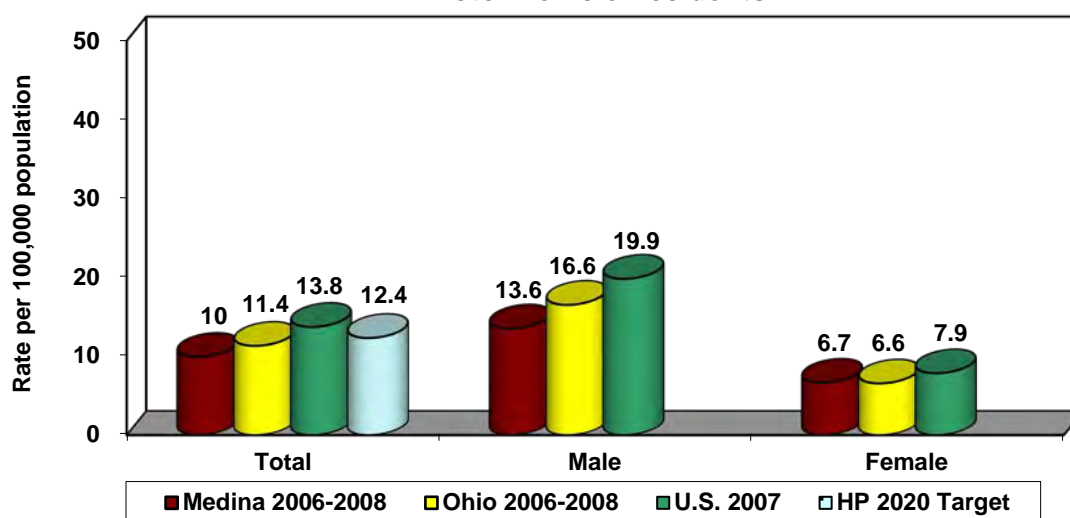
*\*Based on all adults. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.  
(Source: 2010 BRFSS, 2012 Medina County Community Needs Assessment)*

## Motor Vehicle Accidents

The following graphs show Medina County and Ohio age-adjusted motor vehicle accident mortality rates per 100,000 population with comparison to Healthy People 2020 Objective. The graphs show:

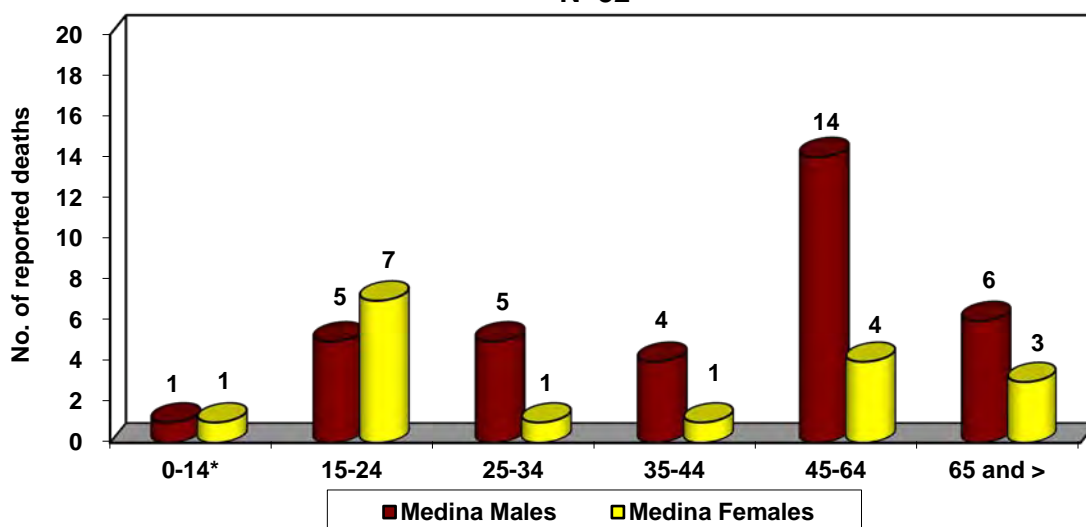
- ◆ From 2006-2008, the Medina County motor vehicle age-adjusted mortality rate of 10.0 deaths per 100,000 population was lower than the state rate, the national rate and the Healthy People 2020 Objective.
- ◆ The 2006-2008, Medina County age-adjusted motor vehicle accident mortality rate for males was higher than the female rate.
- ◆ 35 Medina County males died of motor vehicle accidents from 2006-2008 while 17 Medina County females died of motor vehicle accidents during the same period.

**Healthy People 2020 Objective and Age-Adjusted Mortality Rates for Motor Vehicle Accidents**



*(Source: ODH Information Warehouse, updated 4-15-10 and Healthy People 2020)*

**Medina County Number of Motor Vehicle Deaths By Age and Gender, 2006-2008**  
N=52\*



\*Zero motor vehicle accident deaths were reported for ages 1 to 4, and ODH Information Warehouse found records for 1 death for ages 5 to 14  
*(Source: ODH Information Warehouse, updated 4-15-10)*

## Medina County Crash Statistics

The following table shows select cities in Medina County, Medina County, and Ohio motor vehicle accident statistics. The table shows:

- ◆ 43% of all fatal crashes in Medina County were alcohol-related compared to 36% in Ohio.

	City of Brunswick 2011	City of Medina 2011	Medina County 2011	Ohio 2011
Total Crashes	428	553	3,707	291,769
Alcohol-Related Total Crashes	25	15	177	12,544
Fatal Crashes	1	0	14	941
Alcohol-Related Fatal Crashes	0	0	6	342
Alcohol Impaired Drivers in Crashes	25	15	177	12,544
Injury Crashes	111	89	882	72,208
Alcohol-Related Injury Crashes	9	3	69	5,217
Property Damage Only	316	457	2,779	214,140
Alcohol-Related Property Damage Only	16	12	103	6,946
Deaths	1	0	16	1,015
Alcohol-Related Deaths	0	0	5	369
Total Non-Fatal Injuries	165	112	1,286	105,992
Alcohol-Related Injuries	13	4	114	7,572

*(Source: Ohio Department of Public Safety, Crash Reports, 2011 Traffic Crash Facts)*

### Healthy People 2020 Binge Drinking

Objective	Medina County 2012	Ohio 2010	U.S. 2010	Healthy People 2020 Target
SA 14.3: Reduce the proportion of persons engaging in binge drinking during the past 30 days—Adults aged 18 years and older	53% age 18-24 55% age 25-34 59% age 35-44 21% age 45-54 31% age 55-64 18% age 65+	30% age 18-24 30% age 25-34 20% age 35-44 16% age 45-54 9% age 55-64 4% age 65+	22% age 18-24 23% age 25-34 19% age 35-44 15% age 45-54 10% age 55-64 3% age 65+	24%

*\*U.S. baseline is age-adjusted to the 2000 population standard*

*(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2012 Medina County Community Needs Assessment)*

## Adult Marijuana and Other Drug Use

### Key Findings

*In 2012, 4% of Medina County adults had used marijuana during the past 6 months. 6% of adults misused medications.*

### Adult Drug Use

- ◆ Four percent (4%) of Medina County adults had used marijuana in the past 6 months.
- ◆ 3% of Medina County adults reported using other recreational drugs such as cocaine, methamphetamines, heroin, LSD, inhalants, or Ecstasy.
- ◆ When asked about their frequency of drug use in the past six months, 25% of Medina County adults who used recreational drugs did so almost every day, and 58% did so less than once a month.
- ◆ 6% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- ◆ When asked about their frequency of medication misuse in the past six months, 20% of Medina County adults who used these drugs did so almost every day and 35% did so less than once per month.
- ◆ Medina County adults did the following with their unused prescription medications:
  - Took as prescribed (42%)
  - Threw them in the trash (23%)
  - Kept them (23%)
  - Took them to the Medication Collection program (14%)
  - Flushed them down the toilet (11%)
  - Gave them away (1%)
  - Other disposal method (3%)

### Drug-Related Emergency Department Visits

- ❖ In the U.S. in 2009, there were nearly 4.6 million drug-related emergency department (ED) visits. Almost one half (2.1 million) were attributed to drug misuse or abuse.
- ❖ The misuse or abuse of pharmaceuticals resulting in ED visits occurred at a rate of 405.4 visits per 100,000 population, compared with a rate of 317.1 per 100,000 population for illicit drugs.
- ❖ Alcohol was a factor in the drug misuse or abuse accounting for about one third (31.8%) or 650,000 visits.

(Source: SAMHSA, Drug Abuse Warning Network Report, December 28, 2010, <http://oas.samhsa.gov/2k10/DAWN034/EDHighlightsHTML.pdf>)

### Prescription Painkiller Overdoses in the U.S. Facts

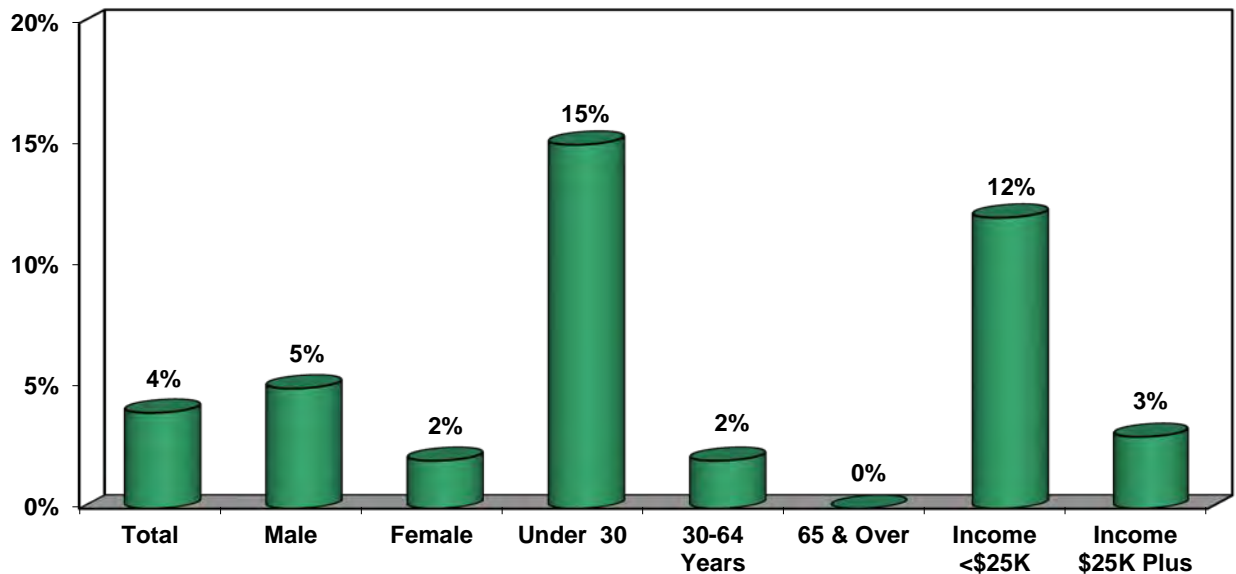
- ❖ Approximately 12 million Americans (ages 12 and older) reported a non-medical use of prescription painkillers in the past year in 2010.
- ❖ Almost half of all ER visits in 2009 were due to people misusing or abusing prescription painkillers.
- ❖ There were enough prescription painkillers that were prescribed in 2010 to medicate every American adult around the clock for a month.
- ❖ The number of prescription painkiller overdoses deaths is greater than the deaths from heroin and cocaine combined.
- ❖ Nonmedical use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct medical costs.

(Source: CDC, National Center for Injury Prevention and Control, Prescription Painkiller Overdoses in the U.S., obtained from: <http://www.cdc.gov/VitalSigns/pdf/2011-11-vitalsigns.pdf>)

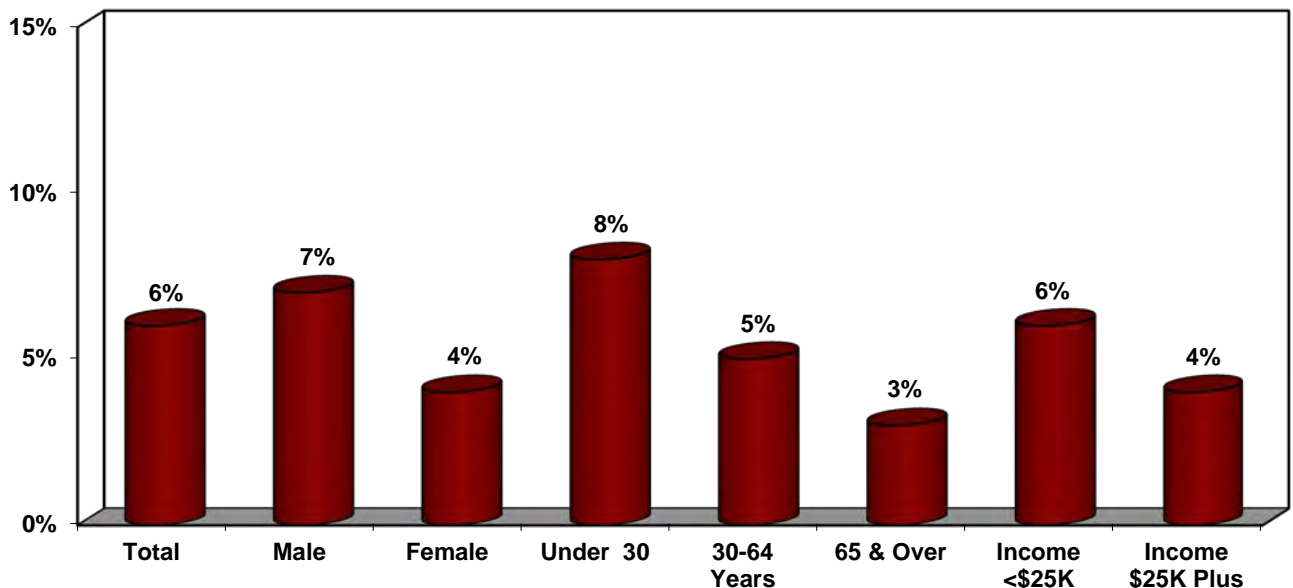
## Adult Marijuana and Other Drug Use

The following graphs are data from the 2012 Medina County Community Needs Assessment indicating adult marijuana use and medication misuse in the past six months. Examples of how to interpret the information include: 4% of all Medina County adults used marijuana in the past six months, 15% of adults under the age of 30 were current users and 12% of adults with incomes more than \$25,000 were current users.

**Medina County Adult Marijuana Use in Past 6 Months**



**Medina County Adult Medication Misuse in Past 6 Months**





## Women's Health

### Key Findings

*In 2012, nearly two-thirds (66%) of Medina County women over the age of 40 reported having a mammogram in the past year. 63% of Medina County women have had a clinical breast exam and 53% have had a Pap smear to detect cancer of the cervix in the past year. The Community Needs Assessment determined that 2% of women had a heart attack, and 2% had a stroke at some time in their life. More than one-quarter (27%) had high blood pressure, 26% had high blood cholesterol, 21% were obese, and 14% were identified as smokers, known risk factors for cardiovascular diseases.*

### Women's Health Screenings

- ◆ In 2012, 64% of women had a mammogram at some time and two-fifths (41%) had this screening in the past year.
- ◆ Nearly two-thirds (66%) of women ages 40 and over had a mammogram in the past year and 81% had one in the past two years. The 2010 BRFSS reported that 76% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.
- ◆ Most (92%) Medina County women have had a clinical breast exam at some time in their life and 63% had one within the past year.
- ◆ More than three-quarters (78%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.
- ◆ This assessment has identified that 94% of Medina County women have had a Pap smear and 53% reported having had the exam in the past year. 75% of women had a pap smear in the past three years. The 2010 BRFSS indicated that 81% of U.S. and 82% of Ohio women had a pap smear in the past three years.

### Women's Health Concerns

- ◆ Women used the following as their usual source of services for female health concerns: private gynecologist (59%), general or family physician (32%), no usual place (5%), health department clinic (2%), and family planning clinic (1%).
- ◆ In 2012, the Medina County Community Needs Assessment determined that 2% of women had a heart attack and 2% had a stroke at some time in their life.
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. The 2012 Medina County Community Needs Assessment has identified that:
  - 45% were overweight or obese (57% U.S., 59% Ohio, 2010 BRFSS)
  - 30% were exercising less than three days per week (includes 1% who were unable to exercise)
  - 26% were diagnosed with high blood cholesterol (36% U.S., 37% Ohio, 2009 BRFSS)
  - 27% were diagnosed with high blood pressure (28% U.S. and 30% Ohio, 2009 BRFSS)
  - 14% of all women were current smokers (16% U.S., 22% Ohio, 2010 BRFSS)
  - 6% have been diagnosed with diabetes (10% U.S., 11% Ohio, 2010 BRFSS)

#### Medina County Female Leading Types of Death 2006 – 2008

1. Heart Diseases (25% of all deaths)
2. Cancers (21%)
3. Alzheimer's Disease (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (6%)

*(Source: ODH Information Warehouse, updated 4-15-10)*

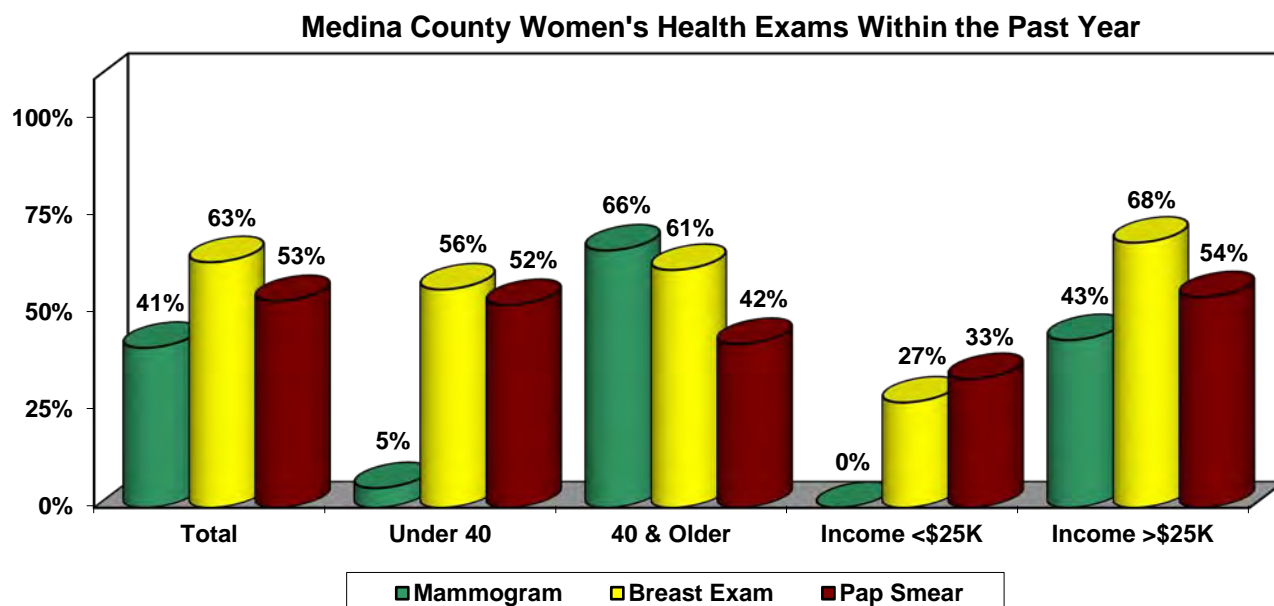
#### Ohio Female Leading Types of Death 2006 – 2008

1. Heart Diseases (25% of all deaths)
2. Cancers (22%)
3. Stroke (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's Disease (5%)

*(Source: ODH Information Warehouse, updated 4-15-10)*

## Women's Health

The following graph shows the percentage of Medina County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 41% of Medina County females have had a mammogram within the past year, 63% have had a clinical breast exam, and 53% have had a Pap smear.



### Healthy People 2020 Cervical Cancer Screening

Objective	Medina County 2012	Ohio 2010	U.S. 2010	Healthy People 2020 Target
C-15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines (Pap smear in the past 3 years)	75%	82%	81%	93%

*\*U.S. baseline is age-adjusted to the 2000 population standard*

*(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2012 Medina County Community Needs Assessment)*

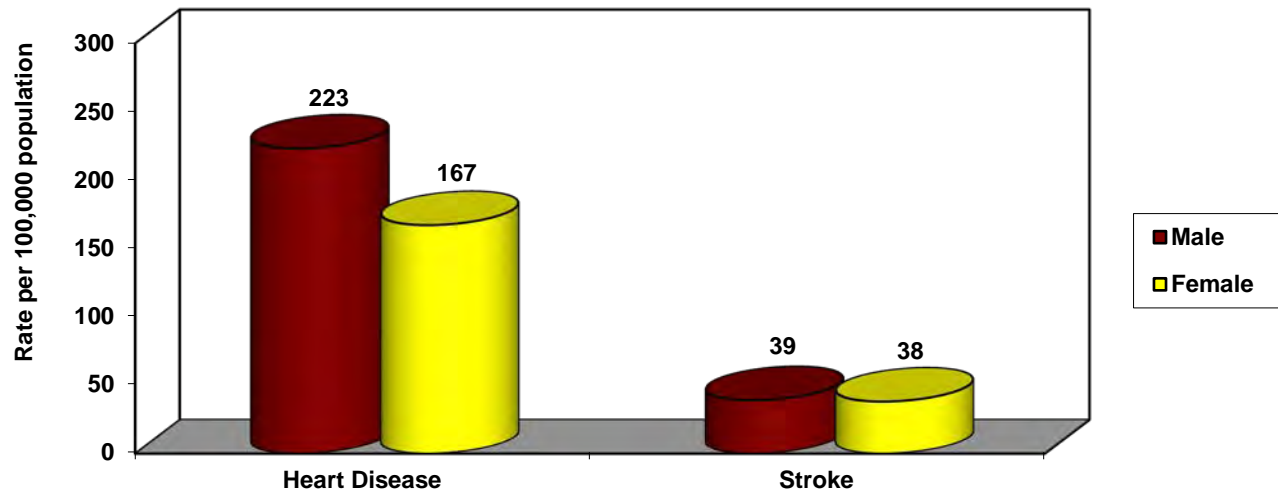
2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Had a mammogram in the past two years (age 40 & over)	81%	74%	75%
Had a clinical breast exam in the past two years (age 40 & over)	78%	75%	77%
Had a pap smear in the past three years	75%	82%	81%

## Women's Health

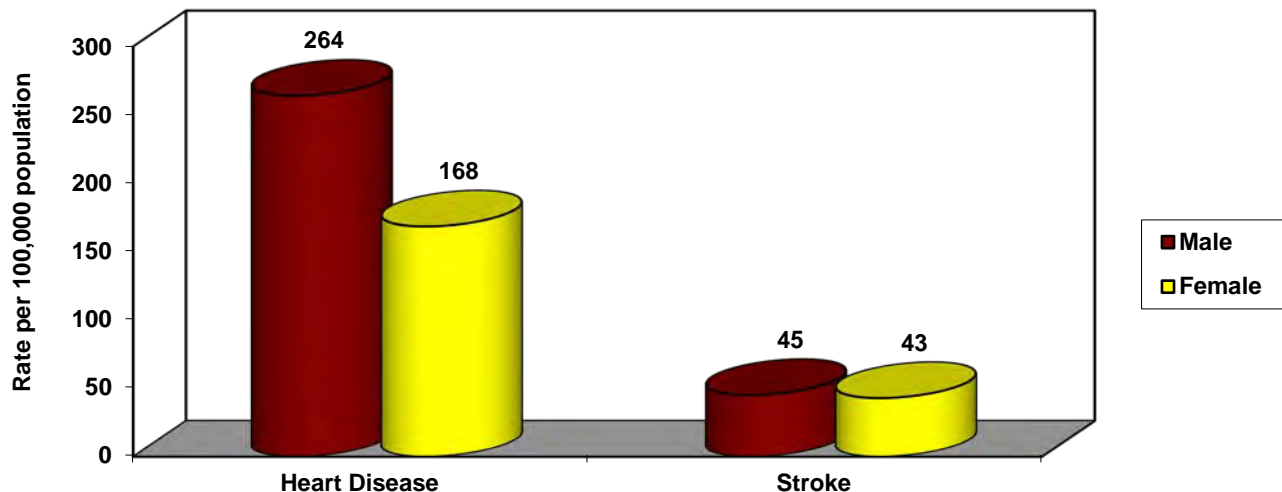
The following graphs show the Medina County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- ◆ From 2006-2008, the Medina County and Ohio female age-adjusted mortality rate was lower than the male rate for both heart disease and stroke.
- ◆ The Medina County female age-adjusted heart disease and stroke mortality rates were lower than the Ohio female rates.

**Medina County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008**



**Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008**



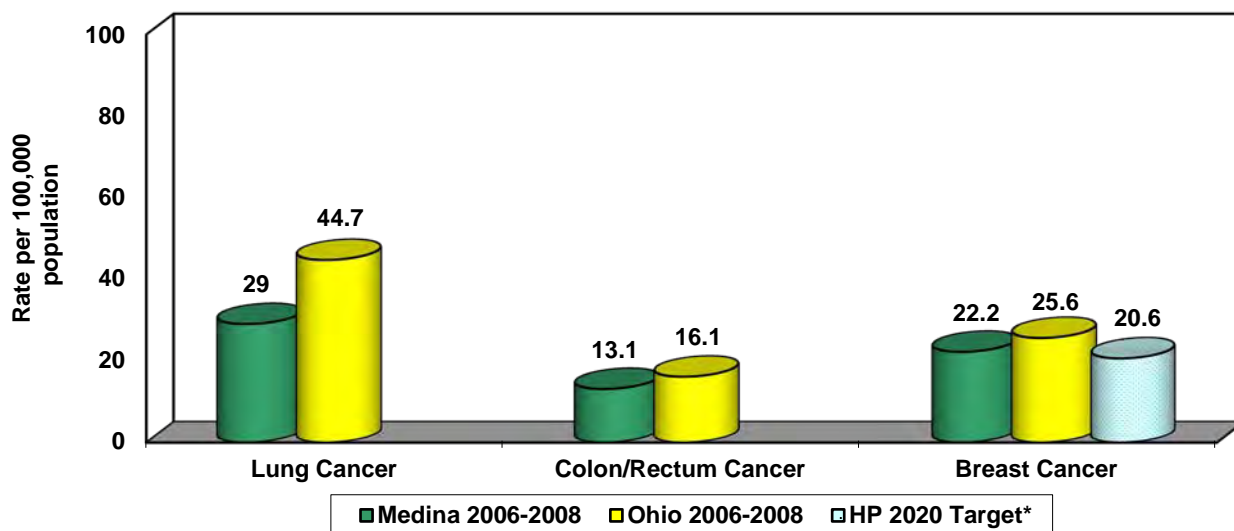
*(Source for graphs: ODH Information Warehouse, updated 4-15-10)*

## Women's Health

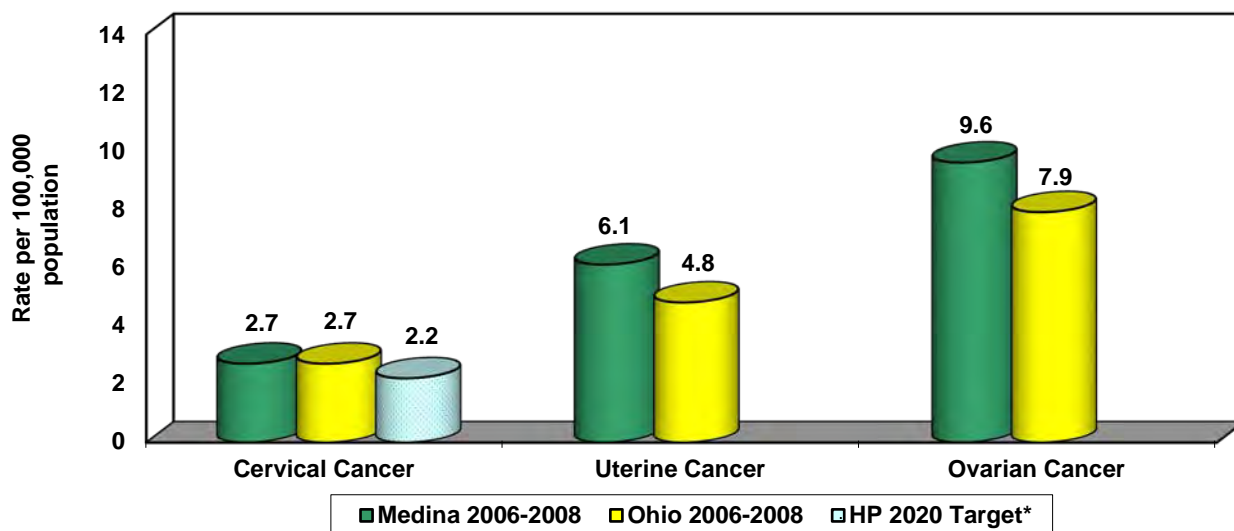
The following graphs show the Medina County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- ◆ From 2006-2008, the Medina County age-adjusted mortality rate for female lung cancer was less than the Ohio rate.
- ◆ From 2006-2008, the Medina County age-adjusted breast cancer mortality rate was lower than the Ohio rate and higher than the Healthy People 2020 target objective.
- ◆ The Medina County age-adjusted uterine and ovarian cancer mortality rates for 2006-2008 were both higher than the state rates.

**Medina County Female Age-Adjusted Cancer Mortality Rates**



**Medina County Female Age-Adjusted Cancer Mortality Rates**



*\*Note: Healthy People 2020 target rates are not gender specific; Healthy People 2020 Targets may not be available for all diseases.  
(Source: ODH Information Warehouse, updated 4-15-10, and Healthy People 2020)*

## Men's Health

### Key Findings

In 2012, nearly two-thirds (63%) of Medina County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than half of the population (53%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 28% of all male deaths in Medina County from 2006-2008. The Community Needs Assessment determined that 4% of men had a heart attack, and 3% had a stroke at some time in their life. More than one-quarter (28%) of men had been diagnosed with high blood pressure, 38% had high blood cholesterol, and 9% were identified as smokers, which, along with obesity (25%), are known risk factors for cardiovascular diseases.

### Men's Health Screenings

- ◆ Almost half (46%) of Medina County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 35% had one in the past year.
- ◆ More than three-fifths (61%) of men had a digital rectal exam in their lifetime and 33% had one in the past year.
- ◆ Three-fifths (60%) of men ages 40 and over had a PSA test in the past two years. The 2010 BRFSS reported that 53% of men 40 and over in the U.S. and 54% in Ohio, had a PSA test in the past two years.
- ◆ 73% of males age 50 and over had a PSA test at some time in their life, and 63% had one in the past year.
- ◆ 85% of males age 50 and over had a digital rectal exam at some time in their life, and 53% had one in the past year.

### Men's Health Concerns

- ◆ From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 30% of all male deaths in Medina County (*Source: ODH Information Warehouse*).
- ◆ In 2012, the Medina County Community Needs Assessment determined that 4% of men had a heart attack and 3% had a stroke at some time in their life.
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Medina County the 2012 Community Needs Assessment has identified that:
  - 71% were overweight or obese (71% U.S., 73% Ohio, 2010 BRFSS)
  - 33% were exercising less than three days per week (includes 1% who were unable to exercise)
  - 38% were diagnosed with high blood cholesterol (40% U.S., 43% Ohio, 2009 BRFSS)
  - 28% were diagnosed with high blood pressure (30% U.S., 33% Ohio, 2009 BRFSS)
  - 9% of all men were current smokers (19% U.S., 23% Ohio, 2010 BRFSS)
  - 4% have been diagnosed with diabetes (9% U.S., 10% Ohio, 2010 BRFSS)
- ◆ From 2006-2008, the leading cancer deaths for Medina County and Ohio males were lung, prostate, colon, pancreas, and lymphatic cancers (*Source: ODH Information Warehouse*).

#### Medina County Male Leading Types of Death 2006 - 2008

1. Cancers (28% of all deaths)
2. Heart Diseases (26%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

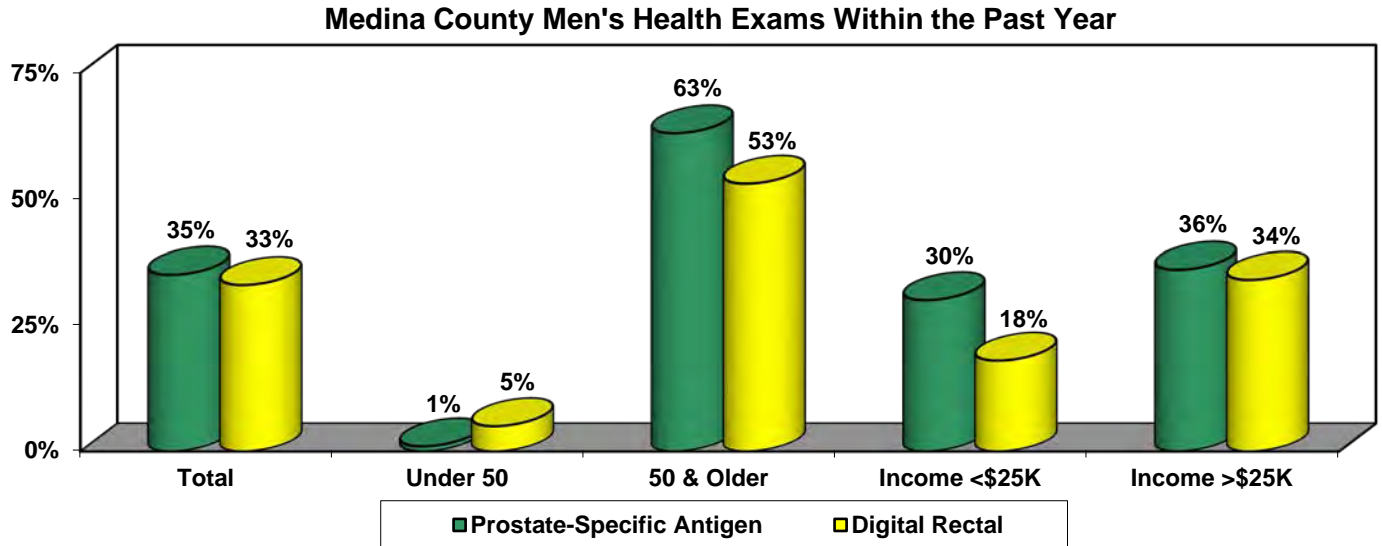
#### Ohio Male Leading Types of Death 2006 - 2008

1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

## Men's Health

The following graph shows the percentage of Medina County males surveyed that have had the listed health exams in the past year. Examples of how to interpret the information shown on the graph include: 35% of Medina County males had a PSA test within the past year and 33% had a digital rectal exam.



### Men's Health Data

- ❖ Approximately 12% of adult males aged 18 years or older reported fair or poor health.
- ❖ 22% of adult males in the U.S. currently smoke.
- ❖ Of the adult males in the U.S., 31.5% had 5 or more drinks in 1 day at least once in the past year.
- ❖ Only 52% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- ❖ There are 20% of males under the age of 65 without health care coverage.
- ❖ The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, 2/18/2011 from [http://www.cdc.gov/nchs/fastats/mens\\_health.htm](http://www.cdc.gov/nchs/fastats/mens_health.htm))

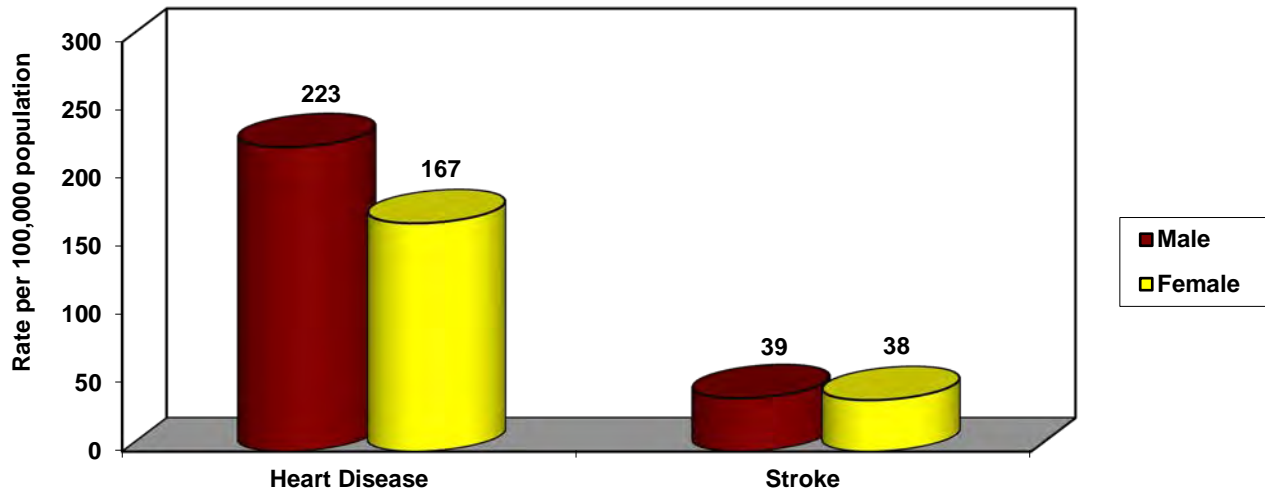
2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Had a PSA test in within the past two years (age 40 & over)	60%	54%	53%
Men diagnosed with high blood cholesterol	38%	43%	40%
Men who were current smokers	9%	23%	19%

## Men's Health

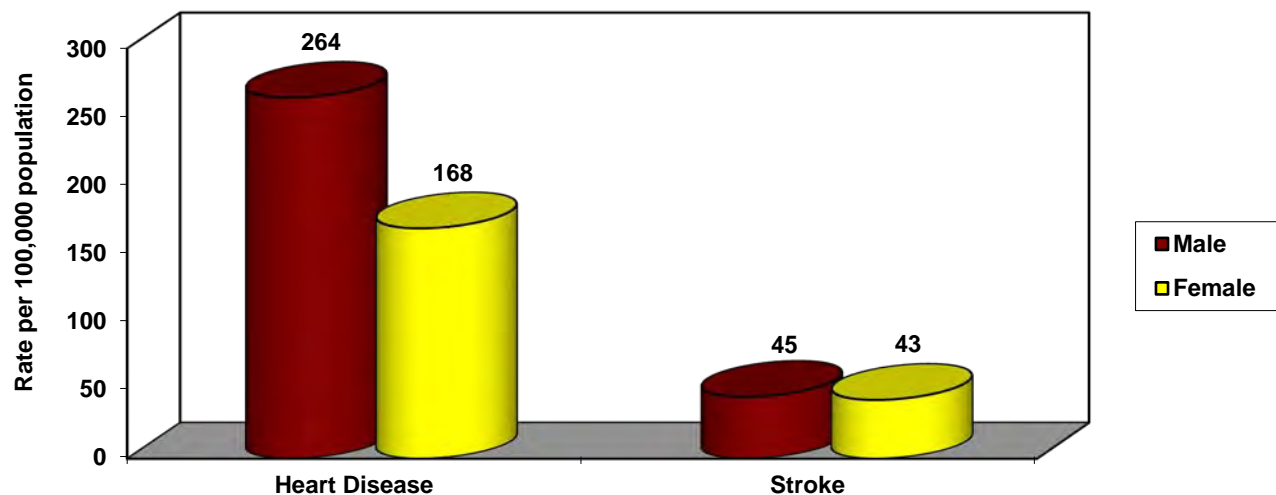
The following graphs show the Medina County and Ohio age-adjusted mortality rates per 100,000 population for men's cardiovascular diseases. The graphs show:

- ◆ From 2006-2008, the Medina County and Ohio male age-adjusted mortality rate was higher than the female rate for both heart disease and stroke.
- ◆ The Medina County male age-adjusted heart disease and stroke mortality rates were lower than the Ohio male rates.

**Medina County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008**



**Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender 2006-2008**



*(Source for graphs: ODH Information Warehouse, updated 4-15-10)*

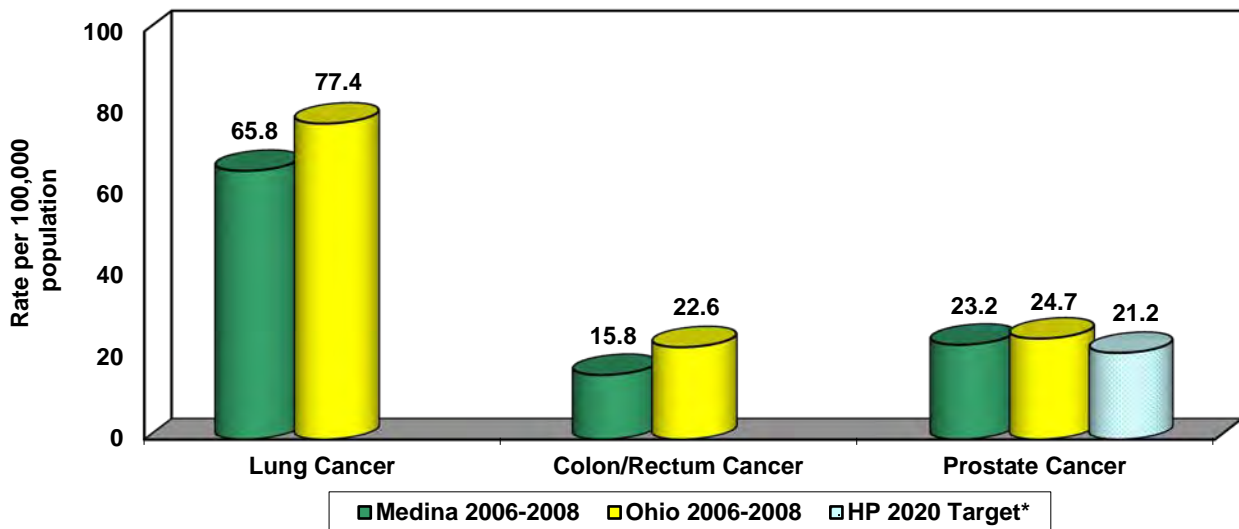


## Men's Health

The following graph shows the Medina County age-adjusted mortality rates per 100,000 population for men's health with comparison to Ohio and Healthy People 2020 objectives. The graph shows:

- ◆ From 2006-2008, the Medina County age-adjusted mortality rate for male lung cancer was less than the Ohio rate.
- ◆ The age-adjusted prostate cancer mortality rate in Medina County for 2006-2008 was lower than the Ohio rate, but higher than the Healthy People 2020 objective.

**Medina County and Ohio Male Age-Adjusted Cancer Mortality Rates**



*\*Note: the Healthy People 2020 target rates are not gender specific.  
(Source: ODH Information Warehouse and Healthy People 2020)*

### Cancer and Men

- ❖ More men in the U.S. die from lung cancer than any other type of cancer. The most important thing you can do to prevent lung cancer is not to start smoking, or to quit if you smoke.
- ❖ Prostate cancer is the most common cancer in men in the U.S., not counting skin cancer. It is the second most common cause of cancer death in men. While all men are at risk for prostate cancer, some factors increase risk. These include:
  - older age
  - family history of prostate cancer
  - being African American
- ❖ Colorectal cancer is the third leading cause of cancer deaths in America men. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Everyone should be tested for colorectal cancer regularly, starting at age 50.

*(Source: Center for Disease Control and Prevention, National Cancer Institute, 2010)*

# Adult Preventive Medicine and Health Screenings

## Key Findings

More than two-fifths (41%) of adults had a flu shot during the past 12 months. 25% of adults, increasing to 66% of those ages 65 and older, have had a pneumonia shot in their life.

## Preventive Medicine

- ◆ More than two-fifths (41%) of Medina County adults had a flu vaccine during the past 12 months, increasing to 55% of those ages 50 and over. The 2010 BRFSS reported that 55% of U.S. and 52% of Ohio adults ages 50 and over had a flu vaccine in the past year.
- ◆ 10% of adults have had a tetanus booster during the past 12 months.
- ◆ One-quarter (25%) of adults have had a pneumonia shot in their life, increasing to 66% of those ages 65 and over.
- ◆ The 2010 BRFSS reported that 69% of U.S. and Ohio adults ages 65 and over had a pneumonia shot in their life.
- ◆ Medina County adults were taking medication for the following conditions: blood pressure (15%), blood cholesterol (8%), heart disease (4%), and stroke (1%). 5% of adults were taking medication for multiple conditions.

## Screening for Colorectal Cancer

- ◆ Colorectal cancer is the 3<sup>rd</sup> most common cancer in adults and the 2<sup>nd</sup> leading cause of cancer deaths of men and women in the U.S.
- ◆ Screening tests look to remove polyps and lesions in the colon that can prevent colorectal cancer.
- ◆ The American Cancer Society recommends that those 50 years and older should be screened using the following screening recommendations:
  - Fecal occult blood test (FOBT) every year
  - Sigmoidoscopy every 5 years
  - Colonoscopy every 10 years

(Source: American Cancer Society, Colorectal Cancer Early Detection, last medical review, 2012, <http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf>)

## Preventive Health Screenings and Exams

- ◆ 60% of adults had been to the doctor for a routine visit in the past year.
- ◆ In the past year, 66% of Medina County women ages 40 and over have had a mammogram.
- ◆ In the past year, 63% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- ◆ See the Women and Men's Health Section for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Medina County adults.

## Healthy People 2020 Pneumonia Vaccination

Objective	Medina County 2012	Ohio 2010	U.S. 2010	Healthy People 2020 Target
IID-13.1: Increase the percentage of Non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	64% age 65-74 70% age 75+	63% age 65-74 75% age 75+	63% age 65-74 77% age 75+	90%

\*U.S. baseline is age-adjusted to the 2000 population standard.

(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2012 Medina County Community Needs Assessment)

2012 Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Had a flu shot in the past year (ages 50 and over)	55%	52%	55%
Had a pneumonia vaccination (ages 65 and over)	66%	69%	69%

# Environmental Health/Disaster Preparedness

## Key Findings

*Insects and rodents were the two most important perceived environmental health issues that threatened Medina County adults' health in the past year. 95% of households had one or more disaster preparedness supplies.*

## Environmental Health

- ◆ 39% of Medina County adults used a septic tank for their waste water. Of those who had a septic tank, 64% had it pumped in the past 5 years. 6% had never had it pumped and 19% did not know the last time their septic tank was pumped.
- ◆ 24% of adults had a private water source for drinking water (such as a well, cistern or pond). Of those who had a private water source, 9% had it tested within the past year. 23% had never had it tested, and 23% did not know the last time their water source was tested.
- ◆ Medina County adults thought the following threatened their health in the past year:
  - Insects (13%)
  - Rodents (6%)
  - Mold (5%)
  - Outdoor air pollution (5%)
  - Temperature regulation (4%)
  - Fracking (3%)
  - Plumbing problems (2%)
  - Unsafe water supply (2%)
  - Radon (2%)
  - Sewage/waste water problems (2%)
  - Chemicals found in household products (2%)
  - Indoor tobacco smoke (2%)
  - Cockroaches (1%)
  - Lead paint (1%)
  - Excess medications in the home (1%)

### Potential Health Effects of Mold

- ❖ Mold does not always cause health problems indoors.
- ❖ People who are sensitive to mold may experience nasal stuffiness, eye irritation, wheezing, or skin irritation when exposed to mold.
- ❖ Severe reactions include a fever and shortness of breath.
- ❖ Increased risk for infections that may develop into fungal infections is more likely in people with chronic lung diseases like COPD and immune-compromised people.

(Source: CDC, National Center for Environmental Health, *Facts about Stachybotrys chartarum and Other Molds*, 2010, Obtained from: <http://www.cdc.gov/mold/stachy.htm>)

## Disaster Preparedness

- ◆ Medina County households had the following disaster preparedness supplies: cell phone (93%), working flashlight and working batteries (84%), 3-day supply of nonperishable food for everyone who lives there (56%), 3-day supply of prescription medication for each person who takes prescribed medicines (47%), working battery operated radio and working batteries (44%), and 3-day supply of water for everyone in the household (1 gallon of water per person per day) (32%), a disaster plan (10%), and a communication plan (10%).
- ◆ 95% of households had at least one of the above disaster preparedness supplies.

### Additional Items to Consider Adding to Basic Emergency Supply Kit

- Prescription medications and glasses
- Cash or traveler's checks
- Fire extinguisher
- Additional clothing including a long sleeved shirt, pants and sturdy shoes
- Family documents such as copies of insurance policies & bank account records in a waterproof, portable container
- Books, games, puzzles or other activities for children
- Sleeping bag or warm blanket for each person
- Matches in a waterproof container
- Paper and pencil
- Household unscented chlorine bleach and medicine dropper
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Infant formula and diapers

(Source: Federal Emergency Management Agency (FEMA), *Ready: Prepare. Plan. Stay Informed., Emergency Supply List*, Obtained from: <http://www.ready.gov/document/additional-items-consider-adding-emergency-supply-kit>)

# Adult Sexual Behavior and Pregnancy Outcomes

## Key Findings

*In 2012, almost three-fourths (74%) of Medina County adults had sexual intercourse. Four percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2010 STD Surveillance).*

## Adult Sexual Behavior

- ◆ Nearly three-fourths (74%) of Medina County adults had sexual intercourse in the past year.
- ◆ 4% of adults reported they had intercourse with more than one partner in the past year, increasing to 15% of those under the age of 30.
- ◆ Medina County adults used the following methods of birth control: vasectomy (26%), birth control pill (13%), tubes tied (12%), menopause (12%), condoms (11%), hysterectomy (3%), IUD (3%), withdrawal (2%), abstinence (2%), and rhythm method (1%).
- ◆ 7% of Medina County adults were not using any method of birth control.
- ◆ Medina County adults did not use birth control for the following reasons:
  - They or their partner had a hysterectomy/vasectomy/tubes tied (21%)
  - They or their partner are post-menopausal (14%)
  - They did not think they or their partner could get pregnant (4%)
  - They did not want to use birth control (2%)
  - Religious preferences (2%)
  - Their partner is currently pregnant (1%)
  - They had a same-sex partner (1%)
  - They or their partner did not like birth control/had a fear of side effects (1%)
  - No regular partner (1%)
  - They wanted to get pregnant (1%)
  - They could not pay for birth control (<1%)
- ◆ Medina County adults used condoms the last time they had sexual intercourse for the following reasons: to prevent pregnancy (12%), to prevent diseases and pregnancy (4%), and for some other reason (3%). 81% of adults did not use a condom the last time they had sexual intercourse.

### STDs and the Elderly

- ❖ Older people are at increasing risk for HIV/AIDS and other STDs.
- ❖ People age 50 and older represent almost one-fourth of all people with HIV/AIDS in the U.S
- ❖ In general, older Americans have been less exposed to education and prevention messages, which may contribute to less STD testing.
- ❖ In addition, older people are less likely than younger people to talk about their sex lives or drug use with their doctors.
- ❖ Finally, older people often mistake the symptoms of HIV/AIDS and other STDs for the aches and pains of normal aging, contributing to less testing.

(Source: National Prevention Information Network, 2012, <http://www.cdcnpin.org/scripts/population/elderly.asp>)

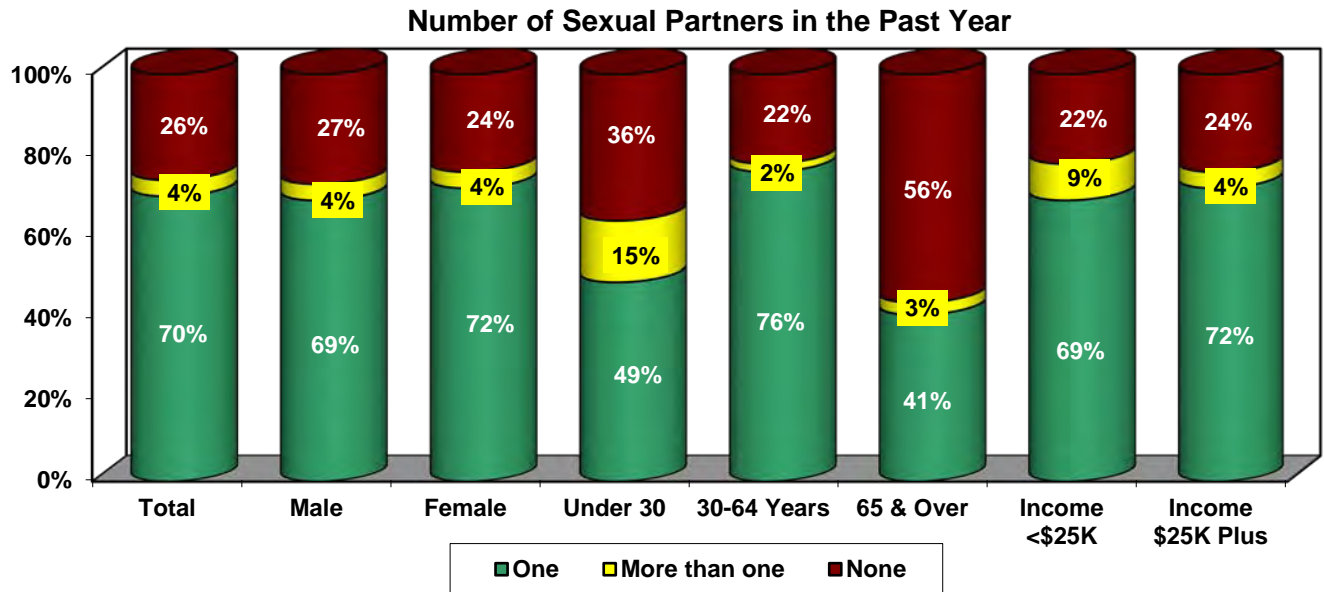
### Risk Factors for Contracting Sexually Transmitted Infections

- ❖ Having unprotected sex
- ❖ Having multiple sex partners
- ❖ Having a history of one or more STIs
- ❖ Transmission from mother to infant
- ❖ Injecting drugs
- ❖ Abusing alcohol or using recreational drug

(Source: Mayo Foundation for Medical Education and Research, 2-24-2011)

## Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the sexual activity of the Medina County adults. Examples of how to interpret the information in graph one include: 70% of all Medina County adults had one sexual partner in the last 12 months and 4% had more than one, and 69% of males had one partner in the past year.



*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"*

### Types of Contraception

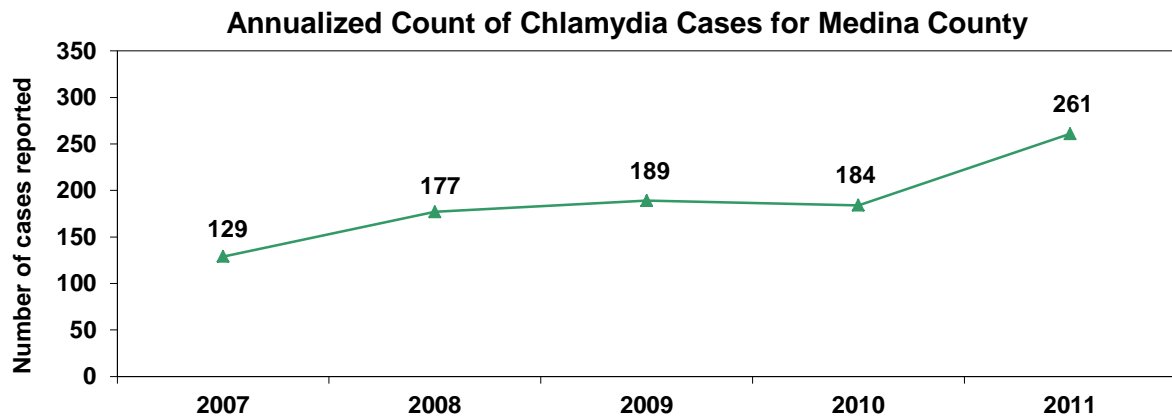
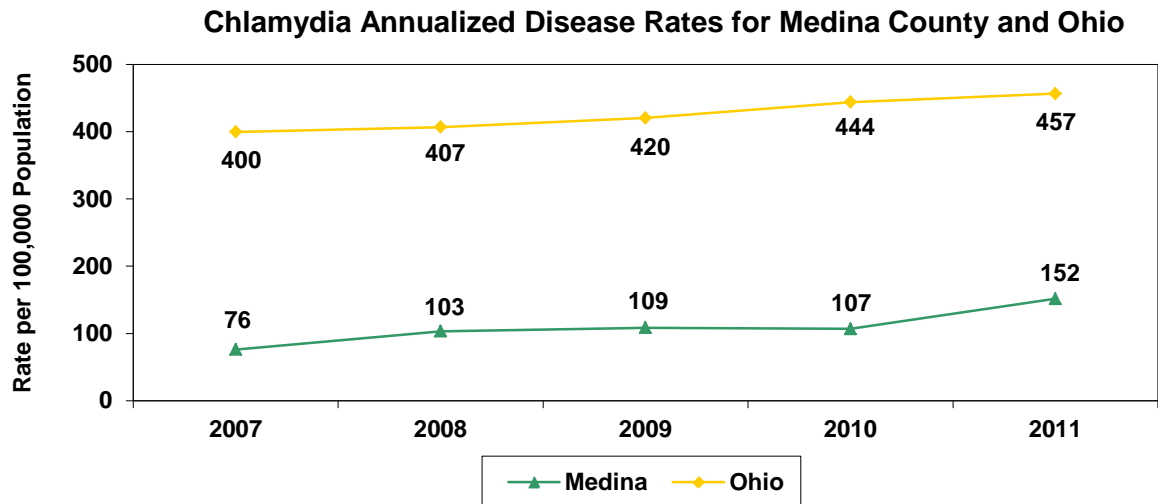
- ❖ **Sterilization:** For females, this is also known as having their "tubes tied". Female sterilization involves the surgical closing of the fallopian tubes which carry the eggs from the ovaries to the uterus. For males, sterilization is referred to as a vasectomy. This procedure involves the surgical closing of tubes that carry sperm.
- ❖ **Abstinence:** The voluntary refraining from sexual activity. **Abstinence is the only contraceptive method that is 100% effective in the prevention of both pregnancy and the transmission of sexually transmitted diseases.**
- ❖ **Barrier Methods (Condoms):** The male condom is a tube of thin material (latex rubber) that is rolled over the erect penis prior to contact with the vagina. This is the most commonly used barrier method. The female condom is a seven-inch long pouch of polyurethane with two flexible rings and is inserted into the vagina prior to intercourse.
- ❖ **Hormonal Methods:** Whether administered as a pill, patch, shot, ring or implant, hormone medications contain manufactured forms of the hormones estrogen and/or progesterone. They work by either preventing a woman's ovary from releasing an egg, thickening cervical mucus, making it harder for sperm to reach the egg, or by thinning the lining of the uterus making it harder for a fertilized egg to implant in the uterine wall.
- ❖ **Intrauterine Device (IUD):** a small plastic device containing copper or hormones and is inserted into the uterus by a medical professional.

*(Source: The American Pregnancy Association; Overview: Birth Control Methods, <http://www.americanpregnancy.org/preventingpregnancy/overviewtypesbirthcontrol.html>)*

## Adult Sexual Behavior and Pregnancy Outcomes

The following graphs show Medina County chlamydia and gonorrhea disease rates per 100,000 population updated April 18, 2012 by the Ohio Department of Health. The graphs show:

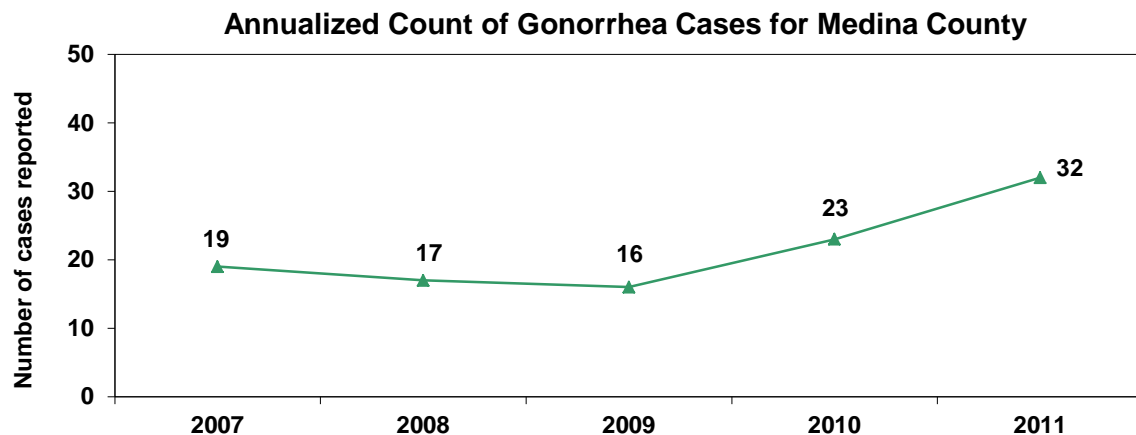
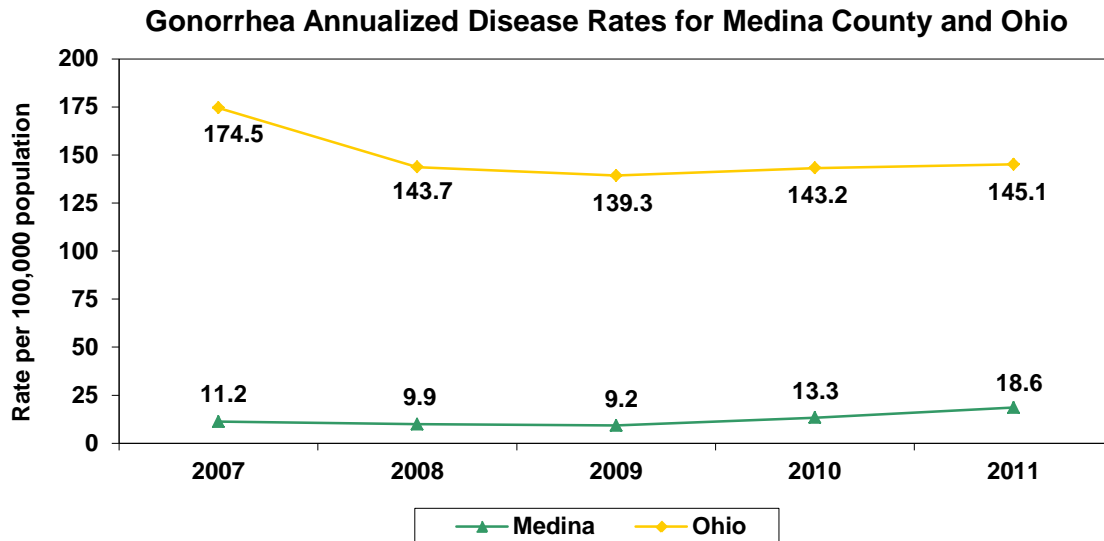
- ◆ Medina County chlamydia rates increased from 2007 to 2011. These rates remained well below Ohio rates.
- ◆ In 2010, the U.S. rate for new chlamydia cases was 426.0 per 100,000 population. (Source: CDC, *Sexually Transmitted Diseases Surveillance*, 2010)



(Source for graphs: ODH, STD Surveillance, data reported through 4-18-2012)

## Adult Sexual Behavior and Pregnancy Outcomes

- ◆ The Medina County gonorrhea rate increased from 2007 to 2011.
- ◆ The Ohio gonorrhea rate decreased overall from 2007 to 2011.
- ◆ In 2010, the U.S. rate for new gonorrhea cases for the total population was 100.8 per 100,000 population. (Source: CDC, *Sexually Transmitted Diseases Surveillance*, 2010)
- ◆ The Healthy People 2020 Objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.



(Source for graphs: ODH, *STD Surveillance*, data reported through 4-18-2012)

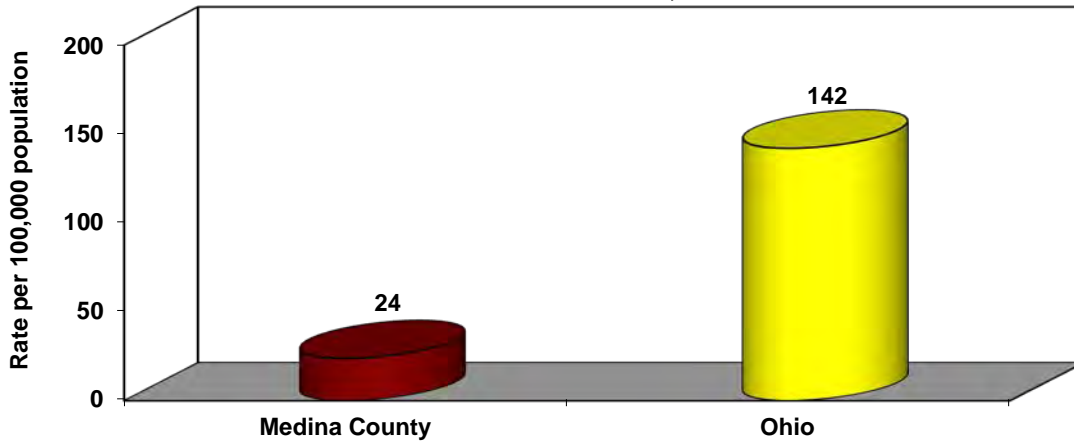


## Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the Medina County and Ohio HIV disease rate per 100,000 population, updated June 30, 2011 by the Ohio Department of Health. The graph shows:

- ◆ The Medina County HIV rate is significantly lower than the Ohio HIV rate, with those persons being diagnosed with HIV as of December 31, 2009. (Source: ODH HIV/AIDS Surveillance Program)

**Rate of People Living with a Diagnosis of HIV as of December 31, 2009**



(Source for graphs: ODH HIV/AIDS Surveillance Program, data reported through June 30, 2011)

### HIV/AIDS Fast Facts

- ❖ **HIV** is spread primarily by not using a condom when having sex with a person who has HIV; having multiple sex partners or the presence of sexually transmitted diseases (STDs) can increase the risk of infection during sex; sharing needles, syringes, rinse water, or other equipment used to prepare illicit drugs for injection; or being born to an infected mother – HIV can be passed from mother to child during pregnancy, birth, or breast-feeding.
- ❖ Everyone between the ages of 13 and 64 should be tested for HIV at least once. If you are at increased risk for HIV, you should be tested for HIV at least once a year.
- ❖ **AIDS** is the late stage of HIV infection, when a person's immune system is severely damaged and has difficulty fighting diseases and certain cancers.

(Source: (Centers for Disease Control and Prevention, Basic Information about HIV and AIDS, updated April 11, 2012, from <http://www.cdc.gov/hiv/topics/basic/>)

### HIV in Ohio

**HIV** is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or **AIDS**. The HIV/AIDS epidemic impacts persons regardless of sex, age, race/ethnic group and/or geographic region in Ohio.

- ❖ In 2010, the majority of persons newly diagnosed with an HIV infection in Ohio were male (83%).
- ❖ Persons diagnosed with an HIV infection are increasingly younger than in previous years. In 2006, 32% of new diagnoses of HIV infection were among persons 29 years of age or younger. By 2010, the proportion rose to 41%; a 9% increase among persons 29 years of age or younger, during the 5 year period.
- ❖ Among persons ages 30-44, proportion of new diagnosed HIV infections decreased by 9% between 2006 and 2010.
- ❖ The proportion of new diagnoses of HIV infection among persons 45 years of age or older remained relatively constant between 2006 and 2010, at 25% of cases.

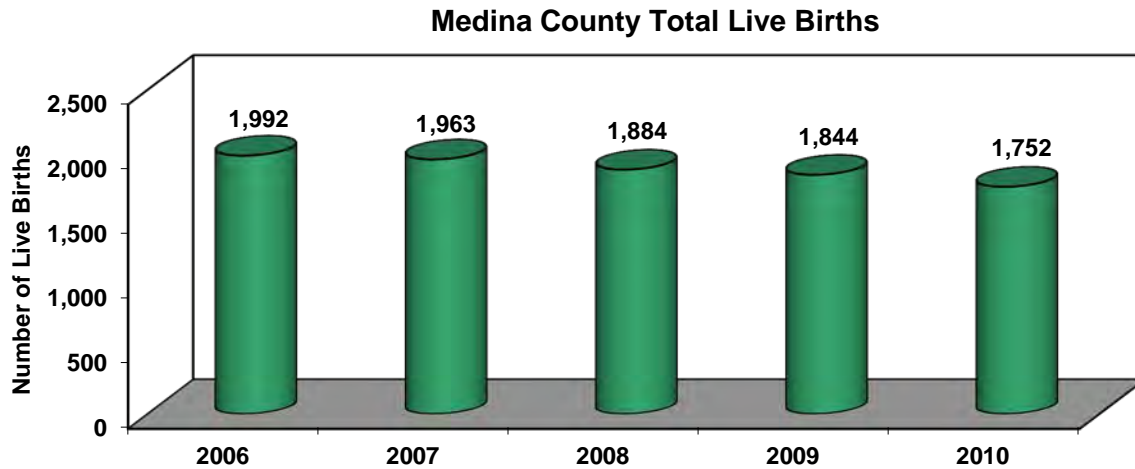
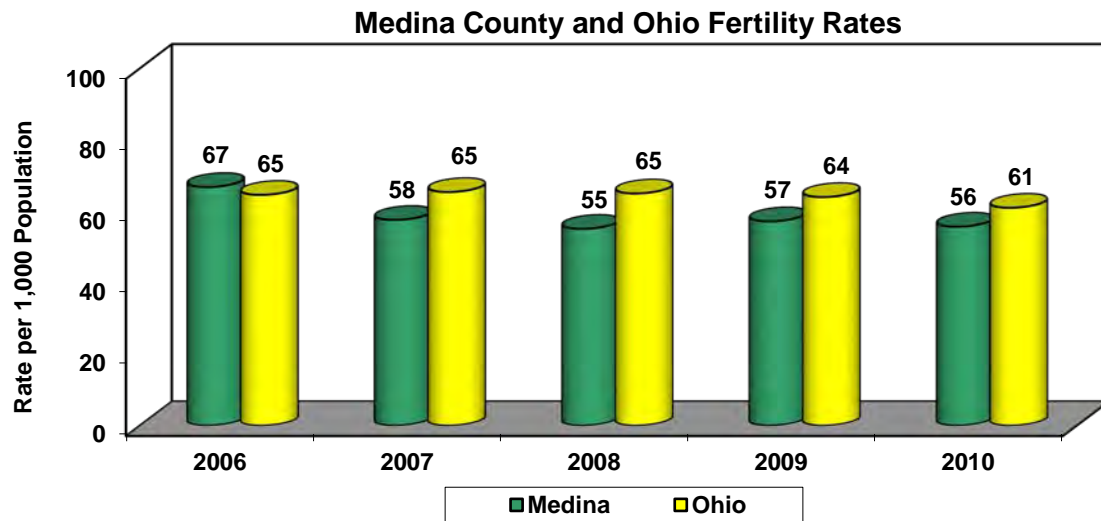
(Source: Ohio Department of Health, Ohio HIV/AIDS Surveillance Program, HIV/AIDS Integrated Epidemiologic Profile, 2011 Edition, <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/hst/hiv%20-%20aids%20surveillance/profile2011.ashx>)

## Adult Sexual Behavior and Pregnancy Outcomes

### Pregnancy Outcomes

*\*Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ From 2006-2010, there was an average of 1,887 live births per year in Medina County.
- ◆ In 2010, the U.S. fertility rate was 64.7 per 1,000 women ages 15-44 (*Source: National Center for Health Statistics, CDC, 2010*).



*(Source for graphs: ODH Information Warehouse Updated 4-12-12)*

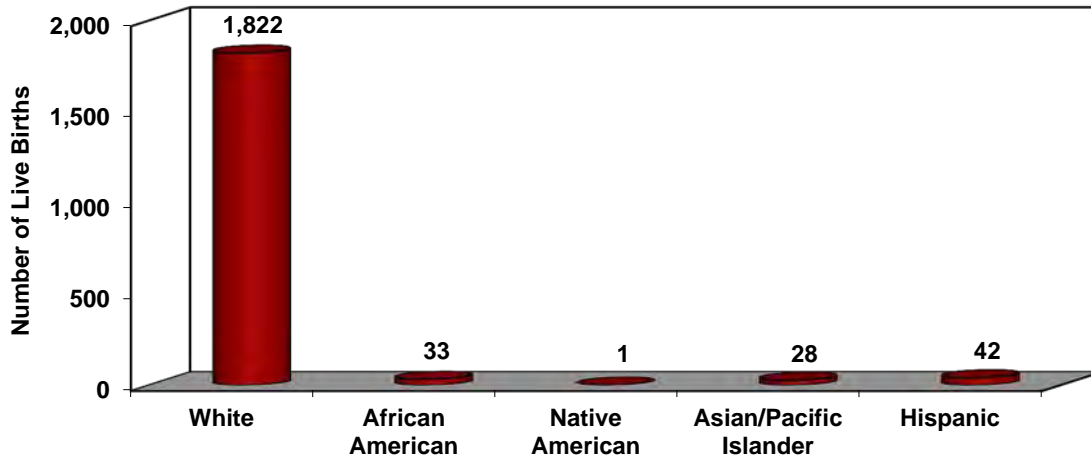
## Adult Sexual Behavior and Pregnancy Outcomes

### Pregnancy Outcomes

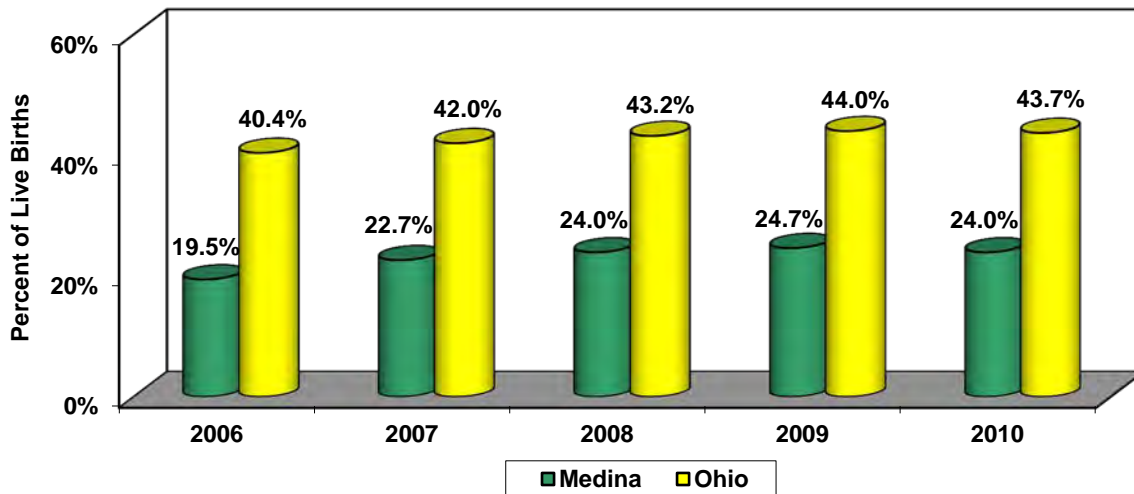
*\*Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ The percentage of births to unwed mothers in Medina was well below the Ohio percentage each year from 2006 to 2010, and fluctuated during the five year period.
- ◆ In 2009, 41% of U.S. births were to unwed mothers. (Source: National Center for Health Statistics 2009)

**Medina County Total Live Births By Race/Ethnicity  
2008**



**Medina County and Ohio Unwed Births**



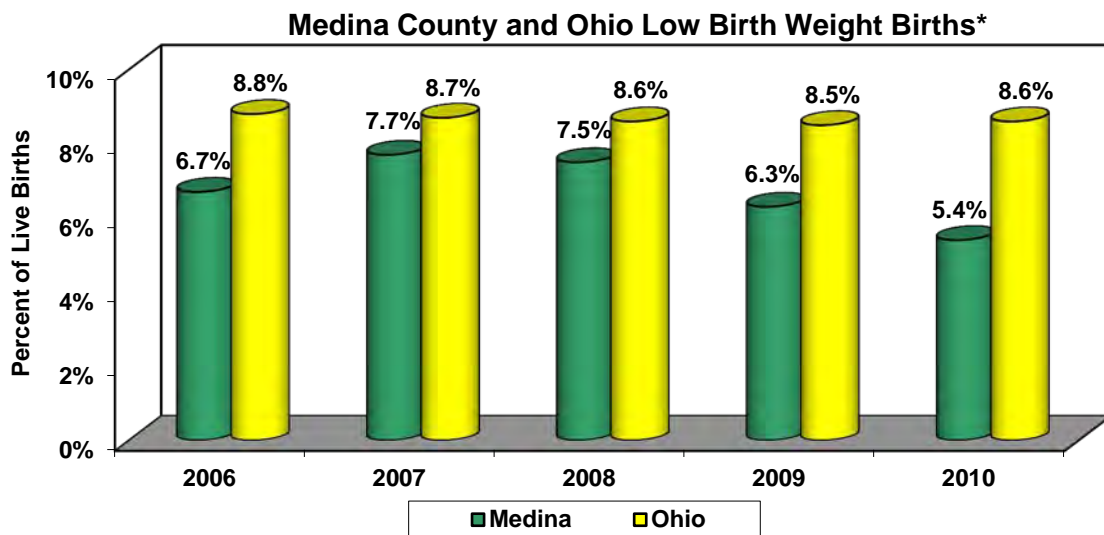
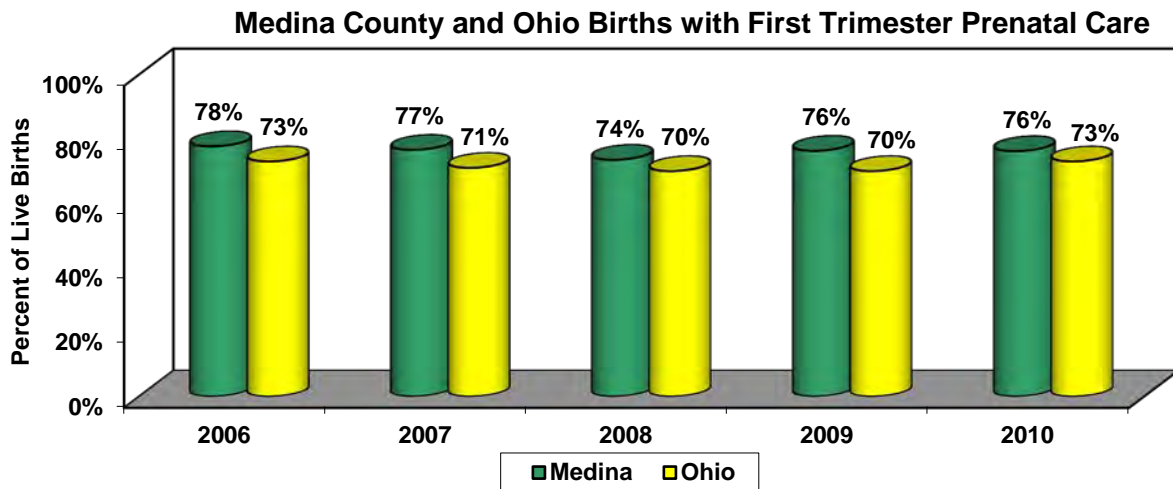
(Source for graphs: ODH Information Warehouse Updated 4-12-12)

## Adult Sexual Behavior and Pregnancy Outcomes

### Pregnancy Outcomes

*\*Please note that the pregnancy outcomes data includes all births to adults and adolescents*

- ◆ In 2009, 70% of Ohio mothers received prenatal care during the first trimester (ODH, Birth Statistics, 2009).
- ◆ In 2009, 8.2% of all U.S. live births were low birth weight births (Source: National Center for Health Statistics 2009).



*\*Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.  
(Source for graphs: ODH Information Warehouse Updated 4-12-12)*

## Social Context and Safety

### Key Findings

*The Community Needs Assessment identified that 43% of Medina County adults kept a firearm in or around their home. Five percent of adults were abused the past year.*

### Safety

- ◆ About two-fifths (43%) of Medina County adults kept a firearm in or around their home. 4% of adults reported they were unlocked and loaded.
- ◆ In the past year, 5% of adults were abused, increasing to 8% of those under the age of 30. They were abused in the following ways: verbally (3%), emotionally (3%), financially (2%), physically (1%), and through electronic methods (1%).
- ◆ Of those who were abused, 53% by their spouse or partner, 27% by a parent, 20% by a child, 13% were abused by someone outside their home, and 20% were abused by someone else.
- ◆ Medina County adults reported their neighborhoods were: extremely safe (52%), quite safe (45%), and slightly safe (3%). No adults reported their neighborhood was not at all safe.

### Social Context

- ◆ In the past 30 days, 3% of adults were concerned about having enough food for them or their family, increasing to 9% of those with incomes less than \$25,000.
- ◆ 20% of adults attempted to contact a social service agency for assistance. Of those adults who looked for assistance, they received it from the following: Job & Family Services (42%), a friend or family member (19%), WIC/Health Department (16%), Wayne-Medina County Community Action (15%), Workforce Development (10%), a place of worship (6%), 2-1-1/United Way (1%), and somewhere else (9%).
- ◆ In the past year, Medina County adults sought assistance with the following: free medical care (4%), food (4%), transportation (4%), home repair (4%), free tax preparation (3%), utilities (2%), rent/mortgage (2%), legal aid services (1%), and clothing (1%).
- ◆ Medina County adults experienced the following stressors in the past year: a close family member had to go in the hospital (34%), death of a family member or close friend (25%), someone in the household lost their job (12%), moved to a new address (8%), had bills they could not pay (7%), someone close to them had a problem with drinking or drugs (7%), household income cut in half (6%), someone in the household had their hours at work reduced (5%), someone in the household went to jail (4%), became separated or divorced (3%), was involved in a physical fight (1%), they were hit or slapped by a spouse or partner (1%), someone in the household was homeless (1%), had someone homeless living with them (1%), and was homeless (1%).
- ◆ Medina County adults reported the following community concerns: school funding (43%), unemployment (42%), traffic (29%), alcohol and drug use (23%), lack of affordable healthcare (20%), lack of affordable housing (9%), lack of affordable transportation (8%), and other concerns (11%).
- ◆ Adults indicated that Medina County residents need more education about the following: distracted driving (41%), bullying (30%), drug abuse (27%), nutrition (24%), driving under the influence-DUI (22%), teenage pregnancy (21%), sexting (16%), tobacco use (15%), speeding (14%), suicide prevention (13%), violence (11%), end-of-life issues (10%), bicycle safety (6%), seat belt/restraint usage (4%), and other issues (5%).
- ◆ 20% of Medina County adults reported that someone in their immediate family had served in the military. The following issues have affected their family as a result of military service: access to medical care (1%), post-traumatic stress disorder (PTSD) (1%), relationship problems (1%), marital problems (1%), high anxiety levels (1%), mental health issues (<1%), housing issues (<1%), major health problems due to injury (<1%), could not find/keep a job (<1%), and access to mental health treatment (<1%).

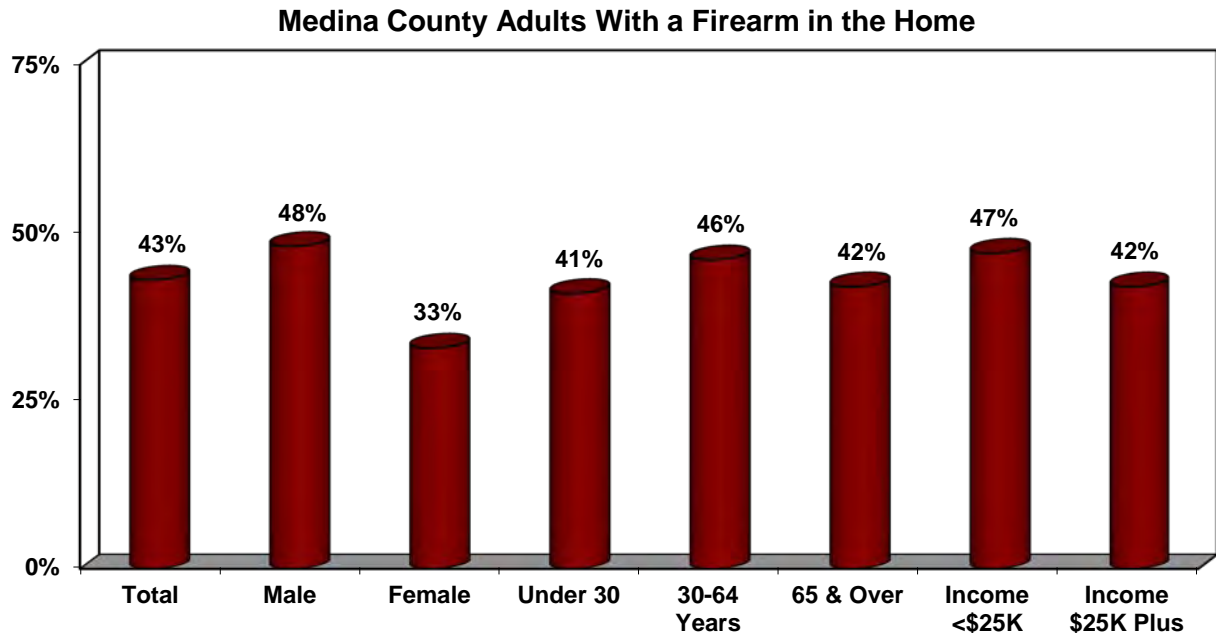
### Food Security in the United States

- ◆ At some point in 2010, 14.5% of households were uncertain of having, or unable to acquire, enough food to meet the needs of all of their members because they had insufficient money or other resources for food (food insecure).
- ◆ Approximately 9.1% (10.9 million) of U.S. households experienced low food security in 2010.

*(Source: U.S. Department of Agriculture, Food Security in the United States: Statistics and Graphics, 2010)*

## Social Context and Safety

The following graph shows the percentage of Medina County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 43% of all Medina County adults kept a firearm in their home, 48% of males, and 41% of those under 30 kept a firearm in their home.



### Firearm Injury Prevention

According to The American College of Emergency Physicians (ACEP), the improper use of firearms results in death and injury. Below are some of the College supported efforts to prevent firearm-related injuries and deaths:

- ❖ Aggressively enforce current laws against illegal possession, purchase, sale, or use of firearms;
- ❖ Encourage the creation and evaluation of community and school-based education programs targeting the prevention of firearm injuries;
- ❖ Educate the public about the risks of improperly stored firearms, especially in the home;
- ❖ Increase funding for the development, evaluation, and implementation of evidence-based programs and policies to reduce firearm-related injury and death
- ❖ Work with stakeholders to develop comprehensive strategies to prevent firearm injury and death

*(Source: Firearm Injury Prevention, Annals of Emergency Medicine, v. 57 issue 6, 2012, p. 691)*

# Quality of Life

## Key Findings

*One in seven (14%) Medina County adults in 2012 reported they were limited in some way because of a physical, mental or emotional problem.*

## Impairments and Health Problems

- ◆ One in seven (14%) Medina County adults were limited in some way because of a physical, mental or emotional problem (22% Ohio, 21% U.S., 2010 BRFSS), increasing to 26% of those with incomes less than \$25,000 and 27% of those ages 65 and older.
- ◆ The following impairments or health problems limited Medina County adults' activities: back or neck problems (11%), arthritis (10%), walking problems (7%), depression/anxiety (3%), lung/breathing problems (3%), fractures, bone/joint injuries (3%), hearing problems (3%), high blood pressure (2%), heart problems (2%), emotional problems (2%), eye/vision problems (2%), diabetes (1%), tobacco dependency (1%), alcohol dependency (1%), cancer (1%), a developmental disability (1%), a learning disability (1%), stroke-related problems (1%), and other impairments/problems (5%).
- ◆ As a result of impairments or health problems, Medina County adults needed help with the following: household chores (5%), bathing (5%), shopping (4%), dressing (4%), getting around the house (4%), doing necessary business (3%), using a toilet (3%), and eating (3%).
- ◆ Medina County adults needed the following in the past year: eyeglasses or vision care (30%), hearing aids (5%), cane (5%), medical supplies (5%), wheelchair (2%), special bed (1%), special telephone (1%), mobility aids (1%), and oxygen (1%).

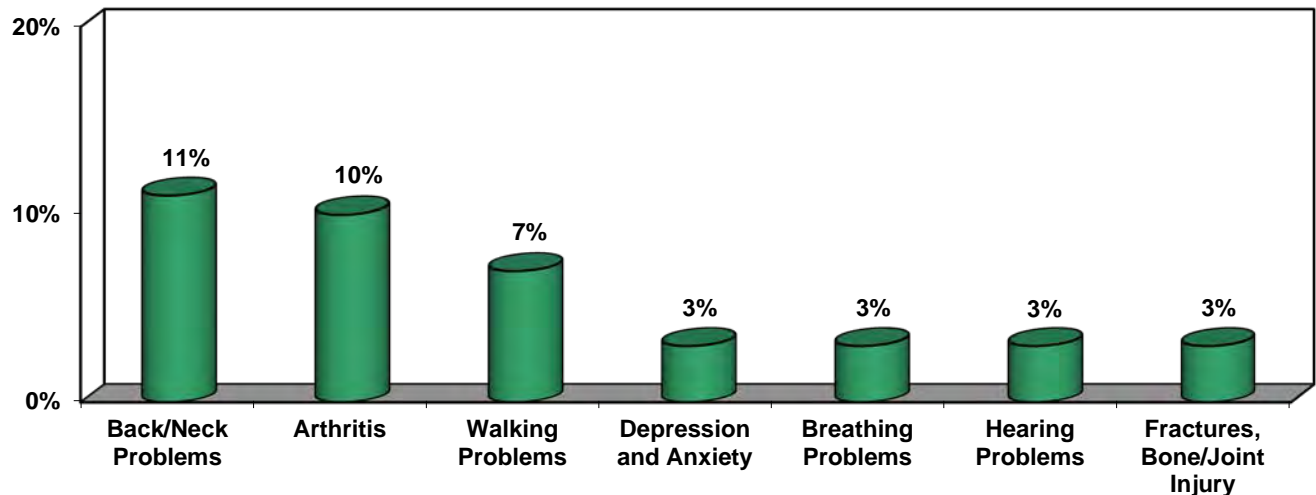
## Back Pain Prevention

The best things you can do to prevent back pain are:

- ❖ Exercise often and keep your back muscles strong.
- ❖ Maintain a healthy weight or lose weight if you weigh too much.
- ❖ Make sure you are getting enough calcium and vitamin D every day. This is very important to keep bones strong.
- ❖ Try to stand up straight and avoid heavy lifting when you can. If you do lift something heavy, bend your legs and keep your back straight.

(Source: National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases, [http://www.niams.nih.gov/Health\\_Info/Back\\_Pain/back\\_pain\\_ff.asp](http://www.niams.nih.gov/Health_Info/Back_Pain/back_pain_ff.asp), updated 9/09)

**Medina County Most Limiting Health Problems**



2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Limited in some way due to physical, emotional, or mental problems	14%	22%	21%



## Adult Mental Health and Suicide

### Key Findings

*In 2012, 2% of Medina County adults considered attempting suicide. 6% of adults felt so sad or hopeless almost every day for two or more weeks that they stopped doing usual activities.*

### Adult Mental Health

- ◆ 2% of Medina County adults considered attempting suicide in the past year.
- ◆ 1% of adults attempted suicide.
- ◆ 6% of adults felt so sad or hopeless nearly every day for two or more weeks in a row that they stopped doing usual activities, increasing to 17% of those under 30.
- ◆ 10% of Medina County adults used a program or service to help with depression, anxiety or emotional problems for themselves or a loved one. Reasons for not using such a program include: had not thought about it (5%), did not feel the services they received were good (3%), other priorities (2%), stigma of seeking mental help (1%), did not know how to find a program (1%), high co-pay/deductible (1%), and other reasons (2%). 76% said they did not need such a program.

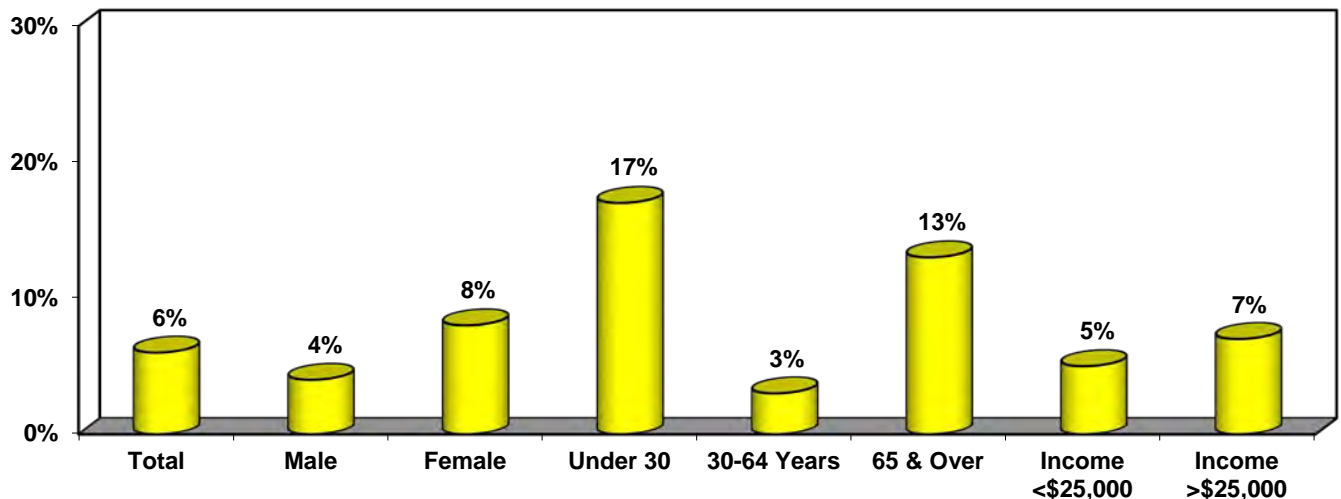
### Mental Health Services in Ohio

*(Ohio Facts 2010, FY 2009\*)*

- ◆ In FY 2009, mental health services spending totaled 1.34 billion in Ohio.
- ◆ In FY 2009, Ohio's 50 community-based mental health boards served 325,000 individuals throughout the state. These boards included 47 alcohol & drug addiction and mental health service boards and three county mental health service boards.
- ◆ In FY 2009, state hospitals served 6,790 individuals at a cost of \$217.7 million. Average daily cost per resident was \$589.
- ◆ An average of 109,000 individuals each month received Medicaid mental health services through ODMH.

(Sources: U.S. Department of Health and Human Services, Ohio Department of Mental Health, <http://www.lsc.state.oh.us/fiscal/ohiofacts/sep2010/healthandhumanservices.pdf>)

### Medina County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row



### Medina County, Ohio, and U.S. Mental Health and Suicide Facts

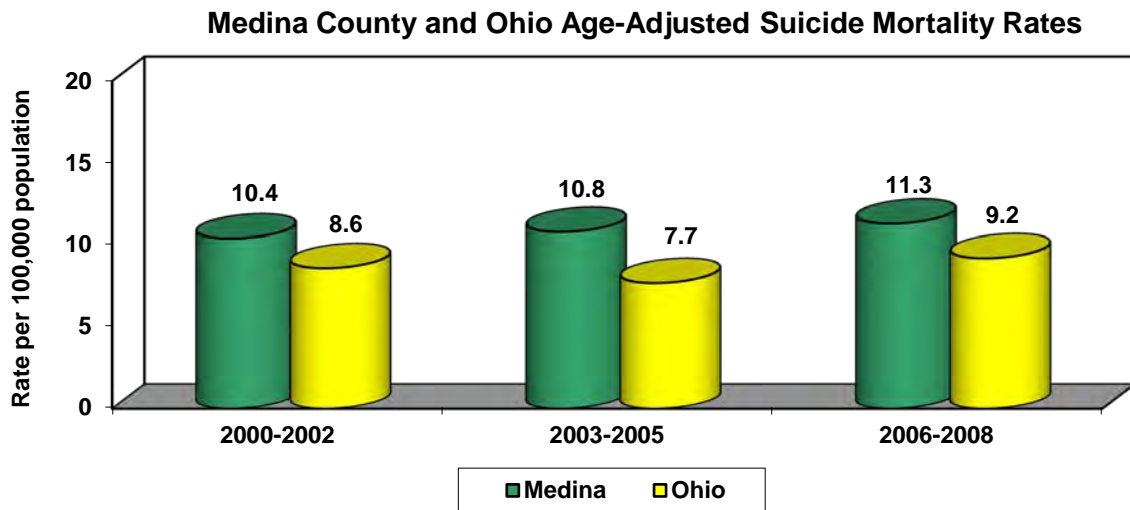
- ◆ In 2010, 77% of suicides were male in Medina County.
- ◆ In Medina County, the 15-24 and 45-54 age groups had the highest number of suicides in 2010.
- ◆ In 2009, the state of Ohio ranked 43 in the nation for suicide deaths, with a rate of 10.2 per 100,000 population.
- ◆ In 2009, suicide ranked 10<sup>th</sup> as the cause of death in the United States.

(Sources: Ohio Suicide Prevention Foundation, 2012, <http://obiospf.org/countymain.php?countyid=52&GO=GO> & McIntosh, J.L. (for the American Association of Suicidology). (2012). U.S.A. suicide: 2009 official final data. Washington, DC: American Association of Suicidology, dated January 12, 2012, from [www.suicidology.org](http://www.suicidology.org))

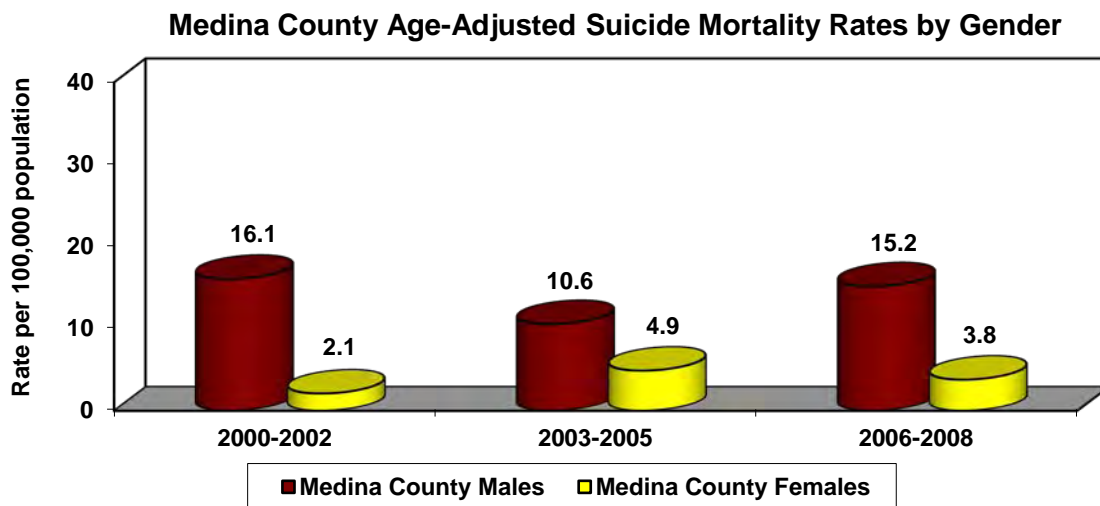
## Adult Mental Health and Suicide

The following graphs show the Ohio and Medina County age-adjusted suicide mortality rates per 100,000 population and the number of suicide deaths by age group for the county. The graphs show:

- ◆ The 2000-2008 Medina County age-adjusted suicide mortality rate increased and remained above the Ohio rate.
- ◆ The Medina County male age-adjusted suicide rate consistently exceeded the rate for females from 2000 to 2008.
- ◆ From 2006-2008, 19% of all Medina County suicide deaths occurred to those ages 35-44 and 65 and up, totaling 38% for those age groups combined.



(Source: ODH Information Warehouse, updated 4-15-10)

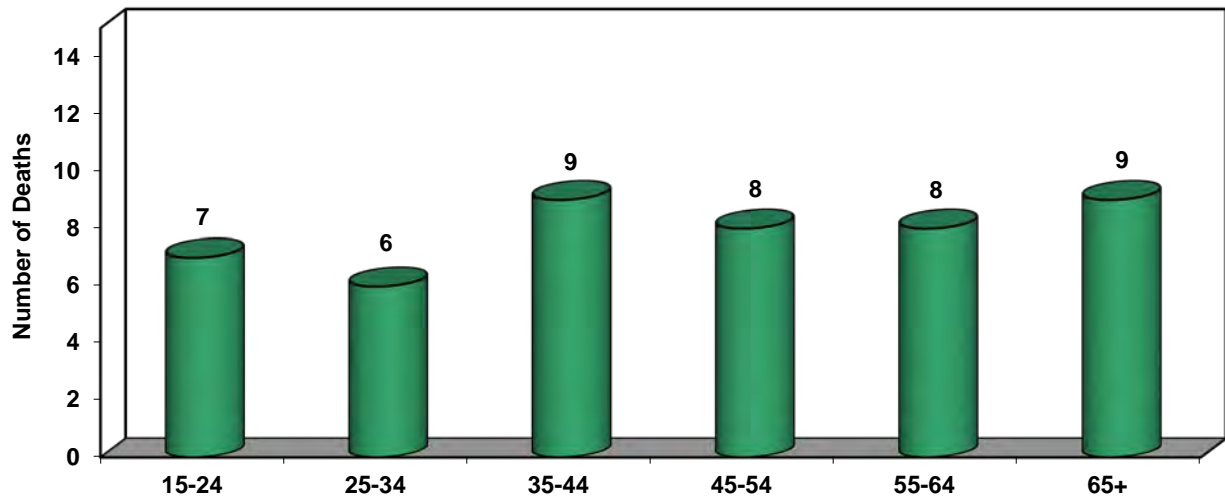


(Source: ODH Information Warehouse, updated 4-15-10)

## Adult Mental Health and Suicide

### Medina County Number of Suicide Deaths By Age Group 2006-2008

Total Deaths = 47



(Source: ODH Information Warehouse, updated 4-15-10)

### Risk Factors and Warning Signs of Suicide

Although suicide is often difficult to predict, a few risk factors include:

- ❖ Mental Health disorder, especially depression
- ❖ Prior suicide attempt
- ❖ Feeling socially isolated
- ❖ Experiences poor parent/child communication
- ❖ Has access to lethal suicide methods (for instance, firearms)
- ❖ Substance abuse
- ❖ Has experienced violence
- ❖ Stressful life events
- ❖ Has medical condition
- ❖ Served jail/prison time

Recognizing Warning Signs of Suicide in Others

- ❖ Feelings of despair or hopelessness
- ❖ Drug or alcohol abuse
- ❖ Shows signs of improvement, but in reality, relief comes from having made decision to commit suicide
- ❖ Taking care of business- preparing for the family's welfare
- ❖ Rehearsing suicide or seriously discussing specific suicide methods

(Source: CDC, National Depression and Manic Depression Association)

# Oral Health

## Key Findings

*The 2012 Community Needs Assessment project has determined that three-fourths (75%) of Medina County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. More than three-fourths (76%) of Medina youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.*

## Access to Dental Care

- ◆ In the past year, 75% of Medina County adults had visited a dentist or dental clinic, decreasing to 67% of those under the age of 30 and 62% of adults with annual household incomes less than \$25,000. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.
- ◆ When asked how long it had been since their last visit to a dentist or dental clinic, 11% of Medina County adults reported that it had been more than one year but less than two years, 6% reported that it had been more than two years but less than five years, and 7% responded it had been five or more years ago.
- ◆ Over three-fourths (77%) of Medina County adults with dental insurance have been to the dentist in the past year, compared to 70% of those without dental insurance.
- ◆ 71% of adults have had their teeth cleaned by a dentist or dental hygienist in the past year, decreasing to 59% of those with incomes less than \$25,000.
- ◆ When asked the main reason for not visiting a dentist in the last year, 28% said cost, 20% said they had no reason to go, 18% said they did not have dental coverage, 17% said fear, apprehension, nervousness, pain, and dislike going, 14% had other priorities, 14% said they did not have/know a dentist, and 8% said they had not thought of it.
- ◆ Medina County adults had the following oral health issues: have had some permanent teeth removed (14%), pain (9%), oral bleeding (6%), difficulty eating/chewing (2%), loose teeth (2%), skipped meals due to pain (1%), problems with dentures (1%), and no teeth (1%).
- ◆ In the past year, 76% of Medina County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 12% responded more than one year but less than 2 years, and 3% responded more than 2 years ago.

### Medina County Dental Care Resources – 2010

- ◆ Number of licensed dentists- 88
- ◆ Number of primary care dentists- 66
- ◆ Ratio of population per dentist- 1,978:1
- ◆ Number of dentists who treat Medicaid patients- 13
- ◆ Ratio of Medicaid population per dentist who treats Medicaid patients- 1,310:1

*(Source: ODH Ohio Oral Health Surveillance System, 2010)*

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
<b>Time Since Last Visit to Dentist/Dental Clinic</b>					
Males	69%	11%	9%	9%	1%
Females	84%	11%	2%	3%	0%
Total	75%	11%	6%	7%	<1%

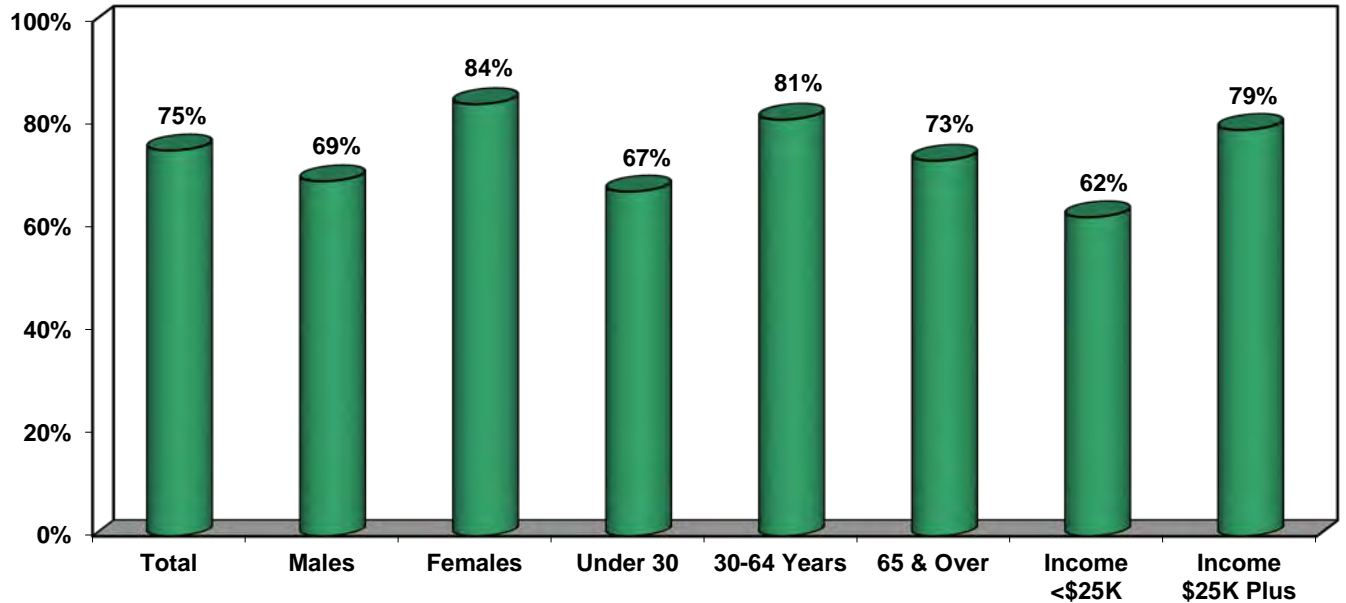
*Totals may not equal 100% as respondents answered do not know.*

2012 Adult Comparisons	Medina County 2012	Ohio 2010	U.S. 2010
Adults who have visited the dentist in the past year	75%	72%	70%

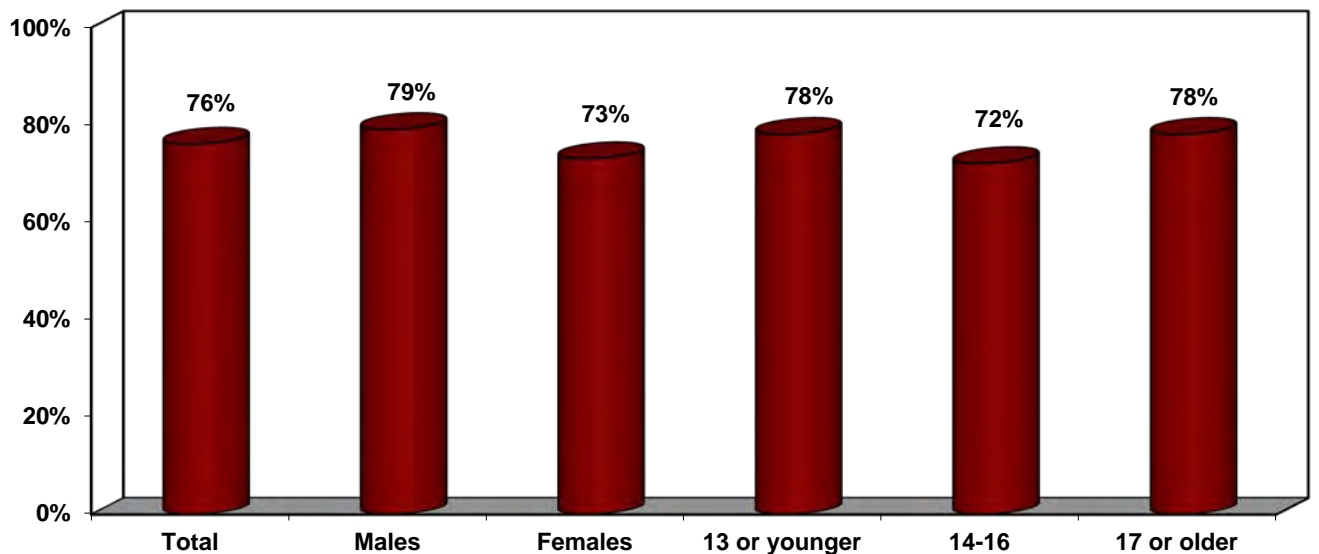
## Oral Health

The following graphs provide information about the frequency of Medina County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 75% of all Medina County adults had been to the dentist in the past year, 67% of those under the age of 30 and 62% of those with incomes less than \$25,000.

**Medina County Adults Visiting a Dentist in the Past Year**



**Medina County Youth Visiting a Dentist in the Past Year**



## Parents of Teens

### Key Findings

*Medina County parents were most concerned about their 12-to-18 year-olds' eating habits (52%) and alcohol use (48%). 35% of parents were concerned about bullying.*

### Parenting

- ◆ Medina County parents were concerned with the following about their 12-to-18 year-old:
  - Eating habits (52%)
  - Using alcohol (48%)
  - Depression/anxiety/mental health (44%)
  - Not getting enough exercise (43%)
  - Getting alcohol (43%)
  - Using drugs (42%)
  - Developing a weight problem (39%)
  - Safe sex (37%)
  - Bullying (physical, verbal, cyber, etc.) (35%)
  - Facebook or other social network sites (35%)
  - Using tobacco (33%)
  - Texting (32%)
  - Communication/speech (30%)
  - Academic performance (28%)
  - Teen pregnancy (20%)
  - Drinking and driving (19%)
  - TV watching (15%)
  - Cutting/self-harm (6%)
  - Violence (6%)

### Talking to your teen about safe sex:

- ❖ Talk calmly and honestly about safe sex
- ❖ Practice talking about safe sex with another adult before approaching your adolescent
- ❖ Listen to your adolescent and answer his/her questions honestly
- ❖ Topics that are appropriate for a safe sex discussion may include: STDs and prevention, peer pressure to have sex, birth control, different forms of sexuality, and date rape

*(Source: American Academy of Pediatrics (AAP) <http://www.aap.org/>)*

### Grandparents Raising Children: Ohio and Medina County

- ❖ According to the 2010 U.S. Census for Ohio, 188,578 children under 18 years live in homes where the householders are grandparents (6.9% of the children in the state).
- ❖ In Ohio, 91,513 grandparents are the householders and are responsible for their grandchildren living with them. Of these:
  - 72% of the grandparents are White, 23% are Black/African American, and 3% are Hispanic/Latino.
  - 44% have no parents of the children present in the home
  - 70% are under age 60
  - 19% live in poverty
- ❖ In Medina County, 2,394 grandparents were estimated to be living with their grandchildren under 18 years, 697 of which they are responsible for.

*(Source: American Community Survey 3-Year Estimates, 2008-2010, U.S. Census Bureau, 2010)*

# Youth Weight Status

## Key Findings

*The 2012 Community Needs Assessment identified that 9% of Medina County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 24% of Medina County youth reported that they were slightly or very overweight. 79% of youth were exercising for 60 minutes on 3 or more days per week.*

## Youth Weight Status

- ◆ BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- ◆ In 2012, 9% of youth were classified as obese by Body Mass Index (BMI) calculations (2011 YRBS reported 15% for Ohio and 13% for the U.S.). 9% of youth were classified as overweight, (2011 YRBS reported 15% for Ohio and 15% for the U.S.), 77% were normal weight, and 5% were underweight.
- ◆ 24% of youth described themselves as being either slightly or very overweight (2011 YRBS reported 30% for Ohio and 29% for the U.S.).
- ◆ Nearly two-fifths (39%) of all youth were trying to lose weight, increasing to 49% of Medina County female youth (compared to 28% of males).
- ◆ Medina County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
  - 55% of youth exercised.
  - 33% of youth ate less food, fewer calories, or foods lower in fat.
  - 5% reported going without eating for 24 hours or more (2011 YRBS reported 13% for Ohio and 12% for the U.S.).
  - 3% reported taking diet pills, powders, or liquids without a doctor's advice (2011 YRBS reported 6% for Ohio and 5% for the U.S.).
  - 3% reported smoking.
  - 2% vomited or took laxatives to lose weight (2011 YRBS reported 6% for Ohio and 4% for the U.S.).

### Soft Drinks & Adolescent Weight

- ◆ Empty calories from added sugars and solid fats contribute to 40% of daily calories for children and adolescents aged 2–18 years, affecting the overall quality of their diets. Approximately half of these empty calories come from 6 sources: soda, fruit drinks, dairy desserts, grain desserts, pizza, and whole milk.
- ◆ Adolescents drink more full-calorie sodas per day than milk. Males aged 12–19 years drink an average of 22 ounces of full-calorie soda per day, more than twice their intake of fluid milk (10 ounces), and females drink an average of 14 oz. of full-calorie soda and only 6 oz. of fluid milk.

(Source: CDC, Adolescent and School Health, <http://www.cdc.gov/healthyyouth/nutrition/facts.htm>, 9-15-11)

Medina County 6 <sup>th</sup> -12 <sup>th</sup> Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	55%
Ate less food, fewer calories, or foods lower in fat	33%
Went without eating for 24 hours	5%
Took diet pills, powders, or liquids without a doctor's advice	3%
Smoked	3%
Vomited or took laxatives	2%



## Youth Weight Status

### Nutrition

- ◆ 16% of Medina County youth ate 5 or more servings of fruits and vegetables per day. 80% ate 1 to 4 servings of fruits and vegetables per day.
- ◆ Medina County youth consumed the following sources of calcium daily: milk (83%), yogurt (44%), other dairy products (39%), calcium-fortified juice (16%), calcium supplements (9%), and other calcium sources (12%).
- ◆ 40% of youth reported drinking energy drinks for the following reasons: to stay awake (25%), to get pumped up (11%), before games or practice (8%), to help them perform (6%), to mix with alcohol (4%), and some other reason (17%).
- ◆ Youth ate out in a restaurant or brought home take-out food an average of 2.0 times per week.

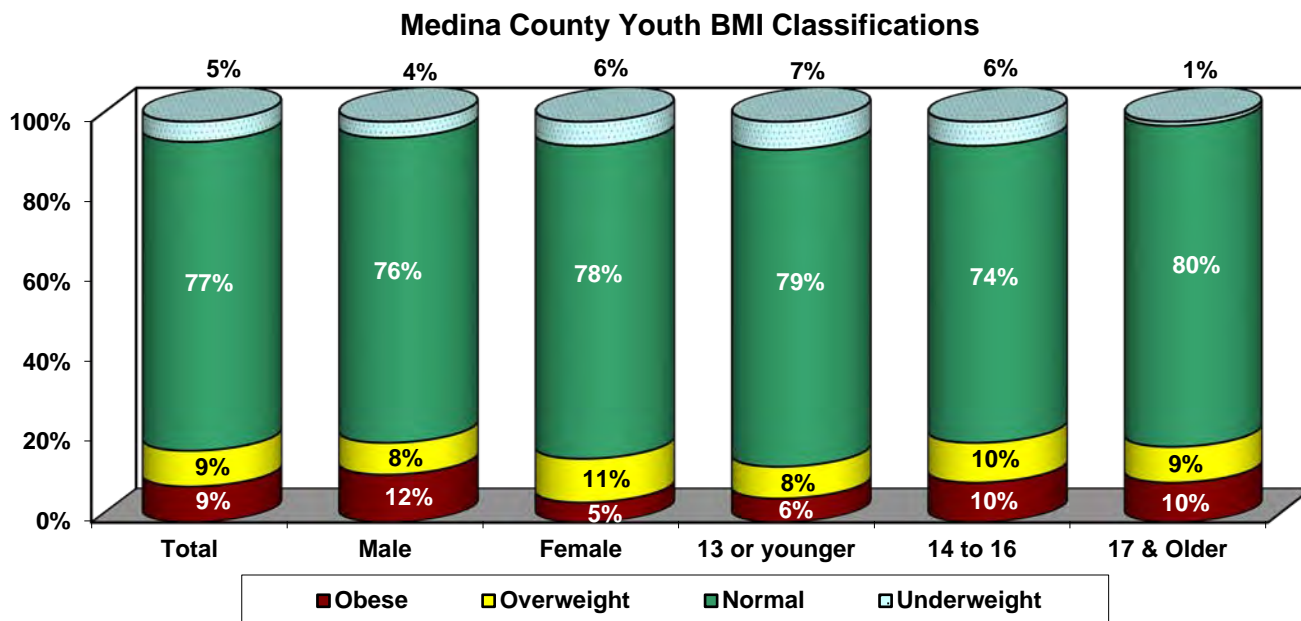
Nutrition comparisons between Medina County 6 <sup>th</sup> -12 <sup>th</sup> Grade Youth and Adults:	Youth	Adults
Had at least 5 servings of fruits and vegetables per day	16%	12%
Ate out in a restaurant or brought home take-out food (average times per week)	2.0	2.4

### Physical Activity

- ◆ 79% of Medina County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 55% did so on 5 or more days in the past week and 26% did so every day in the past week. 6% of youth did not participate in at least 60 minutes physical activity on any day in the past week. (2011 YRBS reports 16% for Ohio and 14% for the U.S.)
- ◆ 74% of Medina County youth were physically active at least 60 minutes per day on less than 7 days, (2011 YRBS reported 75% for Ohio and 71% for the U.S.) and 45% were physically active at least 60 minutes per day on less than 5 days (2011 YRBS reported 55% for Ohio and 51% for the U.S.).
- ◆ The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- ◆ Medina County youth spent an average of 3.3 hours on electronics (such as a cell phone, iPad, etc.), 2.4 hours watching TV, 2.0 hours on the computer, and 1.9 hours playing video games on an average day of the week. 32% of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).
- ◆ 61% of youth participated in extracurricular activities. Reasons for not participating in extracurricular activities include: not interested in extracurricular activities (17%), school did not offer their interests (11%), had a job (9%), could not afford it (8%), transportation (6%), watched younger siblings (5%), parents would not take them to the activities (3%), and activities did not exist (1%).

## Youth Weight Status

The following graph shows the percentage of Medina County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 77% of all Medina County youth were classified as normal weight, 9% were obese, 9% were overweight, and 5% were calculated to be underweight for their age and gender.



2012 Youth Comparisons	Medina County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Medina County 2012 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Obese	9%	9%	15%	13%
Overweight	9%	9%	15%	15%
Described themselves as slightly or very overweight	24%	24%	30%	29%
Trying to lose weight	39%	40%	N/A	N/A
Exercised to lose weight	55%	56%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	33%	36%	43%*	39%*
Went without eating for 24 hours or more	5%	5%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	3%	4%	6%	5%
Vomited or took laxatives	2%	3%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	80%	84%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	74%	74%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	45%	50%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	6%	8%	16%	14%
Watched TV 3 or more hours per day	32%	32%	31%	32%

N/A – Not available

\* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

# Youth Tobacco Use

## Key Findings

*The 2012 Community Needs Assessment identified that 10% of Medina County youth were smokers, increasing to 18% of those who were over the age of 17.*

## Youth Tobacco Use Behaviors

- ◆ The 2011 YRBS reports that 52% of youth in Ohio had tried cigarette smoking (2011 YRBS reports 45% of U.S. youth) and the 2012 Community Needs Assessment indicated that 26% of Medina County youth had done the same.
- ◆ 14% of Medina County youth who smoked reported smoking a whole cigarette at 10 years old or younger, and one-quarter (25%) had done so by the age of 12. The average age of onset for smoking was 13.5 years old.
- ◆ 5% of all Medina County youth had smoked a whole cigarette for the first time before the age of 13. (2011 YRBS reported 14% for Ohio and 10% for the U.S.)
- ◆ In 2012, 10% of Medina County youth were current smokers, having smoked at some time in the past 30 days, (2011 YRBS reported 21% for Ohio and 18% for the U.S.). Almost one-fifth (18%) of those ages 17 years and older were current smokers, compared to 1% of 12-13 year olds and 12% of 14-16 year olds.
- ◆ Nearly one-quarter (21%) of current smokers smoked cigarettes daily.
- ◆ 3% of all Medina County youth smoked cigarettes on 20 or more days during the past month. (2011 YRBS reported 10% for Ohio and 6% for the U.S.)
- ◆ More than two-thirds (69%) of the Medina County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ 41% of youth smokers borrowed cigarettes from someone else, 33% asked someone else to buy them cigarettes, 26% said a person 18 years of age or older gave them the cigarettes, 26% took them from a store or family member, 21% indicated they bought cigarettes from a store or gas station, and 18% got them some other way.
- ◆ Medina County youth used the following forms of tobacco the most in the past year: cigarettes (14%), Black and Milds (12%), cigars (9%), hookah (8%), chewing tobacco or snuff (8%), flavored cigarettes (7%), e-cigarette (7%), cigarillos (6%), swishers (5%), little cigars (4%), snus (4%), and bidis (1%).
- ◆ 88% of youth reported their parents would disapprove of them smoking cigarettes.

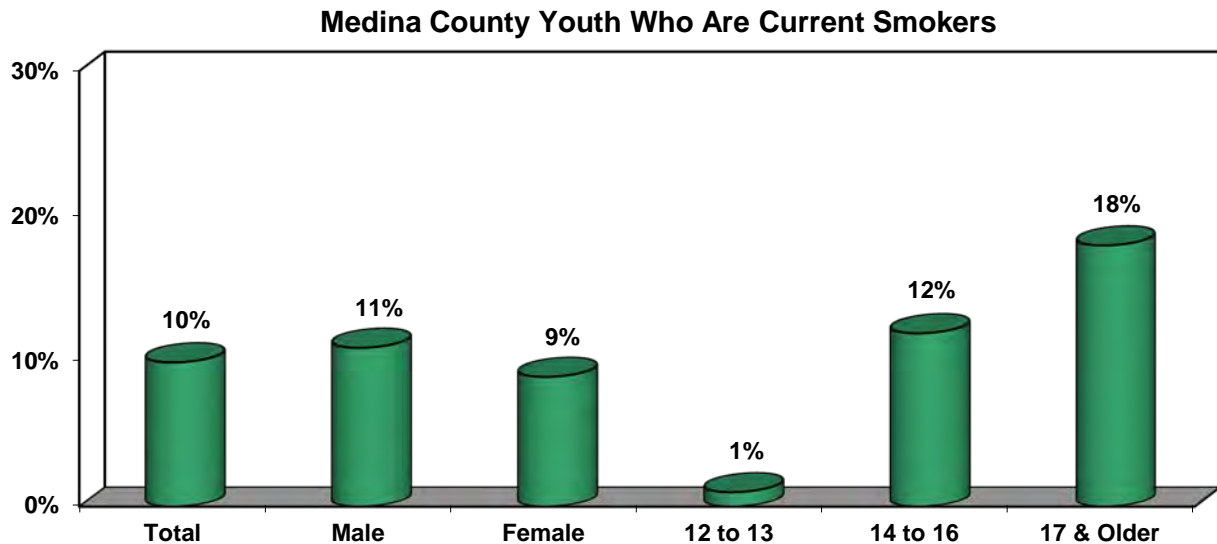
### Tobacco Sales and Promoting to Youth

- ◆ All states have laws making it illegal to sell cigarettes to anyone under the age of 18, yet 14% of students under the age of 18 who currently smoke cigarettes reported they usually obtained their own cigarettes by buying them in a store or gas station during the 30 days before the survey.
- ◆ Cigarette companies spent more than \$15.2 billion in 2003 to promote their products.
- ◆ Children and teenagers constitute the majority of all new smokers, and the industry's advertising and promotion campaigns often have special appeal to these young people.
- ◆ 83% of young smokers (aged 12-17) choose the three most heavily advertised brands.

(Source: CDC, Healthy Youth, Tobacco Fact Sheet, <http://www.cdc.gov/healthyyouth/tobacco/facts.htm>, retrieved 11-3-11)

## Youth Tobacco Use

The following graph shows the percentage of Medina County youth who smoke cigarettes. Examples of how to interpret the information include: 10% of all Medina County youth were current smokers, 11% of males smoked, and 9% of females were current smokers.



*Current smokers are those who have smoked at any time during the past 30 days.*

### Behaviors of Medina Youth

*Current Smokers vs. Non-Current Smokers*

Youth Behaviors	Current Smoker	Non-Current Smoker
Have been in a physical fight in the past 12 months	46%	21%
Attempted suicide in the past 12 months	23%	5%
Have had at least one drink of alcohol in the past 30 days	69%	17%
Have used marijuana in the past 30 days	62%	7%
Participated in extracurricular activities	38%	64%

*Current smokers are those youth surveyed who have self-reported smoking at any time during the past 30 days.*

2012 Youth Comparisons	Medina County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Medina County 2012 (9 <sup>th</sup> – 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )
Ever tried cigarettes	26%	38%	52%	45%
Current smokers	10%	15%	21%	18%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	5%	5%	14%	10%
Smoked cigarettes on 20 or more days during the past month (of all youth)	3%	3%	10%	6%

# Youth Alcohol Consumption

## Key Findings

*In 2012, the Community Needs Assessment results indicated that 48% of Medina County youth had drank at least one drink of alcohol in their life, increasing to 78% of youth seventeen and older. 26% of those who drank took their first drink at 12 years old or younger. Almost one-fourth (22%) of all Medina County youth and 44% of those over the age of 17 had at least one drink in the past 30 days. Three-fifths (60%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 9% of all youth drivers had driven a car in the past month after they had been drinking alcohol.*

## Youth Alcohol Consumption

- ◆ In 2012, the Community Needs Assessment results indicate that nearly half (48%) of all Medina County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 78% of those ages 17 and older (2011 YRBS reports 71% for Ohio 71% for the U.S.).
- ◆ Almost one-fourth (22%) of youth had at least one drink in the past 30 days, increasing to 44% of those ages 17 and older (2011 YRBS reports 38% for Ohio and 39% for the U.S.).
- ◆ Of those who drank, 60% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 72% of those ages 17 and older.
- ◆ Based on all youth surveyed, 14% were defined as binge drinkers, increasing to 32% of those ages 17 and older (2011 YRBS reports 24% for Ohio and 22% for the U.S.).
- ◆ 8% of Medina County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.
- ◆ Over one-fourth (26%) of Medina County youth who reported drinking at sometime in their life had their first drink at 12 years old or younger; 30% took their first drink between the ages of 13 and 14, and 44% drank between the ages of 15 and 18. The average age of onset was 13.6 years old.
- ◆ Of all Medina County youth, 11% had drank alcohol for the first time before the age of 13. (2011 YRBS reports 18% of Ohio youth drank alcohol for the first time before the age of 13 and 21% for the U.S.).
- ◆ Medina County youth drinkers reported they got their alcohol from the following: someone gave it to them (53%) (2011 YRBS reports 40% for the U.S.), someone older bought it for them (40%), a parent gave it to them (31%), took it from a store or family member (24%), a friend's parent gave it to them (15%), bought it in a liquor store/ convenience store/gas station (7%), bought it at a restaurant/bar/club (7%), bought it with a fake ID (7%), bought it at a public event (concert/sporting event) (2%), and some other way (36%).
- ◆ 12% of Medina County youth drinkers reported being on school property under the influence of alcohol within the past 30 days.
- ◆ During the past month 14% of all Medina County youth had ridden in a car driven by someone who had been drinking alcohol (2011 YRBS reports 21% for Ohio and 24% for the U.S.).
- ◆ 3% of all youth had driven a car in the past month after they had been drinking alcohol (2011 YRBS reports 7% for Ohio and 8% for the U.S.).
- ◆ 9% of all youth drivers had driven a car in the past month after they had been drinking alcohol.
- ◆ 79% of youth reported their parents would disapprove of them drinking alcohol, increasing to 85% of those 13 and younger.

## 2011 Youth Risk Behavior Survey Results Alcohol Use

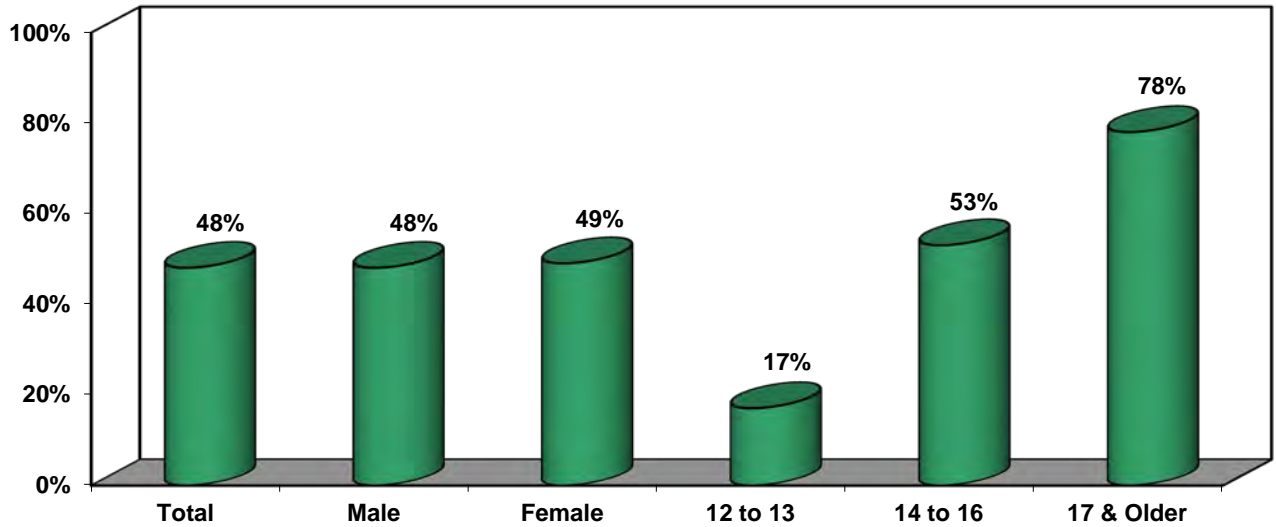
- ❖ 38% of Ohio high school students drank alcohol in the past month compared with 39% of U.S. high school students.
- ❖ 24% of Ohio and 22% of U.S. high school students reported binge drinking in the past month.
- ❖ Among Ohio high school students, current drinking prevalence was higher for females (39%) than males (37%), however binge drinking incidence was higher for males (25%) than females (22%).

*(Source: CDC: 2011 Youth Risk Behavior Surveillance System, 6-11-12)*

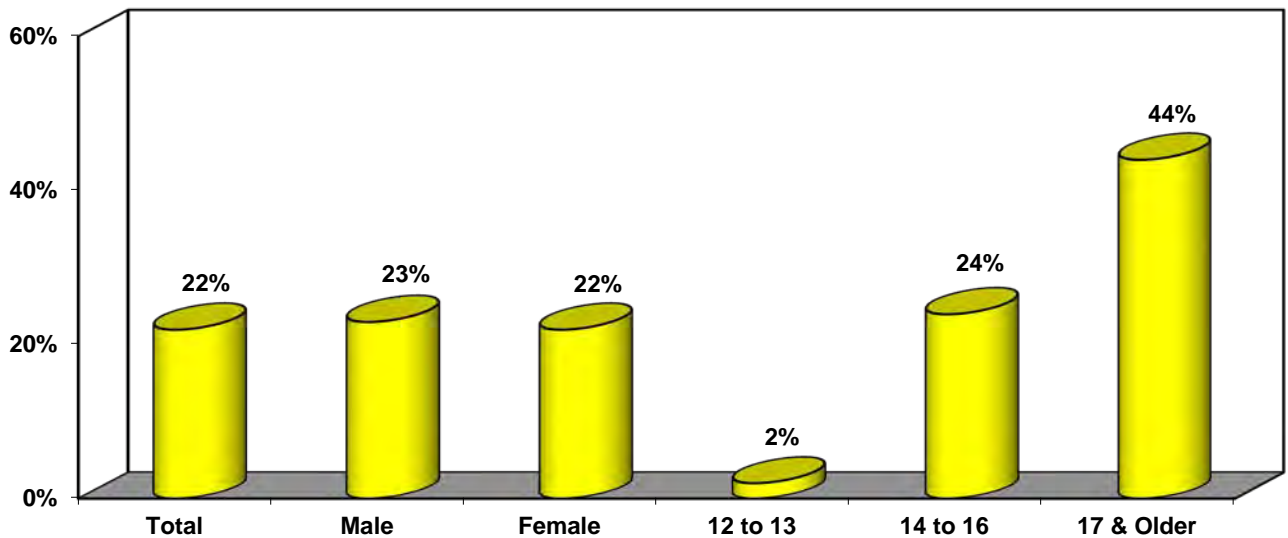
## Youth Alcohol Consumption

The following graphs show the percentage of Medina County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 48% of all Medina County youth have drunk at some time in their life: 48% of males and 49% of females.

**Medina County Youth Having At Least One Drink In Their Lifetime**



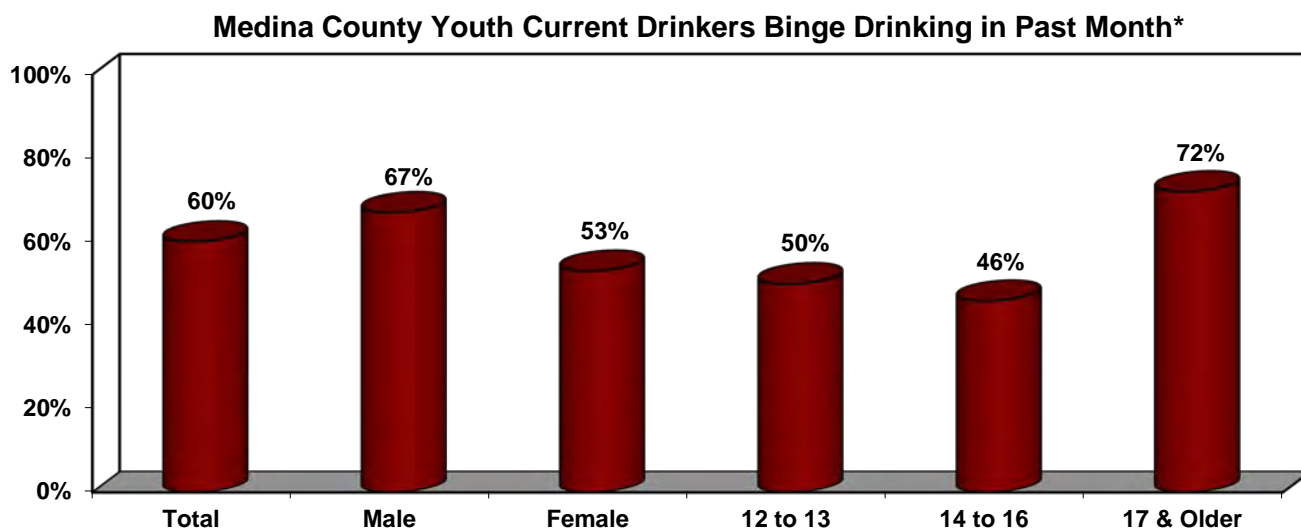
**Medina County Youth Current Drinkers**





## Youth Alcohol Consumption

The following graph shows the percentage of Medina County youth who were binge drinkers. Examples of how to interpret the information include: 60% of current drinkers binge drank in the past month, 67% of males, and 53% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.



*\*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

### Behaviors of Medina Youth Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Have been in a physical fight in the past 12 months	35%	20%
Attempted suicide in the past 12 months	13%	5%
Have smoked in the past 30 days	32%	4%
Have used marijuana in the past 30 days	39%	5%
Participated in extracurricular activities	59%	62%

*Current drinkers are those youth surveyed who have self-reported drinking at any time during the past 30 days.*

2012 Youth Comparisons	Medina County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Medina County 2012 (9 <sup>th</sup> - 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> - 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> - 12 <sup>th</sup> )
Ever tried alcohol	48%	66%	71%	71%
Current drinker	22%	35%	38%	39%
Binge drinker	14%	23%	24%	22%
Drank for the first time before age 13 (of all youth)	11%	10%	18%	21%
Rode with someone who was drinking	14%	13%	21%	24%
Drank and drove (of all youth)	3%	4%	7%	8%
Usually obtained the alcohol they drank by someone giving it to them	53%	55%	N/A	40%

*N/A – Not available*



# Youth Marijuana and Other Drug Use

## Key Findings

*In 2012, 12% of Medina County youth had used marijuana at least once in the past 30 days, increasing to 23% of those ages 17 and older. 13% youth used medications that were not prescribed for them or took more than prescribed to get high, increasing to 21% of those over the age of 17.*

## Youth Drug Use

- ◆ In 2012, 12% of all Medina County youth had used marijuana at least once in the past 30 days, increasing to 23% of those over the age of 17. The 2011 YRBS found a prevalence of 24% for Ohio youth and 23% for U.S. youth who had used marijuana one or more times during the past 30 days.
- ◆ 13% of Medina County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives, increasing to 21% of those over the age of 17.
- ◆ Medina County youth have tried the following sometime during their life:
  - 11% used inhalants (2011 YRBS reports 11% for U.S.)
  - 8% used K2/spice/posh/salvia/synthetic marijuana
  - 6% misused over-the-counter medication
  - 4% used cocaine (2011 YRBS reports 7% for Ohio and 7% for U.S.)
  - 3% used methamphetamines (2011 YRBS reports 4% for the U.S.)
  - 3% used ecstasy/MDMA (2011 YRBS reports 8% for U.S.)
  - 2% used steroids (2011 YRBS reports 4% for Ohio and 4% for U.S.)
  - 2% used heroin (2011 YRBS reports 3% for Ohio and 3% for U.S.)
  - 2% bath salts
  - 1% participated in a pharm party
  - 1% used GhB
- ◆ During the past 12 months, 14% of all Medina County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 18% of high school youth (2011 YRBS reports 24% for Ohio and 26% for the U.S.).
- ◆ 86% of youth reported their parents would disapprove of them using marijuana, and 88% said their parents would disapprove of them using other drugs.

## Synthetic Marijuana

- ❖ “K2” and “Spice” are street names for synthetic marijuana.
- ❖ K2 or Spice is a mixture of herbs or other plant materials that have been sprayed with artificial chemicals that are supposed to mimic the effects of marijuana.
- ❖ The physical signs of using synthetic marijuana are very troubling and include increased agitation, profuse sweating, pale skin, vomiting and uncontrolled/spastic body movements.
- ❖ While these drugs may be “new” to many parents, more than one in 10 American high school seniors used synthetic marijuana in the prior year according to the “Monitoring the Future” study, conducted by the University of Michigan.
- ❖ Calls to poison control centers for exposure to synthetic marijuana doubled between 2010 and 2011 and is on track to continue rising in 2012.

(Source: The Partnership At Drugfree.Org, Parents 360 Synthetic Drugs : Bath Salts, K2/ Spice : A Guide for parents and other influencers, [www.drugfree.org](http://www.drugfree.org), 2-16-12)

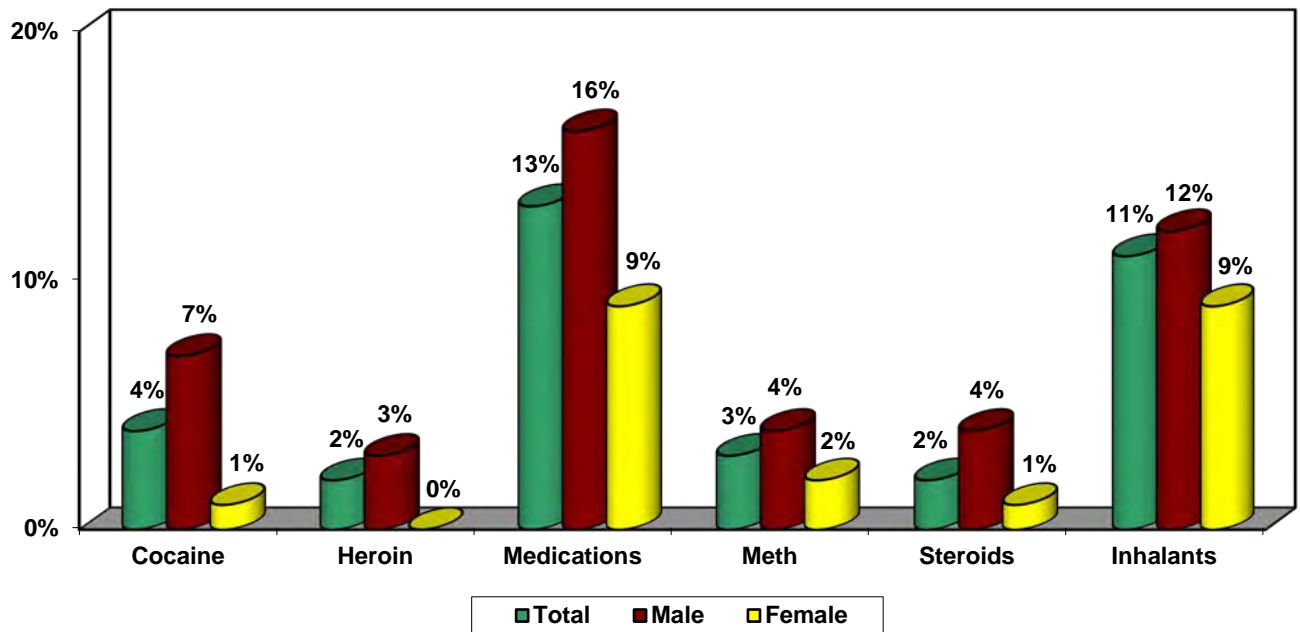
## Prescription Drug Abuse Facts

- ❖ Among youth who are 12 to 17 years old, 7.4 percent reported past-year nonmedical use of prescription medications.
- ❖ According to the 2011 Monitoring the Future survey, prescription and over-the-counter drugs are among the most commonly abused drugs by 12th graders, after alcohol, marijuana, and tobacco.
- ❖ Youth who abuse prescription medications are also more likely to report use of other drugs.

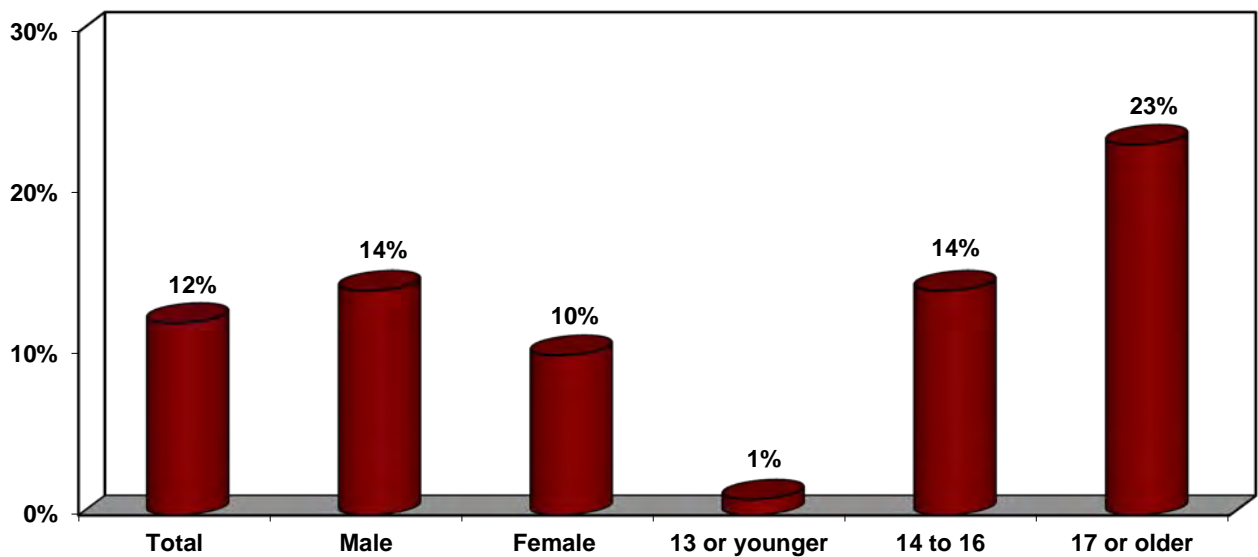
(Source: National Institute on Drug Abuse: The Science Behind Drug Abuse; Prescription Drugs, [http://teens.drugabuse.gov/facts/facts\\_rx1.php](http://teens.drugabuse.gov/facts/facts_rx1.php))

# Youth Marijuana and Other Drug Use

**Medina County Youth Lifetime Drug Use**



**Medina County Youth Marijuana Use in Past Month**



## Youth Marijuana and Other Drug Use

2012 Youth Comparisons	Medina County 2012 (6 <sup>th</sup> - 12 <sup>th</sup> )	Medina County 2012 (9 <sup>th</sup> - 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> - 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> - 12 <sup>th</sup> )
Youth who used marijuana in the past 30 days	12%	17%	24%	23%
Ever used methamphetamines	3%	4%	6%*	4%
Ever used cocaine	4%	5%	7%	7%
Ever used heroin	2%	1%	3%	3%
Ever used steroids	2%	2%	4%	4%
Ever used inhalants	11%	10%	12%**	11%
Ever used ecstasy/MDMA	3%	4%	N/A	8%
Ever misused medications	13%	20%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	14%	18%	24%	26%

N/A – Not available

\*2007 YRBS Data

\*\*2005 YRBS Data

### 2010 National Survey on Drug Use and Health (NSDUH)

- ❖ Rates of current illicit drug use remained stable from 2009 (10%) to 2010 (10.1%) among youths aged 12 to 17 for all drugs, but were higher than the rate in 2008 (9.3%)
- ❖ The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 7.4 percent in 2010.
- ❖ The rate of current misuse of prescription drugs declined from 4% in 2002 to 3% in 2010 for those youth ages 12 to 17 years old.
- ❖ The rate for young adults ages 18-25 who reported driving under the influence of illicit drugs in the past year was 12.7% in 2010.
- ❖ Of those youth aged 12 to 17 who were illicit drug users, they used the following drugs: inhalants (1.1%), hallucinogens (0.9%) and cocaine (0.2%)

*(Source: Department of Health and Human Services, SAMHSA, NSDUH, 2010)*

# Youth Sexual Behavior and Teen Pregnancy Outcomes

## Key Findings

*Only 9<sup>th</sup>-12<sup>th</sup> grade students were asked sexual behavior questions. One high school did not ask sexual behavior questions. In 2012, nearly two-fifths (39%) of Medina County youth had sexual intercourse, increasing to 51% of those ages 17 and over. 45% of youth had participated in oral sex. 42% of youth participated in sexting. Of those who were sexually active, 54% had multiple sexual partners.*

## Youth Sexual Behavior

- ◆ Only 9<sup>th</sup>-12<sup>th</sup> grade students were asked sexual behavior questions. One high school did not ask sexual behavior questions.
- ◆ Nearly two-fifths (39%) of Medina County youth have had sexual intercourse, increasing to 51% of those ages 17 and over. (The 2011 YRBS reports that 47% of U.S. youth have had sexual intercourse.)
- ◆ 45% of youth had participated in oral sex, increasing to 59% of those ages 17 and over.
- ◆ 42% of youth had participated in sexting, increasing to 49% of those ages 17 and over.
- ◆ 51% of youth had viewed pornography, increasing to 69% of males.
- ◆ Of those youth who were sexually active in their lifetime, 46% had one sexual partner and 54% had multiple partners. 6% of all Medina County high school youth had 4 or more partners (2011 YRBS reports 18% for Ohio and 15% for the U.S.).
- ◆ Of those youth who were sexually active, 9% had done so by the age of 13. Another 50% had done so by 15 years of age. The average age of onset was 15.2 years old.
- ◆ Of all high school youth, 2% were sexually active before the age of 13 (2011 YRBS reports 6% for Ohio, and 6% for the U.S.).
- ◆ Medina County youth had experienced the following: wanted to get pregnant (3%), been pregnant (2%), tried to get pregnant (2%), had a miscarriage (2%), had an STD (2%), had an abortion (1%), got someone pregnant (1%), and had a child (1%).
- ◆ Four-fifths (80%) of youth who were sexually active used condoms to prevent pregnancy; (2011 YRBS reports 60% for the U.S.) 47% used birth control pills, (2011 YRBS reports 23% for Ohio and 18% for the U.S.) 24% used the withdrawal method, 3% used Depo-Provera, and 3% used some other method. However, 9% were engaging in intercourse without a reliable method of protection (2011 YRBS reports 10% for Ohio and 13% for the U.S.).

## Facts About “Sexting”

- ❖ One in five teen girls (22%) say they have electronically sent, or posted online, nude or semi-nude images of themselves.
- ❖ Almost one in five teen boys (18%) say they have sent or posted nude/semi-nude images of themselves.
- ❖ One-third (33%) of teen boys and one-quarter (25%) of teen girls say they have had nude/semi-nude images—originally meant to be private—shared with them.
- ❖ 15% of teens who have sent sexually suggestive content such as text messages, email, photographs or video say they have done so with someone they only know online.

(Source: National Campaign to Prevent Teen Pregnancy, 2012, obtained from:  
[http://www.thenationalcampaign.org/sextech/PDF/SexTech\\_PressReleaseFIN.pdf](http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf))

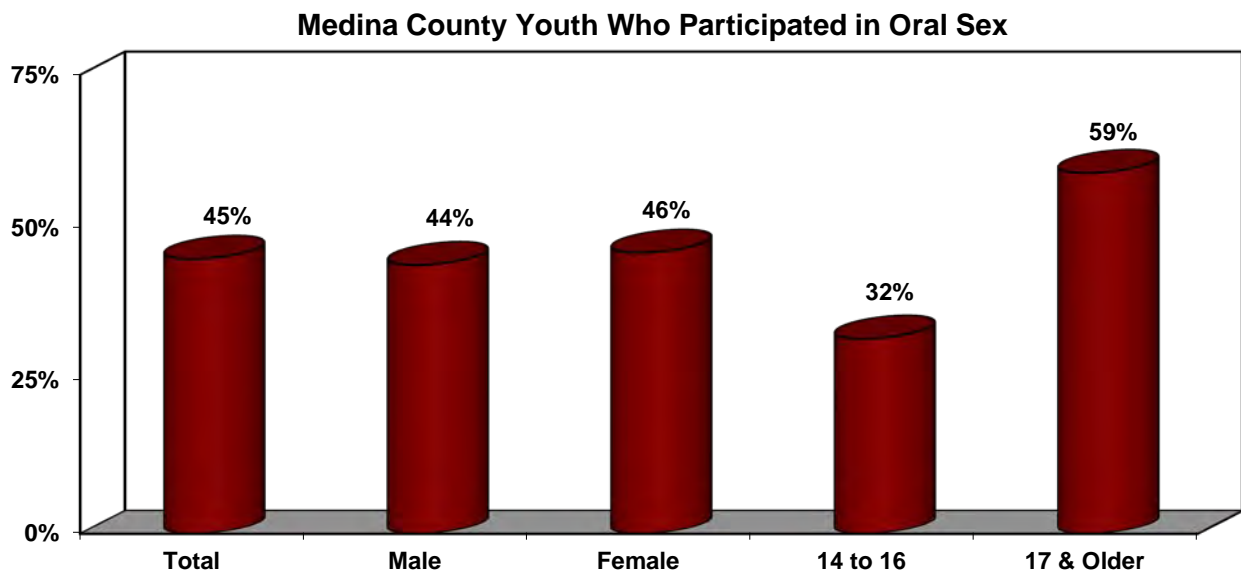
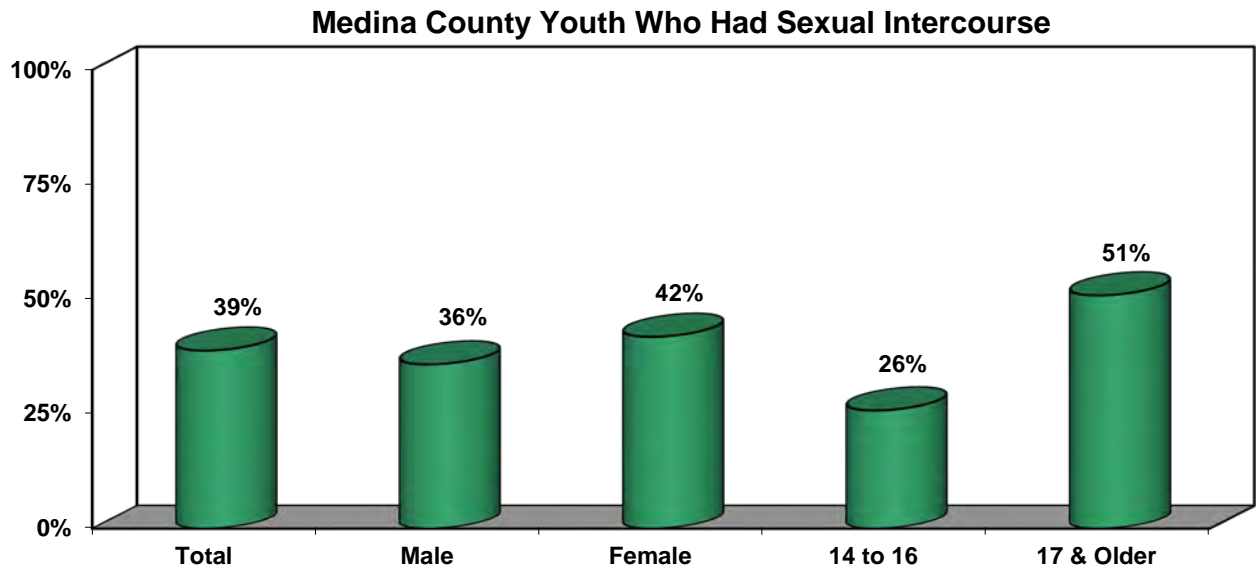
2012 Youth Comparisons	Medina County 2012 (9 <sup>th</sup> – 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> – 12 <sup>th</sup> )
Ever had sexual intercourse	39%	45%**	47%
Used a condom at last intercourse	80%	60%**	60%
Used birth control pills at last intercourse	47%	23%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	9%	10%	13%
Had four or more sexual partners	6%	18%	15%
Had sexual intercourse before age 13	2%	6%	6%

\*Only 9<sup>th</sup>-12<sup>th</sup> grade students were asked sexual health questions

\*\*2007 YRBS data

## Youth Sexual Behavior and Teen Pregnancy Outcome

The following graph shows the percentage of Medina County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 39% of all Medina County youth had sexual intercourse, 36% of males, and 42% of females had sex.



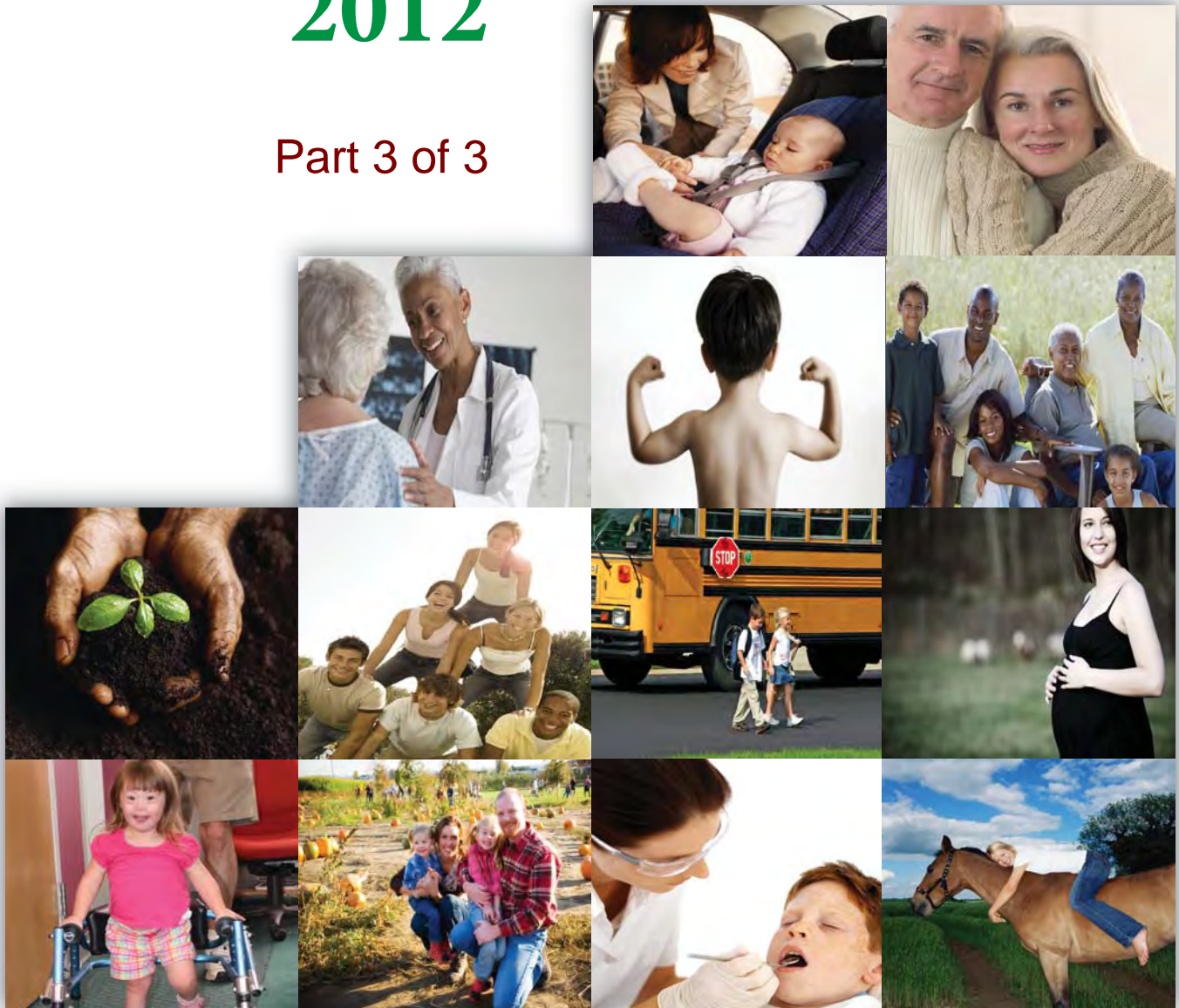
End Part 2 of 3



# Medina County Community Needs Assessment

## 2012

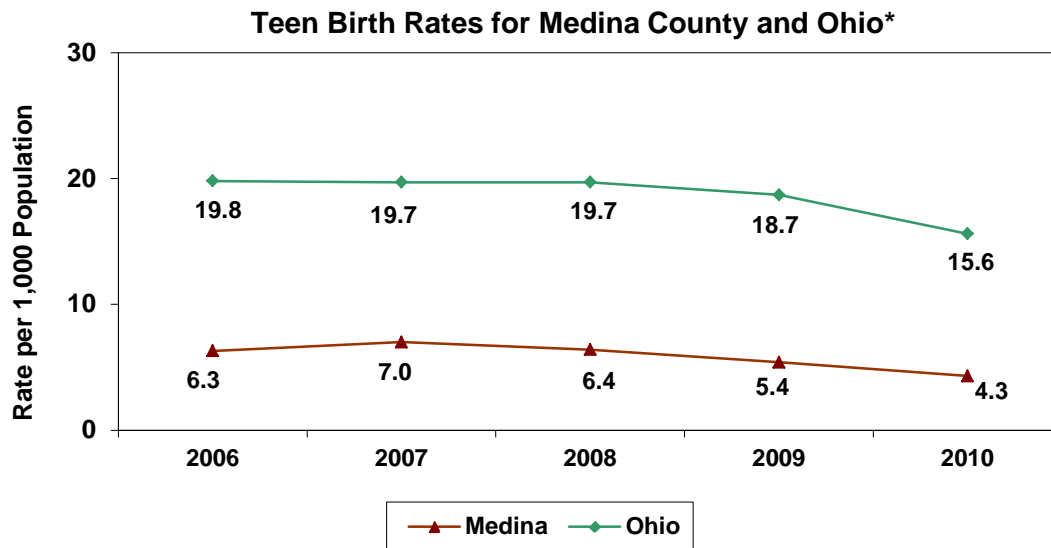
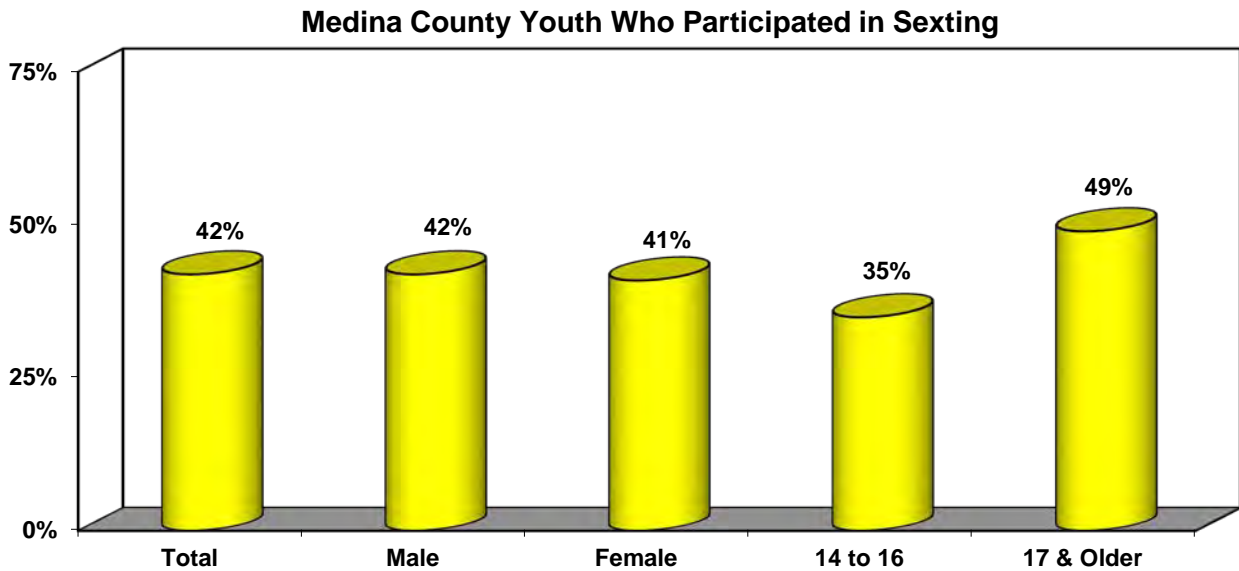
Part 3 of 3



*Commissioned by:  
Living Well Medina County*

## Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graph shows the percentage of Medina County youth who participated in sexting. Examples of how to interpret the information include: 42% of all Medina County youth participated in sexting, 42% of males, and 41% of females.



*\*Teen birth rates include women ages 15-17  
(Source: Ohio Department of Health Information Warehouse Updated 4-12-12)*



# Youth Mental Health and Suicide

## Key Findings

*In 2012, the Community Needs Assessment results indicated that 17% of Medina County youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.*

## Youth Mental Health

- ◆ In 2012, 17% of Medina County youth reported they had seriously considered attempting suicide in the past 12 months. 20% of high school youth had seriously considered attempting suicide, compared to the 2011 YRBS rate of 16% for U.S. youth and 14% for Ohio youth.
- ◆ In the past year, 7% of Medina County youth had attempted suicide and 3% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 9% rate for Ohio youth.
- ◆ Of those who attempted suicide, more than one-quarter (27%) had to be treated by a doctor or nurse as a result of a related injury, poisoning or overdose.
- ◆ Of all Medina County youth, 2% had to be treated by a doctor or nurse as a result of a related injury, poisoning or overdose due to a suicide attempt (2011 YRBS reported 4% for Ohio and 2% for the U.S.).
- ◆ One-fourth (25%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).
- ◆ When Medina County youth are dealing with feelings of depression or suicide, they usually talk to the following: best friend (25%), parent/guardian (15%), girlfriend/boyfriend (11%), brother/sister (7%), professional counselor (4%), pastor/priest/religious leader (3%), school counselor (3%), teacher (3%), youth minister (3%), coach (2%), scout master/club advisor (<1%), and someone else (6%).
- ◆ Medina County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (41%), hobbies (38%), exercising (34%), talking to a peer (28%), talking to someone in their family (24%), eating (22%), shopping (13%), breaking something (10%), writing in a journal (9%), smoking/using tobacco (9%), drinking alcohol (9%), self-harm (6%), using illegal drugs (5%), using prescribed medication (5%), vandalism/violent behavior (3%), using un-prescribed medication (3%), and gambling (1%).
- ◆ Medina County youth reported the following causes of anxiety, stress and depression: academic success (41%), fighting with friends (31%), sports (26%), fighting at home (25%), dating relationship (22%), peer pressure (19%), breakup (17%), death of close family member or friend (14%), parent divorce/separation (11%), poverty/no money (9%), caring for younger siblings (8%), alcohol or drug use at home (5%), parent lost their job (5%), ill parent (4%), family member in the military (3%), and other stress at home (25%).

## 2011 Ohio Suicide Statistics for Youth Grades 9-12

- ❖ 14% of Ohio youth seriously considered attempting suicide in the 12 months prior to the survey.
- ❖ 15% of Ohio youth made a plan about how they would attempt suicide in the 12 months prior to the survey.
- ❖ 9% of youth had attempted suicide one or more times in the 12 months prior to the survey.
- ❖ 4% of youth had a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse in the 12 months prior to the survey.

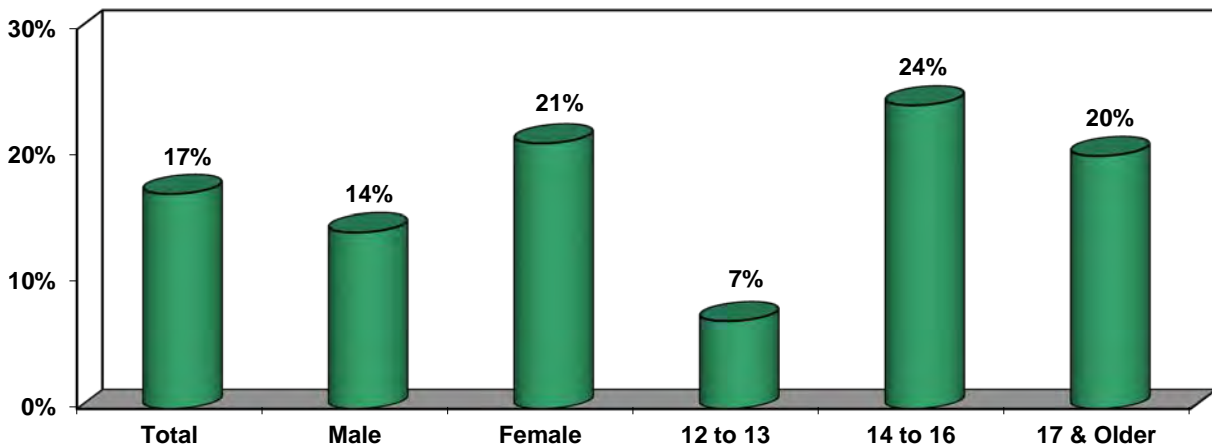
(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2011 YRBS, Unintentional Injuries and Violence)

2012 Youth Comparisons	Medina County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Medina County 2012 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Youth who had seriously considered attempting suicide	17%	20%	14%	16%
Youth who had attempted suicide	7%	7%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	2%	4%	2%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	25%	30%	27%	29%

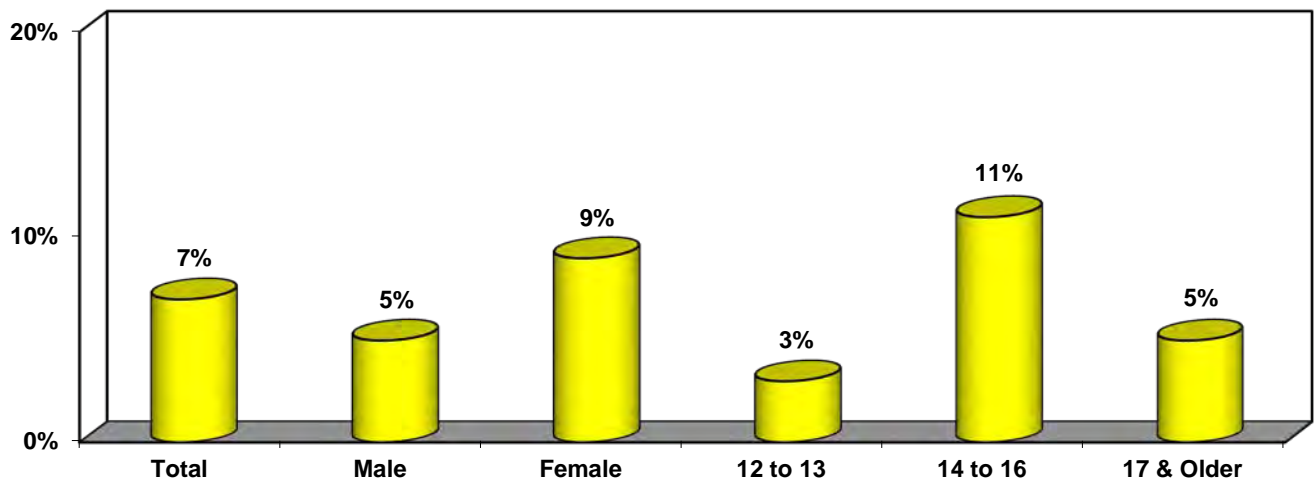
## Youth Mental Health and Suicide

The following graphs show the percentage of Medina County youth who had seriously considered attempting suicide in the past 12 months (i.e., the first graph shows that 17% of all youth had seriously considered attempting suicide, 14% of males and 21% of females).

**Medina County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months**



**Medina County Youth Who Attempted Suicide in Past 12 Months**



### Recognizing Warning Signs of Suicide in Others

- ❖ Feelings of despair or hopelessness
- ❖ Taking care of business-preparing for the family's welfare
- ❖ Drug or alcohol abuse
- ❖ Rehearsing suicide or seriously discussing specific suicide methods
- ❖ Shows signs of improvement, but in reality, relief comes from having made the decision to commit suicide

*(Source: CDC, National Depression and Manic Depression Association)*

# Youth Mental Health and Suicide

## Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

- ❖ Depression
- ❖ Alcohol abuse
- ❖ Aggressive or disruptive behaviors

In 2005, the *American Psychiatric Association* advised one should consult a mental health professional, parent, or school counselor if several of the following symptoms, experiences, or behaviors are present:

- ❖ Depressed mood
- ❖ Substance abuse
- ❖ Difficulties in dealing with sexual orientation
- ❖ Family loss or instability; significant problems with parents
- ❖ Unplanned pregnancy
- ❖ Frequent episodes of running away or being incarcerated
- ❖ Withdrawal from family and friends
- ❖ Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- ❖ Loss of interest in or enjoyment in activities that was once pleasurable
- ❖ Impulsive, aggressive behavior, frequent expressions of rage

## Suicide Risk Factors

**A risk factor is anything that increases the likelihood that persons will harm themselves including:**

- ❖ Previous suicide attempt(s)
- ❖ History of mental disorders, particularly depression
- ❖ History of alcohol and substance abuse
- ❖ Family history of suicide
- ❖ Family history of child maltreatment
- ❖ Feelings of hopelessness
- ❖ Impulsive or aggressive tendencies
- ❖ Physical illness
- ❖ Feeling socially isolated
- ❖ Barriers to accessing mental health treatment
- ❖ Loss (relational, social, work, or financial)
- ❖ Has easy access to lethal suicide methods (for instance, firearms)
- ❖ Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- ❖ Cultural and religious beliefs (i.e., the belief that suicide is not a resolution of a personal dilemma)
- ❖ Local epidemics of suicide

(Source: CDC, National Center for Injury Prevention and Control, *Suicide Fact Sheet*, 2010)

## Suicide Protective Factors

**Protective factors defend people from the risks associated with suicide and include:**

- ❖ Effective clinical care for mental, physical, and substance abuse disorders
- ❖ Easy access to a variety of clinical interventions and support for those seeking help
- ❖ Family and community support
- ❖ Support from ongoing medical and mental health care relationships
- ❖ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation instincts

(Source: CDC, National Center for Injury Prevention and Control, *Suicide Fact Sheet*)

For additional resources please see:

U.S. Public Health Service, *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC: 1999.

U.S. Department of Health and Human Services, *National Strategy for Suicide Prevention*. Washington, DC: 2001.

## Youth Safety and Social Context

### Key Findings

*In 2012, 61% of Medina County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 53% of youth drivers texted while driving.*

### Personal Safety

- ◆ More than three-fifths (61%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 66% of those ages 13 and younger.
- ◆ 7% of youth rarely or never wore a seatbelt when riding in a car driven by someone else (2011 YRBS reported 17% for Ohio and 8% for the U.S.).
- ◆ In the past 30 days, 14% of youth had ridden in a car driven by someone who had been drinking alcohol, (2011 YRBS reported 21% for Ohio and 24% for the U.S.) and 3% had driven a car themselves after drinking alcohol (2011 YRBS reported 7% for Ohio and 8% for the U.S.).
- ◆ Medina County youth drivers did the following while driving in the past 30 days: wore a seatbelt (83%), ate (61%), talked on their cell phone (59%), texted (53%), used the Internet on their cell phone (14%), used cell phone for other things (13%), checked Facebook on their cell phone (11%), applied makeup (4%), and read (3%).
- ◆ 5% of youth played the choking game.
- ◆ Nearly three-fourths (74%) of youth had a MySpace, Facebook or other social network account. Of those who had an account, they reported the following: their account was currently checked private (61%), they knew all of the people in “my friends” (59%), their parents monitored their account (33%), their parents had their password (21%), they had been asked to meet someone they met online (10%), they had problems as a result of their account (8%), their friends had their password (6%), and they have participated in sexual activity with someone they met online (6%).

### Medina County Youth (Ages 0-14) Leading Causes of Death 2006-2008

**Total Deaths: 42**

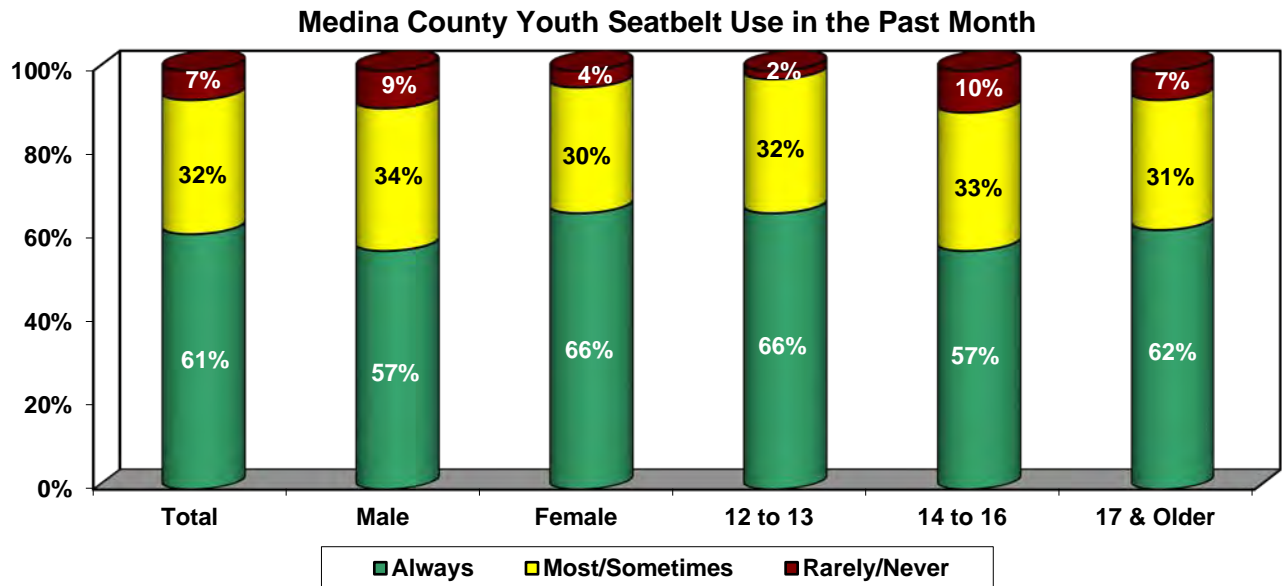
- ❖ Heart Disease
- ❖ Accidents/Unintentional injuries
- ❖ Septicemia

*(Source: ODH Information Warehouse, updated 4-15-10)*

### Social Context

- ◆ More than two-thirds (68%) of youth had been to the doctor for a routine check-up in the past year.
- ◆ Over three-fourths (76%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year.
- ◆ Medina County youth reported the following plans for their future: attend a 4-year college (77%), follow their career path (56%), attend a community college or technical/trade school (17%), join the military (11%), and not finish high school (2%).
- ◆ Medina County youth indicated the following about school: their teachers cared about them (65%), their teachers pushed them to do their best (60%), they were bored at school (59%), they got a lot of encouragement (55%), they had a lot of school pride (51%), the community supported their school (43%), classes they wanted to take were cut (19%), they did not have a lot of school pride (16%), they went to class unprepared (14%), they skipped school in the past month (12%), and extracurricular activities they were involved in were cut (4%).
- ◆ More than two-fifths (42%) of Medina County youth described their grades in school as mostly A's; 36% described their grades as mostly B's, 17% mostly C's, 1% mostly D's and 2% mostly F's.

## Youth Safety and Social Context



2012 Youth Comparisons	Medina County 2012 (6 <sup>th</sup> - 12 <sup>th</sup> )	Medina County 2012 (9 <sup>th</sup> - 12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> - 12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> - 12 <sup>th</sup> )
Always wore a seatbelt	61%	64%	N/A	N/A
Rarely or never wore a seatbelt	7%	7%	17%	8%
Rode in a car driven by someone who had been drinking alcohol in past month	14%	13%	21%	24%
Drove a car after drinking alcohol in past month	3%	4%	7%	8%

*N/A – Not available*

### Warning Signs for the “Choking Game”

**Common names for this game** – Blackout, Fainting Game, Space Monkey, Dream Game, Suffocation Roulette, Pass-Out Game, Flat Liner, California Choke, Space Cowboy, Airplaning, Purple Dragon, and many more

- ❖ Suspicious mark on side of the neck sometimes hidden by wearing turtlenecks, scarves and up-turned collars
- ❖ Changes in personality, such as overly aggressive or agitated
- ❖ Any straps, rope, or belt lying around without any reason
- ❖ Headaches
- ❖ Loss of concentration
- ❖ A flushed face
- ❖ Bloodshot eyes
- ❖ A thud in the bedroom or against a wall
- ❖ Any questions about the effects or dangers of strangulation

*(Source: Choking Game Education, [www.deadlygameschildrenplay.com](http://www.deadlygameschildrenplay.com))*

## Youth Violence Issues

### Key Findings

*In Medina County, 10% of 6<sup>th</sup>-12<sup>th</sup> grade youth had carried a weapon in the past month. 8% of 6<sup>th</sup>-12<sup>th</sup> grade youth had been threatened or injured with a weapon on school property. 54% of 6<sup>th</sup>-12<sup>th</sup> grade youth had been bullied in the past year. 8% of youth were forced to participate in sexual activity when they did not want to.*

### Violence-Related Behaviors

- ◆ In 2012, 10% of Medina County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 17% of males (2011 YRBS reported 16% for Ohio and 17% for the U.S.).
- ◆ 2% of youth carried a weapon on school property in the past 30 days, increasing to 4% of males (2011 YRBS reported 5% for the U.S.).
- ◆ 8% of youth were threatened or injured with a weapon on school property in the past year (2011 YRBS reported 7% for the U.S.).
- ◆ 5% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2011 YRBS reported 6% for Ohio and 6% for the U.S.).
- ◆ 54% of youth had been bullied in the past year. The following types of bullying were reported:
  - 43% were verbally bullied (teased, taunted or called you harmful names)
  - 33% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
  - 16% were physically bullied (you were hit, kicked, punched or people took your belongings)
  - 14% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2011 YRBS reported 15% for Ohio and 16% for the U.S.)
- ◆ 34% of youth had been bullied on school property in the past year (2011 YRBS reported 23% for Ohio and 20% for the U.S.).
- ◆ In the past year, 23% of youth had been involved in a physical fight; 10% on more than one occasion (2011 YRBS reported 31% for Ohio and 33% for the U.S.).
- ◆ 8% of youth had been involved in a physical fight on school property in the past year, increasing to 12% of males (2011 YRBS reported 9% for Ohio and 12% for the U.S.).
- ◆ 6% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2011 YRBS reported 9% for the U.S.).
- ◆ 16% of youth reported an adult or caregiver hit, slapped, or physically hurt them on purpose in the past 12 months.
- ◆ 22% of youth witnessed adults in their house threatening or hitting, where they have been afraid.
- ◆ 8% of youth were physically forced to participate in sexual activity when they did not want to, increasing to 9% of high school youth.

### Facts Concerning Youth Violence

- ◆ Youth violence is defined by the CDC as “harmful behaviors that can start early and continue into young adulthood.”
- ◆ In 2007, 5,764 youth ages 10-24 were murdered, averaging 16 per day.
- ◆ Emergency rooms treated in excess of 656,000 youth ages 10-24 for physical assault injuries in 2006.
- ◆ Approximately 20% of U.S. high school youth reported being bullied on school property in 2011.
- ◆ In 2011, 5% of U.S. high school youth took a weapon to school in the past month.

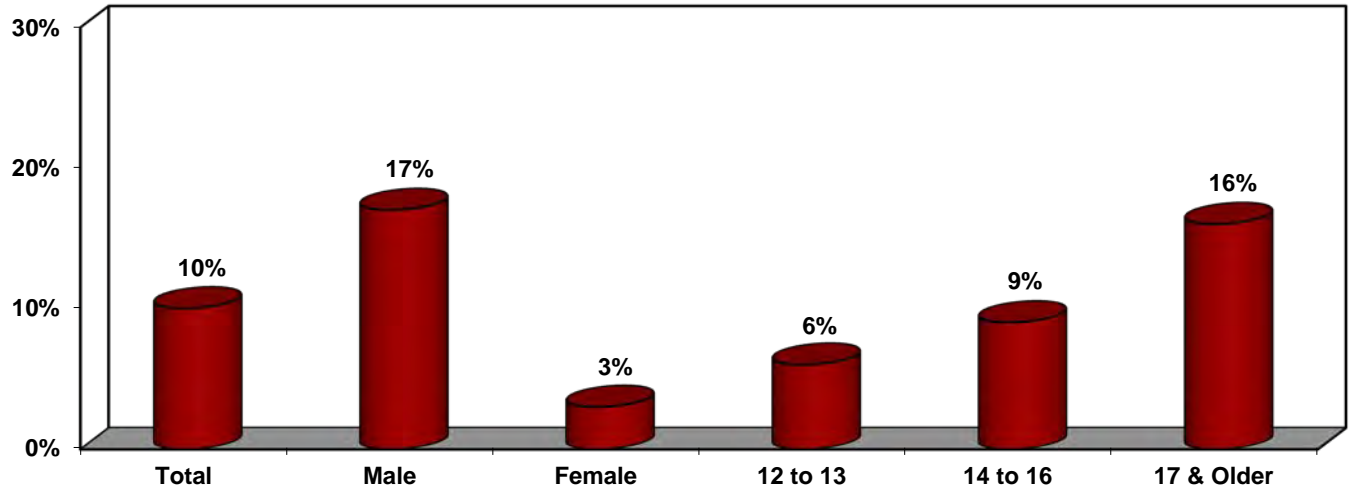
(Source: CDC, *Understanding Youth Violence Fact Sheet*, 2010, [www.cdc.gov/violenceprevention/pdf/yv-factsheet-a.pdf](http://www.cdc.gov/violenceprevention/pdf/yv-factsheet-a.pdf))



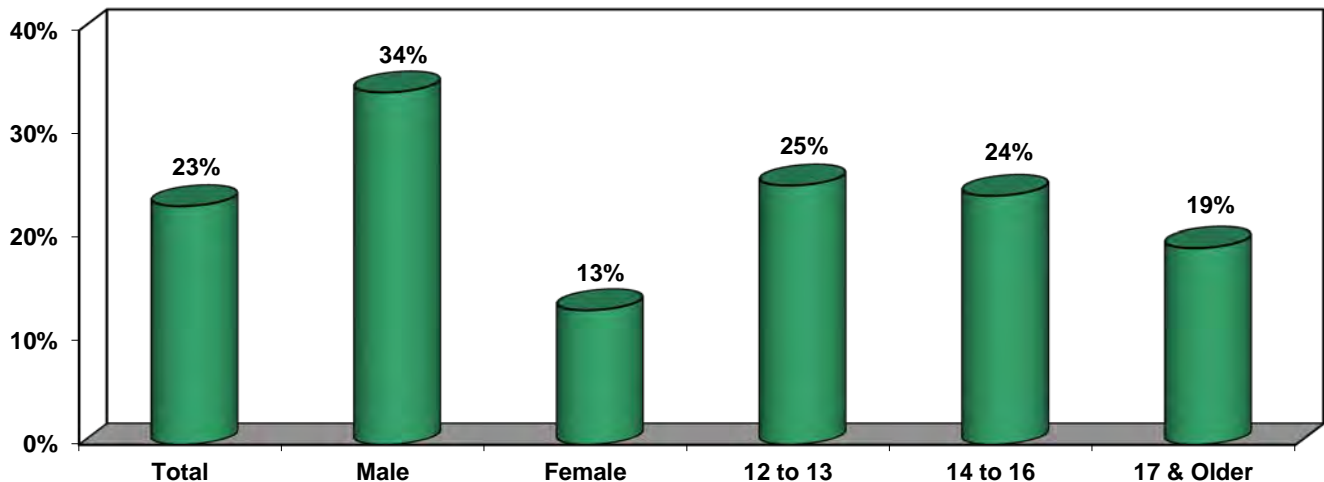
## Youth Violence Issues

The following graphs show Medina County youth carrying a weapon in the past 30 days and those involved in a physical fight in the past year. The graphs show the number of youth in each segment giving each answer (i.e., the first graph shows that 10% of all youth carried a weapon in the past 30 days, 17% of males and 3% of females).

**Medina County Youth Carrying a Weapon During the Past 30 Days**



**Medina County Youth Who Had Been Involved in a Physical Fight in the Past Year**



**Types of Bullying Medina County Youth Experienced in Past Year**

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	16%	18%	14%	17%	19%	11%
Verbally Bullied	43%	46%	41%	48%	43%	39%
Indirectly Bullied	33%	25%	41%	31%	34%	34%
Cyber Bullied	14%	11%	17%	14%	14%	15%



## Youth Violence Issues

2012 Youth Comparisons	Medina County 2012 (6 <sup>th</sup> -12 <sup>th</sup> )	Medina County 2012 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Carried a weapon in past month	10%	12%	16%	17%
Carried a weapon on school property in past month	2%	2%	4%*	5%
Threatened or injured with a weapon on school property in past year	8%	9%	8%*	7%
Been in a physical fight in past year	23%	22%	30%	32%
Been in a physical fight on school property in past year	8%	9%	9%	12%
Did not go to school because felt unsafe	5%	4%	6%	6%
Been bullied on school property in past year	34%	32%	23%	20%
Electronically/cyber bullied in past year	14%	14%	15%	16%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the past year	6%	6%	N/A	9%

N/A – Not available

\*2007 YRBS data

### Types of Bullying

- ❖ **Verbal Bullying:** Any bullying that is done by speaking. Calling names, teasing, threatening somebody, and making fun of others are all forms of verbal bullying.
- ❖ **Indirect Bullying:** A form of bullying that involves mean rumors being spread about someone or keeping someone out of a “group”.
- ❖ **Physical Bullying:** Any bullying that hurts someone's body or damages their possessions. Stealing, shoving, hitting, fighting, and destroying property all are types of physical bullying.
- ❖ **Cyber Bullying:** Any bullying that happens over any technological device. This includes email, instant messaging, social networking sites (such as Facebook), text messages, and cell phones.

(Source: RESPECT, Bullying Definitions, obtained from: <http://www.respect2all.org/parents/bullying-definitions>)

# Children's Health and Functional Status

## Key Findings

*In 2012, 79% of Medina County parents had taken their child ages 0-11 to the dentist in the past year. 11% of Medina County parents reported their child ages 0-11 had been diagnosed with asthma. 6% of parents reported their child had been diagnosed with ADD/ADHD.*

## Health of Children ages 0-11

- ◆ In 2012, 14% of children were classified as obese by Body Mass Index (BMI) calculations. 12% of children were classified as overweight, 65% were normal weight, and 9% were underweight.
- ◆ More than three-fifths (62%) of Medina County parents of 0-11 year olds rated their child's health as excellent. 6% of parents rated their child's health as fair or poor.
- ◆ 48% of children had the seasonal flu vaccine. Of those who had the vaccine, 60% received a shot and 40% received nasal spray.
- ◆ Parents reported their child had the following allergies:
  - Pollen (16%)
  - Ragweed (11%)
  - Grasses (11%)
  - Cats (9%)
  - Mold (7%)
  - House dust mites (6%)
  - Dogs (4%)
  - Fungi (3%)
  - Milk (2%)
  - Peanuts (2%)
  - Tree nuts (2%)
  - Shellfish (2%)
  - Red dye (1%)
  - Wheat (1%)
  - Soy (1%)
  - Eggs (1%)
  - Horses (1%)
  - Bees (1%)
  - Strawberries (1%)
  - Watermelon (1%)
  - Gluten (1%)
  - Fish (<1%)
  - Kiwi (<1%)
  - Other (8%)
- ◆ 3% of parents reported their child had an Epi-pen for their allergy.
- ◆ A doctor told Medina County parents their 0-11 year old child had the following:
  - Asthma (11%)
  - Dental problems (9%)
  - Speech and language delay (9%)
  - ADD/ADHD (6%)
  - Pneumonia (6%)
  - Urinary tract infection (4%)
  - Vision problems that cannot be corrected with glasses (4%)
  - Anxiety problems (4%)
  - Developmental delay/physical impairment (3%)
  - Learning disability (3%)
  - Behavioral/conduct problem (3%)
  - Bone/joint/muscle problems (2%)
  - Hearing problems (2%)
  - Head injury (2%)
  - Depression problems (2%)
  - Digestive tract infection (1%)
  - Genetic diseases (1%)
  - Birth defect (1%)
  - Autism (1%)
  - Epilepsy (1%)
  - Cancer (1%)
  - Diabetes (1%)
  - Appendicitis (<1%)
  - Other life-threatening illness (<1%)
- ◆ 26% of children had been tested for lead poisoning, increasing to 50% of those with annual incomes less than \$25,000.

## National Survey of Children's Health 2007

- ❖ 8% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 21% of 6-11 year olds.
- ❖ 2% of Ohio children ages 2-5 were diagnosed with ADD/ADHD, increasing to 9% of 6-11 year olds.

*(Source: National Survey of Children's Health, 2007)*

## Children's Health and Functional Status

- ◆ 79% of children had been to the dentist in the past year, increasing to 90% of 6-11 year olds. 1% of 6-11 year olds had never been to the dentist.
- ◆ 39% of parents reported problems with their child's teeth, increasing to 49% of parents of 6-11 year olds.
- ◆ The top 5 problems were: cavities (17%), crooked teeth, or teeth that need braces (17%), hygiene such as plaque, did not brush regularly, etc. (5%), broken teeth (3%), and discoloration (3%).
- ◆ Parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist (16%), no insurance (5%), cost too much (4%), ongoing treatment (2%), dissatisfaction with dentist (2%), could not find a dentist who accepted their insurance (1%), child refused to go (1%), inconvenient times/could not get an appointment (1%), no referral (1%), health plan problems (<1%), did not know where to go for treatment (<1%), and other (2%).
- ◆ Medina County parents thought their child's mental and emotional health put a burden on their family: not at all (88%), a little (8%), a medium amount (3%), and a great deal (1%).
- ◆ Medina County parents thought their child's physical health put a burden on their family: not at all (94%), a little (5%), a medium amount (1%), and a great deal (<1%).
- ◆ Parents reported their child's mental, emotional and physical difficulties were being managed in the following ways: did not need help (72%), professional help (25%), family and friends took care of it (14%), and school or day care (13%).
- ◆ 13% of Medina County children ages 0-11 had 5 or more servings per day of fruits and vegetables, decreasing to 11% of children 6-11 year olds and increasing to 18% of those in households with incomes less than \$25,000. 83% of children 0-11 had 1 to 4 servings of fruits and vegetables per day.
- ◆ Parents reported their child had the following for breakfast: cereal (83%), milk (67%), fruit or fruit juice (40%), eggs (36%), toast (36%), yogurt (34%), oatmeal (25%), bacon, sausage, or ham (22%), Pop Tart, donut, or other pastry (22%), nothing (1%), pizza (1%), pop (1%), and something else (15%). 2% of parents reported their child rarely ate breakfast. 4% of children ate at the school breakfast program.
- ◆ Parents reported their child ate out in a restaurant or brought home take-out food an average of 1.5 times per week.
- ◆ 85% of parents reported their child was physically active for at least 20 minutes on 3 or more days in the past week. 31% had done so every day of the week.
- ◆ Medina County children spent an average of 2.0 hours watching TV, 0.8 hours playing video games, and 0.8 hours on the computer, and 0.6 hours using other electronic devices on an average day of the week.

## Children's Health and Functional Status

Child Comparisons	Medina County 2012 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Medina County 2012 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Rated health as excellent or very good	97%	91%	87%	93%	84%	84%
Child has no problems with teeth	88%	76%	81%	51%	64%	66%
Child had decay or cavities	2%	11%	12%	22%	27%	26%
Child had broken teeth	1%	N/A	4%	3%	N/A	5%
Diagnosed with asthma	4%	8%	9%	14%	21%	16%
Diagnosed with ADHD/ADD	1%	2%	1%	8%	9%	9%
Diagnosed with behavioral or conduct problems	1%	N/A	1%	4%	N/A	5%
Diagnosed with developmental delay or physical impairment	1%	2%	3%	4%	8%	6%
Diagnosed with anxiety problems	1%	N/A	1%	6%	N/A	4%
Diagnosed with vision problems that cannot be corrected	2%	N/A	1%	5%	N/A	2%
Diagnosed with bone, joint, or muscle problems	0%	1%	2%	2%	3%	3%
Diagnosed with hearing problems	0%	N/A	2%	2%	N/A	3%
Diagnosed with epilepsy	0%	N/A	<1%	1%	N/A	1%
Diagnosed with a head injury	2%	N/A	<1%	1%	N/A	2%
Diagnosed with autism	0%	N/A	1%	2%	N/A	2%
Diagnosed with diabetes	0%	N/A	<1%	1%	N/A	<1%

*N/A – Not available*

## Children's Health and Functional Status

### Children's Dental Health

- ❖ Dental care is the number one unmet health care need for children of all family incomes across Ohio as well as for all races and ethnicities.
- ❖ Severe dental problems can result in poor performance or absence from school.
- ❖ Of Ohio children ages 0-17, 17% do not have insurance for dental care.
- ❖ 13% of Ohio children ages 0-17 have had a recent toothache.
- ❖ For Ohio Medicaid consumers ages 0-3, 12% had a dental visit in 2008. For Ohio Medicaid consumers ages 3-18, 42% had a dental visit in 2008.
- ❖ In 2008, 7% of Medina County residents under the age of 18 had never been to the dentist.
- ❖ Even though low-income children ages 0-18 in Ohio had higher rates of dental coverage, they were less likely to have a dental visit in the past year. 68% of low-income children ages 0-18 (200% FPL or less) had a dental visit in the past year, 82% of higher-income children had a dental visit within the past year.

(Source: ODH, Ohio Oral Health Surveillance System, 2010,

<http://publicapps.odh.ohio.gov/oralhealth/ReportsDisplay.aspx?Report=BOHSReport&Format=pdf&CountyName=Medina&ReportVersion=2010>

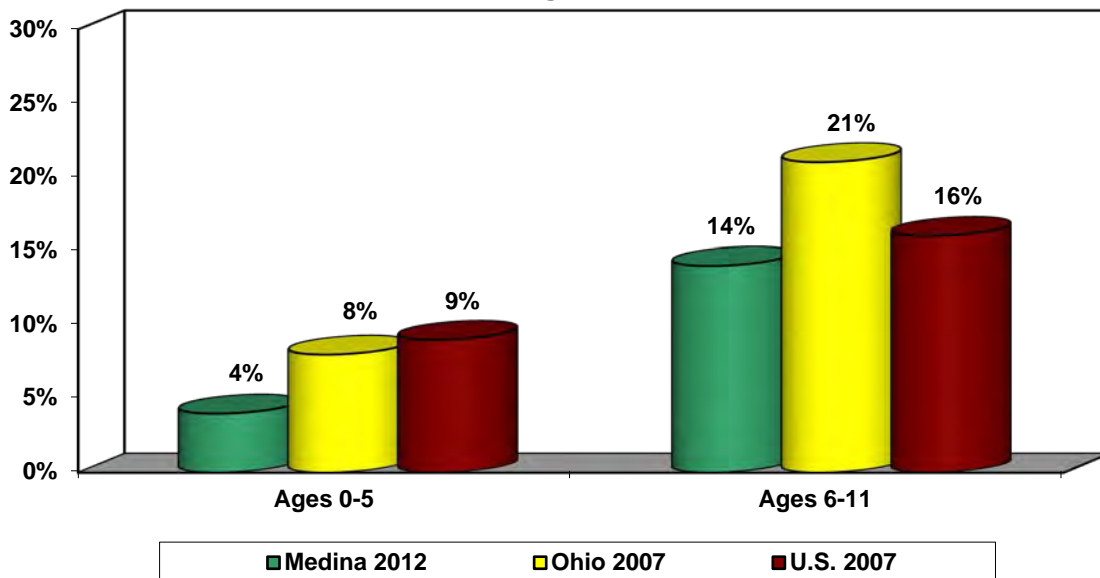
### Asthma

- ◆ In 2007, 29% of U.S. children with food allergy also had reported asthma compared with 12% of children without food allergy.
- ◆ 8% of U.S. children ages 0-4 have asthma, while 14% of children ages 5-14 have asthma.

(Source: CDC, National Center for Health Statistics Data Brief, Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations, October 2008)

The following graph shows that Medina County has a smaller percent of children ages 0-5 who are diagnosed with asthma than both Ohio and the U.S. For children ages 6-11, Medina County has a smaller percentage who are diagnosed with asthma than both Ohio and the U.S.

Children Diagnosed with Asthma



## Children's Health and Functional Status

### Children's Health

- ❖ About 30 to 50 percent of students with ADHD will also have a learning disability.
- ❖ If a child has cortex-based disorders, emotional regulatory disorders, or chronic motor and/or vocal tic disorder the child has up to a 50 percent chance that he or she will have at least one of the others as well. Cortex-based disorders are learning, language, and/or motor disabilities. Emotional regulatory disorders are anxiety disorders, which may include panic attacks, depression, anger-control disorders, and obsessive-compulsive disorder.
- ❖ About 1 out of every 33 babies is born with a major birth defect.
- ❖ The causes of about 70% of birth defects are unknown.
- ❖ Most birth defects happen during early pregnancy; before the woman knows she is pregnant.
- ❖ Parents who have a child with an Autism Spectrum Disorder (ASD) have a 2 to 8 percent chance of having a second child with an ASD.
- ❖ About 40% of children with an ASD do not talk at all. Another 25 to 30 percent have some words at 12 to 18 months of age and lose them. Others may speak, but not until later in childhood.
- ❖ ASD is reported to occur in all racial, ethnic, and socioeconomic groups, yet are on average 4 to 5 times more likely to occur in boys rather than in girls.

*(Source: CDC, Learning Disabilities Association of America, National Birth Defects Prevention Network)*

### Children's Nutrition

- ❖ Healthy eating contributes to overall healthy growth and development, including healthy bones, skin, and energy levels; and a lowered risk of dental caries, eating disorders, constipation, malnutrition, and iron deficiency anemia.
- ❖ Hunger and food insufficiency in children are associated with poor behavioral and academic functioning.
- ❖ 39% of children ages 2-17 meet the USDA's dietary recommendations for fiber.
- ❖ Less than 40% of U.S. children and adolescents meet the U.S. dietary guidelines for saturated fat.
- ❖ Of U.S. children ages 2-5 100% get the total recommended amount of fruit, grains, and milk. While 73% get the total recommended amount of meat and beans, only 44% get the total recommended amount of vegetables. Of U.S. children ages 6-11 100% get the total recommended amount of grains. 58% get the total recommended amount of fruit, 46% get the total recommended amount of vegetables, 87% get the total recommended amount of milk, and 78% get the total recommended amount of meat and beans.
- ❖ Overweight and obesity, influenced by poor diet and inactivity, are significantly associated with an increased risk of diabetes, high blood pressure, high cholesterol, asthma, joint problems, and poor health status. The prevalence of obesity among children ages 6-11 has more than doubled in the past 20 years. Overweight child and adolescents are more likely to become overweight or obese adults. One study has shown that children who became obese by the age of eight were more severely obese as adults.

*(Source: CDC, [childstats.gov](http://childstats.gov))*

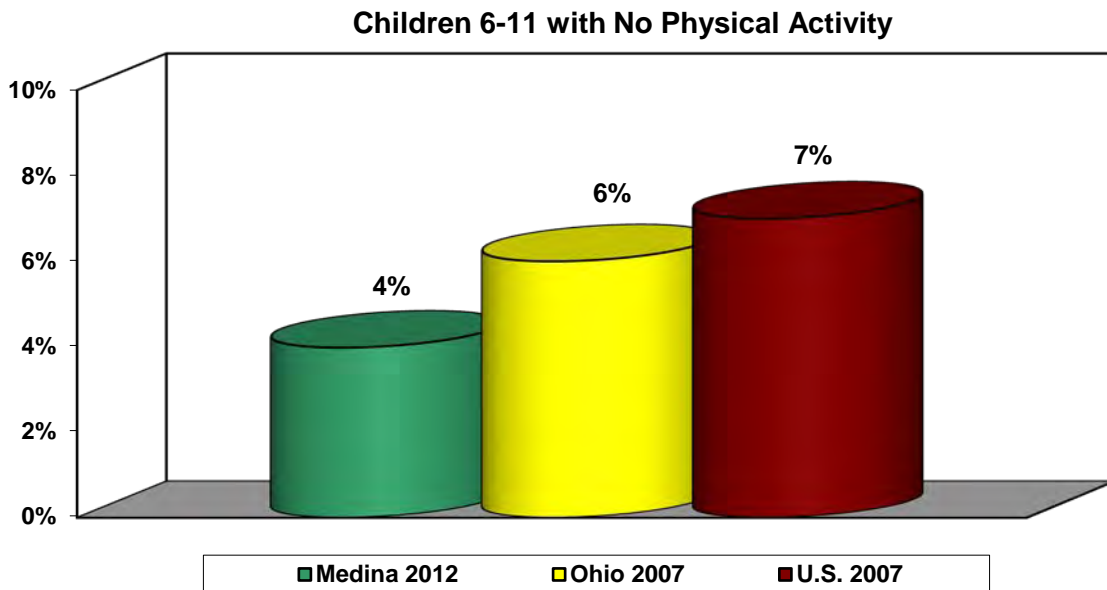
## Children's Health and Functional Status

### Physical Activity

- ◆ In 2007, 6% of Ohio children ages 6-11 have not participated in physical activity for at least 20 minutes in the past week. During the past week, 15% of Ohio children ages 6-11 have participated in physical activity for at least 20 minutes 1 to 3 days, 37% have participated in physical activity for at least 20 minutes 4 to 6 days, and 42% have participated in physical activity for at least 20 minutes every day.

(Source: National Survey of Children's Health, Data Resource Center)

The following graph shows that Medina County children ages 6-11 participated in some type of physical activity more than both Ohio and U.S. children. While the percent of Ohio children who do not participate in any physical activity is close to the percent of children in the U.S., Medina County has a smaller percent of children ages 6-11 who participate in no physical activity.



### TV, Video Games, and Computer Usage

- ❖ The average time Medina County children ages 0-11 spent watching TV was 2.0 hours, and the average time playing video games was 0.8 hours. 10% of parents with children ages 0-5 and 15% of parents with children ages 6-11 reported that their child spends 4 or more hours per day watching TV.
- ❖ For parents of Ohio children ages 6-11, 6% have no rules about what programs their children can watch.
- ❖ Medina County children ages 0-11 used a computer for an average of 0.8 hours on an average day. Ohio children ages 6-11 use a computer on an average weekday for purposes other than school work for the following: no time (24%), less than an hour (39%), 1-3 hours (27%), and more than 3 hours (2%). 8% of Ohio children ages 6-11 do not own a computer.

(Source: National Survey of Children's Health, Data Resource Center)



# Children's Health Insurance, Access, Utilization and Medical Home

## Key Findings

*In 2012, 5% of Medina County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 6% of parents reported they received benefits from the SNAP/food stamp program and 5% from the WIC program. 26% of parents reported they had taken their child to the hospital emergency room in the past year. 88% of parents had taken their child to the doctor for preventive care in the past year.*

## Health Insurance

- ◆ 5% of parents reported there was a time in the past year that their child was not covered by any health insurance.
- ◆ Medina County children had the following types of health insurance: parent's employer (67%), someone else's employer (17%), Medicaid (7%), self-paid plan (5%), and Medicare (1%).
- ◆ Parents reported their child's health insurance covered the following: well visits (99%), doctor visits (98%), prescription coverage (97%), immunizations (97%), hospital stays (95%), dental (89%), vision (74%), therapies (73%), mental health (69%), and alcohol and drug treatment (56%).

## Access and Utilization

- ◆ In the past year, parents reported that someone in their household received the following: free or reduced cost breakfast or lunches at school (10%), benefits from SNAP/food stamps (6%), WIC program (5%), mental health/substance abuse treatment (4%), subsidized childcare through Medina County Job & Family Services (2%), Help Me Grow (2%), and cash assistance from a welfare program (1%).
- ◆ 10% of parents reported their child did not get all of the medical care they needed in the past year. They gave the following reasons: cost too much (5%), religious preferences (2%), no referral (2%), no insurance (1%), treatment is ongoing (1%), doctor did not know how to treat/provide care (1%), could not find a doctor who accepted child's insurance (1%), inconvenient times/could not get appointment (1%), transportation problems (<1%), did not like the doctor (<1%), health plan problem (<1%), child refused to go (<1%), vaccine shortage (<1%), and specialist not available (<1%).
- ◆ 6% of parents reported their child did not get all of the prescription medications they needed in the past year. They gave the following reasons: cost too much (1%), treatment is ongoing (1%), no referral (1%), no insurance (<1%), health plan problem (<1%), doctor did not know how to treat or provide care (<1%), and other reasons (2%).
- ◆ More than one-quarter (26%) of parents took their child to the hospital emergency room for health care in the past year, increasing to 36% of parents with incomes less than \$25,000. 2% of children had been to the ER three or more times in the past year.
- ◆ 7% of children received mental health care or counseling, increasing to 18% of those with incomes less than \$25,000.
- ◆ 79% of children had been to the dentist in the past year, increasing to 90% of 6-11 year olds.

## Medical Home

- ◆ 88% of parents reported their child goes to a private doctor's office if they are sick or need advice about their health. Other sources of health care or advice included: multiple places-including a doctor's office (9%), in-store health clinic (1%), no usual place (1%), urgent care center (1%), chiropractor (1%), hospital emergency room (<1%), hospital outpatient department (<1%), and the internet (<1%).
- ◆ 89% of parents reported they had one or more people they think of as their child's personal doctor or nurse.

## National Survey of Children's Health 2007

- ❖ 12% of 0-5 year old and 11% of 6-11 year old Ohio children were without insurance at some time in the past year.
- ❖ 32% of 0-5 year old and 26% of 6-11 year old Ohio children had public insurance.
- ❖ 96% of 0-5 year old and 87% of 6-11 year old Ohio children had been to the doctor for preventive care in the past year.

*(Source: National Survey of Children's Health, 2007)*

## Children's Health Insurance, Access, Utilization and Medical Home

- ◆ 88% of children had visited their health care provider for preventive care in the past year, increasing to 94% of those 0-5 years old.
- ◆ Parents reported their child needed the following type of specialists, special services or equipment: speech therapy (7%), counseling (6%), medical equipment (3%), occupational therapy (2%), physical therapy (1%), out-of-home care (1%), and respite care (<1%).

Child Comparisons	Medina County 2012 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Medina County 2012 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Child was not covered by insurance at some time in the past year	3%	12%	15%	6%	11%	16%
Had public insurance	12%	32%	35%	6%	26%	28%
Been to doctor for preventive care in past year	94%	96%	96%	86%	87%	86%
Dental care visit in past year	48%	51%	54%	90%	92%	90%
2 or more visits to the ER	8%	8%*	8%*	8%	6%*	4%*
Received all the medical care they needed	91%	99%*	99%*	89%	98%*	98%*
Have a personal doctor or nurse	85%	95%	94%	91%	95%	92%

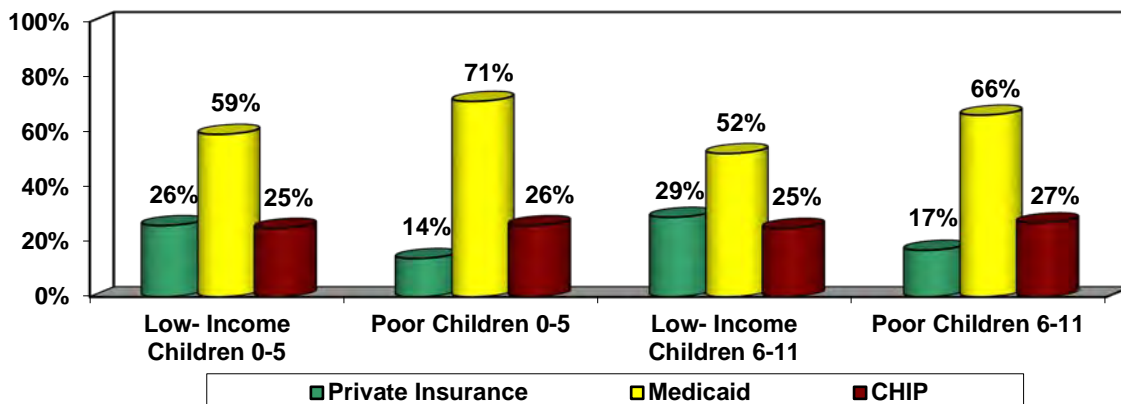
\* 2003 national and state data

### Low-Income Families and Health Insurance

- ◆ As children get older they are more likely to become uninsured.
- ◆ In the United States, 14% of children ages 0-5 from low-income families are uninsured; also, 14% of children ages 0-5 from poor families are uninsured. 16% of children ages 6-11 from low-income families are uninsured, and 17% of children ages 6-11 from poor families are uninsured. For children ages 12-17, 19% of those from low-income families, and 20% of those from poor families are uninsured. (Source: National Center for Children in Poverty), Basic Facts About Low-income Children, 2009, Released October 2010)

The following graph shows the percent of low-income children and poor children that have different types of health insurance or no health insurance. The types of health insurance include uninsured, private insurance, Medicaid, or Children Health Insurance Program (CHIP). Low-income is 100-200% of the Federal Poverty Level (FPL), while poor is 0-99% of the FPL. Children that have more than one type of health insurance are included in both percentages. Children that are in poor families are more likely to be uninsured or on Medicaid than those of low-income families. Children of low-income families are more likely than those of poor families to be on private insurance and just as likely as those of poor families to be covered by CHIP.

**Children's Health Insurance Coverage in the United States**



(Source: National Center for Children in Poverty, Basic Facts About Low-income Children, 2009, Released October 2010)

## Children's Health Insurance, Access, Utilization and Medical Home

### Unmet Medical Needs in the United States

- ❖ Children in near-poor families were more likely to have unmet medical needs and to have delayed medical care than children in poor families or children in families that are not poor.
- ❖ 3% of children were unable to get needed medical care because the family could not afford it, and 5% of children had medical care delayed because of worry about the cost.
- ❖ Children in single-mother families were more likely to have been unable to get medical care compared with children in two-parent families or in single-father families.
- ❖ 15% of uninsured children had not had contact with a doctor or other health professional in more than two years (including those that had never had contact) compared with only 2% of children with private insurance.

*(Source: National Health Interview Survey, 2008)*

### Prescriptions

- ❖ 13% of U.S. children had a health problem in 2008 for which prescription medication had been taken regularly for at least three months. 16% of children ages 12-17, 14% of children ages 5-11, and 7% of children ages 0-5 were on regular prescription medication.
- ❖ 13% of White children, 12% of African American children, and 8% of Asian children were on regular prescription medication.
- ❖ 15% of children with Medicaid or other public health insurance, 13% of children with private insurance, and 6% of uninsured children have been on regular prescription medication for at least three months.

*(Source: National Health Interview Survey, 2008)*

### Emergency Room Visits

- ❖ In 2008, 14% of the U.S. population had an emergency room visit in the past year. 7% of U.S. children had two or more emergency room visits in the past year.
- ❖ 12% of children in single-mother families had two or more visits to an emergency room in the past year, while only 6% of children in two-parent families had two or more visits to an emergency room in the past year.
- ❖ 11% of children with Medicaid or other public insurance had two or more emergency room visits in the past year. 6% of uninsured children had two or more emergency room visits in the past year. 5% of children with private health insurance had two or more emergency room visits in the past year.

*(Source: National Health Interview Survey, 2008)*

## Early Childhood (0-5 year olds)

### Key Findings

*The following information was reported by parents of 0-5 year olds. 95% of mothers got prenatal care within the first three months during their last pregnancy. 7% of mothers smoked during their last pregnancy. 18% of mothers never breastfed their child. 98% of children ages 0-5 rode in a car seat or booster seat.*

### Early Childhood

- ◆ The following information was reported by Medina County parents of 0-5 year olds.
- ◆ During their last pregnancy, mothers did the following: got prenatal care within the first 3 months (95%), took a multi-vitamin (94%), took folic acid (55%), smoked cigarettes (7%), experienced perinatal depression (4%), used drugs not prescribed for them (2%), used marijuana (1%), and experienced domestic violence (1%).
- ◆ Mothers breastfed their child: more than 9 months (22%), 4 to 9 months (23%), 7 weeks to 3 months (11%), 3 to 6 weeks (15%), 2 weeks or less (8%), still breastfeeding (4%), and never breastfed (18%).
- ◆ 98% of parents reported their child rode in a car seat/booster seat while a passenger in a car. 2% of parents did not think their child needed a car seat/booster seat.
- ◆ 35% of parents of 0-5 year olds reported reading to their child every day, 33% read almost every day, 19% a few times a week, 8% a few times a month and 1% reported a few times per year.
- ◆ Parents reported their 0-5 year old always wore a helmet when riding the following: rollerblades/skates (100%), a skateboard (50%), a bicycle (43%), and a scooter/dirt bike (29%).
- ◆ Parents reported their 0-5 year old never wore a helmet when riding the following: a scooter/dirt bike (17%), a bicycle (11%), rollerblades/skates (0%), and a skateboard (0%).
- ◆ Parents reported their child regularly attended the following in the past month: nursery school, pre-school, or kindergarten (36%), child care in their home provided by a relative (33%), child care outside of their home provided by a relative (27%), family-based child care outside of their home (24%), a child care center (23%), child care in their home provided by a babysitter (14%), elementary school (3%), and head start or early start program (1%).
- ◆ Parents were very concerned about the following: having enough time for their child (4%), child's academic achievement (3%), relationship with child (3%), learning disabilities (2%), child's talking skills (2%), child's self-esteem (2%), violence in home, school, or neighborhood (2%), child getting along with other (2%), how child copes with stress (1%), child crawling/walking/running (1%), eating disorders (1%), cell phone and technology use (1%), internet use (1%), risky behaviors (1%), and being bullied by classmates (1%).
- ◆ Children 0-5 years old were more likely than children 6-11 years old to:
  - Have excellent or very good health (97% compared to 93% of 6-11).
  - Have five or more servings of fruits and vegetables per day (18% compared to 11% of 6-11).
  - Been tested for lead poisoning (33% compared to 23% of 6-11).
  - Have visited a doctor for preventive care in the past year (94% compared to 86% of 6-11).
  - Have public insurance (12% compared to 6% of 6-11).

### National Survey of Children's Health 2007

- ❖ 50% of Ohio and 48% of U.S. parents of 0-5 year olds read to their child every day.
- ❖ 17% of Ohio and 13% of U.S. parents of 0-5 year olds reported their child watched 4 or more hours of TV each day.
- ❖ 35% of Ohio and 25% of U.S. parents of 0-5 year olds never breastfed their child.

*(Source: National Survey of Children's Health, 2007)*

## Early Childhood (0-5 years old)

Child Comparisons	Medina County 2012 0-5 years	Ohio 2007 0-5 years	U.S. 2007 0-5 years
Parent reads to child every day	35%	50%	48%
Spent 4 or more hours watching TV	10%	17%*	13%*
Never breastfed their child	18%	35%	25%

\* Children ages 1-5 years old

### Children in Ohio and the U.S.

- ❖ A child is born into poverty every 33 seconds in the United States. Every 16 minutes a child is born into poverty in Ohio.
- ❖ Every 35 seconds a child is abused or neglected in the United States, in Ohio a child is abused or neglected every 13 minutes.
- ❖ Ohio has a slightly larger percent of poor children and children living in extreme poverty than the United States. The percent of poor children in Ohio is 19%, while poor children living in the U.S. is 18%. The percent of children living in extreme poverty in Ohio is 9%, while in the U.S. is 8%.
- ❖ 34% of two year olds in the U.S. are not fully immunized, while only 22% of two year olds in Ohio aren't fully immunized.
- ❖ 15% of 3 year olds in the U.S. and 15% of 3 year olds in Ohio are enrolled in state preschool, Head Start, or special education programs. 39% of 4 year olds in the U.S. and 21% of 4 year olds in Ohio are enrolled in state preschool, Head Start, or special education programs.

(Sources: Children's Defense Fund)

### Sleep and SIDS

- ❖ Babies should be placed on his/her back with face and head clear of blankets and other soft items. Doctors have not found an increase in choking or other problems in infants who sleep on their backs.
- ❖ Sudden Infant Death Syndrome (SIDS) is the leading cause of death in children between one month and one year. SIDS is most likely to occur between two and three months, it also occurs more often in males than females. Native American infants are three times more likely than Caucasians to die of SIDS and African-Americans are two to three times more likely than Caucasians to die of SIDS.
- ❖ SIDS is likely to occur if an infant is sleeping on his/her stomach, using a soft or unsafe bed, has loose bedding materials like blankets and pillows, overheating due to clothing, blankets or room temperature, mother's age is younger than 20 years, mother smoked during pregnancy, mother received late or no prenatal care, child was born with a premature or low birth weight, or the baby is exposed to secondhand smoke.
- ❖ Side sleeping infants are not as safe as back sleeping. Infants who sleep on their sides can roll onto their stomachs; which puts them at a greater risk for SIDS.
- ❖ Studies show that pacifiers may protect against SIDS. Pacifiers are recommended from one month for breast-fed infants to one year. The pacifier should be used when placing the baby down to sleep, but should not be reinserted once the infant falls asleep. If the infant refuses the pacifier, he/she should not be forced to take it. Pacifiers should be cleaned regularly and should not be coated with sweet substances.

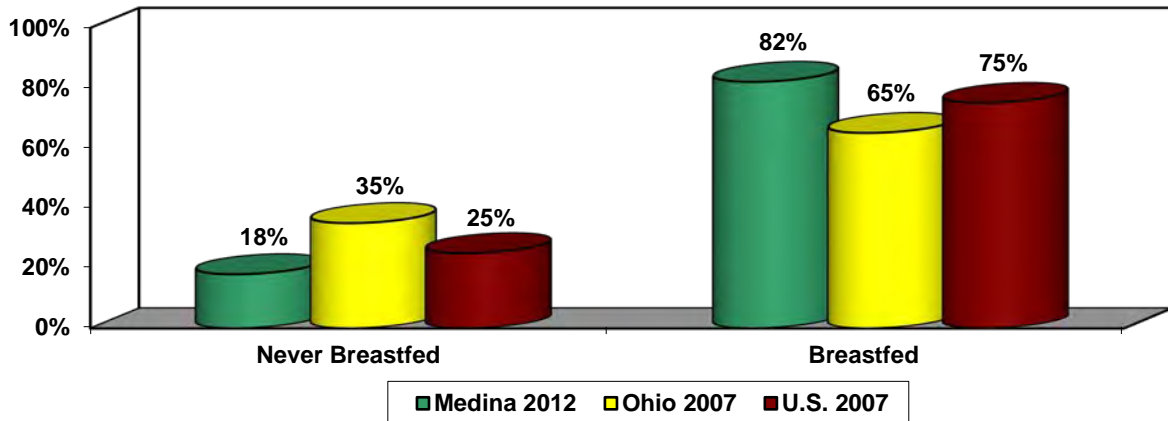
(Source: National Sleep Foundation)

## Early Childhood (0-5 years old)

### Breastfeeding

The following graph shows the percent of infants that have been breastfed or given breast milk from Medina County, Ohio, and the U.S. The U.S. and Ohio have a smaller percent than Medina County of children who have been breastfed for any length of time. The graph also shows the percent of children from Medina County, Ohio, and the U.S. who have never been breastfed or given breast milk. Ohio has the largest percent of children never breastfed, following is the U.S., and Medina County has the smallest percent never breastfed or given breast milk.

**Children Breastfed**



(Source: National Survey of Children's Health, Data Resource Center)

### Car Seats and Booster Seats

- ❖ For children ages 0-8, child restraint use has increased from 15% in 1999 to 73% in 2005.
- ❖ In a study observing the misuse of 3,442 child restraint systems in six states, about 73% showed at least one critical misuse. 84% of infant seats showed critical misuse, and 41% of booster seats showed critical misuse. The most common form of misuse included loose vehicle seat belt attachment to the child restraint systems and loose harness straps securing the child to the child restraint systems.
- ❖ Children ages 2-5 using safety belts prematurely are four times more likely to suffer a serious head injury in a crash than those restrained in child safety seats or booster seats.
- ❖ Child safety seats reduce fatal injury in passenger cars by 71% for infants less than 1 year old and by 54% for children ages 1-4.
- ❖ For children under the age of 5, 451 lives were saved in 2004 due to child restraint use. Of these 451 lives saved, the use of child safety seats was responsible for 413 and the use of safety belts saved 38.

(Source: Safe Kids USA)

### Child Care

- ❖ Children ages 0-5 from single-mother households are more likely to have a parent who cut back or quit working in the past year due to child care issues (19%), than children in two-parent households (11%).
- ❖ Of children ages 0-5 who needed child care, 67% have parents who made different arrangements for care at the last minute due to circumstances beyond their control.

(Source: Data Resource Center for Child & Adolescent Health)



## Middle Childhood (6-11 years old)

### Key Findings

*The following information was reported by Medina County parents of 6-11 year olds. In 2012, 43% of Medina County parents reported their child never wore a helmet when using rollerblades or roller skates. 43% of parents reported their child was bullied at some time in the past year. 90% of parents reported their child participated in extracurricular activities. 15% of parents reported their child had a MySpace or Facebook account. 87% of parents reported their child had exercised for 20 minutes on three or more days in the past week.*

### Middle Childhood

- ◆ The following information was reported by Medina County parents of 6-11 year olds.
- ◆ Parents reported their 6-11 year old always wore a helmet when riding the following: a bicycle (33%), a scooter/dirt bike (31%), a skateboard (26%), and rollerblades/skates (24%).
- ◆ Parents reported their 6-11 year old never wore a helmet when riding the following: rollerblades/skates (43%), and a skateboard (33%), a scooter/dirt bike (26%), and a bicycle (19%).
- ◆ Parents discussed the following topics with their 6-11 year old: eating habits (71%), screen time (TV or computer) (63%), tobacco (58%), negative effects of tobacco (58%), alcohol (54%), negative effects of alcohol (54%), death (48%), body image (43%), marijuana and other drugs (40%), negative effects of marijuana and other drugs (40%), refusal skills (40%), dating and relationships (18%), abstinence and how to refuse sex (9%), condoms, safer sex and STD prevention (3%), and birth control (2%).
- ◆ Parents were very concerned about the following: child's academic achievement (9%), having enough time for their child (9%), how child copes with stress (7%), child's self-esteem (7%), learning disabilities (5%), relationship with child (5%), child's anxiety (4%), bullying (3%), child getting along with others (3%), child's depression (2%), Internet use (1%), violence in home, school, or neighborhood (1%), cell phone and technology use (1%), child's talking skills (1%), child crawling/walking/running (1%), risky behaviors (1%), and eating disorders (<1%).
- ◆ In the past year, 75% of parents reported their child's school never contacted them or another adult in their household about problems their child was having at school. 17% reported their child's school contacted them once, and 8% reported the school contacted them more than once regarding problems their child was having.
- ◆ 71% of parents reported they felt their child was always safe at school. 25% reported usually and 3% reported sometimes.
- ◆ Parents reported their child spent the following unsupervised time after school on an average school day: no unsupervised time (77%), less than one hour (15%), 1-2 hours (7%), 3-4 hours (1%), and more than 4 hours (<1%).
- ◆ 31% of parents reported their 6-11 year old spent time in the past week caring for himself/herself, increasing to 46% of those in households with incomes less than \$25,000.
- ◆ 43% of parents reported their child was bullied in the past year. 1% of parents reported they didn't know if their child was bullied. The following types of bullying were reported:
  - 28% were verbally bullied (teased, taunted or called you harmful names)
  - 15% were indirectly bullied (spread mean rumors about you or kept you out of a "group")
  - 9% were physically bullied (you were hit, kicked, punched or people took your belongings)
  - 2% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)

### National Survey of Children's Health 2007

- ❖ 8% of Ohio and 5% of U.S. parents of 6-11 year olds reported their child missed 11 or more days of school due to an illness or injury.
- ❖ 14% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child watched 4 or more hours of TV or playing video games each day.
- ❖ 15% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child spent time home alone without an adult.

*(Source: National Survey of Children's Health, 2007)*



## Middle Childhood (6-11 years old)

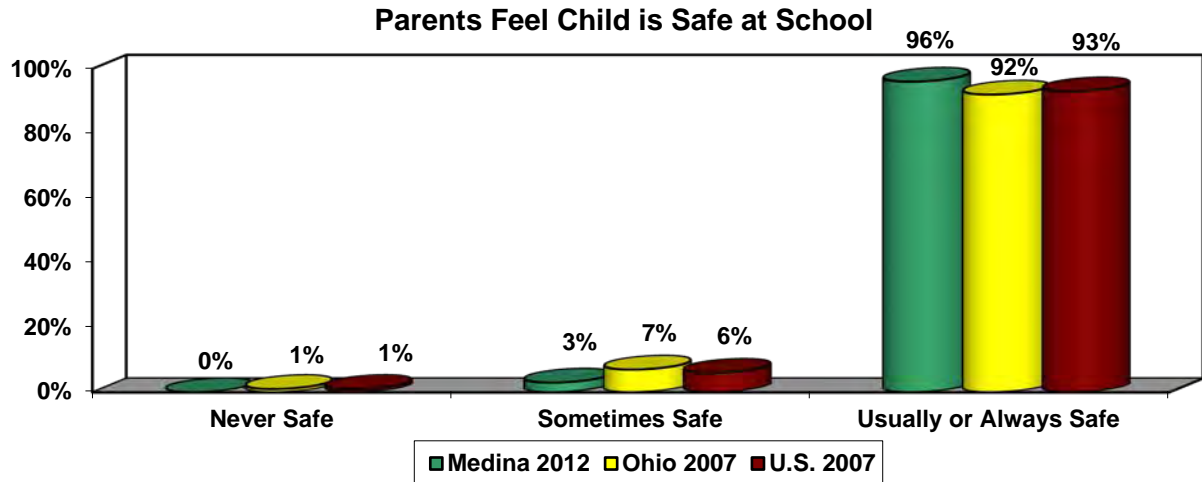
- ◆ Children were enrolled in the following types of schools: public (83%), private (15%), home-schooled (2%), charter (<1%), and out-of-county school (<1%).
- ◆ 90% of parents reported their child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (71%), a club or organization (30%), a religious group (30%), library program (12%), latchkey (3%), 4H (3%), and some other organized activity (35%).
- ◆ 15% of parents reported their child spent 4 or more hours watching TV, 6% played on the computer for 4 or more hours, 6% spent 4 or more hours playing video games, and 2% spent 4 or more hours using other electronic devices on an average day after school.
- ◆ 87% of parents of 6-11 year olds reported their child was physically active for at least 20 minutes on 3 or more days in the past week, and 57% had done so on 5 or more days. 4% of 6-11 year olds did not participate in any physical activity in the past week.
- ◆ 15% of parents reported their child had a MySpace or Facebook account. Of those who had an account, they reported the following: they had their child's password (88%), they knew all of the people in their child's "my friends" (66%), their child's account was checked private (39%), and their child's friends had their passwords (2%). No parent reported their child had a problem as a result of their account.
- ◆ Parents reported their child missed school an average of 2.9 times in the past year because of illness or injury.
- ◆ 15% of parents reported they contacted the following agencies to help with problems with their child: child's school (10%), mental health agency (6%), children's services (3%), faith based agency (1%), and law enforcement (<1%).
- ◆ Parents believed that reproductive system education should be covered in the following grades: K-2 (3%), 3-5 (37%), 6-8 (47%), and 9-12 (2%). 2% of parents thought reproductive system education should not be covered at all.
- ◆ Parents believed that abstinence and refusal skills education should be covered in the following grades: K-2 (4%), 3-5 (15%), 6-8 (59%), and 9-12 (10%). 2% of parents thought abstinence and refusal skills education should not be covered at all.
- ◆ Parents believed that birth control and condom use education should be covered in the following grades: K-2 (1%), 3-5 (4%), 6-8 (52%), and 9-12 (30%). 6% of parents thought birth control and condom use education should not be covered at all.
- ◆ Children 6-11 years old were more likely than children 0-5 years old to:
  - Have anxiety problems (6% compared to 1% of 0-5).
  - Have asthma (14% compared to 4% of 0-5).
  - Have ADD or ADHD (8% compared to 1% of 0-5).
  - Have problems with their teeth (49% compared to 12% of 0-5).

Child Comparisons	Medina County 2012 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Child participated in 1 or more activities	90%	85%	79%
Child did not miss any days of school because of illness or injury	17%	16%	22%
Child missed school 11 days or more because of illness or injury	3%	8%	5%
No physical activity	4%	6%	7%
Parent felt child was usually/always safe at school	96%	92%	93%

## Middle Childhood (6-11 years old)

### Safe Schools

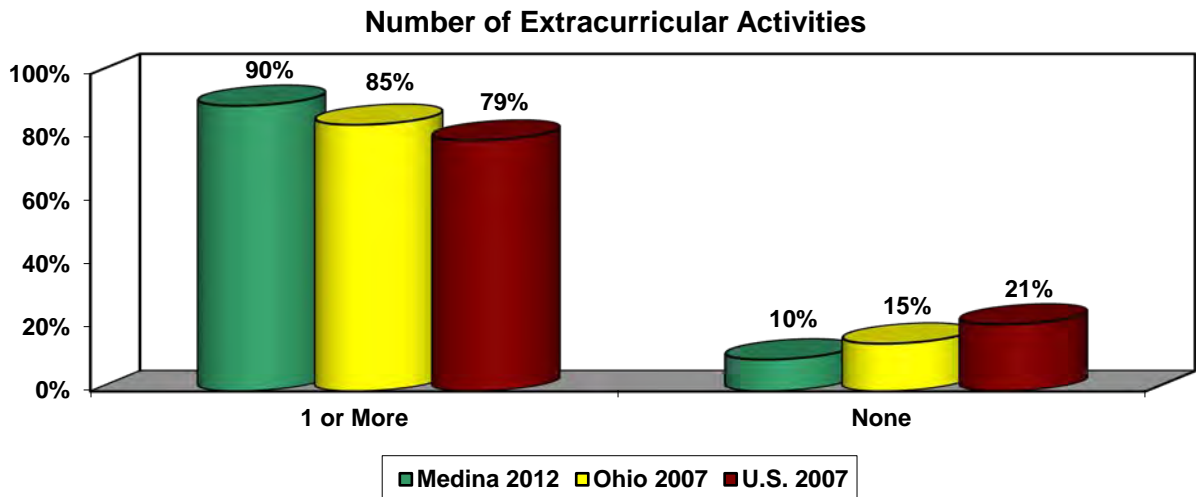
The following graph shows whether Medina parents, Ohio parents, and U.S. parents felt their child's school was never, sometimes, or usually/always safe.



*(Source: National Survey Children's Health, Data Resource Center)*

### Extracurricular Activities

The following graph shows the percent of children in Medina County, Ohio, and the U.S. who participate in at least one or more extracurricular activities, and those who do not participate in any. Medina County has more participants than the U.S. and Ohio.



*(Source: Nation Survey of Children's Health, Data Resource Center)*

## Middle Childhood (6-11 years old)

### Helmet Safety

- ❖ More than 70% of children ages 5-14 regularly ride a bicycle.
- ❖ Each year, approximately 140 children are killed as bicyclists, and sustain more than 275,000 nonfatal bicycle injuries. An estimated 75% of fatal head injuries could have been prevented with a helmet.
- ❖ National usage of bicycle helmets ranges from 15 to 25 percent.
- ❖ More children ages 5-14 are seen in hospital emergency rooms for injuries related to biking than any other sport.
- ❖ For motor vehicle-related bicycle crashes, 69% of deaths occur between May and October, 58% of deaths occur at non-intersection locations, and 70% of deaths occur between 2 and 8 pm.
- ❖ In 2004, an estimated number of 18,743 head injuries were treated in emergency rooms due to skateboarding.

*(Source: Safe Kids USA)*

### MySpace and Facebook

- ❖ 55% of teens have profiles on a social networking website. Of 10-17 year olds with social profiles, 34% posted their real names, telephone numbers, home addresses, or the names of their schools. 45% had posted their date of birth or ages, and 18% had posted pictures of themselves.
- ❖ When signing up for MySpace, you are asked for your date of birth, if you are not over the age of 13 it will come up and say "We're sorry. Based on the information you have submitted to us, you are ineligible to register on MySpace." Also, when you click "signup free" you are agreeing to the Terms of Use, which under the first section states "By using the MySpace Services, you represent and warrant that ... you are 13 years of age or older... Your profile may be deleted and your Membership may be terminated without warning, if we believe that you are under 13 years of age..."
- ❖ Facebook will also ask for your date of birth, if you are not over the age of 13 it will come up and say "Sorry, you are ineligible to sign up for Facebook." Also when you click "sign up" you are agreeing that you have read and agree to the Terms of Use, which under section 4 states "You will not use Facebook if you are under 13."

*(Source: U.S. Department of Education, Facebook, MySpace)*

### Unhappy, Sad, and Depressed Children

- ❖ U.S. parents reported their child being unhappy, sad, or depressed. 52% reported never, 31% reported rarely, 16% reported sometimes, and 2% reported usually/always.
- ❖ Ohio parents also reported their child being unhappy, sad, or depressed. 46% reported never, 32% reported rarely, 19 % reported sometimes, and 3% reported usually/always.

*(Source: National Survey of Children's Health, Data Resource Center)*

## Family Functioning, Neighborhood and Community Characteristics

### Key Findings

*In 2012, Medina County parents reported their 0-11 year old child slept an average of 10.3 hours per night. 17% of parents reported they read to their child every day. 99% of parents reported their neighborhood was always or usually safe. 98% of parents reported having a working smoke alarm in their Medina County home.*

### Family Functioning

- ◆ Parents reported they read to their child: every day (17%), almost every day (23%), a few times a week (20%), a few times a month (9%), and a few times a year (3%). 25% of parents reported their child read to himself/herself.
- ◆ Medina County parents reported they were faced with the following day-to-day demands of parenthood: demands of multiple children (43%), financial burdens (23%), child has special needs (5%), loss of freedom (5%), being a single parent (5%), difficulty with lifestyle changes (4%), child has experienced death/loss (2%), postpartum depression (1%), alcohol and drug abuse (<1%), and other demands (6%).
- ◆ 1% of parents reported their child went to bed hungry every night of the week because they did not have enough food.
- ◆ In the past year, Medina County parents quit a job, did not take a job, or changed their job as a result of the following child care problems: could not afford childcare (4%), severe child behaviors (<1%), medically fragile child (<1%), and child removed from daycare (<1%).
- ◆ 35% of parents reported that every family member that lived in their household ate a meal together every day of the week. Medina County households ate an average of 5.5 meals together per week.
- ◆ Parents reported their child attended religious services an average of 2.3 times per month.
- ◆ 30% of parents reported their child attended religious service one to three times per month and 35% reported four or more times per month. 35% reported their child has never attended a religious service.
- ◆ Parents reported the average time their child woke up was 7:08 a.m. and the average time they went to bed was 8:50 p.m. The average child slept 10.3 hours per night. 2007 NSCH results showed 71% of Ohio and 72% of U.S. children ages 6-11 got enough sleep in the past week.
- ◆ Parents reported their child was disciplined in the following ways:
  - Took away privileges (80%)
  - Grounded (63%)
  - Time out (61%)
  - Yelled (41%)
  - Spanked (21%)
  - Mouth washed out (5%)
  - Child had not been disciplined (3%)
  - Other (8%)

### National Survey of Children's Health 2007

- ◆ 55% of Ohio and 58% of U.S. parents of 0-5 year olds reported their family ate a meal together every night of the week.
- ◆ 37% of 0-5 year old and 34% of 6-11 year old Ohio children lived in a household with someone who smokes.

*(Source: National Survey of Children's Health, 2007)*

### Neighborhood and Community Characteristics

- ◆ Parents reported their neighborhood was: always safe (72%), usually safe (27%), and sometimes safe (1%). No parents reported their neighborhood as never safe. 50% of those with incomes less than \$25,000 reported their neighborhood as always safe, compared to 73% of those with higher incomes.
- ◆ 6% of parents reported their child had moved to a new address 3 or more times, increasing to 38% of those with incomes less than \$25,000.

## Family Functioning, Neighborhood and Community Characteristics

- ◆ Parents reported they had the following safety items in their home: 98% had a working smoke alarm, 76% had a carbon monoxide detector, 71% had a fire extinguisher, and 47% had the Poison Control number by their phone.
- ◆ 45% of those with incomes less than \$25,000 reported having a carbon monoxide detector in their home, compared to 78% of those with higher incomes.
- ◆ Medina County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (86%), smoking is not allowed when children are present (6%), smoking is allowed anywhere (4%), and smoking is allowed in some rooms only (2%).
- ◆ Medina County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (79%), smoking is not allowed when children are present (7%), smoking is allowed as long as a window is open (4%) and smoking is allowed at any time (1%).

Child Comparisons	Medina County 2012 0-5 Years	Ohio 2007 0-5 Years	U.S. 2007 0-5 Years	Medina County 2012 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Family eats a meal together every day of the week	49%	55%	58%	30%	40%	47%
Child never attends religious services	43%	35%	32%	32%	14%	15%
Neighborhood is usually or always safe	99%	88%	85%	99%	84%	86%

### Child and Parent Relationships

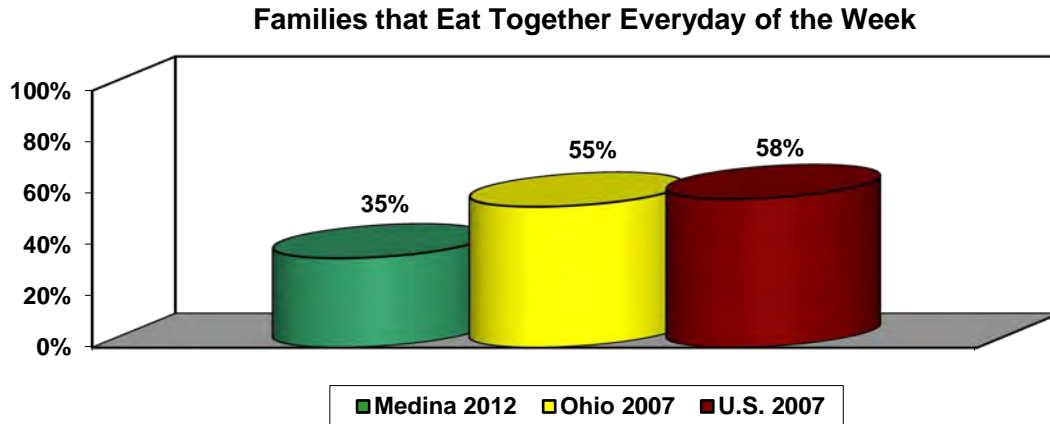
- ❖ 70% of U.S. children ages 6-17 have parents with whom they can share ideas very well or talk with them about things that matter.
- ❖ 60% of U.S. parents of children ages 0-17 are coping very well with the demands of parenting.
- ❖ 87% of U.S. parents of children ages 0-17 have someone to go to for emotional help with parenting.
- ❖ 10 % of U.S. children live with parents who experience high levels of stress from parenting. High stress is reported more often by the parents of children living in single-mother households. Also, children with special health care needs have parents who are twice as likely to report high levels of stress.

*(Source: Data Resource Center for Child & Adolescent Health)*

## Family Functioning, Neighborhood and Community Characteristics

### Family Dinners

The following graph shows the percent of Medina County families that eat a meal together every day of the week along with the percent of Ohio families and the percent of U.S. families. U.S. families as a whole have the largest percent, followed closely by Ohio families. Medina County families have the lowest percent for eating a meal together every day of the week.



*(Source: National Survey of Children's Health, Data Resource Center)*

### Families that Read to Children Everyday

- ❖ 55% of children ages 3-5 in the United States get read to everyday by a family member.
- ❖ Race affects the percent that read to their child every day. 67% for White, 60% for Asian and Pacific Islander, 35% for Black, and 37% for Hispanics.
- ❖ The parents' marital status also has a large effect: 61.9% for two parent families that are married, while two parent families that are unmarried is 24%, and 43% for one parent families.
- ❖ Mothers that have a bachelor's degree or higher are more likely to read to their children than mothers with any other amount of education.
- ❖ Children that have mothers that work less than 35 hours a week are the ones most likely to get read to everyday (63%). Mothers that are not in the labor force are the next with 58%. 51% of mothers that work more than 35 hours per week, and mothers that are looking for work have the lowest percentage for reading to their children everyday with only 40%.

*(Source: Forum on Child and Family Statistics, childstats.gov)*

### Smoke Alarms

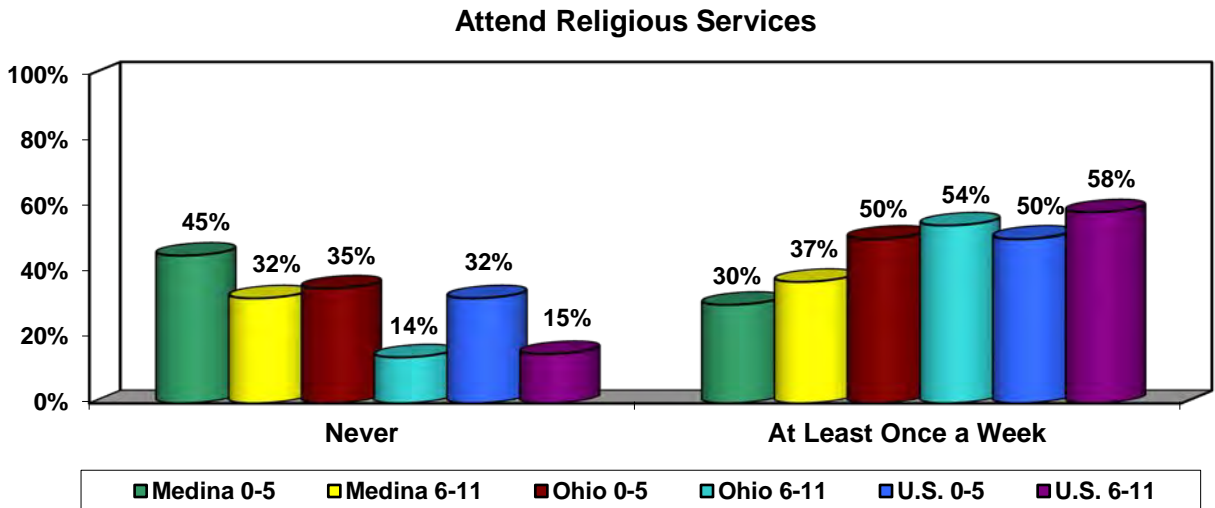
- ❖ 96% of American homes have at least one smoke alarm; however, no smoke alarms were present or did not operate in 41% of the reported fires between 2003 and 2006.
- ❖ In fires considered large enough to activate the alarm, hardwired smoke alarms operated 91% of the time, while battery-powered smoke alarms operated 75% of the time.
- ❖ Over half of the reasons that a smoke alarm failed to go off for fires between 2003 and 2006 was because the battery was disconnected or missing. 22% failed because the battery was dead, and only 8% failed because the hardwired power failed, shut-off or was disconnected.

*(Source: National Fire Protection Association)*

## Family Functioning, Neighborhood and Community Characteristics

### Religious Service Attendance

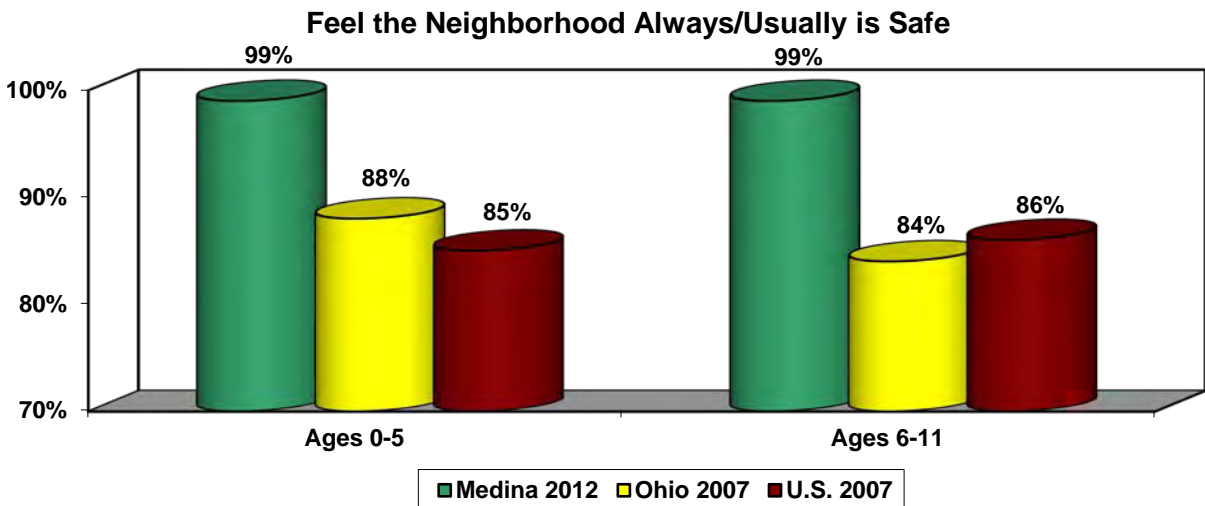
The following chart shows the percent of Medina County, Ohio, and U.S. children ages 0-5 and 6-11 that attend religious services at least once a week, once a month, and those that never attended a religious service. Medina County has a much larger percent that attends religious services at least once a month than both Ohio and the U.S., and a much smaller percent that attends religious services at least once a week. Medina County also has a larger percent of children that had never attended a religious service than both Ohio and the U.S.



(Source: National Survey of Children's Health, Data Resource Center, 2007)

### Neighborhood Safety

The following graph shows the percent of Medina County, Ohio, and U.S. parents who feel their neighborhood is always or usually safe. Medina County has the largest percent of parents for the 6-11 age group who feel that their neighborhood is always/usually safe. Ohio has a larger percent of parents who feel their neighborhood is always/usually safe for children ages 0-5 than all parents in the U.S. However, a smaller percent of Ohio parents feel their neighborhood is always/usually safe for children ages 6-11, compared to U.S. parents of children ages 6-11.



(Source: National Survey of Children's Health, Data Resource Center)



## Family Functioning, Neighborhood and Community Characteristics

### Firearm Safety

- ❖ In 2004, 2% of children that died as a result of a home injury were killed by unintentional shootings in the home. 75% of these children were between the ages 5 and 14.

*(Source: Safe Kids USA)*

### Children and Smoking

- ❖ 63% of Ohio children ages 0-5 do not have anyone that smokes in their household. 27% has someone in their household that smokes, but does not smoke inside the child's house. 10% have someone that smokes in their household and smokes inside the child's house.
- ❖ 66% of Ohio children ages 6-11 don't have anyone that smokes in their household. 18% have someone that smokes in their household, but doesn't smoke inside the child's home. 16% have someone that smokes in the household, and smokes inside the home of the child.
- ❖ For U.S. children ages 0-5, 74% have no one that smokes in their household. 21% have someone that smokes in their household, but does not smoke inside the house. 5% have someone that smokes in the household, and smokes inside the child's home
- ❖ For U.S. children ages 6-11, 75% have no one that smokes in their household. 18% have someone that smokes in their household, but does not smoke inside the house. 8% have someone that smokes in the household, and smokes inside the child's house.

*(Source: National Survey of Children's Health, Data Resource Center)*

### Smoking Rules

- ❖ 30% of people that live in households with no smoking rules have smoked at some point in their lives. While for people that have some smoking rules in their household 24% have smoked at some point in their lives. For people that live in houses where no smoking was allowed at all only 12% have smoked at some point.
- ❖ 27% of people that live in households without smoking rules currently smoke. 19% of people that live in houses with some smoking rules currently smoke; while only 9% of people that live in houses where smoking isn't allowed currently smoke.

*(Source: CDC, Impact of Home Smoking Rules on Smoking Patterns Among Adolescents and Young Adults)*

## Parent Health

### Key Findings

*In 2012, 10% of Medina County parents were uninsured. 34% of parents were overweight and 26% were obese. Parents missed work an average of 1.4 days per year due to their child being ill or injured.*

### Parent Health

- ◆ Those filling out the survey had the following relationship to the child: mother (74%), father (25%), grandparent (1%) and other family member (<1%).
- ◆ More than four-fifths (81%) of parents rated their health as excellent or very good, decreasing to 77% of parents with incomes less than \$25,000. 2% of parents had rated their health as fair or poor.
- ◆ 81% of parents rated their mental and emotional health as excellent or very good, decreasing to 68% of parents with incomes less than \$25,000.
- ◆ 4% of mothers of 0-5 year olds rated their mental and emotional health as fair or poor. No fathers of 0-5 year olds rated their mental and emotional health as fair or poor. 3% of mothers and 1% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- ◆ 10% of parents were uninsured, increasing to 18% of parents with incomes less than \$25,000.
- ◆ 60% of parents were either overweight (34%) or obese (26%). 38% were normal weight and 2% were underweight.
- ◆ Parents missed work an average of 1.4 days per year due to their child being ill or injured, 0.6 days per year due to their child's medical appointments, 0.1 days due to their child's behavioral or emotional problems, and 0.1 days due to their child's asthma.
- ◆ 63% of parents were engaging in physical activity for at least 30 minutes 3 or more days per week. 30% of parents were exercising 5 or more days per week. One in nine (11%) parents were not participating in any physical activity in the past week, including those who were unable to exercise.

### National Survey of Children's Health 2007

- ❖ 22% of mothers of 0-5 year olds and 15% of mothers of 6-11 year olds in Ohio were sedentary (not exercising in the past week).
- ❖ 22% of fathers of 0-5 year olds and 13% of fathers of 6-11 year olds in Ohio were sedentary (not exercising in the past week).

*(Source: National Survey of Children's Health, 2007)*

Child Comparisons	Medina County 2012 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Medina County 2012 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Mother's mental or emotional health is fair/poor	4%	5%	6%	3%	8%	8%
Father's mental or emotional health is fair/poor	0%	5%	4%	1%	5%	5%

## Parent Health

### Parent's Health

- ❖ 57% of children have mothers who are in excellent or very good physical and mental health (of children with a living mother in their household). Children with special health care needs are less likely to have mothers who are in excellent or very good health (48% vs. 59% for children without special health care needs).
- ❖ 63% of children have fathers who are in excellent or very good physical and mental health (of children with a living father in their household). Children with special health care needs are less likely to have fathers who are in excellent or very good health (58% vs. 64% for children without special health care needs).
- ❖ A child who lives with a mother or father who exercises for at least 20 minutes on four or more days per week is more likely to also exercise at least four days per week. Of children who live with their mothers, 33% have mothers who exercise four or more days per week. Of children who live with their fathers, 45% have fathers who exercise four or more days per week.
- ❖ Higher household income increases the likelihood that a child will exercise regularly. For children living with their mother that does not exercise four or more days a week that are between 0-99% FPL, 46% exercise regularly, while for children living with their mother that does not exercise four or more days a week that are 400% FPL, 66% exercise regularly. For children between 0-99% FPL and have mothers that exercise regularly 69% also exercise regularly, and for children at 400% FPL and have mothers that exercise regularly 80% also exercise regularly.

*(Source: [childhealthdata.org](http://childhealthdata.org), Data Resource Center for Child & Adolescent Health)*

# Medina County Community Needs Assessment

## Information Sources

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> <li>◆ 2009 Ohio and U.S. suicide statistics</li> </ul>	<a href="http://www.suicidology.org">http://www.suicidology.org</a>
American Cancer Society, Cancer Facts and Figures 2011 & 2012. Atlanta: ACS, 2011 & 2012	<ul style="list-style-type: none"> <li>◆ 2011, 2012 Cancer facts, figures, and estimates</li> <li>◆ ACS cancer detection guidelines</li> <li>◆ Cancer risk factors</li> <li>◆ Nutrition recommendations</li> <li>◆ Screening recommendations</li> <li>◆ Tobacco Use and Health</li> </ul>	<a href="http://www.cancer.org">www.cancer.org</a>
American Cancer Society, Colorectal Cancer, 2012	<ul style="list-style-type: none"> <li>◆ Colorectal cancer early detection and screening tools</li> </ul>	<a href="http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf">http://www.cancer.org/acs/groups/cid/documents/webcontent/003170-pdf.pdf</a>
American Diabetes Association	<ul style="list-style-type: none"> <li>◆ Type 1 and 2 Diabetes</li> <li>◆ Risk factors for diabetes</li> </ul>	<a href="http://www.diabetes.org">www.diabetes.org</a>
American Heart Association. <i>Risk Factors for Coronary Heart Disease</i> , 2011	<ul style="list-style-type: none"> <li>◆ Risk factors for Cardiovascular Disease that can be modified or treated</li> </ul>	<a href="http://www.americanheart.org">www.americanheart.org</a>
American Pregnancy Association	<ul style="list-style-type: none"> <li>◆ Types of Contraception - Overview: Birth Control Methods</li> </ul>	<a href="http://www.americanpregnancy.org/preventingpregnancy/overviewtypesbirthcontrol.html">http://www.americanpregnancy.org/preventingpregnancy/overviewtypesbirthcontrol.html</a>
Annals of Emergency Medicine, v. 57, issue 6, 2011, p. 691	<ul style="list-style-type: none"> <li>◆ Firearm Injury Prevention</li> </ul>	<a href="http://journals.ohiolink.edu/ejc/pdf?issn=01960644&amp;issue=v57i0006&amp;article=691_fip">http://journals.ohiolink.edu/ejc/pdf?issn=01960644&amp;issue=v57i0006&amp;article=691_fip</a>
<i>Arthritis at a Glance, 2011</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report</i> 2010; 59(39):999-1003	<ul style="list-style-type: none"> <li>◆ What Can Be Done to Target Arthritis?</li> <li>◆ Arthritis statistics</li> </ul>	<a href="http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm">http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm</a>
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> <li>◆ 2009 - 2010 adult Ohio and U.S. correlating statistics</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
CDC, Adolescent & School Health	<ul style="list-style-type: none"> <li>◆ Soft Drinks &amp; Adolescent Weight</li> </ul>	<a href="http://www.cdc.gov/healthyyouth/nutrition/facts.htm">http://www.cdc.gov/healthyyouth/nutrition/facts.htm</a>
CDC, Arthritis	<ul style="list-style-type: none"> <li>◆ Risk Factors 2011</li> <li>◆ Data and Statistics 2011</li> </ul>	<a href="http://www.cdc.gov/arthritis/basics/risk_factors.htm">http://www.cdc.gov/arthritis/basics/risk_factors.htm</a> & <a href="http://www.cdc.gov/arthritis/data_statistics.htm">http://www.cdc.gov/arthritis/data_statistics.htm</a>
CDC, Impact of Home Smoking Rules on Smoking Patterns Among Adolescents and Young Adults	<ul style="list-style-type: none"> <li>◆ Smoking Rules</li> </ul>	<a href="http://www.cdc.gov/pcd/issues/2006/apr/05_0028.htm">www.cdc.gov/pcd/issues/2006/apr/05_0028.htm</a>
CDC, National Cancer Institute, 2010	<ul style="list-style-type: none"> <li>◆ Cancer and women</li> <li>◆ Cancer and Men</li> </ul>	<a href="http://www.cancer.gov/">http://www.cancer.gov/</a>

# Medina County Community Needs Assessment

## Information Sources

Source	Data Used	Website
CDC, National Center for Health Statistics Data Brief, Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations, 2008	<ul style="list-style-type: none"> <li>◆ Children &amp; Asthma</li> </ul>	N/A
CDC, National Center for Injury Prevention & Control	<ul style="list-style-type: none"> <li>◆ Prescription Painkiller Overdoses in the U.S.</li> <li>◆ Suicide Facts Sheet</li> <li>◆ Suicide Risk Factors</li> <li>◆ Suicide Protective Factors</li> </ul>	<a href="http://www.cdc.gov/injury/">http://www.cdc.gov/injury/</a>
CDC, National Depressive and Manic Depression Association	<ul style="list-style-type: none"> <li>◆ Warning Signs of Suicide</li> </ul>	N/A
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> <li>◆ Physical activity recommendations</li> </ul>	<a href="http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html">http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html</a>
CDC, Sexually Transmitted Diseases Surveillance, 2010	<ul style="list-style-type: none"> <li>◆ U.S. Chlamydia and Gonorrhea rates</li> <li>◆ STDs in adolescents and young adults</li> </ul>	<a href="http://www.cdc.gov/std/stats08/Natprotintro.htm">http://www.cdc.gov/std/stats08/Natprotintro.htm</a>
CDC, Stigma of Mental Illness, 2011	<ul style="list-style-type: none"> <li>◆ Stigma of mental illness, based on 2007 BRFSS data</li> </ul>	<a href="http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm">http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm</a>
CDC, Understanding Youth Violence	<ul style="list-style-type: none"> <li>◆ Facts Concerning Youth Violence</li> </ul>	<a href="http://www.cdc.gov/violenceprevention/pdf/yv-factsheet-a.pdf">http://www.cdc.gov/violenceprevention/pdf/yv-factsheet-a.pdf</a>
Campaign for Tobacco Free Kids, State Cigarette Excise Tax Rates & Rankings, July 2012	<ul style="list-style-type: none"> <li>◆ Costs of tobacco</li> </ul>	<a href="http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf">http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf</a>
Children's Defense Fund	<ul style="list-style-type: none"> <li>◆ Poverty &amp; abuse statistics of children in Ohio and the U.S.</li> </ul>	<a href="http://www.childrensdefense.org">www.childrensdefense.org</a>
Child Statistics	<ul style="list-style-type: none"> <li>◆ Children's Nutrition</li> <li>◆ Families that Read to Children Every Day</li> </ul>	<a href="http://www.childstats.gov">www.childstats.gov</a>
Choking Game Education	<ul style="list-style-type: none"> <li>◆ Warning Signs for the "Choking Game"</li> </ul>	<a href="http://www.deadlygameschildrenplay.com">www.deadlygameschildrenplay.com</a>
Data Resource Center for Child & Adolescent Health	<ul style="list-style-type: none"> <li>◆ Child Care</li> <li>◆ Child &amp; Parent Relationships</li> <li>◆ Parent Health</li> </ul>	<a href="http://www.childhealthdata.gov">www.childhealthdata.gov</a>
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Data Services	<ul style="list-style-type: none"> <li>◆ U.S. mortality statistics</li> <li>◆ U.S. predictors of access to health care</li> <li>◆ U.S. birth rates</li> </ul>	<a href="http://www.cdc.gov/nchs/fastats">www.cdc.gov/nchs/fastats</a>
Federal Emergency Management Agency (FEMA)	<ul style="list-style-type: none"> <li>◆ Additional Items to Consider Adding to Basic Emergency Supply Kit</li> </ul>	<a href="http://www.ready.gov/document/additional-items-consider-adding-emergency-supply-kit">http://www.ready.gov/document/additional-items-consider-adding-emergency-supply-kit</a>

## Medina County Community Needs Assessment Information Sources

Source	Data Used	Website
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> <li>◆ All Healthy People 2020 target data points</li> <li>◆ Some U.S. baseline statistics</li> <li>◆ Predictors of access to health care</li> </ul>	<a href="http://www.healthypeople.gov/2020/topics/objectives/2020">http://www.healthypeople.gov/2020/topics/objectives/2020</a>
Healthy Youth: Tobacco, CDC	<ul style="list-style-type: none"> <li>◆ Tobacco Sales &amp; Promoting to Youth</li> </ul>	<a href="http://www.cdc.gov/healthyouth/tobacco/facts.htm">http://www.cdc.gov/healthyouth/tobacco/facts.htm</a>
Learning Disabilities Association of America	<ul style="list-style-type: none"> <li>◆ Children's Health: ADHD, ASD</li> </ul>	<a href="http://www.ldanatl.org">www.ldanatl.org</a>
The National Campaign	<ul style="list-style-type: none"> <li>◆ Facts about "Sexting"</li> </ul>	<a href="http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf">http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf</a> , 2011
National Center for Children in Poverty, 2009	<ul style="list-style-type: none"> <li>◆ Basic Facts about Low Income Children</li> </ul>	<a href="http://www.nccp.org">www.nccp.org</a>
National Center for Chronic Disease Prevention and Health Promotion, CDC	<ul style="list-style-type: none"> <li>◆ Alcohol and Binge Drinking Dangers</li> <li>◆ Arthritis statistics</li> <li>◆ Birth Data and Fertility Rates</li> <li>◆ HIV/AIDS information</li> <li>◆ Men's Health</li> <li>◆ Obesity statistics</li> <li>◆ Preventing seasonal flu</li> <li>◆ Smoking and Tobacco Facts</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
National Center for Environmental Health, CDC, 2011	<ul style="list-style-type: none"> <li>◆ Asthma Triggers</li> <li>◆ Potential Health Effects of Mold</li> </ul>	<a href="http://www.cdc.gov/nceh/">http://www.cdc.gov/nceh/</a>
National Fire Protection Association	<ul style="list-style-type: none"> <li>◆ Smoke Alarms</li> </ul>	<a href="http://www.nfpa.org/">www.nfpa.org/</a>
National Health Interview Survey, 2008	<ul style="list-style-type: none"> <li>◆ Unmet medical needs in the US</li> <li>◆ Prescriptions</li> <li>◆ Emergency Room Visits</li> </ul>	<a href="http://www.cdc.gov/nchs/nhis.htm">www.cdc.gov/nchs/nhis.htm</a>
National Heart, Lung, and Blood Institute, 2011	<ul style="list-style-type: none"> <li>◆ Chronic respiratory conditions</li> </ul>	<a href="http://www.nhlbi.nih.gov/">http://www.nhlbi.nih.gov/</a>
National Institute on Drug Abuse	<ul style="list-style-type: none"> <li>◆ NIDA for Teens: Prescription drug abuse facts</li> </ul>	<a href="http://www.drugabuse.gov">www.drugabuse.gov</a>
National Institute of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases	<ul style="list-style-type: none"> <li>◆ Back Pain Prevention</li> </ul>	<a href="http://www.niams.nih.gov/Health_Info/Back_Pain/back_ff.asp">http://www.niams.nih.gov/Health_Info/Back_Pain/back_ff.asp</a> , updated 9/09
National Prevention Information Network, 2012	<ul style="list-style-type: none"> <li>◆ The Elderly – HIV/AIDS and STDs</li> </ul>	<a href="http://www.cdcnpin.org/scripts/population/elderly.asp">http://www.cdcnpin.org/scripts/population/elderly.asp</a>
National Sleep Foundation	<ul style="list-style-type: none"> <li>◆ Sleep &amp; SIDS</li> </ul>	<a href="http://www.sleepfoundation.org">www.sleepfoundation.org</a>

## Medina County Community Needs Assessment Information Sources

Source	Data Used	Website
National Survey of Children's Health, 2007	<ul style="list-style-type: none"> <li>◆ Asthma, ADHD</li> <li>◆ Attending Religious Services</li> <li>◆ Breastfeeding Statistics</li> <li>◆ Children &amp; Smoking</li> <li>◆ Extracurricular Activities</li> <li>◆ Family Meals</li> <li>◆ Family Reading Statistics</li> <li>◆ Insurance Status</li> <li>◆ Missing School Days</li> <li>◆ Neighborhood Safety</li> <li>◆ Physical Activity</li> <li>◆ Preventive Care</li> <li>◆ Safe Schools</li> <li>◆ Smoking in Home of a Child</li> <li>◆ TV, Video Games &amp; Computer Usage</li> <li>◆ Unhappy, Sad or Depressed Children</li> <li>◆ Unsupervised Time for Children</li> </ul>	<a href="http://nschdata.org">http://nschdata.org</a>
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> <li>◆ Medina County and Ohio mortality statistics</li> <li>◆ Medina County diabetes facts</li> <li>◆ Medina County and Ohio birth statistics</li> <li>◆ Medina County and Ohio sexually transmitted diseases</li> <li>◆ Statistics re: access to health services</li> </ul>	<a href="http://www.odh.state.oh.us">www.odh.state.oh.us</a>
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	<ul style="list-style-type: none"> <li>◆ Medina County and Ohio cancer mortality</li> <li>◆ Medina County and Ohio cancer incidence</li> </ul>	<a href="http://www.odh.state.oh.us">www.odh.state.oh.us</a>
Ohio Department of Health, Ohio HIV/AIDS Surveillance Program	<ul style="list-style-type: none"> <li>◆ HIV/AIDS Epidemiologic Profile 2011</li> </ul>	<a href="http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/hst/hiv%20-%20aids%20surveillance/profile2011.aspx">http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/hst/hiv%20-%20aids%20surveillance/profile2011.aspx</a>
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> <li>◆ Medina County oral health resources</li> </ul>	<a href="http://publicapps.odh.ohio.gov/oralhealth/default.aspx">http://publicapps.odh.ohio.gov/oralhealth/default.aspx</a>
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> <li>◆ Poverty statistics</li> <li>◆ Medina County and Ohio Medicaid statistics, SFY 2008-2009</li> <li>◆ Medina County health care statistics</li> </ul>	<a href="http://jfs.ohio.gov">http://jfs.ohio.gov</a>
Ohio Department of Public Safety	<ul style="list-style-type: none"> <li>◆ 2011 Traffic Crash Facts</li> <li>◆ Medina County and Ohio crash facts</li> </ul>	<a href="http://www.state.oh.us/odps">www.state.oh.us/odps</a>
Ohio Family Health Survey Results, 2008 & 2010	<ul style="list-style-type: none"> <li>◆ Medina County and Ohio uninsured rates</li> </ul>	<a href="http://grc.osu.edu/ofhs/">http://grc.osu.edu/ofhs/</a>



## Medina County Community Needs Assessment Information Sources

Source	Data Used	Website
Ohio Job & Family Services, Ohio Medicaid Report, Office of Ohio Health Plans (OHP), Published 2008 & 2009	<ul style="list-style-type: none"> <li>◆ Medina County Medicaid statistics</li> <li>◆ Ohio Medicaid statistics</li> </ul>	<a href="http://jfs.ohio.gov/ohp/bhnp/reports/">http://jfs.ohio.gov/ohp/bhnp/reports/</a> & <a href="http://jfs.ohio.gov/county/cntypro/pdf09/Medina.pdf">http://jfs.ohio.gov/county/cntypro/pdf09/Medina.pdf</a> & <a href="http://jfs.ohio.gov/county/cntypro/pdf08/Medina.pdf">http://jfs.ohio.gov/county/cntypro/pdf08/Medina.pdf</a>
Ohio Oral Health Surveillance System, 2010	<ul style="list-style-type: none"> <li>◆ Children's Dental Health</li> </ul>	<a href="http://publicapps.odh.ohio.gov/oralhealth/ReportsDisplay.aspx?Report=BOHSReport&amp;Format=pdf&amp;CountyName=Medina&amp;ReportVersion=2010">http://publicapps.odh.ohio.gov/oralhealth/ReportsDisplay.aspx?Report=BOHSReport&amp;Format=pdf&amp;CountyName=Medina&amp;ReportVersion=2010</a>
Ohio Suicide Prevention Foundation	<ul style="list-style-type: none"> <li>◆ Medina County suicide facts 2010</li> </ul>	<a href="http://ohiospf.org">http://ohiospf.org</a>
The Partnership at Drugfree.org, Parents 360, 2012	<ul style="list-style-type: none"> <li>◆ Synthetic Drugs: Bath Salts, K2/Spice A guide for parents and other influencers</li> </ul>	<a href="http://www.drugfree.org">www.drugfree.org</a>
Planned Parenthood	<ul style="list-style-type: none"> <li>◆ Preventing STIs/STDs</li> </ul>	<a href="http://www.plannedparenthood.org/sexual-health/std/preventing-stis-stds.htm">http://www.plannedparenthood.org/sexual-health/std/preventing-stis-stds.htm</a>
Respect2All	<ul style="list-style-type: none"> <li>◆ Types of Bullying</li> </ul>	<a href="http://www.respect2all.org/parents/bullying-definitions">www.respect2all.org/parents/bullying-definitions</a>
Safe Kids USA	<ul style="list-style-type: none"> <li>◆ Car Seats &amp; Booster Seats</li> <li>◆ Children's Safety in Cars</li> <li>◆ Helmet Safety</li> <li>◆ Firearm Safety</li> </ul>	<a href="http://www.safekids.org">www.safekids.org</a>
U.S. Department of Agriculture	<ul style="list-style-type: none"> <li>◆ Food Security in the U.S., 2010</li> </ul>	<a href="http://www.usda.gov/wps/portal/usdahome">http://www.usda.gov/wps/portal/usdahome</a>
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> <li>◆ American Community Survey, 5 year poverty estimates, 2006-2010</li> <li>◆ Federal Poverty Thresholds</li> <li>◆ Ohio and Medina County 2010 Census demographic information</li> <li>◆ Ohio and U.S. health insurance sources</li> <li>◆ Small Area Income and Poverty Estimates</li> </ul>	<a href="http://www.census.gov">www.census.gov</a>
U.S Department of Education	<ul style="list-style-type: none"> <li>◆ Facebook &amp; MySpace</li> </ul>	<a href="http://www.ed.gov">www.ed.gov</a>

## Medina County Community Needs Assessment Information Sources

Source	Data Used	Website
U.S. Department of Health and Human Services, Ohio Department of Mental Health	♦ Mental Health Services in Ohio, 2010, FY 2009*	<a href="http://www.lsc.state.oh.us/fiscal/ohioofacts/sep2010/healthhumanservices.pdf">http://www.lsc.state.oh.us/fiscal/ohioofacts/sep2010/healthhumanservices.pdf</a>
U.S. Department of Health and Human Services, SAMHSA, 2010	♦ Drug Abuse Warning Network Report, December 28, 2010	<a href="http://oas.samhsa.gov/2k10/DAWN034/EDHighlightsHTML.pdf">http://oas.samhsa.gov/2k10/DAWN034/EDHighlightsHTML.pdf</a>
U. S. Department of Health and Human Services, SAMHSA, NSDUH, 2010	♦ National Survey on Drug Use and Health ♦ U.S Youth Perception of Risk	<a href="http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm#2.2">http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm#2.2</a>
U. S. Department of Justice: DEA Briefs & Background, Drugs and Drug Abuse	♦ Ohio drug and drug abuse facts	<a href="http://www.odadas.ohio.gov/public/">http://www.odadas.ohio.gov/public/</a>

## List of Acronyms and Terms

<b>Adult</b>	Defined as 19 years of age and older.
<b>Age-Adjusted Mortality Rates</b>	Death rate per 100,000 adjusted for the age distribution of the population.
<b>Binge drinking</b>	Consumption of five alcoholic beverages or more (for males) and four alcoholic beverages or more (for females) on one occasion.
<b>BMI</b>	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
<b>BRFSS</b>	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
<b>CDC</b>	Centers for Disease Control and Prevention.
<b>Current Smoker</b>	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
<b>Crude Mortality Rates</b>	Number of deaths/estimated mid-year population times 100,000.
<b>HCF</b>	Healthy Communities Foundation of the Hospital Council of Northwest Ohio.
<b>HP 2020</b>	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
<b>Health Indicator</b>	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
<b>High Blood Cholesterol</b>	240 mg/dL and above
<b>High Blood Pressure</b>	Systolic $\geq 140$ and Diastolic $\geq 90$
<b>N/A</b>	Data not available.
<b>NSCH</b>	National Survey of Children's Health, an adolescent survey conducted by the CDC

## List of Acronyms and Terms

<b>ODH</b>	Ohio Department of Health
<b>Race/Ethnicity</b>	<b>Census 2010:</b> U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
<b>Weapon</b>	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
<b>Youth</b>	Defined as 12 through 18 years of age
<b>YPLL/65</b>	<b>Years of Potential Life Lost</b> before age 65. Indicator of premature death.
<b>Youth BMI Classifications</b>	<b>Underweight</b> is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. <b>Overweight</b> is defined as BMI-for-age $85^{\text{th}}$ percentile to $< 95^{\text{th}}$ percentile. <b>Obese</b> is defined as $\geq 95^{\text{th}}$ percentile.
<b>YRBSS</b>	<b>Youth Risk Behavior Surveillance System</b> , a youth survey conducted by the CDC

## Methods for Weighting the 2012 Medina County Community Needs Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2012 Medina County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Medina County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Medina County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2012 Medina County Survey and the 2010 Census.

<u>Sex</u>	<u>2012 Medina Survey</u>		<u>2010 Census</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	180	53.254438	84,941	49.2891628	0.92554095
Female	158	46.745562	87,391	50.7108372	1.08482677

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Medina County. The weighting for males was calculated by taking the percent of males in Medina County (based on Census information) (49.2891628%) and dividing that by the percent found in the 2012 Medina County sample (53.254438%) [ $49.2891628 / 53.254438 =$  weighting of 0.92554095 for males]. The same was done for females [ $50.7108372 / 46.745562 =$  weighting of 1.08482677 for females]. Thus females' responses are weighted heavier by a factor of 1.08482677 and females' responses weighted less by a factor of 0.92554095.

## Methods for Weighting the 2012 Medina County Community Needs Assessment Data

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 2.369859 [1.084826 (weight for females) x 0.987553 (weight for White) x 1.789543 (weight for age 25-34) x 1.236118 (weight for income \$50-\$75k)]. Thus, each individual in the 2012 Medina County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 14.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

- 1) **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
- 2) **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
- 3) **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
- 4) **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
- 5) **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
- 6) **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
- 7) **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
- 8) **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

## Methods for Weighting the 2012 Medina County Community Needs Assessment Data

Category	Medina Sample	%	2010 Census *	%		Weighting Value
<b>Sex:</b>						
Male	180	0.53254438	84,941	0.492891628		0.925541
Female	158	0.46745562	87,391	0.507108372		1.084827
<b>Age:</b>						
20-24	171	0.50892857	7,801	0.06257971		0.122964
25-34	27	0.08035714	17,926	0.14380259		1.789543
35-44	17	0.05059524	25,118	0.20149690		3.982527
45-54	39	0.11607143	28,543	0.2289723		1.972684
55-59	22	0.06547619	12,078	0.0968898		1.479772
60-64	27	0.08035714	10,590	0.08495311		1.057194
65-74	23	0.06845238	12,806	0.10272989		1.500750
75-84	10	0.02976190	6,922	0.05552837		1.865753
85+	0	0.00000000	2,873	0.02304724		1.000000
<b>Race:</b>						
White	328	0.97329377	165,642	0.961179584		0.987553
Non-White	9	0.02670623	6,690	0.038820416		1.453609
<b>Household Income</b>						
Less than \$10,000	18	0.06428571	2,509	0.039079171		0.607898
\$10k-\$15k	15	0.05357143	1,781	0.027740137		0.517816
\$15k-\$25k	17	0.06071429	4,961	0.077270533		1.272691
\$25k-\$35k	25	0.08928571	5,406	0.084201673		0.943059
\$35k-\$50	34	0.12142857	8,322	0.129620111		1.067460
\$50k-\$75k	48	0.17142857	13,605	0.211905986		1.236118
\$75k or more	123	0.43928571	27,619	0.43018239		0.979277
<p>Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Medina County in each subcategory by the proportion of the sample in the Medina County survey for that same category.</p> <p>* Medina County population figures taken from the 2010 Census.</p>						



## **Medina County Schools**

The following schools were randomly chosen and agreed to participate in the 2012 Medina County Community Needs Assessment:

### **Brunswick City**

Willetts Middle School  
Brunswick High School

### **Buckeye Local**

Buckeye Junior High  
Buckeye High School

### **Cloverleaf Local**

Cloverleaf Middle School  
Cloverleaf High School

### **Highland Local**

Highland Middle School  
Highland High School

### **Medina City**

A.I. Root Middle School  
Medina High School

### **Wadsworth City**

Wadsworth Middle School  
Wadsworth High School

## Medina County Sample Demographic Profile\*

Variable	2012 Survey Sample	Medina County Census 2010	Ohio Census 2010
<b>Age</b>			
20-29	17.7%	9.4%	12.8%
30-39	9.6%	12.3%	12.2%
40-49	22.9%	16.2%	14.0%
50-59	24.1%	15.1%	14.5%
60 plus	23.8%	19.2%	19.9%
<b>Race/Ethnicity</b>			
White	97.5%	96.1%	82.7%
Black or African American	0%	1.2%	12.2%
American Indian and Alaska Native	0.1%	0.1%	0.2%
Asian	0%	1.0%	1.7%
Other	1.6%	0.4%	1.1%
Hispanic Origin (may be of any race)	1.6%	1.6%	3.1%
<b>Marital Status†</b>			
Married Couple	66.9%	62.4%	47.9%
Never been married/member of an unmarried couple	20.2%	21.4%	33.5%
Divorced/Separated	11.7%	11.4%	27.5%
Widowed	3.8%	4.8%	13.0%
<b>Education†</b>			
Less than High School Diploma	3.8%	6.3%	11.9%
High School Diploma	19.0%	33.1%	35.2%
Some college/ College graduate	77.0%	60.6%	52.9%
<b>Income (Families)</b>			
\$14,999 and less	2.5%	3.1%	14.7%
\$15,000 to \$24,999	7.5%	4.7%	12.7%
\$25,000 to \$49,999	14.8%	19.1%	27.0%
\$50,000 to \$74,999	17.2%	23.9%	18.8%
\$75,000 or more	43.4%	49.2%	26.8%

\* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

† The Ohio and Medina County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

# Demographics

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

Category	Total	Males	Females
<b>Medina County</b>	<b>172,332</b>	<b>84,941</b>	<b>87,391</b>
<b>0-4 years</b>	<b>10,327</b>	<b>5,281</b>	<b>5,046</b>
1-4 years	8,497	4,353	4,144
< 1 year	1,830	928	902
1-2 years	4,027	2,039	1,988
3-4 years	4,470	2,314	2,156
<b>5-9 years</b>	<b>12,306</b>	<b>6,314</b>	<b>5,992</b>
5-6 years	4,649	2,372	2,277
7-9 years	7,657	3,942	3,715
<b>10-14 years</b>	<b>13,122</b>	<b>6,720</b>	<b>6,402</b>
10-12 years	7,850	4,002	3,848
13-14 years	5,272	2,718	2,554
12-18 years	18,196	9,384	8,812
<b>15-19 years</b>	<b>11,920</b>	<b>6,175</b>	<b>5,745</b>
15-17 years	7,986	4,073	3,913
18-19 years	3,934	2,102	1,832
20-24 years	7,801	4,017	3,784
25-29 years	8,421	4,188	4,233
30-34 years	9,505	4,599	4,906
35-39 years	11,697	5,749	5,948
40-44 years	13,421	6,585	6,836
45-49 years	14,515	7,134	7,381
50-54 years	14,028	7,007	7,021
55-59 years	12,078	5,879	6,199
60-64 years	10,590	5,181	5,409
65-69 years	7,484	3,565	3,919
70-74 years	5,322	2,570	2,752
75-79 years	3,856	1,743	2,113
80-84 years	3,066	1,306	1,760
85-89 years	1,942	670	1,272
90-94 years	724	217	507
95-99 years	187	37	150
100-104 years	20	4	16
105-109 years	0	0	0
110 years & over	0	0	0
<b>Total 85 years and over</b>	<b>2,873</b>	<b>928</b>	<b>1,945</b>
<b>Total 65 years and over</b>	<b>22,601</b>	<b>10,112</b>	<b>12,489</b>
<b>Total 19 years and over</b>	<b>126,196</b>	<b>61,259</b>	<b>64,937</b>

# Medina County Profile

## *General Demographic Characteristics* (Source: U.S. Census Bureau, Census 2010)

### ***Total Population***

2010 Total Population	172,332
2000 Total Population	151,095

### **Largest City-Brunswick**

2010 Total Population	34,255	100%
2000 Total Population	33,388	100%

### ***Population By Race/Ethnicity***

Total Population	172,332	100%
White Alone	165,642	96.1%
Hispanic or Latino (of any race)	2,747	1.6%
African American	2,027	1.2%
American Indian and Alaska Native	247	0.1%
Asian	1,660	1.0%
Two or more races	2,086	1.2%
Other	652	0.4%

### ***Population By Age***

Under 5 years	10,327	5.9%
5 to 17 years	33,414	19.3%
18 to 24 years	11,735	6.8%
25 to 44 years	43,043	24.9%
45 to 64 years	51,211	29.7%
65 years and more	22,601	13.1%
<b>Median age (years)</b>	<b>40.4</b>	

### ***Household By Type***

Total Households	65,143	100%
Family Households (families)	48,214	74.0%
With own children <18 years	21,350	32.8%
Married-Couple Family Households	40,031	61.5%
With own children <18 years	16,822	25.8%
Female Householder, No Husband Present	5,685	8.7%
With own children <18 years	3,195	4.9%
Non-family Households	16,929	26.0%
Householder living alone	14,072	21.6%
Householder 65 years and >	5,476	8.4%
Households With Individuals < 18 years	22,966	35.3%
Households With Individuals 65 years and >	15,760	24.2%

Average Household Size	2.63 people
Average Family Size	3.07 people

# Medina County Profile

## *General Demographic Characteristics, Continued* (Source: U.S. Census Bureau, Census 2010)

*2010 ACS 1-year estimates*

Median Value of Owner-Occupied Units	\$185,900
Median Monthly Owner Costs (With Mortgage)	\$1,499
Median Monthly Owner Costs (Not Mortgaged)	\$452
Median Gross Rent for Renter-Occupied Units	\$788
Median Rooms Per Housing Unit	6.6
Total Housing Units	69,319
No Telephone Service	767
Lacking Complete Kitchen Facilities	482
Lacking Complete Plumbing Facilities	321

## *Selected Social Characteristics* (Source: U.S. Census Bureau, Census 2010)

*2010 ACS 1-year estimates*

### *School Enrollment*

Population 3 Years and Over Enrolled In School	45,896	100%
Nursery & Preschool	2,912	6.3%
Kindergarten	2,412	5.3%
Elementary School (Grades 1-8)	20,746	45.2%
High School (Grades 9-12)	10,316	22.5%
College or Graduate School	9,510	20.7%

### *Educational Attainment*

Population 25 Years and Over	117,828	100%
< 9 <sup>th</sup> Grade Education	1,757	1.5%
9 <sup>th</sup> to 12 <sup>th</sup> Grade, No Diploma	5,616	4.8%
High School Graduate (Includes Equivalency)	39,045	33.1%
Some College, No Degree	27,221	23.1%
Associate Degree	9,781	8.3%
Bachelor's Degree	23,414	19.9%
Graduate Or Professional Degree	10,994	9.3%

Percent High School Graduate or Higher	*(X)	93.7%
Percent Bachelor's Degree or Higher	*(X)	29.2%

\*(X) – Not available

# Medina County Profile

## *Selected Social Characteristics, Continued* (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

### ***Marital Status***

Population 15 Years and Over	137,080	100%
Never Married	29,331	21.4%
Now Married, Excluding Separated	85,540	62.4%
Separated	1,604	1.1%
Widowed	6,560	4.8%
Female	5,344	3.9%
Divorced	14,045	10.2%
Female	7,113	5.2%

### ***Veteran Status***

Civilian Veterans 18 years and over	13,782	10.7%
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### ***Disability Status of the Civilian Non-institutionalized Population***

Total Civilian Noninstitutionalized Population	171,476	100%
With a Disability	16,201	9.4%
Under 18 years	43,365	100%
With a Disability	1,297	3.0%
18 to 64 years	105,862	100%
With a Disability	7,794	7.4%
65 Years and Over	22,249	100%
With a Disability	7,110	32.0%

## *Selected Economic Characteristics* (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

### ***Employment Status***

Population 16 Years and Over	135,059	100%
In Labor Force	95,107	70.4%
Not In Labor Force	39,952	29.6%
Females 16 Years and Over	69,346	100%
In Labor Force	46,068	66.4%
Population Living With Own Children <6 Years	12,205	100%
All Parents In Family In Labor Force	8,725	71.5%

# Medina County Profile

## *Selected Economic Characteristics, Continued* (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

### **Occupations**

Employed Civilian Population 16 Years and Over	87,569	100%
Management, Business, Science, and Arts Occupations	32,394	37.0%
Sales and Office Occupations	21,611	24.7%
Service Occupations	13,447	15.4%
Production, Transportation, and Material Moving Occupations	12,933	14.8%
Natural Resources, Construction, and Maintenance Occupations	7,184	8.2%

### **Leading Industries**

Employed Civilian Population 16 Years and Over	87,569	100%
Educational, health and social services	19,247	22.0%
Manufacturing	13,762	15.7%
Trade (retail and wholesale)	13,028	14.9%
Professional, scientific, management, administrative, and waste management services	7,713	8.8%
Finance, insurance, real estate and rental and leasing	6,485	7.4%
Construction	5,980	6.8%
Arts, entertainment, recreation, accommodation, and food services	5,607	6.4%
Transportation and warehousing, and utilities	5,211	6.0%
Public administration	4,524	5.2%
Other services (except public administration)	3,199	3.7%
Information	2,169	2.5%
Agriculture, forestry, fishing and hunting, and mining	644	0.7%

### **Class of Worker**

Employed Civilian Population 16 Years and Over	87,569	100%
Private Wage and Salary Workers	70,071	80.0%
Government Workers	12,951	14.8%
Self-Employed Workers in Own Not Incorporated Business	4,488	5.1%
Unpaid Family Workers	59	0.1%

### **Median Earnings**

Male, Full-time, Year-Round Workers	\$55,866
Female, Full-time, Year-Round Workers	\$35,179



# Medina County Profile

## *Selected Economic Characteristics, Continued* (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

### *Income In 2010*

Households	66,184	100%
< \$10,000	2,814	4.3%
\$10,000 to \$14,999	1,835	2.8%
\$15,000 to \$24,999	5,348	8.1%
\$25,000 to \$34,999	6,041	9.1%
\$35,000 to \$49,999	8,166	12.3%
\$50,000 to \$74,999	14,962	22.6%
\$75,000 to \$99,999	11,694	17.7%
\$100,000 to \$149,999	10,485	15.8%
\$150,000 to \$199,999	2,810	4.2%
\$200,000 or more	2,029	3.1%

### *Median Household Income*

**\$63,543**

### *Income In 2010*

Families	49,791	100%
< \$10,000	788	1.6%
\$10,000 to \$14,999	748	1.5%
\$15,000 to \$24,999	2,336	4.7%
\$25,000 to \$34,999	3,926	7.9%
\$35,000 to \$49,999	5,592	11.2%
\$50,000 to \$74,999	11,915	23.9%
\$75,000 to \$99,999	10,569	21.2%
\$100,000 to \$149,999	9,544	19.2%
\$150,000 to \$199,999	2,434	4.9%
\$200,000 or more	1,939	3.9%

### *Median Family Income*

**\$74,284**

### *Per Capita Income In 2010*

**\$28,819**

### *Poverty Status In 2010*

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	4.6%
Individuals	*(X)	7.7%

\*(X) – Not available

# Medina County Profile

## *Selected Economic Characteristics, Continued* (Source: U.S. Bureau of Economic Analysis)

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

	Income	Rank of Ohio counties
BEA Per Capita Personal Income 2009	\$37,432	8 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2008	\$38,413	8 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2007	\$37,769	8 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2006	\$36,114	8 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2000	\$31,307	7 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 1999	\$29,849	7 <sup>th</sup> of 88 counties

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)

## Poverty Rates, 5-year averages 2005 to 2009

Category	Medina	Ohio
Overall (%)	5.9%	13.6%
Children under 18 (%)	7.1%	17.6%
Age 65 and over (%)	5.6%	8.5%
< 50% FPL, i.e. severe poverty (%)	2.5%	6.2%
< 200% FPL, i.e. below self-sufficiency (%)	16.9%	30.9%

(Source: *The State of Poverty in Ohio 2011*, Ohio Association of Community Action Agencies, 2011 Annual Report, [http://www.oacaa.org/index\\_337\\_103526955.pdf](http://www.oacaa.org/index_337_103526955.pdf))

## Employment Statistics

Category	Medina	Ohio
Labor Force	97,100	5,844,400
Employed	91,300	5,414,000
Unemployed	5,800	430,400
Unemployment Rate* in July 2012	6.0	7.4
Unemployment Rate* in June 2012	6.3	7.4
Unemployment Rate* in July 2011	6.7	9.0

\*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, July 2012)

## Medina County Profile

### Estimated Poverty Status in 2010

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
<b>Medina County</b>				
All ages in poverty	12,951	10,675 to 15,227	7.6%	6.3 to 8.9
Ages 0-17 in poverty	4,462	3,581 to 5,343	10.3%	8.3 to 12.3
Ages 5-17 in families in poverty	3,011	2,441 to 3,581	9.1%	7.4 to 10.8
Median household income	\$63,582	60,656 to 66,508		
<b>Ohio</b>				
All ages in poverty	1,771,404	1,746,640 to 1,796,168	15.8%	15.6 to 16.0
Ages 0-17 in poverty	619,354	604,905 to 633,803	23.1%	22.6 to 23.6
Ages 5-17 in families in poverty	407,567	394,584 to 420,550	20.8%	20.1 to 21.5
Median household income	\$45,151	44,860 to 44,860		
<b>United States</b>				
All ages in poverty	42,215,956	45,975,650 to 46,456,262	15.3%	15.2 to 15.4
Ages 0-17 in poverty	15,749,129	15,621,395 to 15,876,863	21.6%	21.4 to 21.8
Ages 5-17 in families in poverty	10,484,513	10,394,015 to 10,575,011	19.8%	19.6 to 20.0
Median household income	\$50,046	49,982 to 50,110		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/bhes/www/saipe/county.html>)

### Federal Poverty Thresholds in 2011 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$11,702					
1 Person 65 and >	\$10,788					
2 people Householder < 65 years	\$15,063	\$15,504				
2 People Householder 65 and >	\$13,596	\$15,446				
3 People	\$17,595	\$18,106	\$18,123			
4 People	\$23,201	\$23,581	\$22,811	\$22,891		
5 People	\$27,979	\$28,386	\$27,517	\$26,844	\$26,434	
6 People	\$32,181	\$32,309	\$31,643	\$31,005	\$30,056	\$29,494
7 People	\$37,029	\$37,260	\$36,463	\$35,907	\$34,872	\$33,665
8 People	\$41,414	\$41,779	\$41,027	\$40,368	\$39,433	\$38,247
9 People or >	\$49,818	\$50,059	\$49,393	\$48,835	\$47,917	\$46,654

(Source: U. S. Census Bureau, Poverty Thresholds 2011, <http://www.census.gov/bhes/www/poverty/data/threshld/index.html>)

# Implementation Strategy

Years 2013 – 2015

Lodi Community Hospital

A Member of the



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### INTRODUCTION

The Implementation Strategy contains the activities that Lodi Community Hospital will conduct from 2013 – 2015 to address the prioritized health needs identified in the Community Health Needs Assessment (CHNA). The development of the Implementation Strategy, the rationale for why certain health needs was selected, and the processes for on-going monitoring of the Implementation Strategy are discussed below.

#### Development of the Implementation Strategy

Lodi Community Hospital is a member of the *Living Well Medina County* Steering Committee. The members of the committee took time to carefully plan the assessment process. The committee's intent was to identify emerging issues and help ensure a high quality, healthy and prosperous future for our county, while using existing resources as efficiently as possible. The members of the Steering Committee have collaborated throughout the years, amongst themselves as well as with many other area agencies. The goals of the collaboration included cost savings, consistency in data collection and the stimulation of new collaborations among both public and private agencies during challenging economic times.

LCH formed a Community Needs Assessment Committee. The Committee members were employees actively engaged in community activities. The priorities needed to fit with the resources available and the capabilities of our staff. The prioritized health needs identified in the 2013 CHNA and addressed in this Implementation Strategy are listed below.

Listed in order of importance, the following needs were identified as the most important according to the criteria previously discussed:

#### Adult Health Concerns

- Overweight
- Cardiovascular Disease Risk Factors
- Mental Health Services
- Alcohol and Substance Abuse
- Cancer Screenings
- Access to Primary Care Providers
- Preventable Hospital Stays
- Smoking Cessation
- Access to Healthy Foods
- Food Insecurity
- Diabetes Care

### Child Health Concerns

- Mental Health Services
- Access to Primary Care Providers
- Access to Healthy Foods
- Food Insecurity

Many of the strategies and activities summarized in the Implementation Strategy address risk factors and across multiple health areas. For example, strategies to increase healthy eating and physical activity will affect obesity as well as cardiovascular disease. Some of the strategies and activities in this Implementation Plan are conducted solely by the hospital and some are conducted in partnership with other organizations.

### Needs Not Addressed

The adult unfavorable comparison with greater than 2 unfavorable benchmarks is related to HIV screenings. The Medina County Health Department is addressing this health concern.

The youth and child unfavorable comparisons with greater than 2 unfavorable benchmarks include anemia and elevated lead levels. The Medina County Health Department is addressing this health concern.

### Monitoring the Implementation Strategy

The CHNA Committee will monitor on an ongoing basis the stated goals of individual strategies set forth in this document. Lodi Community Hospital will continue to meet with the Living Well Medina Committee to assist in on-going monitoring. This committee will continue to measure the success of all the community partners efforts and as well as provide useful feedback to the programs and community partners (where applicable) to ensure that successful programs are propagated and less successful programs are improved or eliminated in order to maximize the value to the community.

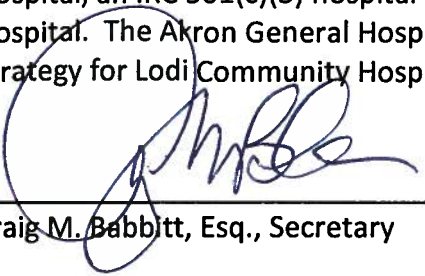
*This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.*



**ADOPTION BY BOARD OF DIRECTORS**

**Lodi Community Hospital**  
*2013 - 2014 Implementation Strategy*

The Akron General Hospitals Board of Directors is the governing body of Lodi Community Hospital, an IRC 501(c)(3) hospital organization operating the hospital facility Lodi Community Hospital. The Akron General Hospitals Board hereby adopts the 2013 – 2015 Implementation Strategy for Lodi Community Hospital.

  
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Craig M. Babbitt, Esq., Secretary

Date

10/23/13

## Implementation Strategy

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### Health Need: Chronic Diseases – Cardiovascular Disease Risk Factors

Objective	Strategy
LCH will have an established Phase III Cardiac Rehab Program	<ul style="list-style-type: none"><li>• Free monthly educational offerings on Cardiac Risk Factors</li><li>• Phase III Cardiac Rehab Program Development</li></ul>
Early identification of those at risk	<ul style="list-style-type: none"><li>• Conduct monthly Community Health Screenings at various locations and include BP, Cholesterol Check, BMI and Blood Sugar</li></ul>

### Health Need: Chronic Disease – Cancer Screenings

Objective	Strategy
Early detection of cancer in men and women.	<ul style="list-style-type: none"><li>• Increase advertising and education about the “Muffins for Mammogram” program for uninsured/under insured women.</li><li>• Offer one free men’s cancer screening at a community event.</li></ul>

### Health Need: Chronic Disease – Diabetes

Objective	Strategy
LCH will continue to provide diabetic education and screening.	<ul style="list-style-type: none"><li>• Offer “Sugar School” to both patients and families.</li><li>• Free finger stick blood sugars will continue to be provided at our Community Health Screenings.</li><li>• Offer free “grocery store tours” at Miller Brothers Grocery for diabetics.</li></ul>

### Health Need: Access to Mental Health Services/Alcohol and Substance Abuse

Objective	Strategy
Continue/expand access to care for Mental Health and Alcohol and Substance Abuse Services on site to youth, adults and families.	<ul style="list-style-type: none"><li>• Provide at no cost, office space to community partner Alternative Paths for use as treatment site.</li><li>• Provide at no cost, space to community partner Alternative Paths to conduct youth support groups.</li><li>• Explore the possibility of a Suboxone Clinic on site with related rehabilitation facility Edwin Shaw Rehabilitation Institute.</li></ul>

## Implementation Strategy

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### Health Need: Lifestyle Factors – Overweight Adults

Objective	Strategy
Identify those adults who are or are at risk of being overweight through screenings and reduce those factors through a sustained education and support group program.	<ul style="list-style-type: none"><li>• Establish an educational program and support group structure established to address identified needs in the overweight adult.</li><li>• Free monthly educational offerings</li><li>• Quarterly support group offerings (6-8 week sessions)</li><li>• Free BMI Screenings will be an option at all scheduled Community Health Screenings</li></ul>

### Health Need: Lifestyle Factors – Smoking Cessation

Objective	Strategy
Decrease smoking.	<ul style="list-style-type: none"><li>• Offer a Smoking Cessation class approved by the American Lung Association.</li><li>• Apply for community grants to help facilitate offering the program for free to the community.</li><li>• Offer three sessions per year.</li></ul>

### Health Need: Quality of Care – Primary Care Providers/Preventable Hospital Stays

Objective	Strategy
Increase access to primary care physicians/reduce preventable hospital stays.	<ul style="list-style-type: none"><li>• Hire an additional Nurse Practitioner.</li><li>• Staff six primary care providers</li></ul>

### Health Need: Environmental Factors – Access to Healthy Food

Objective	Strategy
Provide resources on healthy eating and access to healthy foods.	<ul style="list-style-type: none"><li>• Provide a place on campus for Feeding Medina County to distribute fresh fruits and vegetables to the community.</li><li>• Offer two healthy cooking classes in the café free to the community.</li></ul>

## Implementation Strategy

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### Health Need: Environmental Factors – Food Insecurity

Objective	Strategy
Reduce Food Insecurity by providing opportunities for access to food for those in need.	<ul style="list-style-type: none"><li>• Continue the relationship with community partner, Lodi United Methodist Church, to provide a monthly free hot meal to the community. The meal is served at the church.</li><li>• Provide canned food, boxed food and bread for community members to take home at each Community Meal.</li><li>• Explore a partnership with the church to help with the Kids Summer Meal program.</li></ul>

### Health Need: Environmental Factors – Disaster Planning/Readiness

Objective	Strategy
LCH will continue to participate and collaborate with the County Emergency Management Association on Disaster Readiness and Planning.	<ul style="list-style-type: none"><li>• Participate in quarterly meetings.</li><li>• Assist in distributing disaster guides/information to each household in Medina County</li></ul>