



**COMMUNITY HEALTH
ASSESSMENT
May 2024**

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A NOTE FROM MEDINA COUNTY HEALTH DEPARTMENT and MEDINA CITY SCHOOLS



Medina County Health Department and Medina City Schools have coordinated Living Well Medina County for several years, striving to bring together people and organizations to improve community wellness. The community health assessment and improvement plan process with Living Well Medina County is one way we can be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing and prioritizing needs for impact, and then addressing those needs. In 2024, Medina County Health Department conducted a comprehensive community health assessment to identify priority health issues and evaluate the overall current health status of the health system's service area. These findings presented in this report will be used to develop an implementation strategy to describe the response to the needs identified in the Community Health Assessment (CHA) report.

We want to provide the best possible care for our residents, and we can use this report to guide us in our strategic planning and decision making concerning future programs, clinics, and health resources. Living Well Medina County will be working to develop a new Community Health Improvement Plan (CHIP) utilizing data presented in this CHA.

More importantly, the possibility of this report relies solely on the participation of individuals in our community who committed to participating in planning sessions, assisted with a youth survey in 2023, and completing health need prioritization surveys. We are grateful for those individuals who are committed to the health of the community, as we are, and take the time to share their health concerns, needs, praises, and behaviors.

The work of public health is a community job that involves individual facets, including our community members, working together to be a thriving community of health and well-being at home, work, and play.

Sincerely,

Kristen D. Hildreth, PhD, MCHES

Director of Community Health
Medina County Health Department

Kristine Quallich, PhD

Assistant Superintendent
Medina City Schools



ACKNOWLEDGEMENTS

This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of the Living Well Medina County (LWMC) coalition consisting of community partners, local stakeholders, non-profit partners and community residents (listed below). Their contributions, expertise, time and resources played a critical part in the completion of this assessment.

LWMC coalition members met several times to discuss collecting local data, examine secondary data, and to provide guidance on next steps. These meetings included:

- September 3, 2021: Meeting with contractor to discuss planned youth survey; extensive review of past youth survey from 2017 to finalize questions to be asked in 2022. A total of 15 coalition members representing nine community agencies participated. Survey was finalized in January 2023 (Survey was delayed due to COVID).
- June 7, 2023: A total of 20 coalition members representing 15 community agencies participated to review Youth Survey Assessment report.
- A Secondary Data Report 2024 was emailed to LWMC members on January 17, 2024 along with a link to the Community Survey. The survey was then “rolled” out via other methods throughout February 2024 with data included in this document.
- April 16, 2024, a Draft CHA was sent to LWMC coalition members for review and comment.

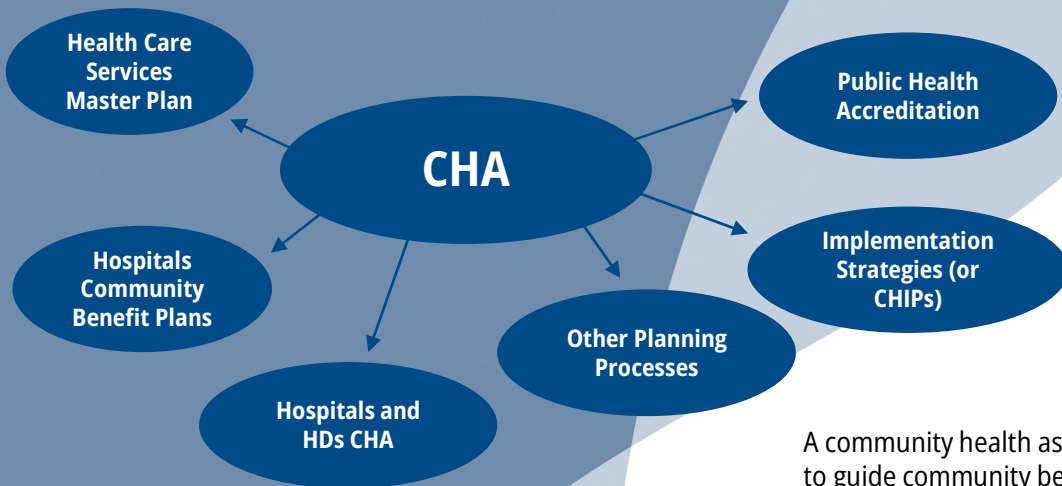
MEDINA COUNTY HEALTH DEPARTMENT WOULD LIKE TO RECOGNIZE THE FOLLOWING ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT AND IN LIVING WELL MEDINA COUNTY:

Akron Children’s Hospital
Alternative Paths
Brunswick City Schools
Buckeye Schools
Catholic Charities Medina County
Cleveland Clinic, Medina Hospital
Cloverleaf Schools
Community Action Wayne/Medina Counties
Cornerstone Wellness
Family First Council
Free Clinic Medina County
Highland Schools
Leadership Medina County
Lodi Family Care Center
Medina Chamber
Medina City Schools
Medina County Alcohol, Drug Abuse, and Mental Health Board
Medina County Board of Developmental Disabilities
Medina County Commissioners

Medina County District Library
Medina County Economic Development Corporation
Medina County Emergency Management Agency
Medina County Extension Office
Medina County Health Department
Medina County Job and Family Services
Medina County Metropolitan Housing Authority
Medina County Office for Older Adults
Medina County Veterans
Medina Recreation Center
Ohio Guidestone
Project Learn
Salvation Army
Soprema Center, Wadsworth
The Society
United Way Summit and Medina Counties
Village of Seville
Wadsworth Chamber
Wadsworth City Schools



INTRODUCTION WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A community health assessment (CHA) is a tool that is used to guide community benefit activities and several other purposes. For health departments (HDs), it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). The data from a CHA is furthermore used to inform community decision-making, the prioritization of health needs and the development, implementation and evaluation of a community health improvement plan (CHIP).

The CHA is an important piece in the development of a CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the county, Medina County Health Department utilized the most current and reliable information from existing sources and then collected new data through a survey with community residents and leaders.



OVERVIEW OF THE PROCESS

In order to produce a comprehensive community health needs assessment, Living Well Medina County followed a process that included the following steps:

STEP 1: Plan and prepare for the assessment.

STEP 2: Define the community.

STEP 3: Identify data that describes the health and needs of the community.

STEP 4: Understand and interpret the data.

STEP 5: Define and validate priorities.

STEP 6: Document and communicate results.



Accreditation Requirements

The [Public Health Accreditation Board \(PHAB\) Standards & Measures](#) serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Improvement Plans (CHIPs) for local health departments.

A Health Department's CHIP must be a written plan that:

- Describes how the Health Department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves; and
- The community, stakeholders, and partners can use to set priorities, direct the use of resources, and develop and implement projects, programs, and policies.

**THE 2024 CHA MEETS ALL OHIO DEPARTMENT
OF HEALTH AND FEDERAL REGULATIONS.**

OVERVIEW OF THE PROCESS

Ohio Department of Health Requirements

The following image shows the framework from ODH that this report followed while also adhering to federal requirements and the community's needs.

Living Well Medina County desired to align with the priorities and indicators of the Ohio Department of Health (ODH). In order to do this, Living Well Medina County used the following guidelines when prioritizing the health needs of their community.

First, Living Well Medina County used the same language as the state of Ohio when assessing the factors and health outcomes of their community in the 2024 Medina County Community Health Assessment.

Figure 1.2. SHIP framework

Equity	Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.
Priorities	The SHIP identifies three priority factors and three priority health outcomes that affect the overall health and well-being of children, families and adults of all ages.

What shapes our health and well-being?

Many factors, including these 3 SHIP priority factors*:

Community conditions

- Housing affordability and quality
- Poverty
- K-12 student success
- Adverse childhood experiences

Health behaviors

- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care

- Health insurance coverage
- Local access to healthcare providers
- Unmet need for mental health care

How will we know if health is improving in Ohio?

The SHIP is designed to track and improve these 3 SHIP priority health outcomes:

Mental health and addiction
• Depression
• Suicide
• Youth drug use
• Drug overdose deaths
Chronic disease
• Heart disease
• Diabetes
• Childhood conditions (asthma, lead)
Maternal and infant health
• Preterm births
• Infant mortality
• Maternal morbidity

All Ohioans achieve their full health potential

- Improved health status
- Reduced premature death

Vision
Ohio is a model of health, well-being and economic vitality

Strategies

The SHIP provides state and local partners with a menu of effective policies and programs to improve Ohio's performance on these priorities.

* These factors are sometimes referred to as the social determinants of health or the social drivers of health

STEP 1 PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, LIVING WELL MEDINA COUNTY:

- ✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED COUNTY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE



PLAN AND PREPARE

Living Well Medina County began planning for the 2024 Community Health Assessment (CHA) in 2023. They involved county leadership and kept the board informed of the assessment activities, allocated funds to the process, and most importantly, engaged the community through various established relationships with leaders of organizations and people populations.

The assessment team worked together to formulate the multistep process of planning and conducting a CHA. They then formed a timeline for the process.

“

Community health assessments are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

”



PREVIOUS CHA & IMPROVEMENT PLAN (CHIP) 2017, 2020, 2022

BRIEF SUMMARY OF 2017 CHA

In 2017, Living Well Medina County (LWMC) conducted the previous Community Health Assessment (CHA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHA. The CHIP report associated with the 2017 CHA addressed Mental Health & Addiction (3 priorities) and Chronic Disease (3 priorities). The impact of the actions that LWMC partners used to address these significant health needs can be found in Appendix A.

PREVIOUS CHA AND CHIP AVAILABILITY TO PUBLIC AND PUBLIC COMMENT

In compliance with PHAB regulations, a health department's Community Health Assessment (CHA) and Improvement Plan (CHIP) are to be made widely available to the public and public comment is to be solicited. The previous CHA and CHIP were made widely available to the public on the following website:

<https://medinahealth.org/community/data-reports/community-health-assessment/>

2018-2020 PRIORITY HEALTH NEEDS

A workgroup (that included leadership from Medina County Board of Developmental Disabilities, Medina Hospital, Alternative Paths, Medina County Health Department, Oaks Family Care Center, Medina City Schools, Medina County Office for Older Adults, Ohio Guidestone, United Way of Medina County, Community Action Wayne/Medina Counties, Catholic Charities, Brunswick Police, Lodi Family Care Center, Medina County ADAMH Board, and Cooperative Community Services (all part of LWMC) developed the 2018-2020 CHIP by reviewing the 2017 CHA. The workgroup reviewed and discussed the priority areas and the agreement through unanimous vote was that the following priority health issues could be positively impacted by strategies and activities conducted by the hospital and county:

- Youth/child mental health (including depression and suicide)
- Adult chronic disease (including obesity, diabetes, and cardiovascular disease)
- Youth/child chronic disease (including obesity)
- Adult mental health (including depression and suicide)
- Youth/child bullying
- Youth alcohol use
- Youth tobacco use
- Youth sexual activity

IMPACT EVALUATION OF 2018-2022 IMPLEMENTED STRATEGIES

In collaboration with community partners, LWMC developed and approved an Improvement Plan (CHIP) report for 2018-2020, with an extension into 2022 due to COVID-19, to address the significant health needs that were identified in the 2017 Community Health Assessment. The county chose to address: Mental Health & Addiction and Chronic Diseases. Appendix A describes the evaluation of the strategies that were planned in the 2018-2022 CHIP.

STEP 2 DEFINE THE MEDINA COUNTY SERVICE AREA



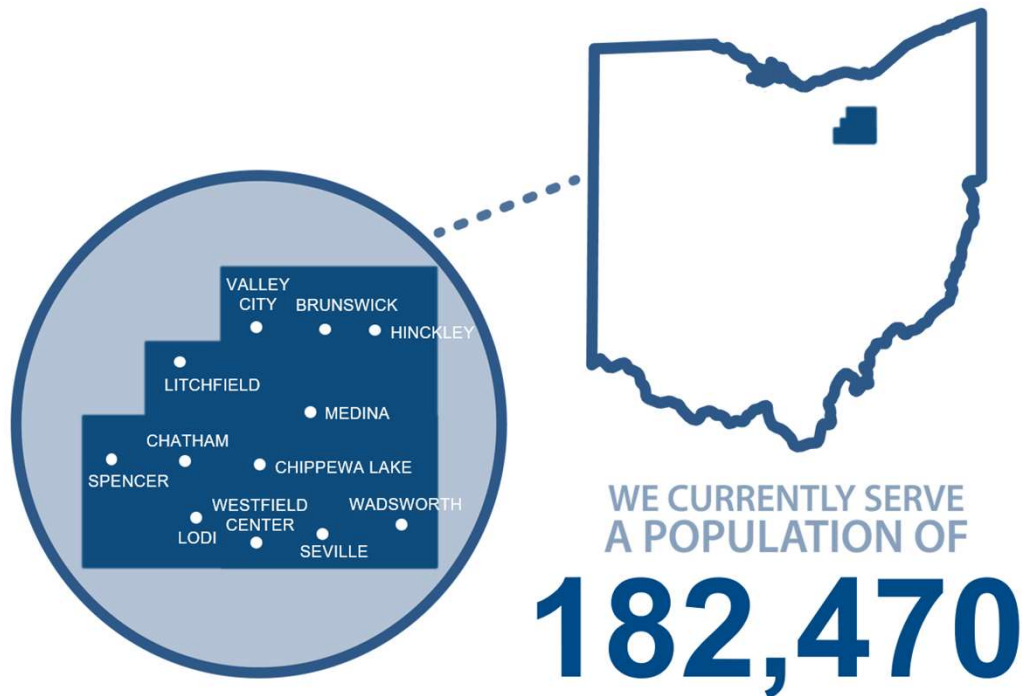
IN THIS STEP, MEDINA COUNTY:

- ✓ DESCRIBED THE MEDINA COUNTY SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT



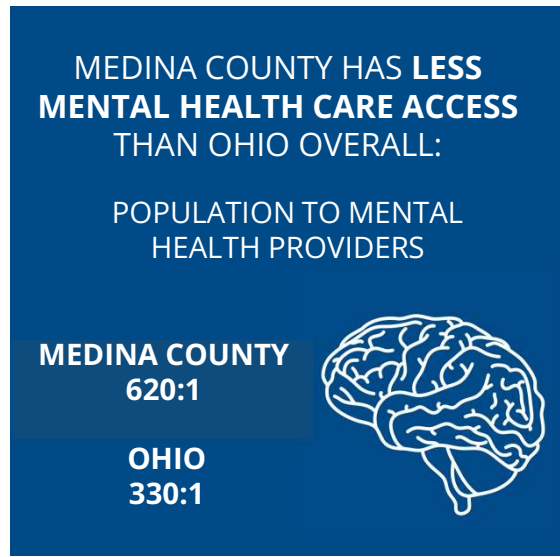
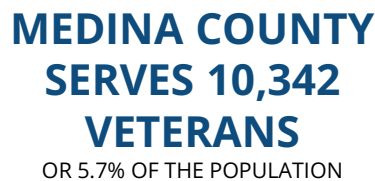
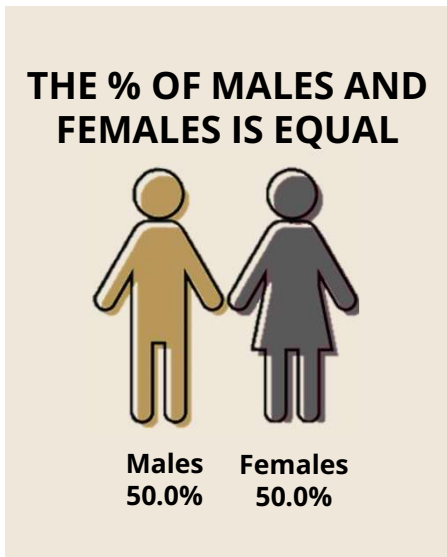
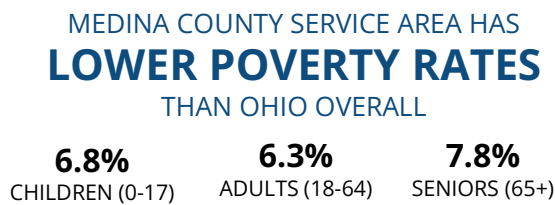
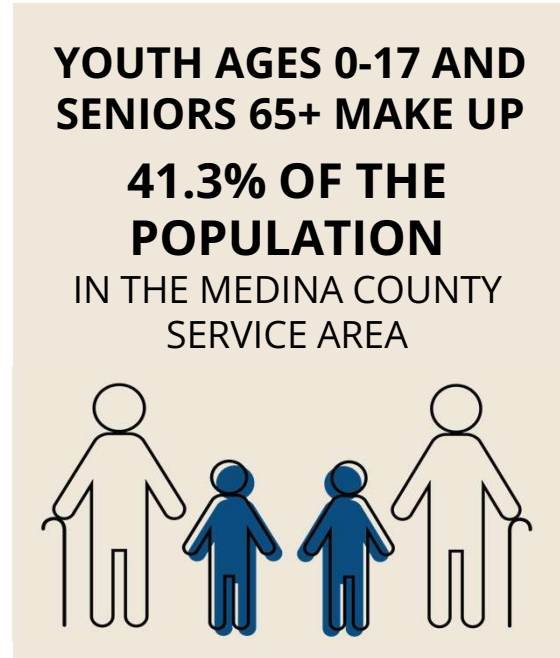
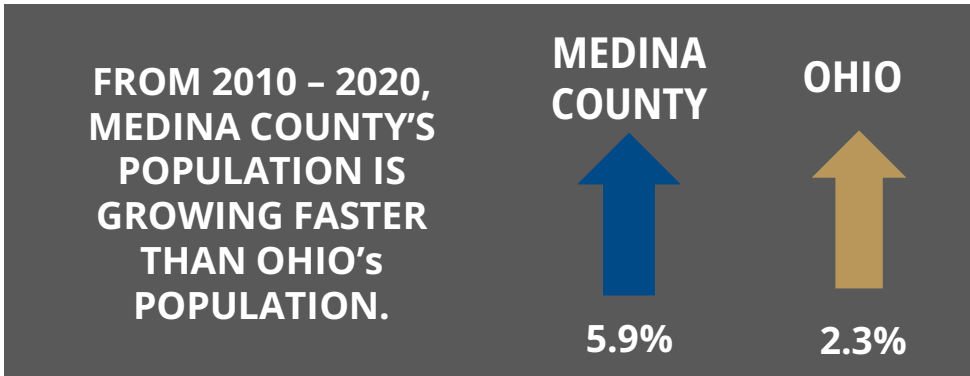
DEFINING THE MEDINA COUNTY SERVICE AREA

For the purposes of this report, Medina County Health Department defines its' primary service area as being made up of Medina County.

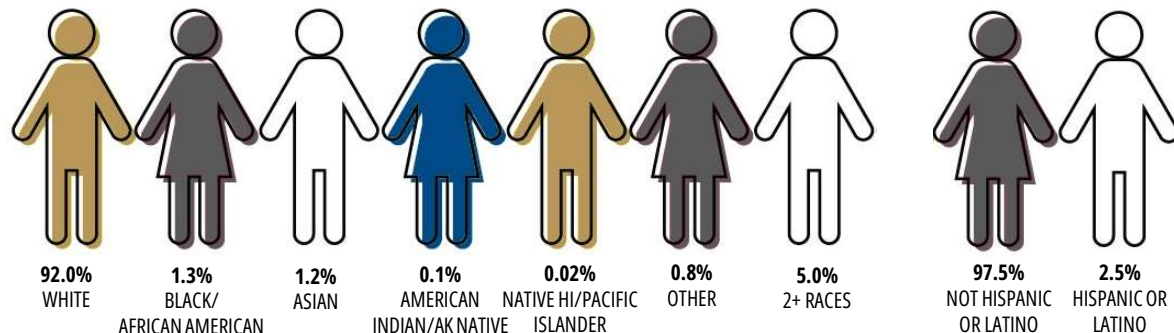


Medina County Service Area			
Geographic Area	Zip Code	Geographic Area	Zip Code
Brunswick	44212	Medina	44256
Chippewa Lake	44215	Seville	44273
Hinckley	44233	Spencer	44275
Homerville	44235	Sharon Center	44274
Westfield	44251	Valley City	44280
Litchfield	44253	Wadsworth	44281
Lodi	44254		

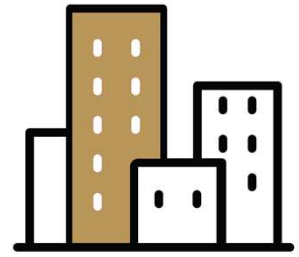
MEDINA COUNTY AT-A-GLANCE



A MAJORITY OF MEDINA COUNTY'S RESIDENTS IDENTIFY AS WHITE AND NON-HISPANIC.



COUNTY HEALTH RANKING



County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as contributors to the health of a county's residents. Ohio has 88 counties, which are ranked from 1 to 88 according to social and economic factors. **A ranking of 1 is the county with the best factors and a ranking of 88 is the county with the poorest factors.** This ranking examines: health outcomes and health factors including: length of life, quality of life, health behaviors, clinical care, social & economic factors, and physical environment.

Many factors in a community shape the health and well-being of that community. This report first orders the health factors of Medina County as they are prioritized by the community in the community member survey.

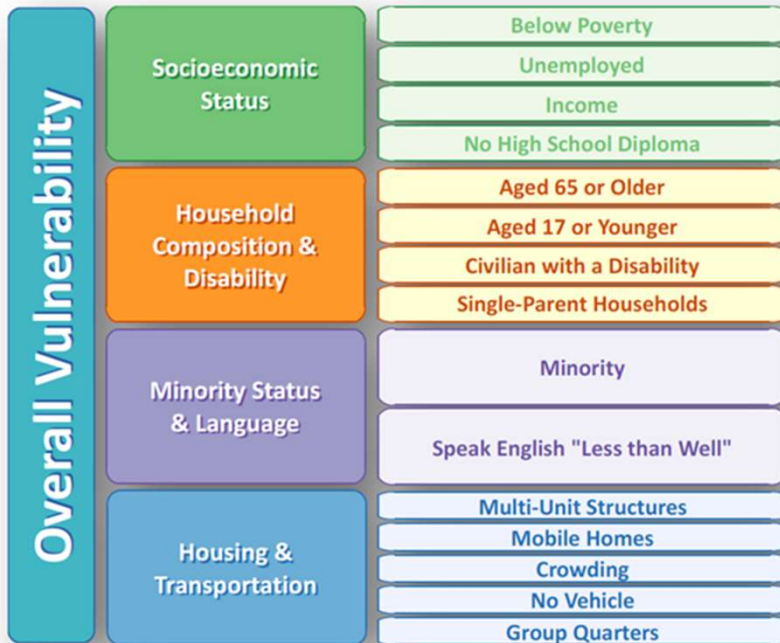
MEDINA COUNTY RANKED

#5

(out of 88 counties)

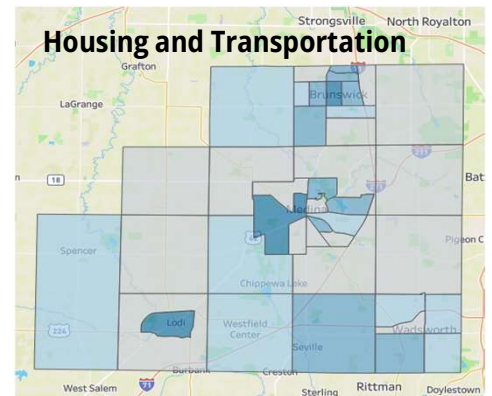
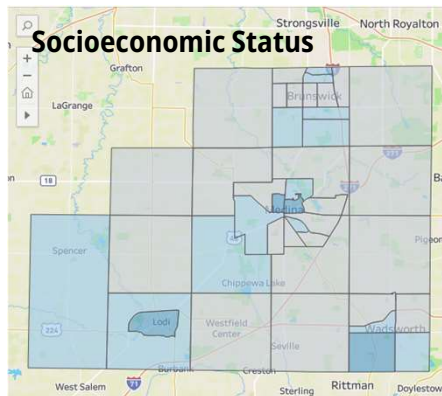
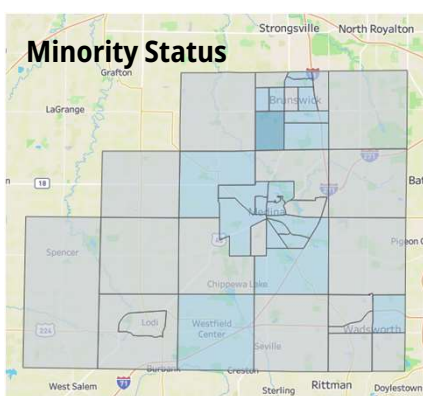
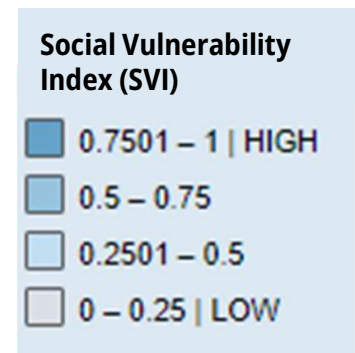
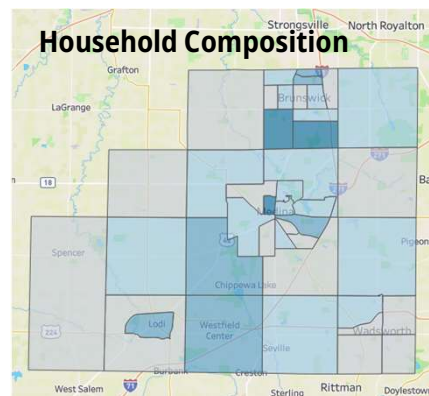
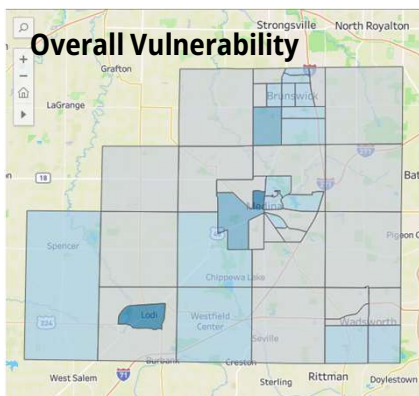
Source: County Health Rankings, 2023, <http://www.countyhealthrankings.org>

HEALTH CHALLENGES & DISPARITIES



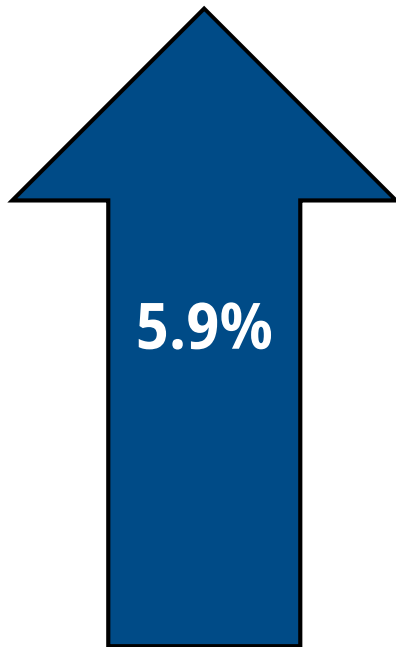
While Medina County, as a whole, historically has ranked 4th or 5th in Ohio under the County Health Rankings, utilizing the Ohio Health Improvement Zones (OHIZ) to examine the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities. The maps below demonstrate that areas across the county have higher levels of disparities related to social determinants of health.

Source: <https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones>

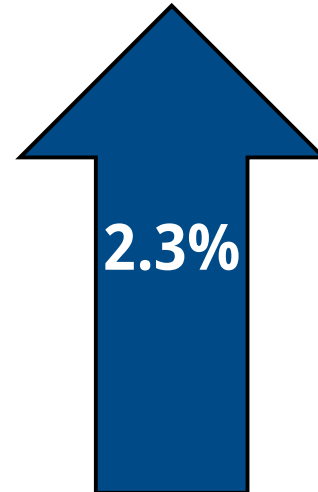


POPULATION CHANGE

Medina County



Ohio



2020 Total Population and Change in Population

Geographic Locations	Total Population	Change in Population, 2010-2020
Medina County	182,470	5.9%
Ohio	11,799,448	2.3%

Source: U.S. Census Bureau, Decennial Census, P1, 2010-2020. <http://data.census.gov/>

LIFE EXPECTANCY AT BIRTH

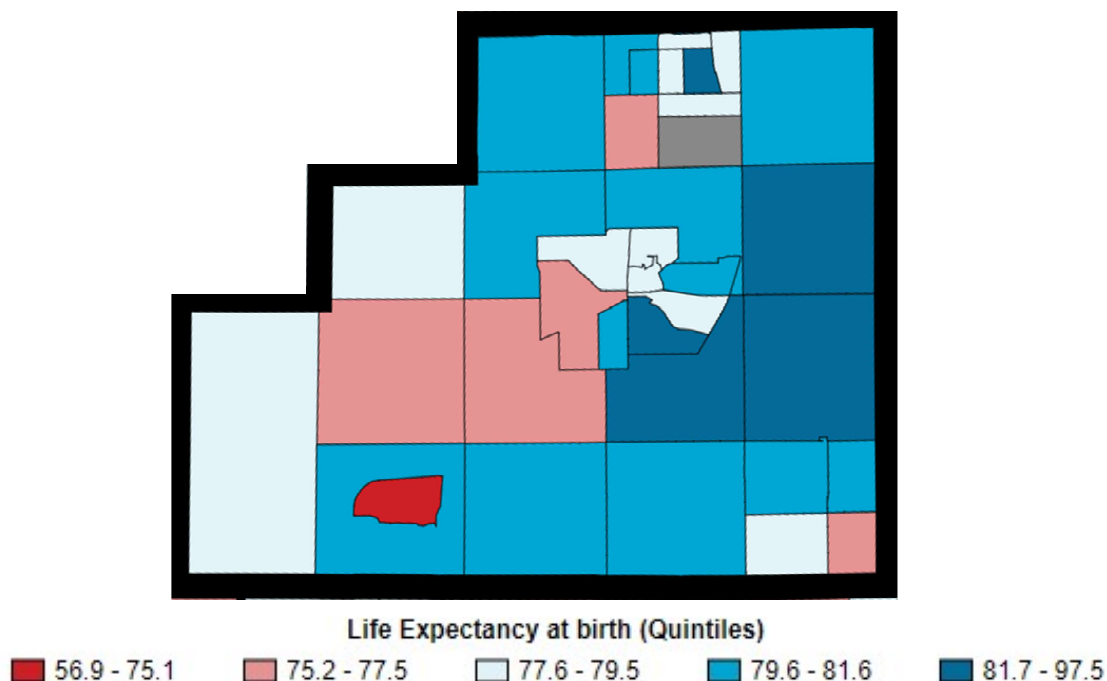


Life Expectancy, Premature Mortality, and Premature Death

	Medina County	Ohio
Life expectancy at birth in years	79.9	76.5
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)	280	420
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	5,600	8,700

Source: County Health Rankings & Roadmaps, 2023 Data Set, <http://www.countyhealthrankings.org>.

Life Expectancy by Census Tract in Medina County



Source: National Center for Health Statistics, 2010 - 2015 Data Set, <https://www.cdc.gov/nchs/data-visualization/life-expectancy/index.html>.

LANGUAGE, BIRTH PLACE & CITIZENSHIP



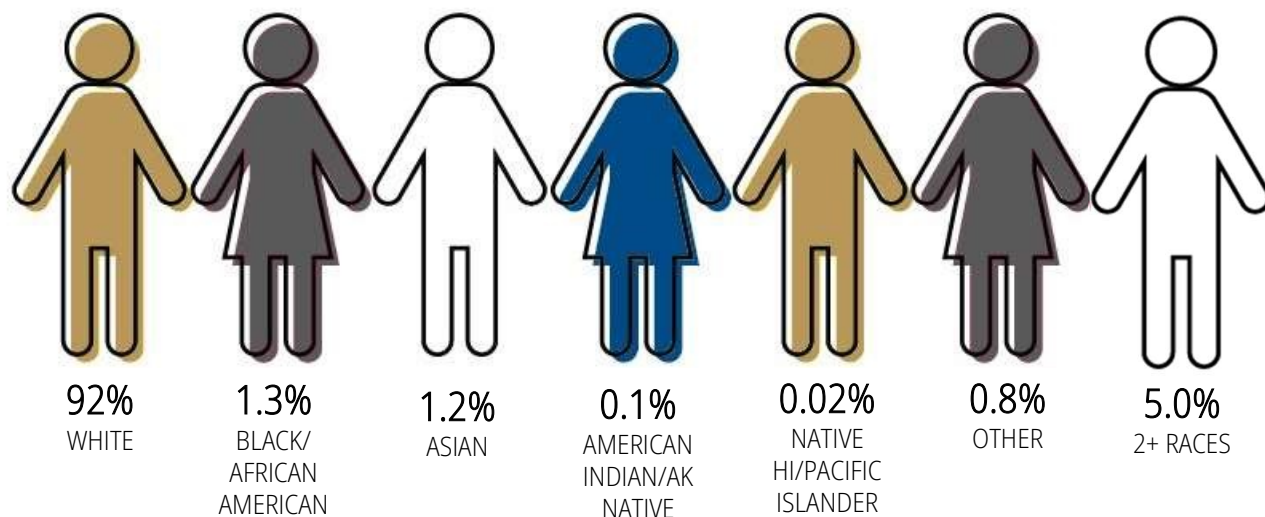
Language Spoken at Home		
	Medina County	Ohio
Population, 18 years and older	143,419	8,962,362
English only	96.0%	94.3%
Speaks Spanish	1.3%	1.8%
Speaks other language	2.8%	3.9%

Source: U.S. Census Bureau, American Community Survey, S1601, 2022. <http://data.census.gov/>

Foreign-Born Residents and Citizenship		
	Medina County	Ohio
Foreign-born population	6,590	585,938
Not a U.S. citizen	1,502 (22.8%)	267,191 (45.6%)

Source: U.S. Census Bureau, American Community Survey, DP02, 2022. http://data.census.gov

RACE/ETHNICITY

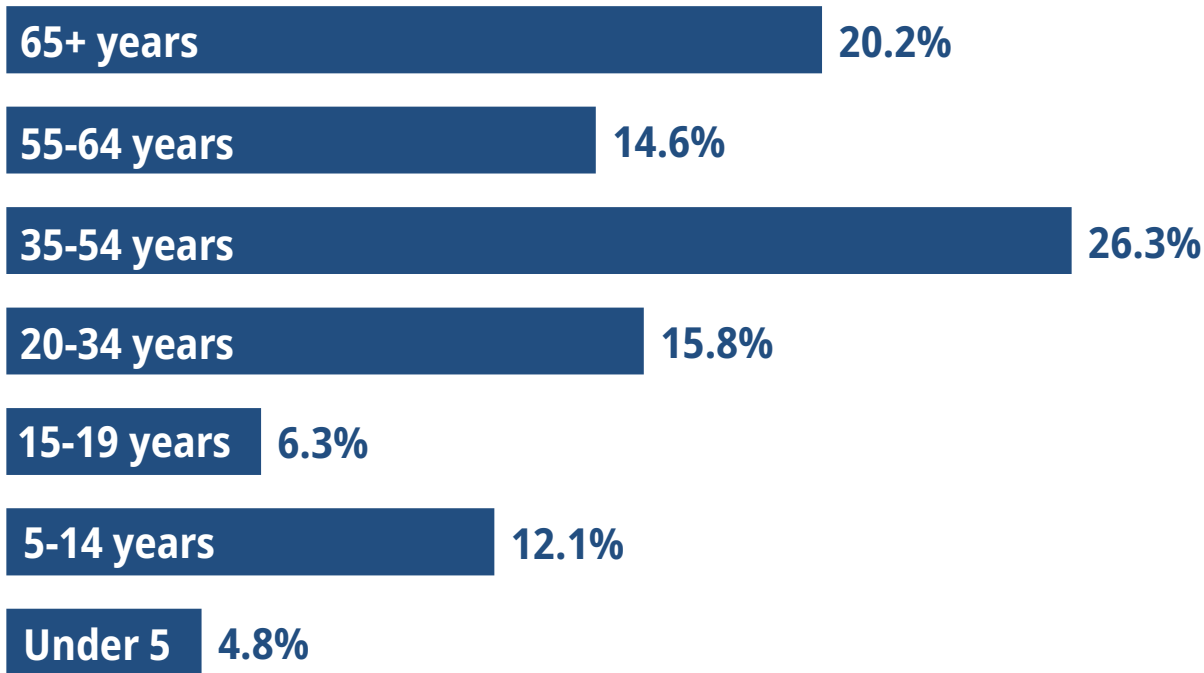


Population by Race & Ethnicity		
	Medina County	Ohio
Race		
White alone	91.6%	77.0%
Black or African American alone	1.3%	12.5%
American Indian & Alaska Native alone	0.1%	0.3%
Asian alone	1.2%	2.5%
Native Hawaiian and Other Pacific Islander	0.02%	0.04%
Other Race alone	0.8%	1.9%
2+ Races	5.0%	5.8%
Ethnicity		
Hispanic or Latino	2.5%	4.4%
Not Hispanic or Latino	97.5%	95.6%

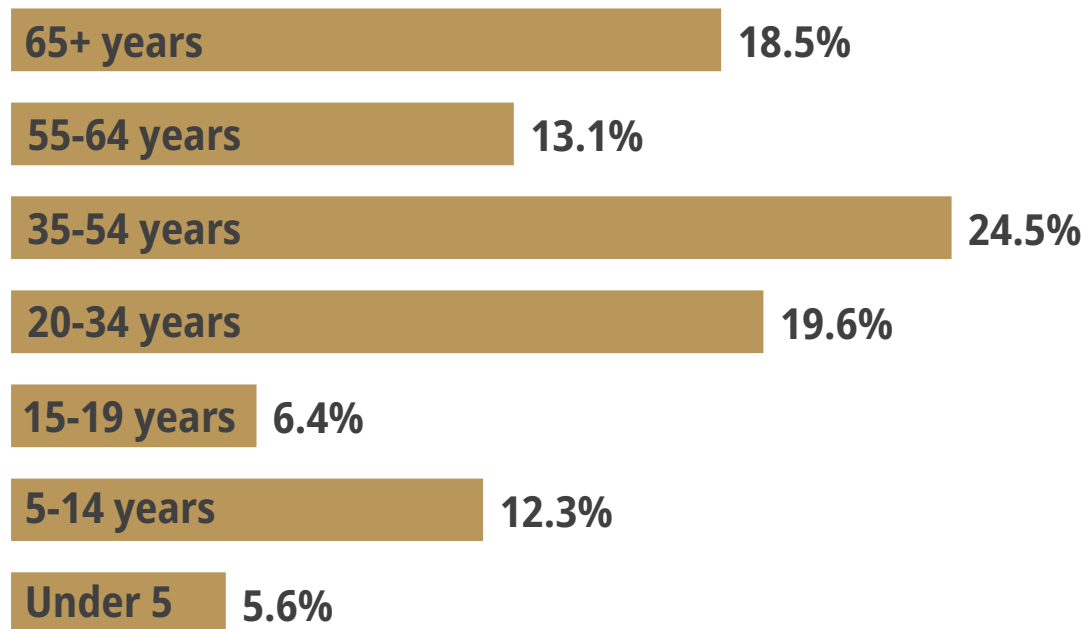
Source: U.S. Census Bureau, Decennial Census, P1 & P9, 2020. <http://data.census.gov/>

POPULATION BY AGE

Medina County

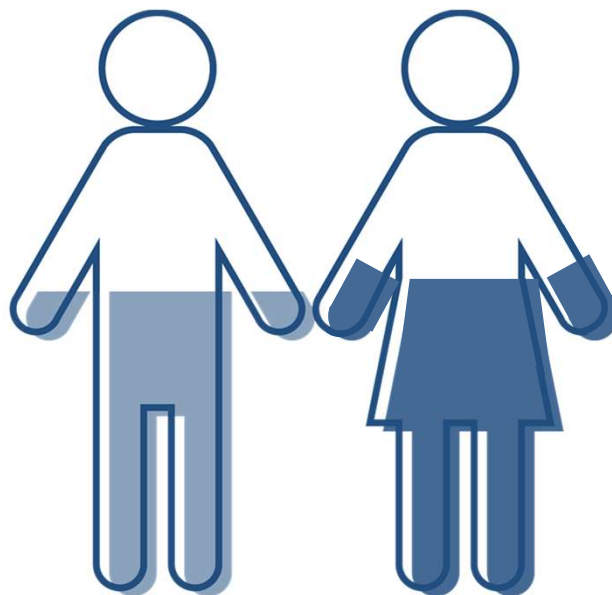


Ohio



Source: U.S. Census Bureau, American Community Survey, S0101, 2022. <http://data.census.gov/>

POPULATION BY SEX



Population by Sex		
Geographic Locations	% Female	% Male
Medina County	50.0%	50.0%
Ohio	50.6%	49.4%

Source: U.S. Census Bureau, American Community Survey, S0101, 2022.
<http://data.census.gov/>

STEPS 3, 4 & 5 IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS

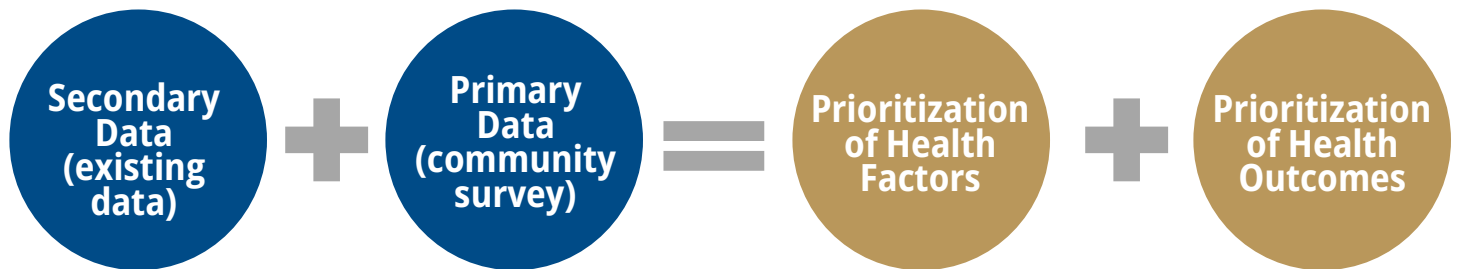


IN THIS STEP, LIVING WELL MEDINA COUNTY:

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH A COMMUNITY SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES



Understanding PRIORITIZATION OF HEALTH NEEDS



HEALTH FACTORS are components of someone’s environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.)

HEALTH OUTCOMES are health results, diseases or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health.)

IN ORDER TO ALIGN WITH THE OHIO DEPARTMENT OF HEALTH’S INITIATIVE TO IMPROVE HEALTH, WELL-BEING AND ECONOMIC VITALITY, MEDINA COUNTY INCLUDED THE STATE’S PRIORITY FACTORS AND HEALTH OUTCOMES WHEN ASSESSING THE COMMUNITY.

SECONDARY DATA

EXISTING DATA SOURCES

ASSESSMENT OF HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the community survey. Significant health needs were identified from the secondary data using the following criteria.

Criteria for Identification of Initial Significant Health Needs:

1. The size of the problem (relative portion of population afflicted by the problem).
2. The seriousness of the problem (impact at individual, family, and community levels).
3. To determine size or seriousness of the problem, the health need indicators of Medina County service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in Appendix B).

The analysis of secondary data yielded a preliminary list of significant health needs (seen in the list to the right), which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, discover gaps in resources, and gather the prioritization of these needs by the community.

The information and data from both the secondary and primary data collection will ultimately inform the decisions on health needs that the county will address in the CHIP.

2024 HEALTH NEEDS TO BE ASSESSED

Below lists the health needs that were assessed by secondary data.

- Mental health and access to mental healthcare
- Access to healthcare
- Transportation
- Housing and homelessness
- Substance/drug use
- Food insecurity
- Income/poverty
- Chronic diseases
- Adverse childhood experiences
- Access to childcare
- Education
- Employment
- Nutrition and physical health/exercise
- Crime and violence
- Environmental conditions
- Preventive care and practices
- Tobacco and nicotine use
- Internet/wifi access
- Maternal, infant and child health
- HIV/AIDS and Sexually Transmitted Infections (STIs)

SECONDARY DATA COLLECTION



Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Medina County and Ohio, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing Medina County data findings with Healthy People 2030 objectives (Appendix B). American Community Survey data are gathered annually by the Census Bureau and supplement data gathered in the Decennial Census.

The Living Well Medina County Coalition conducted a youth survey in partnership with the Center for Marketing and Opinion Research, LLC in 2023. The youth survey included middle school and high school students that attended Medina County schools who were willing to participate. The results from the youth survey are included throughout this report along with Ohio comparisons.

Sometimes Medina County data are not available by themselves, likely due to issues of privacy and statistical validity. However, Ohio has a county-operated, state-supervised, behavioral health system made up of Alcohol, Drug Addiction, and Mental Health (ADAMH) 'Boards', which are made up of various counties; Medina County is part of Board 52. Data for boards 3, 52, and 85 are aggregated and include Medina, Ashland, Wayne, and Holmes counties.

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey done on a state-by-state basis, supported by the Centers for Disease Control. The most-recent report for Ohio utilizes 2019 data and was published in 2021. Ohio divides its counties into 14 regions when it analyzes data, and Medina County is part of Ohio's BRFSS Region 5. In addition to Medina County, BRFSS Region 5 includes Ashland, Holmes, Stark, Summit, and Wayne counties.

PRIMARY DATA COLLECTION

COMMUNITY-WIDE SURVEY



Individuals who live or work in Medina County were asked to complete an online survey to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department and community partners shared the survey link with clients and others who live and/or work in the community. This resulted in **728 responses** to the community survey. For survey questions and demographics see Appendix C.

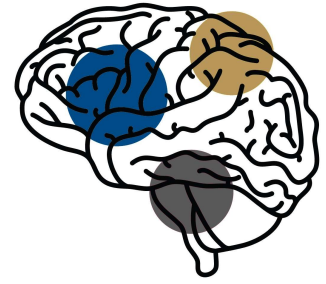
HEALTH NEEDS IN ORDER OF TOP CONCERNS IDENTIFIED BY THE COMMUNITY

Respondents to the community survey were asked to select their top 5 concerns out of the below categories. The category that was selected by the most respondents was mental health and access to mental healthcare.

- #1 Mental health and access to mental healthcare
- #2 Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, etc.)
- #3 Transportation (e.g. public transit, cars, cycling, walking)
- #4 Housing and homelessness
- #5 Substance use/drug use
- #6 Food insecurity (e.g. not being able to access and/or afford healthy food)
- #7 Income/poverty
- #8 Chronic diseases (e.g. heart disease, diabetes, cancer, asthma)
- #9 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma)
- #10 Access to childcare
- #11 Education (e.g. early childhood education, elementary school, post-secondary education)
- #12 Employment
- #13 Nutrition and physical health/exercise
- #14 Crime and violence
- #15 Environmental conditions
- #16 Preventive care and practices (e.g. mammograms, vaccinations)
- #17 Tobacco and nicotine use (smoking, vaping, chew)
- #18 Internet/wifi access
- #19 Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality)
- #20 HIV/AIDS and Sexually Transmitted Infections (STIs)

#1

MENTAL HEALTH



MENTAL HEALTHCARE

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications.

POPULATION TO MENTAL HEALTH PROVIDERS

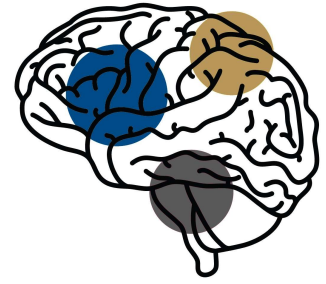
MEDINA COUNTY
620:1

OHIO
330:1

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

#1

MENTAL HEALTH



MENTAL HEALTHCARE

Mental Health Services Accessed

ADULTS AGED 18 & OLDER, 2016-2018

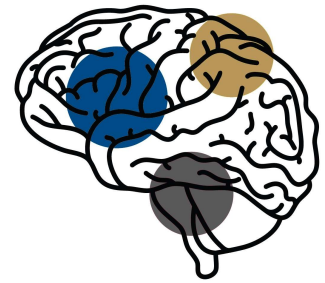
	Boards 3, 52, and 85*	Ohio
Any mental illness, past year	19.4%	20.9%
Serious mental illness, past year	4.9%	5.3%
Received mental health services, past year	17.9%	17.9%

*Boards 3, 52, and 85 includes Medina, Ashland, Wayne, and Holmes counties.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2016-2018.
<https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>

#1

MENTAL HEALTH



DEPRESSION

Average Poor Mental Health Days in the Past 30 Days

ALL ADULTS, 2020

	Average # of Days
Medina County	4.8
Ohio	5.0

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2020 data.
<http://www.countyhealthrankings.org>

Frequent Mental Distress: Mental Health Not Good 14+ Days this Month

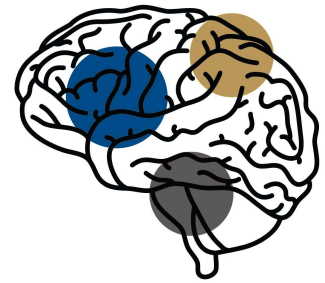
ADULTS, 2019

	Percent
Medina County	16%
Ohio	16%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2020 data.
<http://www.countyhealthrankings.org>

#1

MENTAL HEALTH



DEPRESSION

ADULT DEPRESSION

AGE-ADJUSTED PREVALENCE, ADULTS (18+ years), 2021

MEDINA COUNTY
22.1%

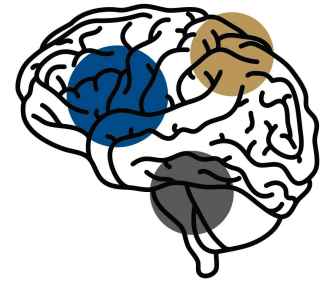
UNITED STATES
19.8%

Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/12/2024. <https://places.cdc.gov/?view=county&locationIds=39103>

Major Depressive Episodes		
IN THE PAST YEAR, AGED 18 AND OLDER, 2016-2018		
	Had serious thoughts of suicide	Experienced a major depressive episode
Boards 3, 52, 85*	4.9%	7.1%
Ohio	4.9%	7.9%

*Boards 3, 52, and 85 includes Medina, Ashland, Wayne, and Holmes counties.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2016-2018 pooled. <https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>



DEPRESSION AND SUICIDE

Like frequent mental distress, levels of diagnosed depression and suicide generally fall with age, rising income and increasing levels of education. Depression is significantly higher among women than men, but there is no gender-based difference in suicidal ideation.

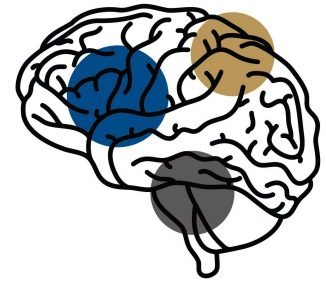
4.6% of Ohio adults reported that they had seriously considered committing suicide within the prior year, while the rate for those with less than a high school education was 8.2%, among those with a household income below \$15,000 per year it was 10.4%, and for those 65 years of age and older it was 1.2%.

Depression and Suicidal Ideation (Ohio)

OHIO ADULTS BY DEMOGRAPHIC CHARACTERISTICS, 2019

	Depression	*Suicidal Ideation
Less than High School	29.8%	8.2%
High School Diploma	19.8%	5.2%
Some College	20.6%	4.3%
College Graduate	16.7%	1.9%
Household Income < \$15,000	39.9%	10.4%
Household Income \$75,000+	13.1%	1.5%
Male	14.6%	4.4%
Female	25.6%	4.4%
Ages 18 – 24	22.1%	10.6%
Ages 25 – 34	25.4%	5.2%
Ages 35 – 44	20.3%	5.8%
Ages 45 – 54	20.7%	4.9%
Ages 55 – 64	22.5%	2.2%
Ages 65+	14.1%	1.2%
Overall Prevalence, All Adults	20.3%	4.6%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report> and *2017 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2017-brfss-annual-report>



YOUTH DEPRESSION AND SUICIDE

Youth Depression and Mental Health Problems

HIGH SCHOOL STUDENTS, PAST 12 MONTHS, 2023

	Medina County (2023)	Ohio (2021)
In the past year felt sad or hopeless almost every day for 2 weeks or more in a row	29.1%	42.6%
Less than 8 hours of sleep on an average school night	75.9%	59.9%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>

Youth Suicidal Ideation/Attempts

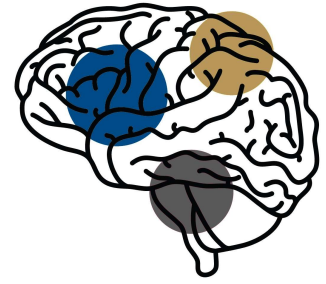
HIGH SCHOOL STUDENTS, PAST 12 MONTHS, 2023

	Medina County (2023)	Ohio (2021)
Considered suicide	14.3%	21.6%
Attempted suicide	5.7%	9.5%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>

#1

MENTAL HEALTH



SUICIDE RATES

AGE-ADJUSTED RATE PER 100,000 PERSONS, 2020-2022 AVERAGE

MEDINA COUNTY

11.5

OHIO

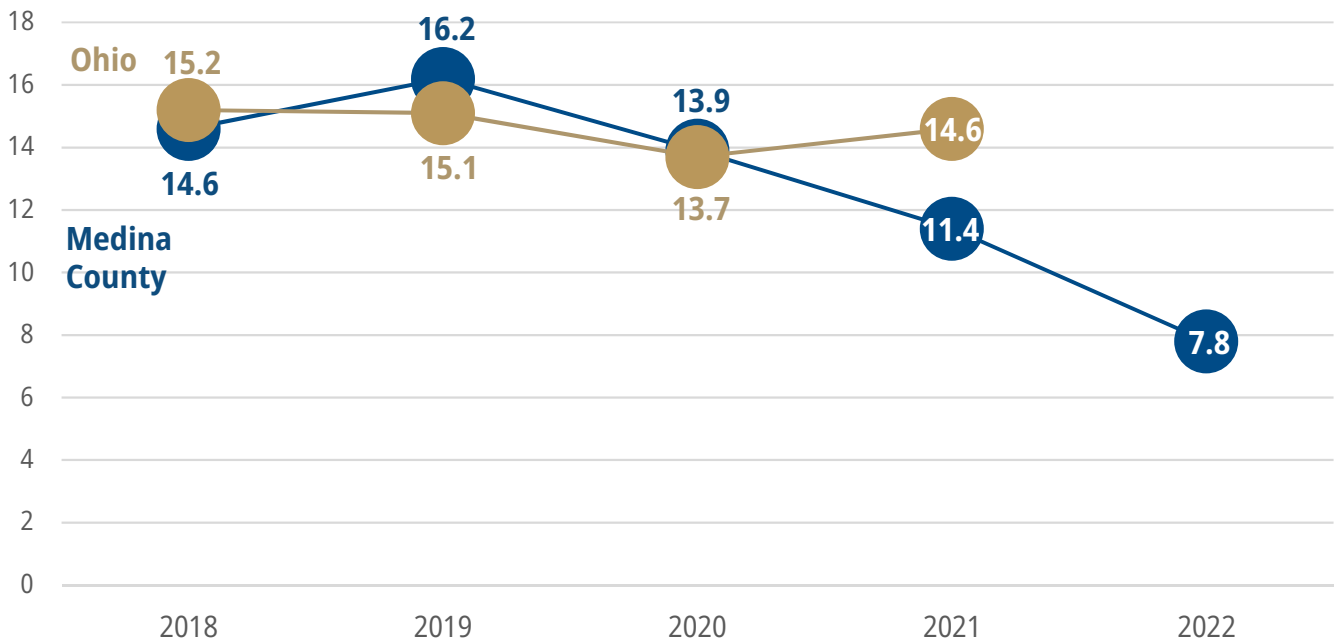
14.5

Source: Ohio Public Health Information Warehouse. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/11/2024. Retrieved from www.healthyneo.org.

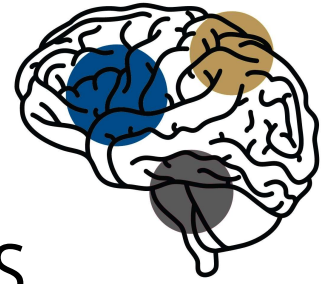
The Healthy People 2030 objective for suicide mortality rate is 10.2 per 100,000 population.

SUICIDE RATES BY YEAR

AGE-ADJUSTED RATE PER 100,000 PERSONS, 2018-2022

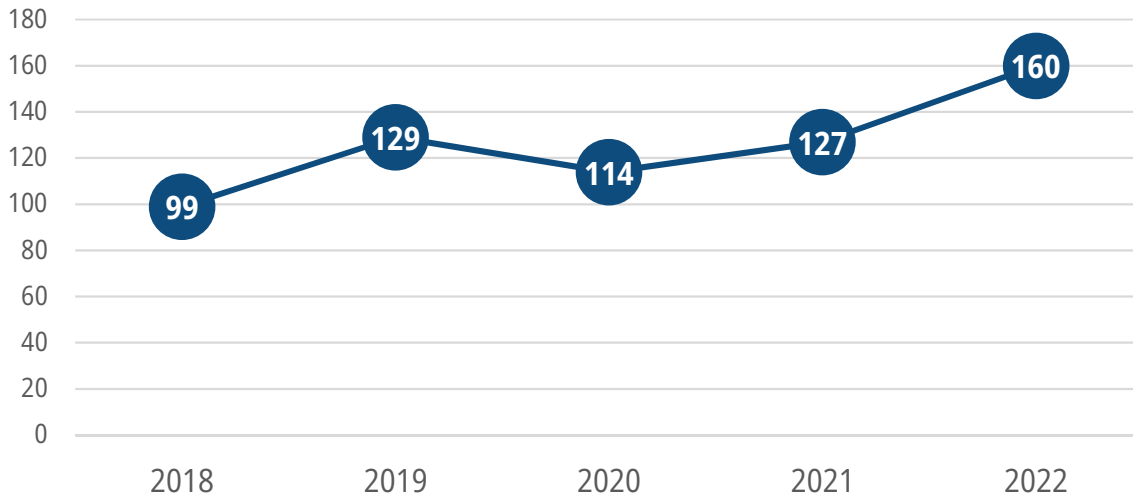


Source: Medina County Health Department. Suicide Report, 2018 – 2022. <https://medinahealth.org/community/data-reports/suicide-fatality-report/> Ohio 2022 suicide mortality rate was not yet available at the time of the report. Data for 2021 and 2022 is preliminary and subject to change.



SUICIDE ATTEMPT ED VISITS

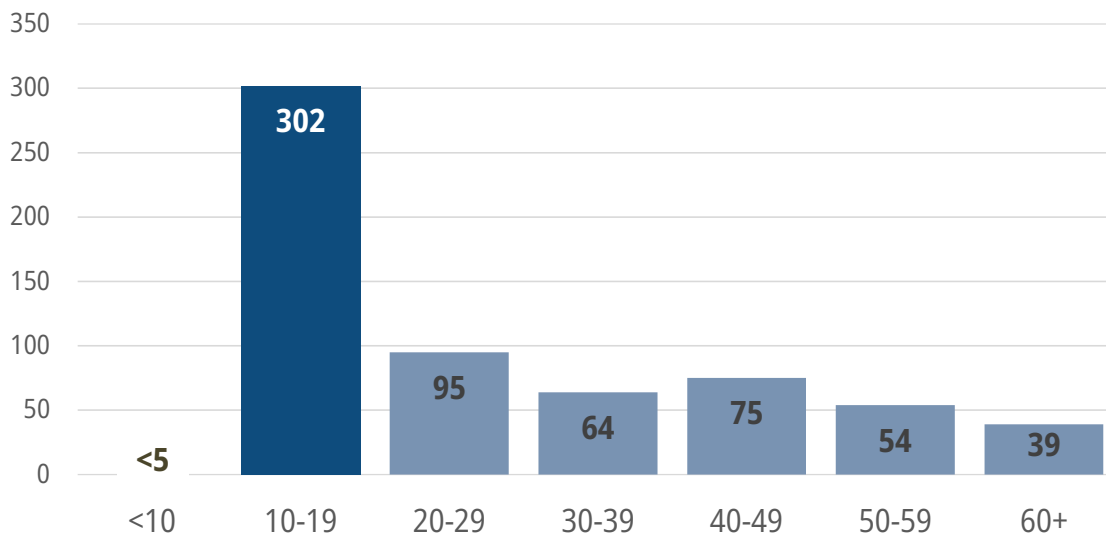
NUMBER OF MEDINA COUNTY RESIDENT EMERGENCY DEPARTMENT (ED) VISITS FOR SUICIDE ATTEMPT, 2018-2022



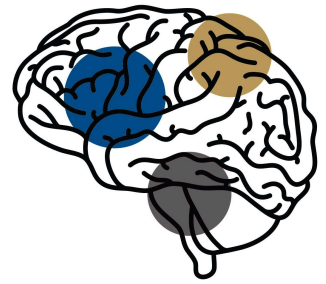
Source: Medina County Health Department. Suicide Report, 2018 – 2022. <https://medinahealth.org/community/data-reports/suicide-fatality-report/>.

SUICIDE ATTEMPT ED VISITS BY AGE GROUP

MEDINA COUNTY RESIDENT ED VISITS FOR SUICIDE ATTEMPT, 2018-2022



Source: Medina County Health Department. Suicide Report, 2018 – 2022. <https://medinahealth.org/community/data-reports/suicide-fatality-report/>. Counts less than 5 are not displayed for data privacy reasons.



FINDINGS FROM OUR COMMUNITY SURVEY

- 52% of respondents said mental health and access to mental healthcare is a top 5 concern
- 40% of respondents said mental healthcare access was a resource lacking in the community
- Additionally, respondents left write-in comments related to mental health needs in the community (see sample comments below)

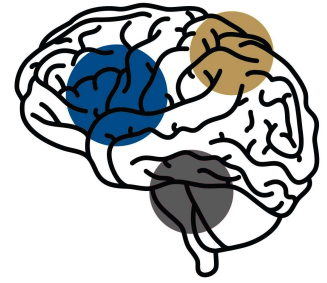
Survey Question: During the most recent time you or a member of your household delayed or went without needed MENTAL and BEHAVIORAL healthcare, what were the main reasons?

"Lack of available staff providers and locations"

"Lack of mental health professionals that take Medicare !"

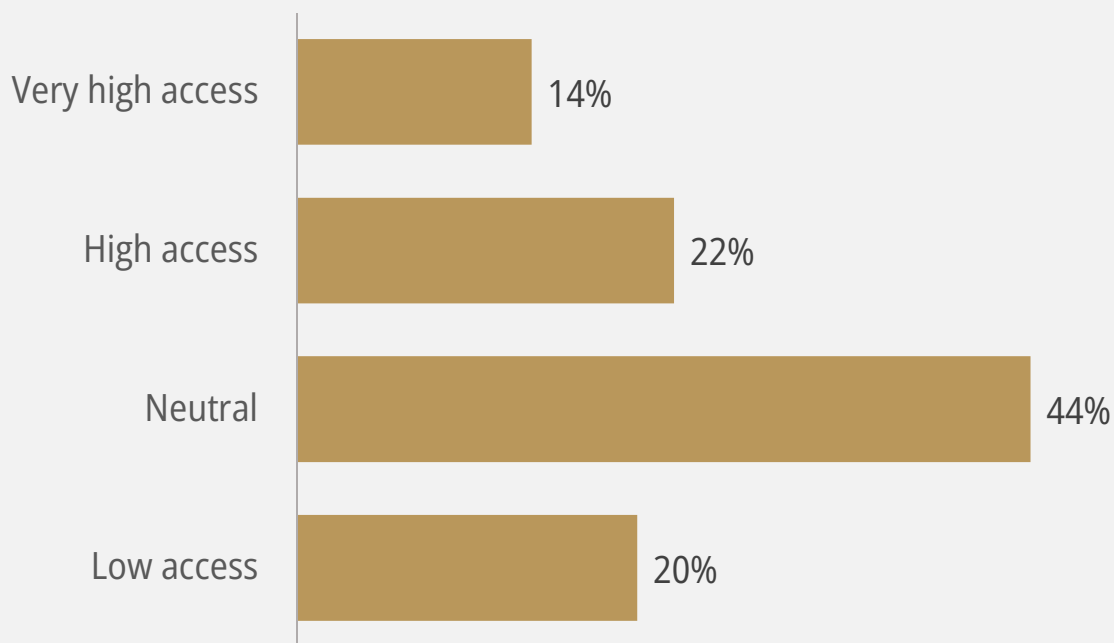
#1

MENTAL HEALTH



FINDINGS FROM OUR COMMUNITY SURVEY

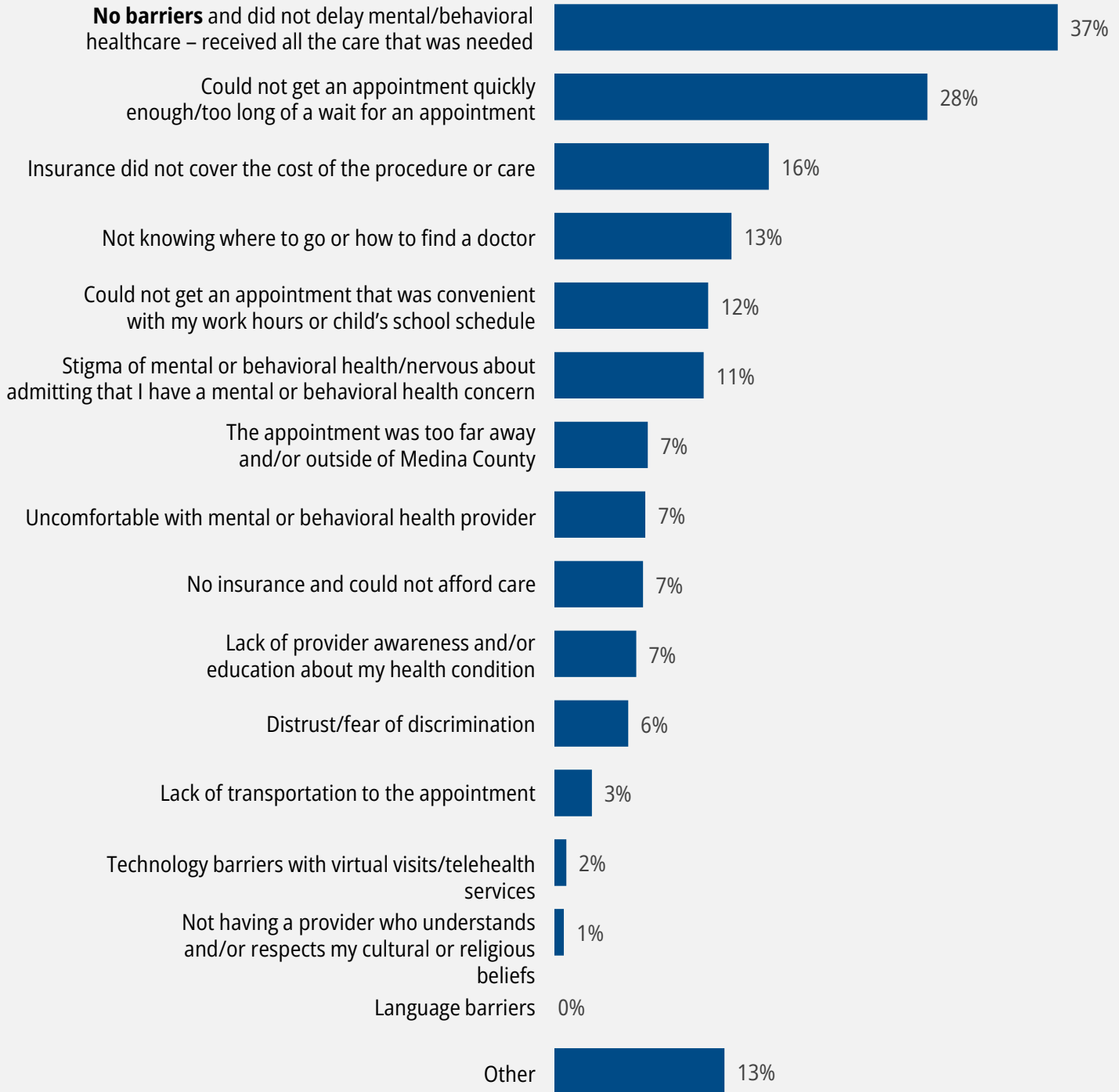
Survey Question: How would you rate your current access to MENTAL or BEHAVIORAL health services?"



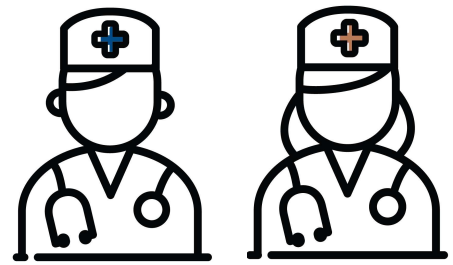
Respondents that skipped question: 89

MENTAL HEALTH FINDINGS FROM OUR COMMUNITY SURVEY

Survey Question: During the most recent time you or a member of your household delayed or went without needed MENTAL and BEHAVIORAL healthcare, what were the main reasons? (Select all that apply)”

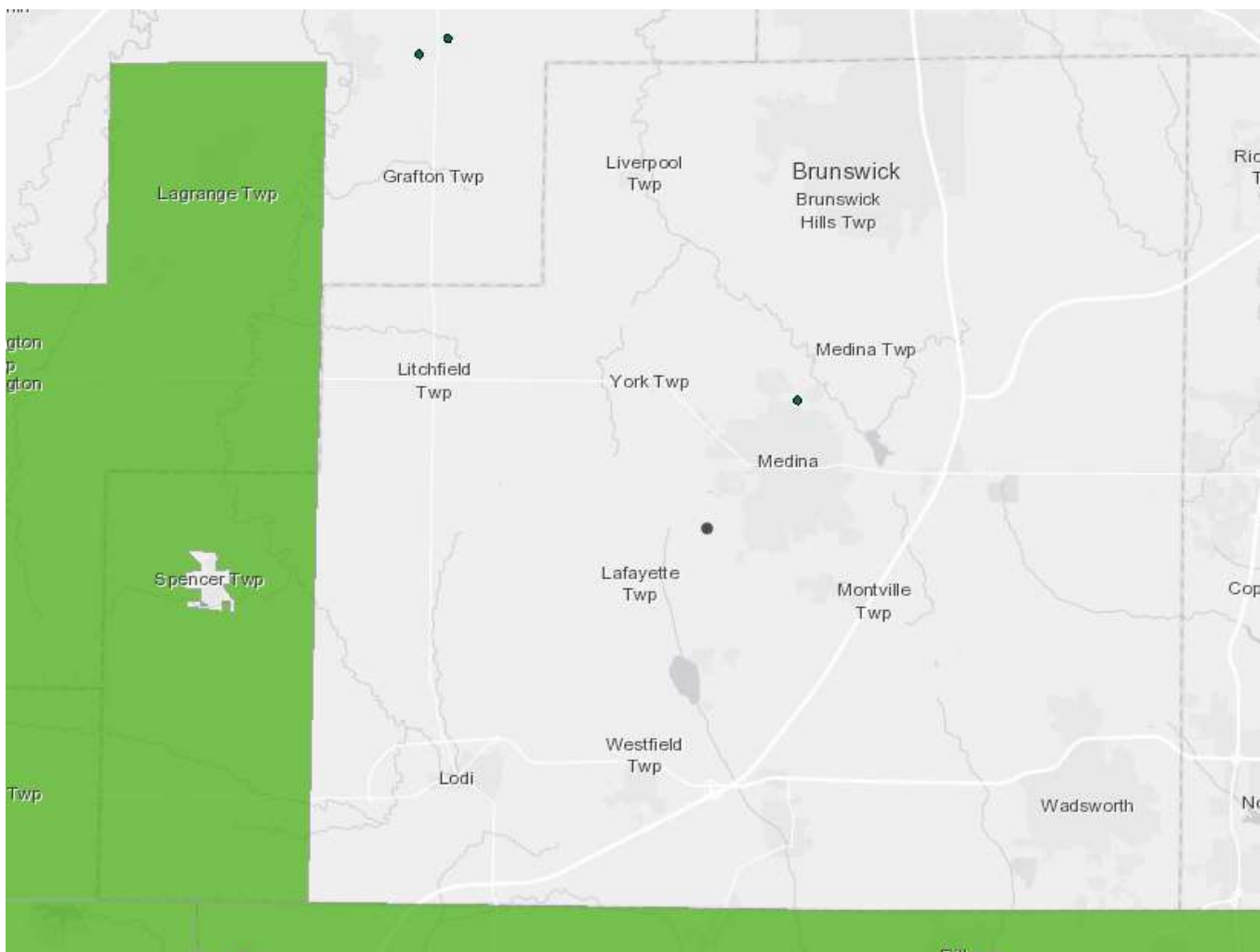


Respondents that skipped question: 135



HEALTH PROFESSIONAL SHORTAGE AREAS

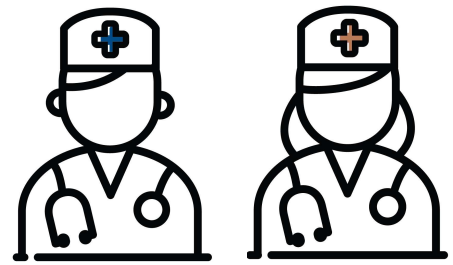
The Health Resources & Service Administration houses a database of Health Professional Shortage Areas (HPSAs). The green areas in the below map represent areas identified as primary care health professional shortage areas.



Source: Health Resources & Services Administration, HPSA Find Tool, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

#2

ACCESS TO HEALTHCARE



PRIMARY CARE

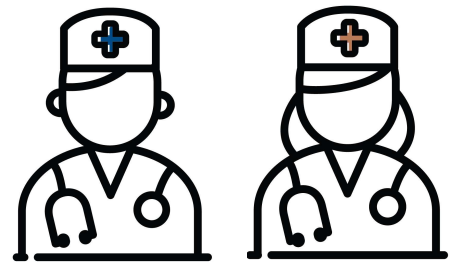
POPULATION TO PRIMARY CARE PHYSICIANS



Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

#2

ACCESS TO HEALTHCARE



PRIMARY CARE

Percent Without Health Insurance Coverage by Population Group

2022

	Total Population (civilian, non-institutionalized)	Children (under 19 years)	Adults (19-64 years, unemployed in labor force)
Medina County	5.6%	2.2%	36.0%
Ohio	5.9%	4.5%	18.9%

Source: U.S. Census Bureau, American Community Survey, DP03, 2022. <http://data.census.gov/>

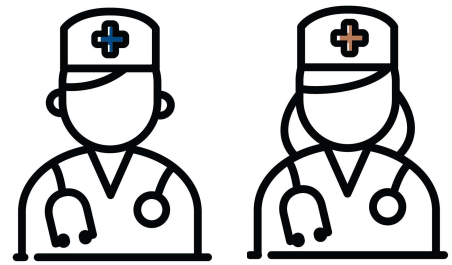
ROUTINE CHECKUP WITHIN PAST YEAR

AGE-ADJUSTED PREVALENCE, ADULTS (18+ years), 2021

MEDINA COUNTY
72.8%

UNITED STATES
71.8%

Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/12/2024. <https://places.cdc.gov/?view=county&locationIds=39103>



PRIMARY CARE

Community Health Centers (CHCs) provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. According to the United States Census Bureau, 5,848 families in Medina County are low-income (200% of Federal Poverty Level) and 5.6% of the total civilian (noninstitutionalized) population does not have health insurance.

Source: U.S. Census Bureau, American Community Survey, S1702 & S2701, 2022. <http://data.census.gov/>

The Medina County Health Department has a health center in Medina and an additional location in Wadsworth. The health centers had a total of 3,139 patients in 2022 in the service area, which equates to 10.5% penetration among low-income patients and 1.7% penetration among the total population. There remain 26,784 low-income residents, 89.5% of the low-income population, remain unserved by a community health center.

Source: UDS Mapper. Data Table. Extracted 12/28/2023. <https://maps.udsmapper.org/map>

Low-Income Patients Served and Not Served by CHCs

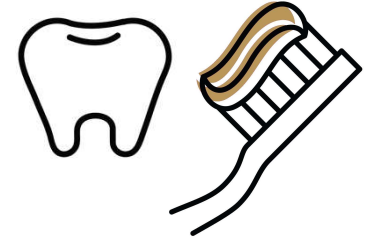
MEDINA COUNTY, 2023

Low-Income Population (2017-2021)	Patients served by Health Centers In Service Area (2022)	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served by Community Health Center	
				Number (2022)	Percent of Low-Income Population
29,923	3,139	10.5%	1.7%	26,784	89.5%

Source: UDS Mapper. Data Table. Extracted 12/28/2023. <https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS33658>

#2

ACCESS TO HEALTHCARE



DENTAL/ORAL

POPULATION TO DENTISTS

MEDINA COUNTY
1,810:1

OHIO
1,550:1

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

The Ohio Department of Health’s Oral Health program conducts statewide oral health screening surveys of 3rd grade schoolchildren in hundreds of public schools.

Dental Care Among 3rd Grade Children

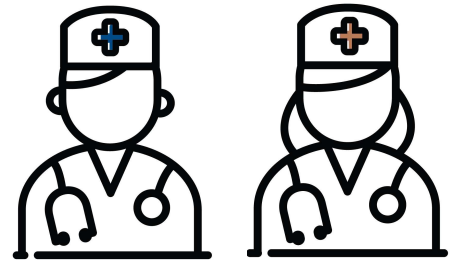
MEDINA COUNTY (2013-2015) & OHIO (2017-2018)

	Medina County* (2013-2015)	Ohio** (2017-2018)
Untreated cavities	14.8%	20%
History of tooth decay	46.8%	48%
One or more sealants	44.2%	48%

Sources:

*Ohio Department of Health, Third Grade Oral Health Screening Survey (County-Level Oral Health Status of School-Aged Children), 2013-2015, published 2018. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/Oral-Health-Data-Reports>

**Ohio Department of Health, Oral Health Status of 3rd grade Children in Ohio, 2017-18. <https://odh.ohio.gov/know-our-programs/oral-health-program/Oral-Health-Data-Reports>



FINDINGS FROM OUR COMMUNITY SURVEY

- 39% of respondents said access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, etc.) is a top 5 concern
- 15% of respondents said primary healthcare access was a resource lacking in the community
- 13% of respondents said dental/oral healthcare access was a resource lacking in the community
- 9% of respondents said vision healthcare access was a resource lacking in the community
- Additionally, respondents left write-in comments related to healthcare access in the community (see sample comments below)

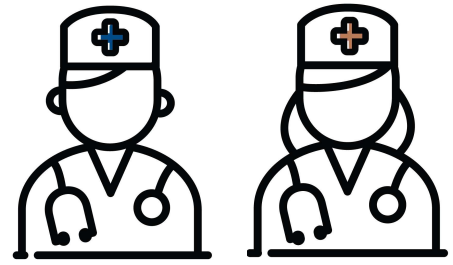
Survey Question: During the most recent time you or a member of your household delayed or went without needed PHYSICAL healthcare, what were the main reasons?

“Cost of the procedure even after insurance”

“Didn't fully understand what would be covered and what wouldn't.”

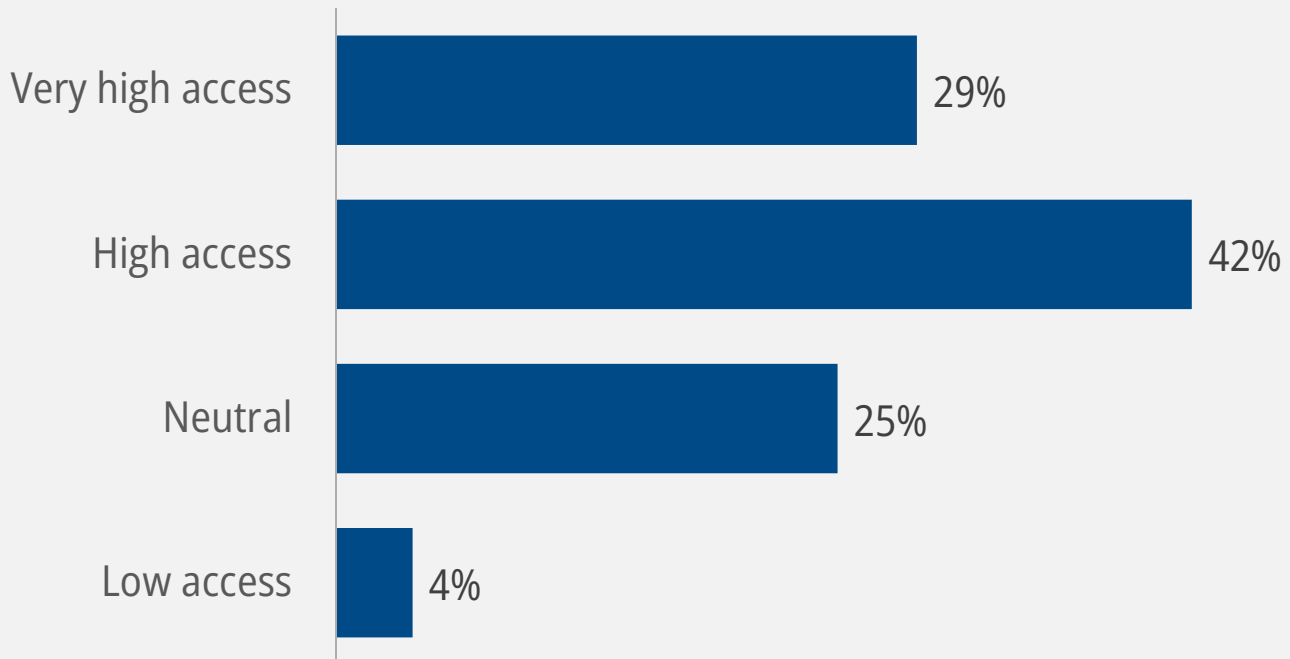
#2

ACCESS TO HEALTHCARE



FINDINGS FROM OUR COMMUNITY SURVEY

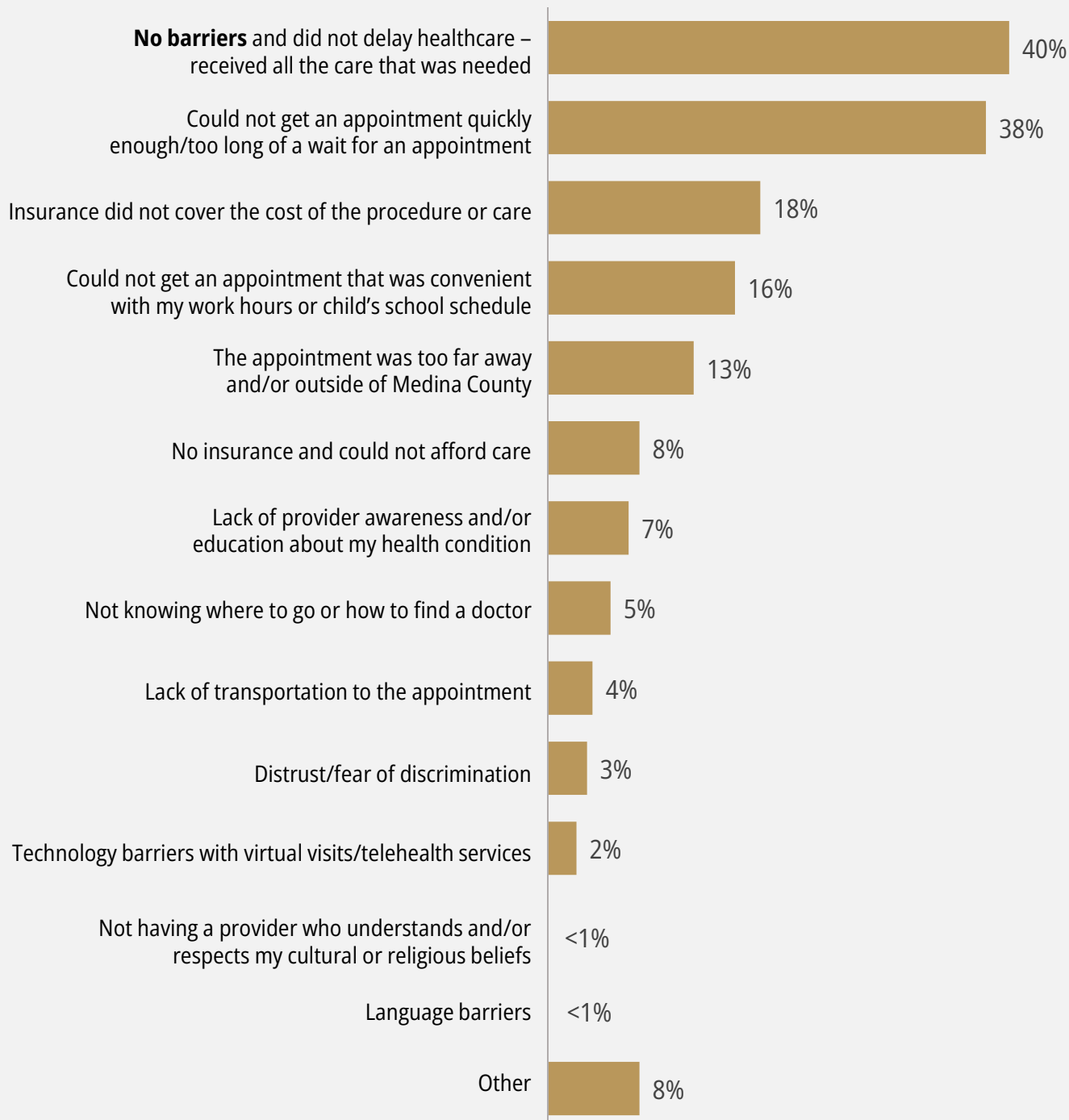
Survey Question: How would you rate your current access to PHYSICAL healthcare services?



Respondents that skipped question: 69

ACCESS TO HEALTHCARE FINDINGS FROM OUR COMMUNITY SURVEY

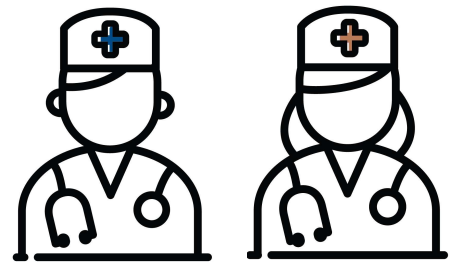
Survey Question: During the most recent time you or a member of your household delayed or went without needed PHYSICAL healthcare, what were the main reasons? (Select all that apply)



Respondents that skipped question: 82

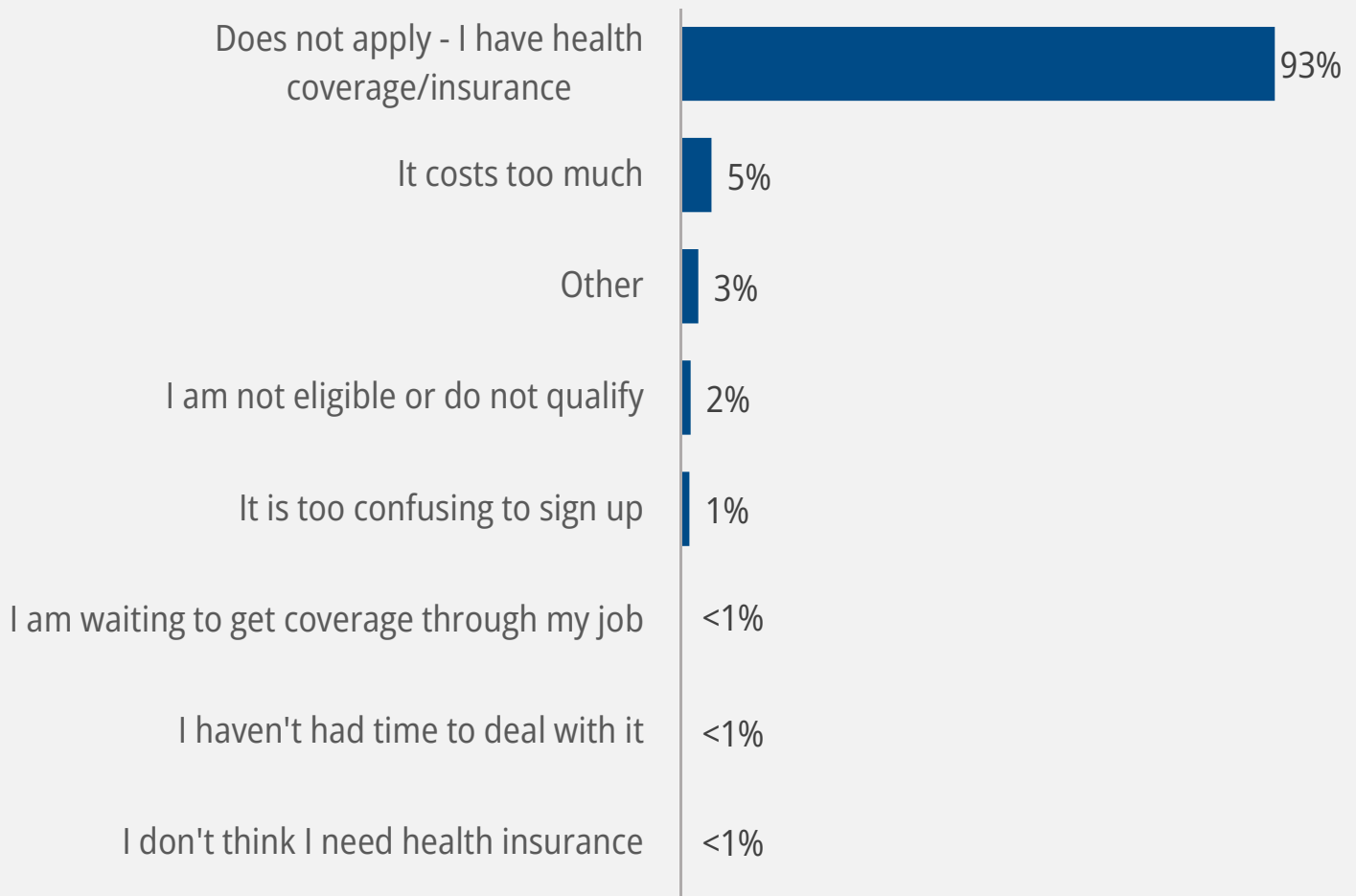
#2

ACCESS TO HEALTHCARE



FINDINGS FROM OUR COMMUNITY SURVEY

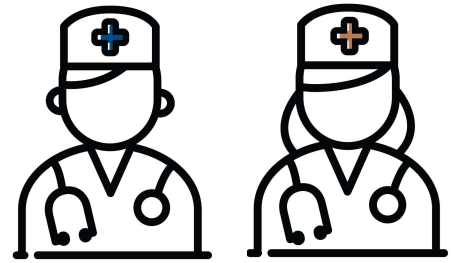
Survey Question: If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (Select all that apply)



Respondents that skipped question: 148

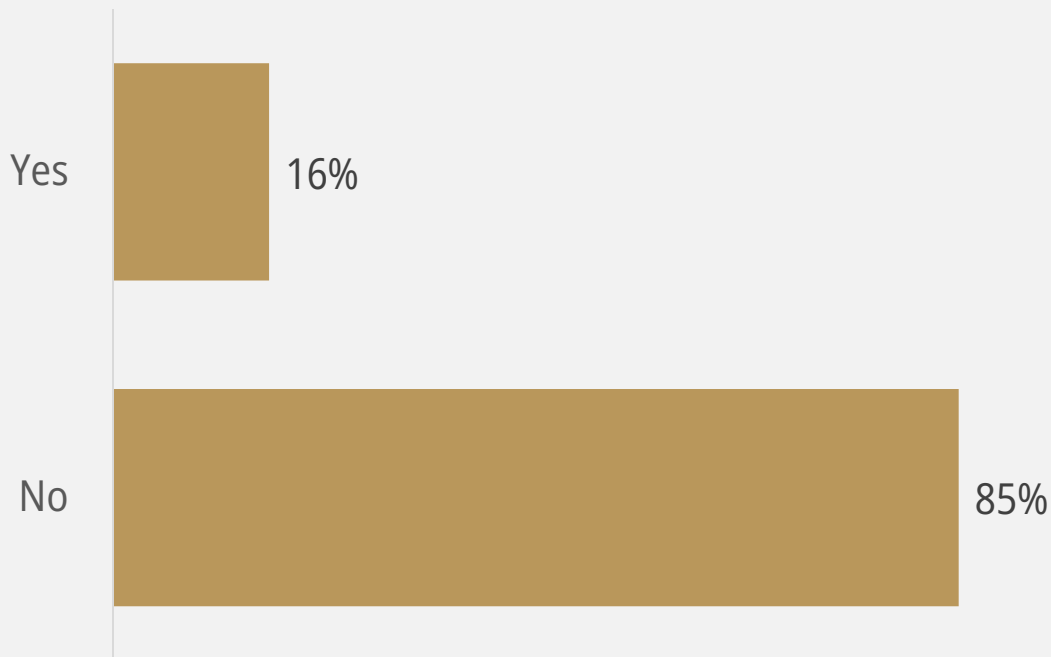
#2

ACCESS TO HEALTHCARE



FINDINGS FROM OUR COMMUNITY SURVEY

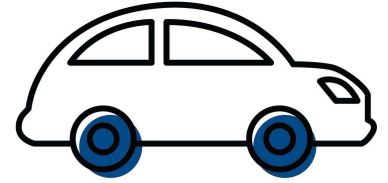
Survey Question: In the last year, was there a time when you needed prescription medication but were not able to get it?



Respondents that skipped question: 81

#3

TRANSPORTATION



Transportation/Commute to Work

WORKERS 16+ YEARS WHO DID NOT WORK FROM HOME, 2022

	Medina County	Ohio
Mean travel time to work (minutes)	26.3	23.5
% that drive alone to work	75.3%	74.8%
% that take public transportation (excluding taxi cabs) to work	0.2%	1.0%
% that walk or bike to work	2.1%	2.2%

Source: U.S. Census Bureau, American Community Survey, S0801, 2022. <http://data.census.gov>

#3

TRANSPORTATION



WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established walking scores as follows:
 0-24: Car Dependent (Almost all errands require a car)
 25-49: Car Dependent (A few amenities within walking distance)
 50-69: Somewhat Walkable (Some amenities within walking distance)
 70-89: Very Walkable (Most errands can be accomplished on foot)
 90-100: Walker's Paradise (Daily errands do not require a car)

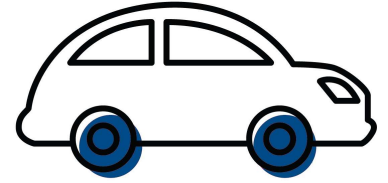
WalkScore.com has established biking scores as follows:
 0-49: Somewhat Bikeable (Minimal bike infrastructure)
 50-69: Bikeable (Some bike infrastructure)
 70-89: Very Bikeable (Biking is convenient for most trips)
 90-100: Biker's Paradise (Daily errands can be accomplished on a bike)

Walkability & Bikeability by Zip Code

MEDINA COUNTY ZIP CODES, 2022

Geographic Area	ZIP Code	ZIP Code Walk Score	Zip Code Bike Score	Geographic Area	ZIP Code	ZIP Code Walk Score	Zip Code Bike Score
Brunswick	44212	37	38	Medina	44256	18	34
Chippewa Lake	44215	2	32	Seville	44273	1	20
Hinckley	44233	4	1	Sharon Center	44274	17	25
Homerville	44235	6	25	Spencer	44275	0	24
Westfield	44251	6	18	Valley City	44280	1	19
Litchfield	44253	0	26	Wadsworth	44281	0	25
Lodi	44254	1	15				

Source: [WalkScore.com](https://www.walkscore.com), 2024



FINDINGS FROM OUR COMMUNITY SURVEY

- 34% of respondents said transportation is a top 5 concern
- 46% of respondents said that transportation was a resource that is lacking within the community
- Additionally, respondents left write-in comments related to transportation in the community (see sample comments below)

Survey Question: Is there anything else you would like us to know about health needs in Medina County?

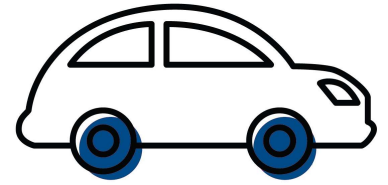
"For transportation needs, I believe this community would use public options more than we think. Even more creative ones, like bikes, could help a handful of people."

"More public transportation would be really helpful..."

"Transportation for seniors is lacking or too cumbersome to access and use"

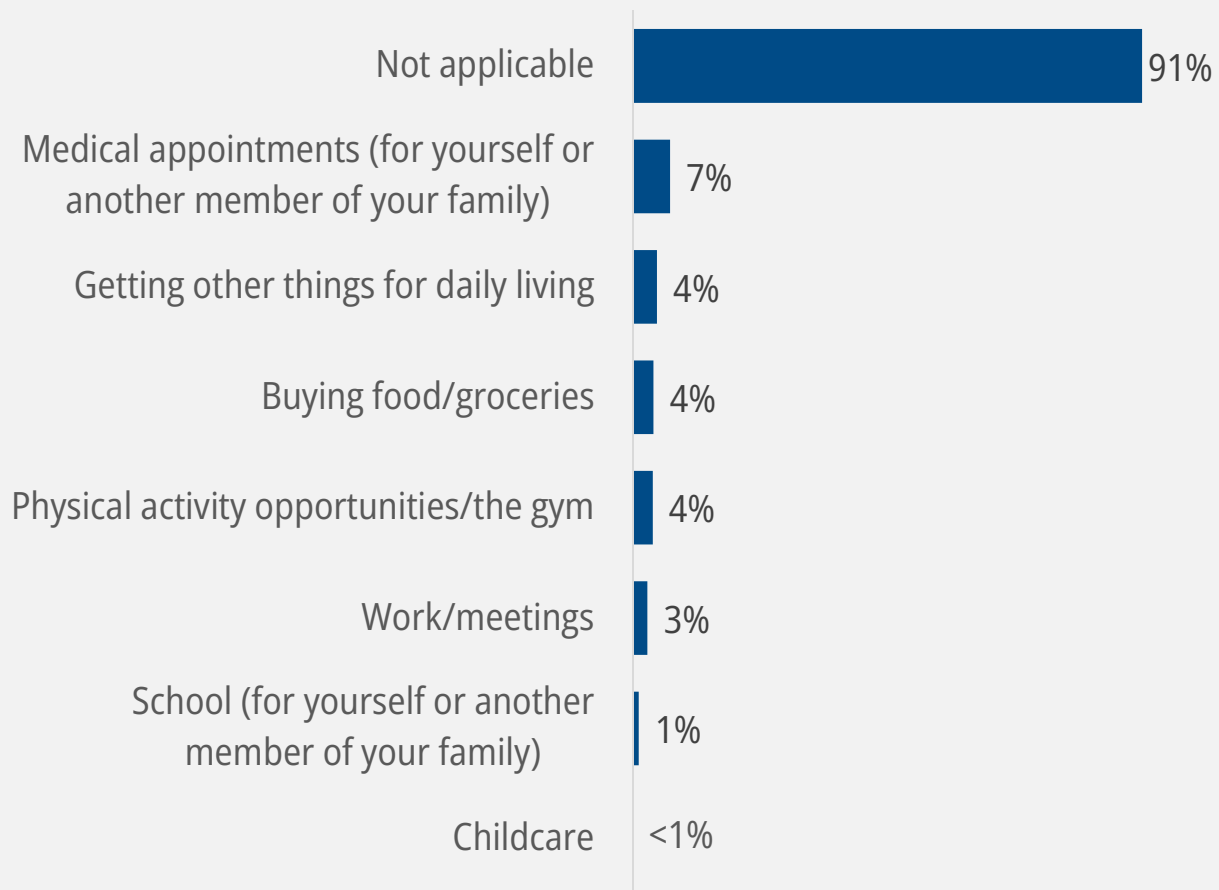
#3

TRANSPORTATION



FINDINGS FROM OUR COMMUNITY SURVEY

Survey Question: In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply)?



Respondents that skipped question: 83

#4

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



A point-in-time (PIT) count of persons experiencing homelessness is conducted annually as part of the Ohio Balance of State Continuum of Care (BoSCoC). It is scheduled to occur on a single night in the third week of January, unless weather does not permit.

Homeless Point-in-Time Count (Ohio)

Ohio BoSCoC, 2020-2021

Status	2022		2023	
	#	%	#	%
Unsheltered Persons	1,728	21.3%	2,106	23.9%
Emergency shelter	5,363	66.2%	5,685	64.5%
Transitional housing	1,008	12.4%	1,019	11.6%
Total Persons	8,099		8,810	

Homeless Point-in-Time Count (Medina County)

Status	2020	
	#	%
Unsheltered Persons	24	52%
Emergency shelter	22	48%
Transitional shelter	0	0%
Safe Haven shelter	0	0%
Total Persons	46	

Source: Coalition on Homelessness and Housing in Ohio, Housing Inventory Count and Point-in-Time Count, 2022 & 2023. <https://cohhio.org/boscoc/hicpit/>

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



Persons Experiencing Homelessness (Ohio)

Ohio BoSCoC, 2022 & 2023

Subpopulation of Persons Experiencing Homelessness in Ohio	2022	2023
	#	#
Unaccompanied children (under 18 years old)	57	74
Unaccompanied young adults 18-24 years old	646	722
Veterans	633	623
Serious mental illness	2,262	2,602
Chronic substance use disorder	1,356	1,467
Survivors of domestic violence	898	1,062

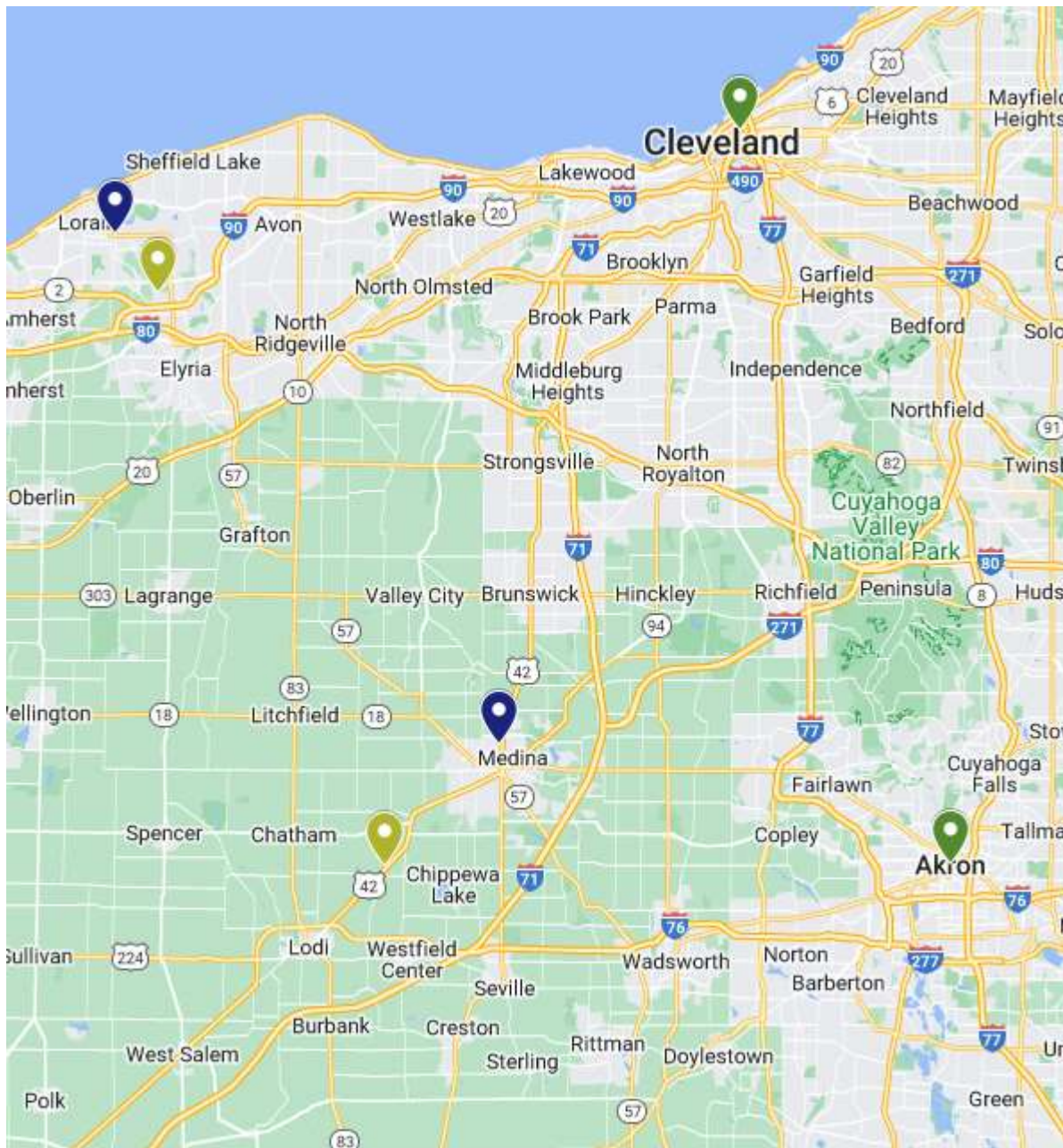
Source: U.S. Department of Housing and Urban Development (HUD), 023 CoC Homeless Populations and Subpopulations Report - Ohio Balance of State CoC. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

#4

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



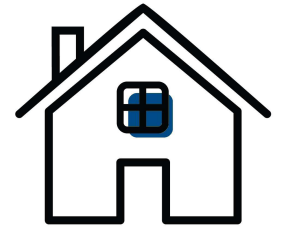
The Coalition on Homelessness and Housing in Ohio (COHHIO) publishes a Resource Guide on their website at <https://cohhio.org/boscoc/>. Pictured below is a map of the organizations in Medina County and surrounding areas with housing and homelessness resources. The navy pins show resources in non-urban counties in Ohio. The olive pins indicate resources for veterans experiencing homelessness. The green pins indicate resources in urban counties of Ohio.



Source: <https://cohhio.org/boscoc/>

#4

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 15.7% of owner-occupied households in the service area spend 30% or more of their income on housing. This is similar to the state rate (20.6%).

Source: <https://nlihc.org/gap/about#:~:text=A%20household%20is%20cost%2Dburdened,its%20income%20on%20these%20expenses>

Percent of Households with Homeowner Costs Larger than 30% of their Annual Household Income

MONTHLY OWNER COSTS AS % OF HOUSEHOLD INCOME, 2022

	Percent
Medina County	15.7%
Ohio	20.6%

Source: U.S. Census Bureau, American Community Survey, DP04, 2022. <http://data.census.gov/>

#4

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



Households by Type

2022

	Total Households	Households with Children Under Age 18	Single Parent Household*	Householder Age 65+ living alone
	Number	Percent	Percent	Percent
Medina County	73,250	26.6%	5.5%	9.3%
Ohio	4,878,206	27.3%	6.4%	8.5%

Source: U.S. Census Bureau, American Community Survey, DP02, 2022. <http://data.census.gov/>

*Single parent household: Male or Female householder with no spouse/partner in the home and children under 18 years

#4

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



Household Size

% OCCUPIED HOUSING UNITS, 2022

	Medina County	Ohio
1 person households	27.3%	31.8%
2 person households	38.8%	35.1%
3 person households	14.0%	14.2%
4+ person households	20.0%	18.9%

Source: U.S. Census Bureau, American Community Survey, S2501, 2022. <http://data.census.gov>

#4

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



In a well-functioning housing market, there is a need for vacant units (both for sale and for rent). to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: http://www.freddiemac.com/research/insight/20181205/major_challenge_to_u.s._housing_supply.page)

Number/Status of Households and Housing Units			
2018 & 2022			
	Medina County		
	# in 2018	# in 2022	Percent Change
Total Housing Units	73,043	76,088	4.2%
Total Occupied Housing Units	70,609	73,250	3.7%
Owner occ.	56,412	57,994	2.8%
Renter occ.	14,197	15,256	7.5%
Total Vacant Housing Units	2,434	2,838	16.6%
Vacancy Rate (homeowner + rental)	1.4%	3.5%	107.1%

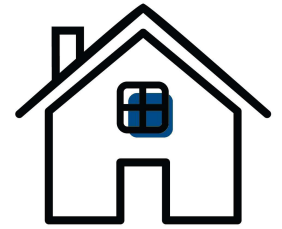
Source: U.S. Census Bureau, American Community Survey, DP04, 2018 & 2022. <http://data.census.gov/>

The number of affordable and available units per 100 very low income renters (income below 30% of the area median income) in Medina County was 34 compared to the state number of 44 available units per 100 renters in 2018.

Source: Ohio Housing Finance Agency Housing Needs Assessments Aggregated Data, <https://ohiohome.org/research/documents/NEOhio-rHNA.pdf>

#4

HOUSING & PERSONS EXPERIENCING HOMELESSNESS



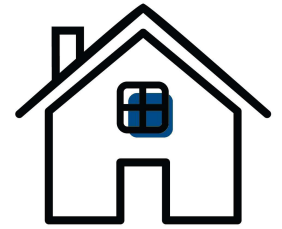
Substandard housing can pose a risk to the health and safety of occupants and neighbors, and can increase the risk of disease, social isolation, and poor mental health. Two issues which can create or contribute to substandard housing are occupied housing units that lack complete plumbing and/or kitchen facilities.

Percent of Occupied Housing Units that Lack Basic Plumbing and Kitchen Facilities

2022

	Occupied Housing Units	% Lacking Complete Plumbing Facilities	% Lacking Complete Kitchen Facilities
Medina County	73,250	0.5%	1.2%
Ohio	4,878,206	0.4%	0.9%

Source: U.S. Census Bureau, American Community Survey, DP04, 2022. <http://data.census.gov/>



FINDINGS FROM OUR COMMUNITY SURVEY

- 34% of respondents said housing and homelessness is a top 5 concern
- 67% of respondents said that affordable housing was a resource that was lacking within the community
- Additionally, respondents left write-in comments related to housing and homelessness in the community (see sample comments below)

Survey Question: What resources are lacking within your community?

"I would vote for affordable housing twice if I could."

"Low income housing for the independent elderly, with concomitant services"

"Housing options for convicted sex offenders"

"Housing that is actually affordable to rent as well."

#5

SUBSTANCE USE



ALCOHOL

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males, this is five or more drinks per occasion and for females, it is four or more drinks per occasion. Chronic drinking among females is defined as having 8 or more drinks per week and among males it is 15 or more drinks per week.

Alcohol Misuse: Binge or Heavy Drinking

ADULTS, 2020

Location	Percent
Medina County	22%
Ohio	19%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2020. For All Adults, accessed via County Health Rankings, 2023. <http://www.countyhealthrankings.org>

#5

SUBSTANCE USE



ALCOHOL

Ohio residents' likelihood of binge drinking within the previous month is significantly higher among men than women and falls with age. The rate of binge drinking is significantly higher among adults with an annual household income of \$75k or more, compared with adults in households with income under \$15k; prevalence does not significantly differ by education level. For Ohio as a whole, 17.5% of adults reported binge drinking at least once in the past month, while among those whose household income is above \$75,000 per year it is 23.1%, and among older adults the rate is 4.7%.

Binge Drinking (Ohio)

ADULTS, PRIOR MONTH, BY DEMOGRAPHIC CHARACTERISTICS, 2019

Characteristic	Percent
Less than High School	15.6%
High School Diploma	17.7%
Some College	18.6%
College Graduate	16.7%
Household Income < \$15,000	14.6%
Household Income \$75,000+	23.1%
Male	22.8%
Female	12.5%
Ages 18 – 24	26.4%
Ages 25 – 34	28.1%
Ages 35 – 44	26.0%
Ages 45 – 54	17.5%
Ages 55 – 64	11.1%
Ages 65+	4.7%
Overall Prevalence, All Adults	17.5%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

#5

SUBSTANCE USE



TEENS & ALCOHOL

Teen Alcohol and Binge Drinking Experience		
HIGH SCHOOL STUDENTS, 2023		
	Medina County	Ohio
Had first drink of more than a few sips before the age of 13	4.6%	10.6%
Ever drank alcohol	21.7%	22.8%
Binge drank, past 30 days	6.9%	12.6%
Drank alcohol, past 30 days	17.7%	22.8%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>

TEENS & MARIJUANA

Marijuana Use		
HIGH SCHOOL STUDENTS, 2023		
	Medina County	Ohio
Used marijuana during past 30 days	5.1%	13.3%
Ever tried marijuana	11.4%	25.8%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>

#5

SUBSTANCE USE



DRUGS OTHER THAN MARIJUANA

Illicit Drug Use Other than Marijuana

IN THE PAST MONTH, 2016-2018

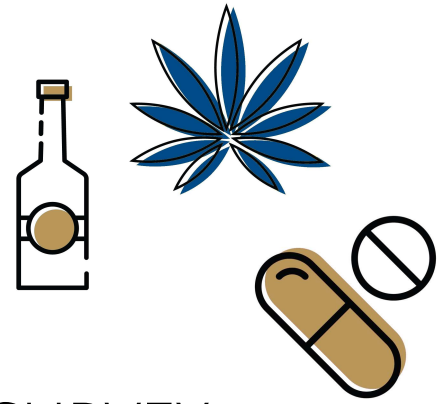
	Boards 3, 52, and 85*	Ohio
People aged 12+ years	2.6%	3.1%

*Boards 3, 52, and 85 includes Medina, Ashland, Wayne, and Holmes counties.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health, 2016-2018 pooled.
<https://www.samhsa.gov/data/nsduh/2016-2018-substate-reports>

#5

SUBSTANCE USE



FINDINGS FROM OUR COMMUNITY SURVEY

- 32% of respondents said substance/drug use is a top 5 concern
- Additionally, respondents left write-in comments related to substance use in the community (see sample comments below)

Survey Question: What resources are lacking within your community?

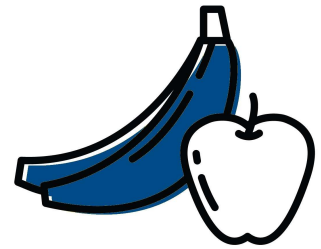
"substance abuse help"

Survey Question: Is there anything else you would like us to know about health needs in Medina County?

"...concerned about hemp derived cannabis products and marketing to kids..."

#6

FOOD SECURITY



The U.S. Department of Agriculture (USDA) utilizes an 18-question Food Security Supplement module to determine food insecurity rates of households. Feeding America, the nation’s largest domestic hunger-relief organization, defines ‘Food Insecure’ as three or more affirmative responses to these questions, and ‘Very Low Food Security’ (VLFS) as six or more affirmative responses, in households without children, and eight or more affirmative responses in households with children. Thus, VLFS individuals are also counted as Food Insecure.

Rates of food insecurity among senior adults, nationwide, drop with rises in income, and with increasing age; they are highest in those who are divorced or separated, followed by never-marrieds, then widowed seniors, and are lowest among married seniors. Rates are more than twice as high among: Hispanics as non-Hispanics, Blacks as Whites, and households with grandchildren present than in those without; rates are almost four times higher among renters than among homeowners.

Source: Feeding America’s Baby Boomers and Beyond: Facing Hunger After Fifty. <https://www.feedingamerica.org/research/senior-hunger-research/facing-hunger-after-fifty>

According to Feeding America’s 2022 Map the Meal Gap annual study, 1,351,090 Ohioans are food insecure.

Source: Feeding America, Map the Meal GapStudy, 2022, 2019-2020 data set.

Map the Meal Gap 2022 Findings

DATA COLLECTED IN 2019-2020

	Medina County	Ohio
Rate of Food Insecurity	8.3%	11.6%
Rate of Child Food Insecurity	14.8%	11.8%

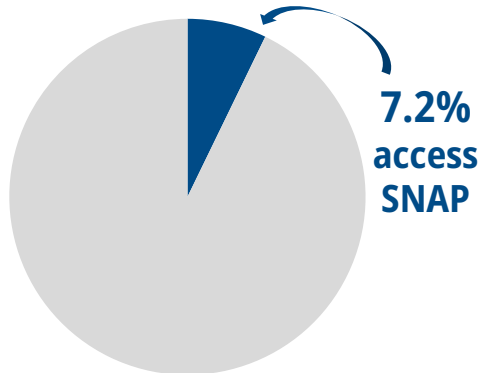
Source: Feeding America, Map the Meal GapStudy, 2022, 2019-2020 data set.

SNAP Benefit Utilization

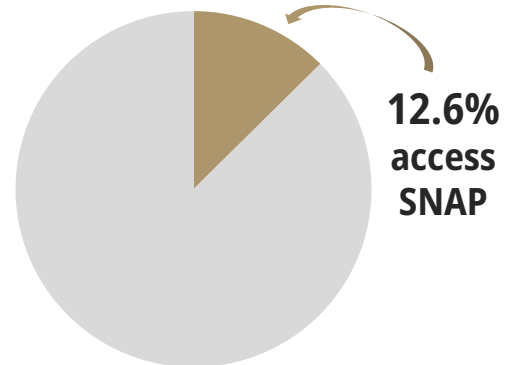
Medina County

Ohio

All Households

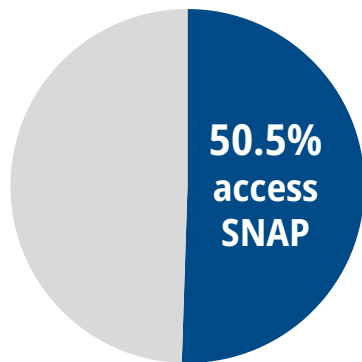


73,250 Total Households

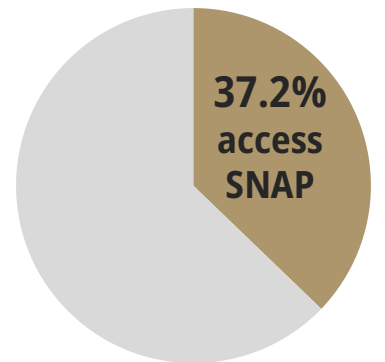


4,878,206 Total Households

Households with 1+ persons 60+ years old

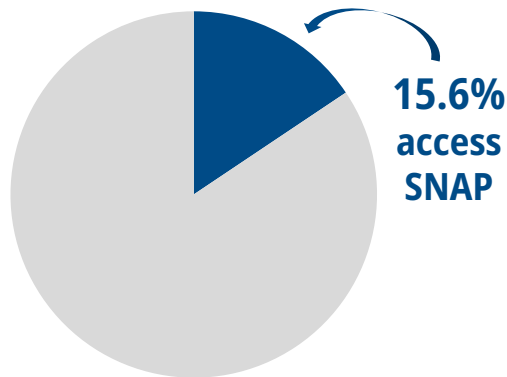


34,168 Total Households

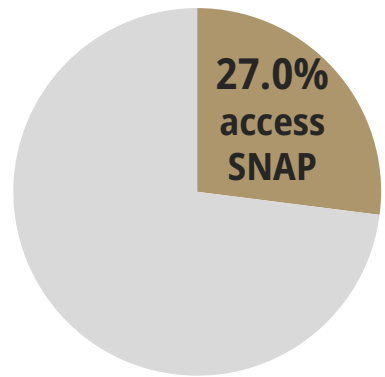


2,043,883 Total Households

Single Female Householders with children under 18 years



3,201 Total Households



363,174 Total Households

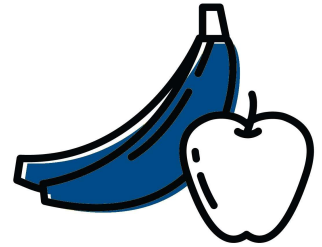
Source: U.S. Census Bureau, American Community Survey, 2022, S2201. <http://data.census.gov>

The National School Lunch Program (NSLP) is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements.

Free and Reduced Meals Eligibility, 2022-2023 School Year

School District	School	Percent of Students Eligible for NSLP Free & Reduced Price Meals
Black River Local	Black River Education Center Middle School	39.9%
	Black River High School	41.8%
Brunswick City	Applewood Elementary School	22.0%
	Brunswick High School	16.5%
	Brunswick Memorial Elementary School	24.0%
	Brunswick Middle School	19.8%
	CR Towslee Elementary School	33.9%
	Crestview Elementary School	11.1%
	Hickory Ridge Elementary School	13.5%
	Huntington Elementary School	27.2%
	Walter Kidder Elementary School	27.6%
Buckeye Local	Buckeye High School	12.5%
	Buckeye Intermediate School	15.6%
	Buckeye Junior High School	15.7%
	Buckeye Primary School	19.3%
Cloverleaf Local	Cloverleaf High School	24.5%
	Cloverleaf Middle School	30.0%
	Seville Elementary School	29.7%
Highland Local	Granger Elementary School	7.9%
	Highland High School	5.0%
	Highland Middle School	5.6%
	Hinckley Elementary School	7.2%
	Sharon Elementary School	3.1%
Medina City	Claggett Middle School	22.3%
	Eliza Northrop Elementary	27.8%
	Ella Canavan Elementary School	20.8%
	Garfield Elementary School	46.2%
	HG Blake Elementary	13.2%
	Heritage Elementary School	15.6%
	Medina High School	13.8%
	Ralph Waite Elementary	4.7%
	Root Middle School	12.2%
Sidney Fenn Elementary School	19.6%	
Wadsworth City	Central Intermediate School	20.4%
	Franklin Elementary School	19.9%
	Isham Memorial Elementary School	26.3%
	Lincoln Elementary School	34.6%
	Overlook Elementary School	22.0%
	Sacred Heart of Jesus	14.2%
	Valley View Elementary School	21.0%
	Wadsworth High School	15.4%
Wadsworth Middle School	19.9%	

Source: Ohio Department of Education, Claims and Reimbursement Reporting System, NSLP Data, 2022-202. <https://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/Data-for-Free-and-Reduced-Price-Meal-Eligibility>



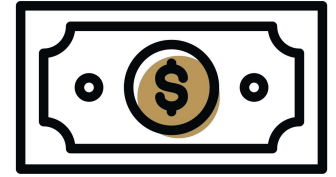
FINDINGS FROM OUR COMMUNITY SURVEY

- 31% of respondents said food insecurity (e.g. not being able to access and/or afford healthy food) is a top 5 concern
- 27% of respondents said affordable food was a resource lacking in the community
- Additionally, respondents left write-in comments related to food security in the community (see sample comments below)

Survey Question: What resources are lacking within your community?

"Healthy food restaurants, there are too many fast food (junk)"

"Food assistance. Food pantries are running out of food."



Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2020, the federal poverty level (FPL) for one person was \$12,760 and for a family of four \$26,200.

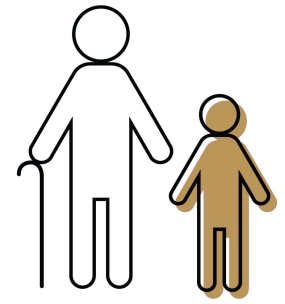
Ratio of Income to Poverty Level		
2022		
	# Families with Income <50% FPL	# Families with Income <125% FPL
Medina County	954	2,809
Ohio	129,992	363,707

Source: U.S. Census Bureau, American Community Survey, S1702, 2022.
<http://data.census.gov/>

Percent Population Below Poverty Threshold by Age Group

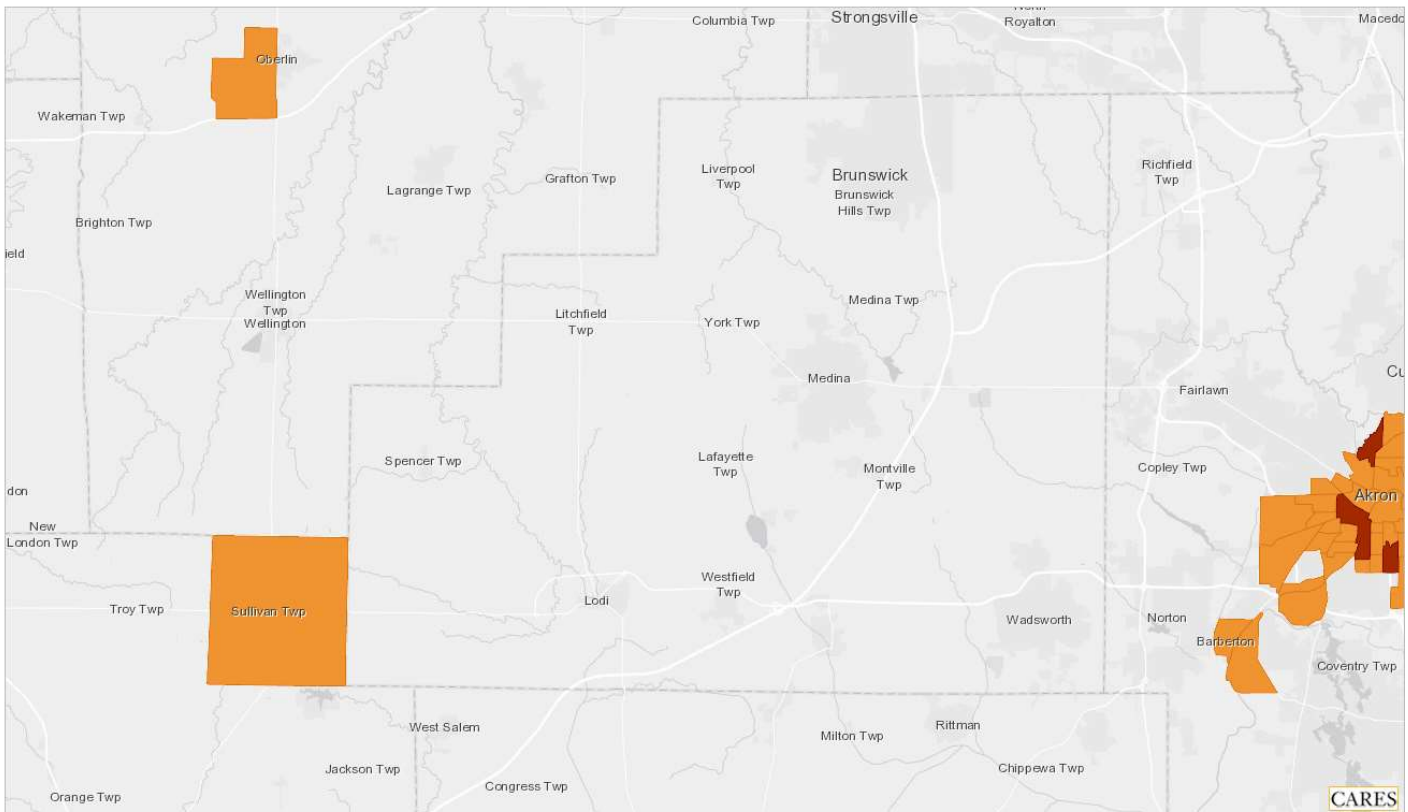
2022			
	% Individuals Under 18 years below FPL	% Individuals 18-64 years below FPL	% Individuals 65+ years below FPL
Medina County	6.8%	6.3%	7.8%
Ohio	17.7%	12.8%	10.3%

Source: U.S. Census Bureau, American Community Survey, S1701, 2022. <http://data.census.gov/>



VULNERABLE POPULATIONS

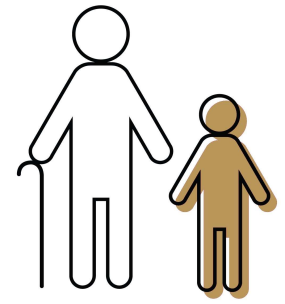
A “vulnerable population footprint map” from the Center for Applied Research and Engagement (CARES) highlights **the percentage of each area that has more than 20% poverty (in orange) and areas with more than 25% of the population with low education (defined as less than a high school education) in lavender.** Areas above the vulnerable thresholds for both poverty and education are noted on such maps in dark red.



There are no areas within Medina County in lavender (where more than 25% of the population has low education). Additionally, there are no areas within Medina County in orange (more than 20% poverty).

Neighboring counties included in the above map have some areas highlighted in orange and red.

Source: The Center for Applied Research and Engagement Systems (CARES) Map Room. Education and poverty levels from U.S. Census Bureau's American Community Survey, 2015-2019. https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint



VULNERABLE POPULATIONS

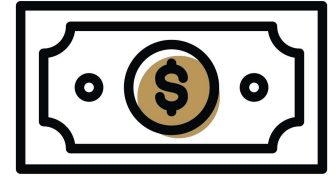
Household Supportive Benefits

% OF HOUSEHOLDS, 2022

	Medina County	Ohio
Supplemental Security Income (SSI)	4.0%	5.5%
Public Assistance Income	1.6%	2.1%
Food Stamps/SNAP in the past 12 months	7.2%	12.6%

Source: U.S. Census Bureau, American Community Survey, DP03, 2022. <http://data.census.gov>

#7 INCOME/POVERTY



FINDINGS FROM OUR COMMUNITY SURVEY

- 27% of respondents said income/poverty is a top 5 concern
- Additionally, respondents left write-in comments related to income/poverty in the community (see sample comments below)

Survey Question: Is there anything else you would like us to know about health needs in Medina County?

"Cost of prescriptions keeps going up just like food and real estate taxes. Social Security does not keep pace with those increases."

"Kids with low income need free passes to the rec center"



Adults in Fair or Poor Health

2022

	Percent
Medina County	12%
Ohio	15%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), via County Health Rankings, 2022 data.
<http://www.countyhealthrankings.org>

The rate of adults who report “fair or poor health” rises significantly with a decrease in education and household income.

Adults Who Report Fair or Poor Health (Ohio)

BY DEMOGRAPHIC CHARACTERISTICS, 2019

Characteristic	Percent
Less than High School	41.7%
High School Diploma	21.8%
Some College	17.5%
College Graduate	9.2%
Household Income < \$15,000	46.7%
Household Income \$75,000+	6.3%
Ages 18 – 24	10.1%
Ages 25 – 34	13.1%
Ages 35 – 44	14.0%
Ages 45 – 54	22.0%
Ages 55 – 64	26.1%
Ages 65+	25.8%
Overall Prevalence, All Adults	19.3%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

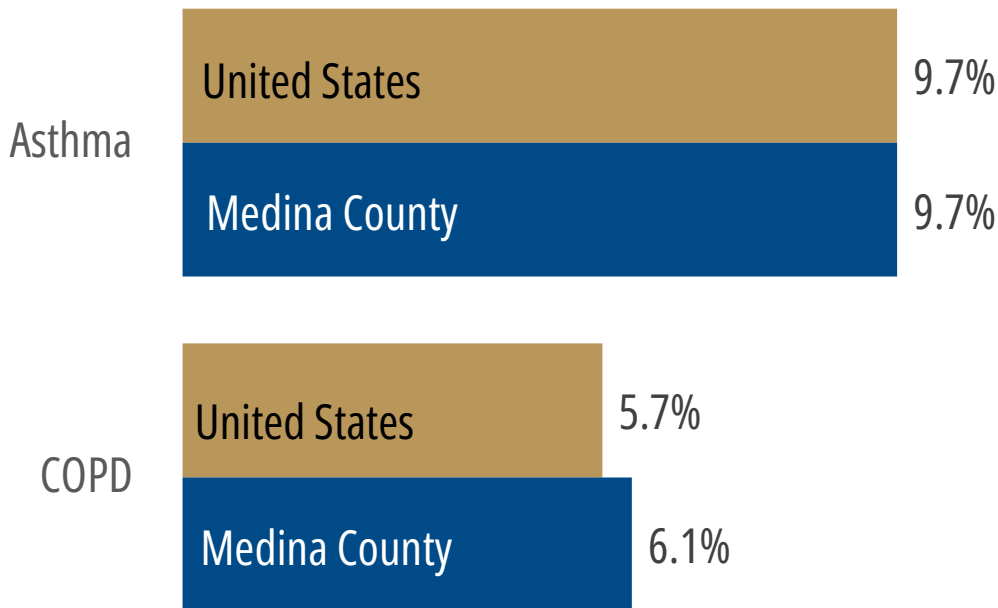


ASTHMA AND COPD

When asked “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and the question “Do you still have asthma?” 9.7% of adults in Medina County answered ‘yes’, which is the same as the United States rate of 9.7%. In Medina County, 6.1% of adults “report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis” which is higher than the United State rate of 5.7%

Asthma and COPD among Adults

AGE-ADJUSTED PREVALENCE, ADULTS (18+ years), 2021



Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/11/2024. <https://places.cdc.gov/?view=county&locationIds=39103>



CHILDHOOD ASTHMA

Current Asthma among Youth

CHILDREN 0 TO 17, 2019

	Current Asthma
BRFSS Region 5*	7.9%
Ohio	7.7%

*Medina County is located within BRFSS Region 5 along with Ashland, Holmes, Stark, Summit, and Wayne counties.

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

“From 2017-2018, there were a total of 41,786 asthma emergency department visits and hospitalizations for children in Ohio, a rate of 80.3 per 10,000 resident.” The rate of ED visits and hospitalizations is greatest among children under the age of five. Black children in Ohio visit the emergency room/hospital at a rate more than four times greater than that of white children.

Source: Ohio Department of Health, Burden of Asthma in Ohio, 2019

Emergency Department Visit Rates for Patients with a Primary Diagnosis of Asthma

CHILDREN UNDER THE AGE OF 18, PER 10,000 RESIDENTS, 2019

Medina County	44.7
Ohio	80.3

Source: Ohio Department of Health, Burden of Asthma in Ohio, 2019



CANCER

Cancer Incidence Rates per 100,000 Persons				
AGE-ADJUSTED RATE & CASES, 2018-2020				
Site/Type	Medina County		Ohio	
	Rate	Cases	Rate	Cases
Bladder	21.5	169	21.2	9,939
Brain and Other CNS	7.9	55	6.6	2,701
Breast	75.1	530	68.8	29,852
Cervix	6.9	18	7.6	1,398
Colon & Rectum	36.0	255	38.1	16,857
Esophagus	6.0	47	5.7	2,689
Hodgkin's Lymphoma	3.3	18	2.7	951
Kidney & Renal Pelvis	14.3	108	17.4	7,701
Larynx	2.2	17	3.6	1,671
Leukemia	13.3	89	12.2	5,221
Liver & Intrahepatic Bile Duct	8.0	63	7.5	3,624
Lung and Bronchus	56.7	440	63.4	30,136
Melanoma of Skin	32.3	226	25.2	10,792
Multiple Myeloma	6.1	48	6.3	2,895
Non-Hodgkin's Lymphoma	23.0	162	18.8	8,382
Oral Cavity & Pharynx	15.3	118	12.7	5,777
Other Sites/Types	31.5	224	36.0	15,903
Ovary	9.0	33	9.4	2,135
Pancreas	12.3	94	14.1	6,611
Prostate	129.0	501	116.5	26,652
Stomach	5.7	41	5.5	2,463
Testis	7.1	16	5.9	945
Thyroid	19.3	116	14.2	5,310
Uterus	28.5	122	30.3	7,318
Total	477.1	3,510	461.2	207,923

Source: Ohio Department of Health, Ohio Public Health Data Warehouse, Cancer Data.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers>

CHRONIC DISEASES & PEOPLE WITH DISABILITIES



DIABETES

Diabetes prevalence rises with age and is also highly impacted by income and level of education. For Ohio as a whole, per the Behavioral Risk Factor Surveillance System (BRFSS) 2019, 12% of adults reported that a healthcare professional had told them they have diabetes, while among those with less than a high school education 16.7% reported having diabetes, among those whose household income is below \$15,000 per year 20.3% reported having diabetes, and among senior adults 24.5% reported having diabetes.

8.5% of adults in Medina County have been diagnosed with diabetes, 1.4% lower than the country rate of 9.9%.

Adult Diabetes Prevalence

AGE-ADJUSTED PREVALENCE, ADULTS (18+ years), 2021

Medina County 8.5%

United States 9.9%

Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/11/2024. <https://places.cdc.gov/?view=county&locationIds=39103>



DIABETES

Diabetes Prevalence by Year

ADULTS (20+ years) with DIABETES, 2018-2021

	Medina County			
	2018	2019	2020	2021
Diabetes prevalence	8.3%	9.2%	8.4%	7.4%

Source: Centers for Disease Control and Prevention. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/6/2024. Retrieved from www.healthyneo.org.

Diabetes Death Rate by Year

AGE-ADJUSTED RATE PER 100,000 PERSONS, 2017-2022

	Medina County			
	2017-2019	2018-2020	2019-2021	2020-2022
Diabetes death rate	18.9	18.7	19.4	19.8

Source: Ohio Public Health Information Warehouse. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/6/2024. Retrieved from www.healthyneo.org.

CHRONIC DISEASES & PEOPLE WITH DISABILITIES

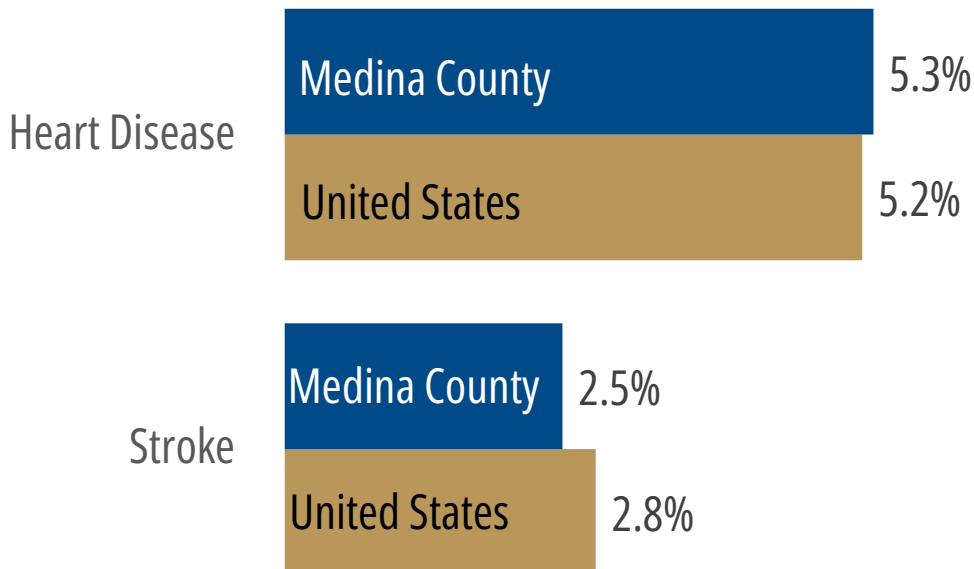


HEART DISEASE & STROKE

When asked if they had ever being told by a doctor, nurse, or other health professional as having angina or coronary heart disease, 5.3% of adults in Medina County answered 'yes', which is higher than the country rate of 5.2%. 2.5% of Medina County residents said that they had been told by a health professional that they had had a stroke, which is slightly lower than the country rate.

Adult Heart Disease and Stroke Prevalence

AGE-ADJUSTED PREVALENCE, ADULTS (18+ years), 2021



Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/11/2024. <https://places.cdc.gov/?view=county&locationIds=39103>



HEART DISEASE

The Healthy People 2030 objective for coronary heart disease mortality rate is 71.1 per 100,000 population.

Coronary Heart Disease Death Rate by Year

AGE-ADJUSTED RATE PER 100,000 PERSONS, 2017-2022

	Medina County			
	2017-2019	2018-2020	2019-2021	2020-2022
Coronary heart disease death rate	83.1	81.5	81.8	85.1

Source: Ohio Public Health Information Warehouse. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/6/2024. Retrieved from www.healthyneo.org.

CHRONIC DISEASES & PEOPLE WITH DISABILITIES

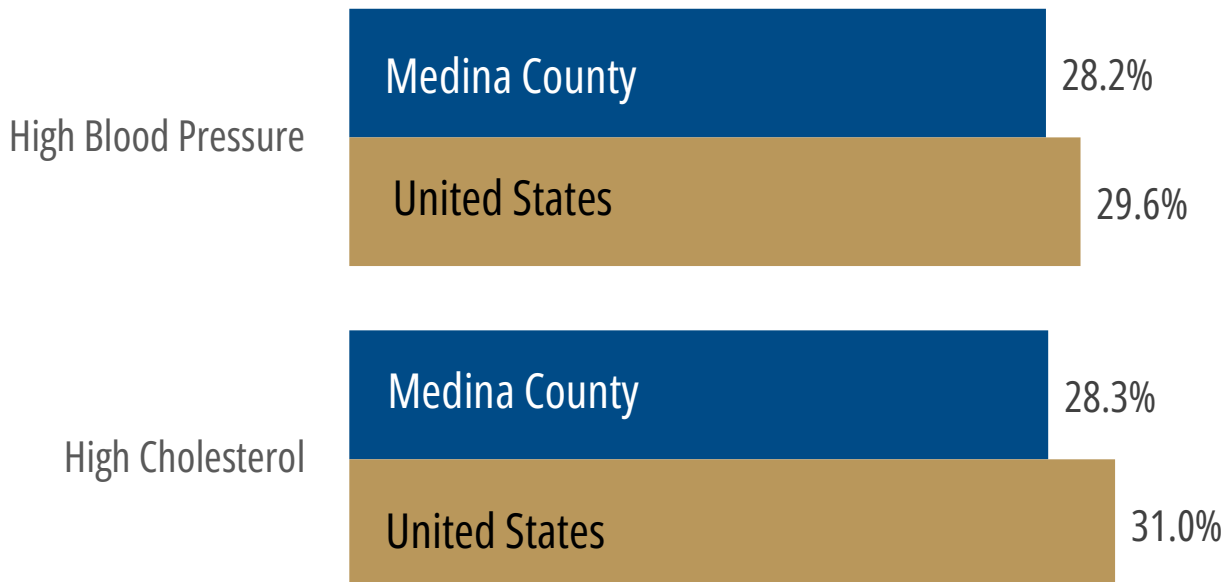


HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. When asked if they had ever been diagnosed as having high blood pressure by a health professional, 28.2% of adults in Medina County answered 'yes', which is slightly lower than the country rate. 28.3% of Medina County residents said that they had been told by a health professional that they had high cholesterol, which is slightly below the country rate.

High Blood Pressure and High Cholesterol Diagnoses

AGE-ADJUSTED PREVALENCE, ADULTS (18+ years), 2021



Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/11/2024. <https://places.cdc.gov/?view=county&locationIds=39103>

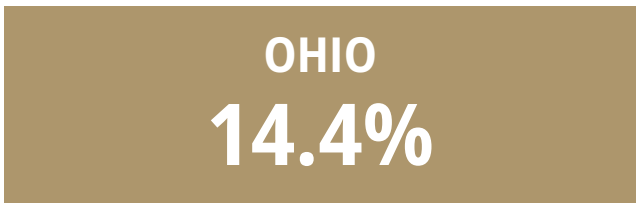
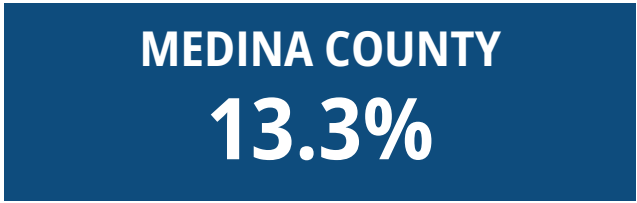
CHRONIC DISEASES & PEOPLE WITH DISABILITIES



The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living.

NON-INSTITUTIONALIZED CIVILIAN POPULATION WITH A DISABILITY

5-YEAR AVERAGE, 2022



Source: U.S. Census Bureau, American Community Survey, DP02, 2022. <http://data.census.gov>

Disability Categories/Difficulties						
ALL AGES, 2022						
	Hearing	Vision	Cognitive	Ambulatory	Self-care	Independent Living
Medina County	5.1%	2.2%	4.8%	7.2%	2.5%	5.7%
Ohio	3.8%	2.4%	6.2%	7.3%	2.5%	6.3%

Source: U.S. Census Bureau, American Community Survey, S1810, 2022. <http://data.census.gov>



FINDINGS FROM OUR COMMUNITY SURVEY

- 25% of respondents said chronic diseases (e.g. heart disease, diabetes, cancer, asthma) is a top 5 concern
- Additionally, respondents left write-in comments related to chronic diseases and disabilities in the community (see sample comments below)

Survey Question: What do you feel are the TOP 5 CONCERNS OF YOUR COMMUNITY?

"Easy, inexpensive sharps disposal for lower-income diabetics."

"Handicapped access to most public areas"

ADVERSE CHILDHOOD EXPERIENCES



The U.S. CDC says that 64% of adults experienced at least one ACE, 17.3% had 4 or more types of ACEs, and that **preventing ACEs could have avoided up to 21 million cases of adult depression and 1.9 million heart disease cases.**

Source: Centers for Disease Control and Prevention. Violence Prevention. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

Adverse Childhood Experiences

ALL STUDENTS SURVEYED, 2023

	Medina County (% respondents indicating yes)
A parent or adult in your home swore at you, insulted you, or put you down	20.5%
Parents became separated or were divorced	18.9%
Family did not look out for each other	17.4%
Lived with someone who was depressed	15.9%
Lived with someone who was alcoholic	12.9%
A parent or adult in the home physically hurt them in any way	6.1%
Your parents were not married	6.1%
Lived with someone with used drugs	3.8%
Lived with someone who served time	3.8%
Did not have enough to eat, had to wear dirty clothes	3.0%
Someone older touched them sexually	2.3%
Parents punched or beat each other up	1.5%
Elder tried to make them touch them sexually	0.8%
Someone older forced them to have sex	0.0%
None of the above	54.5%

Source: Living Well Medina County 2023 Youth Survey Report. Prepared by Center for Marketing & Opinion Research. <https://medinahealth.org/wp-content/uploads/Living-Well-Medina-County-Youth-Survey-Report-Final.pdf>



FINDINGS FROM OUR COMMUNITY SURVEY

- 23% of respondents said adverse childhood experiences (ACES) is a top 5 concern
- Additionally, respondents left write-in comments related to ACES in the community (see sample comments below)

Survey Question: Is there anything else you would like us to know about the health needs in Medina County?

"Bullying in schools & social media is so detrimental in so many aspects of a child's life"

"Very worried about high incidence of anxiety and depression in our youth, without adequate access to qualified behavioral health care providers."

#10

ACCESS TO CHILDCARE



Access to childcare affects parents' ability to work, and issues surrounding it have been exacerbated by the COVID-19 Pandemic, contributing to the current shortage of workers in many areas and sectors.

More than 40% of working parents said that they have had to cut back on hours in order to care for their children in the past few months, and nearly 60% of non-working or part-time-working mothers said they would work full-time if their child had access to quality childcare at a reasonable cost. 80% of all Ohioans surveyed - not just parents - said that childcare is expensive where they live.

Source: Groundwork Ohio Statewide Survey, Dec. 7, 2021.
https://www.groundworkohio.org/files/ugd/d2fbfd_5429e4e10cea4102b1c249f271b579d1.pdf

The average cost of childcare in Ohio ranges from \$5,078 per year for school-aged children cared for outside of school hours in home settings (Family Child Care Homes), to \$11,438 per year for infants under one year of age cared for in childcare centers.

Source: Ohio Child Care Resource & Referral Association, 2022 Annual Report.
<https://ocrra.org/about/reports/>

POWER Ohio (Powering Optimal Wages and Encouraging Retention) was created by a subcommittee of the Ohio Governor's Early Childhood Advisory Council and launched in 2018. Its' purpose is to provide additional funds to childcare professionals and to increase trained professionals' retention. Throughout fiscal year 2023 there were 1,102 active POWER Ohio recipients.

Source: Ohio Child Care Resource & Referral Association, 2023 POWER Ohio Annual Report.
<https://ocrra.org/about/reports/>

#10

ACCESS TO CHILDCARE



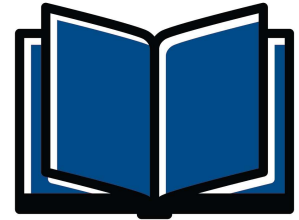
FINDINGS FROM OUR COMMUNITY SURVEY

- 21% of respondents said access to childcare is a top 5 concern
- Additionally, respondents left write-in comments related to childcare in the community (see sample comments below)

Survey Question: What resources are lacking within your community?

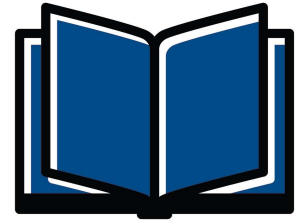
“Affordable childcare”

“Affordable before and after school care.”


EDUCATIONAL ATTAINMENT IS A KEY DRIVER TO HEALTH

Education Levels		
POPULATION 25 YEARS & OLDER, 2022		
	Medina County	Ohio
Population 25 years and older	130,825	8,130,929
Less than 9 th grade	2.3%	2.6%
9 th to 12 th grade, no diploma	3.6%	5.6%
High school graduate (includes equivalency)	27.8%	31.9%
Some college, no degree	21.3%	19.1%
Associate's degree	8.7%	8.8%
Bachelor's degree	24.1%	19.4%
Graduate/professional degree	12.1%	12.6%

Source: U.S. Census Bureau, American Community Survey, S1501, 2022. <http://data.census.gov/>

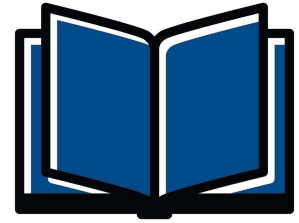


The Healthy People 2030 (HP2030) objective for high school graduation is 90.7%.

4-Year High School Graduation Rates	
REPORTED BY THE OHIO DEPARTMENT OF EDUCATION, 2022-2023	
School District	4-Year Graduation Rate
Black River Local	95.7%
Brunswick City	97.1%
Buckeye Local	98.4%
Cloverleaf Local	94.4%
Highland Local	95.0%
Medina City	96.7%
Wadsworth City	94.3%
Ohio Average	87.3%

Source: Ohio Department of Education, District Graduation Rates, 2022-2023.

<https://reportcard.education.ohio.gov/download>

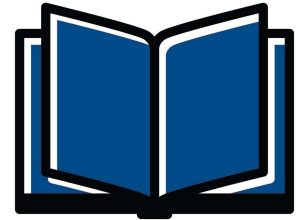


Chronic absenteeism is defined as missing 10% or more of the school year for any reason. It includes excused and unexcused absences.

Chronic Absenteeism Rates		
REPORTED BY THE OHIO DEPARTMENT OF EDUCATION, 2022-2023		
School District	2019	2021
Black River Local	9.0%	9.9%
Brunswick City	8.7%	11.5%
Cloverleaf Local	9.1%	11.6%
Highland Local	7.5%	4.9%
Medina City	10.6%	8.2%
Wadsworth City	6.3%	14.7%
Ohio Overall	21.8%	28.8%

Source: <https://education.ohio.gov/getattachment/Topics/Research-Evaluation-and-Advanced-Analytics/Data-Insights/Data-Insights-Evidence-of-the-Pandemic%E2%80%99s-Impact-on/Data-Insights-2021-and-2019-District-CA-Rates.xlsx.aspx?lang=en-US>

#11 EDUCATION



A 2016 report from the RAND Corporation, “Informing Investments in Preschool Quality and Access in Cincinnati: Evidence of Impacts and Economic Returns from National, State, and Local Preschool Programs” (https://www.rand.org/pubs/research_reports/RR1461.html) found that high-quality preschool programs show sustained benefits for school performance, including achievement scores, lower rates of special education use, reduced grade repetition, and higher rates of high school graduation. Impacts tend to be larger for more-disadvantaged children.

Preschool Enrollment

PRESCHOOL AGED CHILDREN 3 AND 4 YEARS OLD, 2022

	Population (Ages 3 & 4)	Percent Enrolled in School
Medina County	4,573	46.3%
Ohio	279,319	43.6%

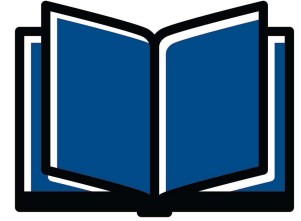
Source: U.S. Census Bureau, American Community Survey, 2022, S1401, <http://data.census.gov/>

Preschool Enrollment

PRESCHOOL AGED CHILDREN 3 AND 4 YEARS OLD, 2018-2022

	2018	2019	2020	2021	2022
Medina County	54.4%	52.2%	No data	43.1%	46.3%

Source: U.S. Census Bureau, American Community Survey, 2018,2019,2021,2022, S1401, <http://data.census.gov/>



FINDINGS FROM OUR COMMUNITY SURVEY

- 21% of respondents said education (e.g. early childhood education, elementary school, post-secondary education) is a top 5 concern
- Additionally, respondents left write-in comments related to education in the community (see sample comments below)

Survey Question: What do you feel are the TOP 5 CONCERNS OF YOUR COMMUNITY?

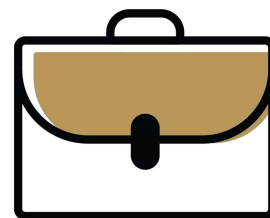
“Education and training for employment readiness”

Survey Question: Is there anything else you would like us to know about health needs in Medina County?

“Health is directly connected with education. From Pre-K up we need to emphasize healthy eating and exercise as an essential key to success. Sever chronic mental health services for children are sorely lacking with most of us going to Akron.”

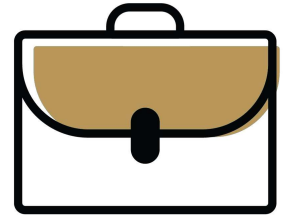
#12

EMPLOYMENT



Employment Status for the Population			
AGES 16 AND OLDER, IN CIVILIAN LABOR FORCE, 2022			
	Civilian Labor Force	Unemployed	Unemployment Rate
Medina County	97,744	3,504	2.3%
Ohio	5,984,422	222,415	2.3%

Source: U.S. Census Bureau, American Community Survey, DP03, 2022. <http://data.census.gov/>

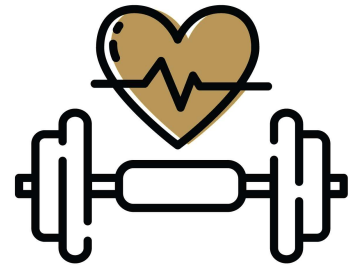


FINDINGS FROM OUR COMMUNITY SURVEY

- 20% of respondents said employment is a top 5 concern
- Additionally, respondents left write-in comments related to employment in the community (see sample comments below)

Survey Question: What resources are lacking within your community?

“Full time jobs that offer health insurance”



PHYSICAL ACTIVITY

The 2008 Physical Activity Guidelines for Americans’ recommendation for adult physical activity is at least 150 minutes of moderate-intensity physical activity per week, and muscle-strengthening activities at least 2 days per week.

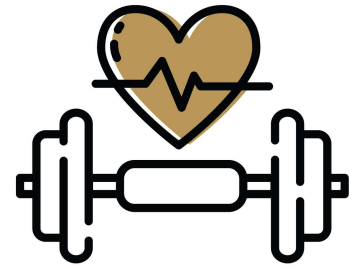
Met Physical Activity Guidelines

ADULTS, 2019

Location	Percent
BRFSS Region 5*	23.0%
Ohio	20.9%

*Medina County is located within BRFSS Region 5 along with Ashland, Holmes, Stark, Summit, and Wayne counties.

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



TEEN PHYSICAL ACTIVITY

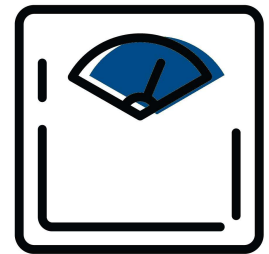
Sedentary Teens	
MIDDLE AND HIGH SCHOOL STUDENTS, 2023	
	Medina County
Average hours spent watching TV on a school day	1.25
Average hours spent playing video games on a school day	1.34
Zero days with 60+ minutes of physical activity in past week	11.9%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>

The CDC recommendation for youth physical activity is 60 minutes or more each day on five or more days per week.

Physical Activity, Teens		
HIGH SCHOOL STUDENTS, 2023		
	Medina County	Ohio
Teens who exercised 5 or more days per week	40.1%	50.6%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>



OVERWEIGHT AND OBESITY

Overweight is defined as having a Body Mass Index (BMI) of between 25.0 and 29.9, while obesity is defined as having a BMI of 30 and above.

Adult (18+) Overweight (BMI 25-29.9)	
BRFSS REGION 5 & OHIO, 2019	
Location	Percent
BRFSS Region 5*	36.2%
Ohio	34.5%

*Medina County is located within BRFSS Region 5 along with Ashland, Holmes, Stark, Summit, and Wayne counties.

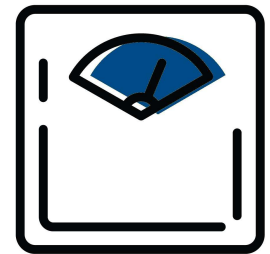
Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

Adults 20+ Who are Obese (BMI 30+)	
MEDINA COUNTY (2021) and OHIO (2019)	
Location	Percent
Medina County*	34.4%
Ohio**	34.8%

Source:

*Centers for Disease Control and Prevention. 2021. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 1/2/2024. Retrieved from www.healthynco.org.

**Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



OVERWEIGHT AND OBESITY

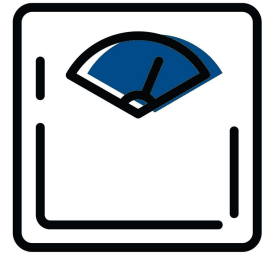
While levels of being overweight in Ohio are significantly higher among men and rise with age, income, and level of education, levels of obesity FALL with increasing income and a college degree, and do not differ significantly by gender. Levels of overweight in Ohio rise with age until about age 55, when they begin to fall.

Adult Overweight and Obesity (Ohio)

BY DEMOGRAPHIC CHARACTERISTICS, 2019

Characteristic	Overweight	Obese	Combined
Less than High School	31.1%	36.0%	67.1%
High School Diploma	32.2%	36.3%	68.5%
Some College	34.9%	36.7%	71.6%
College Graduate	38.0%	30.3%	68.3%
Household Income < \$15,000	27.5%	43.7%	71.2%
Household Income \$75,000+	39.3%	31.1%	70.4%
Male	39.4%	33.9%	73.3%
Female	29.6%	35.7%	65.3%
Ages 18 – 24	25.7%	20.8%	46.5%
Ages 25 – 34	32.4%	34.4%	66.8%
Ages 35 – 44	37.3%	34.4%	71.7%
Ages 45 – 54	37.5%	40.0%	77.5%
Ages 55 – 64	34.5%	42.3%	76.8%
Ages 65+	36.6%	33.7%	70.3%
Overall Prevalence, All Adults	34.5%	34.8%	69.3%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



YOUTH SELF-DESCRIBED WEIGHT

Self Described Weight & Weight Management		
HIGH SCHOOL STUDENTS, 2023		
	Medina County (2023)	United States (2021)
Slightly/very overweight	24.0%	32.3%
Have tried to manage/lose weight	44.0%	45.7%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>



NUTRITION

43.9% of Ohio’s BRFSS Region 5 adults do not eat fruit or drink 100% fruit juice at least once per day; 18.8% do not consume vegetable juice, vegetables (this is generally explained as not including potatoes) or beans (legumes) at least once per day.

Fruit and Vegetable Consumption		
ADULTS, 2019		
	Eat fruit less than once per day	Eat vegetables less than once per day
BRFSS Region 5*	43.9%	18.8%
Ohio	42.7%	20.2%

*Medina County is located within BRFSS Region 5 along with Ashland, Holmes, Stark, Summit, and Wayne counties.

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

Fruit and Vegetable Consumption		
HIGH SCHOOL STUDENTS, 2023		
	Medina County	Ohio
1+ servings/day of Fruits/Vegetables	89.7%	90.2%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>



NUTRITION

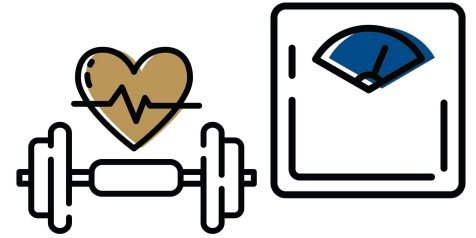
Levels of daily fruit and vegetable consumption are lower in those with lower education levels (53.8% of those without a high school diploma do not consume fruit daily, and 27.2% do not consume vegetables daily); lower income (for those with a household income of less than \$15,000, the rates are 58.1% and 31.5% respectively); males (rates of 45.1% and 23.2% respectively), and younger people (for adults 18-24, the rates are 49.6% and 35.8% respectively).

Insufficient Fruit and Vegetable Consumption (Ohio)

BY DEMOGRAPHIC CHARACTERISTICS, 2019

	Eat fruit or drink 100% fruit juice < 1 time / day	Eat vegetables or drink vegetable juice < 1 time / day
Less than High School	53.8%	27.2%
High School Diploma	45.8%	23.3%
Some College	44.1%	20.4%
College Graduate	33.0%	13.6%
Household Income < \$15,000	58.1%	31.5%
Household Income \$75,000+	38.3%	15.2%
Male	45.1%	23.2%
Female	40.4%	17.4%
Ages 18 – 24	49.6%	35.8%
Ages 25 – 34	45.1%	18.3%
Ages 35 – 44	42.8%	16.6%
Ages 45 – 54	45.6%	22.5%
Ages 55 – 64	41.5%	19.5%
Ages 65+	36.2%	20.1%
Overall Prevalence, All Adults	42.7%	20.2%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



FINDINGS FROM OUR COMMUNITY SURVEY

- 20% of respondents said nutrition and physical health/exercise is a top 5 concern
- Additionally, respondents left write-in comments related to nutrition and physical health/exercise in the community (see sample comments below)

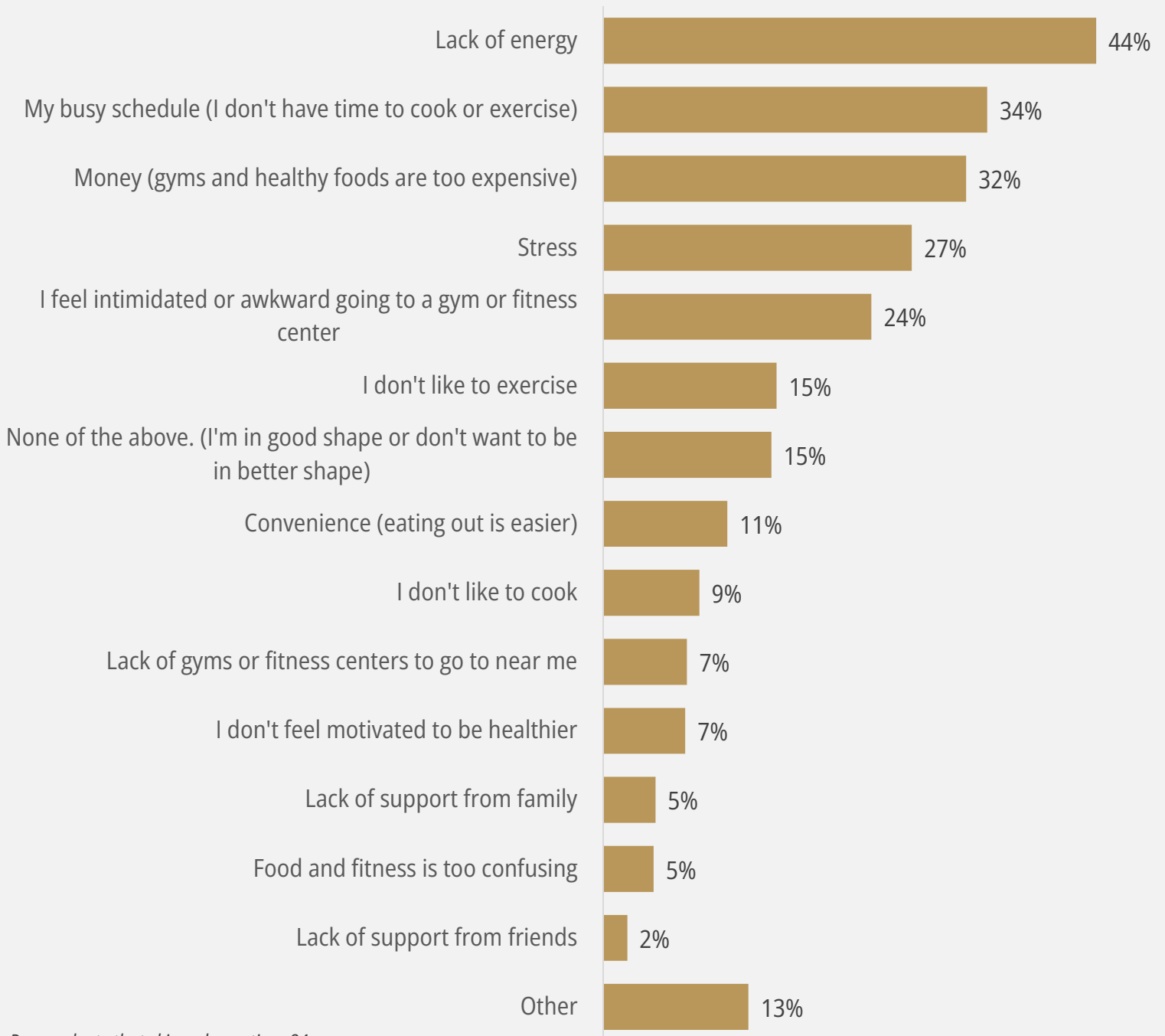
Survey Question: What do you feel are the TOP 5 CONCERNS OF YOUR COMMUNITY?

“Nutrition”

“Diabetes and obesity. Educating people on better personal health practices through exercise and vitamin supplements and NOT just treating with pharmaceuticals.”

NUTRITION & PHYSICAL ACTIVITY FINDINGS FROM OUR COMMUNITY SURVEY

Survey Question: If you do want to get healthier and in better shape; what if anything, do you feel is holding you back?



Respondents that skipped question: 84

#14 CRIME/VIOLENCE



Violent Crime and Property Crime (Medina County)

2018 - 2022

	Reported Property Crimes					Reported Violent Crimes				
	Number					Number				
	2018	2019	2020	2021	2022	2018	2019	2020	2021	2022
Brunswick Hills Township Police Department	30	22	49	34	16	4	7	1	0	1
Brunswick Police Department	173	189	94	13	182	22	17	15	5	38
Hinckley Township Police Department	21	10	24	20	9	4	3	5	4	1
Lodi Police Department	<i>Not available</i>	4	8	11	14	<i>Not available</i>	3	3	8	5
Medina County Sheriff's Office	86	166	277	196	219	5	11	12	30	15
Medina Police Department	272	184	196	240	184	27	13	21	16	22
Medina Township Police Department	96	125	98	92	59	7	3	3	5	1
Montville Township Police Department	50	36	67	58	45	2	2	4	7	3
Wadsworth Police Department	371	413	311	310	244	26	15	16	36	37
Medina County Total	1,099	1,149	1,124	974	972	97	74	80	111	123

Source: Federal Bureau of Investigation (FBI), Crime Data Explorer, <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>.

Note: Some departments in Medina County did not have data available from the FBI Crime Data Explorer and are not included in the above counts. Data reported to the FBI Crime Data Explorer are voluntarily submitted to the FBI using Summary Reporting System (SRS).

#14 CRIME/VIOLENCE



FINDINGS FROM OUR COMMUNITY SURVEY

- 15% of respondents said crime and violence is a top 5 concern
- Additionally, respondents left write-in comments related to crime and violence in the community (see sample comments below)

Survey Question: Is there anything else you would like us to know about health needs in Medina County?

“There is a lack of resources for domestic violence victims as well as a lack of awareness and empathy from those in a position necessary to helping facilitate the safety of domestic violence victims...”



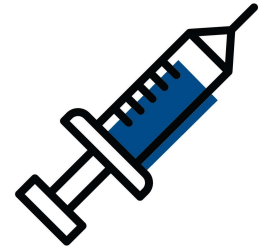
FINDINGS FROM OUR COMMUNITY SURVEY

- 14% of respondents said environmental conditions (e.g. air and water quality) is a top 5 concern
- 10% of respondents said recreational spaces were a resource lacking within the community
- Additionally, respondents left write-in comments related to environmental conditions in the community (see sample comments below)

Survey Question: What do you feel are the TOP 5 CONCERNS OF YOUR COMMUNITY?

"The loss of green space - we desperately need more parks"

"New construction without consideration of impact on community/environment"



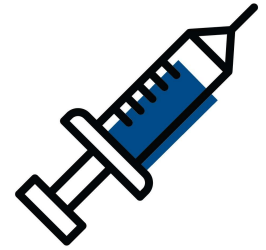
FLU SHOTS

INFLUENZA (FLU) SHOTS

PERCENTAGE OF ADULTS (18+ years) WHO RECEIVED A FLU SHOT, 2020



Source: U.S. Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, via County Health Rankings, 2023. <http://www.countyhealthrankings.org>



FLU SHOTS

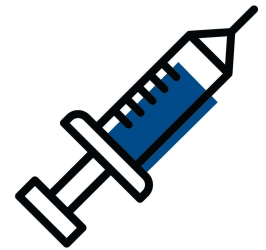
Ohio residents' likelihood of self-reporting having received a flu shot or nasal flu vaccine within the prior year was significantly higher among women than men, rose steadily with age and education, and was significantly higher among those with an annual household income of \$75k or more (compared with those with an annual household income less than \$35k). 42.8% of all Ohio adults reported that they had received a flu vaccine within the prior year, while among college graduates the rate was 54%, among those in households making over \$75,000 it was 47.9%, among women it was 46.8%, and among older adults the rate was 62.6%.

Flu Shots or Flu Vaccines (Ohio)

ADULTS, PRIOR YEAR, DEMOGRAPHIC CHARACTERISTICS, 2019

Characteristic	Percent
Less than High School	33.5%
High School Diploma	37.8%
Some College	42.1%
College Graduate	54.0%
Household Income < \$15,000	34.3%
Household Income \$75,000+	47.9%
Male	38.6%
Female	46.8%
Ages 18 – 24	34.1%
Ages 25 – 34	30.2%
Ages 35 – 44	30.0%
Ages 45 – 54	38.2%
Ages 55 – 64	50.0%
Ages 65+	62.6%
Overall Prevalence, All Adults	42.8%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



CHILDHOOD IMMUNIZATIONS

The childhood immunizations rates upon entry into Kindergarten in Ohio slightly lag behind U.S. rates. Kindergarten vaccination rates have declined over the past 8 years in Ohio.

Up-to-Date Immunization Rates of Children Entering Kindergarten (Ohio & U.S.)

2021-2022 SCHOOL YEAR

Immunization	Ohio	U.S.
MMR vaccine	88.3%	93.0%
DTP / DTaP / DT vaccine	88.5%	92.7%
2 doses varicella vaccine (unknown disease history)	87.9%	92.7%
Hepatitis B vaccine	92.7%	94.1%
Polio vaccine	88.9%	93.1%

Source: U.S. Center for Disease Control's SchoolVaxView, 2019-2020 school year.
<https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html>

Percent Required Immunizations Completed among Children Entering Kindergarten (Medina County)

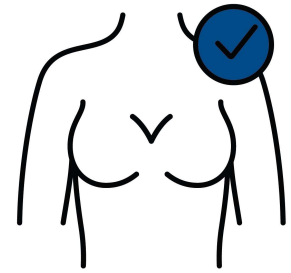
2022 - 2023

Medina County	2022 -2023
All Required Doses	86.7%
Reason of Conscience or Religious Objection	5.6%
Medical Contraindication	0.2%
Incomplete	7.5%

Source: Ohio Immunization Summary Report, 2022-2023.

PREVENTIVE PRACTICES

MAMMOGRAMS



The Healthy People 2030 objective for mammograms is for 80.3% of women, between the ages of 50 and 74, to have a mammogram.

Mammogram in the Past Two Years

AGE-ADJUSTED PREVALENCE, WOMEN AGES 50-74, TWO-YEAR AVERAGE, 2020

Location	Percent
Medina County	73.5%
United States	77.8%

Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/11/2024. <https://places.cdc.gov/?view=county&locationIds=39103>

For Ohio as a whole, the prevalence of mammograms in women (50 to 74) is significantly higher among women in households making \$75,000 or more (83.2%), as compared to those in households making less than \$15,000 per year (64.8%), rises with increasing education levels (84.9% in women with a college education vs. 67% for those with less than a high school diploma), and does not differ significantly by age.

Mammogram in the Past Two Years (Ohio)

WOMEN AGES 50-74, TWO-YEAR AVERAGE, 2019

	Percent
Less than High School	67.0%
High School Diploma	75.4%
Some College	77.8%
College Graduate	84.9%
Household Income < \$15,000	64.8%
Household Income \$75,000+	83.2%
Ages 50 – 54	75.1%
Ages 55 – 64	77.2%
Ages 65 – 74	80.4%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

#16

PREVENTIVE PRACTICES



PAP SMEARS

The Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to receive the appropriate cervical cancer screening.

CERVICAL CANCER SCREENING

AGE-ADJUSTED PREVALENCE, WOMEN (AGES 21 – 65), 2020

MEDINA COUNTY

85.1%

UNITED STATES

83.7%

Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/11/2024. <https://places.cdc.gov/?view=county&locationId=39103>



PAP SMEARS

For Ohio as a whole, the prevalence of Pap testing is significantly lower among women aged 55-65 than those aged 25-54, is significantly higher among women in households making \$50,000 or more (compared to those in households making \$15k-\$35k), and rises with increasing education levels.

PAP Test in past 3 Years (Ohio)

WOMEN, AGES 21-65, 2019

	Percent
Less than High School	55.7%
High School Diploma	69.6%
Some College	75.0%
College Graduate	84.3%
Household Income < \$15,000	72.7%
\$15,000-\$24,999	64.5%
\$25,000-\$34,999	61.2%
\$35,000-\$49,999	73.9%
\$50,000-\$74,999	79.9%
Household Income \$75,000+	83.2%
Ages 21 – 24	68.3%
Ages 25 – 34	83.7%
Ages 35 – 44	84.3%
Ages 45 – 54	75.1%
Ages 55 – 65	62.9%
Overall Prevalence, Women Aged 21 to 65	74.8%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



COLORECTAL CANCER SCREENING

The Healthy People 2030 objective for adults, ages 45 to 75 years old, is for 68.3% to obtain colorectal cancer screening.

Screening for Colorectal Cancer

AGE-ADJUSTED PREVALENCE, ADULTS AGES 50-75, 2021

Medina County

72.4%

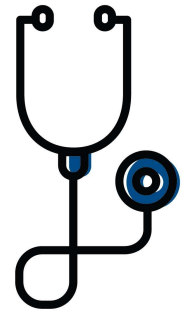
United States

70.6%

Source: CDC PLACES: Local Data for Better Health. 2021. Date retrieved: 3/11/2024. <https://places.cdc.gov/?view=county&locationIds=39103>

PREVENTIVE PRACTICES

COLORECTAL CANCER SCREENING



Ohio residents' self-reported likelihood of having met the colorectal cancer screening guidelines is significantly higher among women than men, rises steadily with age and education, and generally increases as annual household income increases. 69.5% of all Ohio adults reported that they had met the guidelines, while among college graduates the rate was 75.2%, among those in households making over \$75,000 it was 72.4%, and among adults aged 65 to 75 the rate was 79.4%. The difference in rate between men and women was not statistically significant.

Screening for Colorectal Cancer (Ohio)

ADULTS AGED 50-75, 2019

	Percent
Less than High School	59.8%
High School Diploma	65.8%
Some College	71.8%
College Graduate	75.2%
Household Income < \$15,000	61.3%
Household Income \$75,000+	72.4%
Male	67.7%
Female	71.2%
Ages 50 – 54	50.4%
Ages 55 – 64	70.8%
Ages 65 – 75	79.4%
Overall Prevalence, All Adults Aged 50-75	69.5%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>

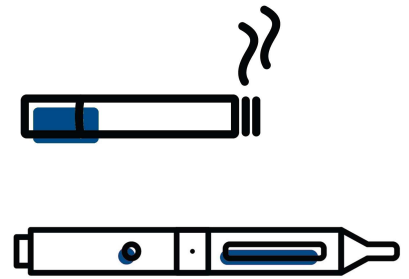


FINDINGS FROM OUR COMMUNITY SURVEY

- 13% of respondents said preventive care and practices (e.g. mammograms, vaccinations) is a top 5 concern
- Additionally, respondents left write-in comments related to preventive care and practices in the community (see sample comments below)

Survey Question: Is there anything else you would like us to know about health needs in Medina County?

"...I can only afford insurance that has a \$15,000 deductible and covers no preventative care...."



ADULTS WHO CURRENTLY SMOKE

AGE-ADJUSTED PREVALENCE, ADULTS, 2020



Source: County Health Rankings, 2023. Health Factors, Health Behaviors, Adults who are currently cigarette smokers, 2020 data. <http://www.countyhealthrankings.org>

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%.

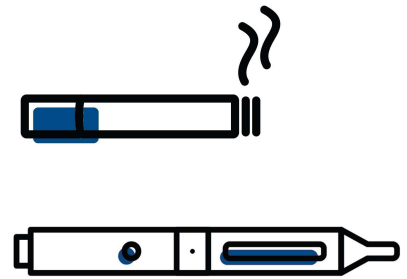
Adults Who Currently Use E-Cigarettes (Ohio)

2022

Location	Percent
Ohio	2.5%

Source: Claritas Consumer Profiles. 2023. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 1/3/2024. Retrieved from www.healthyneo.org.

TOBACCO AND NICOTINE USE



Cigarette use is currently lowest among adults aged 18 to 24 (10.1%).

After rising for those aged 25 and older, starting at about age 45, cigarette use drops with age; it also drops with rising income and increasing levels of education, while the gender difference is not statistically significant. For Ohio as a whole, 20.8% of adults are current smokers, while among those with less than a high school education the rate is 41.8%, among those whose household income is below \$15,000 per year it is 37.2%, and among older adults the rate is 12.1%, versus 29.4% among those aged 35 to 44 years.

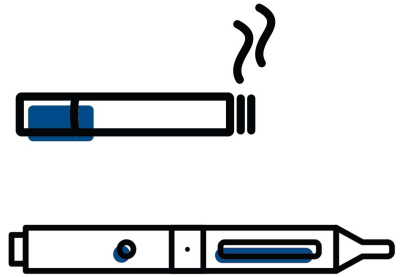
E-cigarette use decreases with age and education level but does not significantly differ by gender or income level. 5.4% of Ohio adults reported current e-cigarette use, while the rate for those with less than a high school education was 7.4%, and among those aged 65 and older, it was 1.1%, versus 13.8% among those aged 18 to 24.

Smoking and E-Cigarette Use (Ohio)

BY DEMOGRAPHIC CHARACTERISTICS, 2019 & *2018

	Smoking	E-Cigarette Use*
Less than High School	41.8%	7.4%
High School Diploma	25.5%	5.9%
Some College	18.8%	6.2%
College Graduate	9.0%	2.6%
Household Income < \$15,000	37.2%	6.5%
Household Income \$75,000+	13.6%	4.4%
Male	21.6%	6.4%
Female	20.0%	4.4%
Ages 18 – 24	10.1%	13.8%
Ages 25 – 34	27.1%	7.7%
Ages 35 – 44	29.4%	7.0%
Ages 45 – 54	25.5%	4.0%
Ages 55 – 64	22.2%	3.4%
Ages 65+	12.1%	1.1%
Overall Prevalence, All Adults	20.8%	5.4%

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report> and *2018 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2018-brfss-annual-report>

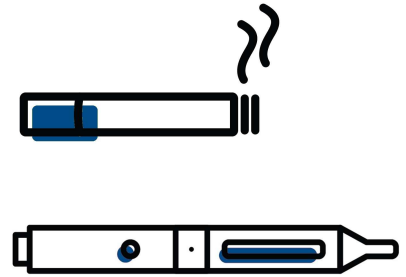


Smoking in High School Students

HIGH SCHOOL STUDENTS, 2023

Smoking Status	Medina County (2023)	Ohio (2021)
Smoked in the past 30 days	1.7%	3.3%
Smoked cigarettes on 20+ days of the past 30	0.0%	1.0%
Used an electronic vapor product in the past 30 days	4.6%	20.0%
Used an electronic vapor product on 20+ days of the past 30 days	1.1%	9.0%
Used chewing tobacco in the past year	0.0%	1.5%
Smoked a cigar in the past year	2.9%	2.6%

Source: Medina Living Well Coalition, 2023 Youth Survey. <https://medinahealth.org/community/data-reports/community-health-assessment/>



FINDINGS FROM OUR COMMUNITY SURVEY

- 12% of respondents said tobacco and nicotine use (smoking, vaping, chew) is a top 5 concern
- Additionally, respondents left write-in comments related to tobacco and nicotine use (see sample comments below)

Survey Question: Is there anything else you would like us to know about health needs in Medina County? (open ended response)

"...Not just Medina, but vaping and THC use are becoming too common..."

#18 WIFI



Communities with zero, or limited, access to highspeed internet are at an opportunity, educational, and healthcare disadvantage. This disparity is creating what has become known as a “Digital Divide” between those who have access and those who do not. This Digital Divide is of particular concern to healthcare in rural areas with limited access to healthcare providers, as Broadband access to providers holds the promise of closing gaps in care.

Household Access to Broadband Internet Speeds

DATA FROM FEBRUARY 2020 to AUGUST 2021

	Households without access to 25/3 Mbps		Households without access to 10/1Mbps	
	#	%	#	%
Medina County	6,162	8%	1,917	2.5%

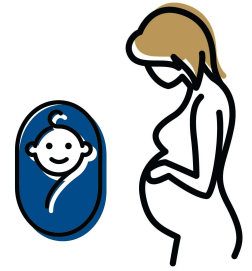
Source: Ohio Department of Development, BroadbandOhio, County Broadband Profile, data from February 2020 to August 2021.
https://broadband.ohio.gov/static/countyprofiles/Medina%20County_BBOH.pdf

FINDINGS FROM OUR COMMUNITY SURVEY

- 11% of respondents said internet/wifi access is a top 5 concern
- Additionally, respondents left write-in comments related to internet/wifi access (see sample comments below)

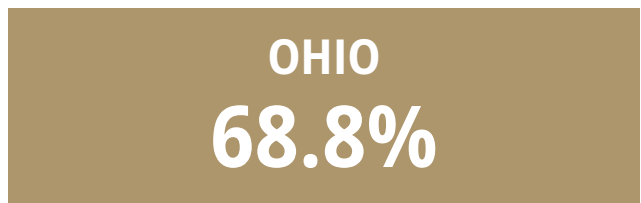
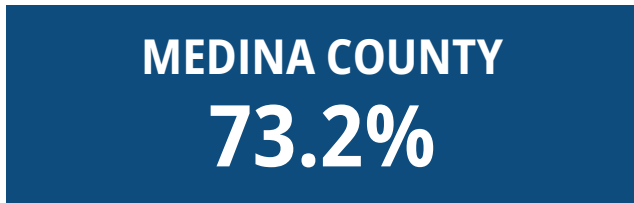
Survey Question: What resources are lacking within your community?

“cellular/wireless data coverage”



MOTHERS WHO RECEIVED PRENATAL CARE IN THE FIRST TRIMESTER

2018 – 2022 AVERAGE

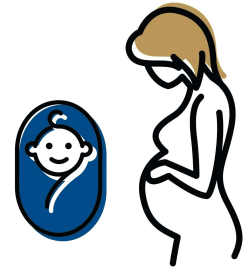


Source: Ohio Department of Health, Vital Statistics. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/6/2024. Retrieved from www.healthyneo.org.

Mothers who Received Early Prenatal Care by Year

2019 - 2022					
	Medina County				
	2018	2019	2020	2021	2022
Percent of mothers who received early prenatal care	73.4%	73.3%	74.7%	74.0%	70.8%

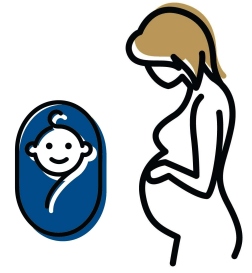
Source: Ohio Department of Health, Vital Statistics. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/6/2024. Retrieved from www.healthyneo.org.



SMOKING DURING PREGNANCY

Any Smoking During Pregnancy	
2018 – 2022	
Location	% of Births
Medina County	6.1%
Ohio	10.8%

Source: Ohio Department of Health, Public Health Information Warehouse, 2018-2022. 2021 and 2022 data is preliminary and may change.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>



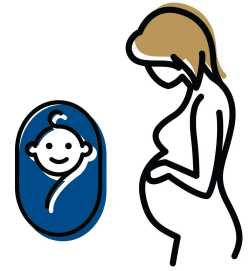
BIRTHS BY RACE/ETHNICITY

Total Births					
2018-2022					
	2018	2019	2020	2021	2022
Medina County	1,676	1,690	1,590	1,748	1,592
Ohio	135,220	134,560	129,313	129,911	128,295

Source: Ohio Department of Health, Public Health Information Warehouse, 2018-2022. 2021 and 2022 data is preliminary and may change. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Births by Mother's Race/Ethnicity					
2018-2022					
	White	Black	American Indian or Alaskan Native	Asian or Pacific Islander	Unknown
Medina County	76.7%	1.8%	0.1%	1.7%	19.6%
Ohio	61.3%	14.8%	0.2%	2.8%	20.9%

Source: Ohio Department of Health, Public Health Information Warehouse, 2018-2022. 2021 and 2022 data is preliminary and may change. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>



PRETERM BIRTHS

Preterm births – those occurring before 37 weeks of gestation – have higher rates of death and disability.

Preterm Births	
BABIES BORN BEFORE 37 WEEKS OF GESTATION, 2018-2022	
Location	% of Births
Medina County	8.0%
Ohio	10.5%

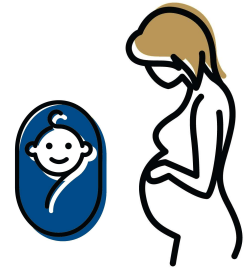
Source: Ohio Department of Health, Public Health Information Warehouse, 2018-2022. 2021 and 2022 data is preliminary and may change. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

LOW BIRTH WEIGHT

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator.

Very Low and Low Birth Weight	
0 - 2499 GRAMS, 2018-2022	
Location	% of Births
Medina County	6.0%
Ohio	8.6%

Source: Ohio Department of Health, Public Health Information Warehouse, 2018-2022. 2021 and 2022 data is preliminary and may change. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>



INFANT MORTALITY

Infant Mortality	
FIVE-YEAR AVERAGE, 2016-2020	
Location	Deaths per 1,000 Births
Medina County	*
Ohio	6.7

*A rate was not calculated due to low counts which may make rates unstable.

Source: Ohio Department of Health, 2020 Infant Mortality Annual Report. <https://odh.ohio.gov/know-our-programs/infant-and-fetal-mortality/reports>

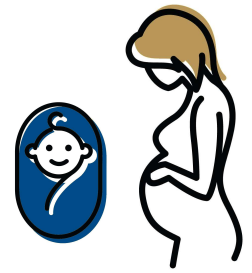
All child fatalities, deaths in individuals under 18 years of age, are reviewed by a committee annually at the Medina County Health Department for potential interventions.

BREASTFEEDING

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends babies be exclusively breastfed for about six months, with the addition of complimentary foods and continued breastfeeding for one year or longer as mutually desired by mother and baby.

Breastfeeding at Discharge	
2018 – 2022 AVERAGE	
Location	Breastfeeding at Discharge
Medina County	81.5%
Ohio	75.0%

Source: Ohio Department of Health, Breastfeeding Data, updated June 30, 2022. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>



MATERNAL MORBIDITY

Severe maternal morbidities (SMM) are unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health. It is measured by identifying women with at least 1 of 19 medical conditions while hospitalized for a delivery. SMM occurs nearly 100 times more frequently than maternal deaths and represents a ‘near miss’, or an unplanned event that doesn’t result in death, but could have. Because SMM is closely related to maternal death and occurs much more frequently, examination of SMM provides important data. SMM increased 75% in the U.S. in the past decade, and reducing it is one of the six priorities of Ohio’s 2020-2022 State Health Improvement Plan (SHIP).

Source: Ohio Department of Health, *Severe Maternal Morbidity and Racial Disparities in Ohio, 2016-2019*. Published 2020. <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/media/pamr-smm>

The largest percentage of SMM in Ohio (59.3%) from 2016 to 2019, were blood transfusions, which occurred in approximately 40% of all deliveries. However, ICD-10-CM codes for blood transfusions do not specify the amount of blood transfused and are not accurate measures for hemorrhage (defined as ≥ 4 units of blood products), and so will not be considered here.

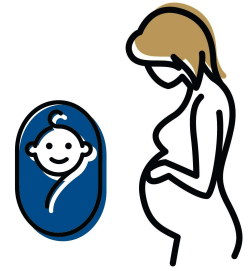
371, or 10.1%, of the 3,667 events (not including transfusions) of severe maternal morbidity in Ohio occurred in a rural county, for a rate of 57.4 SMM per 10,000 deliveries. This is lower than the state average of 71.1 SMM per 10,000 deliveries.

Severe Maternal Morbidities - Excluding Transfusions (Ohio)

BY LOCATION, NUMBER, AND RATE PER 10,000 DELIVERIES ACROSS OHIO COUNTIES, 2016-2019

County Type	Number of Events, Excluding Transfusions	Rate
Metropolitan	2,316	78.2
Suburban	487	61.4
Rural	371	57.4
Appalachian	493	65.3
Total	3,667	71.1

Source: Ohio Department of Health, *Severe Maternal Morbidity and Racial Disparities in Ohio, 2016-2019*. Published 2020. <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/media/pamr-smm>



MATERNAL MORBIDITY

In Ohio, as in the nation, rates of severe maternal morbidity are much higher among non-Hispanic Black women (112.2 SMM per 10,000 deliveries) compared to white women (60.5 SMM per 10,000). While insufficient births to Black women occurred in rural counties to allow for analysis, the SMM rate for Asian women in rural counties (165.4 SMM per 10,000 deliveries) was 2.6 times greater than SMM to Asian women in suburban counties (62.9 per 10,000), while rates for Hispanic, and non-Hispanic White mothers were relatively stable across county types, though slightly higher for Hispanic (67 SMM per 10,000 deliveries) than White (60.5 SMM) mothers, overall.

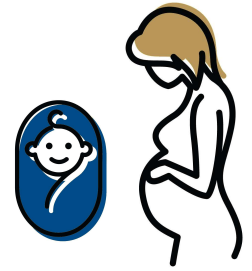
Severe Maternal Morbidities - Excluding Transfusions (Ohio)

BY LOCATION, RACE/ETHNICITY PER 10,000 DELIVERIES, 2016-2019

	Non-Hispanic White	Hispanic	Non-Hispanic Asian	Non-Hispanic Black
Metropolitan	62.6	64.9	76.4	115.8
Suburban	60.5	55.5	62.9	94.9
Rural	56.3	60.3	165.4	N/A
Appalachian	63.8	61.0	N/A	79.9
Total	60.5	67.0	84.6	112.2

Source: Ohio Department of Health, *Severe Maternal Morbidity and Racial Disparities in Ohio, 2016-2019*. Published 2020.

<https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/media/pamr-smm>



MATERNAL MORTALITY

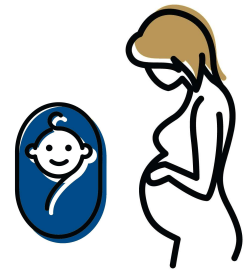
Pregnancy-associated deaths are any deaths to women which occur either during pregnancy or within a year of the end of a pregnancy from a cause unrelated to the pregnancy. Pregnancy-related deaths are those deaths where a pregnancy contributed to the cause of death. In the nine years from 2008 to 2016 there were 610 pregnancy-associated deaths in Ohio. Of these, 71, or 11.6% occurred in rural counties. Of the 610 deaths, 186, or 31%, were determined to have been pregnancy-related deaths, for a rate of 14.7 deaths per 100,000 live births. The ratio of maternal deaths to live births in rural Ohio counties was lower, at 10.4; due to being based on fewer than 20 deaths, this rate should be interpreted with caution.

Maternal Mortality (Ohio)

BY LOCATION, NUMBER AND RATIO PER 100,000 LIVE BIRTHS, 2008-2016

	Pregnancy-Associated Deaths	Pregnancy-Related Deaths	Rate of Pregnancy-Related Deaths
Metropolitan	341	113	16.0
Suburban	74	24	12.7
Rural	71	17	10.4
Appalachian	124	32	15.6
Total	610	186	14.7

Source: Ohio Department of Health, A Report on Pregnancy Associated Deaths in Ohio, 2019. <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/reports/pregnancy-associated-deaths-ohio-2008-2016>



MATERNAL MORTALITY

The leading causes of pregnancy-related deaths were cardiovascular and coronary conditions (16%), infections, (13%), hemorrhage (12%) pre-eclampsia and eclampsia (12%) and cardiomyopathy (10%). 57% of pregnancy-related deaths from 2012 to 2016 were thought to be preventable, including 85% of pre-eclampsia and eclampsia deaths.

Causes of Pregnancy-Related Death (Ohio)

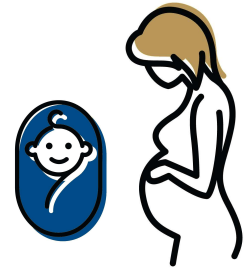
2008-2016

	Percent
Cardiovascular and coronary conditions (not including cardiomyopathy)	16%
Infections	13%
Hemorrhage	12%
Pre-eclampsia and eclampsia	12%
Cardiomyopathy	10%
Embolisms (not including amniotic fluid embolism)	8%
Mental health conditions	4%
Amniotic fluid embolism	4%
Stroke, pregnancy-related homicide, and all other causes	22%

Source: Ohio Department of Health, A Report on Pregnancy Associated Deaths in Ohio, 2019. <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/reports/pregnancy-associated-deaths-ohio-2008-2016>

Unintentional overdose deaths among pregnant and postpartum women in Ohio doubled annually from 2014 to 2016, causing an increase in pregnancy-related deaths. Beginning in 2017, there was a spike in the reported rate of pregnancy-related deaths in Ohio, due to implementation of new criteria regarding the pregnancy-relatedness of unintentional overdose and suicide deaths, which focuses more on the possible aggravation of mental health conditions during pregnancy and in the postpartum year.

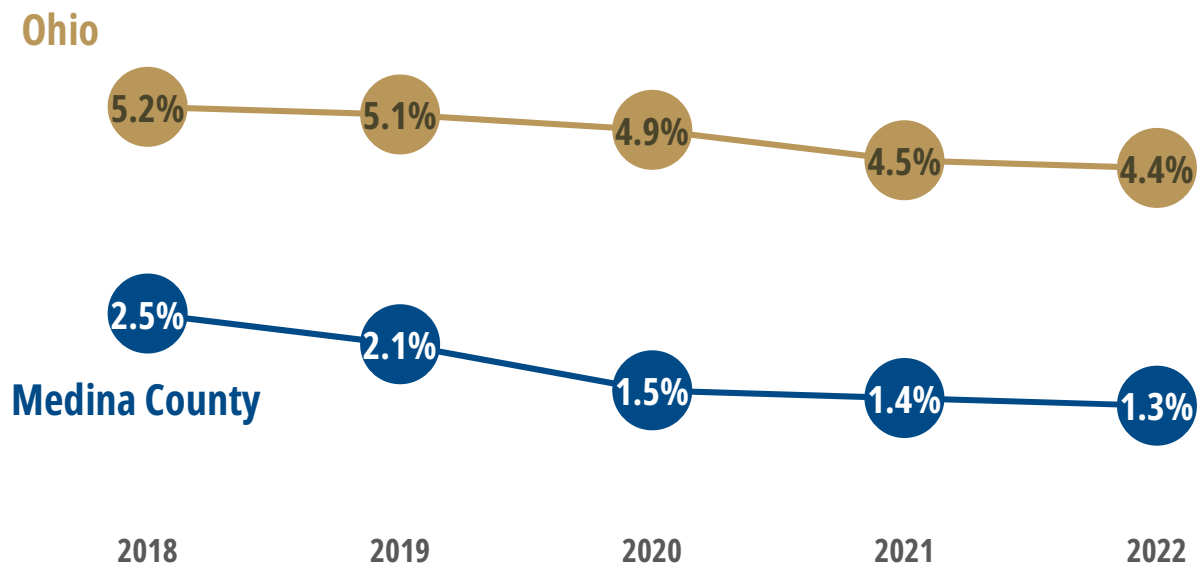
Source: Ohio Department of Health, Snapshot of Ohio Pregnancy Associated deaths, 2008-2019. <https://odh.ohio.gov/know-our-programs/pregnancy-associated-mortality-review/reports/pamr-snapshot>



BIRTHS TO TEEN MOTHERS

Percentage of Total Birth's to Mother's Aged 15 - 19

2018 - 2022



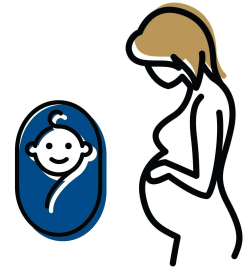
Source: Ohio Department of Health, Public Health Information Warehouse, updated December 6, 2022.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>

Births to Teenage Mothers

AGES 15-19 YEARS OLD, FIVE-YEAR AVERAGE, 2016-2020

Location	Number of Births	Percentage of Total Births
Medina County	36.4	2.1%
Ohio	7,264.6	5.4%

Source: Ohio Department of Health, Public Health Information Warehouse, updated December 4, 2023.
<https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>



LEAD LEVELS

Elevated blood lead levels in children are a concern in Ohio, where deteriorating lead-based paint and its resulting lead dust are the most common causes of elevated blood lead levels in children. While there is no safe level of lead in the blood, the CDC in 2012 set this as the reference value for identifying children whose levels are in the top 2.5% of all children tested, allowing parents, doctors, public health officials and communities to take early action to reduce the child’s future exposure to lead. Medical treatment (chelation therapy) is recommended to begin if a child’s blood tests positive for $\geq 45\mu\text{g/dL}$. All Medicaid-eligible children who are 12 and 24 months old are required to have a blood lead screening test (regardless of exposure to lead).

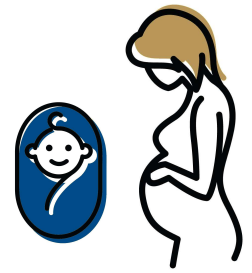
Source: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/childhood-lead-poisoning/for-healthcare-providers/lead-testing-requirements-and-zip-codes>, https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/lead-testing#:~:text=All%2012%2D%20and%2024%2Dmonth,code%20or%20exposure%20to%20lead_and and <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.html>

Blood Lead Levels $\geq 5\mu\text{g/dL}$

2022

Location	Tests	Positive Tests ($\geq 5\mu\text{g/dL}$)
Medina County	335	3

Source: Ohio Department of Health, Public Health Information Warehouse, 2022. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>



FINDINGS FROM OUR COMMUNITY SURVEY

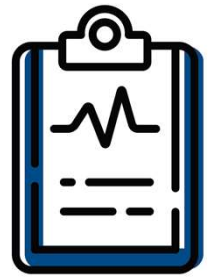
- 8% of respondents said maternal, infant, and child health is a top 5 concern
- Additionally, respondents left write-in comments related to maternal, infant, and child health (see sample comments below)

Survey Question: What resources are lacking within your community?

"Ability to give birth in the county"

"Birthing Centers or OBGYN/Midwives"

"No birthing center"



HIV RATE

HIV Incidence Rate	
AVERAGE RATE PER 100,000 PERSONS, 2018-2022	
	Rate
Medina County	1.9
Ohio	7.8

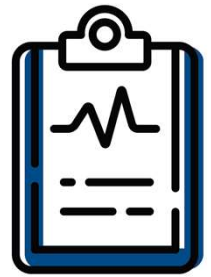
Source: Ohio Department of Health, HIV/AIDS Surveillance Program, Surveillance Data Tables for HIV Planning Region 1 & Ohio, updated June 30, 2023. <https://odh.ohio.gov/know-our-programs/hiv-aids-surveillance-program/resources/ohio-hiv-surveillance-data-tables>

TESTING

Adults Ever Tested for HIV	
BRFSS REGION 5 & OHIO, 2019	
	Percent
BRFSS Region 5*	29.8%
Ohio	36.4%

*Medina County is located within BRFSS Region 5 along with Ashland, Holmes, Stark, Summit, and Wayne counties.

Source: Ohio Department of Health, Ohio 2019 BRFSS Annual Report. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/chronic-disease/data-publications/ohio-2019-brfss-annual-report>



STI RATE

Statewide rates of chlamydia and gonorrhea are highest among those aged 15 to 29, in particularly those aged 20 to 24. Rates of chlamydia are highest among women, while rates of gonorrhea and syphilis are higher among men than women.

Sexually Transmitted Infection (STI) Cases

NUMBER & RATE PER 100,000 PERSONS, 2022

	Medina County		Ohio	
	Cases	Rate	Cases	Rate
Chlamydia	288	157.3	54,509	462.7
Gonorrhea	82	44.8	22,987	195.1
Syphilis	15	8.2	5,306	45.0

Source: Ohio Department of Health, Sexually Transmitted Disease Surveillance, 2016-2020 Status Reports. <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics>

FINDINGS FROM OUR COMMUNITY SURVEY

- 1% of respondents said HIV/AIDS and STIs are a top 5 concern

LEADING CAUSES OF DEATH TOP 3

Medina County (2018 – 2022)

#1

Heart
Disease



207.8 deaths per
100,000 persons*

#2

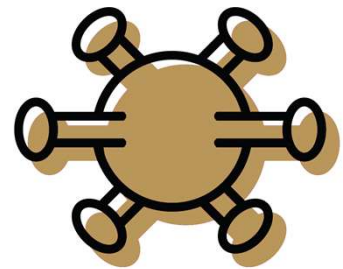
Cancer



195.7 deaths per
100,000 persons*

#3

COVID-19



59.1 deaths per
100,000 persons*

* Crude rate

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2021 on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH

Mortality Rates for 15 Leading Causes of Death

PER 100,000 PERSONS, CRUDE AND AGE-ADJUSTED, 2018 - 2021 AVERAGE

	Medina County		Ohio		U.S.	
	Number	Crude Rate	Crude Rate	Age-Adjusted	Crude Rate	Age-Adjusted
1. Heart disease	1,502	207.8	255.1	195.3	205.6	166.7
2. Cancer	1,415	195.7	214.0	162.5	182.8	146.4
3. COVID-19	427	59.1	68.1	52.5	58.3	47.7
4. Unintentional injury	391	54.1	75.6	72.9	58.2	54.9
5. Chronic Lower Respiratory Disease	352	48.7	60.1	45.3	46.4	37.2
6. Cerebrovascular disease	327	45.2	58.3	44.7	47.2	38.5
7. Alzheimer's disease	306	42.3	45.9	35.2	37.8	31.0
8. Diabetes	188	26.0	35.3	27.2	28.7	23.3
9. Septicemia	116	16.0	17.2	13.3	12.2	9.9
10. Intentional self-harm (suicide)	106	14.7	15.1	14.7	14.4	13.9
11. Nephritis, nephrotic syndrome, and nephrosis	103	14.2	18.9	14.5	15.9	13.0
12. Chronic liver disease and cirrhosis	83	11.5	14.9	12.1	14.8	12.6
13. Influenza and pneumonia	73	10.1	17.2	13.3	15.5	12.7
14. Parkinson disease	70	9.7	12.9	10.0	11.2	9.3
15. Hypertension and hypertensive renal disease	55	7.6	12.5	9.5	11.9	9.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2021 on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

LEADING CAUSES OF DEATH CANCER



Cancer Mortality Rates

PER 100,000 PERSONS, AGE-ADJUSTED, 2016-2020 AVERAGE

	Medina County		Ohio	U.S.
	Number	Rate	Rate	Rate
Cancer death rate, all sites	346	143.0	166.1	149.4
Bladder	12	5.0	4.9	4.2
Brain and Other CNS	11	4.9	4.6	4.4
Breast (Female)	22	16.4	21.0	19.6
Cervix	<2	*	2.2	2.2
Colon and Rectum	25	10.4	14.5	13.1
Esophagus	12	4.6	4.9	3.8
Hodgkin Lymphoma	<2	*	0.3	0.9
Kidney and Renal Pelvis	9	3.7	3.9	3.5
Larynx	<2	*	1.1	0.9
Leukemia	13	5.8	6.6	6.0
Liver and Intrahepatic Bile Duct	11	4.7	6.2	6.6
Lung and Bronchus	88	35.4	42.9	35.0
Melanoma of the Skin	10	4.5	2.5	2.1
Multiple Myeloma	7	3.0	3.4	3.1
Non-Hodgkin Lymphoma	14	5.8	5.7	5.1
Oral Cavity and Pharynx	5	2.2	2.8	2.5
Ovary	9	6.6	6.3	6.3
Pancreas	22	9.0	12.1	11.1
Prostate	17	17.3	19.3	18.8
Stomach	5	2.0	2.3	2.8
Testis	<2	*	0.3	0.3
Thyroid	<2	*	0.5	0.5
Uterus	8	5.8	5.3	5.1

Source: Ohio Department of Health, 2023 County Cancer Profile, utilizing 2016-2020 data.

https://odh.ohio.gov/wps/wcm/connect/gov/dffb38ae-8d59-411e-9ba5-9f410adee068/Medina+County+Cancer+Profile+2023.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV208

[2-dffb38ae-8d59-411e-9ba5-9f410adee068-oM--uCv](https://odh.ohio.gov/wps/wcm/connect/gov/dffb38ae-8d59-411e-9ba5-9f410adee068-oM--uCv)

LEADING CAUSES OF DEATH



DRUG OVERDOSE

The Healthy People 2030 objective for drug overdose deaths is 20.7 per 100,000 population.

Drug Overdose Mortality Rate

AGE-ADJUSTED RATE PER 100,000 PERSONS, FIVE-YEAR AVERAGE, 2016 – 2020

Calculated based on HP2030 Objective definition of drug overdose death (ICD10 Codes: X40-44, X60-64, X85, Y10-14).

	Medina County	Ohio	U.S.
	Rate	Rate	Rate
Drug overdose death rate	24.8	41.4	22.4

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

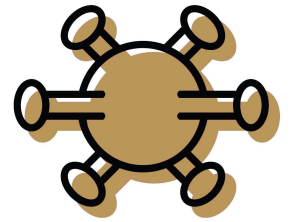
Drug Overdose Mortality Rate by Year

AGE-ADJUSTED RATE PER 100,000 PERSONS

	Medina County		
	2016 - 2018	2017-2019	2018-2020
Drug overdose death rate	28.2	25.1	21.3

Source: Centers for Disease Control and Prevention. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/6/2024. Retrieved from www.healthyneo.org.

LEADING CAUSES OF DEATH



COVID-19

COVID-19 Case & Death Counts

AS OF NOVEMBER 30, 2023

	Medina County	Ohio
Confirmed or probable cases	53,598	3,588,434
Deaths	556	42,952

Source: Ohio Department of State Health Services, Updated November 30, 2023. <https://data.ohio.gov/wps/portal/gov/data/view/covid-19-reporting>

COVID-19 Case Fatality Ratio

AS OF NOVEMBER 30, 2023

	Medina County	Ohio
Case Fatality Ratio	1.0%	1.2%

CURRENT PARTNERS & RESOURCES ADDRESSING PRIORITY NEEDS



This list of assets and resources from Living Well Medina County coalition members is provided as examples, and is not intended to be a comprehensive list.

ACCESS AND FUNCTIONAL NEEDS

- Medina County Board of Developmental Disabilities
- Medina County Office for Older Adults
- Soprema Center, Wadsworth
- The Society

ECONOMIC STABILITY AND SOCIAL SERVICES

- Community Action Wayne/Medina Counties
- Lodi Resource Center
- Medina County Economic Development Corporation
- Medina County Job and Family Services
- Salvation Army
- United Way Summit and Medina Counties

EDUCATION

- Brunswick City Schools
- Buckeye Schools
- Cloverleaf Schools
- Highland Schools
- Medina City Schools
- Medina County District Library
- Project Learn
- Wadsworth City Schools

HEALTHCARE AND PUBLIC HEALTH

- Akron Children's Hospital
- Cleveland Clinic, Medina Hospital
- Free Clinic Medina County
- Medina County Health Department

HEALTHY FOOD AND NUTRITION

- Feeding Medina County
- Medina County Extension Office
- Medina County WIC

MATERNAL, INFANT, CHILD, AND YOUTH HEALTH

- Akron Children's Hospital
- Catholic Charities Medina County
- Cleveland Clinic, Medina Hospital
- Community Action Wayne/Medina Counties
- Family First Council
- Lodi Resource Center
- Medina County Health Department

MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER

- Alternative Paths
- Catholic Charities Medina County
- Cornerstone Wellness
- Medina County Alcohol, Drug Abuse, and Mental Health Board
- Medina County Veterans
- Ohio Guidestone

PHYSICAL ACTIVITY

- Brunswick Recreation Center
- Cloverleaf Recreation Center
- Medina County Park District
- Medina Recreation Center

TRANSPORTATION/HOUSING

- Medina County Metropolitan Housing Authority
- Medina County Transit System

OTHER

- Leadership Medina County
- Medina Chamber
- Medina County Commissioners
- Medina County Emergency Management Agency
- Village of Seville
- Wadsworth Chamber

STEP 6

DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



IN THIS STEP, LIVING WELL MEDINA COUNTY

- ✓ WROTE AN EASILY UNDERSTANDABLE
CHA REPORT
- ✓ ADOPTED AND APPROVED CHA REPORT
- ✓ DISSEMINATED THE RESULTS SO THAT IT
WAS WIDELY AVAILABLE TO THE PUBLIC



DOCUMENT, ADOPT/POST AND COMMUNICATE RESULTS



Medina County Health Department and its community partners worked to pool expertise and resources to conduct the 2024 Community Health Assessment (CHA) on behalf of Living Well Medina County.

By gathering secondary data and conducting new primary research as a team, the stakeholders will be able to understand the community's perception of health needs as well as prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance in the Medina County Service Area service area.

The 2024 Medina County CHA, which builds upon prior assessments dating back to 2012 meets all federal (PHAB) and Ohio state requirements.

Report Adoption, Availability and Comments

This CHA report was adopted by Living Well Medina County leadership in March 2024.

This report is widely available to the public on the Medina County Health Department website:
<https://medinahealth.org/community/data-reports/community-health-assessment/>



CONCLUSION AND NEXT STEPS



NEXT STEPS WILL BE:

- ✓ IMPROVEMENT PLAN (CHIP) FOR 2025 - 2030
- ✓ PRIORITIZE HEALTH NEEDS
- ✓ INDICATORS FOR PRIORITY HEALTH NEEDS
- ✓ SMART OBJECTIVES FOR CHIP
- ✓ EVIDENCE-BASED STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS



CONCLUSION

NEXT STEPS FOR MEDINA COUNTY:

- Community Health Assessment (CHA) adopted by Living Well Medina County Stakeholders and made publicly available.
- Select a final list of priority health needs to address using a set of criteria that is determined by Living Well Medina County stakeholders. (The identification process to decide the health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will be public knowledge.)
- Develop strategies to address priority health needs. (We will use but not be limited by, information from community members and stakeholders and evidence-based strategies recommended by the Ohio Department of Health.)
- Strategies are adopted by Living Well Medina County stakeholders and publicly posted in the Improvement Plan (CHIP) report to be developed in the second half of 2024.



APPENDIX A

IMPACT EVALUATION

IMPACT EVALUATION

The following tables indicate the priority health needs selected from the previous CHA and the impact of the selected strategies to address priority health needs. The tables that follow are not exhaustive of the Living Well Medina County Coalition and its community partners' strategies and interventions, but highlight what has been achieved in the county based on the previous CHA.



PRIORITY #1: MENTAL HEALTH & ADDICTION

Action Step	Person/Agency Responsible	Update
Implement LOSS Team in Medina County	Alternative Paths	<ul style="list-style-type: none"> LOSS team has responded to 37 completed suicides and 4 non-suicide responses
Provide QPR Training	Alternative Paths	<ul style="list-style-type: none"> January 2022 – January 2024 had 44 QPR trainings with 1,300 individuals trained (library staff, high school and middle school students/staff, Leadership Medina County classes, and various churches)
Continue poster/sticker contest for Suicide Prevention	Alternative Paths	<ul style="list-style-type: none"> Coalition to Prevent Suicide continues with poster contest and annual awareness walk. A grant was submitted to Ohio Department of Health for prevention. While not received, the process to review data was beneficial to coalition leadership.
Provide CIT Refresher Courses	Alternative Paths	<ul style="list-style-type: none"> 475 officers in the county, including dispatch and corrections professionals, are trained in CIT.
Continue with HOPE Squads and expand to Elementary Schools	Alternative Paths Medina City Schools	<ul style="list-style-type: none"> HOPE Squads now in Medina, Highland, Cloverleaf, and Wadsworth schools. Now working toward implementation in elementary schools.
Conduct Community Coalition Action Theory Assessment of Suicide Prevention Coalition	Alternative Paths	<ul style="list-style-type: none"> A youth suicide grant was submitted to the Ohio Department of Health. Despite not receiving funding, data was analyzed to assist the coalition.
Training for PCP on mental health screenings	ADAMH Board	<ul style="list-style-type: none"> Postponed during COVID. Will be revisited with new prioritization and CHIP process.
Implement Ohio RISE program	ADAMH Board	<ul style="list-style-type: none"> Implemented via community partnerships and those serving youth
Conduct tobacco/vaping education	Medina County Health Department	<ul style="list-style-type: none"> In 2023, 1400 students received education on tobacco use/vaping. 1 zoning policy (Brunswick) approved to restrict proximity of vape shops to youth locations. Compliance checks conducted at 63 locations.

PRIORITY #2: CHRONIC DISEASE

Action Step	Person/Agency Responsible	Update
Align interventions with Federal Diabetes Program	Cleveland Clinic	<ul style="list-style-type: none"> Postponed during COVID. Will be revisited with new prioritization and CHIP process.
Provide heart rate monitors to library patrons and WIC participants	Medina County District Library Medina County Health Department	<ul style="list-style-type: none"> Postponed during COVID. Will be revisited with new prioritization and CHIP process.
Continue with Know Your Numbers (KYN) and provide screening tools to PCP	Cleveland Clinic	<ul style="list-style-type: none"> KYN campaign was created with Leadership Medina County to promote resources for businesses.
Implement Healthy Bodies Curriculum program to youth	Medina County Health Department	<ul style="list-style-type: none"> Implemented through grant from the Ohio Department of Health. From October 2022 – May 2023: 8 Body Image Workshops held, 656 youth reached, and 75% of youth indicated positive outcomes. Program suspended with end of funding.
Develop and utilize communication tools for “Take Care of Yourself Campaign”	Medina County Health Department	<ul style="list-style-type: none"> Not completed
Conduct tobacco/vaping education	Medina County Health Department	<ul style="list-style-type: none"> In 2023, 1400 students received education on tobacco use/vaping. One zoning policy (Brunswick) approved to restrict proximity of vape shops to youth locations. Compliance checks conducted at 63 locations.
Improve access to fresh fruits and vegetable	Medina County Health Department working with Feeding Medina County; Farmers Markets	<ul style="list-style-type: none"> Annual Farmers Market held at MCHD.
Improve access to physical activity opportunities	Medina County Health Department working with park district and recreation centers	<ul style="list-style-type: none"> Postponed during COVID. Will be revisited with new prioritization and CHIP process.

APPENDIX B BENCHMARK COMPARISONS

BENCHMARK COMPARISONS

The following table compares the Healthy People goals made for the nation and the service area rates. This comparison provides a benchmark on how the county service area compares to the nation overall in health objectives.



APPENDIX B:

Benchmark Comparisons



Where data were available, Medina County health and social indicators were compared to the Healthy People 2030 objectives.

Benchmark Comparisons		
Indicators	Medina County Service Area	Healthy People (HP) 2030 Objectives
High school graduation rate¹ <i>Note: HP 2030 objective is high school graduation rate in 4 years. Medina County high school graduation rate is an average calculated from all Medina County school districts with high school graduation rates available from the Ohio Department of Education (2022-2023).</i>	95.9%	90.7%
People with health insurance rate² <i>Note: Medina County percentage is from the 2022 American Community Survey.</i>	94.4%	92.4%
Coronary heart disease deaths³ <i>Note: Medina County rate is an age-adjusted rate from 2020-2022. HP 2030 objective rate is an age-adjusted rate.</i>	85.1 per 100,000	71.1 per 100,000 persons
Cancer deaths⁴ <i>Note: Medina County rate is an average from 2016 -2020 and is age-adjusted. HP 2030 object is an age-adjusted rate.</i>	143.0 per 100,000	122.7 per 100,000 persons
Colon/rectum cancer deaths⁴ <i>Note: Medina County rate is an average from 2016 -2020 and is age-adjusted. HP 2030 object is an age-adjusted rate.</i>	10.4 per 100,000	8.9 per 100,000 persons
Lung cancer deaths⁴ <i>Note: Medina County rate is an average from 2016 -2020 and is age-adjusted. HP 2030 object is an age-adjusted rate.</i>	35.4 per 100,000	25.1 per 100,000 persons
Female breast cancer deaths⁴ <i>Note: Medina County rate is an average from 2016 -2020 and is age-adjusted. HP 2030 object is an age-adjusted rate.</i>	16.4 per 100,000	15.3 per 100,000 persons
Prostate cancer deaths⁴ <i>Note: Medina County rate is an average from 2016 -2020 and is age-adjusted. HP 2030 object is an age-adjusted rate.</i>	17.3 per 100,000	16.9 per 100,000 persons
Stroke deaths³ <i>Note: Deaths for cerebral infarction from CDC Wonder, 2018-2021 data. HP 2030 objective rate is an age-adjusted rate and may not be comparable.</i>	3.5 per 100,000 persons	33.4 per 100,000 persons
Unintentional injury deaths³ <i>Medina County rate is a crude rate (2018 - 2021 average). HP 2030 objective rate is an age-adjusted rate and may not be comparable.</i>	54.1 per 100,000	43.2 per 100,000 persons
Intentional self-harm deaths (suicide)³ <i>Medina County rate is a crude rate (2018 - 2021 average). HP 2030 objective rate is an age-adjusted rate and may not be comparable.</i>	14.7 per 100,000	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths³ <i>Medina County rate is a crude rate (2018 - 2021 average). HP 2030 objective rate is an age-adjusted rate and may not be comparable.</i>	11.5 per 100,000	10.9 per 100,000 persons
Drug-overdose deaths⁵ <i>Note: Medina County rate is an average from 2016-2020 and is age-adjusted. HP 2030 object is an age-adjusted rate. Calculate based on HP2030 definition of drug overdose death (X40-44, X60-64, X85, Y10-14).</i>	24.8 per 100,000 persons	20.7 per 100,000 persons

Note: Medina County Service Area comparison data is the closest match found to the Healthy People 2030 objective. Healthy People 2030 Objectives.

APPENDIX B CONTINUED:

Benchmark Comparisons



Where data were available, Medina County health and social indicators were compared to the Healthy People 2030 objectives.

Benchmark Comparisons		
Indicators	Medina County Service Area	Healthy People 2030 Objectives
Early and adequate prenatal care⁶ <i>Note: Medina County percentage is based on the percentage of women who received prenatal care in their first trimester. The HP 2030 objective is a measure that combines the month prenatal care began with the number of total prenatal visits.</i>	73.3%	80.5%
Infant death rate⁷	<i>A rate of infant mortality cases in Medina County is suppressed due to low counts.</i>	5.0 per 1,000 live births
Adult obesity (20+ years, BMI 30+)¹⁰ <i>Note: Medina County age-adjusted prevalence for 2021.</i>	37.7%	36.0%
Adults engaging in binge drinking⁸ <i>Note: Medina County percentage is adults engaging in binge or heavy drinking in 2020, HP 2030 objective is adults engaging in binge drinking.</i>	22%	25.4%
Cigarette smoking by adults⁹ <i>Note: 2020 data.</i>	18%	6.1%
Pap smears, ages 21-65, screened in the past 3 years¹⁰ <i>Note: Medina County age-adjusted prevalence for 2021.</i>	85.1%	79.2%
Mammogram, ages 50-74, screened in the past 2 years¹⁰ <i>Note: Medina County age-adjusted prevalence for 2020.</i>	73.5%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines¹⁰ <i>Note: Medina County age-adjusted prevalence for 2021.</i>	72.4%	68.3%
Annual adult influenza vaccination¹¹ <i>Note: 2020 data.</i>	59%	70.0%

Note: Medina County Service Area comparison data is the closest match found to the Healthy People 2030 objective.

APPENDIX B

References

- 1 - Ohio Department of Education, District Graduation Rates, 2022-2023. <https://reportcard.education.ohio.gov/download>
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- 3 - Ohio Public Health Information Warehouse. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved date: 3/5/2024. Retrieved from www.healthyneo.org.
- 4 - Ohio Department of Health, 2023 County Cancer Profile, utilizing 2016-2020 data. https://odh.ohio.gov/wps/wcm/connect/gov/dffb38ae-8d59-411e-9ba5-9f410adee068/Medina+County+Cancer+Profile+2023.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_79GCH8013HMOA06A2E16IV2082-dffb38ae-8d59-411e-9ba5-9f410adee068-oM--uCv
- 5 - U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>
- 6 - Ohio Department of Health, Public Health Information Warehouse, 2018-2022. 2021 and 2022 data is preliminary and may change. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>
- 7 - Ohio Department of Health, 2020 Infant Mortality Annual Report. <https://odh.ohio.gov/know-our-programs/infant-and-fetal-mortality/reports>
- 8 - U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), 2020. For All Adults, accessed via County Health Rankings, 2023. <http://www.countyhealthrankings.org>
- 9 - County Health Rankings, 2023. Health Factors, Health Behaviors, Adults who are currently cigarette smokers, 2020 data. <http://www.countyhealthrankings.org>
- 10 - Centers for Disease Control and Prevention (CDC). PLACES: Local Data for Better Health. <https://places.cdc.gov/?view=county&locationIds=39103>
- 11 - U.S. Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, via County Health Rankings, 2023. <http://www.countyhealthrankings.org>

APPENDIX C COMMUNITY SURVEY



COMMUNITY-WIDE SURVEY

Methods

Living Well Medina County in partnership with the Medina County Health Department distributed an online survey via the platform Survey Monkey. Individuals who live and/or work in Medina County were eligible to complete the survey. The survey was completely anonymous and comprised of 25 questions related to the health needs of the Medina County community.

The survey was emailed out to community partners and encouraged to be shared. Additionally, the Medina County Health Department promoted the survey on social media platforms Facebook, LinkedIn, X, and Instagram. Paper flyers containing a QR code to the survey were available at the Medina County Health Department and encouraged to be shared among community members.

The survey opened on 1/17/2024 and closed responses on 2/29/2024 and received a total of 728 responses. Survey responses were analyzed using Excel and included in the Community Health Assessment.

Limitations

The survey is a convenience sample and is not generalizable to the entire Medina County population. Individuals needed to have access to the internet in order to complete the survey.

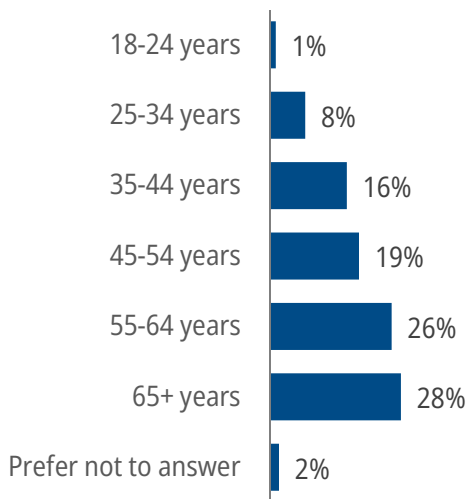
COMMUNITY-WIDE SURVEY

Demographics of Respondents



Age Groups

The majority of respondents were in the 65+ years age group.

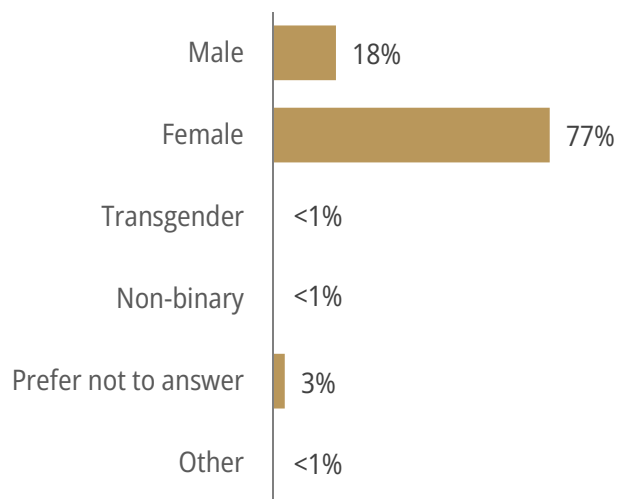


86 respondents skipped the question



Gender Identity

The majority of respondents identified as female.

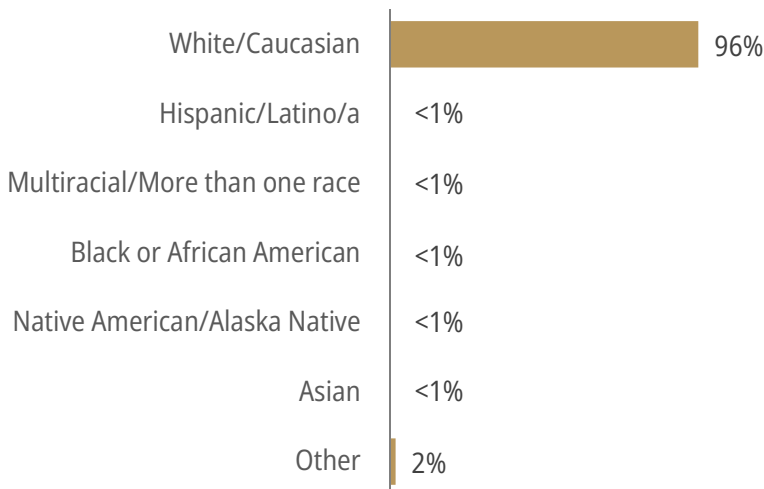


90 respondents skipped the question



Race/Ethnicity

The majority of respondents identified as White/Caucasian.

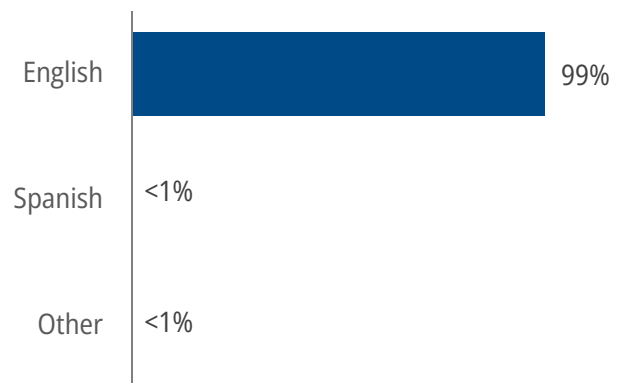


92 respondents skipped the question



Primary Language

The majority of respondents spoke English at home.



91 respondents skipped the question

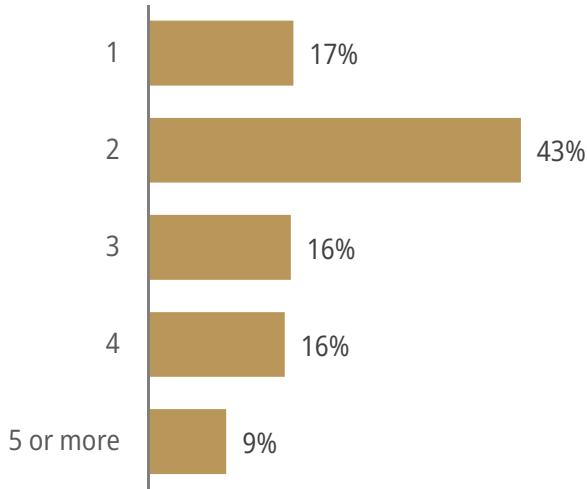
COMMUNITY-WIDE SURVEY

Demographics of Respondents



Number of Individuals in Household

The majority of respondents had 2 individuals in their household.

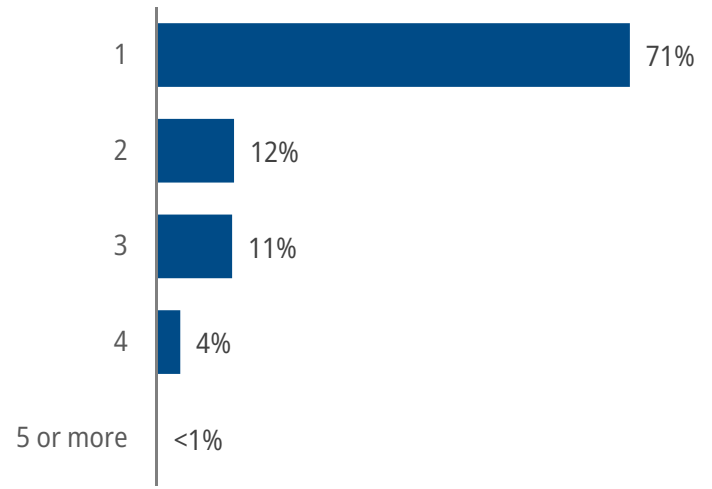


95 respondents skipped the question



Number of Children in Household

The majority of respondents had 1 child in the household.

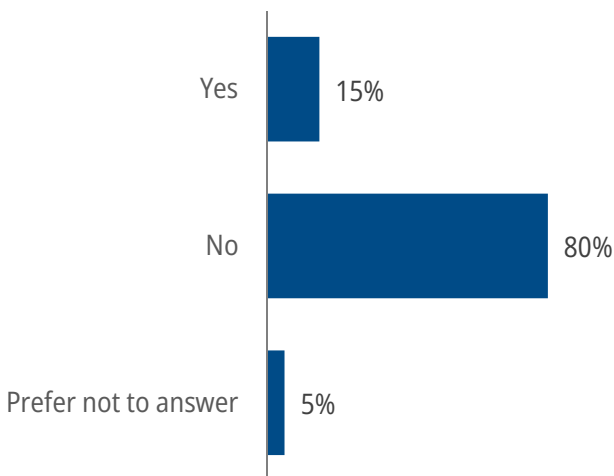


95 respondents skipped the question



People with Disabilities

15% of individuals identified as having a disability.

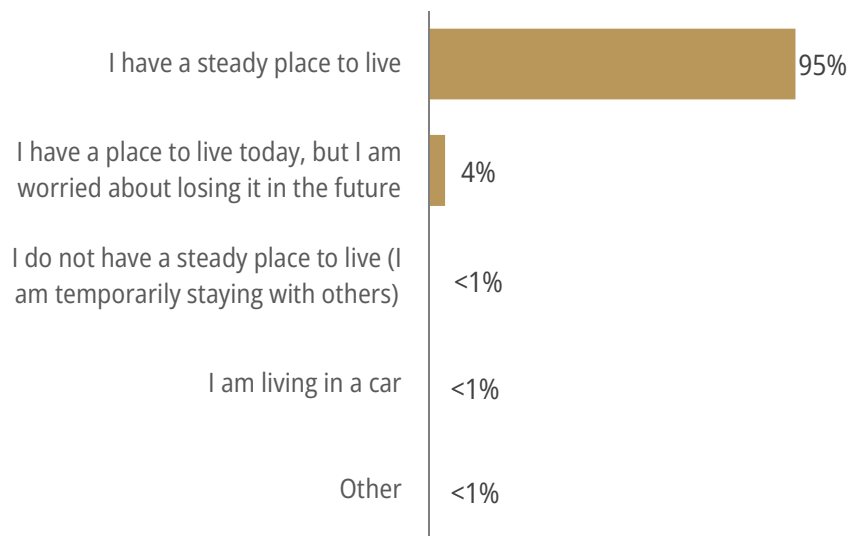


90 respondents skipped the question



Living Situation

The majority of respondents said they had a steady place to live.



91 respondents skipped the question

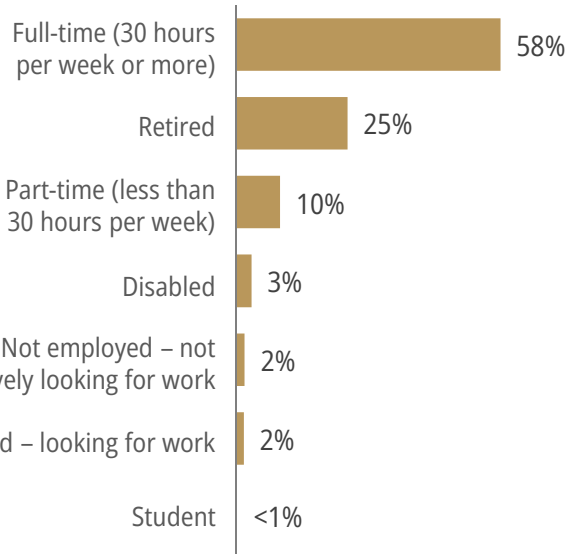
COMMUNITY-WIDE SURVEY

Demographics of Respondents



Employment

The majority of respondents were employed full-time.

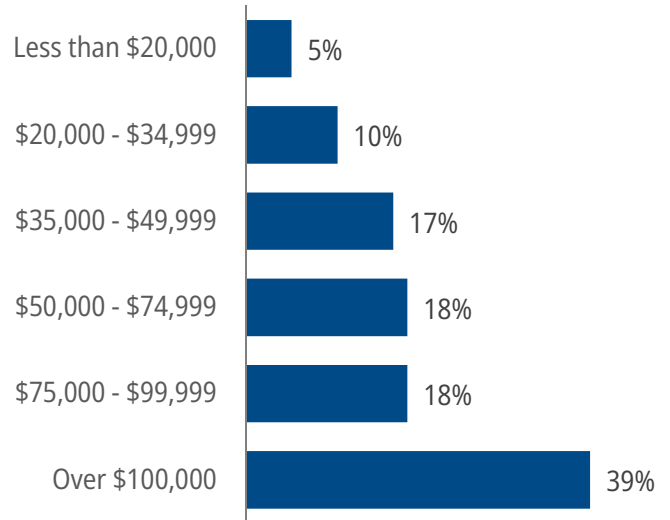


89 respondents skipped the question



Household Income

The majority of respondents had a household income over \$100,000.

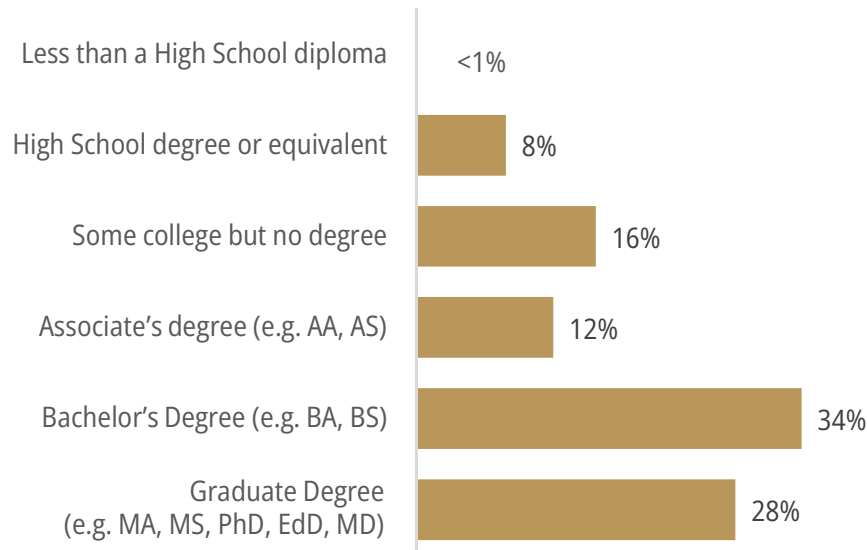


153 respondents skipped the question



Education

The majority of respondents had a Bachelor's Degree.



90 respondents skipped the question

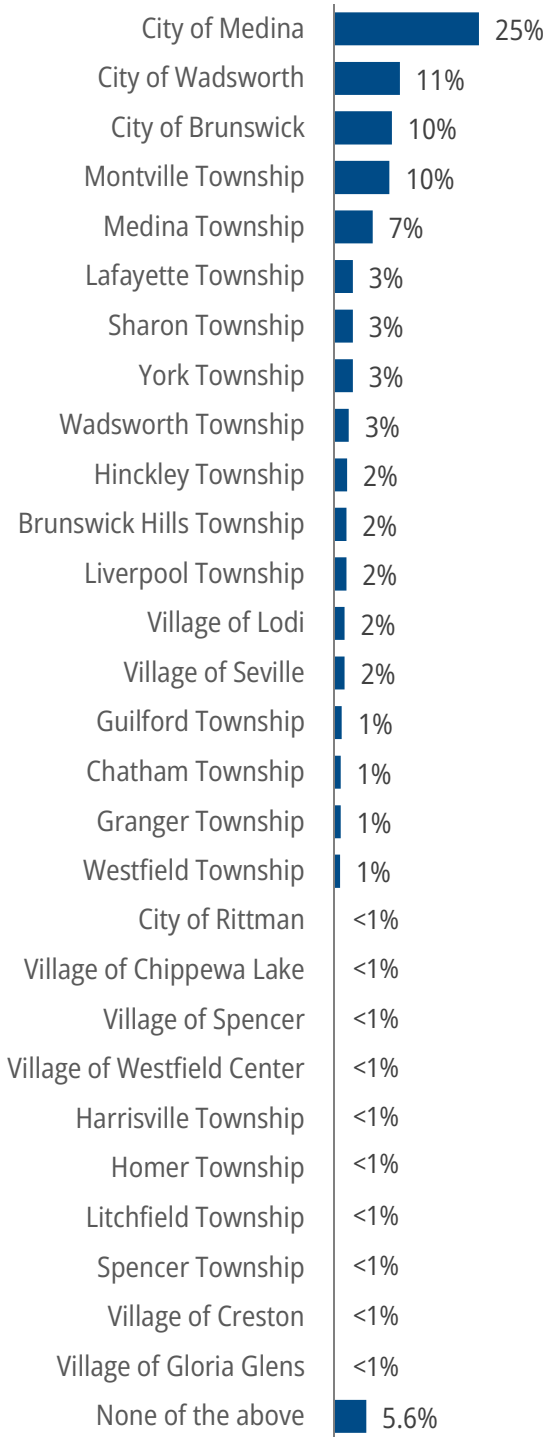
COMMUNITY-WIDE SURVEY

Demographics of Respondents



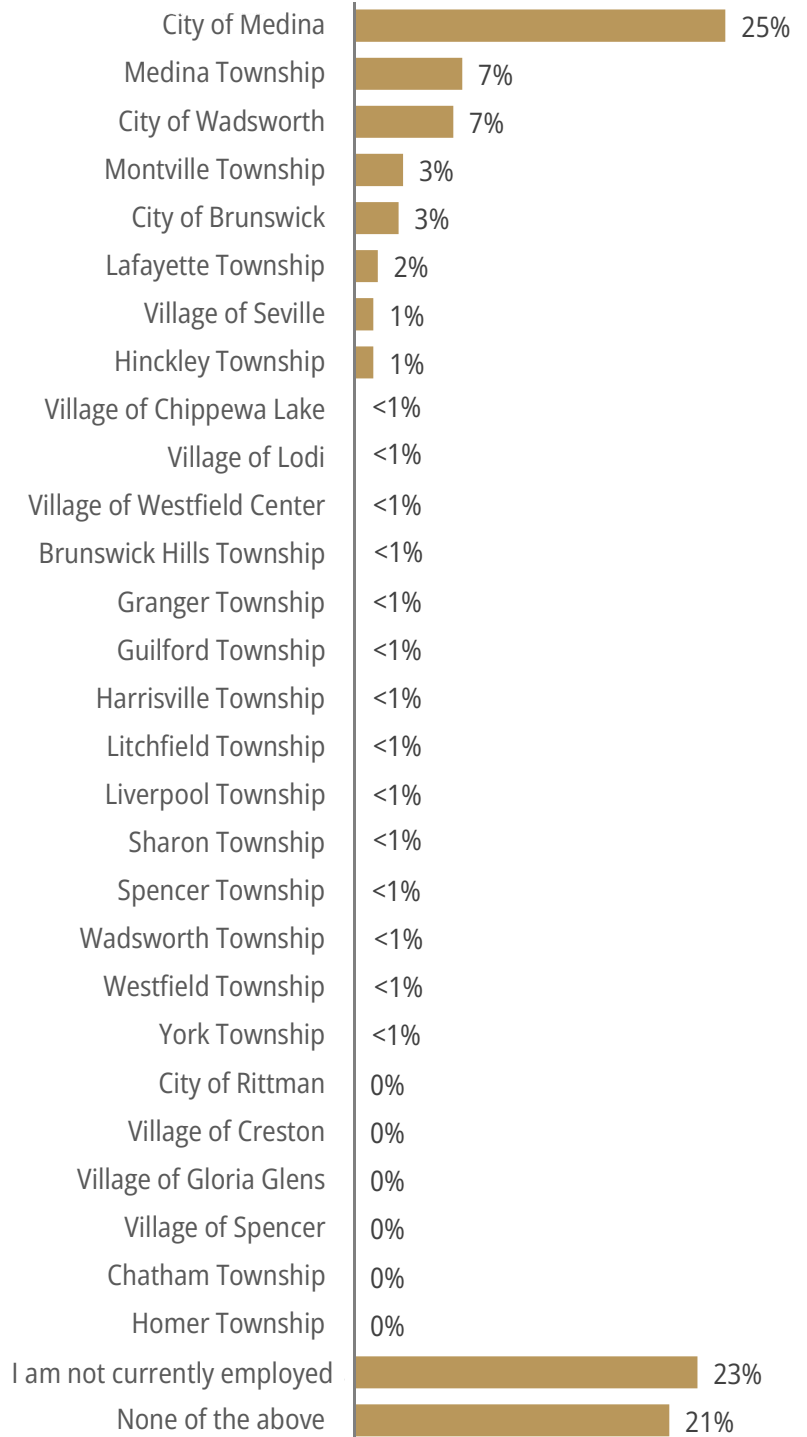
Residence Location

The majority of respondents lived in the City of Medina.



Work Location

The majority of respondents worked in the City of Medina.



85 respondents skipped the question

99 respondents skipped the question



COMMUNITY-WIDE SURVEY

Survey Questions

1. What do you feel are the TOP 5 CONCERNS OF YOUR COMMUNITY? (please check top 5)

- Access to healthcare (e.g. doctors, hospital, specialists, medical appointments, etc)
- Access to childcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma)
- Chronic diseases (e.g. heart disease, diabetes, cancer, asthma)
- Crime and violence
- Education (e.g. early childhood education, elementary school, post-secondary education)
- Employment
- Environmental conditions (e.g. air and water quality)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- HIV/AIDS and Sexually Transmitted Infections (STIs)
- Housing and homelessness
- Income/poverty
- Internet/wifi access
- Maternal infant and child health (e.g. pre-term births, infant mortality, maternal mortality)
- Mental health and access to mental health care
- Nutrition and physical health/exercise
- Preventive care and practices (e.g. mammograms, vaccinations)
- Substance/drug use
- Tobacco and nicotine use (smoking, vaping, chew)
- Transportation (e.g. public transit, cars, cycling, walking)
- Other (please specify)

2. What resources are lacking within your community? (Select all that apply)

- Affordable food
- Affordable housing
- Recreational spaces
- Primary healthcare access
- Dental/oral healthcare access
- Vision healthcare access
- Mental healthcare access
- Transportation
- There is no lack of resources in my community
- Other (please specify)

3. How many times did you volunteer in your community in the past year? (This could include helping out with local charities, helping at your kids' school, serving on a board, at your church, or another local organization, reading at your local library, helping at a food bank, spending time with local senior citizens, etc.)

- I didn't volunteer
- 1 time
- 2-3 times
- 4-5 times
- 6-7 times
- 8-9 times
- 10 or more

4. How would you rate your current access to PHYSICAL healthcare services?

- Very high access
- High access
- Neutral
- Low access

5. During the most recent time you or a member of your household delayed or went without needed PHYSICAL healthcare, what were the main reasons? (Select all that apply)

- No barriers and did not delay health care - received all the care that was needed
- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Lack of provider awareness and/or education about my health condition
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lack of transportation to the appointment
- The appointment was too far away an/or outside of Medina County
- Distrust/fear of discrimination
- Other (please specify)

COMMUNITY-WIDE SURVEY

Survey Questions

6. How would you rate your current access to MENTAL or BEHAVIORAL health services?

- Very high access
- High access
- Neutral
- Low access

7. During the most recent time you or a member of your household delayed or went without needed MENTAL and BEHAVIORAL healthcare, what were the main reasons? (Select all that apply)

- No barriers and did not delay health care - received all the care that was needed
- Could not get an appointment quickly enough/too long of a wait for an appointment
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Distrust/fear of discrimination
- Lack of provider awareness and/or education about my health condition
- Language barriers
- No insurance and could not afford care
- Insurance did not cover the cost of the procedure or care
- Not knowing where to go or how to find a doctor
- Technology barriers with virtual visits/telehealth services
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lack of transportation to the appointment
- The appointment was too far away and/or outside of Medina County
- Distrust/fear of discrimination
- Uncomfortable with mental or behavioral health provider
- Stigma of mental or behavioral health/nervous about admitting I have a mental or behavioral health concern
- Other (please specify)

8. If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? (Select all that apply)

- Does not apply – I have health coverage/insurance
- I am waiting to get coverage through my job
- I don't think I need health insurance
- I haven't had time to deal with it
- It costs too much
- I am not eligible or do not qualify
- It is too confusing to sign up
- Other (please specify)

9. In the past 12 months, has lack of reliable transportation kept you from going to (select all that apply)

- Medical appointments (for yourself or a member of your family)
- Work/meetings
- School (for yourself or another member of your family)
- Childcare
- Buying food/groceries
- Physical activity opportunities/the gym
- Getting other things for daily living
- Not applicable

10. If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? (Select all that apply)

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)
- Other (please specify)

COMMUNITY-WIDE SURVEY

Survey Questions

11. In the last year, was there a time when you needed prescription medication but were not able to get it?

- Yes
- No

12. Is there anything else you would like us to know about health needs in Medina County? (open ended response)

13. Where do you live or reside in Medina County? (choose one)

- City of Brunswick
- City of Medina
- City of Rittman
- City of Wadsworth
- Village of Chippewa Lake
- Village of Creston
- Village of Gloria Glens
- Village of Lodi
- Village of Spencer
- Village of Westfield Center
- Brunswick Hills Township
- Chatham Township
- Granger Township
- Guilford Township
- Harrisville Township
- Hinckley Township
- Homer Township
- Lafayette Township
- Litchfield Township
- Liverpool Township
- Medina Township
- Montville Township
- Sharon Township
- Spencer Township
- Wadsworth Township
- York Township

14. Where do you work in Medina County? (choose one)

- City of Brunswick
- City of Medina
- City of Rittman
- City of Wadsworth
- Village of Chippewa Lake
- Village of Creston
- Village of Gloria Glens
- Village of Lodi
- Village of Spencer
- Village of Westfield Center
- Brunswick Hills Township
- Chatham Township
- Granger Township
- Guilford Township
- Harrisville Township
- Hinckley Township
- Homer Township
- Lafayette Township
- Litchfield Township
- Liverpool Township
- Medina Township
- Montville Township
- Sharon Township
- Spencer Township
- Wadsworth Township
- York Township
- I am not currently employed

15. Which of the following best describes your age?

- Under 18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65+ years
- Prefer not to answer

COMMUNITY-WIDE SURVEY

Survey Questions

16. What is your gender identity?

- Male
- Female
- Transgender
- Non-binary
- Prefer not to answer
- Other (please specify)

17. What is your race and/or ethnicity?

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other (please specify)

18. What is your primary language spoken at home?

- English
- Spanish
- Other

19. Including yourself, how many people currently live in your household?

- 1
- 2
- 3
- 4
- 5 or more

20. How many children, ages 0-18 live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other (please specify)

21. What is the highest level of education you have completed?

- Less than a High School diploma
- High School Degree or equivalent
- Some College but no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)

22. Are you currently employed?

- Yes, full-time (30 hours per week or more)
- Yes, Part-time (less than 30 hours per week)
- Not employed – but looking for work
- Not employed – not actively looking for work
- Student
- Retired
- Disabled

23. What is your annual household income?

- Less than \$20,000
- \$20,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- Over \$100,000

Q24. What is your current living situation?

- I have a steady place to live
- I have a steady place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living in a car
- Other

25. Do you identify as having a disability?

- Yes
- No
- Prefer not to answer



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