

INTRODUCTION

Living Well Medina County, a collaborative of healthcare, government, education, business, nonprofit, and faith communities in Medina County, have been working since 2010 to develop a community process for collecting and presenting data about the greatest needs in Medina County. LWMC established its vision as Creating and Implementing a Community Vision that Promotes Living Well in Medina County. We would like to thank all the agencies, schools, organizations, and individuals who have worked together over the years to make this a success.

The most recent 2017 Medina County Community Needs Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Medina County. Based results from the Needs Assessment, The following are priority areas and leading health status indicators associated with each priority area identified in the 2018-2020 Medina County Community Health Improvement Plan (CHIP).

- 1) Nutrition Related Chronic diseases: Heart Disease, Type 2 Diabetes, and Obesity
- 2) Mental health and addiction: Suicide; Depression, Overdose, and Alcohol
- 3) Chronic Lung Conditions: Chronic Obstructive Pulmonary Disorder (COPD), Asthma, and Tobacco Use.

Action Teams for each area were formed in 2018 and have been working on strategies to improve health outcomes for these areas.

PURPOSE

The purpose of the CHA Data Brief is to:

- 1) Assess the impact of implementation strategies from the 2018-2020 Medina County Community Health Improvement Plan (CHIP) on the leading health status indicators.
- 2) Describe the impact of the Covid-19 pandemic on leading health indicators in the Medina County CHIP.

KEY FINDINGS: CHIP IMPLEMENTATION

Impact on Leading Causes of Deaths:

- **Heart Disease** remains one of the leading causes of death for Medina County residents. Overall mortality rates have not changed during the implementation of CHIP strategies.
- **Diabetes mortality rates decreased 10%** during the CHIP implementation period.
- **Suicide mortality rates decreased 10%** during the CHIP implementation period. This is a reversal from a 5-year rise in mortality rates prior to the CHIP.
- Chronic Lower Respiratory Disease mortality rates have decreased during the CHIP implementation period.
- Alcohol induced mortality rates increased 67% during the CHIP implementation period.

Impact on Disease Diagnosis and Health Behaviors:

- The percentage of adults diagnosed with coronary heart disease has increased since 2012.
- The percentage of **adults diagnosed with diabetes** has **increased** since 2012 but most of the rise occurred before the CHIP implementation period.
- The prevalence of **obesity** has **increased** since 2012 across all age groups in Medina County.
 Data suggest the prevalence of obesity has continued to increase among adults during the CHIP implementation period.
- The prevalence of binge drinking are on the decline among youth and adults.
- The prevalence of adults with asthma has continued to decrease during the CHIP implementation period.
- The prevalence of youth who reported smoking has decreased since 2012 while the prevalence of adults who reported smoking has increased during the same period.

Impact on Disease Management (ER Visits):

- Alcohol induced ER visit rates increased from 2018 to 2021.
- Asthma related ER visit rates increased from 2016 to 2017 and remained elevated through 2019 then decreased in 2020 and 2021.

KEY FINDINGS: COVID-19 PANDEMIC (2020 - 2021)

Impact on Leading Causes of Death (through 2020):

- The **total number of deaths** among Medina County residents was **294 deaths higher** than the pre-pandemic historical average.
- Heart Disease mortality rates have not changed during the pandemic.
- **Diabetes mortality rates** were on the **decline** prior to the pandemic and this trend has continued during the pandemic.
- Suicide mortality rates are on the decline before the pandemic and this trend has continued during the pandemic.
- Alcohol induced mortality rates are on the rise before the pandemic and this trend has continued during the pandemic.
- Chronic Lower Respiratory Disease mortality rates continued to decrease during the pandemic.

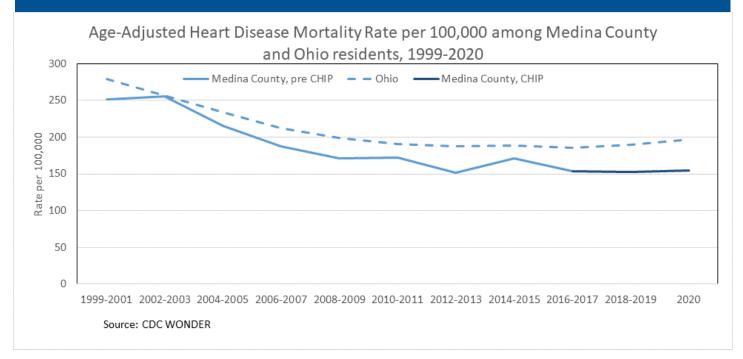
Impact on Disease Diagnosis and Health Behaviors:

• Data on patterns of disease diagnosis and health behaviors is not available during the pandemic.

Impact on Disease Management (ER Visits):

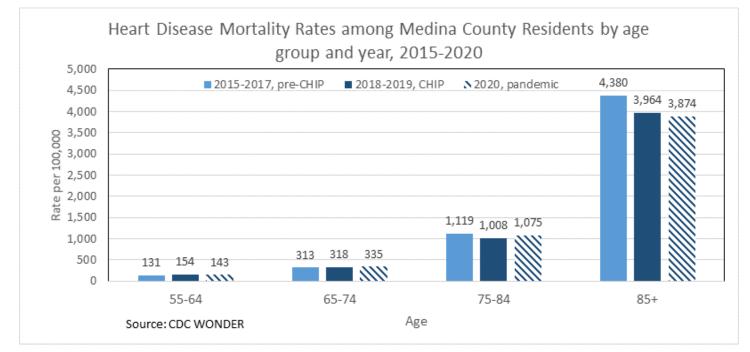
- Suicide related ER visit rates decreased from 2018 to 2020 then increased in 2021.
- **Depression related ER visit rates** were similar in 2018 through 2021.
- Alcohol induced ER visit rates increased from 2018 to 2021.
- Asthma related ER visit rates decreased from 2019 to 2020 then remained lower during 2021.

CHRONIC DISEASE: HEART DISEASE DEATHS



Trends in Heart Disease Deaths:

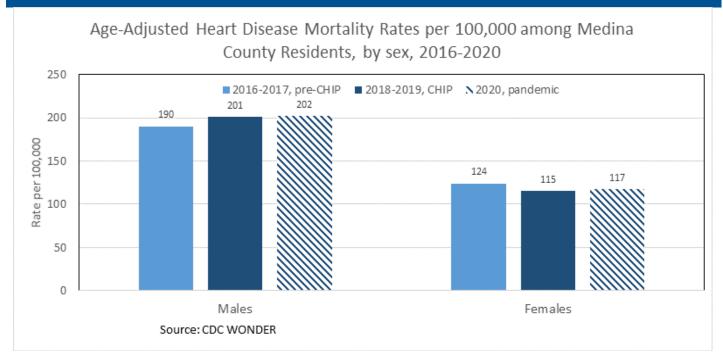
Since 1999-2001, Medina County has experienced a 38% decrease in heart disease mortality (death) rates and has been consistently below the statewide average. However, heart disease mortality rates have not changed since 2016-2017 and remains one of the leading causes of death among Medina County residents.



Heart Disease Deaths by Age Group:

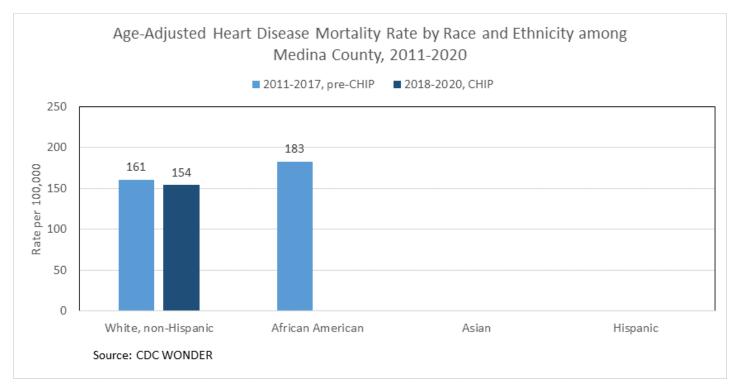
Heart disease mortality rates increase dramatically with age. Approximately 1% of adults age 75 to 84 and 4% of adults age 85 and older die from heart disease each year. Heart disease mortality rates have remained the same for those less than 85 years of age since 2015-2017. We seeing a decreasing trend in mortality rates among those 85 or older.

CHRONIC DISEASE: HEART DISEASE DEATHS



Heart Disease Deaths by Sex:

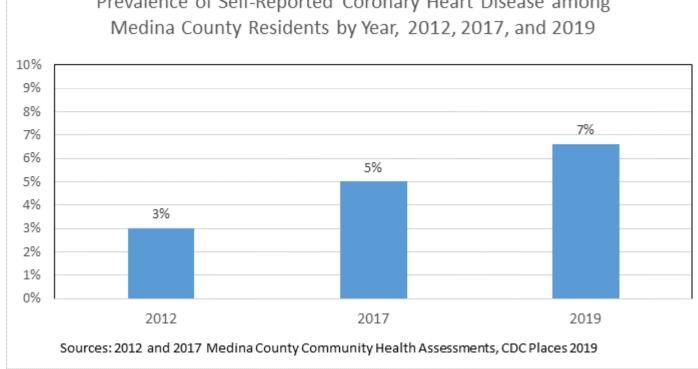
Heart disease mortality rates are higher among males compared to females. For males, heart disease mortality rates have increased slightly from 2016-2017 to 2020 while mortality rates have decreased slightly among females.



Heart Disease Deaths by Race and Ethnicity:

In 2011-2017, heart disease mortality rates were 7% higher among African Americans compared to White, non-Hispanics. Heart disease mortality rates have decreased slightly among White, non-Hispanics.

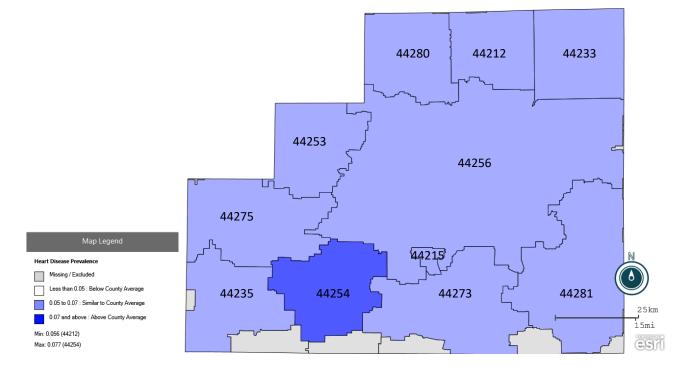
CHRONIC DISEASE: CORONARY HEART DISEASE



Prevalence of Self-Reported Coronary Heart Disease among

Trends in Coronary Heart Disease:

The prevalence of adults diagnosed with coronary heart disease has doubled from 3 percent in 2012 to 7% in 2019.

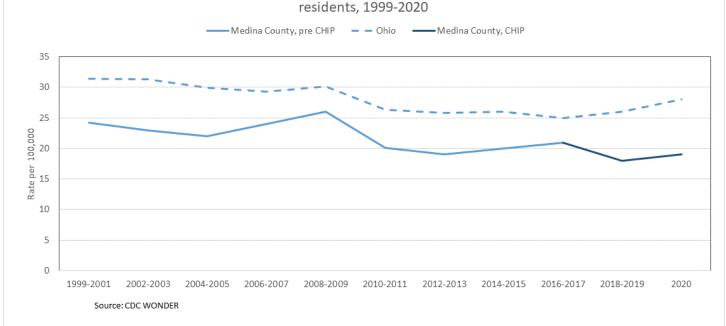


Coronary Heart Disease by Zip Code:

The prevalence of reported heart disease is higher than the county average in the Lodi (44254) zip code. The prevalence of heart disease is similar to the county average in the remainder of the zip codes.

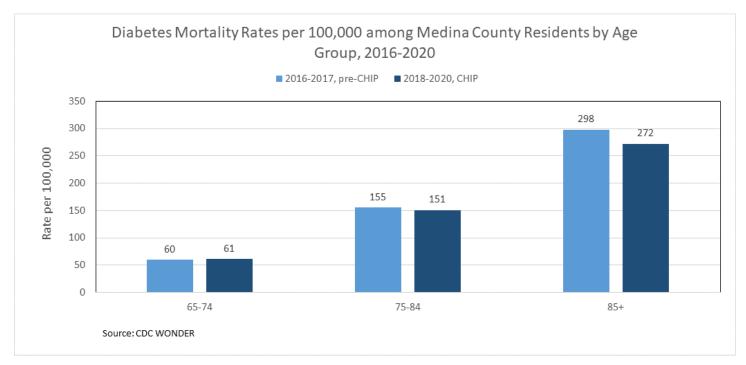
CHRONIC DISEASE: DIABETES DEATHS

Age-Adjusted Diabetes Mortality Rate per 100,000 among Medina County and Ohio



Trends in Diabetes Deaths:

Between 1999-2001 and 2016-2017, Medina County has experienced a 13% decrease in diabetes mortality rates and has been consistently below the statewide average. Since 2016-2017, mortality rates have continued to decrease by 10%.

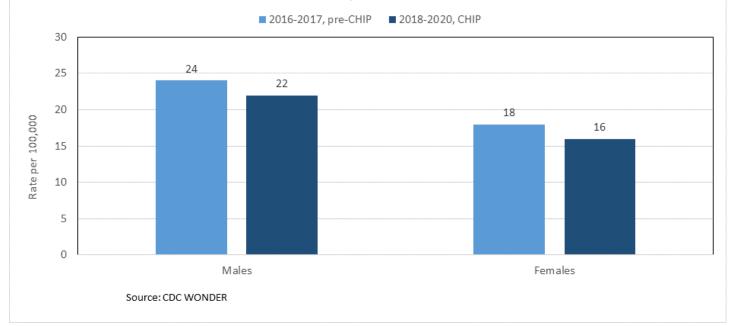


Diabetes Deaths by Age Group:

Diabetes mortality rates increase significantly with age. Diabetes mortality rates have remained the same for those less than 85 years of age since 2015-2017. Rates have decreased slightly among those ages 85 or older.

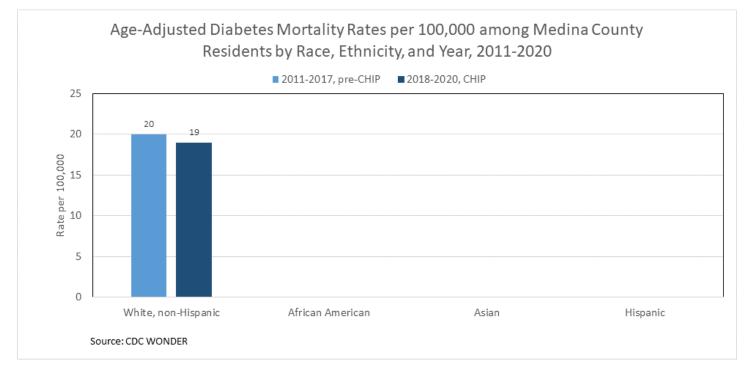
CHRONIC DISEASE: DIABETES DEATHS

Age-Adjusted Diabetes Mortality Rates per 100,000 among Medina County Residents by Sex, 2016-2020



Diabetes Deaths by Sex:

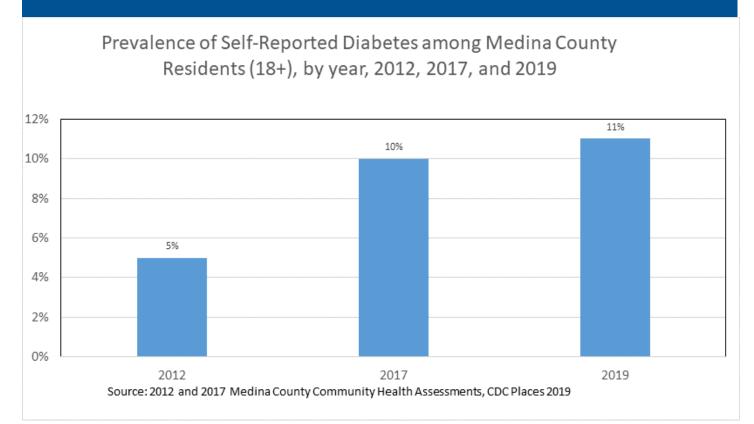
Diabetes mortality rates are higher among males compared to females. This pattern has not changed over time. Diabetes mortality rates have decreased slightly for both males and females since 2016-2017.



Diabetes Deaths by Race and Ethnicity:

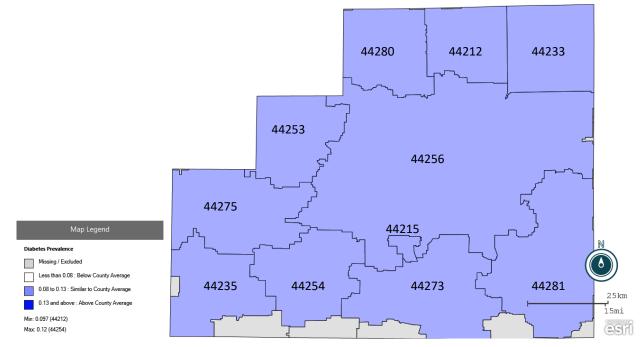
Diabetes mortality rates are similar among White, non-Hispanics between 2011-2017 and 2018-2020. Rates for other race and ethnic groups are not shown due to the small number of deaths that have occurred.

CHRONIC DISEASE: DIABETES



Trends in Diabetes Prevalence:

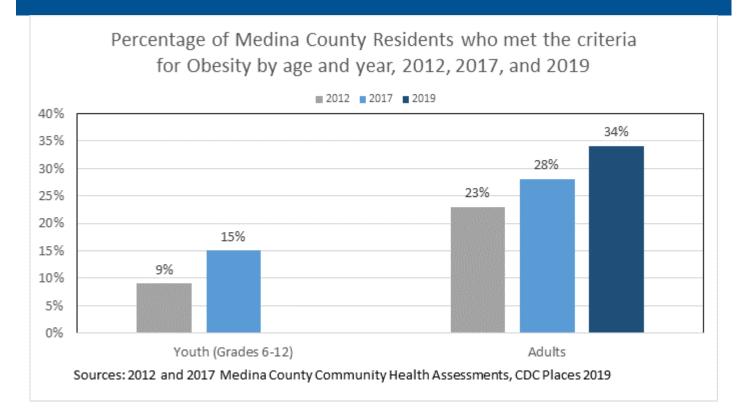
The prevalence of diabetes is on the rise. The percentage of adults who reported being diagnosed with diabetes doubled from 2012 to 2017 then leveled between 2017 and 2019.



Diabetes Prevalence by Zip Code:

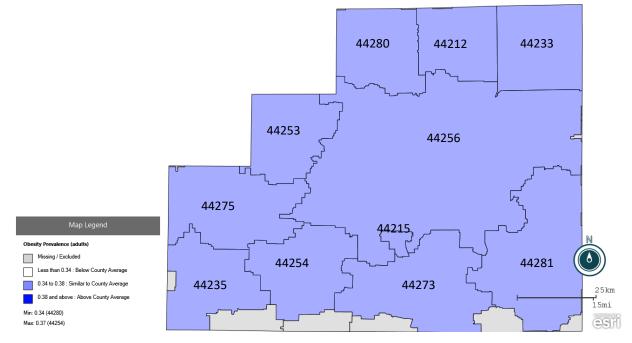
The prevalence of reported diabetes was similar to the county average in all zip codes.

CHRONIC DISEASE: OBESITY



Trends in Obesity Prevalence:

The prevalence of obesity is on the rise among youth and adults The percentage of youth who met the criteria for obesity increased by 67% while the increase among adults was 48%.



Obesity Prevalence by Zip Code:

The prevalence of obesity was similar to the county average in all zip codes.

CHRONIC DISEASE: OTHER INDICATORS

Prevention Area	Indicator	Medina County	Ohio	US	Year	Trend da- ta?	Priority Area
Primary	Adults Sugar-Sweetened Beverage Consump- tion Past 7 days	80.6%	81.1%	80.6%	2020	No	Nutrition-Related Chronic Diseases
Primary	Adults Who Frequently Use Quick Service Restaurants Past 30 days	40.8%	42.0%	42.0%	2020	No	Nutrition-Related Chronic Diseases
Primary	Consumer Expenditure: Fruits and Vegetables: High Sugar Beverages & High Sugar Foods	\$1,044 : \$997	-	-	2021	Yes (Increasing)	Nutrition-Related Chronic Diseases
Primary	Adults who are Sedentary	20.6%			2017	Yes (declining)	Nutrition-Related Chronic Diseases; Chronic Lung Conditions; Dementia & Alzheimer's
Secondary	Consumer Expenditures: Medical Services	\$1,419			2021	Yes	Nutrition-Related Chronic Diseases
Secondary	Households that Received Cardiology Medical Services	12.1%	11.7%	11.0%	2020	No	Nutrition-Related Chronic Diseases
Secondary	Adults Who Visited a Cardiologist	13.3%	13.5%	12.7%	2020	No	Nutrition-Related Chronic Diseases
Tertiary	High Blood Pressure Prevalence	32.4%		32.4%	2017	No	Nutrition-Related Chronic Diseases
Tertiary	Adults: High Cholesterol	34.7%		34.1%	2017	No	Nutrition-Related Chronic Diseases
Tertiary	Adults with Diabetes	8.4%	9.7%		2017	Yes (declining)	Nutrition-Related Chronic Diseases
Tertiary	Adults Who Experienced Coronary Heart Disease	7.0%		6.8%	2018	No	Nutrition-Related Chronic Diseases
Tertiary	Adults Who Experienced a Stroke	3.1%		3.4%	2018	No	Nutrition-Related Chronic Diseases
Tertiary	Adults Who Bought Medications for High Blood Pressure	25.9%	26.0%	24.3%	2020	No	Nutrition-Related Chronic Diseases
Tertiary	Adults who Bought Medications for Diabetes	10.0%	10.9%	10.1%	2020	No	Nutrition-Related Chronic Diseases
Tertiary	Adults Who Bought Medications for Choles- terol	17.4%	16.9%	15.9%	2020	No	Nutrition-Related Chronic Diseases

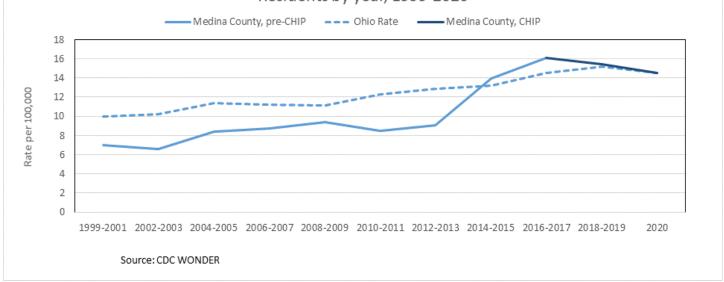
Primary Prevention: intervening before health effects occur, through measures such as vaccinations, altering risky behaviors (poor eating habits, tobacco use), and banning substances known to be associated with a disease or health condition.

Secondary Prevention: screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures such as mammography and regular blood pressure testing.

Tertiary Prevention: managing disease post diagnosis to slow or stop disease progression through measures such as chemotherapy, rehabilitation, and screening for complications.

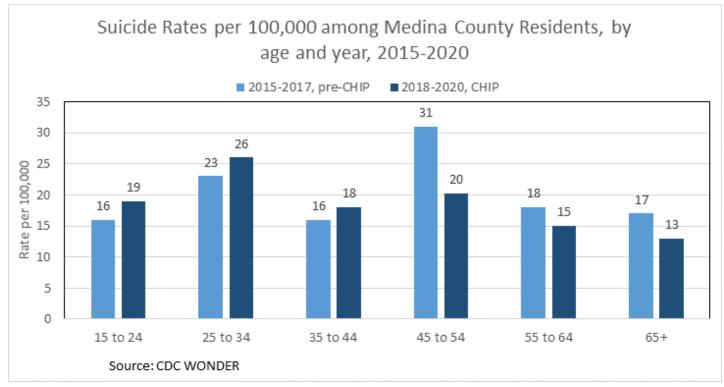
MENTAL HEALTH AND ADDICTION: SUICIDE DEATHS

Age-Adjusted Suicide Rate per 100,000 among Medina County and Ohio Residents by year, 1999-2020



Trends in Suicide Deaths:

Between 1999-2001 and 2016-2017, Medina County has experienced a 130% increase in suicide mortality rates. Most of the increase occurred between 2012-2013 and 2016-2017. Since 2016-2017, suicide death rates have decreased 10%.

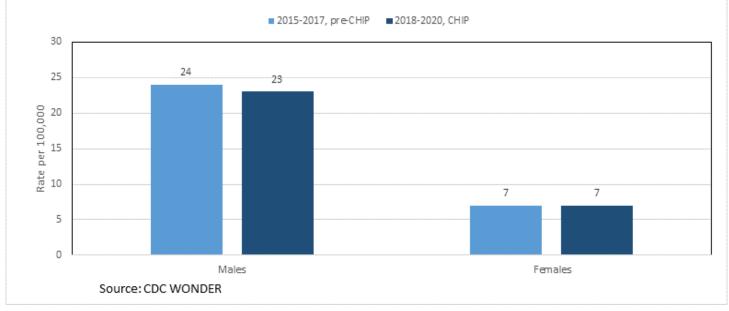


Suicide Deaths by Age Group:

Suicide death rates increased slightly during the CHIP implementation period for age groups less than 45 while rates decreased among age groups older than 45. The largest change (35% decrease) in suicide death rates was found among those 45 to 54 years of age.

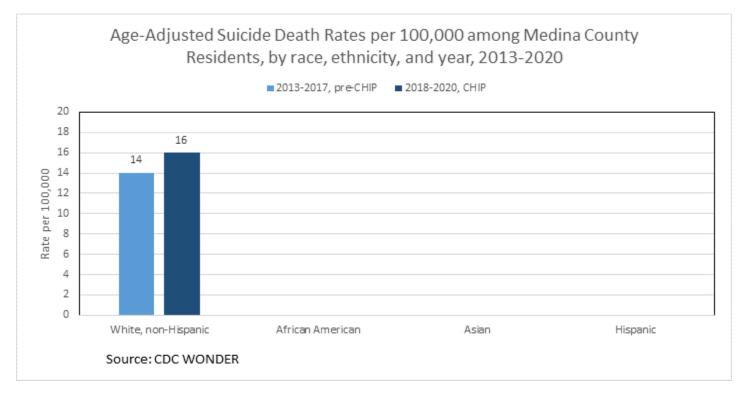
MENTAL HEALTH AND ADDICTION: SUICIDE DEATHS

Age-Adjusted Suicide Rates per 100,000 among Medina County Residents by sex and year, 2015-2020



Suicide Deaths by Sex:

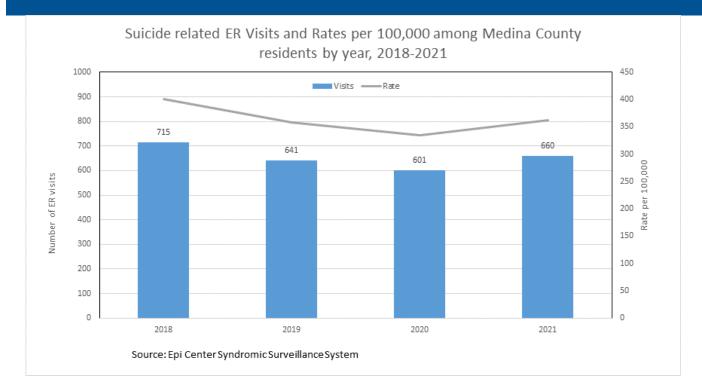
Suicide death rates are over 3 times higher among males compared to females. This pattern has remained consistent over time.



Suicide Deaths by Race and Ethnicity:

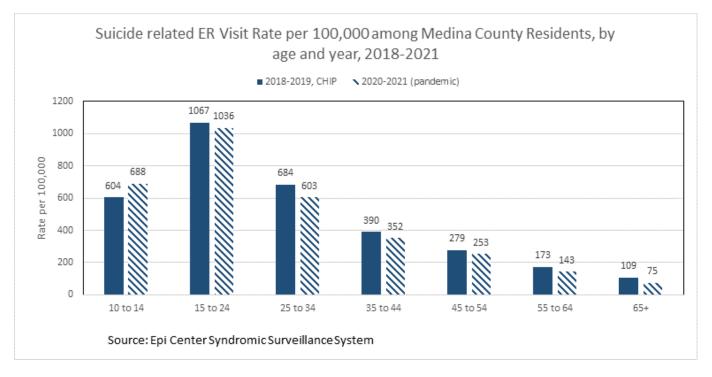
Suicide death rates increased slightly among White, non-Hispanics from 2013-2017 to 2018-2020. We did not have enough suicide deaths occurring among other race and ethnic groups to conduct an analysis.

MENTAL HEALTH AND ADDICTION: SUICIDE ER VISITS



Trends in Suicide related Emergency Room (ER) Visits:

The number and rate of suicide related ER visits decreased from 2018 to 2020 then increased in 2021.

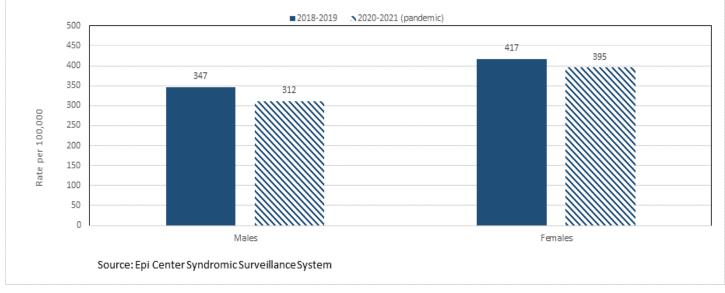


Suicide related ER Visits by Age Group:

The highest suicide related ER visit rates were found among those ages 15 to 24. This pattern was consistent before and during the pandemic. During the pandemic, ER visit rates decreased among almost all age groups. The exception to this pattern was increase in rates found among those ages 10 to 14.

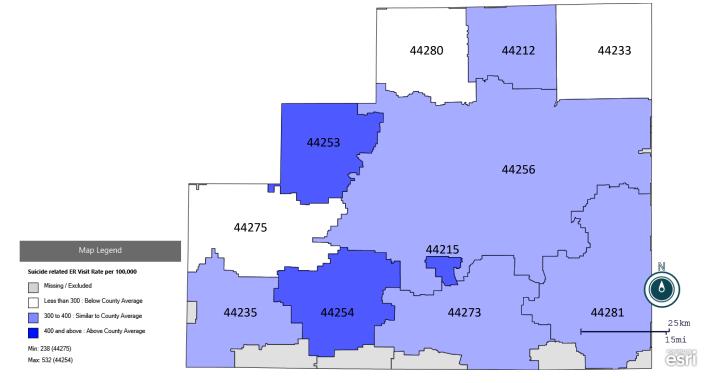
MENTAL HEALTH AND ADDICTION: SUICIDE ER VISITS





Suicide related Emergency Room (ER) Visits by Sex:

Suicide related ER visit rates were higher among females compared to males before and during the pandemic. ER visit rates decreased for both males and females during the pandemic.

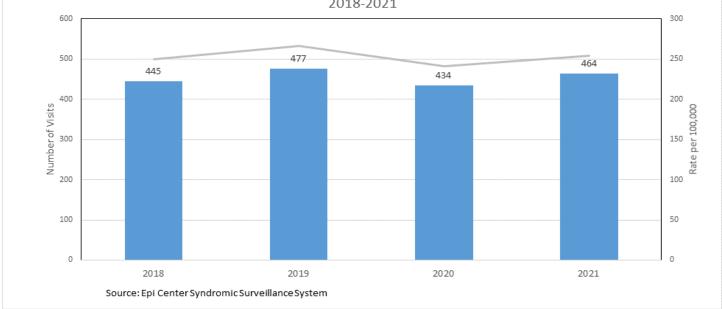


Suicide related ER Visits by Zip Code:

Suicide related ER visit rates were above the county average in the 44215 (Chippewa Lake), Litchfield (44253), and Lodi (44254) zip codes. The lowest ER visit rates were found in the Hinckley (44233), Spencer (44275), and Valley City (44280) zip codes.

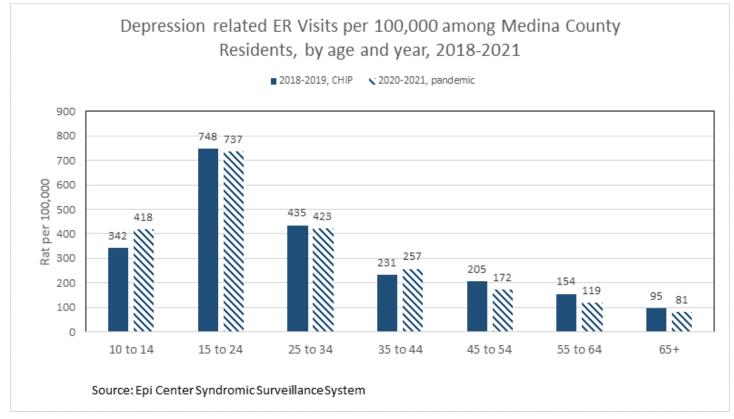
MENTAL HEALTH AND ADDICTION: DEPRESSION ER VISITS

Depression related ER visit rate per 100,000 among Medina County residents by year, 2018-2021



Trends in Depression related Emergency Room (ER) Visits:

The number and rate of depression related ER visits among Medina County residents was similar in 2018-2021.

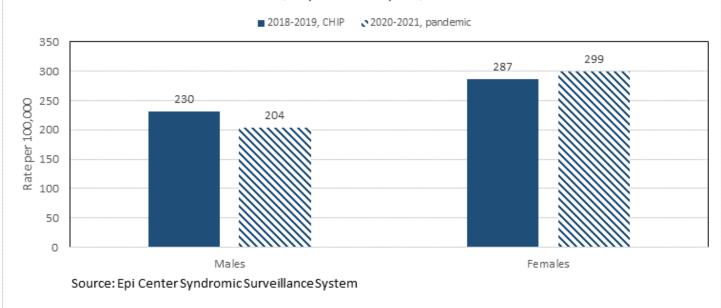


Depression related ER Visits by Age Group:

The highest depression related ER visit rates were found among those ages 15 to 24. This pattern was consistent before and during the pandemic. During the pandemic, ER visit rates were similar to the pre-pandemic average among almost all age groups. The exception to this pattern was increase in rates found among those ages 10 to 14.

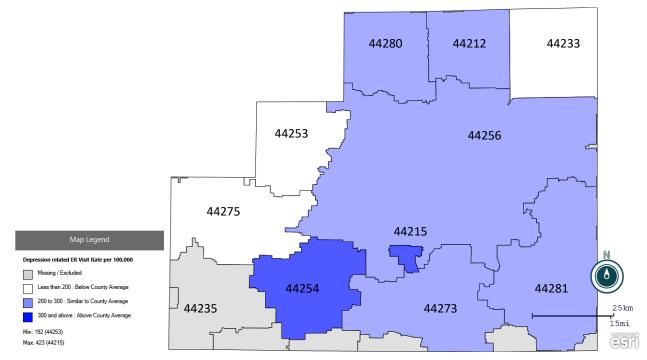
Mental Health and Addiction: Depression

Depression related ER Visit Rate per 100,000 among Medina County Residents, by sex and year, 2018-2021



Depression related Emergency Room (ER) Visits by Sex:

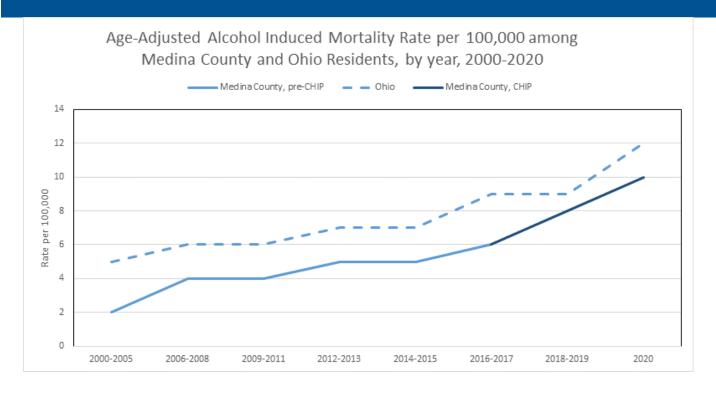
Depression related ER visit rates were higher among females compared to males before and during the pandemic. ER visit rates decreased among males while rates were similar among females before and during the pandemic.



Depression related ER Visits by Zip Code:

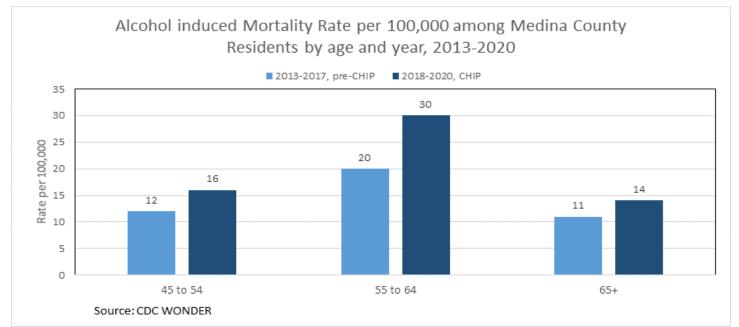
Depression related ER visit rates were above the county average in the 44215 (Chippewa Lake) and Lodi (44254) zip codes. ER visit rates were below the county average in the Hinckley (44233), Litchfield (44253), and Spencer (44275) zip codes. The number of visits in the Homer (44235) zip code did not meet the minimum reporting requirements.

MENTAL HEALTH AND ADDICTION: ALCOHOL DEATHS



Trends in Alcohol Induced Deaths:

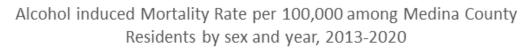
Medina County has experienced a steady increase in alcohol induced mortality rates during the last 20 years. Alcohol induced mortality rates have increased 67% during the CHIP implementation period.

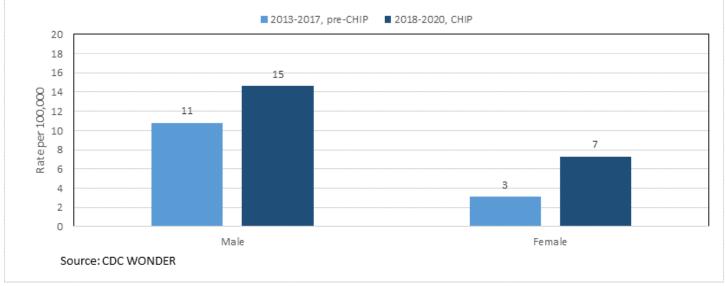


Alcohol Induced Deaths by Age Group:

The highest rates of alcohol induced deaths rates occurred among those age 45 or older. This pattern was consistent before and during implement of CHIP strategies. Rates increased across all age groups during CHIP implementation with the largest increase occurring among those 55 to 64 years of age.

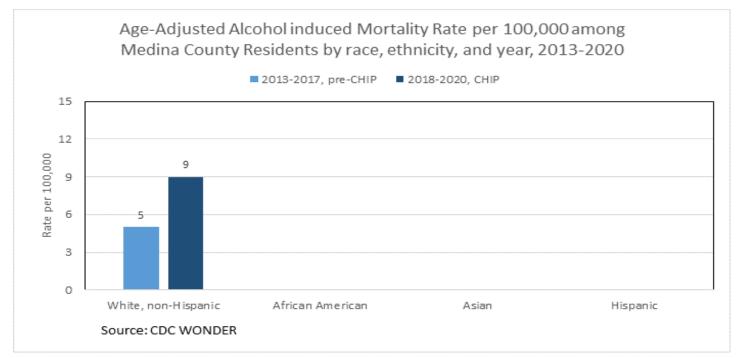
MENTAL HEALTH AND ADDICTION: ALCOHOL DEATHS





Alcohol Induced Deaths by Sex:

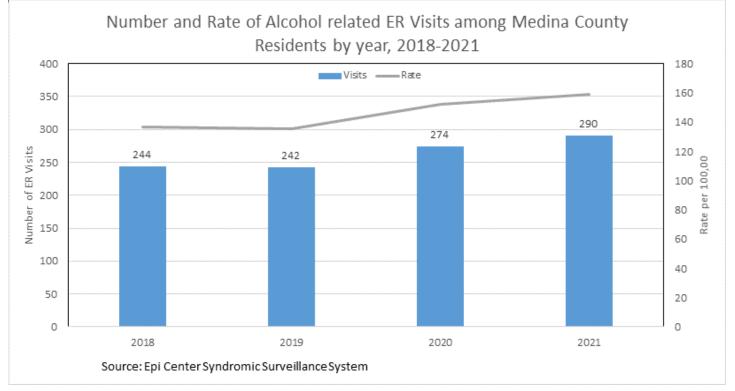
Males are more likely to die from an alcohol induced death than females. This pattern was consistent before and during the implementation of CHIP strategies. Rates increased among both males and females during the CHIP implementation period.



Alcohol Induced Deaths by Race and Ethnicity:

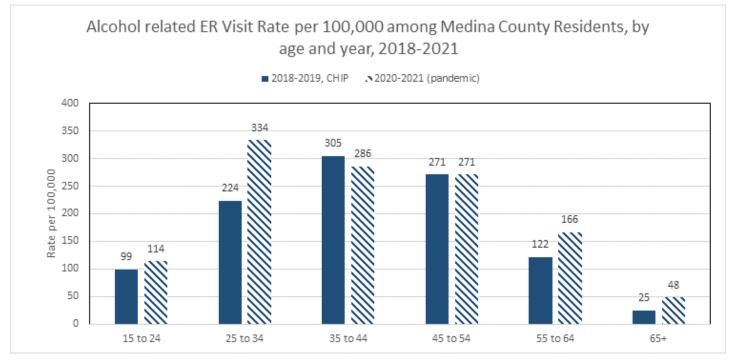
The rate of alcohol induced deaths increased from 2013-2017 to 2018-2020 among White, non-Hispanics. Rate for all other race and ethnic groups are not shown because the number of deaths did not meet the minimum reporting standards.

MENTAL HEALTH AND ADDICTION: ALCOHOL ER VISITS



Trends in Alcohol Induced ER Visits:

Alcohol induced ER visit rates have increased 14% from 2018 to 2021.

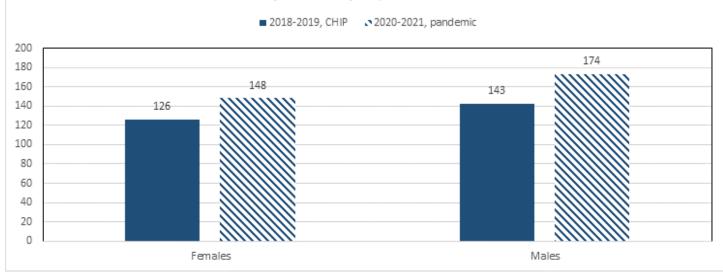


Alcohol Induced ER Visits by Age Group:

The highest rates of alcohol induced ER visit rates occurred among those ages 25 to 54. This pattern was consistent before and during the pandemic. Rates increased among those less than 35 and over 55. The largest increase was found among those 25 to 34.

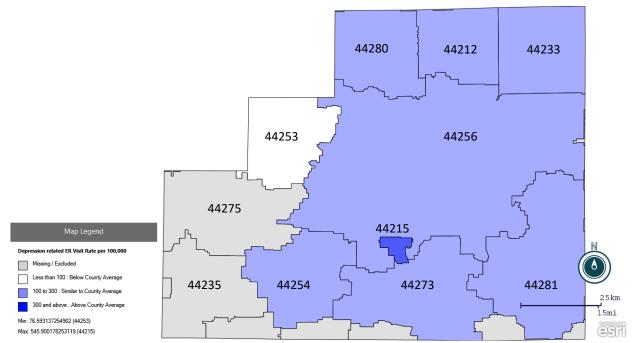
MENTAL HEALTH AND ADDICTION: ALCOHOL ER VISITS

Alcohol related ER Visit Rate per 100,000 among Medina County Residents, by sex and year, 2018-2021



Alcohol Induced ER Visits by Sex:

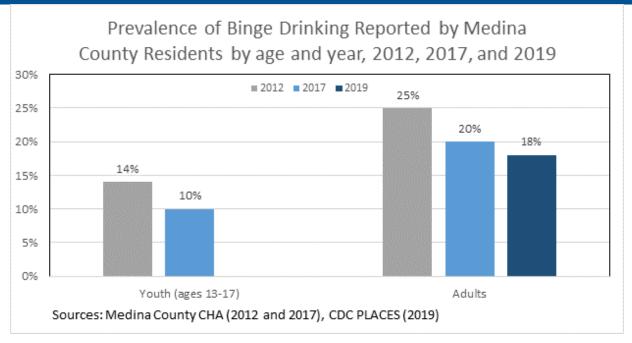
Alcohol induced ER visit rates were higher among males compared to females. This pattern was consistent before and during the pandemic. The increase in rates observed during the pandemic were higher among males compared to females.



Alcohol Induced ER Visits by Zip Code:

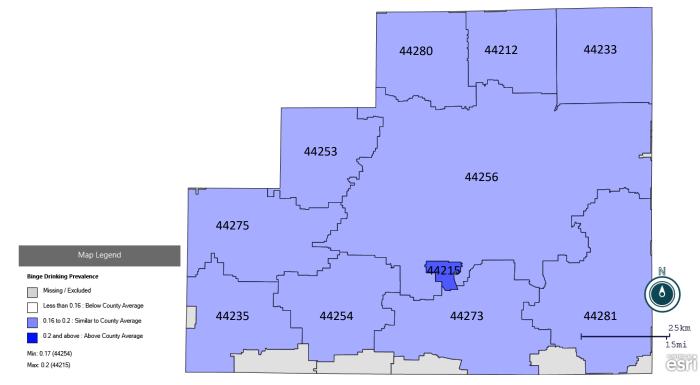
The highest rates of alcohol induced ER visits occurred in the Chippewa Lake (44215) zip code. The lowest rates were found in the Litchfield (44253) zip code. The 44235 and 44275 zip codes did not meet the minimum reporting requirements.

Mental Health and Addiction: Alcohol



Trends in Binge Drinking

The data suggests the prevalence of reported binge drinking is on the decline among youth and adults. The largest decrease was found between 2012 and 2017. The percentage of adults who reported binge drinking in 2019 was similar to 2017.



Reported Binge Drinking by Zip Code:

The prevalence of reported binge drinking was above the county average in the Chippewa Lake (44215) zip code. The remainder of the zip codes were similar to the county average.

MENTAL HEALTH AND ADDICTION: OTHER INDICATORS

Prevention Area	Indicator	Medina County	Ohio	US	Year	Trend da- ta?	Priority Area
Primary	Adults who Drink Excessively	18.5%	18.5%	19.0%	2018	No	Addiction & Mental Health
Primary	Consumer Expenditures: Alcoholic Beverages	\$821			2021	Yes (Increasing)	Addiction & Mental Health
Primary	Frequent Mental Distress	13.6%	15.5%	13.0%	2018	No	Addiction & Mental Health;
Primary	Poor Mental Health 14+ days	12.9%		12.7%	2018	No	Addiction & Mental Health;
Primary	Poor Mental Health Average # Days past month	4.4 days	4.8 days	4.1 days	2018	No	Addiction & Mental Health
Secondary	Households that Received Substance Abuse Medical Services	1.4%	1.6%	1.6%	2020	No	Addiction & Mental Health
Secondary	Adults who have had a Routine checkup	78.9%		76.7%	2018	No	Addiction & Mental Health;
Secondary	Adults with Health Insurance	94.4%	90.9%	87.1%	2019	Yes (no change)	Addiction & Mental Health;
Secondary	Mental Health Provider Rate	141 per 100,000	261 per 100,000	229 per 100,000	2020	Yes (increasing)	Addiction & Mental Health
Tertiary	Age-Adjusted Drug and Opioid-Involved Over- dose Fatality Rate	25.1 per 100,000	42.0 per 100,000	22.8 per 100,000	2017-2019	Yes (no change)	Addiction & Mental Health

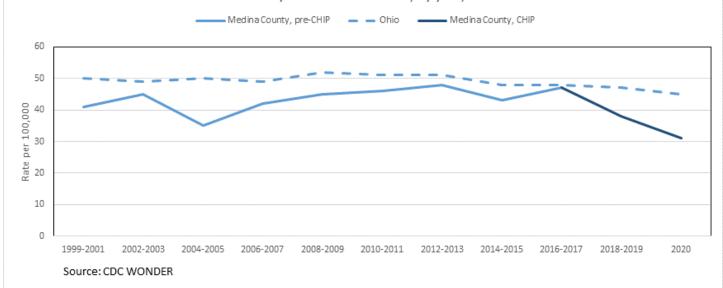
Primary Prevention: intervening before health effects occur, through measures such as vaccinations, altering risky behaviors (poor eating habits, tobacco use), and banning substances known to be associated with a disease or health condition.

Secondary Prevention: screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures such as mammography and regular blood pressure testing.

Tertiary Prevention: managing disease post diagnosis to slow or stop disease progression through measures such as chemotherapy, rehabilitation, and screening for complications.

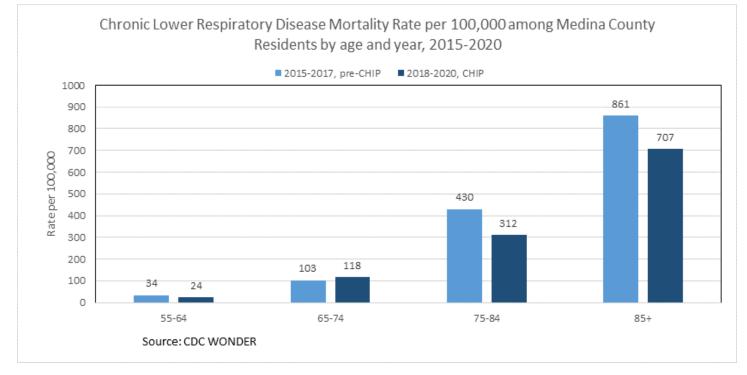
CHRONIC LUNG CONDITIONS: DEATHS

Age-Adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 among Medina County and Ohio Residents, by year, 1999-2020



Trends in Chronic Lower Respiratory Disease Deaths:

The chronic lower respiratory disease mortality rate has largely remained the same between 1999-2001 and 2016-2017 and consistently below the statewide average. Since 2016-2017, mortality rates have decreased sharply.

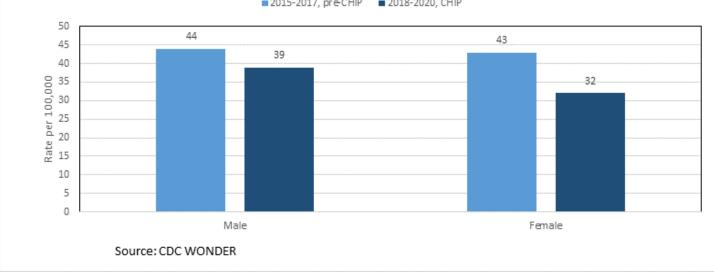


Chronic Lower Respiratory Disease Death Rates by Age:

Mortality rates increase with age. This pattern is consistent before and during the implementation of CHIP strategies. Mortality rates have decreased for all age groups except for the 65-74 age group.

CHRONIC LUNG CONDITIONS: DEATHS

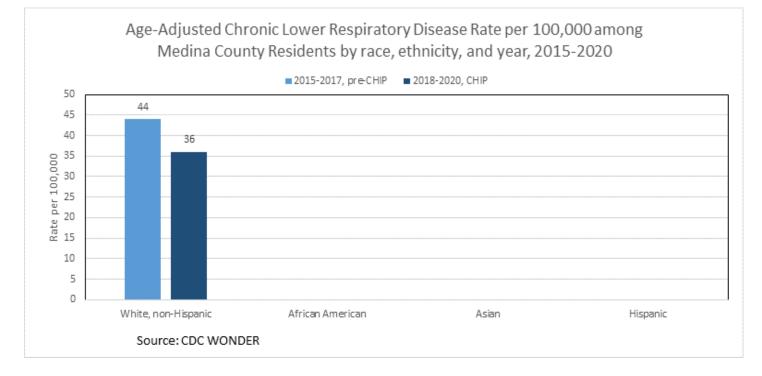
Age-Adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 among Medina County Residents by sex and year, 2015-2020



2015-2017, pr e-CHIP 2018-2020, CHIP

Chronic Lower Respiratory Disease Deaths by Sex:

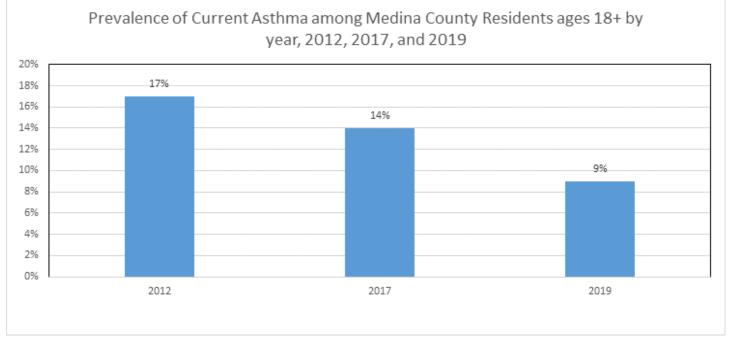
In 2015-2017, mortality rates were similar among males and females. Mortality rates decreased among both males and females with a larger decrease found among females in 2018-2020.



Chronic Lower Respiratory Disease Death Rates by Race and Ethnicity:

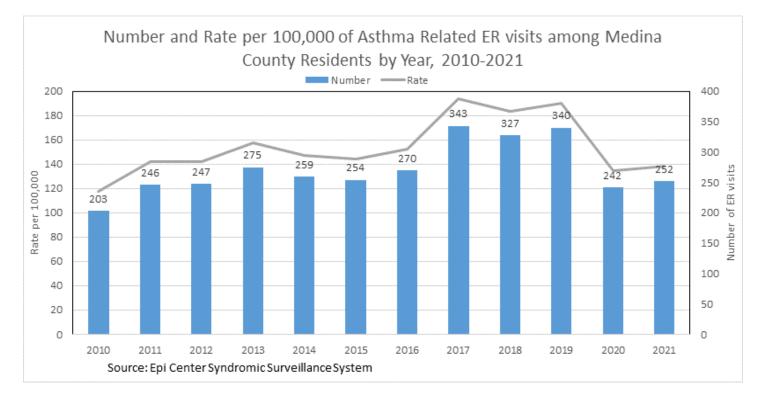
Mortality rates decreased among White, non-Hispanics. The number of deaths did not meet the minimum reporting requirements for other race and ethnic groups.

CHRONIC LUNG CONDITIONS: ASTHMA



Trends in Reported Asthma by Adults:

The data suggests the prevalence of current asthma among adults has decreased from 17% in 2012 to 9% in 2019.

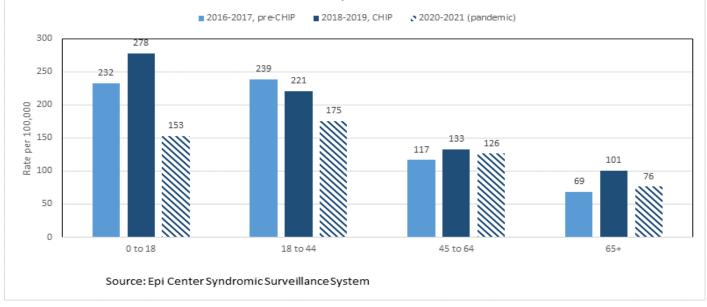


Trends in Asthma related ER Visits:

The number and rate of asthma related ER visits increased from 2010 to 2019. A significant drop in the number of visits occurred during 2020 and 2021.

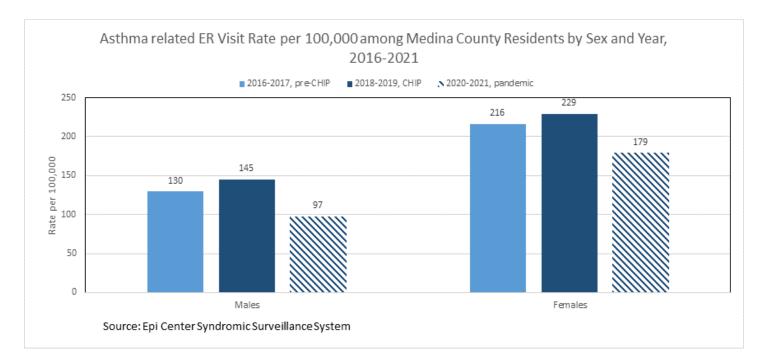
CHRONIC LUNG CONDITIONS: ASTHMA ER VISITS

Asthma related ER Visit Rate per 100,000 among Medina County Residents by Age and Year, 2016-2021



Asthma related ER Visits by Age:

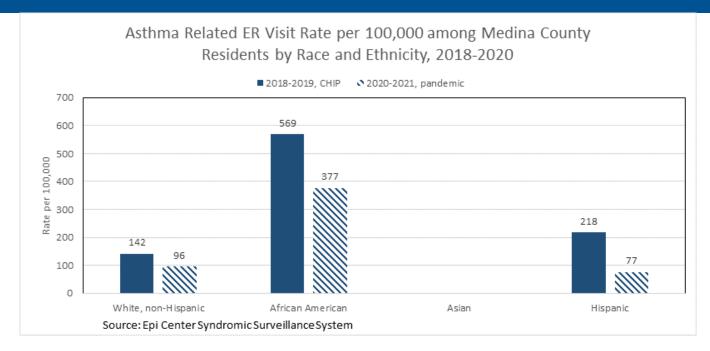
Asthma related ER visit rates increased among all age groups except for the 18 to 44 age group between 2016-2017 and 2018-2019. Rates decreased across all age groups during the pandemic (2020-2021).



Asthma related ER Visits by Sex:

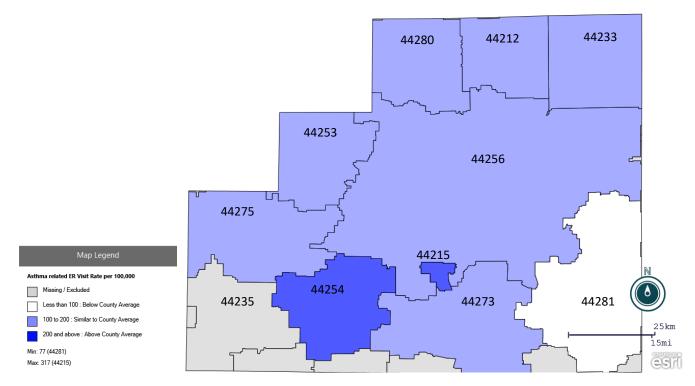
Asthma related ER visits increased from 2016-2017 to 2018-2019 then decreased in 2020-2021 for both males and females. Rates were consistently higher among females for all years.

CHRONIC LUNG CONDITIONS: ASTHMA ER VISITS



Asthma related ER Visits by Race and Ethnicity:

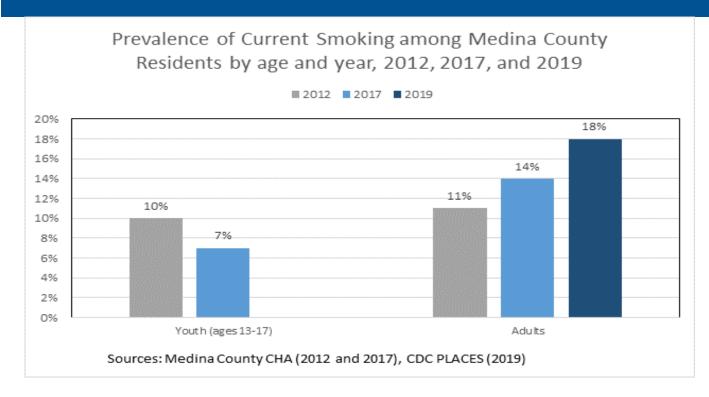
Asthma related ER visit rates were higher among African Americans compared to White, non-Hispanics and Hispanics. This pattern was consistent before and during the pandemic.



Asthma related ER Visits by Zip Code:

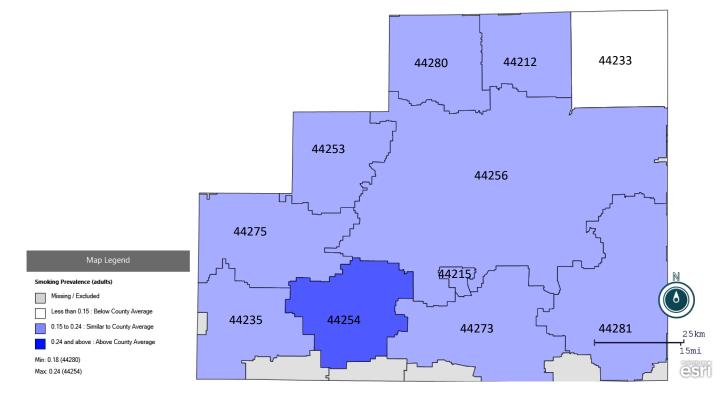
The prevalence of adults who reported current asthma is similar across all zip codes in Medina County (data not shown). The highest rates of asthma related ER visits are in the Chippewa Lake (44215) and Lodi (44254) zip codes while rates in the Wadsworth (44281) zip code were below the county average.

CHRONIC LUNG CONDITIONS: SMOKING



Trends in Smoking

Since 2012, smoking rates have decreased among youth and increased among adults.



Smoking by Zip Code (adults):

The percentage of adults who currently smoke is higher than the county average in the Lodi (44254) zip code and lower than the county average in the Hinckley (44233) zip code.

CHRONIC LUNG CONDITIONS: OTHER INDICATORS

Prevention Area	Indicator	Medina County	Ohio	US	Year	Trend da- ta?	Priority Area
Primary	Adults Fully Immunized Against COVID-19	58.5%			2021	No	Chronic Lung Conditions
Secondary	Adults who have had a Routine checkup	78.9%		76.7%	2018	No	Nutrition-Related Chronic Diseases; Chronic Lung Conditions
Secondary	Adults with Health Insurance	94.4%	90.9%	87.1%	2019	Yes (no change)	Nutrition-Related Chronic Diseases; Chronic Lung Conditions
Secondary	Primary Care Provider Rate	60 per 100,000	109 per 100,000	88 per 100,000	2020	Yes (declining)	Nutrition-Related Chronic Diseases; Chronic Lung Conditions
Tertiary	Lung & Bronchus Cancer Incidence	56.9 per 100,000	67.9 per 100,000	58.3 per 100,000	2013-2017	Yes (declining)	Chronic Lung Conditions
Tertiary	Adults with COPD	7.7%		6.9%	2018	No	Chronic Lung Conditions
Tertiary	Adults Who Bough Medications for Asthma	5.8%	6.2%	6.1%	2020	No	Chronic Lung Conditions

Primary Prevention: intervening before health effects occur, through measures such as vaccinations, altering risky behaviors (poor eating habits, tobacco use), and banning substances known to be associated with a disease or health condition.

Secondary Prevention: screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures such as mammography and regular blood pressure testing.

Tertiary Prevention: managing disease post diagnosis to slow or stop disease progression through measures such as chemotherapy, rehabilitation, and screening for complications.

DATA SOURCES AND METHODS

This report utilizes the following data sources:

- CDC WONDER: The Centers for Disease Control and Prevention Wide-ranging OnLine Data for Epidemiologic Research (WONDER) -- is an internet system that makes the information resources of the Centers for Disease Control and Prevention (CDC) available to public health professionals and the public at large. Mortality data was queried from the 1999-2020 Underlying Cause of Death by Bridged Race Categories File. The system includes a feature for calculating age-adjusted rates.
- 2. Epi Center Syndromic Surveillance System: EpiCenter is Ohio's statewide syndromic surveillance system used by state and local public health agencies to detect, track and characterize health events such as pandemic influenza, outbreaks, environmental exposures and potential bioterrorism in real-time. The system gathers de-identified information on patient symptoms and automatically alerts public health when an unusual pattern or trend is occurring. System classifier for asthma was used to report asthma related ER visits. The ER visit data related depression, suicide, and alcohol were based on a combination of chief complaint and discharge diagnosis data. 2018 was the first year reported for suicide, depression, and alcohol related ER visits due improvements in reporting of discharge diagnosis codes.
- Medina County Community Health Assessments (2012 and 2017): The Medina County Health Department conducted a CHA in 2012. Data on the leading causes of morbidity and mortality were gathered through surveys administered to youth and adults. The Living Well Medina County Coalition conducted the 2017 CHA. The 2017 CHA was also based on surveys administered to youth and adults.
- 4. CDC PLACES:PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, allows local health departments and jurisdictions regardless of population size and urban-rural status to better understand the burden and geographic distribution of health-related outcomes in their areas and assist them in planning public health interventions. PLACES provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States.



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