

Thank you to the following who funded this project:

Alternative Paths, Inc.

Catholic Charities Community Services of Medina County

Community Action Wayne & Medina Counties

Jeffrey Holland, Holland & Muirden, Attorneys at Law

Lodi Community Hospital

Medina County Alcohol, Drug Addiction & Mental Health Board

Medina County Board of Developmental Disabilities

Medina County Emergency Management Agency

Medina County Family First Council

Medina County Health Department

Medina County School Districts

Medina Hospital Foundation

Richard and Lora Dumperth

Solutions Behavioral Healthcare

The Children's Center of Medina County

United Way of Medina County

Westfield Insurance Foundation



2017

MEDINA COUNTY

Community Needs Assessment

Foreword

Living Well Medina County, a collaboration of healthcare, government, education, business, nonprofit, and faith communities in Medina County, is pleased to present the **2017 Medina County Community Needs Assessment Report**.

This report, which provides a comprehensive look at the health and well-being of Medina County children, youth, and adults, represents the first step in the ongoing work of *Living Well Medina County's* collaborators to create and implement a shared vision for providing health and human services in Medina County. The data contained in the **2017 Medina County Needs Assessment Report** will help guide *Living Well Medina County* in its efforts to develop innovative strategies for effectively and efficiently addressing high priority needs, to create evaluation/outcome measures that effectively track progress and ensure accountability, and to educate Medina County stakeholders about the community vision.

The 2017 needs assessment data were obtained by independent researchers from the Toledo-based Hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys to a cross-sectional, randomized sample of Medina County residents as follows: adults aged 19 years and older, youth aged 12-18 years, and parents of children aged 0-11 years. The survey instruments contained both customized questions and a set of core questions taken from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance System, and National Survey for Children's Health. The number of surveys completed and analyzed met the threshold for statistical significance at the 95% confidence level, with a 5% margin of error. Wherever possible, local findings have been compared to other local, regional, state, and national data. As we move forward with planning strategies, we continue to commit to serving those in our county who experience health and basic needs disparities.

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

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

Sincerely,
Steering Committee
Living Well Medina County

Acknowledgements

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Westfield Insurance Foundation

Commissioned by Living Well Medina County

Living Well Medina County, a collaborative of healthcare, government, education, business, nonprofit, and faith communities in Medina County, has been working since 2010 to develop a community process for collecting and presenting data about the greatest needs 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.

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To see Medina County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

<http://www.hcno.org/community/data-indicator.html>

The 2017 Medina County Needs Assessment is available on the following websites:

Medina County Health Department

<http://www.medinahhealth.org>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

Network of Care

<http://medina.oh.networkofcare.org/ph/>

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Table of Contents

Executive Summary	Pages 6-25
Primary Data Collection Methods	Pages 6-8
2016 Ohio State Health Assessment (SHA)	Page 9
Data Summary	Pages 10-25
Comparison Summary	Pages 26-31
HEALTHCARE ACCESS	
Healthcare Coverage	Pages 32-34
Access and Utilization	Pages 35-38
Preventive Medicine	Pages 39-41
Women's Health	Pages 42-45
Men's Health	Pages 46-49
Oral Health	Pages 50-52
HEALTH BEHAVIORS	
Health Status Perceptions	Pages 53-55
Adult Weight Status	Pages 56-58
Adult Tobacco Use	Pages 59-63
Adult Alcohol Consumption	Pages 64-70
Adult Drug Use	Pages 71-76
Adult Sexual Behavior	Pages 77-81
Adult Mental Health	Pages 82-84
CHRONIC DISEASE	
Cardiovascular Health	Pages 85-89
Cancer	Pages 90-93
Asthma	Pages 94-95
Arthritis	Pages 96-97
Diabetes	Page 98
Quality of Life	Pages 99-100
SOCIAL CONDITIONS	
Social Determinants of Health	Pages 101-106
Environmental Conditions	Page 107
Parenting	Page 108
YOUTH HEALTH	
Youth Weight Status	Pages 109-112
Youth Tobacco Use	Pages 113-115
Youth Alcohol Consumption	Pages 116-119
Youth Drug Use	Pages 120-122
Youth Sexual Behavior	Pages 123-126
Youth Mental Health	Pages 127-130
Youth Personal Health and Safety	Pages 131-132
Youth Violence	Pages 133-135
CHILD HEALTH	
Health and Functional Status	Pages 136-139
Health Care Access	Pages 140-141
Early Childhood (0-5 Years)	Pages 142-143
Middle Childhood (6-11 Years)	Pages 144-145
Family and Community Characteristics	Pages 146-149
Parent Health	Pages 150-151

APPENDICES

APPENDIX I — Needs Assessment Information Sources	Pages 152-156
APPENDIX II — Acronyms and Terms	Pages 157-158
APPENDIX III — Weighting Methods	Pages 159-160
APPENDIX IV — School Participation	Page 161
APPENDIX V — Demographic Profile	Pages 162-163
APPENDIX VI — Demographics and Household Information	Pages 164-171
APPENDIX VII — County Health Rankings	Pages 172-174
APPENDIX VIII — Qualitative Data	Pages 175-178

Executive Summary

This executive summary provides an overview of health-related data for Medina County adults (19 years of age and older), youth (ages 12-18), and children (ages 0-11) who participated in a county-wide needs assessment survey during April 2017-June 2017. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH) which was developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the needs assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

Three survey instruments were designed and pilot tested for this study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults, adolescents, and children. The investigators decided to derive the majority of the adult survey items from the BRFSS, the majority of the adolescent survey items from the YRBSS, and the majority of the survey items for the parents of children 0-11 from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from the Hospital Council of NW Ohio conducted a series of meetings with *Living Well Medina County*. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys. Based on input from *Living Well Medina County*, the project coordinator composed drafts of surveys containing 116 items for the adult survey, 75 items for the adolescent survey, and 82 items for the 0-11 survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Medina County. There were 126,196 persons ages 19 and over living in Medina County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 383 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Medina County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Medina County public school districts. For more information on participating districts and schools, see Appendix IV. Using the U.S. Census Bureau data, it was determined that approximately 18,196 youth ages 12-18 years old lived in Medina County. A sample size of 376 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

SAMPLING | 0-11 Survey

The sampling frame for the child survey consisted of children ages 0-11 residing in Medina County. Using U.S. Census Bureau data, it was determined that 27,940 children ages 0-11 resided in Medina County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children aged 0-11 was 379. The random sample of mailing addresses of parents from Medina County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Medina County. This advance letter was personalized, printed on *Living Well Medina County* stationery and was signed by Krista Wasowski, LSW, MPH, Medina County Health Commissioner; Will Koran, Medina County Schools Superintendent; and Stephen Hambley, Ohio House of Representatives, District 69. The letter introduced the county needs assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the mailing was 37% (n=430: CI=± 4.7). This return rate and sample size means that the responses in the needs assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a home room or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 89% (n=415: CI=± 4.8).

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11-year-olds, the project team mailed an advance letter to 2,400 parents in Medina County. This advance letter was personalized, printed on *Living Well Medina County* stationery and was signed by Krista Wasowski, LSW, MPH, Medina County Health Commissioner; Will Koran, Medina County Schools Superintendent; and Stephen Hambley, Ohio House of Representatives, District 69. The letter introduced the county needs assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on *Living Well Medina County* stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging the recipient to reply, another copy of the questionnaire on white paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 15% (n=311: CI=± 5.5).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Medina County, the adult data collected was weighted by age, gender, race, and income using 2015 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Medina County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Medina County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.


Furthermore, while the survey was mailed to random households in Medina County, those responding to the survey were more likely to be older. For example, only nine respondents were under the age of 30. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these nine individuals might be substantively different from the majority of Medina County residents under the age of 30). Therefore, the less than 30 population was not included in the age breakdown in graphs throughout the report.

It is important to note that although several questions were asked using the same wording as the Centers for Disease Control and Prevention (CDC) questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. The CDC adult data and NSCH child data were collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county needs assessment.

Finally, this survey asked parents questions regarding their young children. Should enough parents have felt compelled to respond in a socially desirable manner which is inconsistent with reality, this would represent a threat to the internal validity of the results.

2016 Ohio State Health Assessment (SHA)

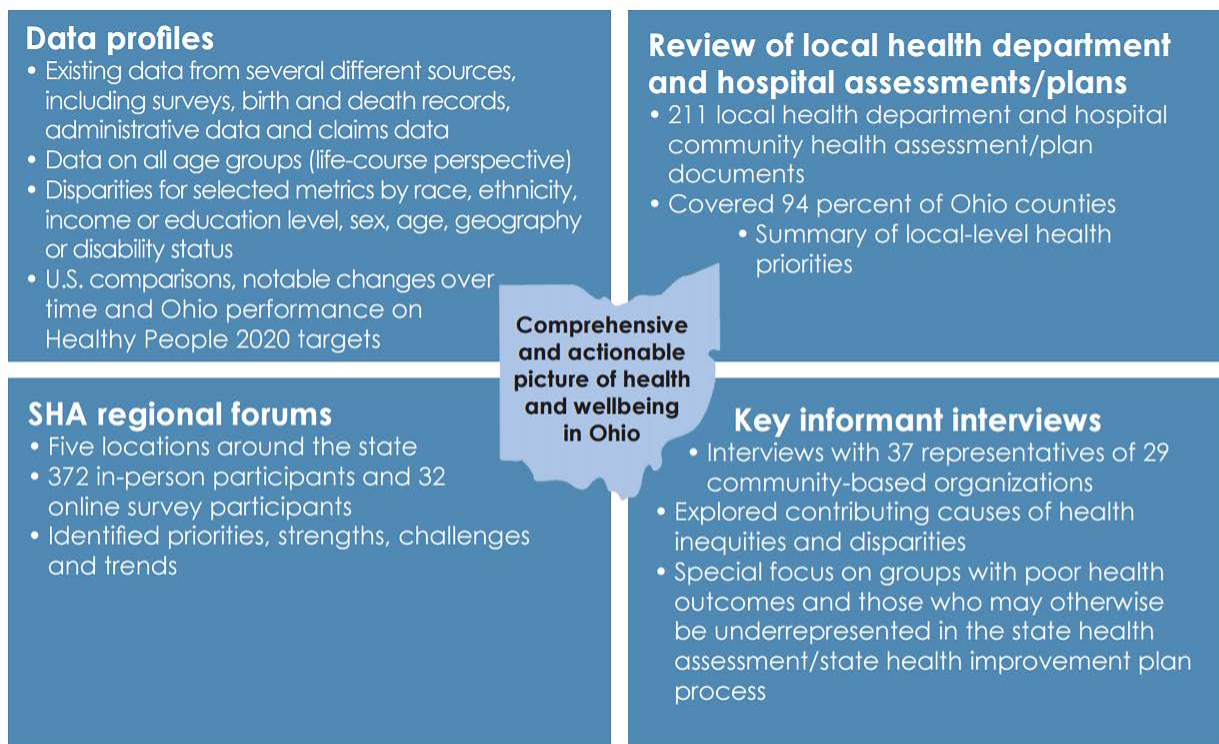
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department and hospital assessments, and plans and key informant interviews.

Similar to the 2016 Ohio SHA, the 2017 Medina County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the comparison summary when an indicator directly aligns with the 2016 Ohio SHA.**

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

FIGURE 1.1 | State Health Assessment (SHA) Sources of Information

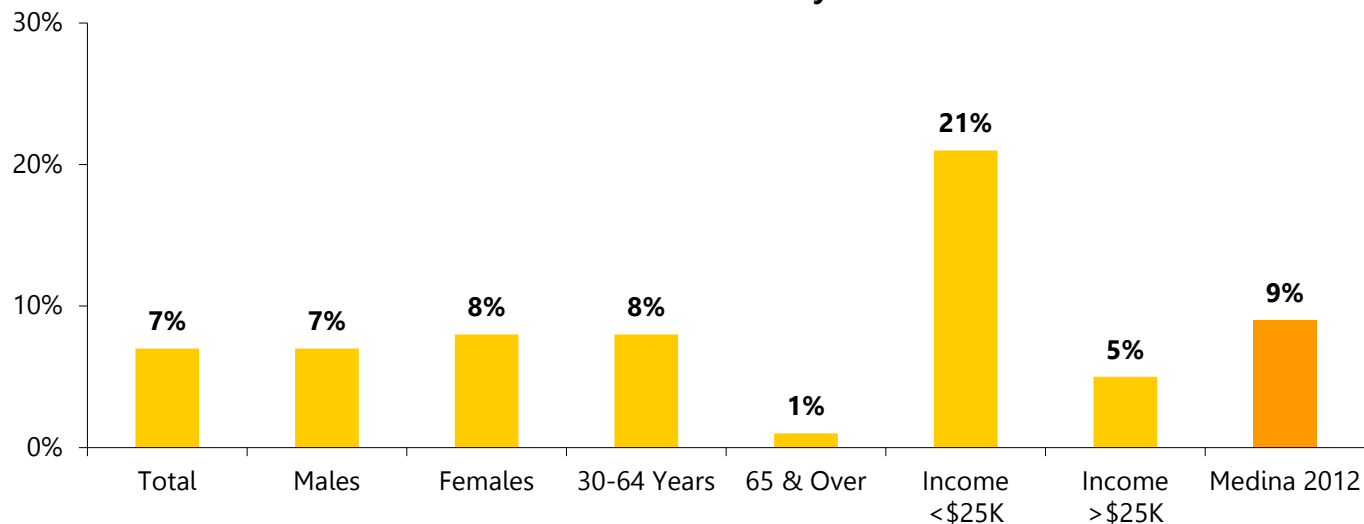


Data Summary | Healthcare Access

HEALTHCARE COVERAGE

The needs assessment data identified that 7% of Medina County adults were without health care coverage. Those most likely to be uninsured were those with an income level under \$25,000. In Medina County, 7.4% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).

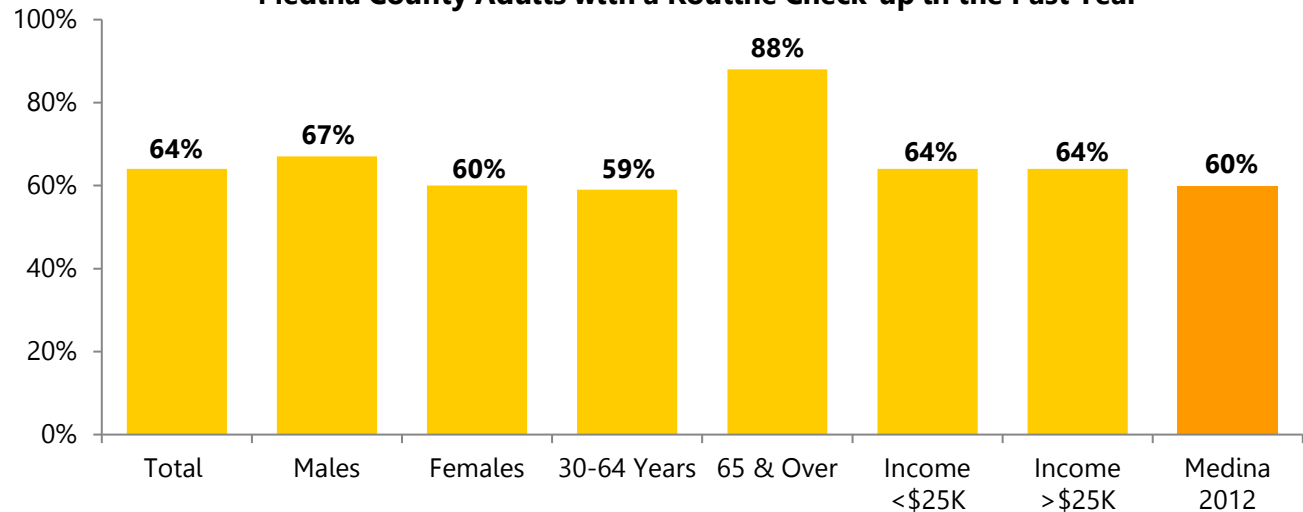
Uninsured Medina County Adults



ACCESS AND UTILIZATION

The 2017 needs assessment identified that 64% of Medina County adults had visited a doctor for a routine checkup in the past year. Seventy-three percent (73%) of adults went outside of Medina County for health care services in the past year.

Medina County Adults with a Routine Check-up in the Past Year

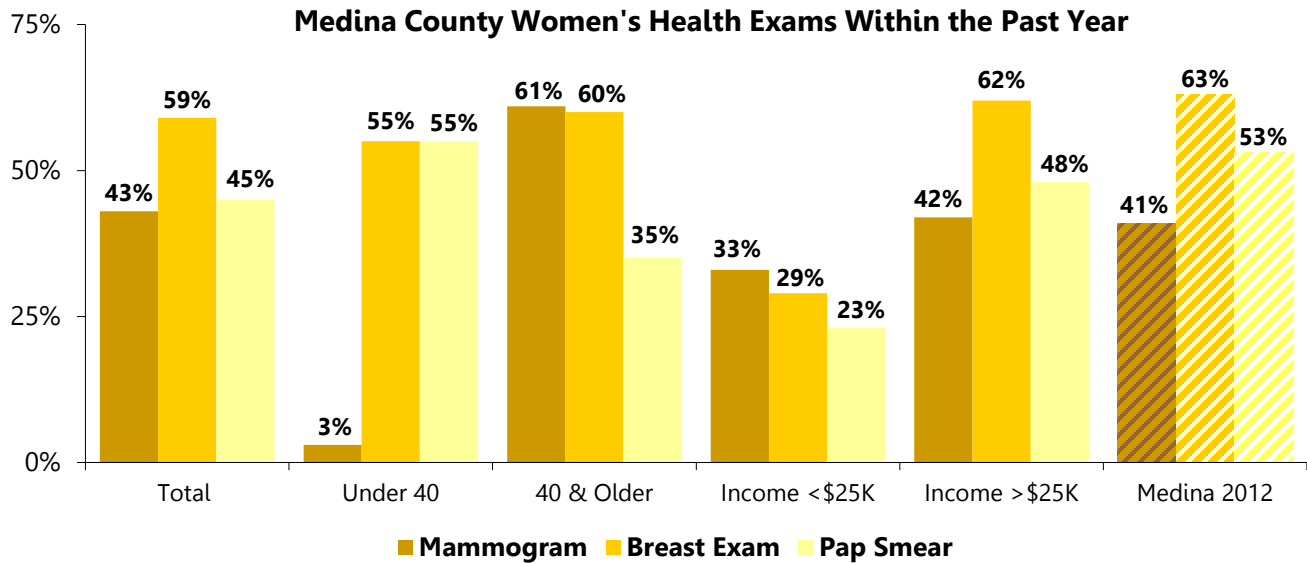


PREVENTIVE MEDICINE

Almost three-quarters (74%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (53%) of adults had a flu vaccine in the past year.

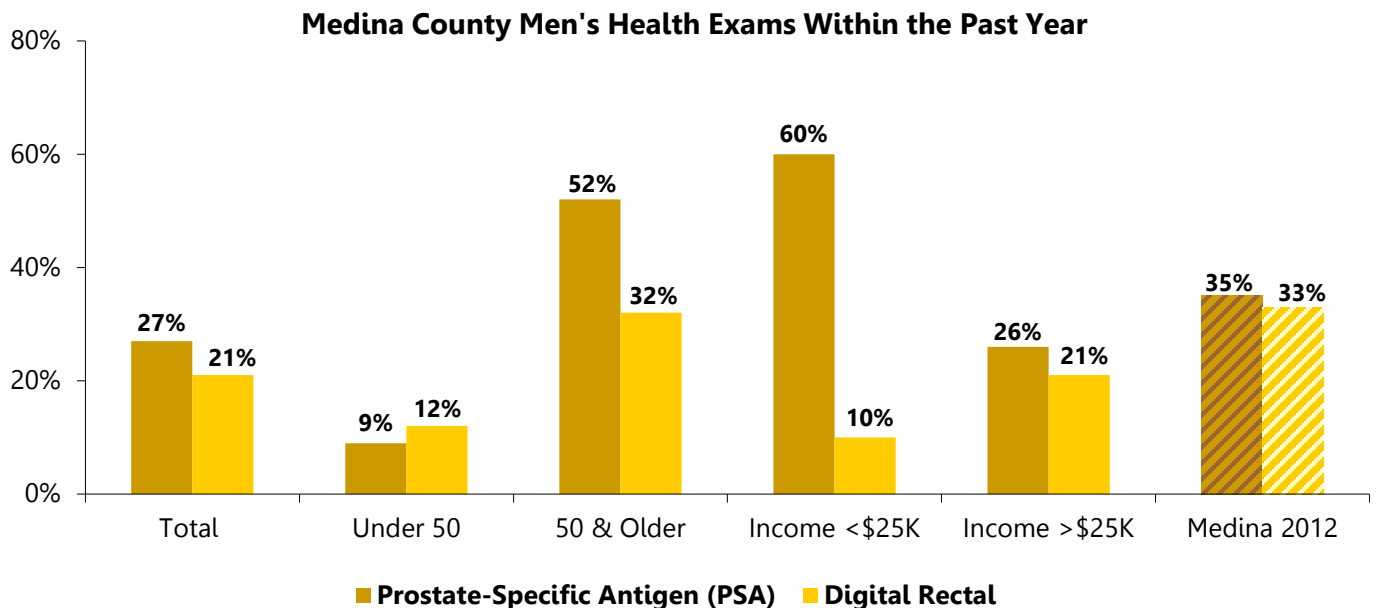
WOMEN'S HEALTH

More than three-fifths (61%) of Medina County women over the age of 40 reported having a mammogram in the past year. Over half (59%) of Medina County women ages 19 and over had a clinical breast exam and 45% had a Pap smear to detect cancer of the cervix in the past year. Two percent (2%) of women survived a heart attack and 2% survived a stroke at some time in their life. Two-fifths (40%) had high blood cholesterol, 28% had high blood pressure, 24% were obese, and 14% were identified as smokers, known risk factors for cardiovascular diseases.



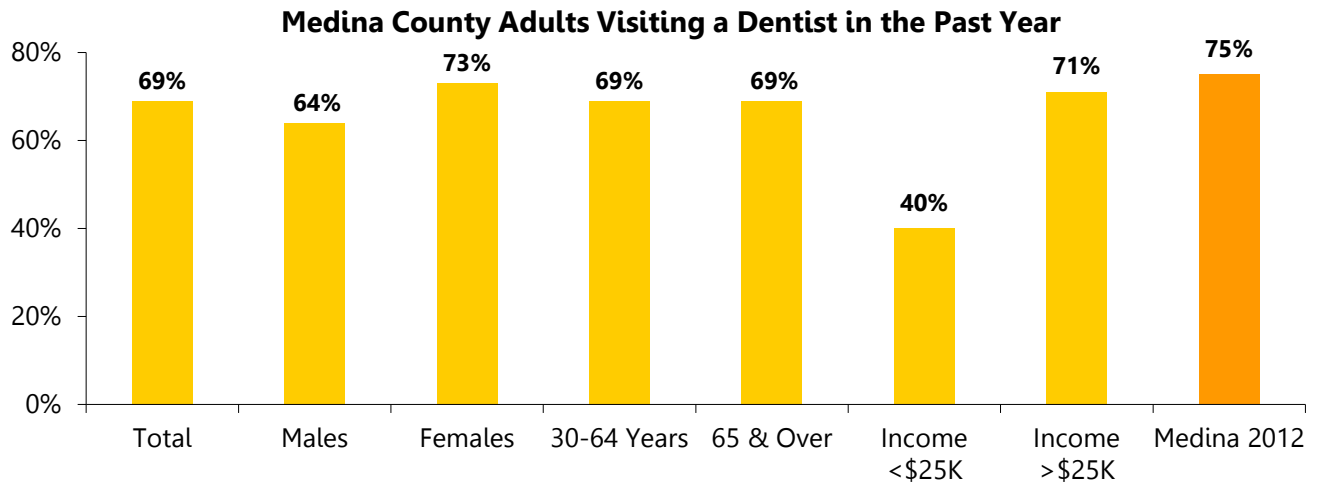
MEN'S HEALTH

In 2017, 52% of Medina County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Forty-six percent (46%) of men had been diagnosed with high blood cholesterol, 39% had high blood pressure, and 14% were identified as smokers, which, along with obesity (31%), are known risk factors for cardiovascular diseases.



ORAL HEALTH

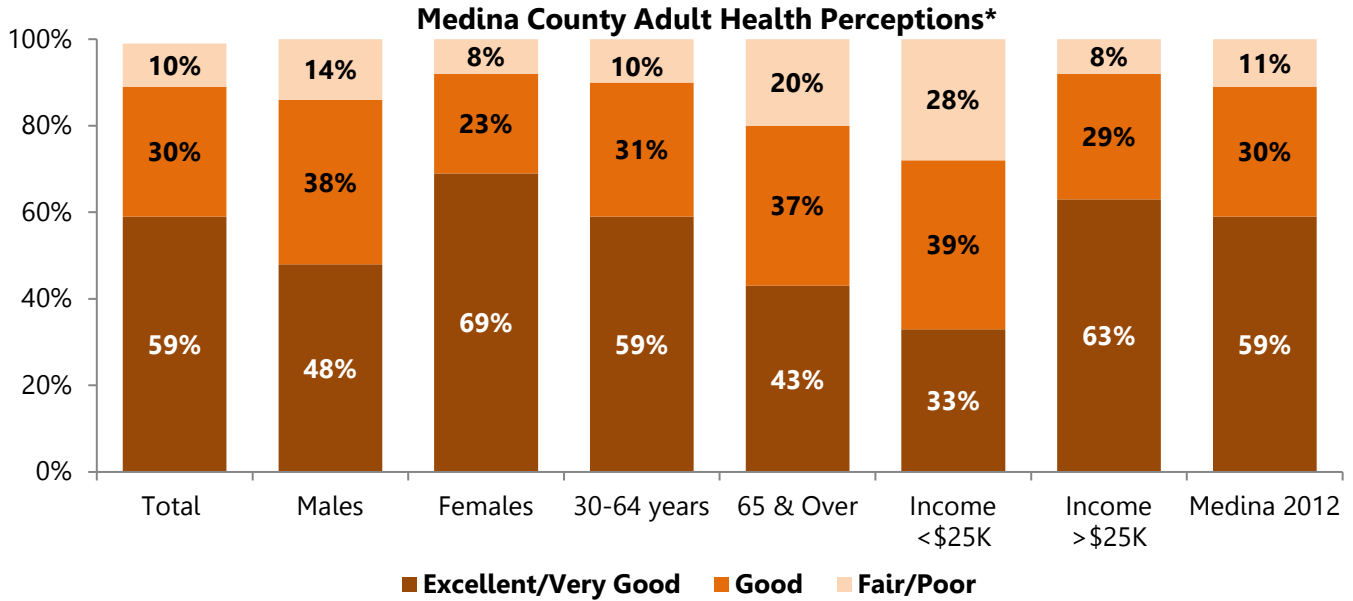
More than two-thirds (69%) of Medina County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the past year.



Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

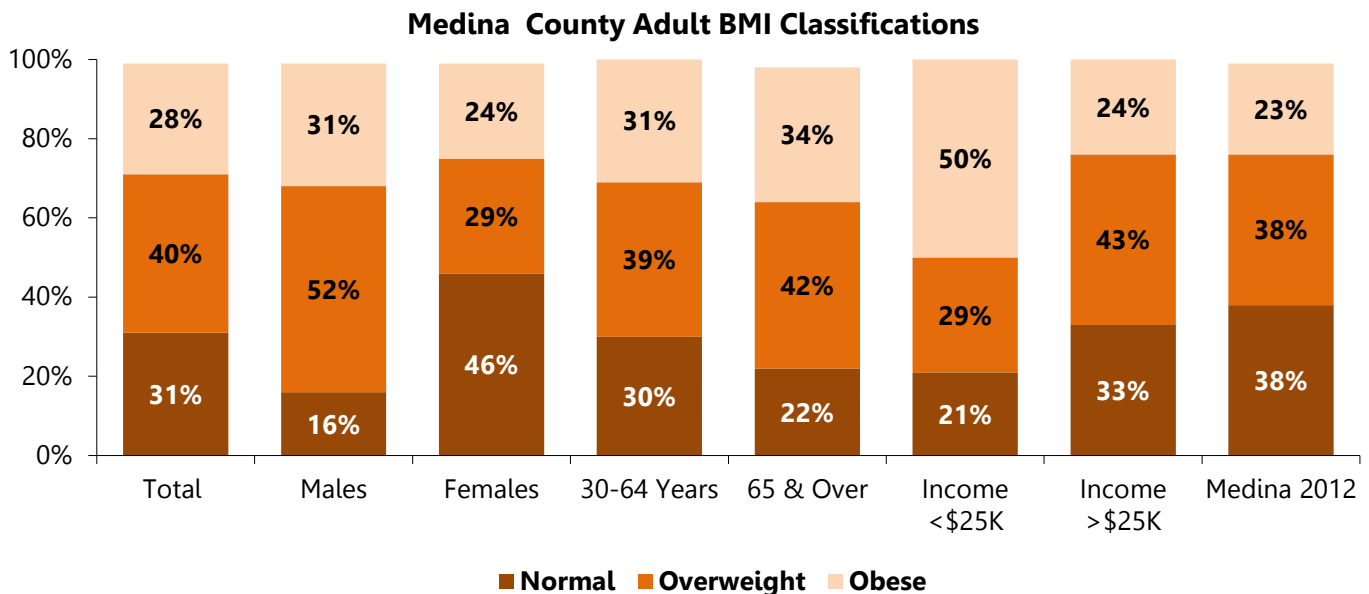
In 2017, nearly three-fifths (59%) of Medina County adults rated their health status as excellent or very good. Conversely, 10% of adults, increasing to 28% of those with incomes less than \$25,000, described their health as fair or poor.



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

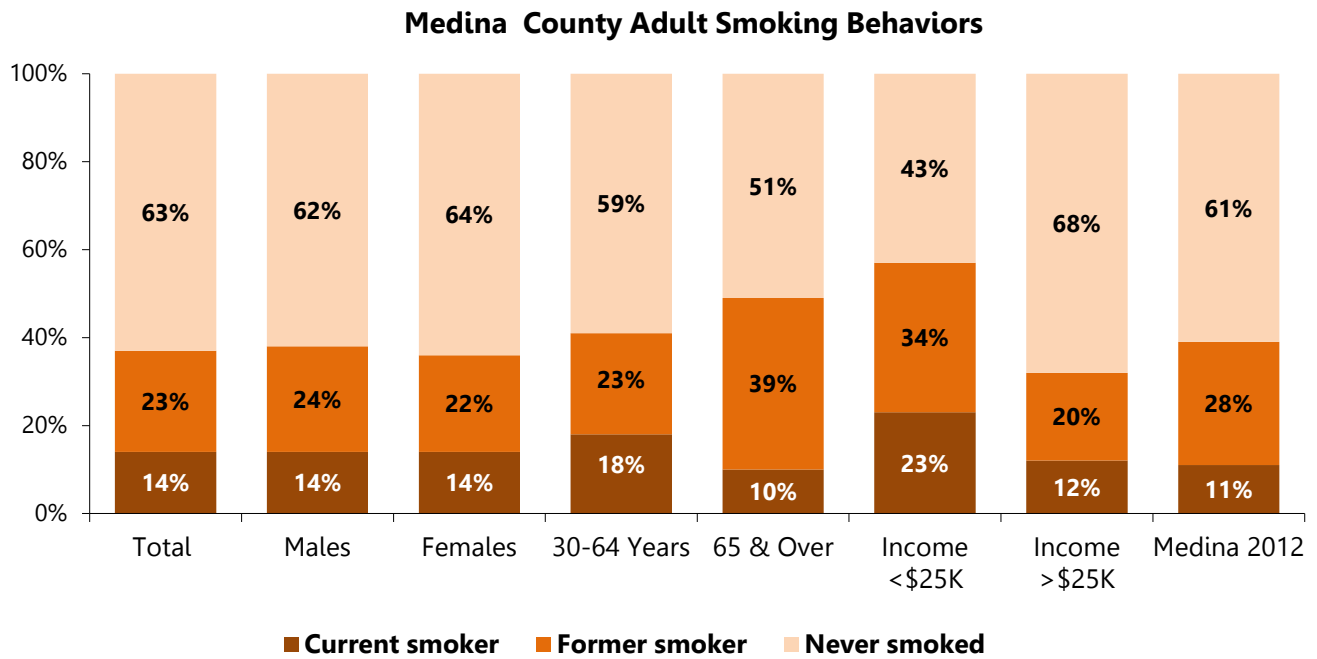
ADULT WEIGHT STATUS

The 2017 needs assessment identified that 68% of Medina County adults were overweight or obese based on Body Mass Index (BMI). About one-in-six (16%) adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.



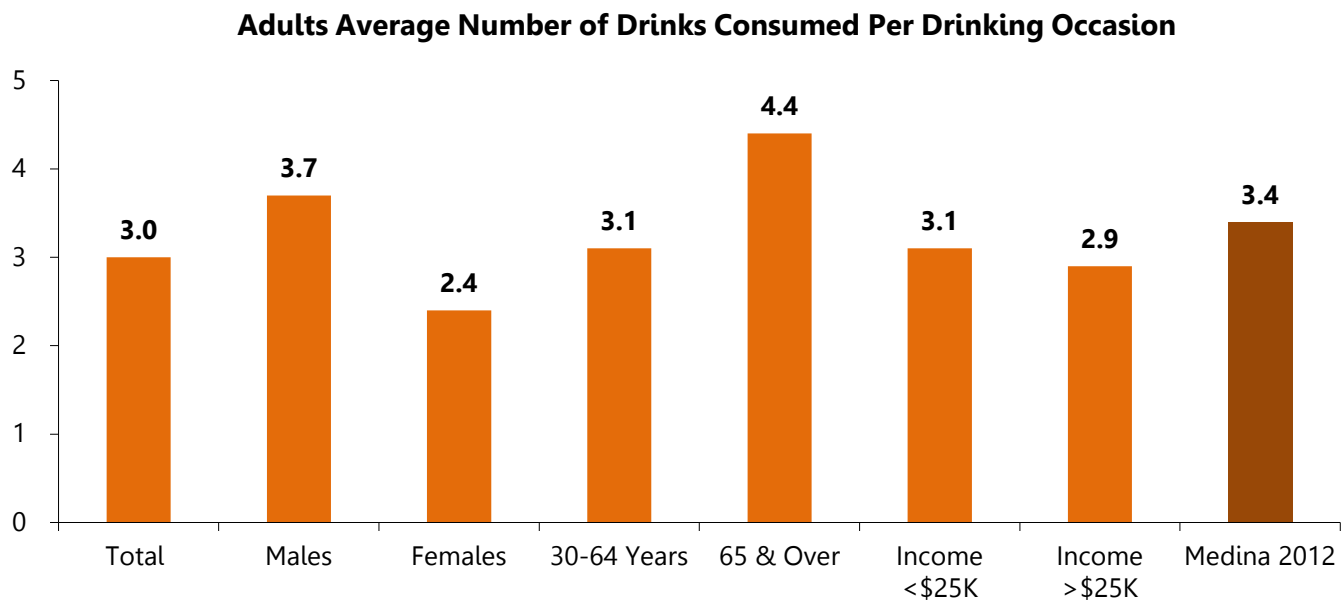
ADULT TOBACCO USE

In 2017, 14% of Medina County adults were current smokers, and 23% were considered former smokers. Four percent (4%) of adults used e-cigarettes in the past year. More than two-fifths (42%) of Medina County adults believed that e-cigarette vapor was harmful to themselves.



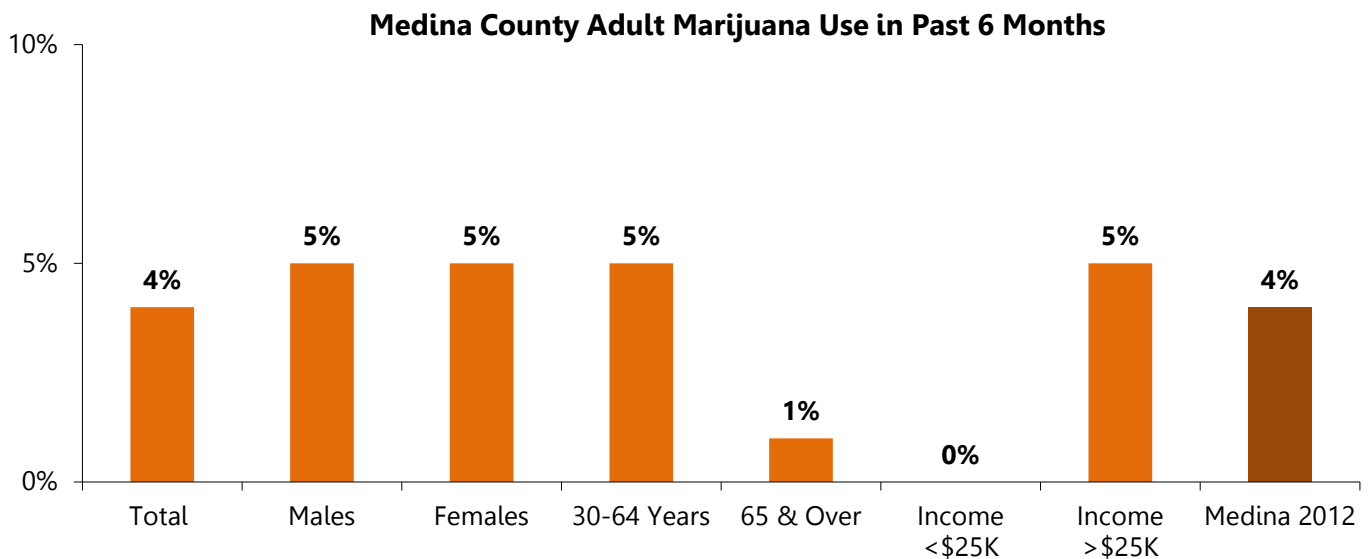
ADULT ALCOHOL CONSUMPTION

In 2017, the needs assessment indicated that 71% of Medina County adults had at least one alcoholic drink in the past month. Fifteen percent (15%) of adults drove a vehicle or other equipment after consuming any alcoholic beverages.



ADULT DRUG USE

In 2017, 4% of Medina County adults had used marijuana during the past 6 months. One-in-sixteen (6%) adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

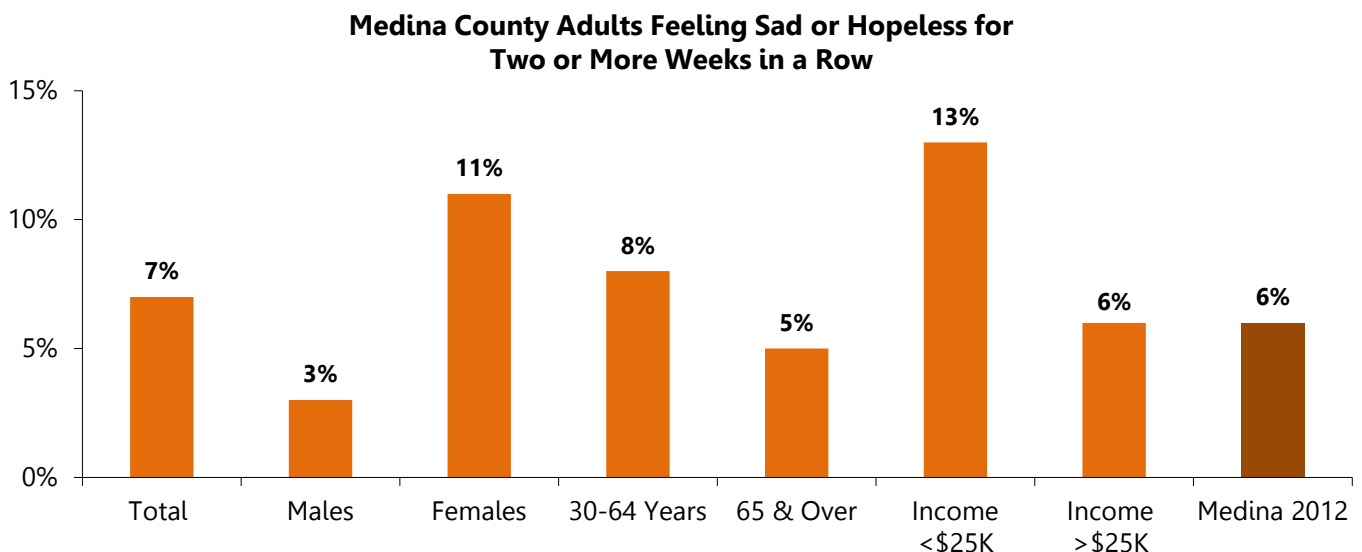


ADULT SEXUAL BEHAVIOR

In 2017, 71% of Medina County adults had sexual intercourse. Three percent (3%) of adults had more than one partner. One-in-twelve (8%) Medina County adults reported being forced to have sexual activity when they did not want to, increasing to 17% of those with incomes less than \$25,000. Of those who were forced to have sexual activity, 25% reported it.

ADULT MENTAL HEALTH

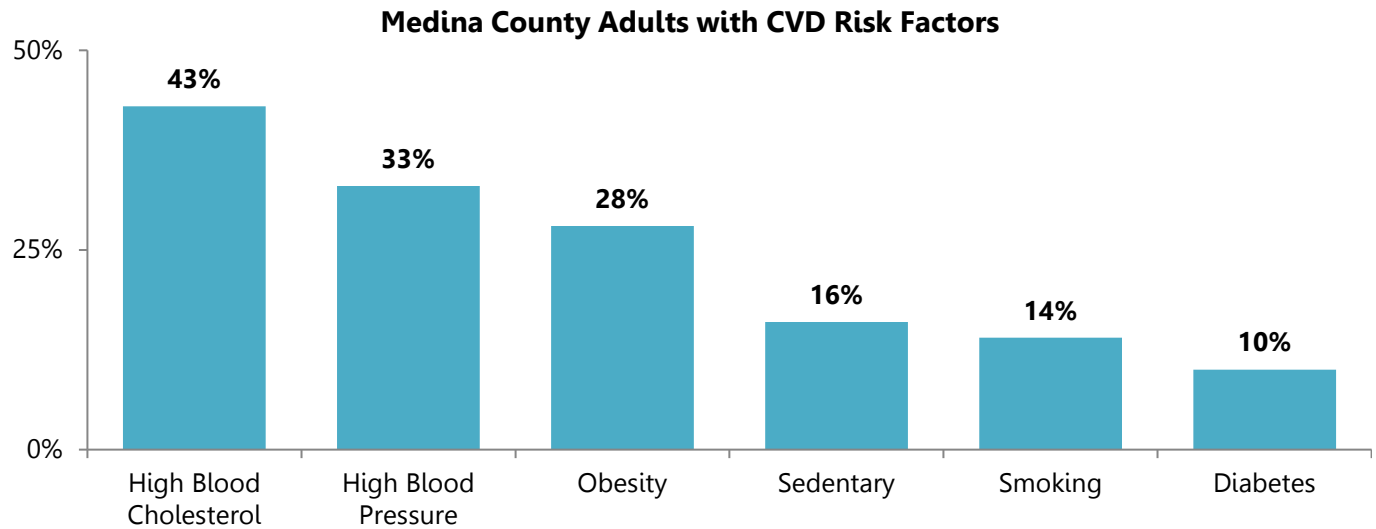
In 2017, 2% of Medina County adults considered attempting suicide. Seven percent (7%) of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.



Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

In 2017, 3% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than two-fifths (43%) of Medina County adults had high blood cholesterol, 33% had high blood pressure, 28% were obese, and 14% were smokers, four known risk factors for heart disease and stroke.



CANCER

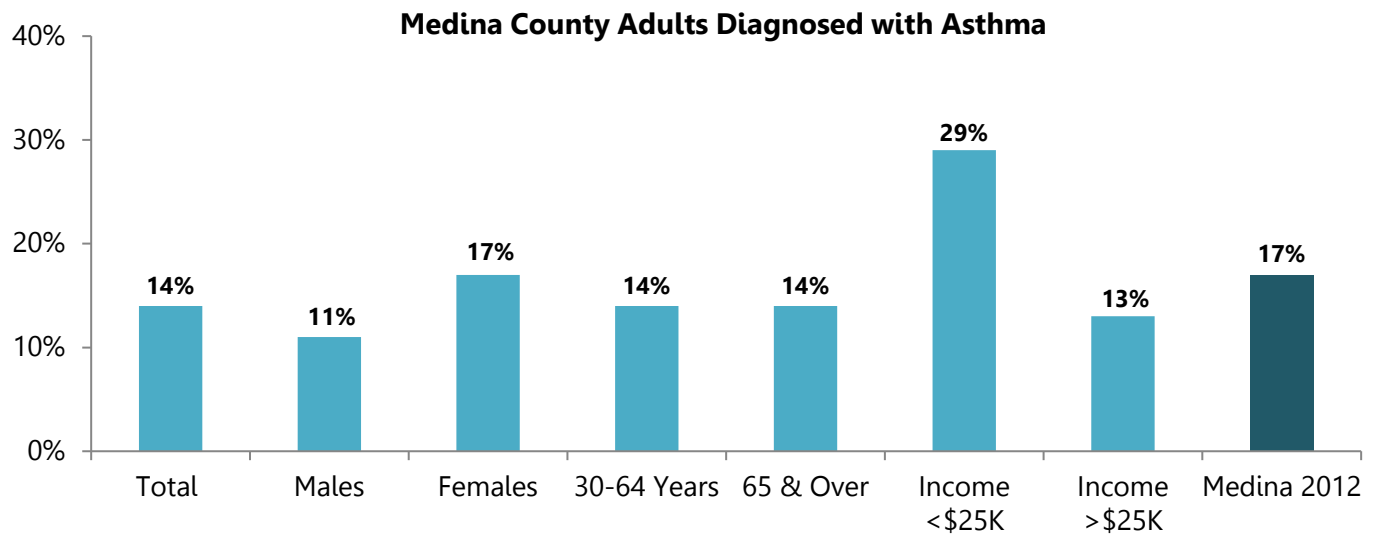
In 2017, 13% of Medina County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, a total of 340 Medina County residents died from cancer, the leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

ARTHRITIS

Nearly one-third (32%) of Medina County adults were diagnosed with arthritis. According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.

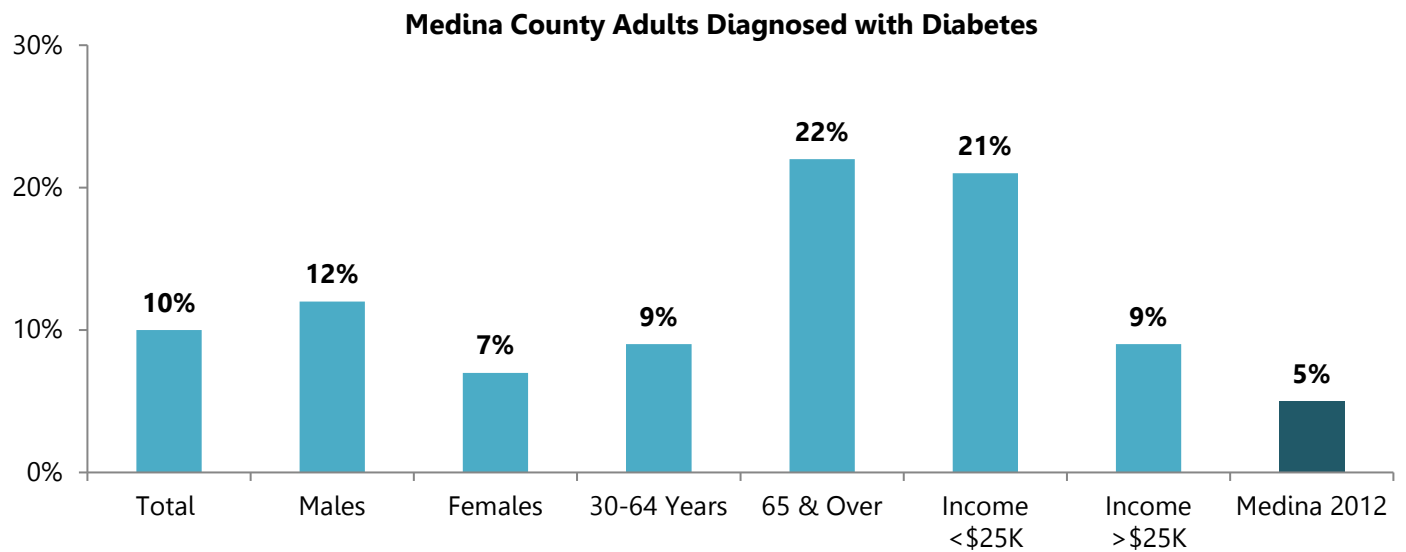
ASTHMA

According to the Medina County survey data, 14% of adults had been diagnosed with asthma.



DIABETES

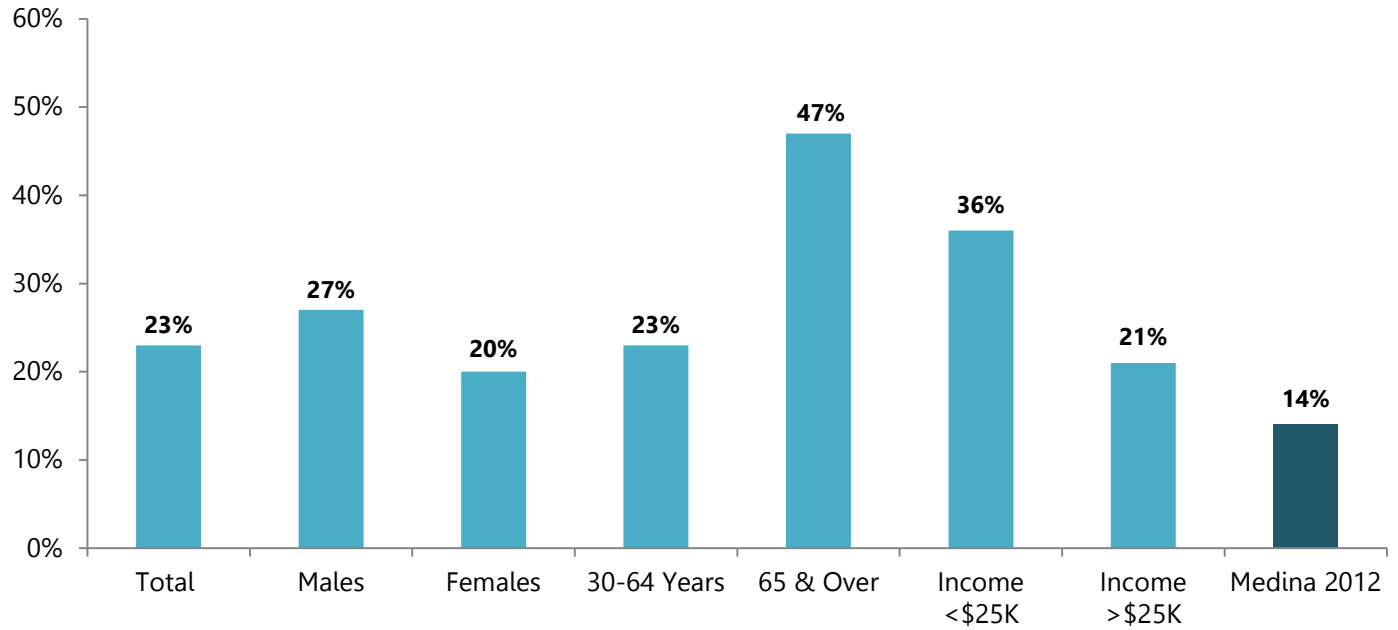
In 2017, 10% of Medina County adults had been diagnosed with diabetes. About one-fourth (23%) of adults with diabetes rated their health as fair or poor.



QUALITY OF LIFE

In 2017, 23% of Medina County adults were limited in some way because of a physical, mental or emotional problem. Eleven percent (11%) of adults were responsible for providing regular care of assistant to an elderly parent or loved one.

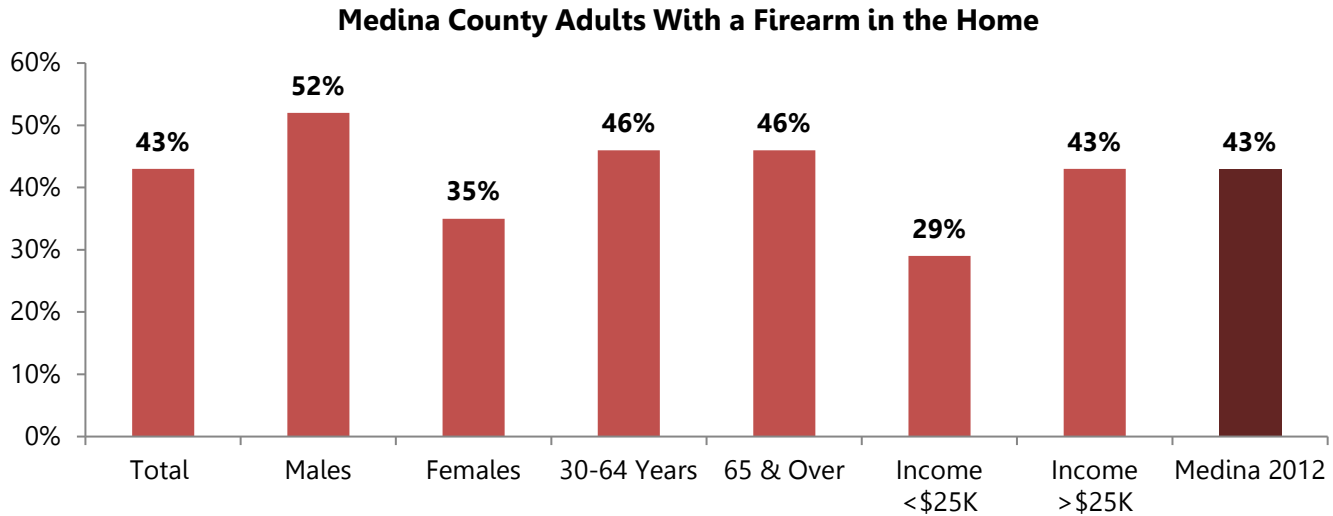
Medina County Adults Limited in Some Way



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

One-in-nine (11%) Medina County adults were abused in the past year (including physical, emotional, financial, or verbal abuse). More than two-fifths (43%) of adults kept a firearm in or around their home.



ENVIRONMENTAL HEALTH

Nearly one-fourth (22%) of Medina County adults had a private water source for drinking water. Of those who had a private water source, 22% had it tested within the past year, and 17% had never had it tested. Seventy-nine percent (79%) of adults indicated television would be their preferred way of getting information from authorities in a large-scale disaster or emergency.

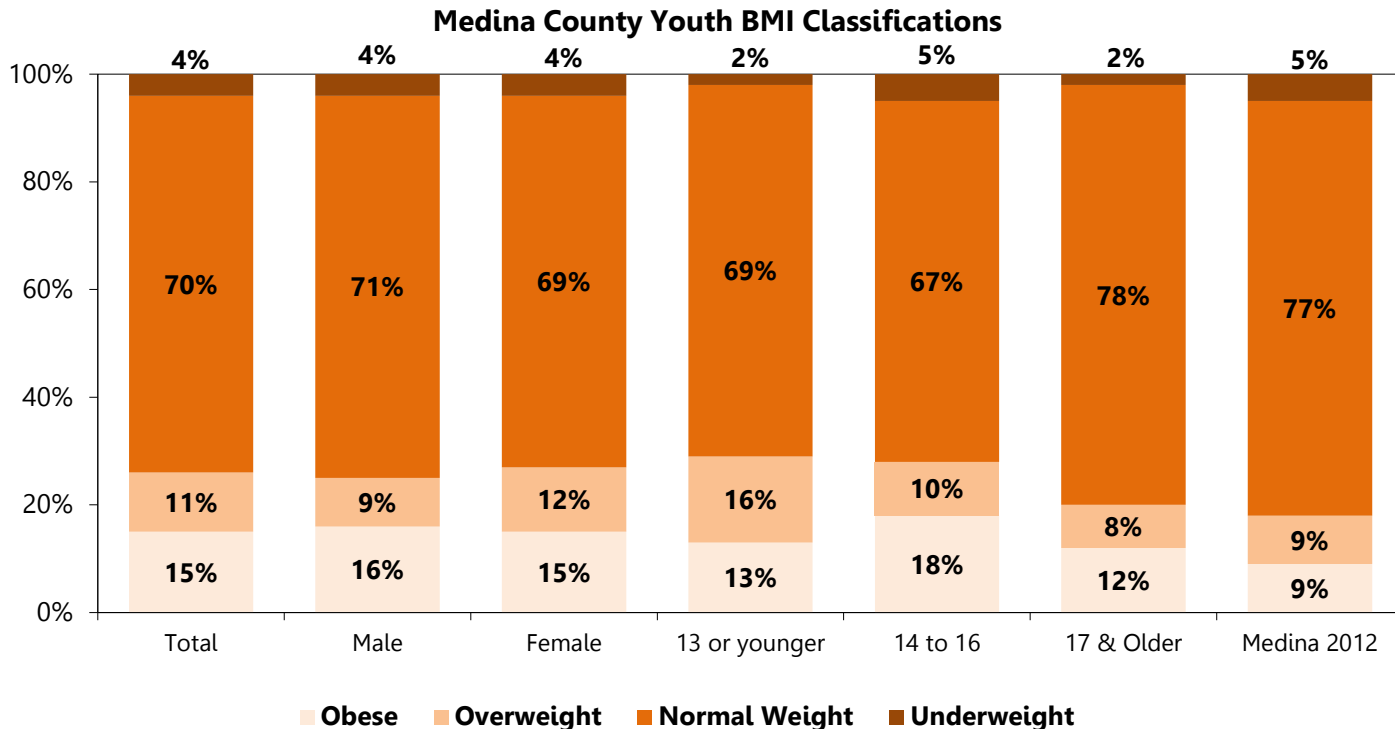
PARENTING

Two-thirds (67%) of parents discussed dating and relationships with their 10-to-17-year-old child.

Data Summary | Youth Health

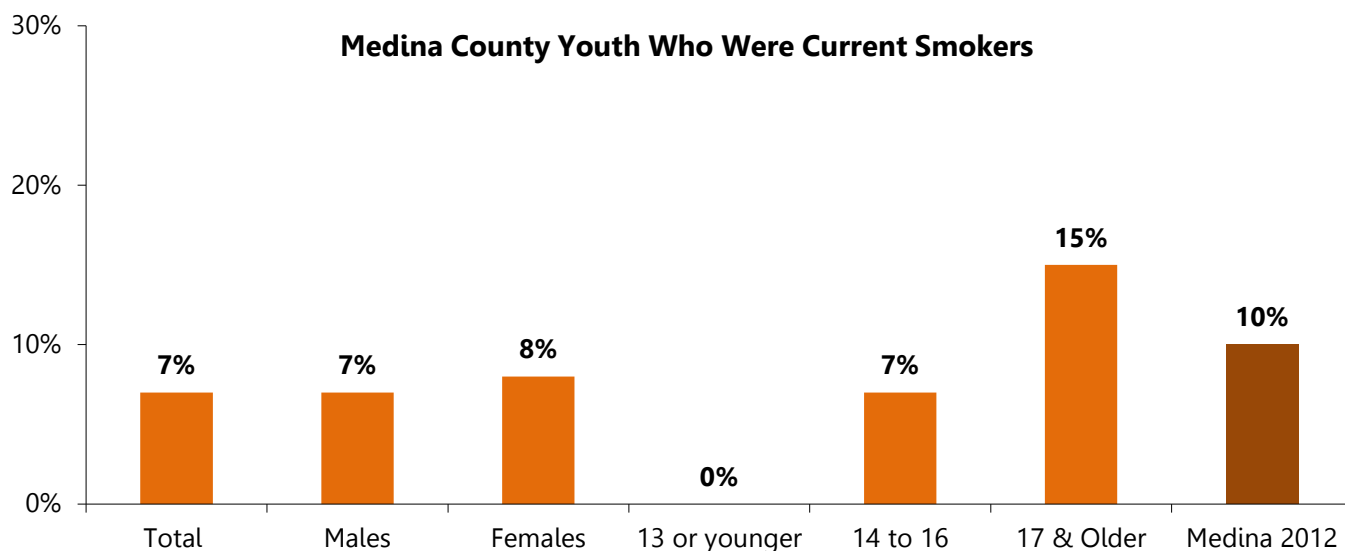
YOUTH WEIGHT STATUS

The needs assessment identified that 15% of Medina County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 28% of Medina County youth reported that they were slightly or very overweight. About three-fourths (74%) of youth exercised for 60 minutes on 3 or more days per week.



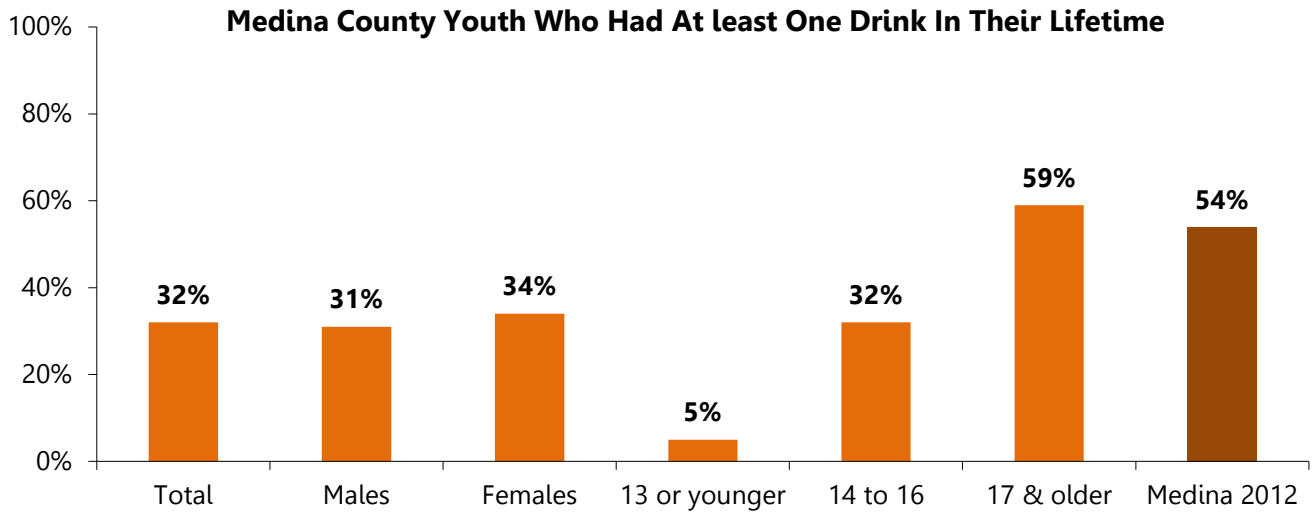
YOUTH TOBACCO USE

Seven percent (7%) of Medina County youth in grades 6-12 were current smokers, increasing to 15% of those ages 17 and older. Seventy percent (70%) of Medina County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.



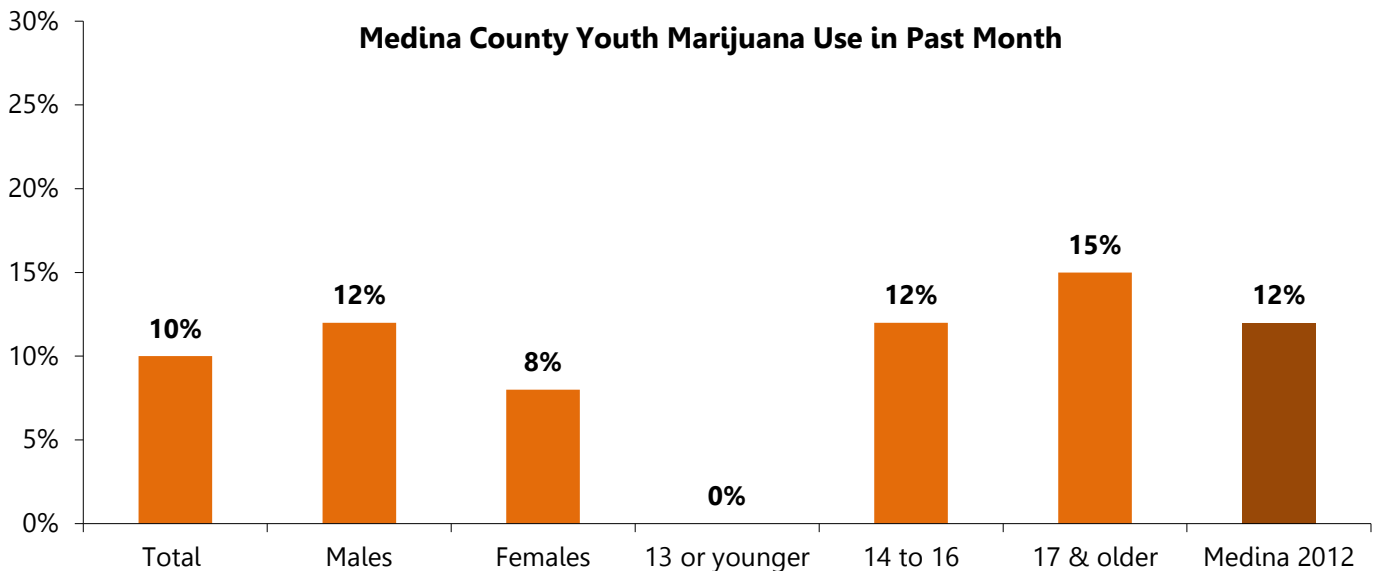
YOUTH ALCOHOL USE

Sixteen percent (16%) of Medina County youth had at least one drink of alcohol in the past 30 days, increasing to 21% of those ages 17 and older. Sixty-one percent (61%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. Five percent (5%) of all youth drivers had driven a car in the past month after they had been drinking alcohol.



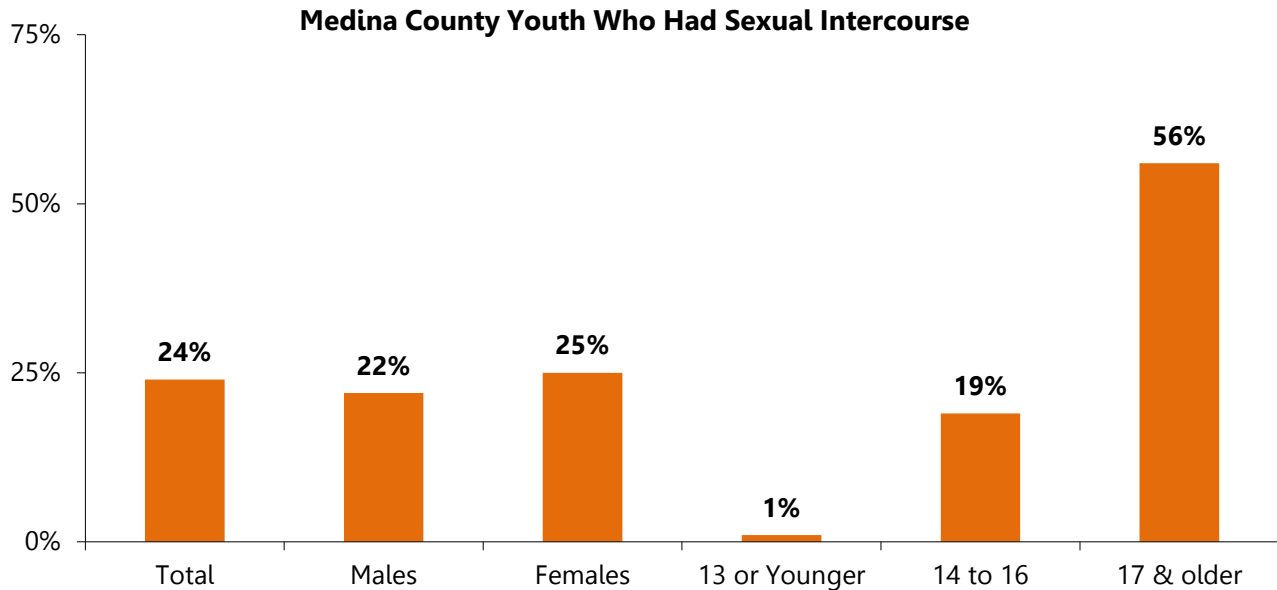
YOUTH DRUG USE

In 2017, 10% of Medina County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 15% of those ages 17 and older. Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. Six percent (6%) of all youth reported that someone had offered, sold, or given them an illegal drug on school property.



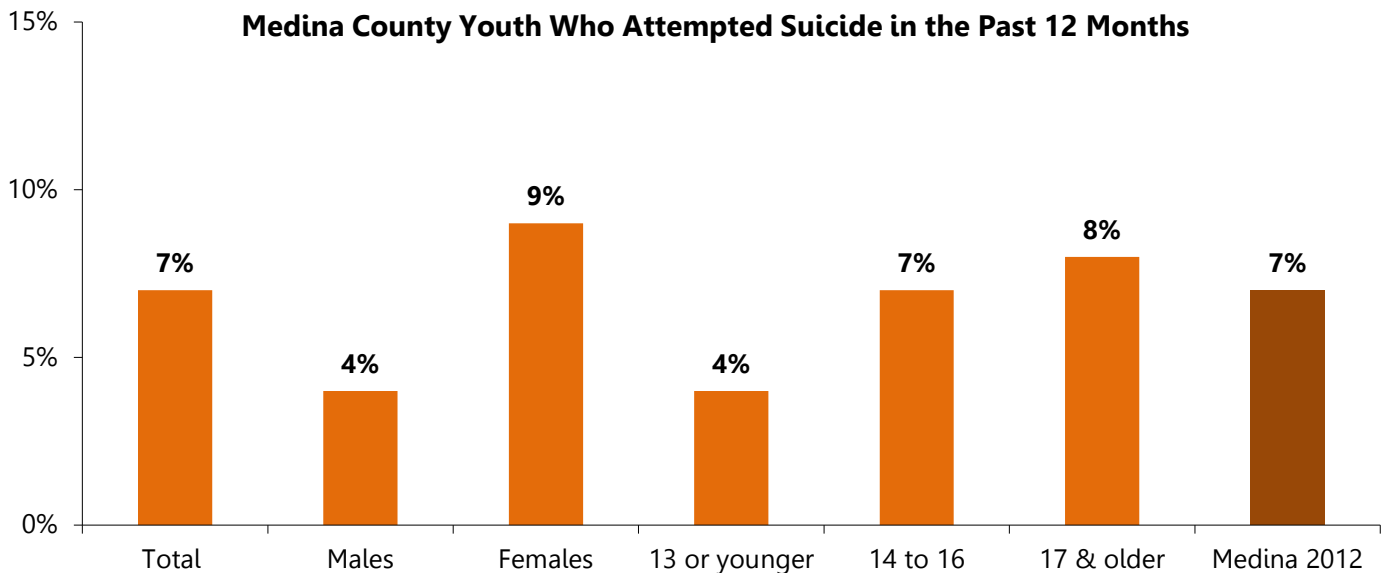
YOUTH SEXUAL BEHAVIOR

In 2017, nearly one-quarter (24%) of Medina County youth had sexual intercourse at some point in their life. More than one-fifth (22%) of youth had participated in oral sex and 6% had participated in anal sex. Almost one-fourth (24%) of youth participated in sexting. Of those who were sexually active, 46% had multiple sexual partners.



YOUTH MENTAL HEALTH

The needs assessment indicated that 14% of Medina County youth had seriously considered attempting suicide in the past year and 7% attempted suicide in the past year, increasing to 9% of females. Over half (51%) of Medina County youth reported academic success caused them anxiety, stress, or depression. Nearly one-fourth (23%) of youth had three or more adverse childhood experiences.

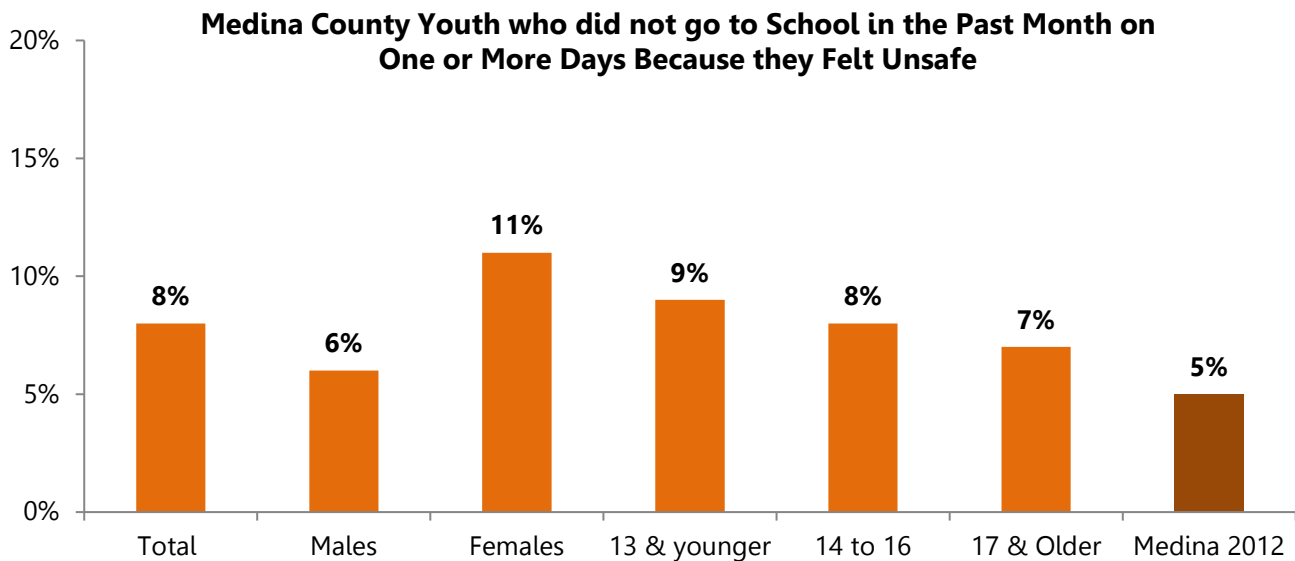


YOUTH PERSONAL HEALTH AND SAFETY

Twenty-two percent (22%) of Medina County youth drivers had texted while driving in the past 30 days. Three percent (3%) of youth had played the choking game, also known as the pass-out game, space monkey, or dream game. Sixty-five percent (65%) of youth reported always wearing a seatbelt when driving in a car driven by someone else.

YOUTH VIOLENCE

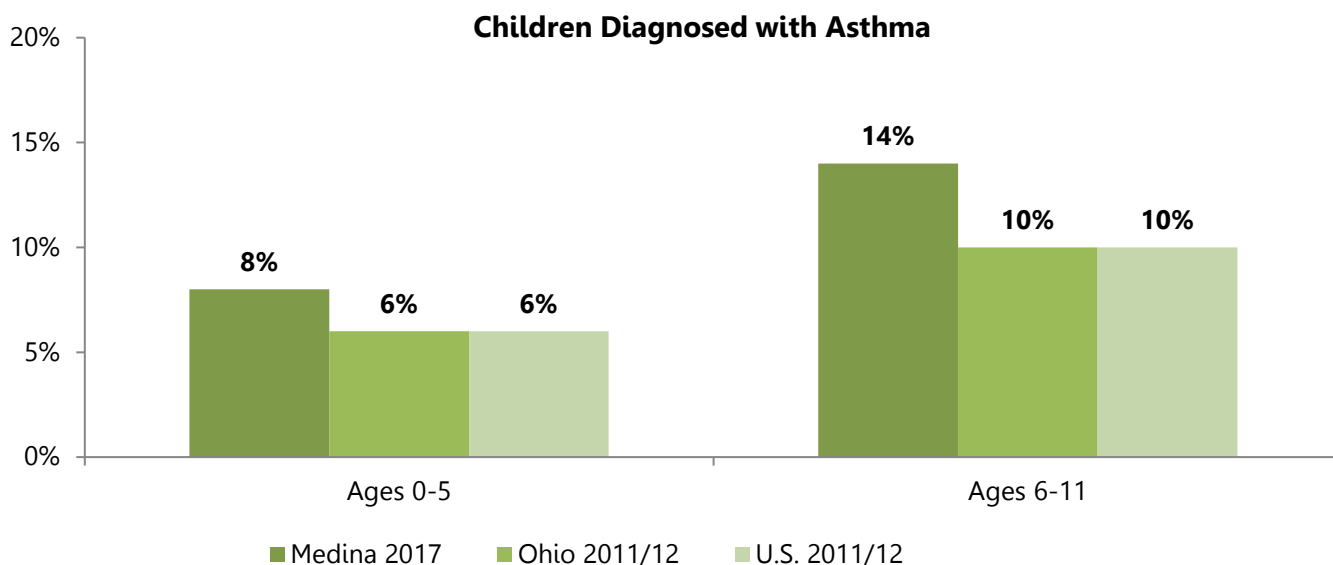
In the past month, eight percent (8%) of Medina County youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school. Eight percent (8%) of youth had been hit, slapped, or physically hurt by an adult or caregiver in the past month. More than two-fifths (43%) of youth had been bullied in the past year.



Data Summary | Child Health

HEALTH AND FUNCTIONAL STATUS

In 2017, 23% of children were classified as obese by Body Mass Index (BMI) calculations. Eighty-seven percent (87%) of Medina County parents had taken their child ages 0-11 to the dentist in the past year. Twelve percent (12%) of Medina County parents reported their child had been diagnosed with asthma. Ten percent (10%) of parents reported their child had been diagnosed with ADD/ADHD.



(Source: National Survey of Children's Health & 2017 Medina County Needs Assessment)

HEALTH CARE ACCESS

In 2017, 1% of Medina County parents reported their 0-11 year old child did not have health insurance. Fifteen percent (15%) of parents reported their child did not get all of the prescription medications they needed in the past year. Ninety-one percent (91%) of parents had taken their child to the doctor for preventive care in the past year.

EARLY CHILDHOOD (0-5 YEARS OLD)

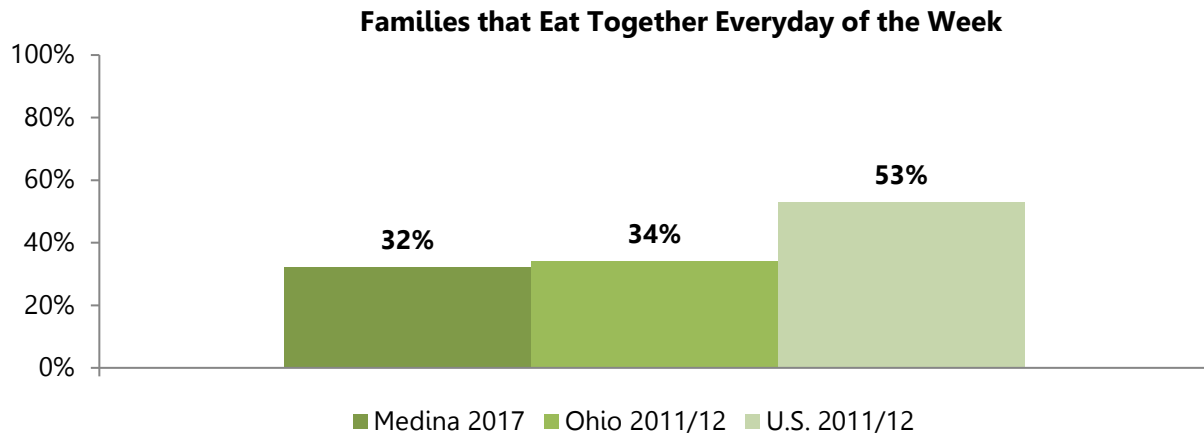
The following information was reported by parents of 0-5 year old children. Ninety-five percent (95%) of mothers got prenatal care within the first three months during their last pregnancy. Eleven percent (11%) of mothers received WIC services during their last pregnancy. Ninety-one percent (91%) of parents put their child to sleep on his/her back. Twelve percent (12%) of mothers never breastfed their child.

MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Medina County parents of 6-11 year old children. In 2017, 72% of Medina County parents felt their child was always safe at school. Thirteen percent (13%) of parents reported their child was bullied at some time in the past year. Ninety-two percent (92%) of parents reported their child participated in extracurricular activities. In the past year, almost half (47%) of parents discussed negative effects of alcohol use with their child.

FAMILY AND COMMUNITY CHARACTERISTICS











Sixty-eight percent (68%) of parents reported their child was always safe in their neighborhood or community. Sixty-four percent (64%) of parents reported they had talked to their child about what to do if he/she finds a gun. Almost one-fourth (23%) of parents reported that they read to their child every day.



PARENT HEALTH


In 2017, 82% of parents rated their health as excellent or very good, decreasing to 50% of parents with incomes less than \$25,000. Seven percent (7%) of parents reported it was often or very often hard to get by on their family's income and cover basics like food or housing. In the past year, half (50%) of parents missed work due to their child's illnesses or injuries.

Adult Comparison Summary

Adult Variables	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Health Status				
Rated health as excellent or very good	59%	59%	52%	52%
Rated general health as fair or poor 	11%	10%	17%	16%
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.6	2.0	N/A	N/A
Average days that physical health not good in past month	2.7	3.6	3.7*	3.6*
Average days that mental health not good in past month	3.2	4.5	4.0*	3.7*
Healthcare Coverage, Access, and Utilization				
Uninsured	9%	7%	8%	11%
Had at least one person they thought of as their personal doctor or healthcare provider 	N/A	51%	82%	79%
Visited a doctor for a routine checkup in the past year 	60%	64%	72%	70%
Diabetes, Asthma, and Arthritis				
Had been diagnosed with diabetes 	5%	10%	11%	10%
Had been diagnosed with asthma 	17%	14%	14%	14%
Had been diagnosed with arthritis	26%	32%	28%	25%
Cardiovascular Health				
Had angina 	3%	5%	4%	4%
Had a heart attack 	3%	3%	5%	4%
Had a stroke	3%	3%	4%	3%
Had been diagnosed with high blood pressure 	28%	33%	34%	31%
Had been diagnosed with high blood cholesterol	33%	43%	37%	36%
Had blood cholesterol checked within the past 5 years	78%	85%	78%	78%
Weight Status				
Overweight	38%	40%	37%	36%
Obese 	23%	28%	30%	30%
Alcohol Consumption				
Drank alcohol at least once in the past month	68%	71%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion) 	25%	20%	18%	16%
Tobacco Use				
Current smoker (currently smoke some or all days)	11%	14%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	28%	23%	24%	25%
Tried to quit smoking	38%	38%	N/A	N/A

N/A - Not available






*2015 BRFSS Data as compiled by 2017 County Health Rankings

 Indicates alignment with the Ohio State Health Assessment

Adult Variables	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Drug Use				
Adults who used marijuana in the past 6 months	4%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	6%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	4%	3%	N/A	N/A
Preventive Medicine				
Had a pneumonia vaccine (age 65 and older)	66%	74%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	N/A	80%	58%	61%
Had a clinical breast exam in the past two years (age 40 and older)	78%	74%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	81%	75%	72%*	73%*
Had a Pap smear in the past three years	75%	75%	74%*	73%*
Had a PSA test in within the past two years (age 50 & over)	60%	52%	43%*	43%*
Had a digital rectal exam within the past year	33%	21%	N/A	N/A
Quality of Life				
Limited in some way because of physical, mental or emotional problem	14%	23%	21%	21%
Mental Health				
Considered attempting suicide in the past year	2%	2%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	6%	7%	N/A	N/A
Oral Health				
Adults who have visited the dentist in the past year	75%	69%	65%*	65%*


N/A - Not available
*2014 BFRSS Data







Youth Comparison Summary

Youth Variables	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control					
Obese 	9%	15%	14%	13%	14%
Overweight 	9%	11%	9%	16%	16%
Described themselves as slightly or very overweight	24%	28%	26%	28%	32%
Trying to lose weight	39%	63%	65%	47%	46%
Exercised to lose weight	55%	49%	51%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	33%	27%	29%	N/A	N/A
Went without eating for 24 hours or more	5%	6%	7%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	2%	3%	5%	5%*
Vomited or took laxatives	2%	3%	4%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day 	80%	85%	83%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	26%	25%	25%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	55%	53%	52%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	6%	12%	11%	13%	14%
Watched TV 3 or more hours per day	32%	20%	22%	28%	25%
Tobacco Use					
Ever tried cigarettes	26%	13%	19%	52%*	32%
Current smokers	10%	7%	11%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	3%	3%	4%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	5%	4%	6%	14%*	7%
Bought their cigarettes from a store or gas station (of current smokers)	21%	31%	32%	8%	13%
Alcohol Consumption					
Ever tried alcohol	48%	32%	44%	71%*	63%
Current drinker 	22%	16%	22%	30%	33%
Binged in past month (5 or more drinks in a couple of hours on an occasion) (of all youth) 	14%	10%	14%	16%	18%
Drank for the first time before age 13 (of all youth)	11%	7%	8%	13%	17%
Rode with someone who was drinking	14%	15%	16%	17%	20%
Drank and drove (of youth drivers)	3%	5%	6%	4%	8%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	53%	38%	38%	38%	44%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

 Indicates alignment with the Ohio State Health Assessment


Youth Variables	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Drug Use					
Youth who used marijuana in the past month 	12%	10%	14%	21%	22%
Ever used methamphetamines	3%	1%	2%	N/A	3%
Ever used cocaine	4%	3%	4%	4%	5%
Ever used heroin	2%	1%	1%	2%	2%
Ever used steroids	2%	<1%	<1%	3%	4%
Ever used inhalants	11%	5%	6%	9%	7%
Ever used ecstasy/MDMA/Molly	3%	2%	3%	N/A	5%
Ever misused medications	13%	7%	11%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	14%	6%	9%	20%	22%
Sexual Behavior***					
Ever had sexual intercourse	39%	24%	34%	43%	41%
Used a condom at last intercourse	80%	64%	64%	51%	57%
Used birth control pills at last intercourse	47%	39%	40%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	9%	11%	10%	12%	14%
Had four or more sexual partners (of all youth)	6%	5%	8%	12%	12%
Had sexual intercourse before age 13 (of all youth)	2%	2%	3%	4%	4%
Mental Health					
Youth who had seriously considered attempting suicide in the past year 	17%	14%	16%	14%	18%
Youth who had attempted suicide in the past year	7%	7%	7%	6%	9%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row 	25%	24%	27%	26%	30%
Personal Health and Safety					
Visited a dentist for a check-up within the past year	76%	76%	75%	75%	74%
Suffered a blow or jolt to their head while playing with a sports team	N/A	13%	14%	12%	N/A
Ever played the choking game	5%	3%	4%	N/A	N/A
Violence					
Carried a weapon on school property in past month	2%	1%	2%	N/A	4%
Threatened or injured with a weapon on school property in past year	8%	6%	7%	N/A	6%
Did not go to school because felt unsafe 	5%	8%	9%	5%	6%
Electronically/cyber bullied in past year 	14%	12%	12%	15%	16%
Bullied in past year	54%	43%	40%	N/A	N/A
Bullied on school property in past year	34%	31%	29%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year 	6%	3%	4%	N/A	10%
Purposely hurt themselves (lifetime)	N/A	25%	27%	N/A	N/A
Ever physically forced to have sexual intercourse	8%	7%	9%	N/A	N/A

N/A – Not Available


*Comparative YRBS data for U.S. is 2013

**Comparative YRBS data for Ohio is 2011

***Only 9th-12th grade students were asked sexual behavior questions in 2012

 Indicates alignment with the Ohio State Health Assessment


Child Comparison Summary


Child Variables	Medina County 2012 Ages 0-5	Medina County 2017 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Medina County 2012 Ages 6-11	Medina County 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	97%	87%	89%	86%	93%	81%	86%	83%
Dental care visit in past year	48%	70%	50%	54%	90%	93%	92%	88%
Child had decay or cavities	2%	9%	N/A	N/A	22%	17%	N/A	N/A
Child had broken teeth	1%	0%	N/A	N/A	3%	2%	N/A	N/A
Child had no problems with teeth	88%	75%	91%	89%	51%	55%	78%	75%
Diagnosed with developmental delay or physical impairment	1%	4%	5%*	6%*	4%	6%	7%	6%
Diagnosed with anxiety problems	1%	3%	N/A	N/A	6%	10%	N/A	N/A
Diagnosed with asthma 	4%	8%	6%	6%	14%	14%	10%	10%
Diagnosed with ADHD/ADD	1%	1%	N/A	2%*	8%	13%	12%	9%
Diagnosed with behavioral or conduct problems	1%	1%	N/A	2%*	4%	6%	5%	4%
Diagnosed with vision problems that cannot be corrected	2%	1%	N/A	<1%	5%	3%	N/A	2%
Diagnosed with bone, joint, or muscle problems	0%	1%	N/A	1%	2%	2%	N/A	2%
Diagnosed with epilepsy	0%	0%	N/A	<1%	1%	2%	N/A	1%
Diagnosed with a head injury	2%	3%	N/A	<1%	1%	3%	N/A	<1%
Diagnosed with depression	0%	2%	N/A	<1%*	3%	0%	N/A	2%
Diagnosed with autism	0%	0%	NA	2%*	2%	1%	N/A	3%
Diagnosed with hearing problems	0%	3%	N/A	N/A	2%	3%	N/A	N/A
Health Care Access								
Had public insurance	12%	4%	40%	44%	6%	10%	34%	37%
Been to doctor for preventive care in past year	94%	98%	94%	90%	86%	88%	86%	82%
Received all the medical care they needed	91%	92%	99%*	99%*	89%	93%	98%*	98%*
Had a personal doctor or nurse	85%	83%	91%	91%	91%	86%	93%	90%
Early Childhood (Ages 0-5)								
Never breastfed their child	18%	12%	29%	21%	N/A	N/A	N/A	N/A
Parent read to child every day	35%	49%	53%	48%	N/A	N/A	N/A	N/A
Spent 4 or more hours watching TV	10%	9%	1%	11%	N/A	N/A	N/A	N/A

*Ages 2-5 years old

**2003 national and state data

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment

Child Variables	Medina County 2012 Ages 0-5	Medina County 2017 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Medina County 2012 Ages 6-11	Medina County 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Middle Childhood (Ages 6-11)								
Child participated in 1 or more activities	N/A	N/A	N/A	N/A	90%	92%	83%	79%
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	17%	14%	16%*	22%*
No physical activity in past week	N/A	N/A	N/A	N/A	4%	1%	6%	6%
Parent felt child was usually/always safe at school	N/A	N/A	N/A	N/A	96%	97%	96%	94%
Family and Community Characteristics								
Family eats a meal together every day of the week	49%	40%	63%	61%	30%	29%	45%	47%
Child never attends religious services	43%	42%	N/A	N/A	32%	35%	22%	18%
Neighborhood is usually or always safe 	99%	99%	88%	86%	99%	99%	86%	86%
Parent Health								
Mother's mental or emotional health is fair/poor	4%	8%	7%	7%	3%	7%	10%	8%
Father's mental or emotional health is fair/poor	0%	0%	N/A	3%	1%	0%	7%	5%

*Ages 2-5 years old

**2003 national and state data

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment

Health Care Access: Health Care Coverage

Key Findings

The 2017 needs assessment identified that 7% of Medina County adults were without health care coverage. Those most likely to be uninsured were adults with incomes under \$25,000. In Medina County, 7.4% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).

General Health Coverage

- In 2017, 93% of Medina County adults had health care coverage, leaving 7% who were uninsured. The 2015 BRFSS reported uninsured prevalence rates of 8% for Ohio and 11% for the U.S.
- In the past year, 7% of adults were uninsured, increasing to 21% of those with incomes less than \$25,000.
- Nine percent (9%) of adults with children did not have healthcare coverage, compared to 7% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (50%); someone else's employer (21%); Medicare (12%); multiple, including private sources (5%); self-paid plan (4%); Medicaid or medical assistance (3%); military or VA (2%); Health Insurance Marketplace (2%); and multiple, including government sources (1%).

7% of Medina County adults were uninsured.

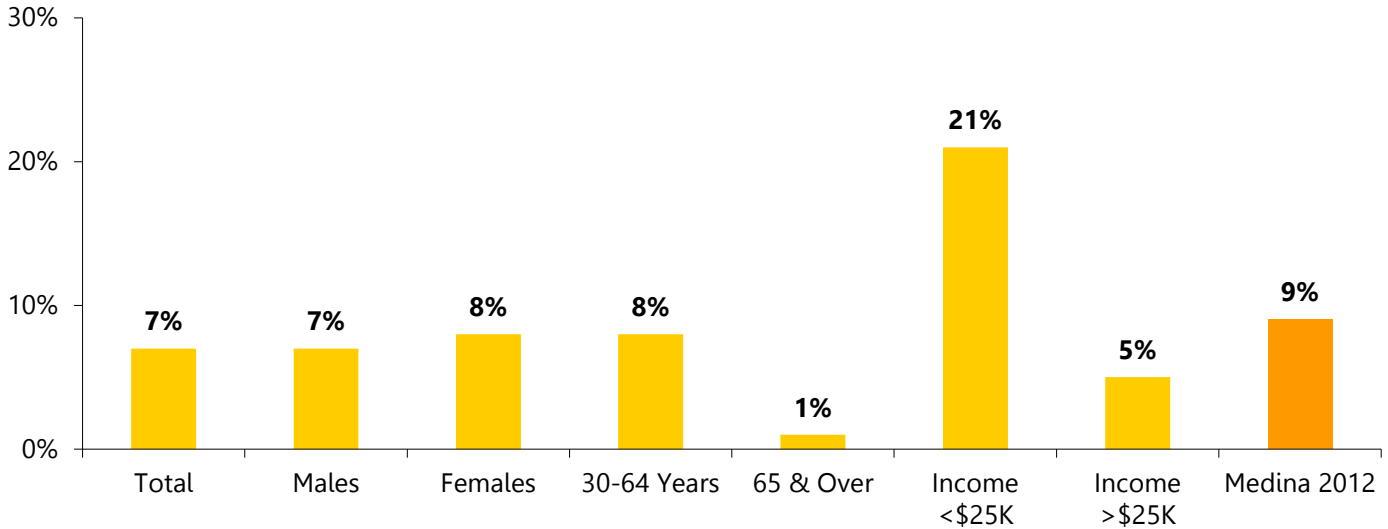
- Medina County adult health care coverage included the following: medical (97%), prescription coverage (95%), preventive health (86%), immunizations (82%), outpatient therapy (75%), dental (72%), mental health (69%), vision/eyeglasses (67%), alcohol and drug treatment (49%), durable medical equipment (46%), home care (34%), skilled nursing/assisted living (32%), hospice (31%), and transportation (15%).
- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (47%)
 2. They could not afford to pay the premiums (28%)
 3. They became ineligible (19%)

Note: Percentages do not equal 100% because respondents could select more than one reason

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Uninsured	9%	7%	8%	11%

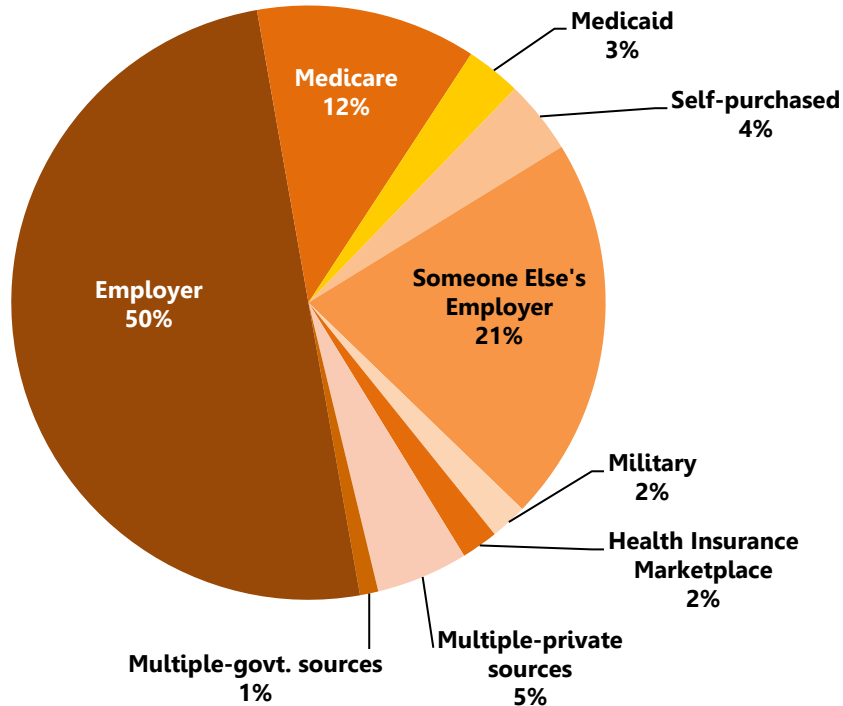
The following graph shows the percentages of Medina County adults who were uninsured. Examples of how to interpret the information in the graph include: 7% of all Medina County adults were uninsured, including 21% of those with incomes less than \$25,000 and 8% of females. The pie chart shows sources of Medina County adults' health care coverage.

Uninsured Medina County Adults



21% of Medina County adults with incomes less than \$25,000 were uninsured.

Source of Health Coverage for Medina County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	97%	1%	2%
Prescription Coverage	95%	3%	2%
Preventive Health	86%	1%	13%
Immunizations	82%	3%	15%
Outpatient Therapy	75%	2%	23%
Dental	72%	25%	3%
Mental Health	69%	2%	29%
Vision/Eyeglasses	67%	27%	6%
Alcohol and Drug Treatment	49%	4%	47%
Durable Medical Equipment	46%	3%	51%
Home Care	34%	7%	59%
Skilled Nursing/Assisted Living	32%	4%	64%
Hospice	31%	5%	64%
Transportation	15%	15%	70%

**Healthy People 2020
Access to Health Services (AHS)**

Objective	Medina County 2017	Ohio 2015	U.S. 2015	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	100% age 20-24 90% age 25-34 86% age 35-44 94% age 45-54 93% age 55-64	84% age 18-24 88% age 25-34 89% age 35-44 93% age 45-54 93% age 55-64	76% age 18-24 74% age 25-44 80% age 35-44 84% age 45-54 87% age 55-64	100%

*Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2015 BRFSS, 2017 Medina County Needs Assessment)*

Health Care Access: Access and Utilization

Key Findings

The 2017 needs assessment identified that 64% of Medina County adults had visited a doctor for a routine checkup in the past year. Seventy-three percent (73%) of adults went outside of Medina County for health care services in the past year.

Health Care Access

- Nearly two-thirds (64%) of Medina County adults visited a doctor for a routine checkup in the past year, increasing to 88% of those over the age of 65.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (66%), compared to 40% of those without health care coverage.
- Adults usually visited the following places for health care services or advice: doctor's office (54%); multiple places, including a doctor's office (21%); family and friends (5%); multiple places, not including a doctor's office (5%); urgent care center (4%); in-store health clinic (2%); internet (2%); Department of Veteran's Affairs (VA) (1%); and public health clinic or community health department (<1%). Four percent (4%) of adults indicated they had no usual place for health care services.
- Medina County adults preferred to access information about their health or healthcare services from the following: doctor (86%); internet searches (44%); family member or friend (34%); Medical Portal (27%); newspaper articles or radio/television news stories (8%); advertisements or mailings from hospitals, clinics, or doctor's offices (7%); text messages (5%); social networks (4%); and billboards (<1%).
- The following might prevent Medina County adults from seeing a doctor if they were sick, injured, or needed some type of health care: cost (32%), difficult to get an appointment (19%), doctor would not take their insurance (12%), hours not convenient (10%), worried they might find something wrong (9%), frightened of the procedure or doctor (7%), could not get time off work (6%), do not trust or believe doctors (4%), difficult to find/no transportation (1%), could not find childcare (1%), discrimination (<1%), and some other reason (4%).
- More than half (51%) of Medina County adults reported they had one person they thought of as their personal doctor or health care provider, decreasing to 41% of those without health coverage. One-third (33%) indicated they had more than one, and 15% did not have one particular doctor or health care provider.
- More than two-thirds (71%) of adults indicated they had a usual source of medical care, decreasing to 51% of those with annual household incomes less than \$25,000.
- Reasons for not having a usual source of medical care included the following: had not needed a doctor (25%), had two or more usual places (21%), cost (13%), not accepting Medicare or Medicaid/Health Care Exchange (5%), no insurance (5%), previous doctor unavailable/moved (4%), did not know where to go (3%), not accepting new patients (2%), do not like/trust/ believe in doctors (2%), outstanding bill (2%), and other reasons (8%). Four percent (4%) of adults indicated multiple reasons for not having a usual source of medical care.

How does Lack of Insurance Affect Access to Health Care?

- Uninsured people are far more likely than those with insurance to report problems getting needed medical care.
- Uninsured people are less likely than those with coverage to receive timely preventive care.
- Anticipating high medical bills, many uninsured people are not able to follow recommended treatments.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and experience declines in their overall health.
- Lack of health coverage, even for short periods of time, results in decreased access to care.

(Source: The Henry Kaiser Family Foundation, How Does Lack of Insurance Affect Access to Health Care?)

- Nearly three-fourths (73%) of adults went outside of Medina County for the following health care services in the past year: specialty care (34%), dental services (24%), primary care (23%), obstetrics/ gynecology (12%), orthopedic care (10%), mental health care/counseling services (7%), pediatric care (6%), cardiac care (5%), cancer care (4%), pediatric therapies (2%), addiction services (1%), hospice/palliative care (<1%), and other services (9%).
- More than one-fourth (26%) of adults visited the emergency room in the past year, increasing to 54% of those with incomes less than \$25,000.
- More than one-fourth (26%) of adults did not get prescriptions from their doctor filled in the past year.
- Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (41%), too expensive (38%), there was no generic equivalent (18%), they did not think they needed it (16%), no insurance (11%), they stretched their current prescription by taking less than prescribed (10%), side effects (7%), transportation (4%), fear of addiction (3%), and they were taking too many medications (1%).
- Medina County adults had not gotten any of the following recommended major care or preventive care due to cost: medications (10%), lab testing (10%), Pap smear (6%), mammogram (6%), colonoscopy (5%), weight loss program (5%), mental health services (4%), surgery (4%), immunizations (3%), alcohol/drug treatment (2%), Prostate-Specific Antigen (PSA) test (2%), smoking cessation (2%), and family planning services (<1%).
- Adults reported feeling confident doing the following: following instructions correctly on a medicine or prescription container (93%), filling out medical forms accurately (92%), following their healthcare provider's advice (87%), knowing their healthcare provider's exchange information (55%), and knowing how to obtain health insurance that best fit their needs (53%).
- Medina County adults had the following issues regarding their healthcare coverage: cost (38%), opted out of certain coverage because they could not afford it (8%), could not understand their insurance plan (8%), service not deemed medically necessary (8%), provider was no longer covered (4%), working with their insurance company (4%), service was no longer covered (3%), opted out of certain coverage because they did not need it (2%), pre-existing conditions (2%), limited visits (1%), and refused to take (<1%).

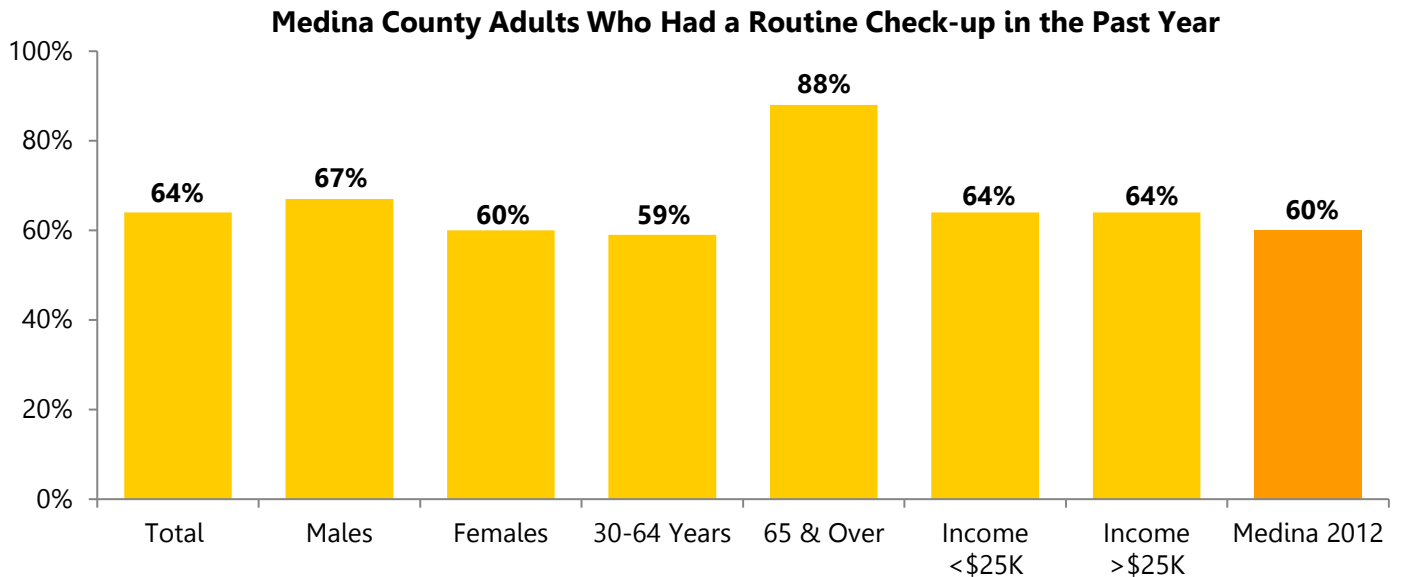
Availability of Services

- Twenty-one percent (21%) of Medina County adults had looked for a program to assist in care for the elderly or a disabled adult (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 39% looked for in-home care, 25% looked for an assisted living program, 17% looked for out-of-home placement, 8% looked for day care, 6% looked for a disabled adult program, and 5% looked for Respite or overnight care.
- Medina County adults reported they had looked for the following programs: depression, anxiety or mental health (18%); weight problems (9%); elderly care (8%); end-of-life/Hospice care (4%); marital or family problems (4%); disability (3%); alcohol abuse (2%); detoxification for opiates/heroin (2%); drug abuse (1%); family planning (1%); and tobacco cessation (1%).

Medina County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Medina County adults who have looked but have <u>NOT</u> found a specific program	Medina County adults who have looked and have found a specific program
Depression or Anxiety (18% of all adults looked)	18%	82%
Weight Problems (9% of all adults looked)	26%	74%
Elderly Care (8% of all adults looked)	19%	81%

The following graph shows the percentage of Medina County adults who had a routine check-up in the past year. Examples of how to interpret the information on the first graph include: 64% of all Medina County adults have had a routine check-up in the past year, including 67% of all Medina County males and 88% of those 65 years and older.



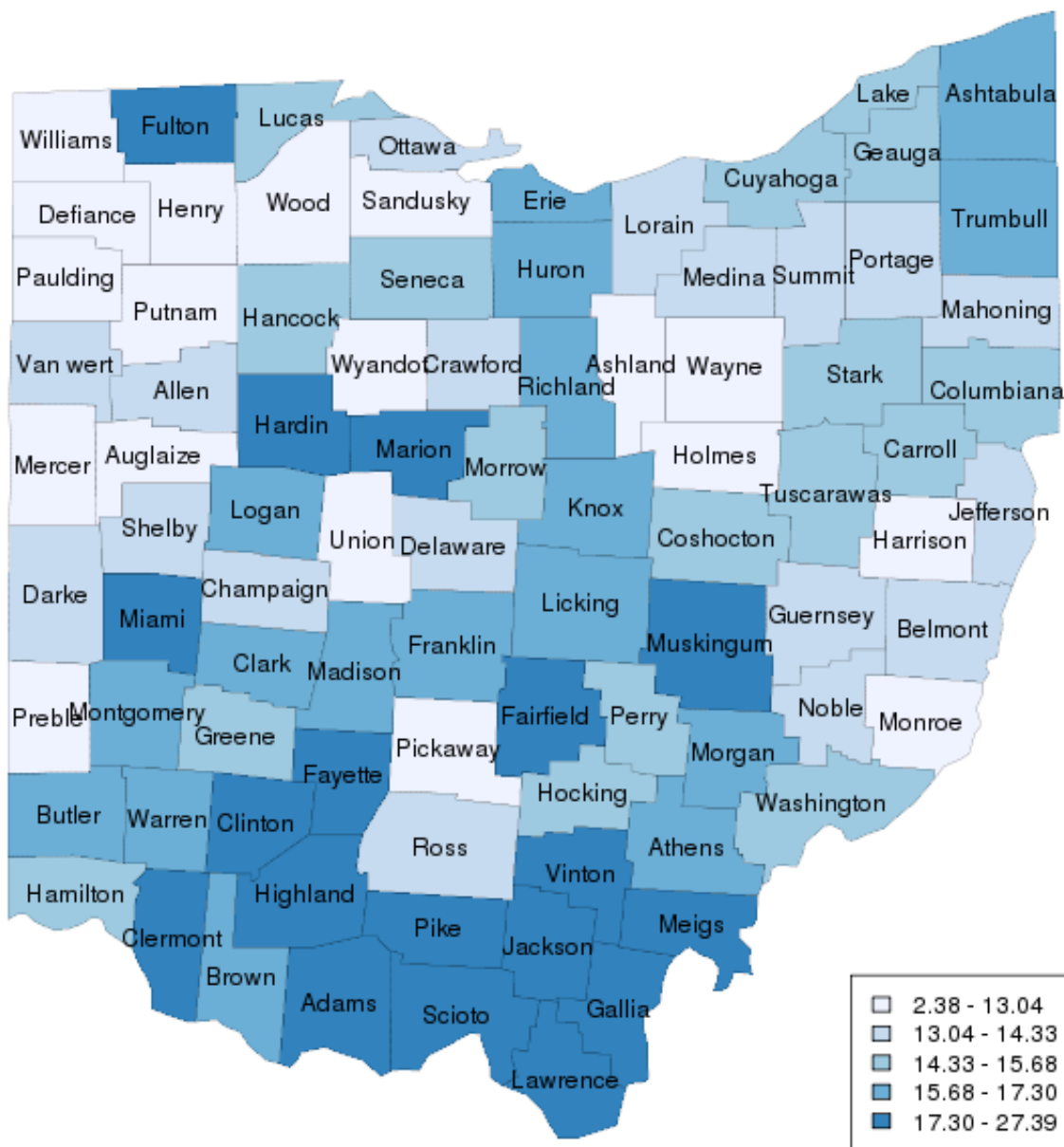
Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Had at least one person they thought of as their personal doctor or healthcare provider	N/A	51%	82%	79%
Visited a doctor for a routine checkup in the past year	60%	64%	72%	70%

N/A- Not available

The following map shows the estimated proportion of all adults, ages 19 years and older, with unmet needs in prescription medication.

- Thirteen percent (13%) of Medina County adults, ages 19 years and older, had unmet needs in prescription medication.
- Fifteen percent (15%) of Ohio adults, ages 19 years and older, had unmet needs in prescription medication.

Estimated Proportion: Unmet Needs in Prescription Medication, All Adults, Ages 19 and Older (2015) *



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

*Unmet needs indicate those who could not get prescriptions due to cost in the past 12 months

Healthcare Access: Preventive Medicine

Key Findings

Almost three-quarters (74%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (53%) of adults had a flu vaccine in the past year.

Preventive Medicine

- More than half (53%) of Medina County adults had a flu vaccine during the past 12 months.
- Four-fifths (80%) of Medina County adults ages 65 and over had a flu vaccine in the past 12 months. The 2015 BRFSS reported that 58% of Ohio and 61% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- Nearly one-third (31%) of adults have had a pneumonia shot in their life, increasing to 74% of those ages 65 and over. The 2015 BRFSS reported that 72% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Medina County adults have had the following vaccines: MMR in their lifetime (72%), tetanus booster (including Tdap) in the past 10 years (70%), chicken pox in their lifetime (36%), pertussis vaccine in the past 10 years (23%), Zoster (shingles) vaccine in their lifetime (19%), and human papillomavirus (HPV) vaccine in their lifetime (10%).

Preventive Health Screenings and Exams

- In the past year, 61% of Medina County women ages 40 and over have had a mammogram.
- In the past year, more than half (52%) of men ages 50 and over have had a PSA test.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Medina County adults

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Had a pneumonia vaccination (ages 65 and over)	66%	74%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	N/A	80%	58%	61%

N/A- Not available

Medina County Adult Health Screening Results

General Screening Results	Total
Diagnosed with High Blood Cholesterol	43%
Diagnosed with High Blood Pressure	33%
Diagnosed with Diabetes	10%
Survived a Heart Attack	3%
Survived a Stroke	3%

(Note: Percentages based on all Medina County adults surveyed)

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Medina County 2017	Ohio 2015	U.S. 2015	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	74%	72%	73%	90%

Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2015 BRFSS, 2017 Medina County Needs Assessment)

Who Should Get a Yearly Flu Shot?

The following groups are recommended to get a yearly flu vaccine:

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - Are aged 6 months through 4 years.
 - Are aged 50 years and older.
 - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
 - Those who are immunosuppressed.
 - Are or will be pregnant during the influenza season.
 - Are residents of nursing homes and chronic-care facilities.
 - Are American Indians/Alaska Natives.
 - Are morbidly obese (body-mass index is 40 or greater).
 - Are health-care personnel.
 - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months.
 - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated against Influenza, Updated in September 7, 2016)

INFORMATION FOR ADULT PATIENTS

2017 Recommended Immunizations for Adults: By Age

If you are this age, **talk to your healthcare professional about these vaccines**

If you are this age,	Flu <i>Influenza</i>	Td/Tdap Tetanus, diphtheria, pertussis	Shingles <i>Zoster</i>	Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV <i>Human papillomavirus</i>		Chickenpox <i>Varicella</i>	Hepatitis A	Hepatitis B	Hib <i>Haemophilus influenzae</i> type b
				PCV13	PPSV23	MenACWY or MPSV4	MenB		for women	for men				
19 - 21 years	Green	Green	Light Green	Blue	Blue	Blue	Blue	Green	Green	Blue	Green	Blue	Blue	Blue
22 - 26 years	Green	Green	Light Green	Blue	Blue	Blue	Blue	Green	Green	Blue	Green	Blue	Blue	Blue
27 - 59 years	Green	Green	Light Green	Blue	Blue	Blue	Blue	Green	Light Green	Light Green	Green	Blue	Blue	Blue
60 - 64 years	Green	Green	Green	Blue	Blue	Blue	Blue	Light Green	Light Green	Light Green	Green	Blue	Blue	Blue
65+ year	Green	Green	Light Green	Blue	Blue	Blue	Blue	Light Green	Light Green	Light Green	Green	Blue	Blue	Blue

More Information:

You should get flu vaccine every year.

You should get a Td booster every 10 years. You also need 1 dose of Tdap. Women should get a Tdap vaccine during every pregnancy to help protect the baby.

You should get shingles vaccine even if you have had shingles before.

You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you do not need it or should not get it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health condition or other. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.

Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Healthcare Access: Women's Health

Key Findings

More than three-fifths (61%) of Medina County women over the age of 40 reported having a mammogram in the past year. Fifty-nine percent (59%) of Medina County women ages 19 and over had a clinical breast exam and 45% had a Pap smear to detect cancer of the cervix in the past year. Two percent (2%) of women survived a heart attack and 2% survived a stroke at some time in their life. Two-fifths (40%) were diagnosed with high blood cholesterol, 28% had high blood pressure, 24% were obese, and 14% were identified as current smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2017, 66% of women had a mammogram at some time, and more than two-fifths (43%) had this screening in the past year.
- More than three-fifths (61%) of women ages 40 and over had a mammogram in the past year, and 75% had one in the past two years. The 2014 BRFSS reported that 72% of Ohio women 40 and over and 73% in the U.S., had a mammogram in the past two years.
- Most (95%) Medina County women had a clinical breast exam at some time in their life, and 59% had one within the past year. Almost three-fourths (74%) of women ages 40 and over had a clinical breast exam in the past two years. The 2013 BRFSS reported that 75% of Ohio women 40 and over and 77% in the U.S. had a clinical breast exam in the past two years.
- Ninety-two percent (92%) of Medina County women had a Pap smear at some point in their life and 45% reported having had the exam in the past year. Three-quarters (75%) of women had a Pap smear in the past three years. The 2014 BRFSS indicated that 74% of Ohio and 75% of U.S. women had a Pap smear in the past three years.

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (55%), general or family physician (39%), family planning clinic (1%), health department clinic (1%), and some other kind of place (1%). Three percent (3%) indicated they did not have a usual source of services for female health concerns, and 1% had multiple sources for female health concerns.
- In 2017, the needs assessment determined that 2% of women had survived a heart attack and 2% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Medina County, the 2017 needs assessment identified that:
 - 53% of women were overweight or obese (61% Ohio, 59% U.S., 2015 BRFSS)
 - 40% were diagnosed with high blood cholesterol (31% Ohio, 30% U.S., 2015 BRFSS)
 - 28% were diagnosed with high blood pressure (36% Ohio, 35% U.S., 2015 BRFSS)
 - 14% were current smokers (20% Ohio, 15% U.S., 2015 BRFSS)
 - 7% had been diagnosed with diabetes (11% Ohio, 10% U.S., 2015 BRFSS)
- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all female deaths in Medina County (Source: CDC Wonder, Underlying Cause of Death).

Medina County Female Leading Causes of Death, 2013 – 2015 Total female deaths: 2,104

1. Heart Diseases (22% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (5%)
5. Accidents/Unintentional Injury (3%)

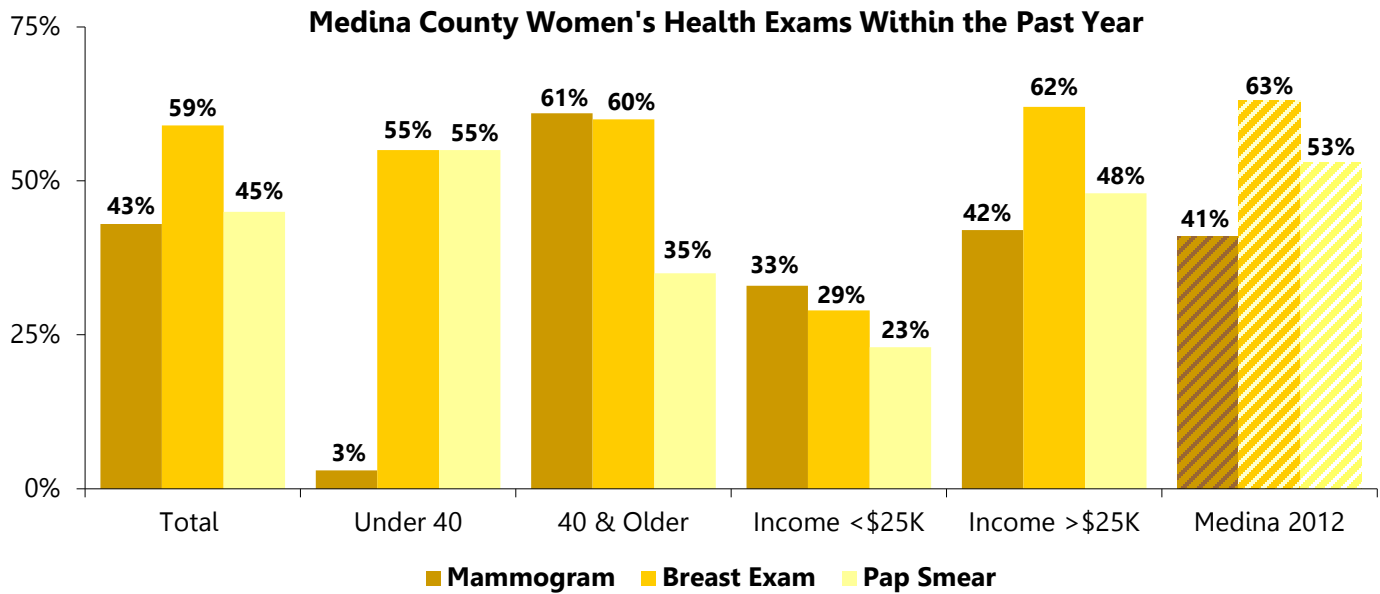
(Source: CDC Wonder, 2013-2015)

Ohio Female Leading Causes of Death, 2013 – 2015

1. Heart Diseases (23% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (5%)

(Source: CDC Wonder, 2013-2015)

The following graph shows the percentage of Medina County females who had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 43% of Medina County females had a mammogram within the past year, 59% had a clinical breast exam, and 45% had a Pap smear.

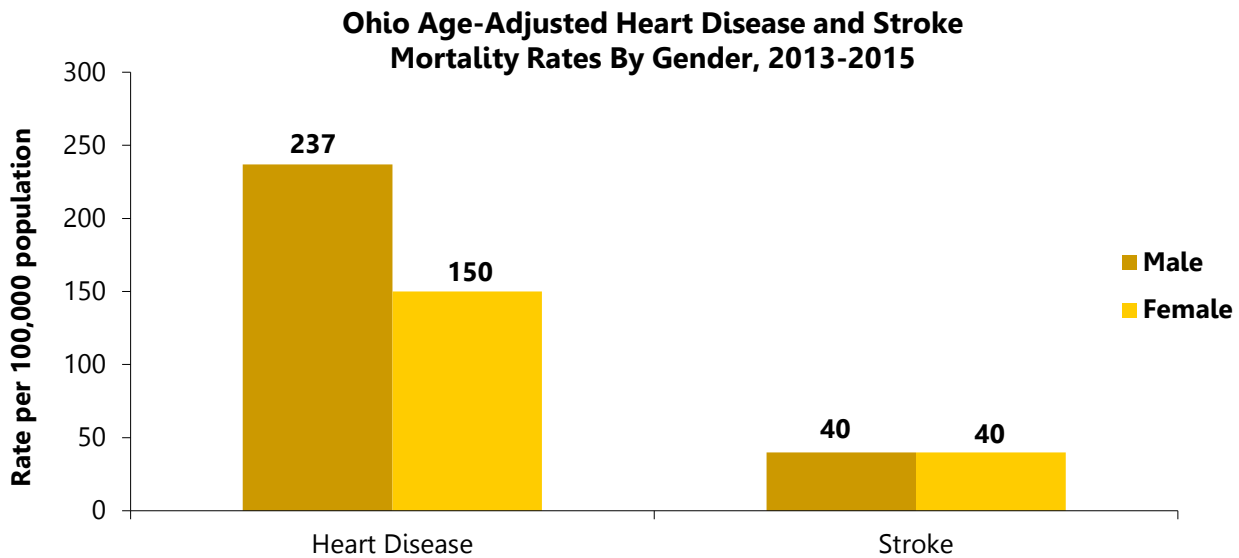
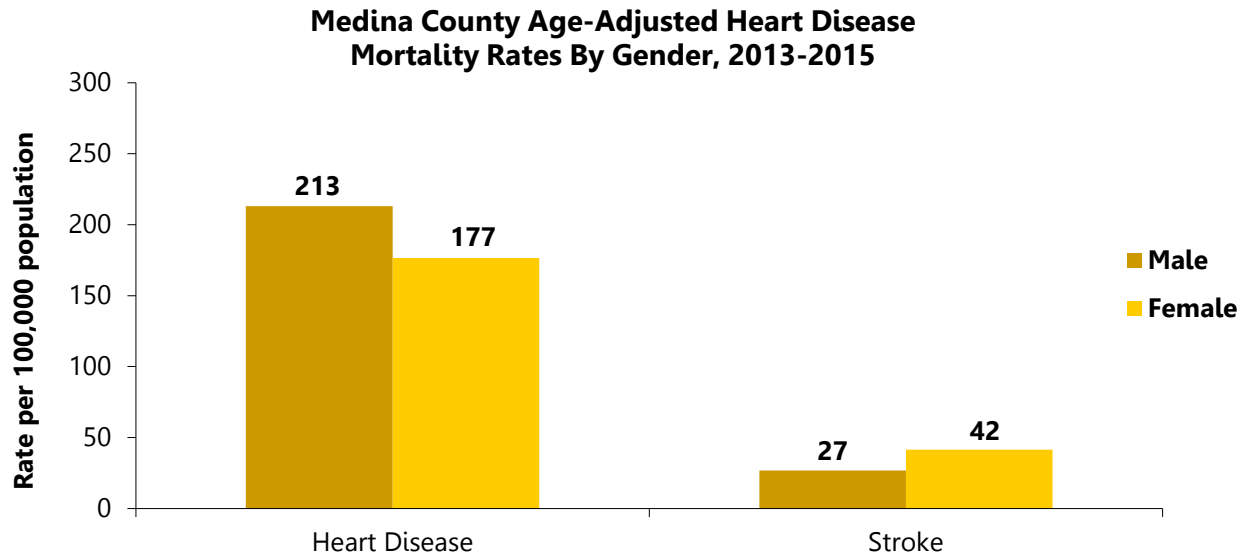


Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Had a clinical breast exam in the past two years (age 40 & over)	78%	74%	N/A	N/A
Had a mammogram in the past two years (age 40 & over)	81%	75%	72%*	73%*
Had a Pap smear in the past three years	75%	75%	74%*	75%*

*2014 BRFSS Data
N/A- Not available

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

- From 2013-2015, the Medina County and Ohio female age-adjusted mortality rate was lower than the male rate for heart disease.
- The Medina County female heart disease mortality rate was higher than the Ohio female rate from 2013-2015.



(Source: CDC Wonder 2013-2015)

What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

- Keep a healthy weight.
- Exercise regularly (at least four hours a week).
- Get enough sleep.
- Don't drink alcohol, or limit alcohol drinks to no more than one per day.
- Avoid exposures to chemicals that can cause cancer (carcinogens).
- Try to reduce your exposure to radiation during medical tests like mammograms, X-rays, CT scans, and PET scans.
- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you.
- Breastfeed your babies, if possible.

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have a higher breast cancer risk. Talk to your doctor about these ways of reducing your risk:

- Anti-estrogens or other medicines that block or decrease estrogen in your body.
- Surgery to reduce your risk of breast cancer:
 - Prophylactic (preventive) mastectomy (removal of breast tissue).
 - Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes).

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer?)

Healthcare Access: Men's Health

Key Findings

In 2017, 52% of Medina County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Forty-six percent (46%) of men had high blood cholesterol, 39% had been diagnosed with high blood pressure, and 14% were identified as current smokers, which, along with obesity (31%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- More than two-fifths (44%) of Medina County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 27% had one in the past year.
- More than three-fourths (77%) of males age 50 and over had a PSA test at some time in their life, and 52% had one in the past year.
- More than half (55%) of men had a digital rectal exam in their lifetime, and 21% had one in the past year.
- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 29% of all male deaths in Medina County (Source: CDC Wonder).

Medina County Male Leading Causes of Death, 2013 – 2015

1. Heart Diseases (26% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (3%)

(Source: CDC Wonder, 2013-2015)

Ohio Male Leading Causes of Death, 2013 – 2015

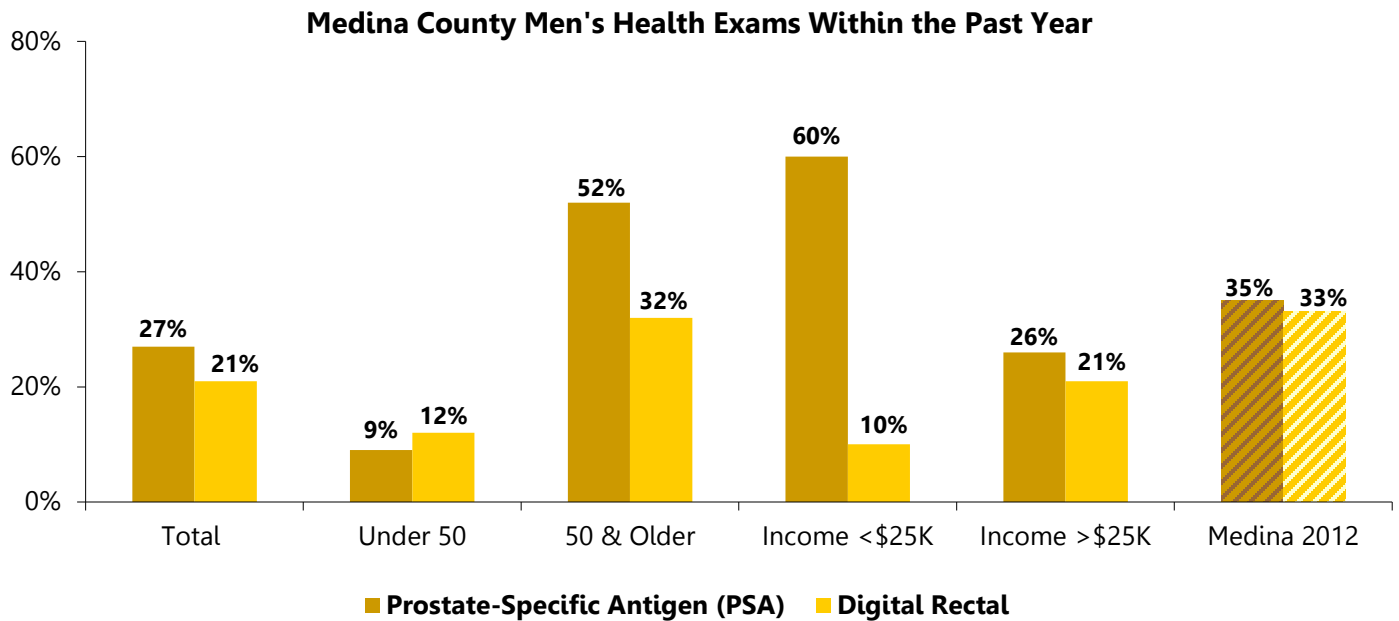
1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: CDC Wonder, 2013-2015)

21% of Medina County males had a digital rectal exam in the past year.

- In 2017, the needs assessment determined that 5% of men had a heart attack and 3% had a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Medina County, the 2017 needs assessment identified that:
 - 83% of men were overweight or obese (71% Ohio, 70% U.S., 2015 BRFSS)
 - 46% were diagnosed with high blood cholesterol (38% Ohio, 38% U.S., 2015 BRFSS)
 - 39% were diagnosed with high blood pressure (38% Ohio, 34% U.S., 2015 BRFSS)
 - 14% of all men were current smokers (23% Ohio, 19% U.S., 2015 BRFSS)
 - 12% had been diagnosed with diabetes (11% Ohio, 11% U.S., 2015 BRFSS)
- From 2013-2015, the leading cancer deaths for Medina County males were lung, colon and rectum, and prostate cancers. Statistics from the same period for Ohio males indicate that lung, lymphoid, colon and rectum, and prostate cancers were the leading cancer deaths (Source: CDC Wonder).

The following graph shows the percentage of Medina County males who had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 27% of Medina County males had a PSA test within the past year, and 21% had a digital rectal exam.



Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2014	U.S. 2014
Had a PSA test in within the past two years (age 40 & over)	60%	53%	43%	43%
Had a digital rectal exam within the past year	33%	21%	N/A	N/A

N/A- Not available

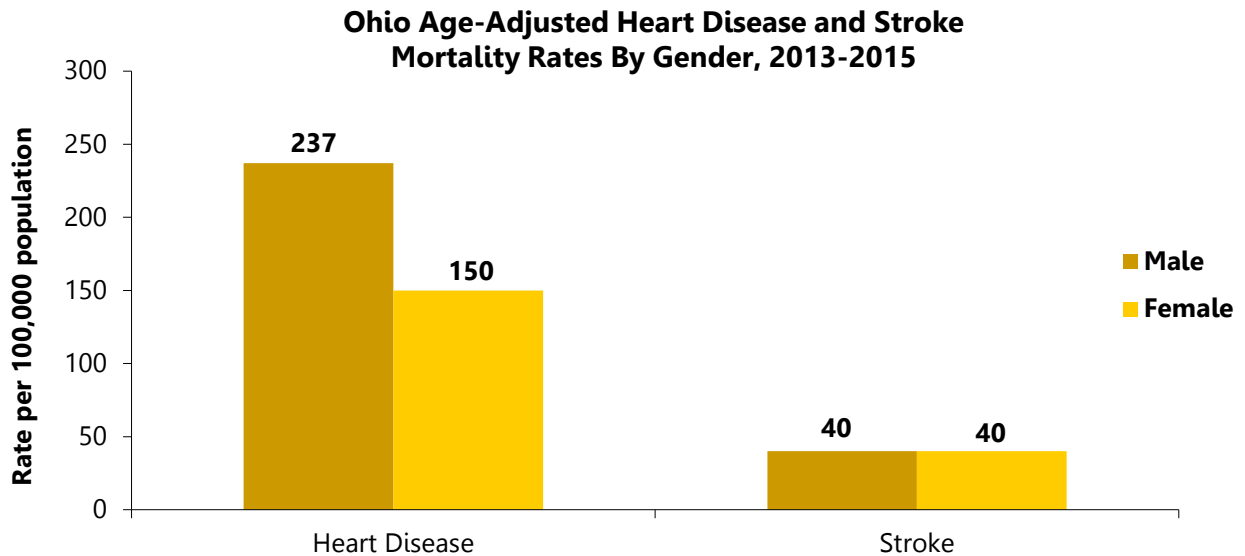
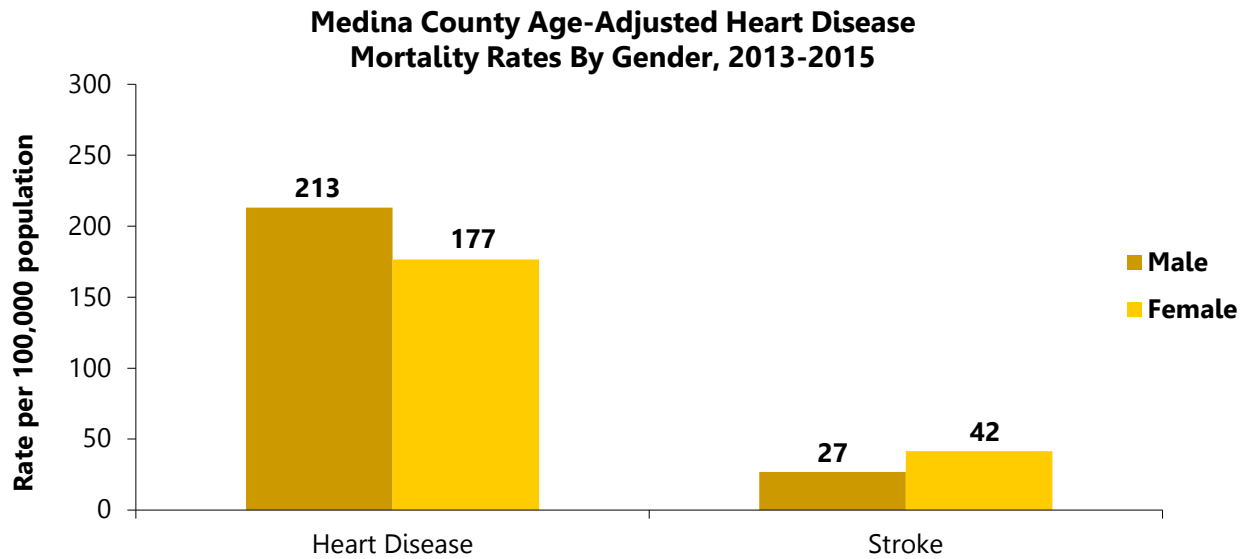
Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. Most prostate cancers grow slowly and don't cause any health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
 - **Digital rectal exam (DRE):** A doctor, nurse, or other health care professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
 - **Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, March 8, 2017)

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

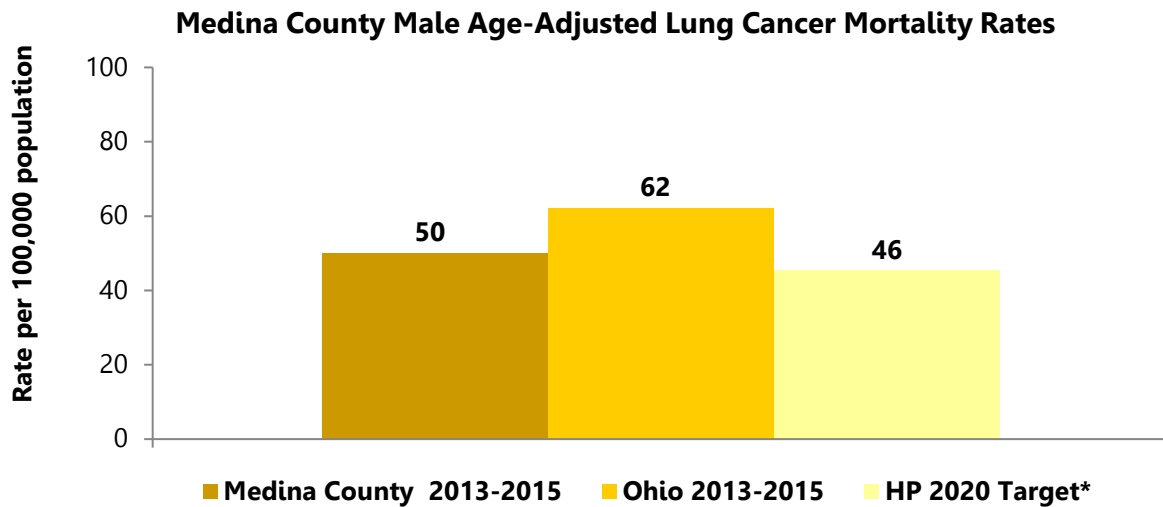
- From 2013-2015, the Medina County and Ohio male age-adjusted mortality rate was higher than the female rate for heart disease.
- The Medina County male age-adjusted heart disease mortality rate was lower than the Ohio male rate.



(Source: CDC Wonder 2013-2015)

The following graph shows the Medina County age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to the Healthy People 2020 objective. The graph shows:

- From 2013-2015, the Medina County age-adjusted mortality rate for male lung cancer was lower than the Ohio rate but higher than the Healthy People 2020 objective.



Note: The Healthy People 2020 target rates are not gender specific.
 (Sources: Ohio Public Health Data Warehouse 2013-2015 and Healthy People 2020)

Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- 18% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 32% had 5 or more drinks in 1 day at least once in the past year.
- Only 56% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 35% of men 20 years and over are obese.
- There are 12% of males under the age of 65 without healthcare coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, May 3, 2017)

Healthcare Access: Oral Health

Key Findings

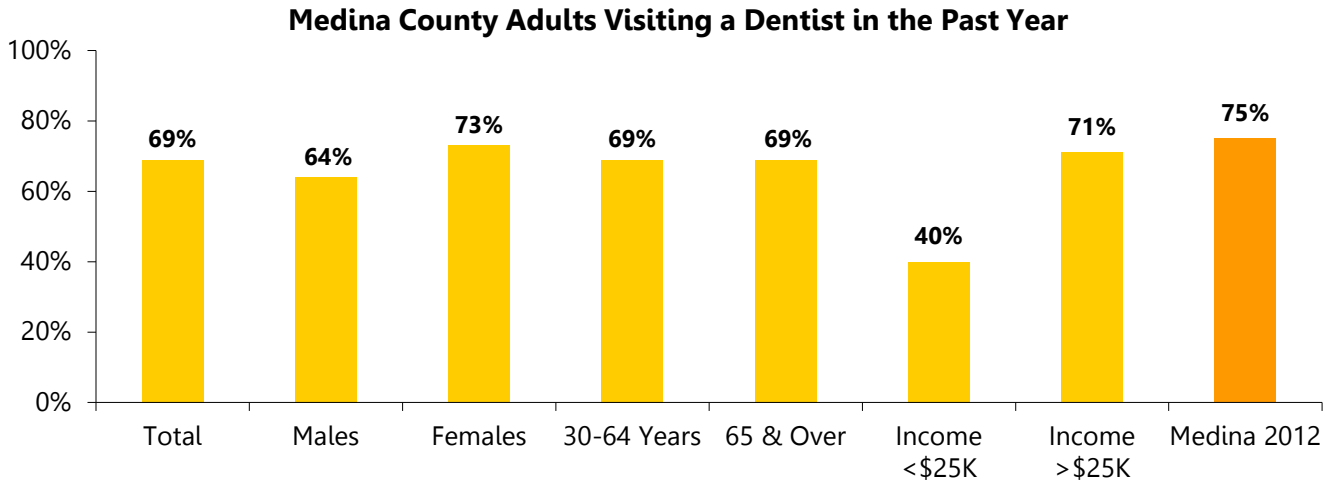
The needs assessment has determined more than two-thirds (69%) of Medina County adults visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous 12 months.

Access to Dental Care

- In the past year, 69% of Medina County adults had visited a dentist or dental clinic, decreasing to 40% of those with incomes less than \$25,000.
- The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.
- Nearly four-fifths (78%) of Medina County adults with dental insurance have been to the dentist in the past year, compared to 58% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 31% said cost; 23% had no oral health problems or had not thought of it; 19% said fear, apprehension, nervousness, pain, and dislike going; 8% had dentures; 4% did not have/know a dentist; 3% said their dentist did not accept their medical coverage; 2% said transportation; and 1% could not find a dentist taking new Medicaid patients. Four percent (4%) of adults selected multiple reasons for not visiting a dentist in the past year.
- Adults had the following oral health issues: pain (9%), oral bleeding (5%), difficulty eating/chewing (4%), loose teeth (4%), missed work due to mouth pain (3%), problems with dentures (1%), no teeth (1%), and skipped meals due to pain (<1%).

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	64%	11%	9%	14%	1%
Females	73%	10%	8%	7%	<1%
Total	69%	11%	8%	10%	1%

The following graph provides information about the frequency of Medina County adult dental visits. Examples of how to interpret the information include: 69% of all Medina County adults had been to the dentist in the past year, including 64% of males and 40% of those with incomes less than \$25,000.



Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2014	U.S. 2014
Adults who have visited the dentist in the past year	75%	69%	65%	65%

Oral Health Basics

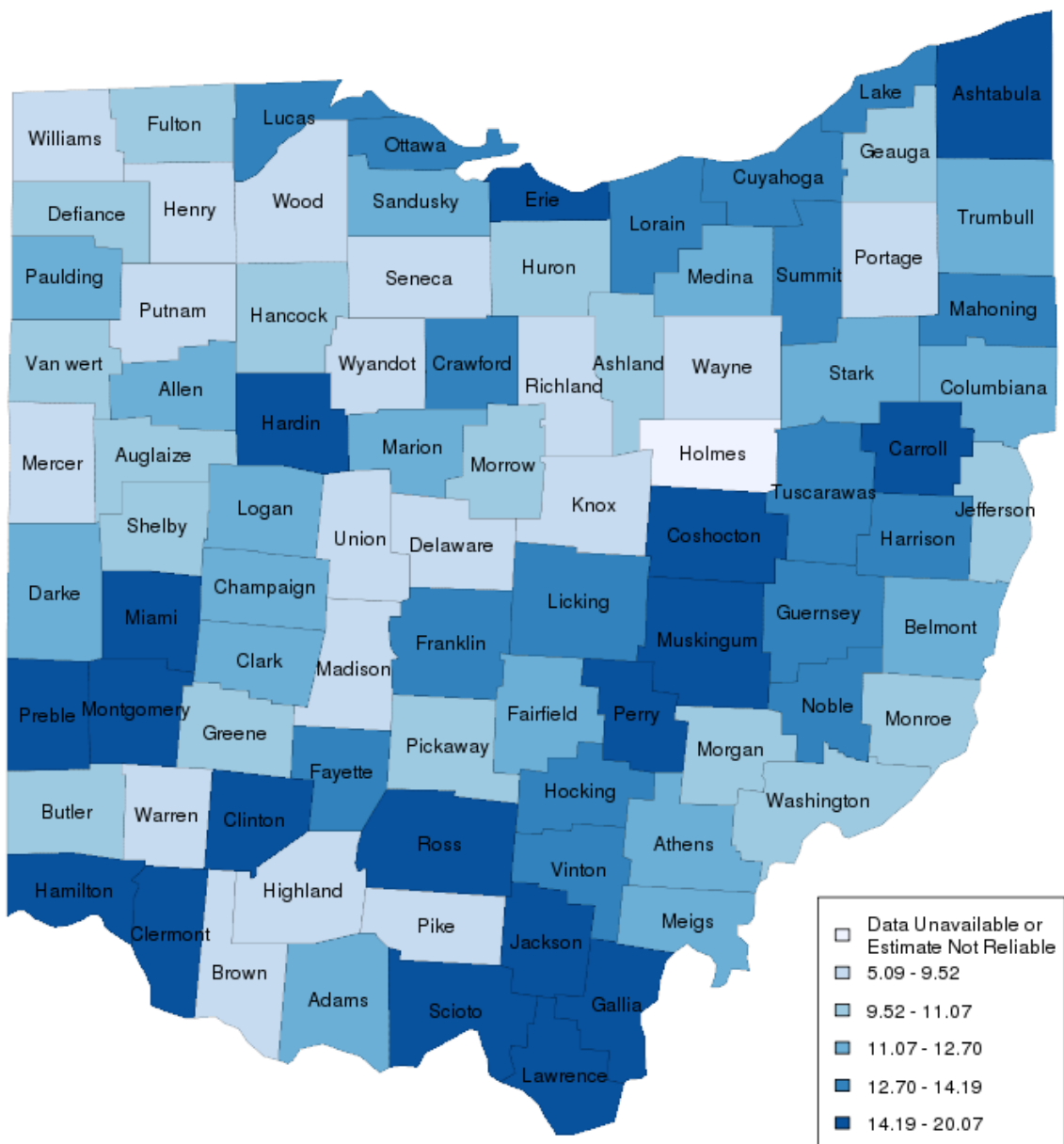
- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.
- Cavities (also called tooth decay) are one of the most common chronic conditions in the United States. By age 34, more than 80% of people had at least one cavity. More than 40% of adults have felt pain in their mouth in the last year. On average, the nation spends more than \$113 billion a year on costs related to dental care. More than \$6 billion of productivity is lost each year because people miss work to get dental care.
- Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.
- Public health strategies such as community water fluoridation and school dental sealant programs have been proven to save money and prevent cavities.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, October 8, 2015)

The following map shows the estimated proportion of all adults, ages 19 years and older, with unmet needs in dental care.

- Twelve percent (12%) of Medina County adults, ages 19 years and older, had unmet needs in dental care.
- Thirteen percent (13%) of Ohio adults, ages 19 years and older, had unmet needs in dental care.

Estimated Proportion: Unmet Needs in Dental Care, All Adults, Ages 19 Years and Older (2015)*



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

*Unmet needs indicate those who could not get needed dental care in the past 12 months

Health Behaviors: Health Status Perceptions

Key Findings

In 2017, nearly three-fifths (59%) of Medina County adults rated their health status as excellent or very good. Conversely, 10% of adults, increasing to 28% of those with incomes less than \$25,000, described their health as fair or poor.

General Health Status

- In 2017, nearly three-fifths (59%) of Medina County adults rated their health as excellent or very good. Medina County adults with higher incomes (62%) were most likely to rate their health as excellent or very good, compared to 33% of those with incomes less than \$25,000.
- Ten percent (10%) of adults rated their health as fair or poor. The 2015 BRFSS has identified that 17% of Ohio and 16% of U.S. adults self-reported their health as fair or poor.
- Medina County adults were most likely to rate their health as fair or poor if they:
 - Had an annual household income less than \$25,000 (28%)
 - Were widowed (27%)
 - Had been diagnosed with diabetes (23%)
 - Were 65 years of age or older (20%)
 - Had high blood pressure (17%)

Adults Who Rated General Health Status Excellent or Very Good

- Medina County 59% (2017)
- Ohio 52% (2015)
- U.S. 52% (2015)

(Source: BRFSS 2015 for Ohio and U.S.)

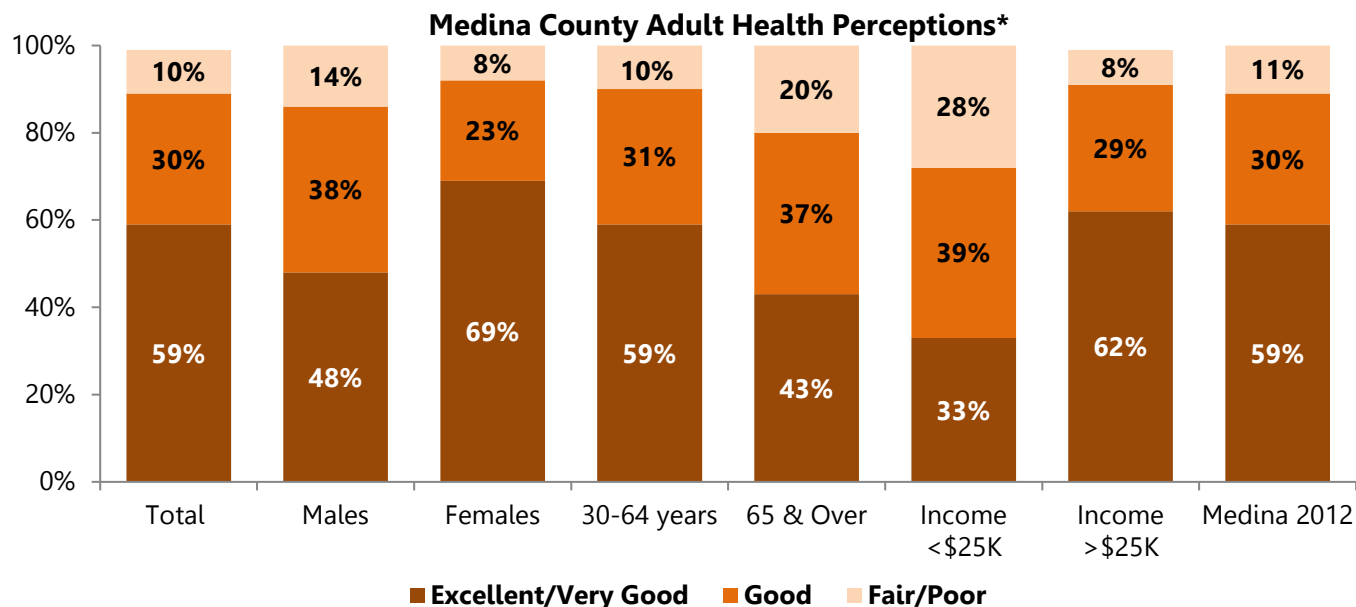
Physical Health Status

- In 2017, 22% of Medina County adults rated their physical health as not good on four or more days in the previous month.
- Medina County adults reported their physical health as not good on an average of 3.6 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 4.0 days and 3.8 days, respectively, in the previous month (Source: 2014 BRFSS).
- Medina County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income less than \$25,000 (44%)
 - Were 65 years of age or older (29%)

Mental Health Status

- In 2017, 36% of Medina County adults rated their mental health as not good on four or more days in the previous month.
- Medina County adults reported their mental health as not good on an average of 4.5 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 4.3 days and 3.7 days, respectively, in the previous month (Source: 2014 BRFSS).
- More than one-fourth (29%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Medina County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income less than \$25,000 (53%)
 - Were female (40%)

The following graph shows the percentage of Medina County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 59% of all Medina County adults, 48% of males, and 43% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	40%	34%	5%	3%	15%
Females	45%	29%	10%	1%	11%
Total	43%	32%	7%	2%	13%
Mental Health Not Good in Past 30 Days*					
Males	49%	18%	11%	5%	16%
Females	37%	22%	11%	6%	22%
Total	43%	20%	11%	6%	19%

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

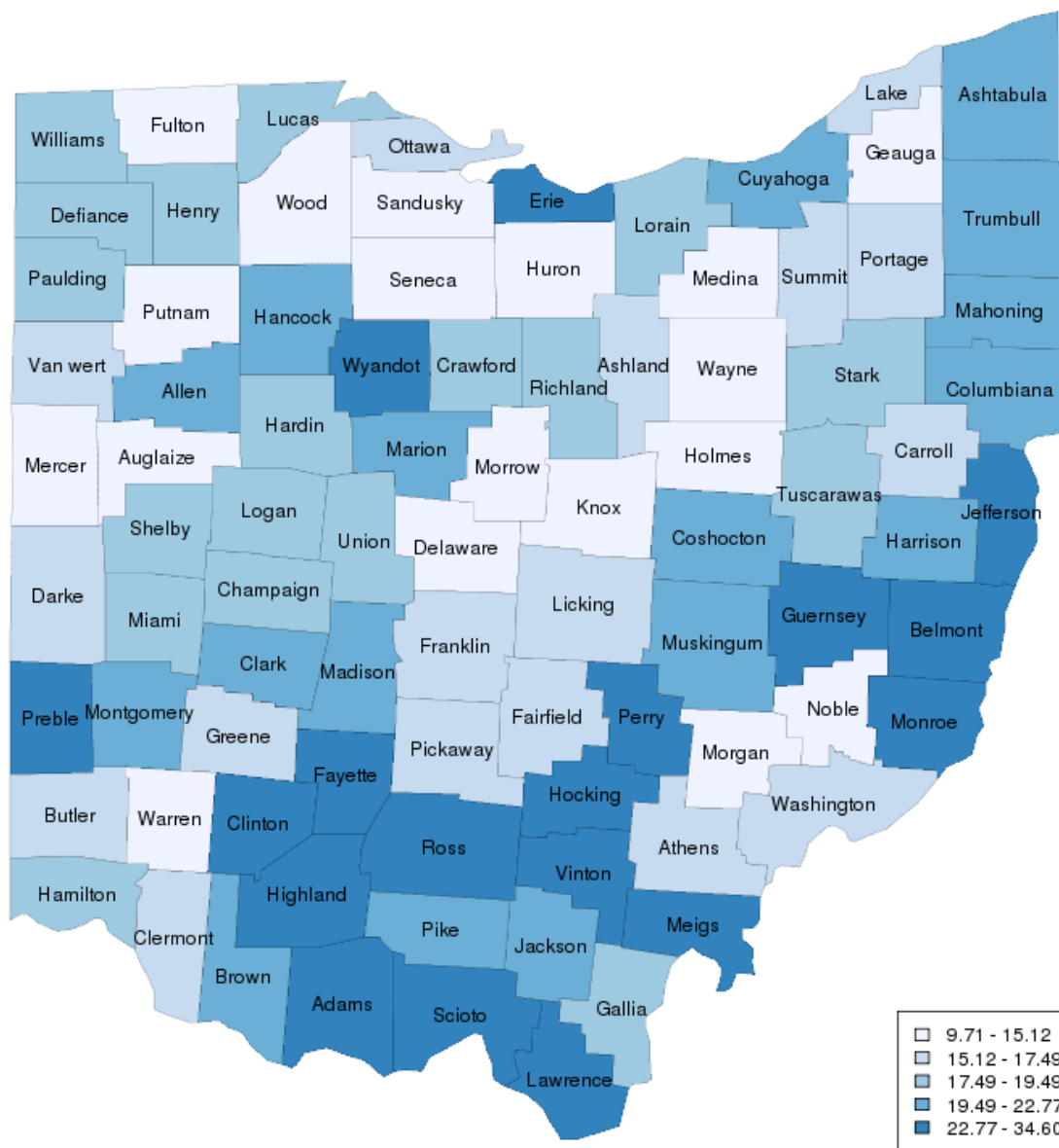
Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Rated health as excellent or very good	59%	59%	52%	52%
Rated health as fair or poor	11%	10%	17%	16%
Average days that physical health not good in past month	2.7	3.6	4.0*	3.8*
Average days that mental health not good in past month	3.2	4.5	4.3*	3.7*
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.6	2.0	N/A	N/A

*2014 BRFSS data
N/A – Not Available

The following map shows the estimated proportion of all adults, ages 19 years and older, who rated their overall health as fair/poor.

- Ten percent (10%) of Medina County adults, ages 19 years and older, rated their overall health as fair/poor.
- Eighteen percent (18%) of Ohio adults, ages 19 years and older, rated their overall health as fair/poor.

Estimated Proportion: Poor/Fair Overall Health, All Adults, Ages 19 Years and Older (2015)*



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)
*Indicates those that rated their general health status as poor or fair

Health Behaviors: Adult Weight Status

Key Findings

The 2017 needs assessment identified that 68% of Medina County adults were overweight or obese based on Body Mass Index (BMI). In Medina County, 61% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

Adult Weight Status

- In 2017, the needs assessment indicated that more than two-thirds (68%) of Medina County adults were either overweight (40%) or obese (28%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of diseases.
- Medina County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (51%); drank more water (49%); exercised (42%); ate a low-carb diet (19%); took diet pills, powders or liquids without a doctor's advice (4%); used a weight loss program (4%); went without eating 24 or more hours (3%); health coaching (2%); took prescribed medications (2%); smoked cigarettes (1%); took laxatives (1%); bariatric surgery (<1%); and participated in a prescribed dietary or fitness program (<1%).

28% of Medina County adults were obese.

Physical Activity

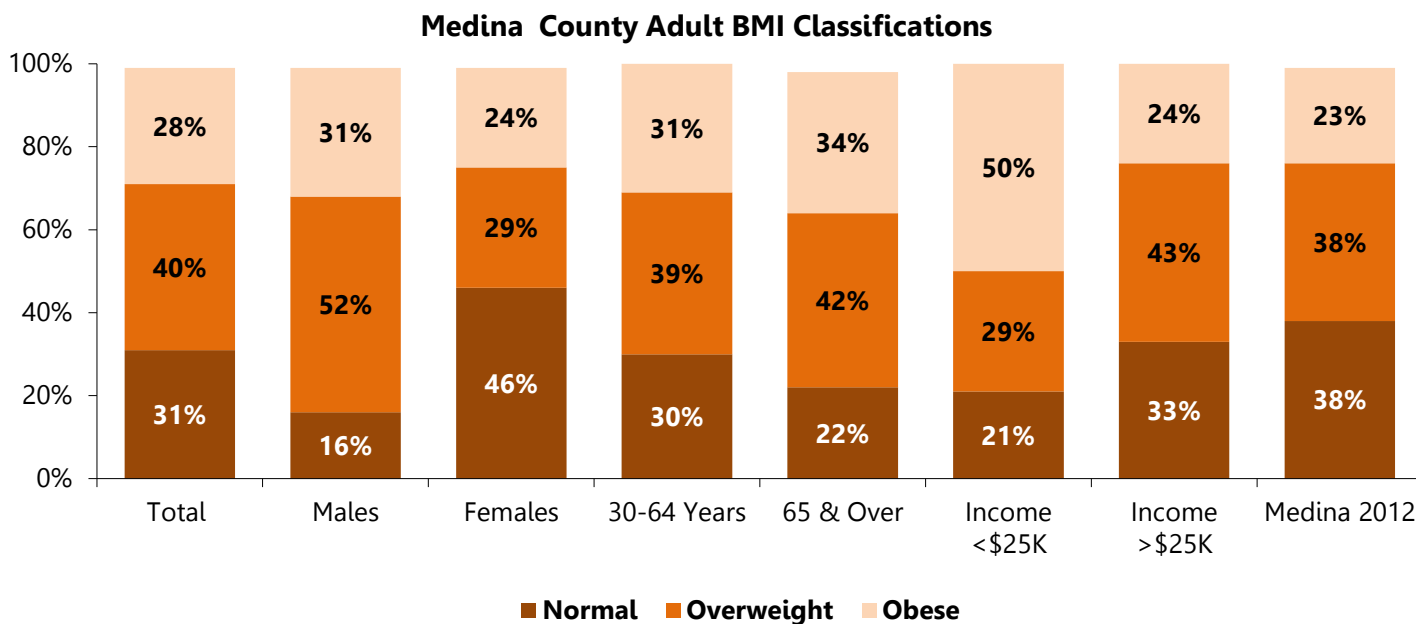
- In Medina County, 61% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Thirty-one percent (31%) of adults exercised 5 or more days per week. About one-in-six (16%) adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity for Everyone*).
- Reasons for not exercising included the following: time (38%); too tired (29%); laziness (22%); weather (21%); did not like to exercise (14%); pain or discomfort (14%); could not afford a gym membership (6%); no exercise partner (6%); poorly maintained/no sidewalks (6%); no child care (4%); did not know what activities to do (4%); transportation (2%); lack of opportunities for those with physical impairments or challenges (2%); doctor advised them not to exercise (1%); no gym available (1%); no walking, biking trails or parks (1%); and neighborhood safety (<1%).
- Medina County adults spent an average of 2.5 hours watching TV, 2.4 hours on the computer/tablet, 1.3 hours on their cell phone, and 0.2 hours playing video games on an average day of the week.

Nutrition

- In 2017, 64% of adults ate between 1 to 2 servings of fruits and vegetables per day. Twenty-eight percent (28%) ate between 3 to 4 servings per day, and 7% ate 5 or more servings per day. One percent (1%) of adults ate 0 servings of fruits and vegetables per day because they could not afford them, they did not like them (1%) and they did not have access to them (1%). The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.

- Medina County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (71%), healthiness of food (67%), cost (60%), what their family prefers (47%), ease of preparation/time (45%), nutritional content (44%), food they were used to (40%), availability (33%), calorie content (26%), if it is organic (19%), artificial sweetener content (12%), if it is genetically modified (12%), health care provider’s advice (8%), if it is gluten free (7%), other food sensitivities (4%), and if it is lactose free (3%).
- Medina County adults purchased their fruit and vegetables from the following places: large grocery stores (84%), local grocery stores (62%), farmer’s market (46%), grew their own/garden (29%), dollar store (6%), corner/convenience stores (5%), mail order food service (4%), food pantry (2%), Community Supported Agricultural (CSA) (2%), community garden (<1%), and other places (3%).
- More than one-fourth (26%) of adults ate or drank soda pop, cookies, candy, cake, gum, potato chips, Fritos, Doritos, Kool-aid, and other sweetened beverages at least once per day in the past week. One-in-nine (11%) adults did not eat or drink those foods in the past 7 days.

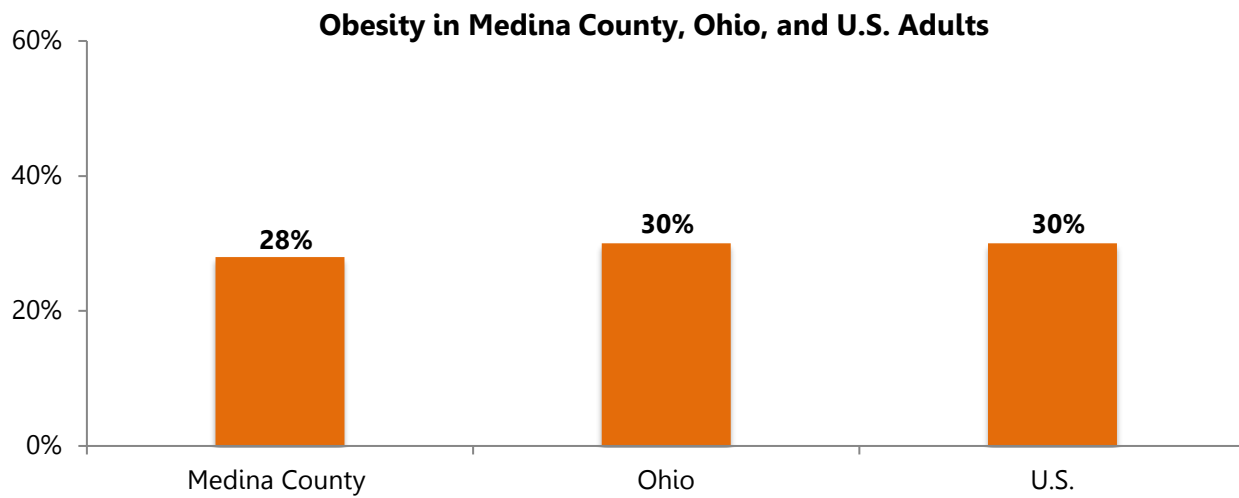
The following graph shows the percentage of Medina County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 31% of all Medina County adults were classified as normal weight, 40% were overweight, and 28% were obese.



Note: Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Obese	23%	28%	30%	30%
Overweight	38%	40%	37%	36%

The following graph shows the percentage of Medina County adults who are obese compared to Ohio and U.S.



(Source: 2017 Medina County Needs Assessment and 2015 BRFSS)

Body Mass Index (BMI)

	Normal				Overweight					Obese					Extreme Obesity																					
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
Height (inches)	Body Weight (pounds)																																			
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
69	128	135	142	149	156	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443

(Source: U.S. Department of Health and Human Services, National Heart, Lung, and Blood Institute, 2008)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2017, 14% of Medina County adults were current smokers, and 23% were considered former smokers. Four percent (4%) of adults used e-cigarettes in the past year. More than two-fifths (42%) of Medina County adults believed that e-cigarette vapor was harmful to themselves.

In 2017, 14% of Medina County adults were current smokers.

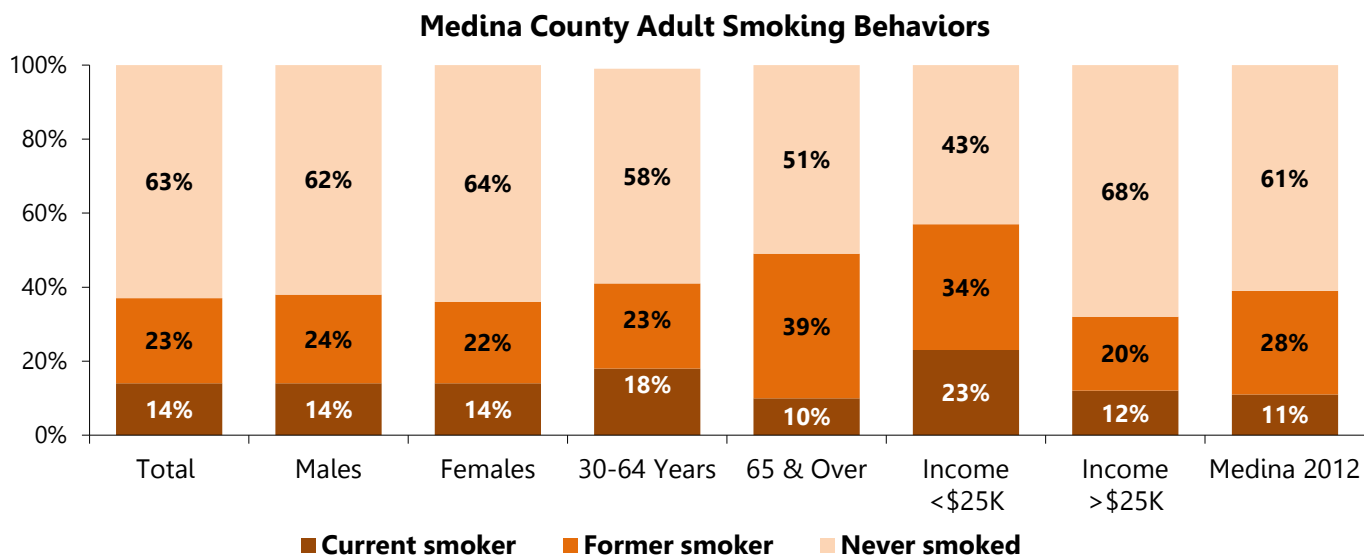
Adult Tobacco Use Behaviors

- The 2017 needs assessment identified that one-in-seven (14%) Medina County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days). The 2015 BRFSS reported current smoker prevalence rates of 22% for Ohio and 18% for the U.S.
- Nearly one-fourth (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2015 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% for the U.S.
- Medina County adult smokers were more likely to have:
 - Been a member of an unmarried couple (39%) or divorced (36%)
 - Rated their overall health as fair or poor (23%)
 - Incomes less than \$25,000 (23%)
- Medina County adults used the following tobacco products in the past year: cigarettes (16%), cigars (5%), chewing tobacco (4%), e-cigarettes (4%), Black and Milds (2%), hookah (2%), Swishers (1%), cigarillos (1%), little cigars (<1%), and pouch (<1%).
- Nearly two-fifths (38%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Medina County adults had the following rules/practices about smoking in their home: never allowed (89%), not allowed with children around (4%), no rules about smoking (3%), allowed sometimes/in some places (2%), and allowed anywhere (1%).
- Medina County adults would support an ordinance to ban smoking in the following places: vehicle with a minor present (75%), multi-unit housing (58%), parks or ball fields (52%), college/university campuses (50%), and fairgrounds (49%). Nearly one-fourth (22%) of adults would not support any ordinance to ban smoking.
- More than two-fifths (42%) of Medina County adults believed that e-cigarette vapor was harmful to themselves. More than two-fifths (42%) of adults believed that e-cigarette vapor was harmful to others, and 6% did not believe it was harmful to anyone. Nearly half (47%) of adults did not know if e-cigarette vapor was harmful.

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Current smoker	11%	14%	22%	18%
Former smoker	28%	23%	24%	25%
Tried to quit smoking	38%	38%	N/A	N/A

N/A – Not available

The following graph shows the percentage of Medina County adults who smoked cigarettes. Examples of how to interpret the information include: 14% of all Medina County adults were current smokers, 23% of all adults were former smokers, and 63% had never smoked.



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

38% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

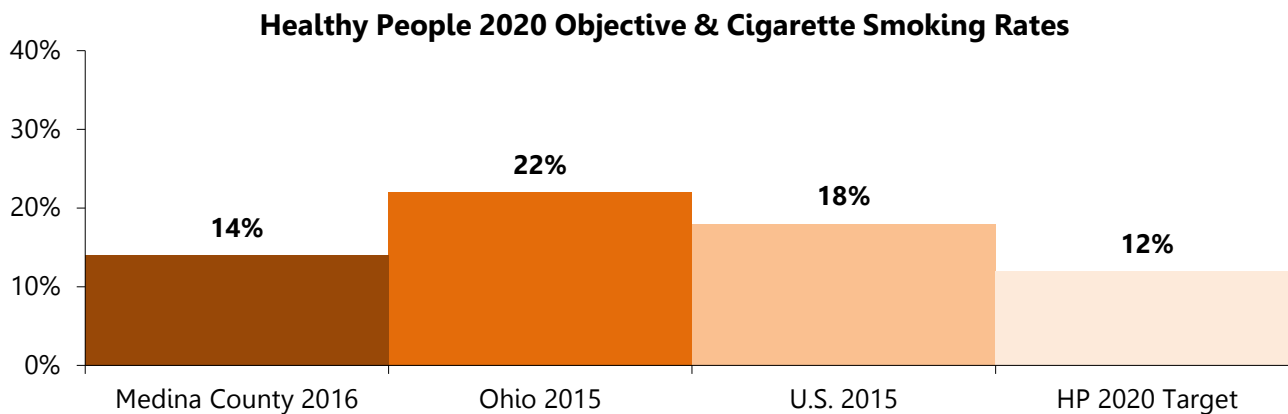
Smoking and Other Health Risks

- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth. Smoking increases risks for:
 - Preterm (early) delivery
 - Stillbirth (death of the baby before birth)
 - Low birth weight
 - Sudden infant death syndrome (known as SIDS or crib death)
 - Ectopic pregnancy
 - Orofacial clefts in infants
- Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage (loss of the pregnancy).
- Smoking can affect bone health.
 - Women past childbearing years who smoke have lower bone density (weaker bones) than women who never smoked and are at greater risk for broken bones.
- Smoking affects the health of your teeth and gums and can cause tooth loss.
- Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see) and age-related macular degeneration (damage to a small spot near the center of the retina, the part of the eye needed for central vision).
- Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30-40% higher for active smokers than nonsmokers.
- Smoking causes general adverse effects on the body, including inflammation and decreased immune function.
- Smoking is a cause of rheumatoid arthritis.

(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, updated May 15, 2017)

The following graph shows Medina County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

- The Medina County adult cigarette smoking rate was lower than the Ohio and U.S. rates, but slightly higher than the Healthy People 2020 target objective.



(Source: 2017 Medina County Needs Assessment, 2014 BRFSS and Healthy People 2020)

23% of Medina County adults indicated that they were former smokers.

Smoke-free Living: Benefits & Milestones

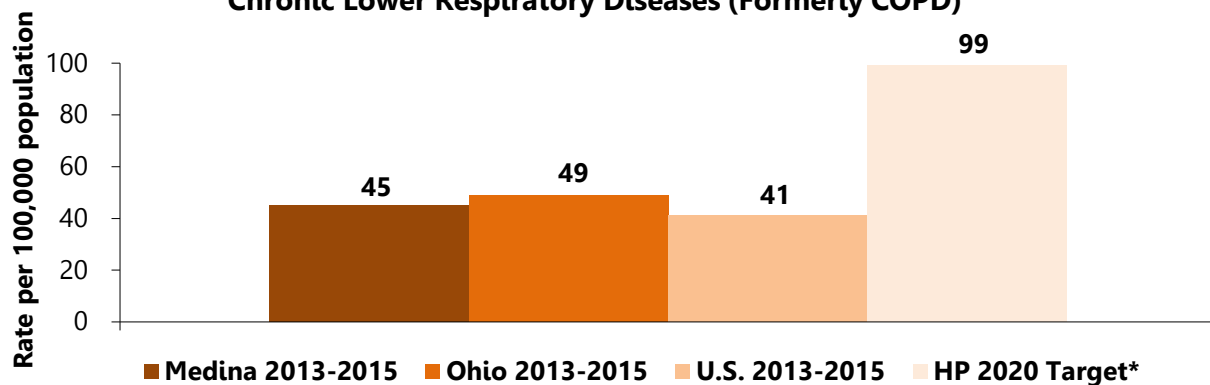
- According to the American Heart Association and the U.S. Surgeon General:
 - In your first 20 minutes after quitting: your blood pressure and heart rate recover from the cigarette-induced spike.
 - After 12 hours of smoke-free living: the carbon monoxide levels in your blood return to normal.
 - After two weeks to three months of smoke-free living: your circulation and lung function begin to improve.
 - After one to nine months of smoke-free living: clear and deeper breathing gradually returns as coughing and shortness of breath diminishes; you regain the ability to cough productively instead of hacking, which cleans your lungs and reduce your risk of infection.
 - After 5 years: Your risk of cancer of the mouth, throat, esophagus, and bladder are cut in half. Your risk of cervical cancer and stroke return to normal.
 - After 10 years: You are half as likely to die from lung cancer. Your risk of larynx or pancreatic cancer decreases.
 - After 15 years: Your risk of coronary heart disease is the same as a non-smoker's.

(Source: AHA, *Smoke-free Living: Benefits & Milestones*, January 5, 2015)

The following graphs show Medina County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD), as well as lung and bronchus cancer in comparison with the Healthy People 2020 objective. Medina County age-adjusted mortality rates for lung and bronchus cancer by gender is shown below as well. These graphs show:

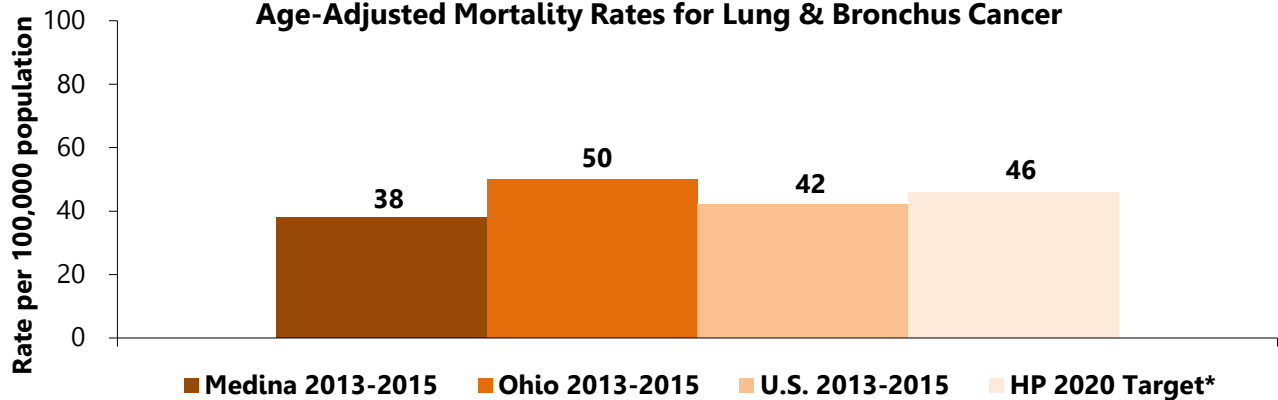
- From 2013-2015, Medina County’s age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the U.S. rate, but lower than the Ohio rate.
- Medina County’s age-adjusted mortality rate for lung and bronchus cancer was lower than Ohio, U.S. and Healthy People 2020 target objective.
- Disparities existed by gender for Medina County lung and bronchus cancer age-adjusted mortality rates. The 2013-2015 Medina male rates were substantially higher than the female rates.

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



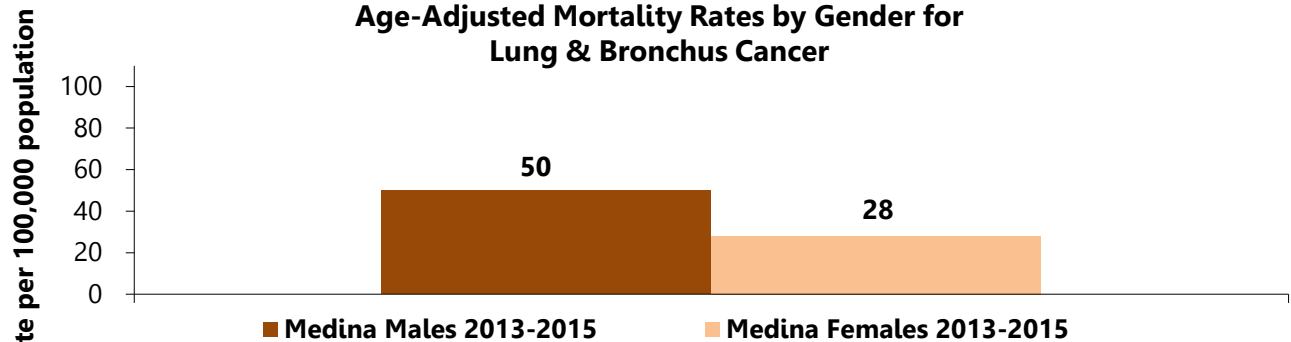
(Source: CDC Wonder 2013-2015 and Healthy People 2020)
 Note: Healthy People 2020’s target rate and the U.S. rate is for adults aged 45 years and older.

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



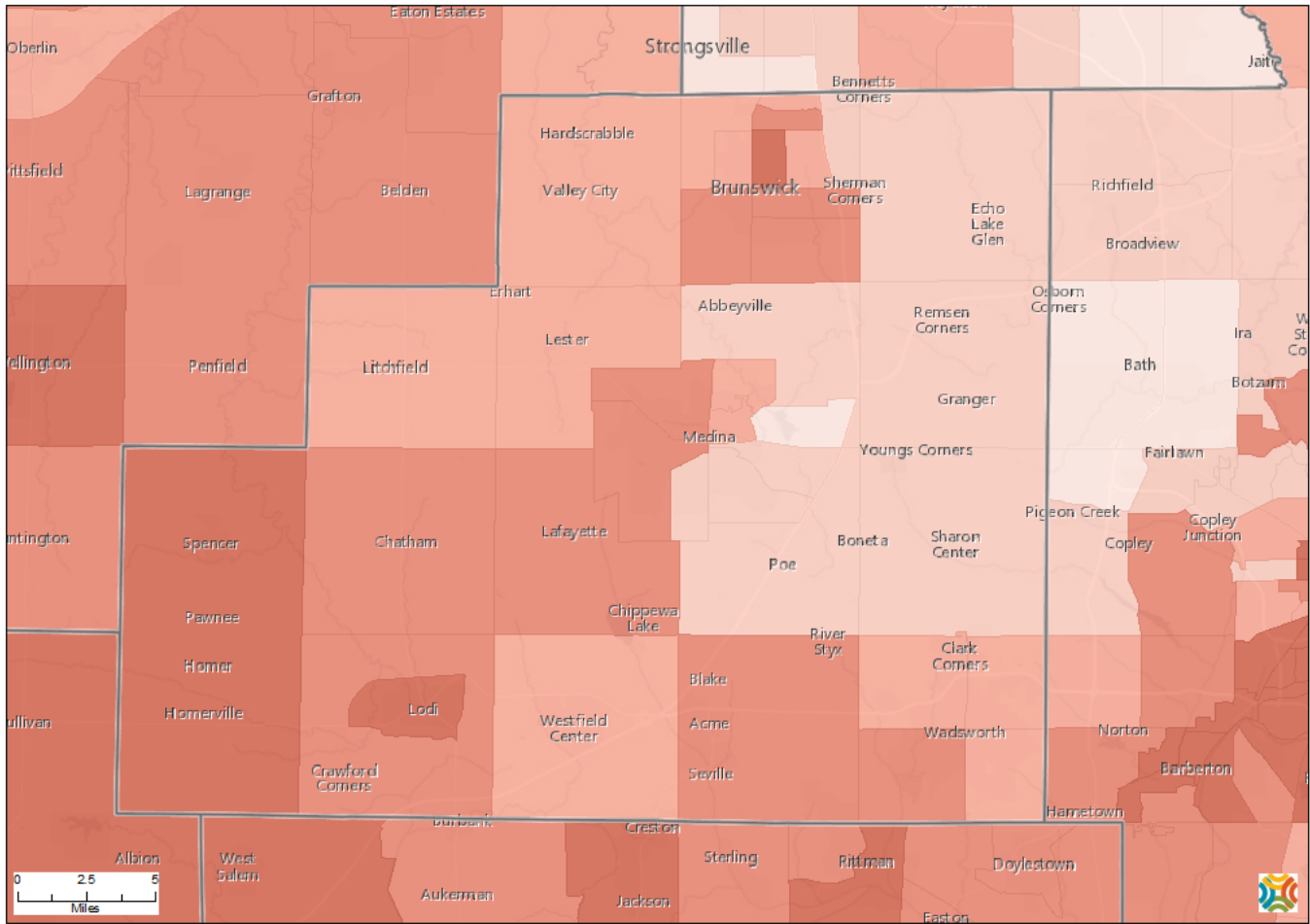
*Healthy People 2020 Target data is for lung cancer only
 (Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2013-2015, National Cancer Institute)

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



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2013-2015, National Cancer Institute)

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen (2014) *



Map Legend

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 8/15/2017

(Source: Community Commons, updated 4/14/2017)

**Tobacco expenditures indicate cigarettes only; cigars and other tobacco products are not included*

Description of indicator: To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map.

Health Behaviors: Adult Alcohol Consumption

Key Findings

In 2017, the needs assessment indicated that 71% of Medina County adults had at least one alcoholic drink in the past month. Fifteen percent (15%) of adults drove a vehicle or other equipment after consuming any alcoholic beverages.

71% of Medina County adults had at least one alcoholic drink in the past month.

Adult Alcohol Consumption

- In 2017, 71% of the Medina County adults had at least one alcoholic drink in the past month. The 2015 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Medina County adults drank 3.0 drinks on average, increasing to 4.4 drinks for those over the age of 65.
- One-fifth (20%) Medina County adults were considered binge drinkers. The 2015 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.
- More than one-fourth (29%) of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.

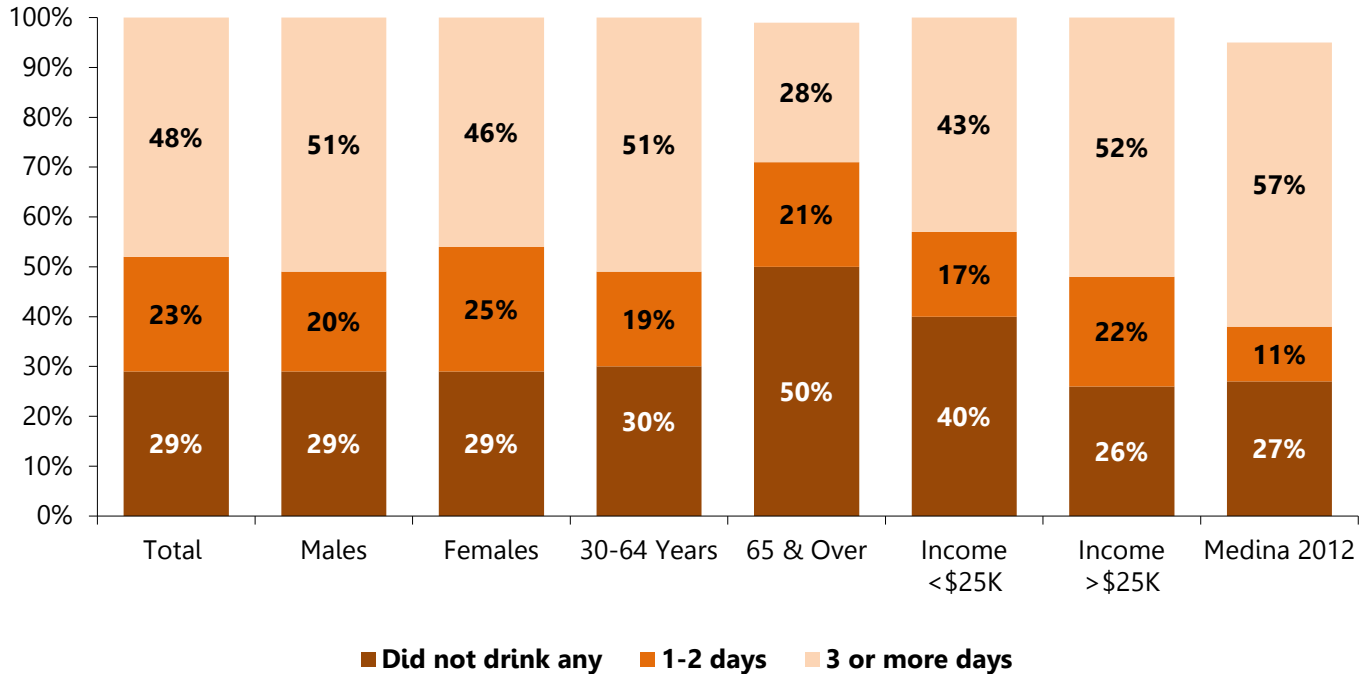
20% of Medina County adults were considered binge drinkers

- Nearly one-third (31%) of adults who drank took prescription medication, over-the-counter medication, or supplements while drinking.
- Medina County adults experienced the following in the past six months: drove a vehicle or other equipment after having any alcoholic beverages (15%), drank more than they expected (11%), used prescription drugs while drinking (5%), spent a lot of time drinking (4%), drank more to get the same effect (3%), continued to drink despite problems caused by drinking (2%), tried to quit or cut down but could not (2%), gave up other activities to drink (2%), drank to ease withdrawal symptoms (1%), and failed to fulfill duties at home or work (1%).
- One percent (1%) of Medina County adults used a program to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (4%), unable to find a program (1%), fear (1%), stigma of seeking drug services (1%), could not afford to go (<1%), did not know how to find a program (<1%), transportation (<1%), and other reasons (5%). Ninety percent (90%) of adults indicated such a program was not needed.

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	68%	71%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	25%	20%	18%	16%

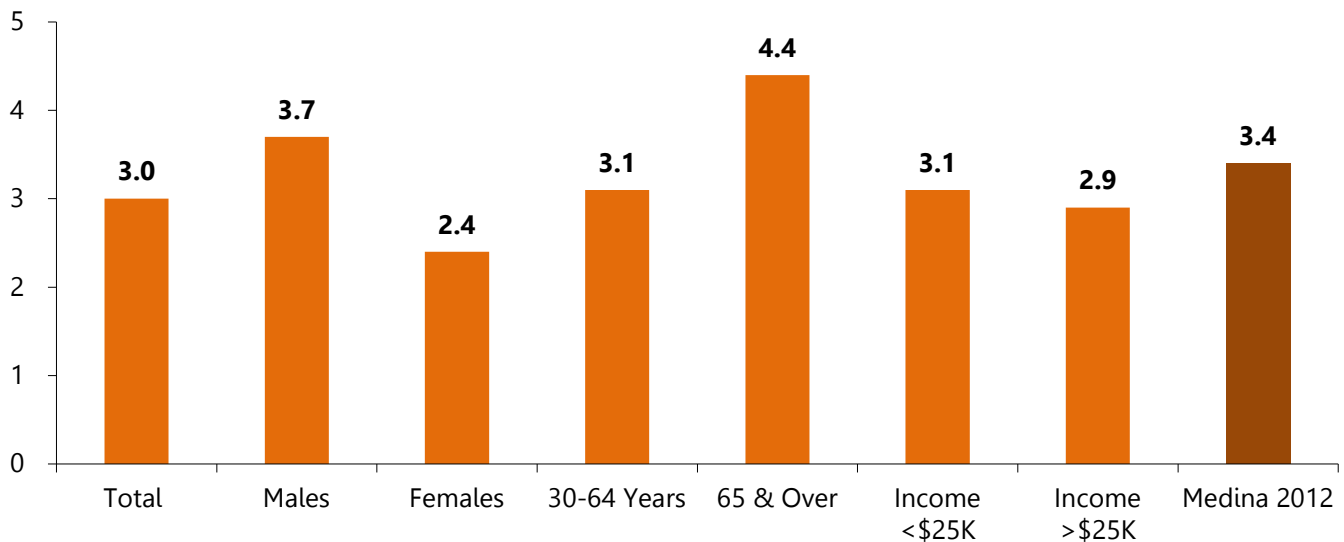
The following graphs show the percentage of Medina County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 29% of all Medina County adults did not drink alcohol, 29% of Medina County males did not drink, and 29% of adult females reported they did not drink.

Average Number of Days Drinking Alcohol in the Past Month*



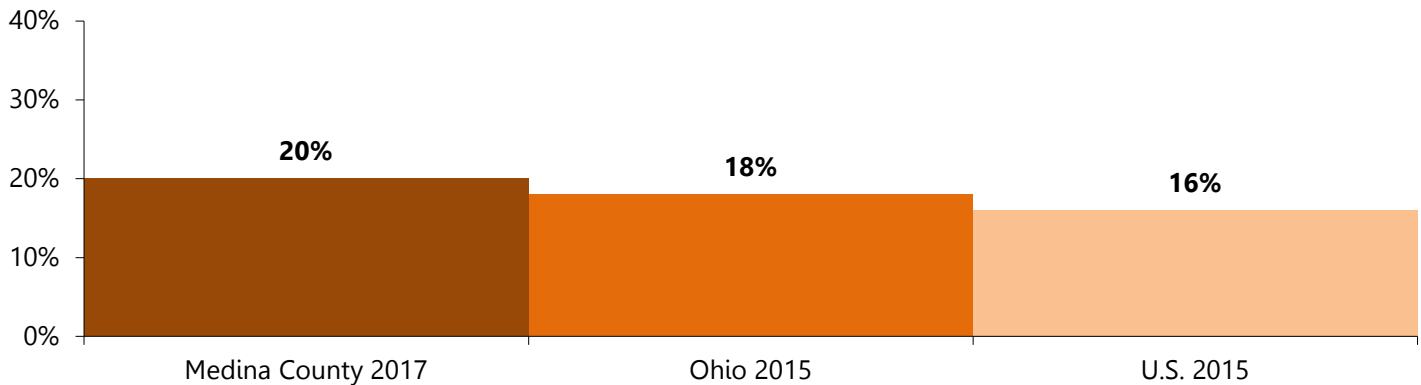
*Percentages may not equal 100% as some respondents answered "don't know"

Adults Average Number of Drinks Consumed Per Drinking Occasion



The following graph shows a comparison of Medina County binge drinkers with Ohio and U.S. binge drinkers.

Adult Binge Drinkers in the Past Month*



(Source: 2014 BRFSS, 2017 Medina County Needs Assessment)

*Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.

Economic Costs of Excessive Alcohol Use

- Excessive alcohol consumption cost the United States \$249 billion in 2010. This cost amounts to about \$2.05 per drink, or about \$807 per person.
- Costs due to excessive drinking largely resulted from losses in workplace productivity (72% of the total cost), health care expenses (11%), and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.
- Excessive alcohol use cost states and DC a median of 3.5 billion in 2010, ranging from \$488 million in North America to \$35 billion in California.
 - Excessive alcohol consumption cost Ohio \$8.5 billion in 2010. This cost amounts to \$2.10 per drink or \$739 per person.
- Binge drinking, defined as consuming 4 or more drinks per occasion for women or 5 or more drinks per occasion for men, was responsible for 77% of the cost of excessive alcohol use in all states and DC.
- About \$2 of every \$5 of the economic costs of excessive alcohol use were paid by federal, state, and local governments.

(Source: CDC, Alcohol and Public Health – Excessive Drinking, updated June 15 2017)

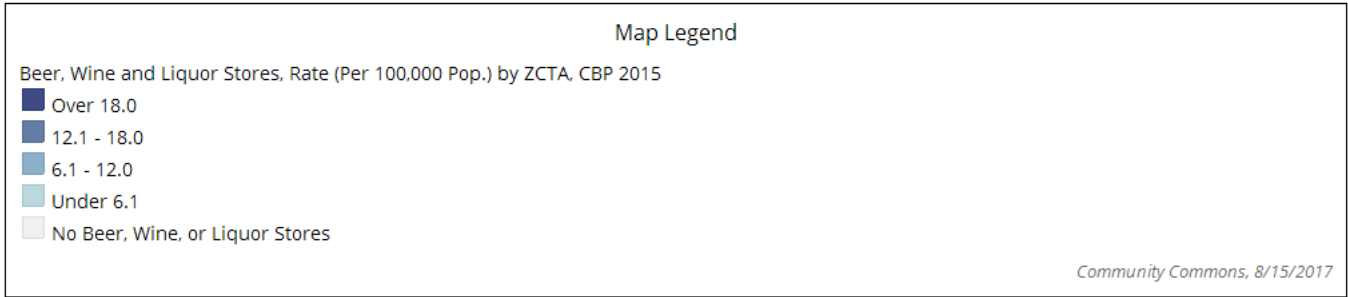
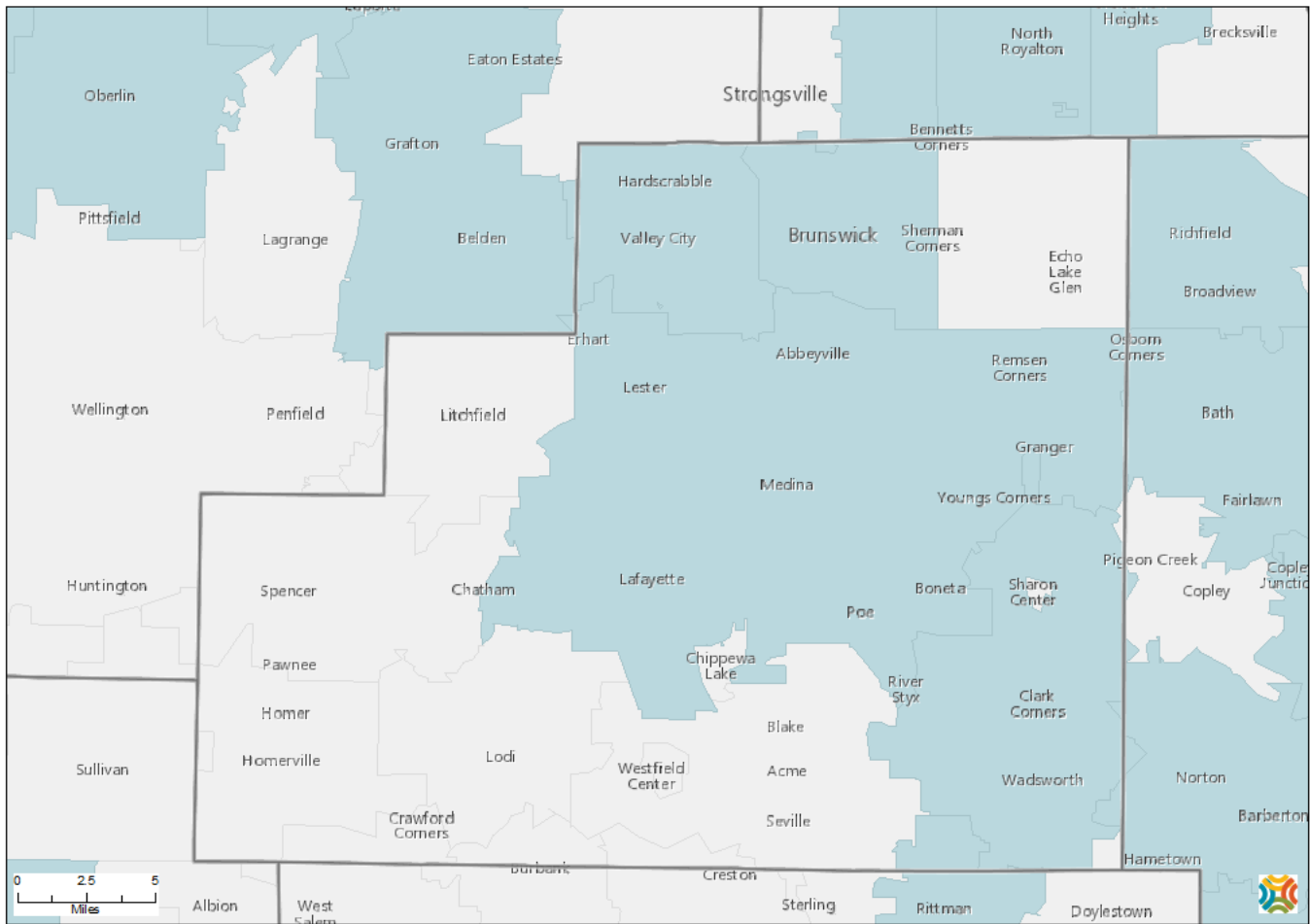
The following table shows the City of Brunswick, the City of Wadsworth, the City of Medina, Medina County, and Ohio motor vehicle accident statistics. The table shows:

- In 2016, 4% of the total crashes in Medina County were alcohol-related, relative to 4% for Ohio.
- Of the total number of alcohol-related crashes (151) in Medina County, 57% were property damage only, 40% were non-fatal injury, and 3% were fatal injury.
- There were 12,173 alcohol-related crashes in Ohio in 2016. Of those crashes, 56% were property damage only, 41% were non-fatal injury, and 3% were fatal injury.

	City of Brunswick 2016	City of Wadsworth 2016	City of Medina 2016	Medina County 2016	Ohio 2016
Total Crashes	408	498	548	3,439	304,776
Alcohol-Related Total Crashes	22	17	15	151	12,173
Fatal Injury Crashes	1	0	0	8	1,049
Alcohol-Related Fatal Crashes	1	0	0	5	310
Alcohol Impaired Drivers in Crashes	21	17	14	150	11,896
Injury Crashes	105	82	93	852	77,227
Alcohol-Related Injury Crashes	10	6	2	60	5,040
Property Damage Only	302	416	455	2,579	226,500
Alcohol-Related Property Damage Only	11	11	13	86	6,823
Deaths	1	0	0	8	1,128
Alcohol-Related Deaths	1	0	0	5	340
Total Non-Fatal Injuries	169	114	120	1,286	111,918
Alcohol-Related Injuries	10	6	2	60	7,133

(Source: Ohio Department of Public Safety, Crash Reports, Updated 6/20/2017, Traffic Crash Facts)

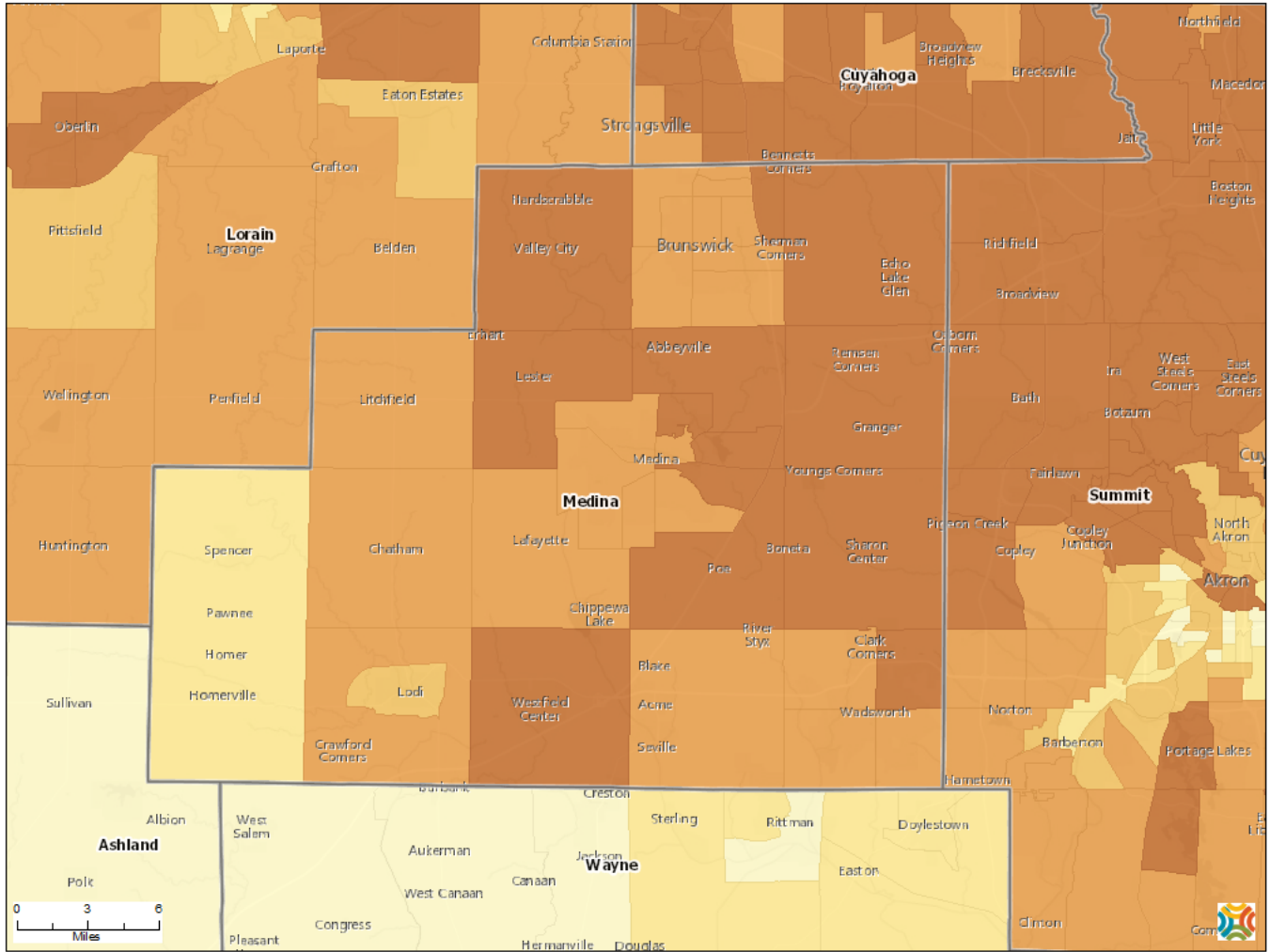
Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, Census Business Patterns (CBP), 2015



(Source: Community Commons, updated 6/20/2017)

Description of indicator: This layer provides information about select businesses and establishments across the United States. Data are from the US Census Bureau's County Business Patterns data series, which classifies businesses using the North American Industry Classification System (NAICS). Map layers include county-level establishment totals and establishment rates per 100,000 population. The population figures used in this analysis are from the US 2010 Decennial Census.

Alcohol Beverage Expenditures, National Rank by Tract, Nielsen (2014)



Map Legend

Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

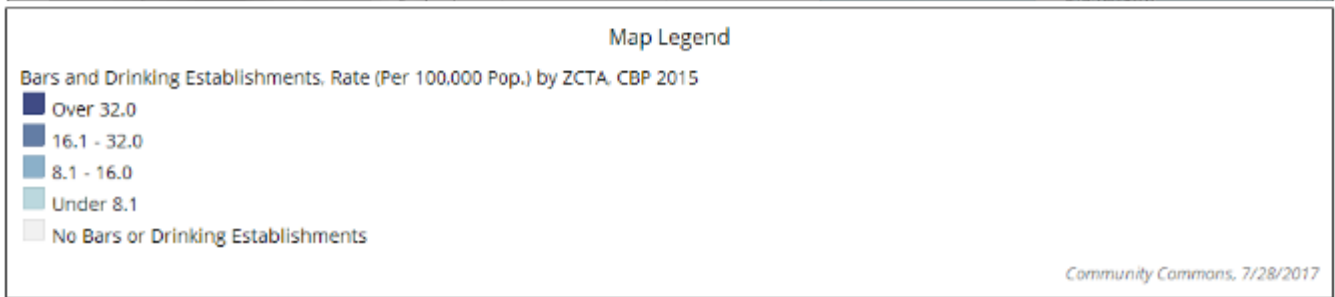
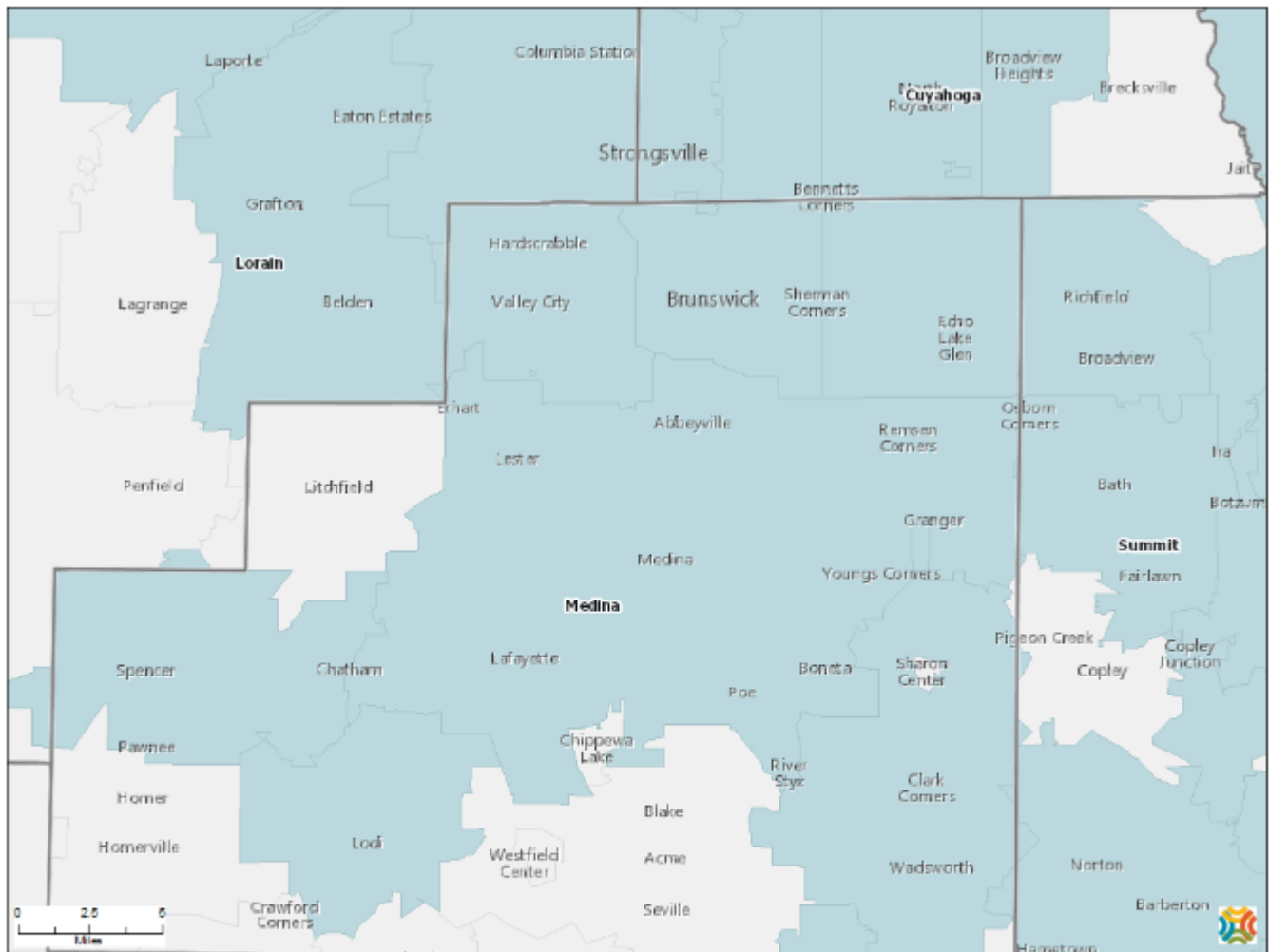
- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 9/19/2017

(Source: Community Commons, updated 6/20/2017)

Description of indicator: Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included. Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen Consumer Buying Power (CBP) SiteReports. To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile.

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) ZCTA, CBP 2015



(Source: Community Commons, updated 6/20/2017)

Description of indicator: This layer provides information about select businesses and establishments across the United States. Data are from the US Census Bureau's County Business Patterns data series, which classifies businesses using the North American Industry Classification System (NAICS). Map layers include county-level establishment totals and establishment rates per 100,000 population. The population figures used in this analysis are from the US 2010 Decennial Census.

Health Behaviors: Adult Drug Use

Key Findings

In 2017, 4% of Medina County adults had used marijuana during the past 6 months. Six percent (6%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

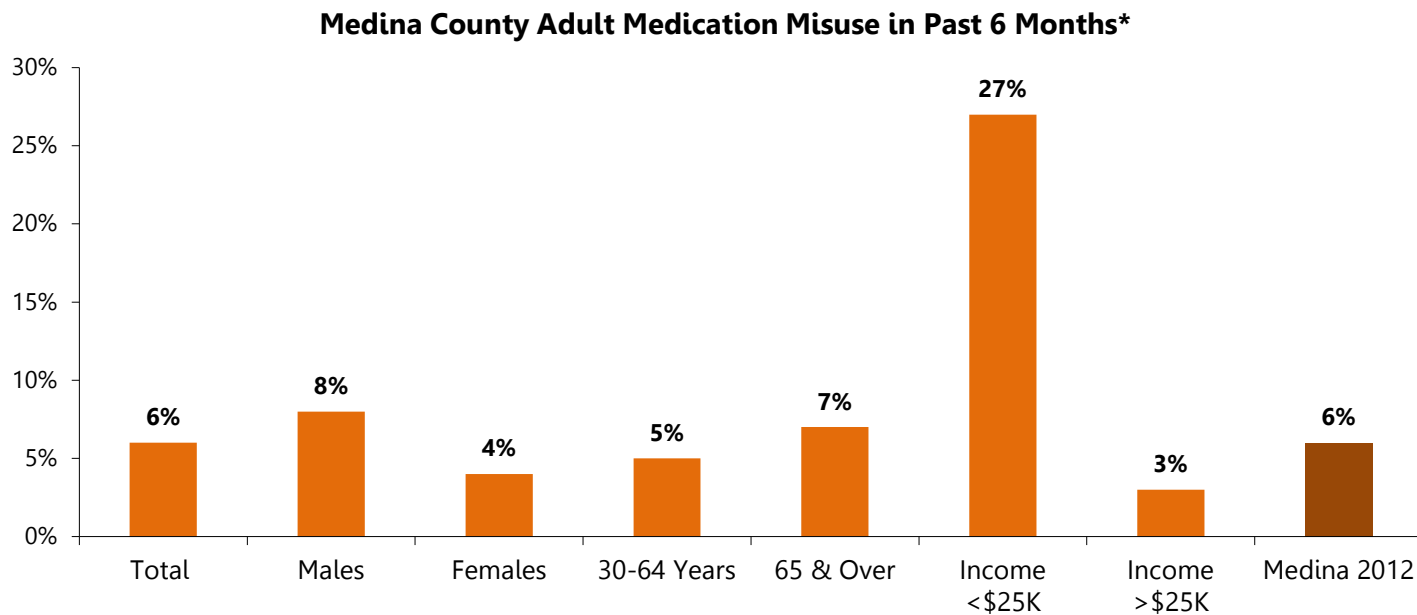
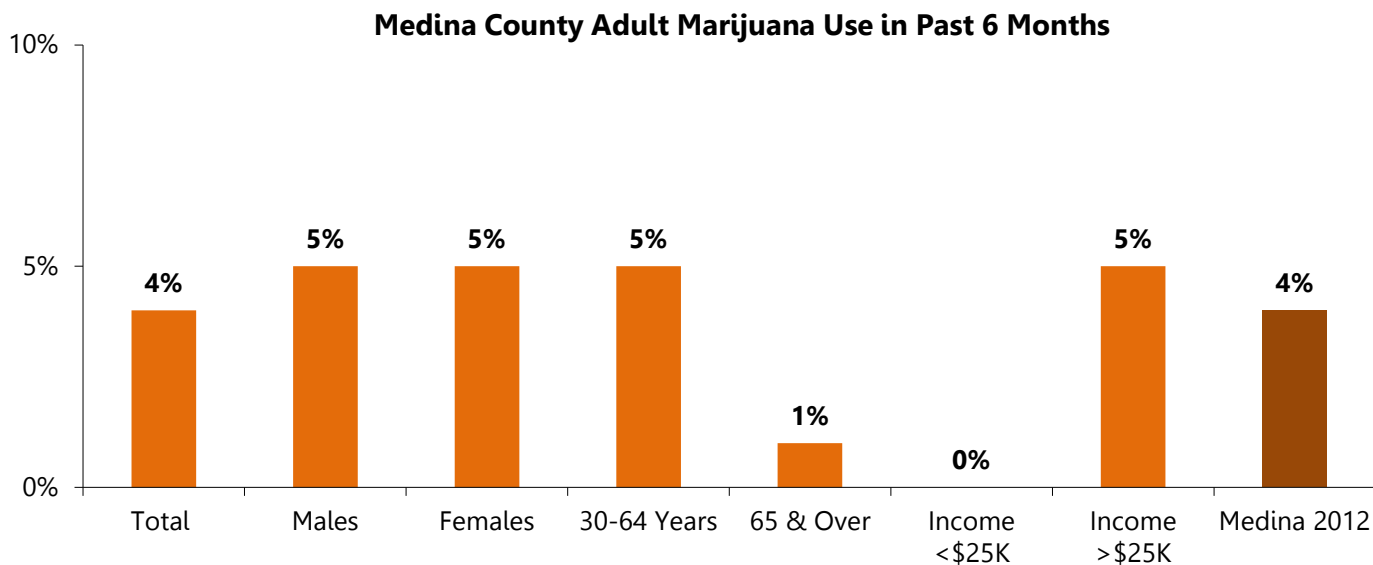
Adult Drug Use

- Four percent (4%) of Medina County adults had used marijuana in the past 6 months.
- One percent (1%) of Medina County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Six percent (6%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 27% of those with incomes less than \$25,000.
- Adults who misused prescription medications obtained them from the following: primary care physician (95%), multiple doctors (16%), and ER or urgent care doctor (5%).
- Adults misused the following over-the-counter drugs in the past 6 months: cold and cough medicine (16%), sleeping pills (2%), motion sickness pills (2%), weight loss or diet pills (2%), energy boosters (<1%), and other drugs (1%).
- Medina County adults indicated they did the following with their unused prescription medication: took as prescribed (26%), took it to the medication collection program (25%), kept it (15%), threw it in the trash (13%), kept in a locked cabinet (6%), flushed it down the toilet (5%), took it in on Drug Take Back Days (5%), took it to the sheriff's office (5%), and some other destruction method (2%). Thirty-five percent (35%) of adults did not have unused medication.
- As a result of using drugs, Medina County adults indicated they or a family member had legal problems (2%), failed a drug screen (2%), regularly failed to fulfill obligations at work or home (2%), and placed themselves in dangerous situations (2%).

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Adults who used marijuana in the past 6 months	4%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	6%	N/A	N/A

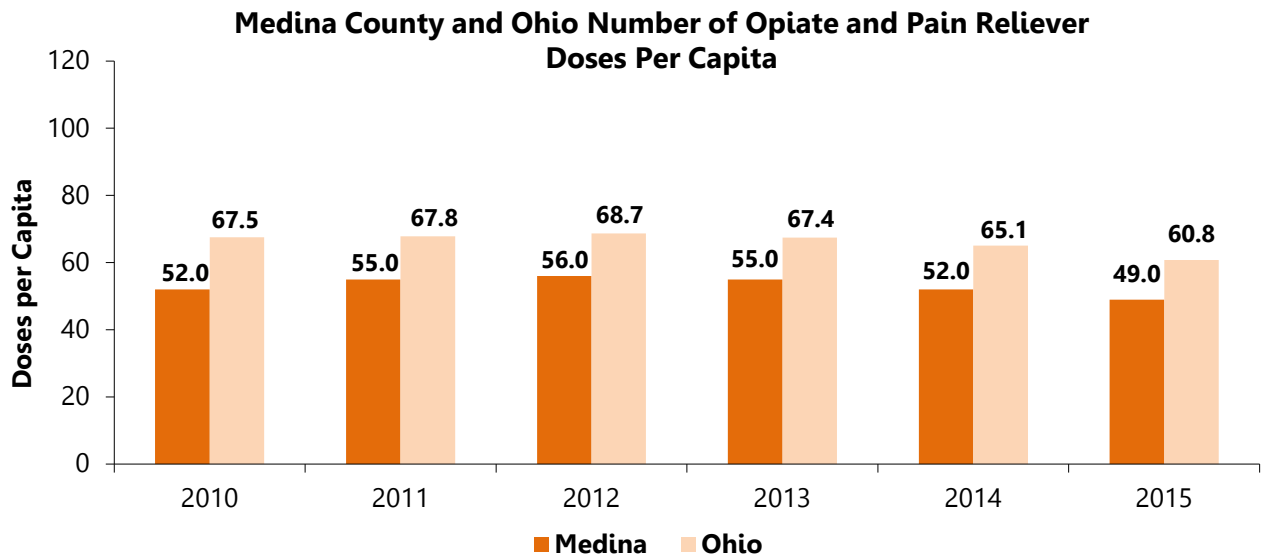
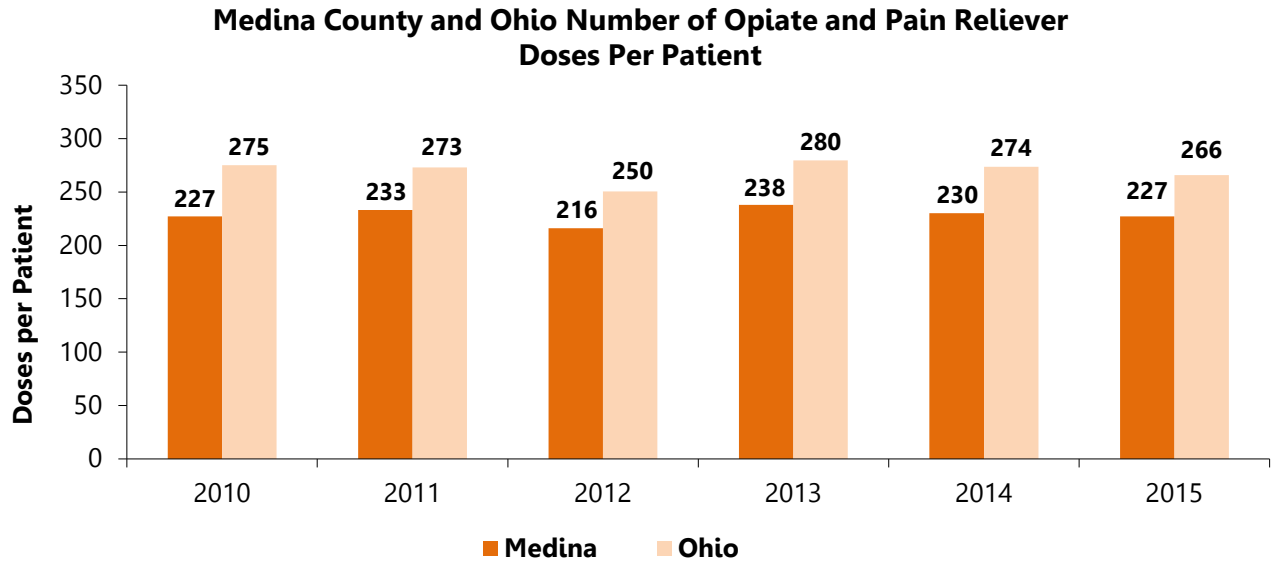
N/A- Not available

The following graphs show adult marijuana use and medication misuse in the past six months. Examples of how to interpret the information include: 4% of all Medina County adults used marijuana in the past six months, 5% of males were current users, and 0% of adults with incomes less than \$25,000 were current users.



*Respondents were asked "during the past 6 months, have you used any of the following medications that were not prescribed to you, or you took more than was prescribed to feel good or high, more active or alert?"

The following graphs show Medina County and Ohio opiate and pain reliever doses per patient and doses per capita.



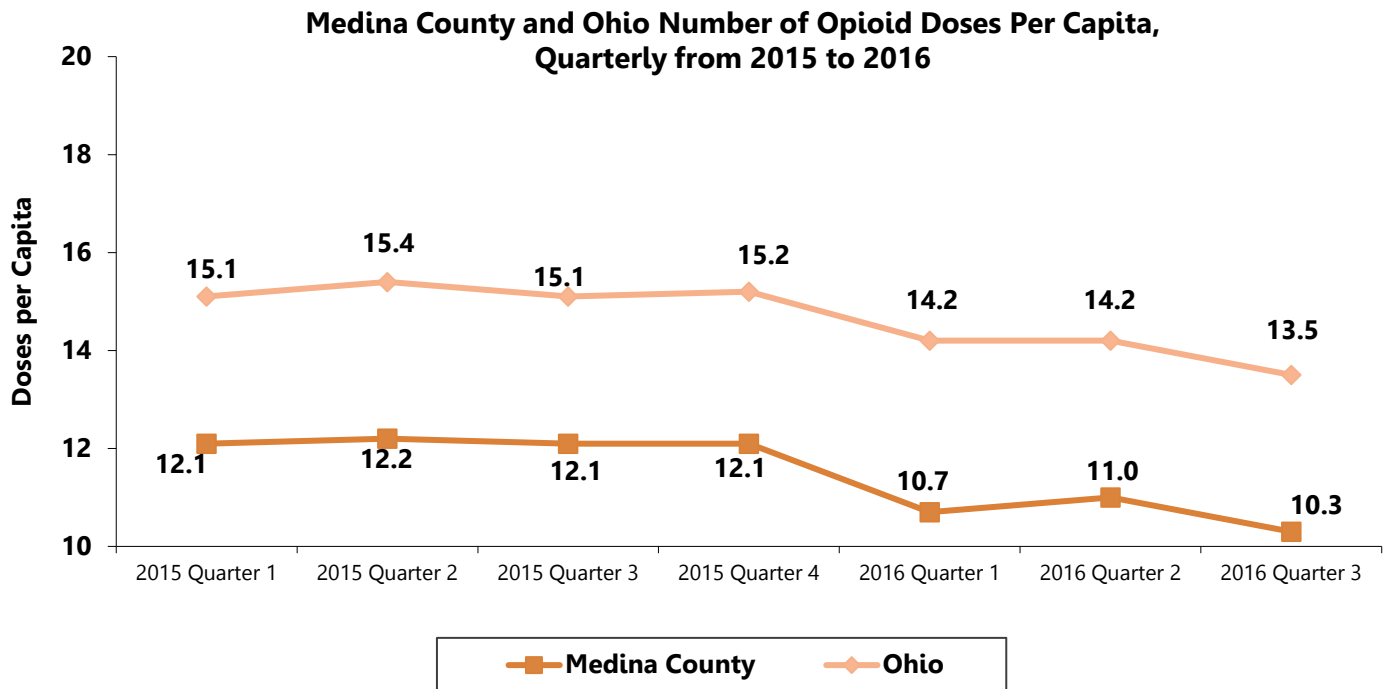
(Source: Ohio's Automated Rx Reporting System, 2015-2016)

Ohio Automated Rx Reporting System (OAARS)

- OAARS has been collecting information from all Ohio-licensed pharmacies and Ohio personal licensed prescribers regarding outpatient prescriptions for controlled substance since 2006.
 - All data reported is updated every 24 hours and is maintained in a secure database
- OAARS aims to be a reliable tool in addressing prescription drug diversion and abuse
- With many features such as a patient care tool, epidemic early warning system, drug diversion and insurance fraud investigation tool, OAARS is the only statewide electronic database that helps prescribers and pharmacists avoid potential life-threatening drug interactions.
 - OAARS also works in limiting patients who "doctor shop" which refers to individuals fraudulently obtaining prescriptions from multiple health care providers for the same or multiple prescription for abuse or illegal distribution
- Additionally, OAARS is also used for investigating and identifying health care professionals with continual inappropriate prescribing and dispensing to patients, and then aids in law enforcement cases against such acts.

(Source: Ohio Automated RX Reporting System; What is OARRS?, updated August 15, 2017)

The following graph shows Medina County and Ohio quarterly opiate doses per capita.



(Source: Ohio’s Automated Rx Reporting System, 2015-2016)

Ohio’s New Limits on Prescription Opiates

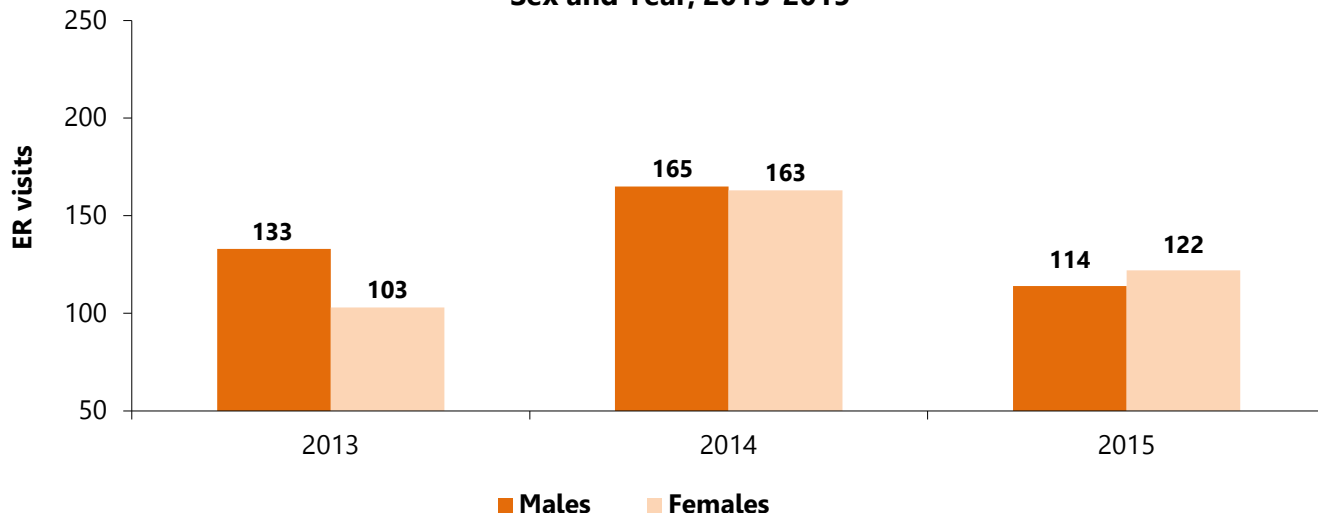
- The opioid epidemic is undeniably a major public health issue that Ohio has been addressing since 2012. Furthering steps to save lives, Ohio has updated its policies in limiting opiate prescriptions, especially acute pain. With the highlights of Ohio’s new opiate prescribing limits below, Ohio hopes to reduce opiate doses by 109 million per year:
 - No more than seven days of opiates can be prescribed for adults; no more than five days of opiates can be prescribed for minors
 - The total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day
 - Health care providers can prescribe opiates in excess of the new limits only if they provide a specific reason in the patient’s medical record. Unless such a reason is given, a health care provider is prohibited from prescribing opiates that exceed Ohio’s limits
 - Prescribers will be required to include a diagnosis or procedure code on every controlled substance prescription, which will be entered into Ohio’s prescription monitoring program, OARRS
 - The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction
 - The new limits will be enacted through rules passed by the State Medical Board, Board of Pharmacy, Dental Board and Board of Nursing

- Since 2012, Ohio has reduced opiate prescriptions by 20% yet, more needs to be done to reduce the possibility of opiate abuse to those who are prescribed.

(Source: Ohio Mental Health and Addiction Services; *New Limits on Prescription Opiates Will Save Lives and Fight Addiction*, updated March 31, 2017)

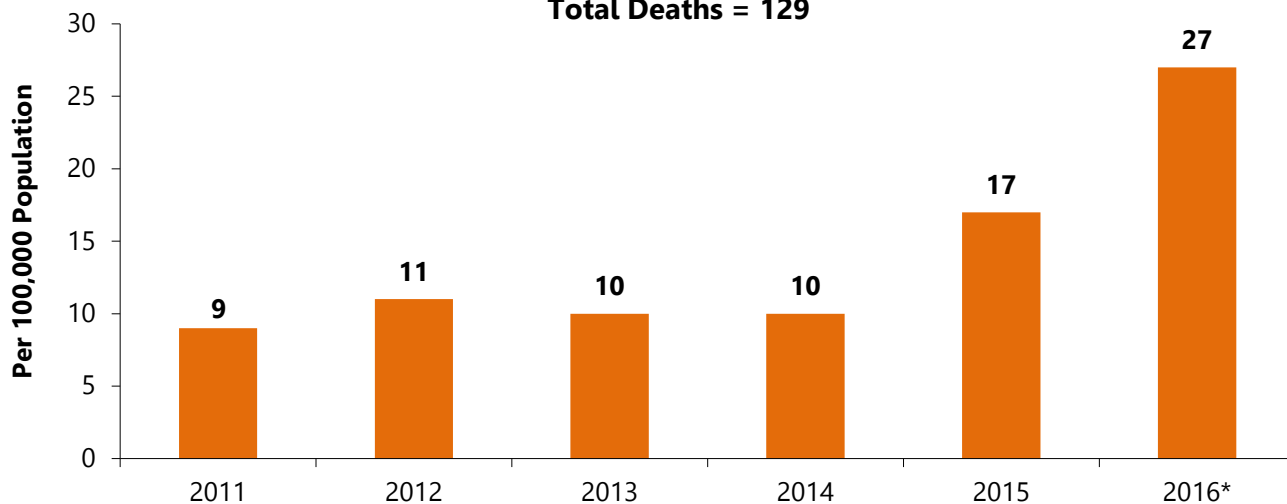
The following graphs show the number of overdose related ER visits and unintentional drug overdose deaths in Medina County. Examples of how to interpret the graphs include: In 2015, there were 114 overdose related ER visits among Medina County males.

Overdose Related ER Visits Among Medina County Residents by Sex and Year, 2013-2015



(Source: EpiCenter Syndromic Surveillance as compiled by Medina County Health Department 2013-2015)

Medina County Age Adjusted Unintentional Drug Overdose Death Rate per 100,000 Population 2011-2016
Total Deaths = 129



(Source for graphs: Ohio Public Health Data Warehouse, 2011-2016)
*Data is incomplete and subject to change

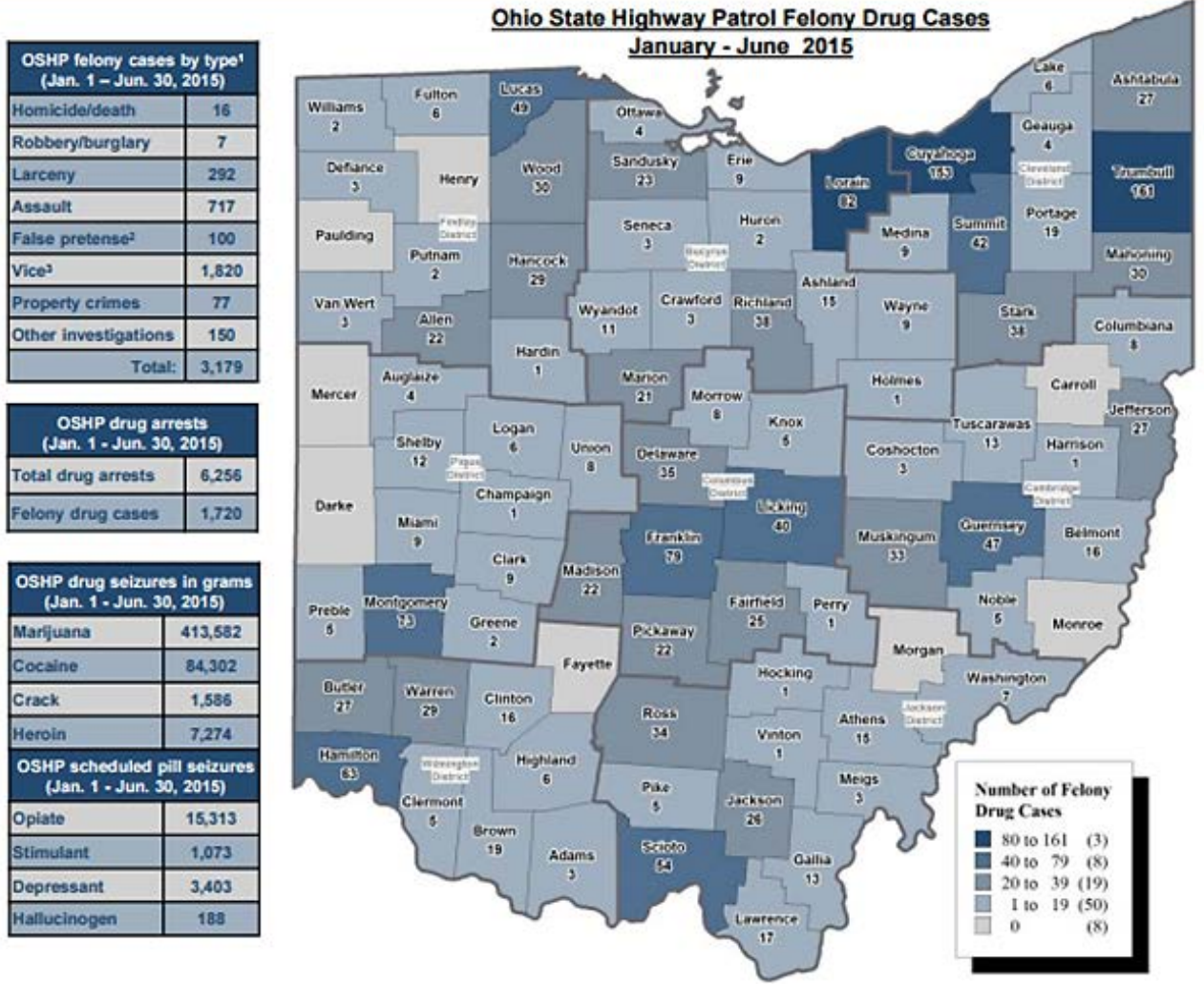
Ohio Felony Cases and Drug Arrests January – June 2016

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses during the first half of 2016, including vice (2,154), assault (893), larceny (318), false pretense (92), property crimes (87), homicide/death (136), robbery/burglary (2), and various other types of felony offenses (143).
- OSHP Troopers made 7,493 total drug arrests during the first 6 months of 2016, a 20% increase compared to 2015 and a 35% increase compared to the previous 3-year average (2013-2015).
- Of the 7,493 drug arrests, over one-quarter (2,037 or 27%) included one or more felony drug charges, representing a 37% increase over the previous 3-year average (2013-2015).



OHIO STATE HIGHWAY PATROL FELONY CASES AND DRUG ARRESTS JANUARY – JUNE 2015





(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2016)

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2017, 71% of Medina County adults had sexual intercourse. Three percent (3%) of adults had more than one partner. One-in-twelve (8%) Medina County adults reported being forced to participate in sexual activity when they did not want to, increasing to 17% of those with incomes less than \$25,000. Of those who were forced to have sexual activity, 25% reported it.

Adult Sexual Behavior

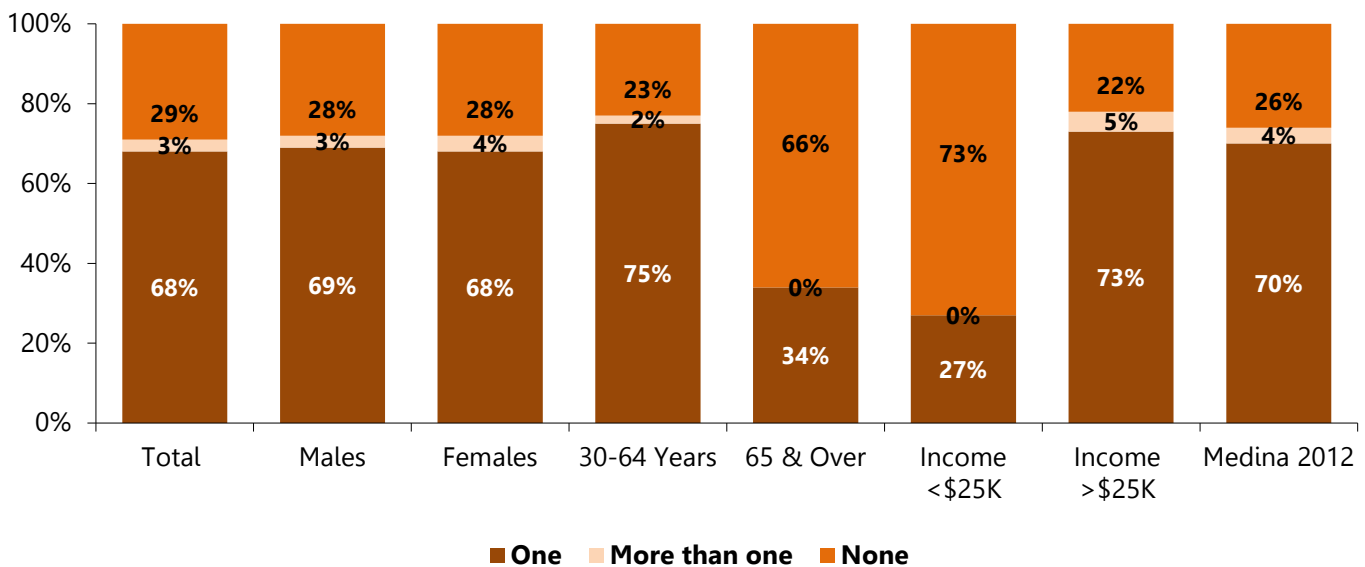
- Three percent (3%) of adults reported they had intercourse with more than one partner in the past year, increasing to 5% of those with incomes more than \$25,000.
- Medina County adults used the following methods of birth control: they or their partner were too old (20%), vasectomy (20%), tubes tied (12%), condoms (11%), hysterectomy (9%), birth control pill (9%), withdrawal (7%), abstinence (6%), IUD (6%), infertility (4%), ovaries or testicles removed (4%), rhythm method (4%), and diaphragm (3%).
- One-in-eight (12%) Medina County adults did not use any method of birth control.
- Medina County adults did not use birth control for the following reasons:
 - They or their partner had a hysterectomy/vasectomy/tubes tied (32%)
 - They or their partner were post-menopausal (20%)
 - They did not care if they or their partner got pregnant (8%)
 - They did not think they or their partner could get pregnant (5%)
 - They did not want to use birth control (4%)
 - They wanted to get pregnant (3%)
 - Their partner did not want to use birth control (2%)
 - They or their partner did not like birth control/fear of side effects (2%)
 - Their partner was pregnant (2%)
 - Religious preferences (2%)
 - No regular partner/not sexually active (1%)
 - They had a same-sex partner (1%)
 - They or their partner were currently breast-feeding (1%)
 - They or their partner were currently pregnant (1%)
- One-in-twelve (8%) Medina County adults reported being forced to have sexual activity when they did not want to, increasing to 17% of those with incomes less than \$25,000. Of those who were forced to participate in sexual activity, 25% reported it.
- The following situations applied to Medina County adults in the past year: had anal sex without a condom (3%), tested for an STD (2%), thought they may have an STD (1%), treated for an STD (1%), had sexual activity with someone of the same gender (1%), tested positive for HIV (<1%), tested positive for Hepatitis C (<1%), had sex with someone they did not know (<1%).
- Eleven percent (11%) of adults used a condom the last time they had sexual intercourse. Of those who used a condom, 54% did so to prevent pregnancy and 6% did so to prevent diseases. Twenty percent (20%) did so to prevent both pregnancy and diseases.

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Had more than one sexual partner in past year	4%	3%	N/A	N/A

N/A – Not available

The following graph shows the number of sexual partners of Medina County adults. Examples of how to interpret the information in the graph include: 68% of all Medina County adults had one sexual partner in the last 12 months and 3% had more than one; additionally, 69% of males had one partner in the past year.

Number of Sexual Partners in the Past Year *



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

Understanding Sexual Violence

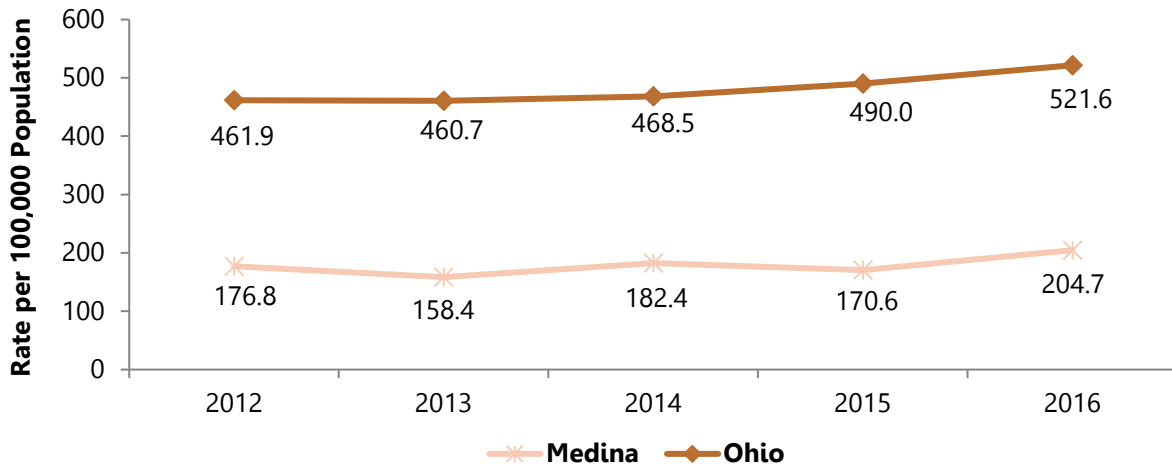
- Sexual violence refers to any sexual activity where consent is not obtained or freely given.
- Anyone can experience or perpetrate sexual violence.
 - Most victims of sexual violence are female
 - Perpetrators are usually someone known to the victim
- There are many types of sexual violence including unwanted touching, unwanted sexual penetration, sexual harassment, and threats.
- Sexual violence is a significant problem in the United States, even though many cases are not reported.
 - 7.3% of high school students reported having been forced to have sex
 - An estimated 20-25% of college women in the U.S. were victims of attempted or completed rape during their college career
 - About 1 in 5 women and 1 in 59 men in the U.S. have been raped at some time in their lives
- Sexual violence can negatively impact health in many ways including chronic pain and STD's and is also linked to negative health behaviors including tobacco, drug, and alcohol abuse.
- The ultimate goal is to stop sexual violence before it begins. Many activities are needed to accomplish this goal including:
 - Engaging middle and high school students in skill-building activities that address healthy sexuality
 - Helping parents identify and address violent attitudes and model healthy relationships
 - Engaging youth and adults as positive bystanders to speak up against sexism and violence supportive behaviors and intervene when they see someone at risk
 - Create and enforce policies at work, school, and other places that address sexual harassment
 - Implement evidence-based prevention strategies in schools and communities

(Source: CDC, Sexual Violence, last updated April 4, 2017)

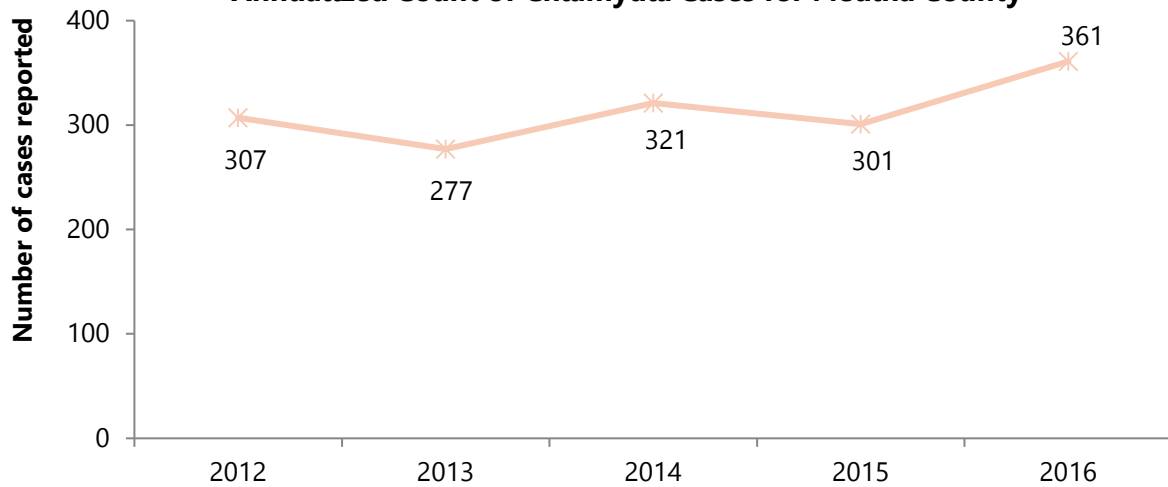
The following graphs show Medina County chlamydia disease rates per 100,000 population updated May 7, 2017 by the Ohio Department of Health. The graphs show:

- Medina County chlamydia rates gradually increased from 2012-2016.
- The number of chlamydia cases in Medina County increased from 2015-2016.

Chlamydia Annualized Disease Rates for Medina County and Ohio



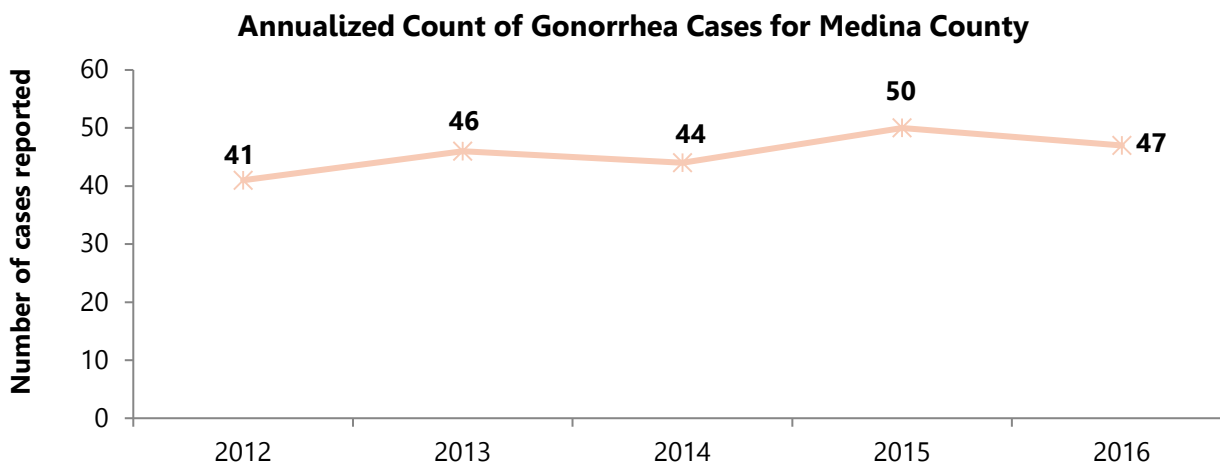
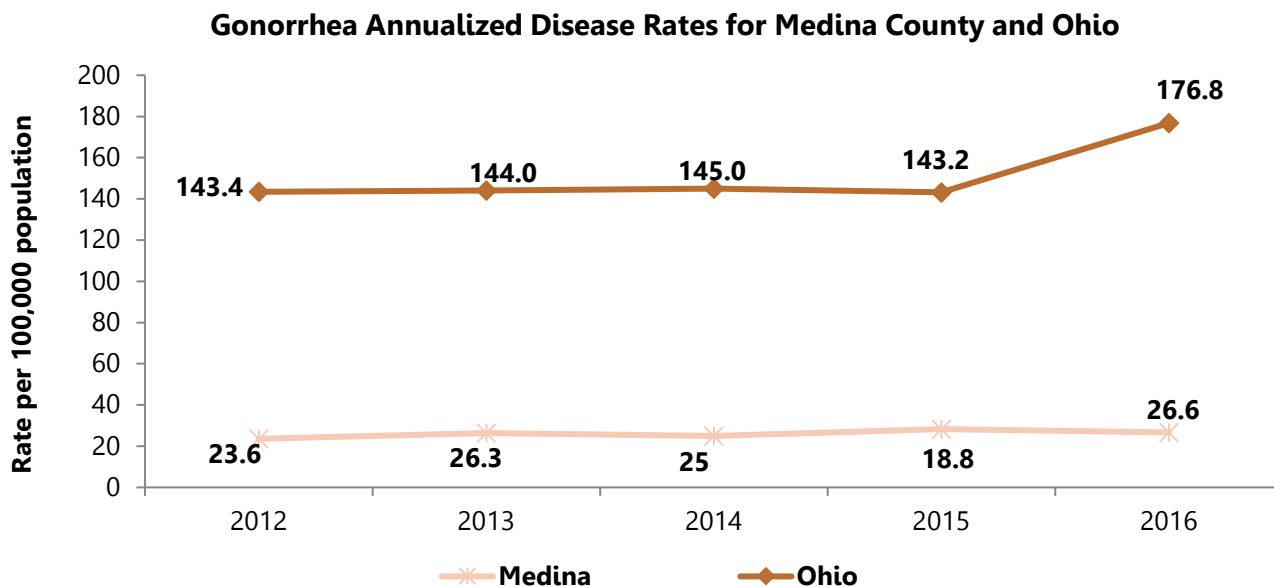
Annualized Count of Chlamydia Cases for Medina County



(Source for graphs: ODH, STD Surveillance, data reported through 5/7/17)

The following graphs show Medina County gonorrhea disease rates per 100,000 population updated May 7, 2017 by the Ohio Department of Health. The graphs show:

- The Medina County gonorrhea rate increased from 2015-2016.
- The Ohio gonorrhea rate stayed about the same from 2012-2015, but increased in 2016.
- The Healthy People 2020 Objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.

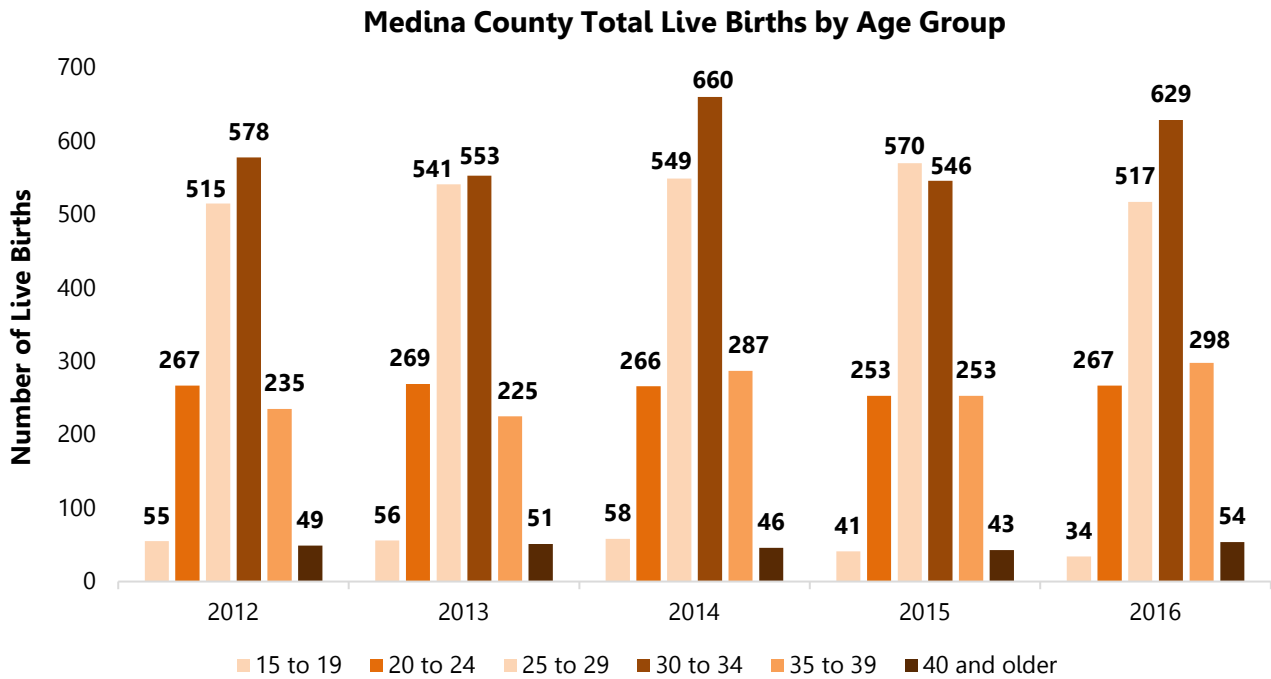
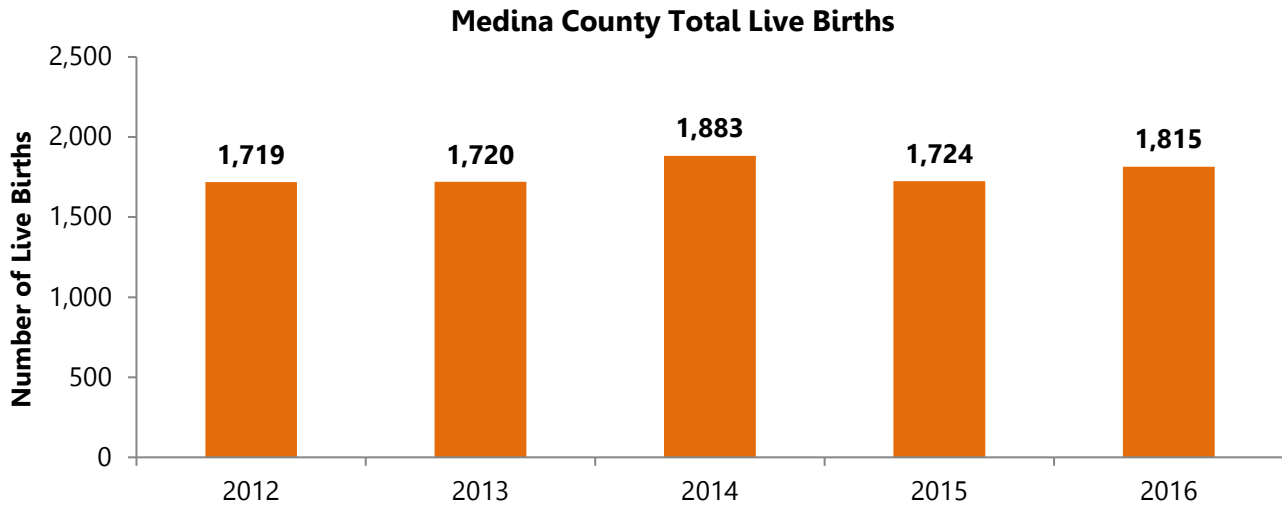


(Source for graphs: ODH, STD Surveillance, data reported through 5-07-17)

Pregnancy Outcomes

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

- From 2012-2016, there was an average of 1,772 live births per year in Medina County.



(Source for graphs: ODH Information Warehouse Updated 8-13-17)

Health Behaviors: Adult Mental Health

Key Findings

In 2017, 2% of Medina County adults considered attempting suicide. Seven percent (7%) of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

Adult Mental Health

- One-in-fourteen (7%) Medina County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 13% of those with incomes less than \$25,000.
- Two percent (2%) of Medina County adults considered attempting suicide in the past year.
- Less than one percent (<1%) of adults reported attempting suicide in the past year.
- Medina County adults indicated the following caused them anxiety, stress or depression: job stress (43%), financial stress (43%), death of close family member or friend (25%), parenting/raising kids (25%), marital/dating relationship (22%), fighting at home (20%), poverty/no money (17%), sick family member (15%), other stress at home (15%), caring for a parent (12%), unemployment (10%), family member with mental illness (7%), divorce/separation (7%), not having a place to live (3%), not feeling safe in the community (2%), not feeling safe at home (2%), not having enough to eat (1%), sexual orientation/gender identity (1%), and other causes (6%).
- Medina County adults dealt with stress in the following ways: talked to someone they trust (46%), exercised (38%), prayer/meditation (36%), ate more or less than normal (35%), listened to music (34%), slept (31%), worked on a hobby (27%), worked (21%), drank alcohol (13%), took it out on others (11%), smoked tobacco (8%), called a professional (4%), used prescription drugs as prescribed (3%), used illegal drugs (1%), misused prescription drugs (<1%), self-harm (<1%), and other ways (11%).
- About one-in-six (16%) Medina County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one. Reasons for not using a program or service to help with depression, anxiety, or emotional problems included the following: had not thought of it (9%), could not afford to go (6%), other priorities (5%), fear (4%), stigma of seeking mental health services (4%), co-pay/deductible was too high (3%), did not know how to find a program (3%), transportation (<1%), and other reasons (6%). Sixty-two percent (62%) indicated this type of program was not needed.
- Two-thirds (67%) of adults reported always or usually receiving the social and emotional support they needed. Conversely, 14% said they rarely or never received the social and emotional support they needed.
- Medina County adults would do the following if they knew someone who was suicidal: talk to them (79%), try to calm them down (54%), call a crisis line (HOPE line) (51%), call 9-1-1 (42%), take them to the ER (31%), call a friend (23%), call your spiritual leader (15%), and nothing (1%)

Suicide Facts

- 44,193 people in the U.S. died from suicide, and 1,104,825 people attempted suicide in 2015.
- An average of one person killed themselves every 11.9 minutes.
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.3 male deaths.
- In 2015, there were 1,650 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (49.8%)
 - Suffocation/Hanging (26.8%)
 - Poisoning (15.4%)
 - Cutting/Piercing (1.7%)
 - Drowning (1.2%)

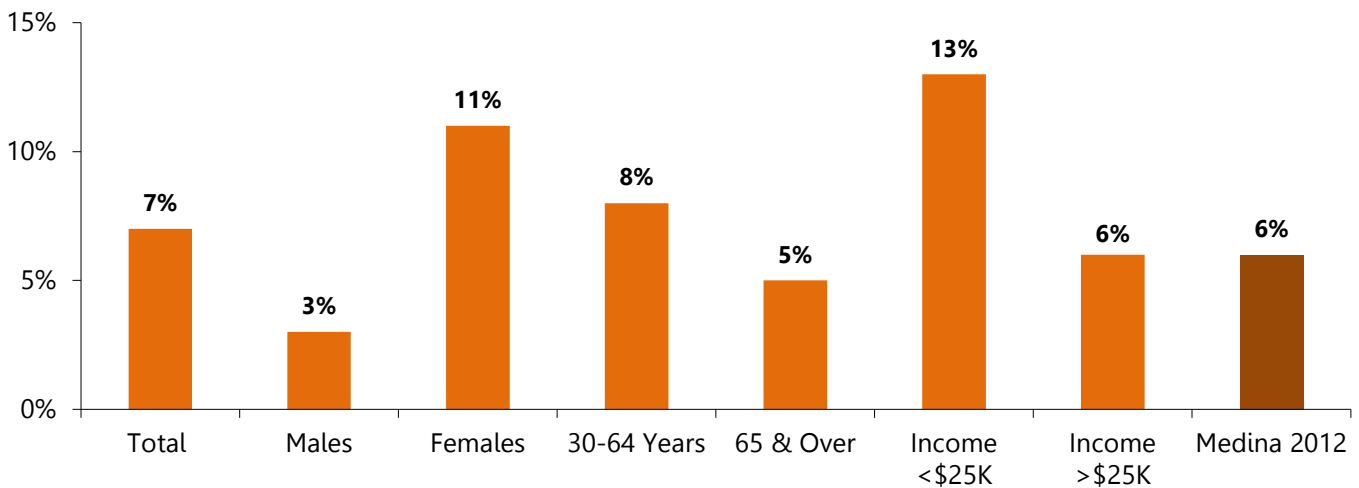
(Sources: American Association of Suicidology, Facts & Statistics)

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Considered attempting suicide in the past year	2%	2%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	6%	7%	N/A	N/A

N/A- Not available

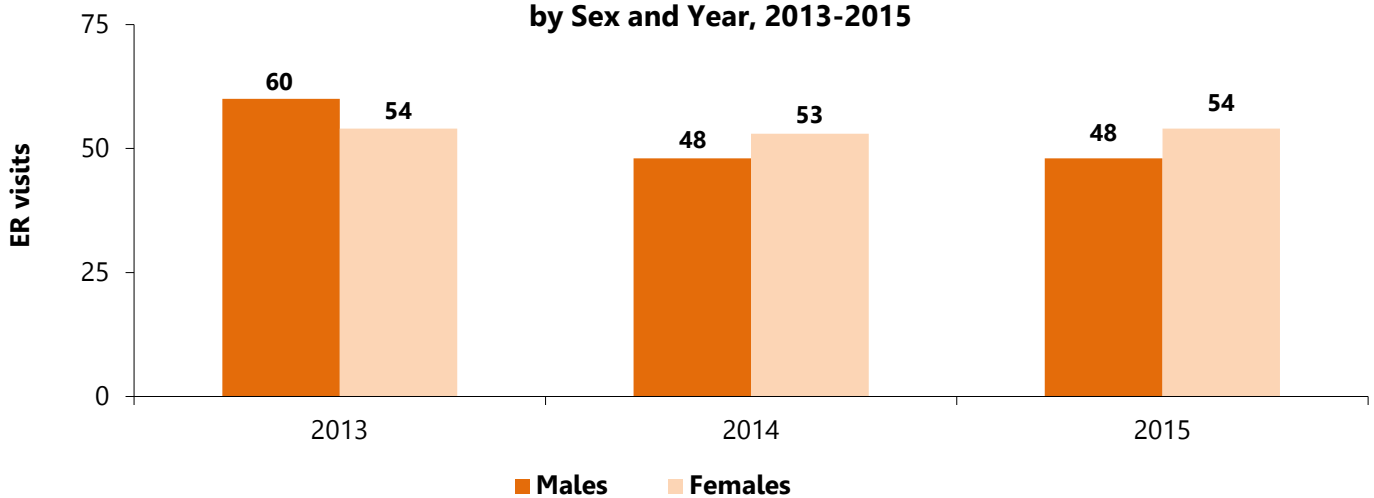
The following graph show Medina County adults who felt sad or hopeless for two or more weeks in a row in the past year, and depression related ER visits among Medina County residents. Examples of how to interpret the information include: 7% of all Medina County adults felt sad or hopeless for two or more weeks in a row, including 3% of males, and 11% of females.

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



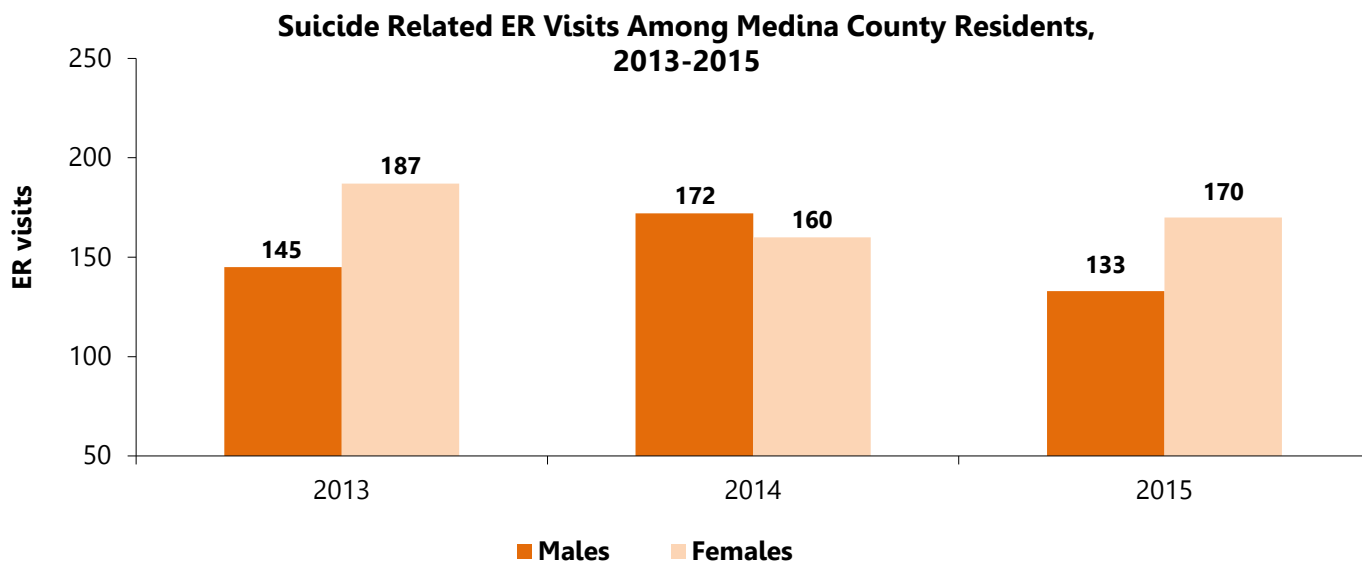
(2017 Medina County Needs Assessment)

Depression Related ER Visits Among Medina County Residents by Sex and Year, 2013-2015

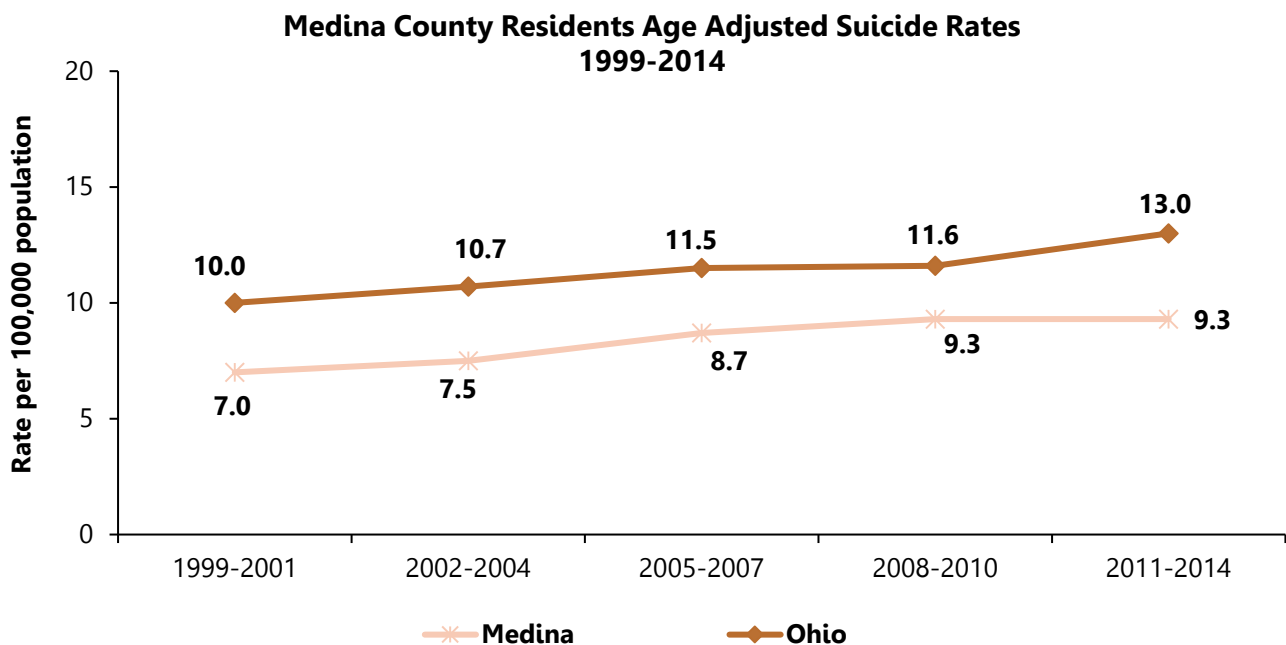


(Source: EpiCenter Syndromic Surveillance as compiled by Medina County Health Department, 2013-2015)

The graphs below depict Medina County suicide related ER visits, and Medina County and Ohio age adjusted suicide rates. Examples of how to interpret the graphs include: In 2015, there were 170 suicide related ER visits among Medina County females.



(Source: EpiCenter Syndromic Surveillance as compiled by Medina County Health Department, 2013-2015)



(Source: ODH Information Warehouse, 1999-2014)

Chronic Disease: Cardiovascular Health

Key Findings

The 2017 Medina County needs assessment found that 3% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. More than two-fifths (43%) of Medina County adults had high blood cholesterol, 33% had high blood pressure, 28% were obese, and 14% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2017, 3% of Medina County adults reported they had survived a heart attack or myocardial infarction, increasing to 17% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2015 (Source: 2015 BRFSS).
- Three percent (3%) of Medina County adults reported they had survived a stroke, increasing to 6% of those over the age of 65 and 12% of those with incomes less than \$25,000.
- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 15% of those over the age of 65.
- Four percent (4%) of Ohio and U.S. adults reported having had angina or coronary heart disease in 2015 (Source: 2015 BRFSS).
- One percent (1%) of adults reported they had congestive heart failure, increasing to 4% of those over the age of 65.

High Blood Pressure (Hypertension)

- One-third (33%) of adults had been diagnosed with high blood pressure. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- One-in-eleven (9%) adults were told they were pre-hypertensive/borderline high.
- More than four-fifths (88%) of adults had their blood pressure checked within the past year.
- Medina County adults diagnosed with high blood pressure were more likely to have:
 - Incomes less than \$25,000 (62%)
 - Been ages 65 years or older (61%)
 - Rated their overall health as fair or poor (55%)
 - Been classified as obese by Body Mass Index-BMI (52%)

Medina County Leading Causes of Death 2013-2015

Total Deaths: 4,280

- Heart Disease (24% of all deaths)
- Cancer (23%)
- Chronic Lower Respiratory Diseases (6%)
- Accidents, Unintentional Injury (4%)
- Stroke (4%)

(Source: CDC Wonder, 2013-2015)

Ohio Leading Causes of Death 2013-2015

Total Deaths: 345,955

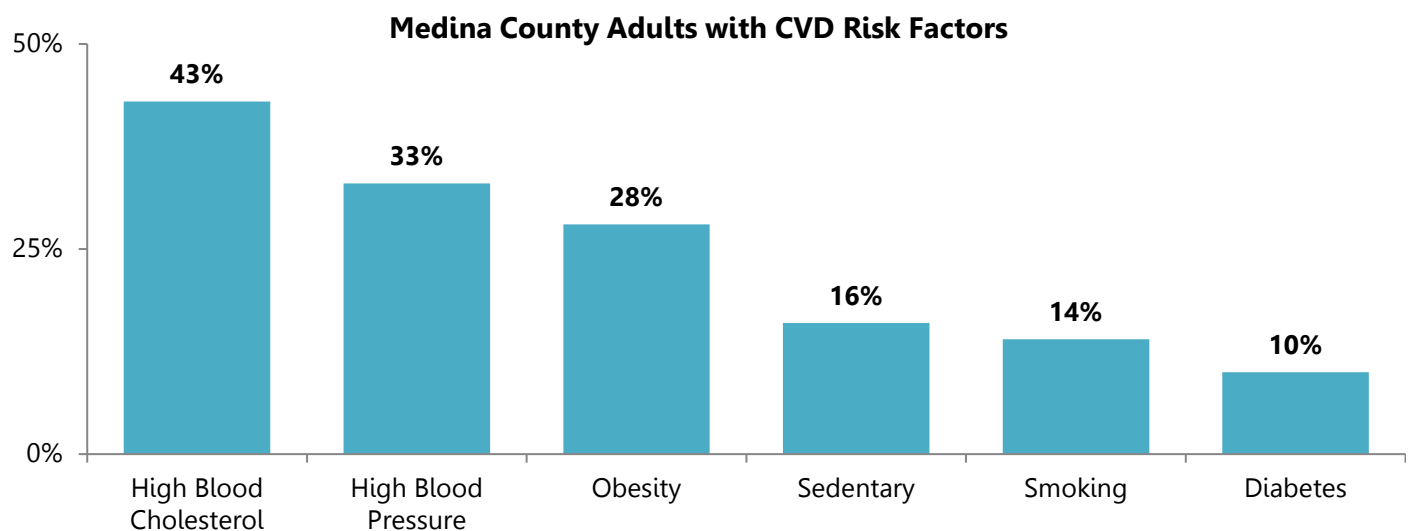
- Heart Disease (24% of all deaths)
- Cancers (22%)
- Chronic Lower Respiratory Diseases (6%)
- Accidents, Unintentional Injuries (5%)
- Stroke (5%)

(Source: CDC Wonder, 2013-2015)

High Blood Cholesterol

- More than two-fifths (43%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% of U.S. adults have been told they have high blood cholesterol.
- More than four-fifths (85%) of adults had their blood cholesterol checked within the past 5 years. The 2015 BRFSS reported 78% of Ohio and U.S. adults had their blood cholesterol checked within the past 5 years.
- Medina County adults with high blood cholesterol were more likely to have:
 - Been classified as obese by Body Mass Index-BMI (60%)
 - Been ages 65 years or older (55%)
 - Incomes less than \$25,000 (53%)

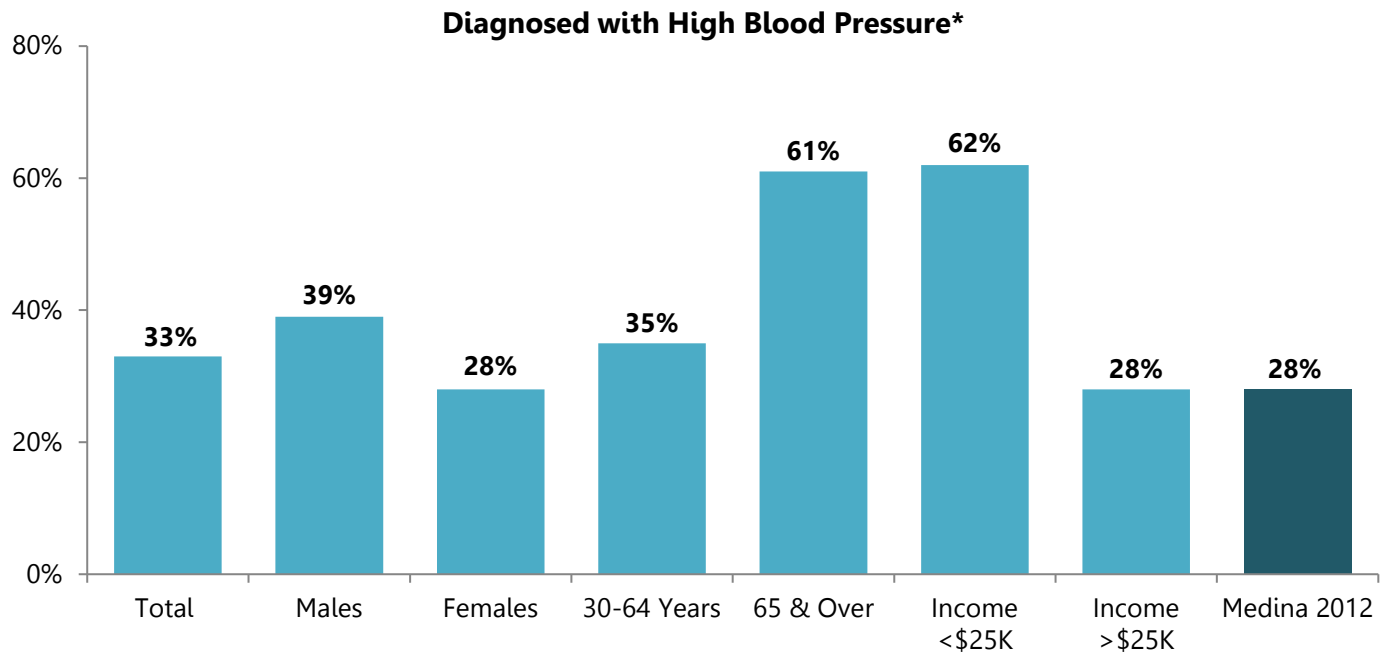
The following graph demonstrates the percentage of Medina County adults who had major risk factors for developing cardiovascular disease (CVD).



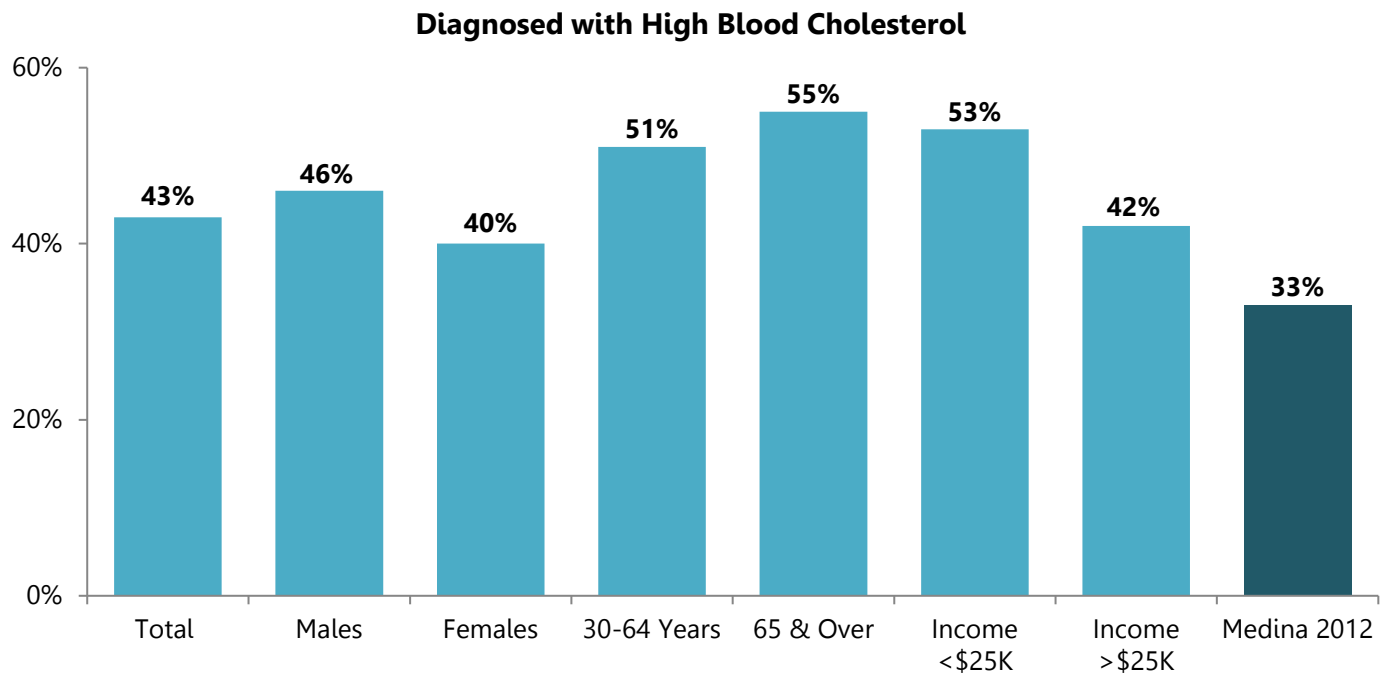
(Source: 2017 Medina County Needs Assessment)

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Had angina	3%	5%	4%	4%
Had a heart attack	3%	3%	5%	4%
Had a stroke	3%	3%	4%	3%
Had high blood pressure	28%	33%	34%	31%
Had high blood cholesterol	33%	43%	37%	36%
Had blood cholesterol checked within past 5 years	78%	85%	78%	78%

The following graphs show the percent of Medina County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 33% of all Medina County adults had been diagnosed with high blood pressure, including 39% of all Medina County males and 61% of those 65 years and older.

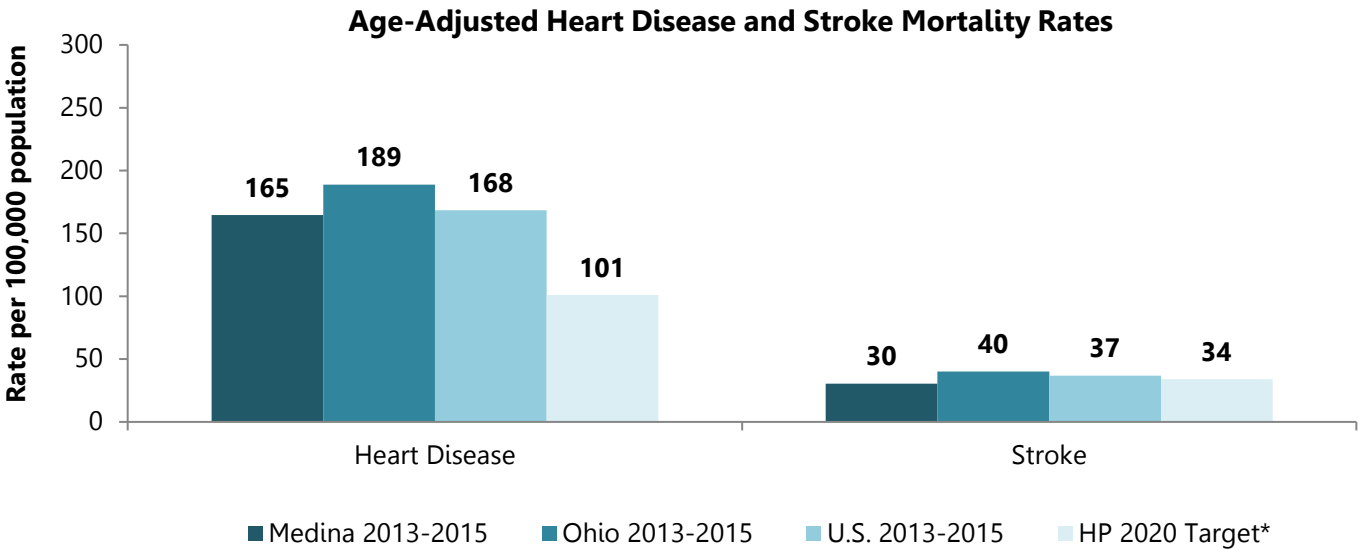


**Does not include respondents who indicated high blood pressure during pregnancy only.*

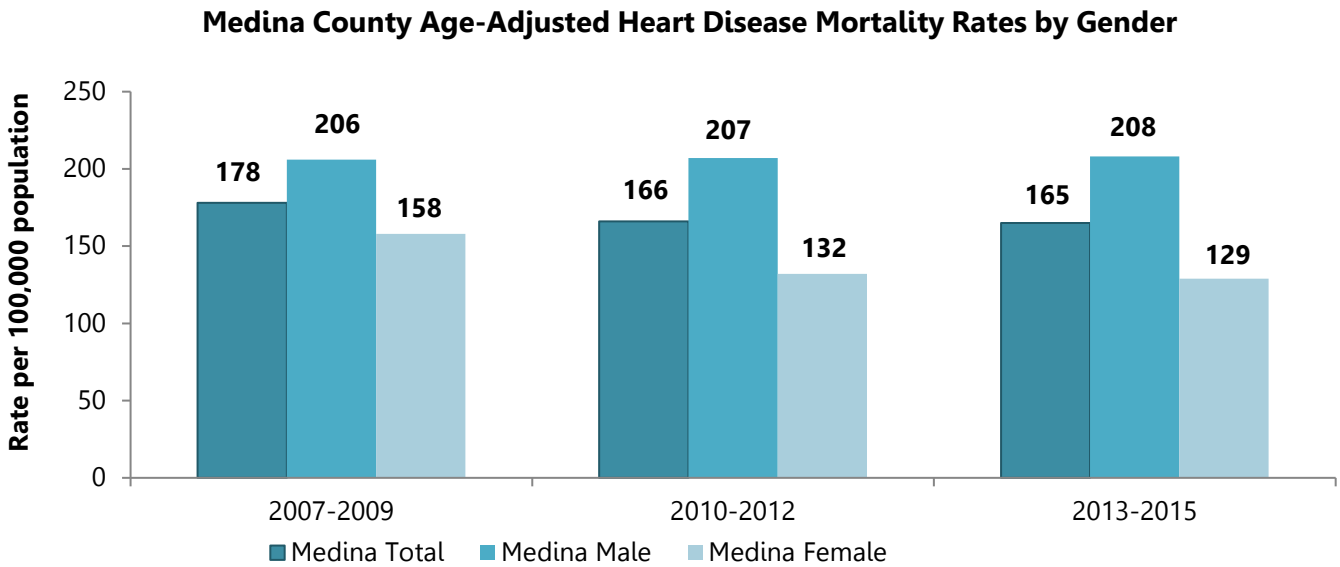


The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- When age differences are accounted for, the statistics indicate that from 2013-2015, the Medina County heart disease mortality rate was lower than the state and U.S. rate but higher than the Healthy People 2020 target.
- The Medina County age-adjusted stroke mortality rate from 2013-2015 was lower than the state, the U.S., and the Healthy People 2020 target objective.
- From 2007-2015, the Medina County female age-adjusted heart disease mortality rate decreased, while the total Medina County age-adjusted heart disease mortality rate slightly decreased as well.



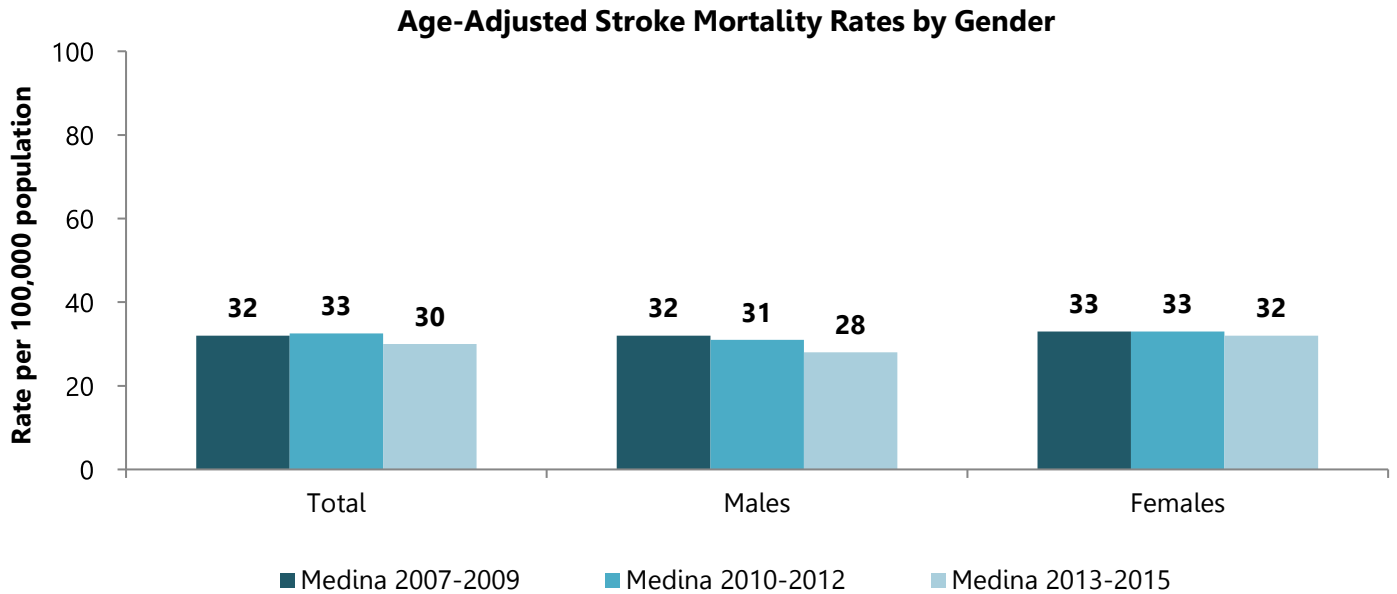
*The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality.
 (Source: CDC Wonder, Healthy People 2020)



(Source: CDC Wonder, Underlying Cause of Death, 2007-2015)

The following graph shows the age-adjusted mortality rates per 100,000 population stroke by gender.

- From 2013-2015, the Medina County stroke mortality rate was slightly higher for females than for males.



(Source: CDC Wonder, About Underlying Cause of Death, 2006-2014)

Healthy People 2020 Objectives Heart Disease and Stroke

Objective	Medina Survey Population Baseline	2015 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	33% (2017)	31% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	43% (2017)	36% Adults age 20+ with TBC>240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2015 BRFSS, 2017 Medina County Needs Assessment)

Chronic Disease: Cancer

Key Findings

In 2017, 13% of Medina County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, a total of 340 Medina County residents died from cancer, the leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Adult Cancer

- One-in-eight (13%) Medina County adults were diagnosed with cancer at some point in their lives, increasing to 34% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: prostate (32%), breast (18%), cervical (12%), other skin cancer (11%), melanoma (9%), colon (7%), bladder (7%), thyroid (6%), Hodgkin's lymphoma (4%), endometrial (3%), ovarian (3%), lung (2%), head and neck (2%), leukemia (2%), liver (2%), and other types of cancer (7%). Two percent (2%) of adults reported multiple types of cancer.

Medina County Incidence of Cancer, 2010-2014

All Types: 4,811 cases

- Breast: 705 cases (15%)
- Prostate: 640 cases (13%)
- Lung and Bronchus: 631 cases (13%)
- Colon and Rectum: 397 cases (8%)

In 2015, there were 340 cancer deaths in Medina County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 5/30/2017)

13% of Medina County adults had been diagnosed with cancer at some time in their life.

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, cancers caused 23% (984 of 4,280 total deaths) of all Medina County resident deaths. The largest percent (6%) of 2013-2015 cancer deaths were from breast and prostate cancers *(Source: CDC Wonder)*.
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2015 needs assessment has determined that 14% of Medina County adults were current smokers, and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.
- The American Cancer Society states that about 600,920 Americans are expected to die of cancer in 2017. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease. Nearly 1 of every 4 deaths is associated with cancer.

Lung Cancer

- In Medina County, 14% of male adults were current smokers, and 19% had stopped smoking for one or more days in the past 12 months because they were trying to quit.
- Approximately 14% of female adults in Medina County were current smokers, and 54% had stopped smoking for one or more days in the past 12 months because they were trying to quit.

- The CDC reports that lung cancer (n=149) was the leading cause of male cancer deaths from 2013–2015 in Medina County. Cancer of the colon (n=46) and prostate cancer caused (n=42) male deaths during the same time (*Source: CDC Wonder*).
- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=102) in Medina County from 2013–2015, followed by breast (n=65) and colon (n=42) cancers (*Source: CDC Wonder*).
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke are about 15–30 times more likely to develop lung cancer than nonsmokers (*Source: American Cancer Society, Facts & Figures 2017*).

Breast Cancer

- In 2017, 59% of Medina County females reported having had a clinical breast examination in the past year.
- Approximately three-fifths (61%) of Medina County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% (*Source: American Cancer Society, Facts & Figures 2017*).
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography; and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 (*Source: American Cancer Society, Facts & Figures 2017*).

Prostate Cancer

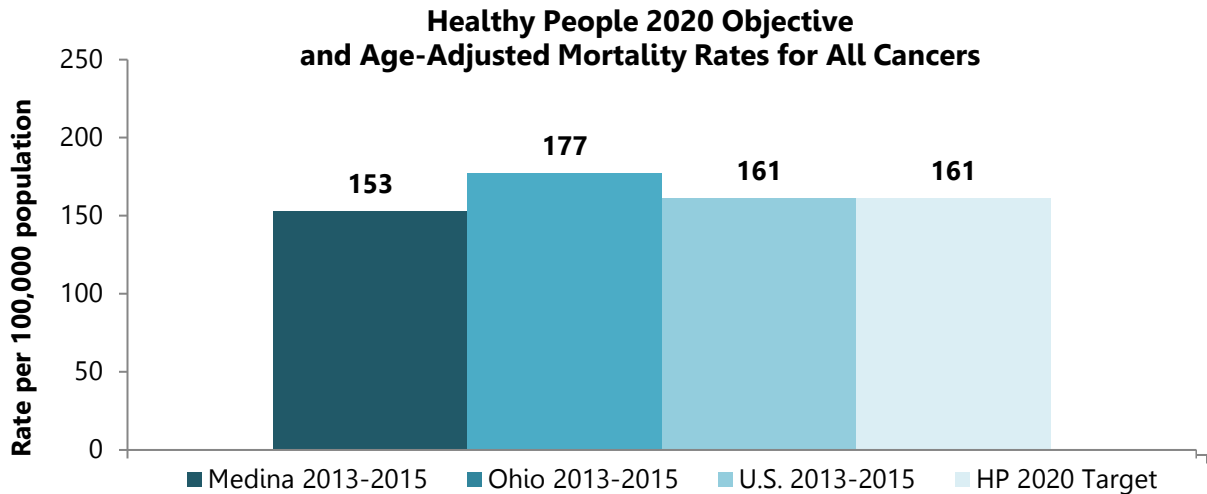
- More than two-fifths (44%) of Medina County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 27% had one in the past year.
- More than half (55%) of men had a digital rectal exam in their lifetime, and 21% had one in the past year.
- The CDC statistics indicate that prostate cancer deaths accounted for 7% of all male cancer deaths from 2013–2015 in Medina County.
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (*Source: American Cancer Society, Facts & Figures 2017*).

Colon and Rectum Cancers

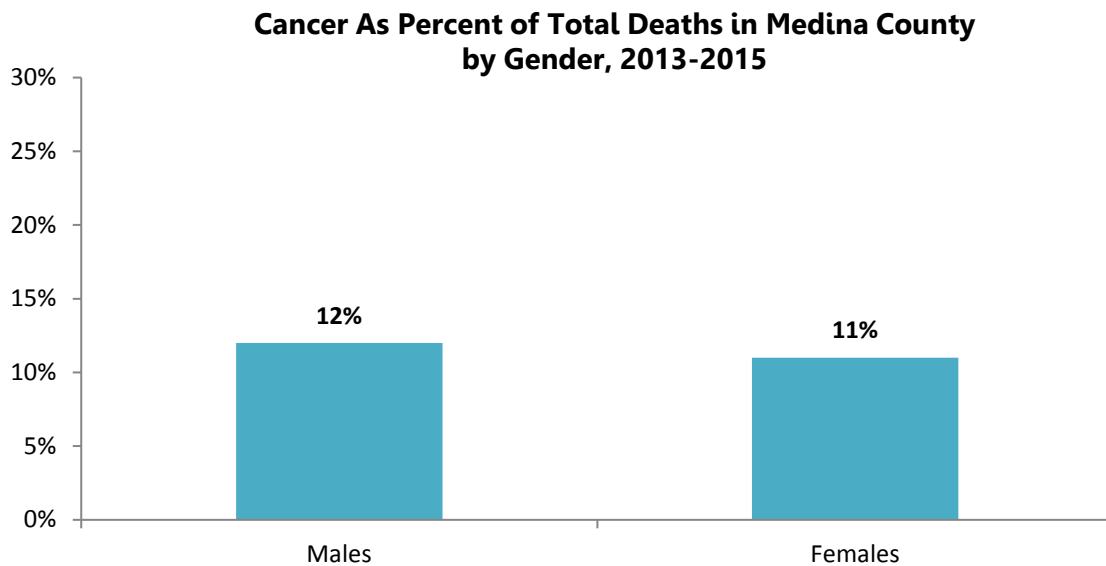
- The CDC statistics indicate that colon, rectum, and anal cancer deaths accounted for 8% of all male and female cancer deaths from 2013–2015 in Medina County.
- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Therefore, the American Cancer Society suggests every person over the age of 50 have regular colon cancer screenings

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

- When age differences are accounted for, Medina County had a lower cancer mortality rate than Ohio and the U.S. The Medina County age-adjusted cancer mortality rate was also lower than the Healthy People 2020 target objective.
- The percentage of Medina County males who died from all cancers is slightly higher than the percentage of Medina County females who died from all cancers.



(Source: CDC Wonder, Healthy People 2020)



(Source: CDC Wonder, 2013-2015)

Medina County Incidence of Cancer 2010-2014

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Breast	705	15%
Prostate	640	13%
Lung and Bronchus	631	13%
Colon and Rectum	397	8%
Other/Unspecified	350	7%
Melanoma of Skin	255	5%
Bladder	240	5%
Non-Hodgkins Lymphoma	224	5%
Kidney and Renal Pelvis	173	4%
Thyroid	164	3%
Cancer and Corpus Uteri	162	3%
Pancreas	144	3%
Leukemia	144	3%
Oral Cavity & Pharynx	97	2%
Brain and CNS	77	2%
Stomach	73	2%
Ovary	69	1%
Liver and Bile Ducts	52	1%
Multiple Myeloma	50	1%
Larynx	44	1%
Esophagus	42	1%
Hodgkins Lymphoma	30	1%
Testis	30	1%
Cancer of Cervix Uteri	18	<1%
Total	4,811	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/19/2017)

2017 Cancer Estimates

- In 2017, about 1,688,780 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about twenty percent of the new cancer cases expected to occur in the U.S. in 2017 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 600,920 Americans are expected to die of cancer in 2017.
- In 2017, about 158,870 cancer deaths will be caused by tobacco use.
- In 2017, estimates predict that there will be 68,160 new cases of cancer and 25,430 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,660 (16%) will be from lung and bronchus cancers and 5,510 (8%) will be from colon and rectum cancers.
- About 9,430 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,840 (9%).

(Source: American Cancer Society, Facts and Figures 2017)

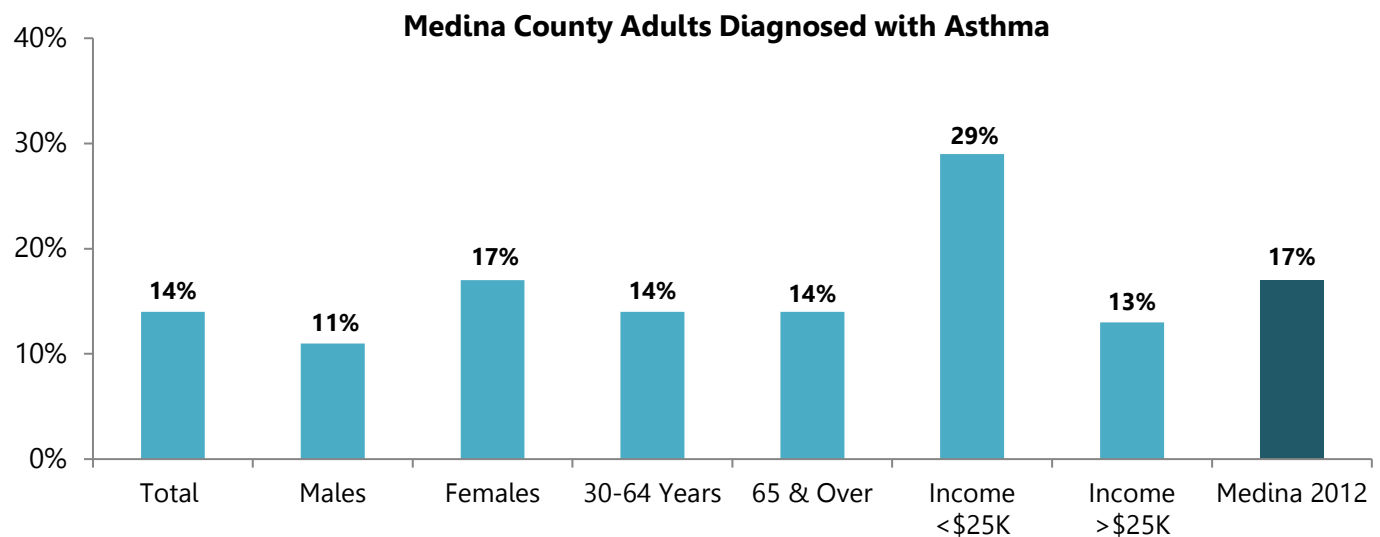
Chronic Disease: Asthma

Key Findings

In 2017, 14% of Medina County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

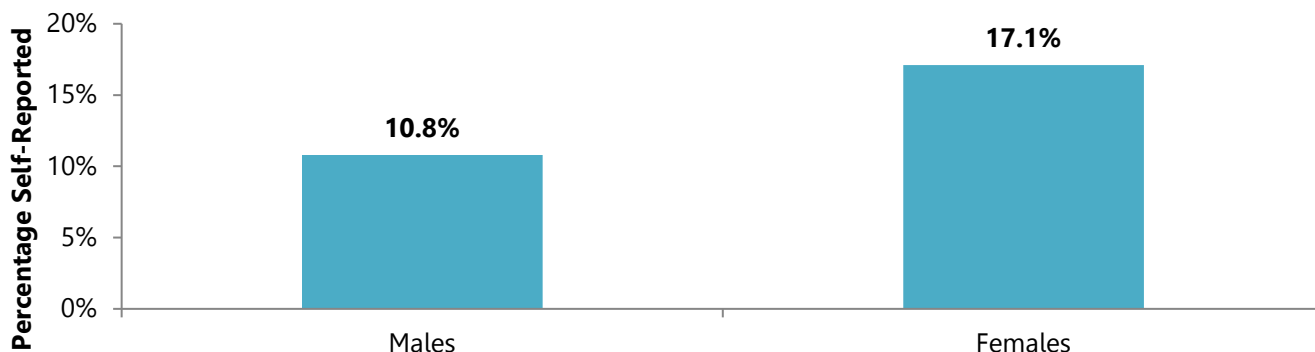
- In 2017, 14% of Medina County adults had been diagnosed with asthma, increasing to 29% of those with incomes less than \$25,000.
- Fourteen percent (14%) of Ohio and U.S. adults have ever been diagnosed with asthma *(Source: 2015 BRFSS)*.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses *(Source: CDC, 2017)*.
- Chronic lower respiratory disease was the 3rd leading cause of death in Medina County and the 3rd leading cause of death in Ohio in 2015 *(Source: CDC Wonder, 2013-2015)*.



Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Had been diagnosed with asthma	17%	14%	14%	14%

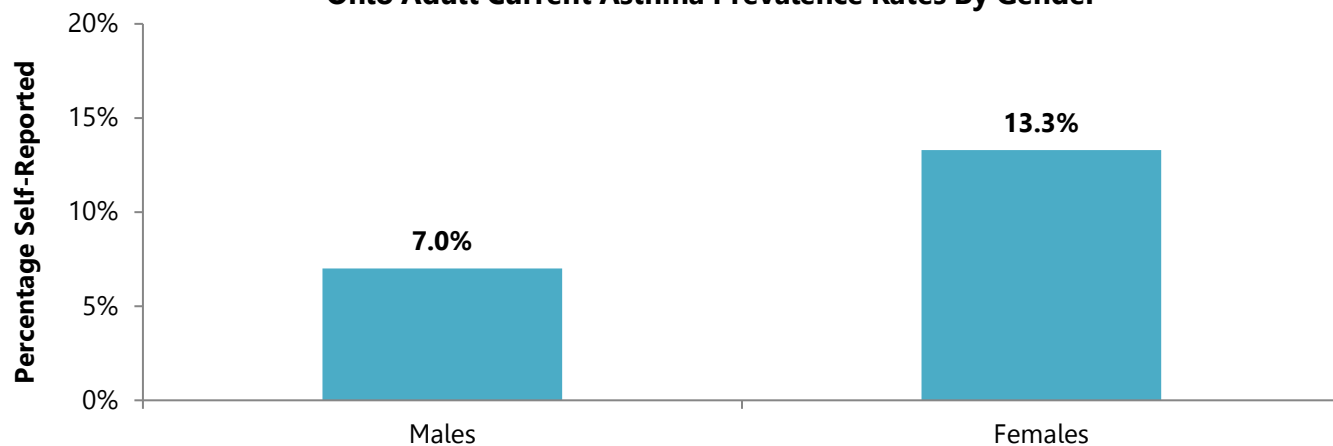
The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Ohio residents, as well as asthma related ER visits among Medina County residents.

Ohio Adult Lifetime Asthma Prevalence Rates By Gender



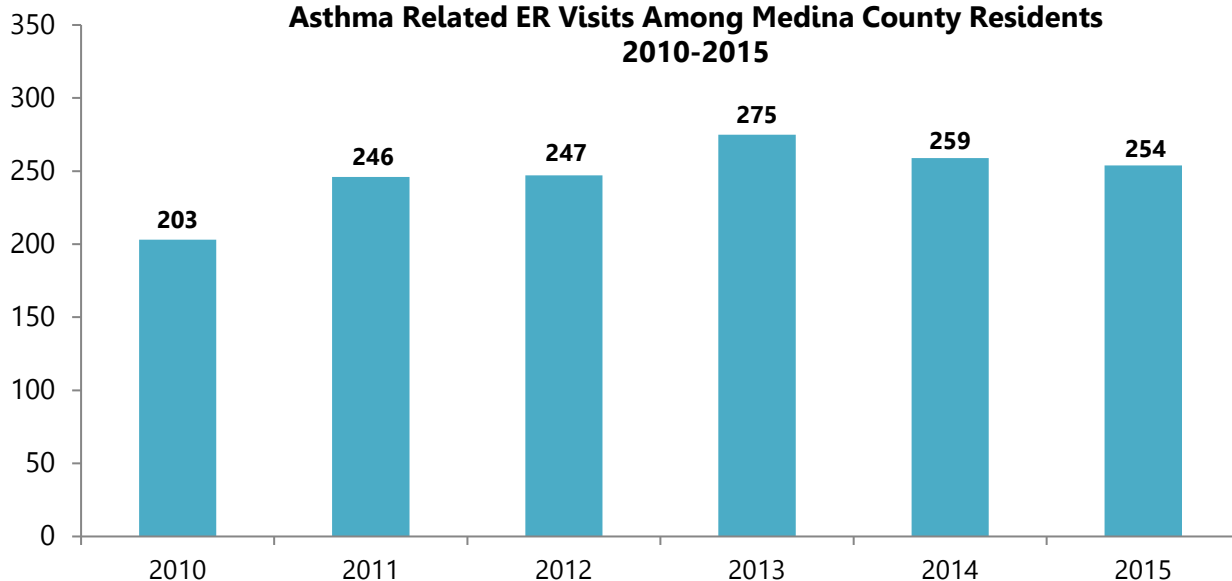
(Source: 2015 BFRSS)

Ohio Adult Current Asthma Prevalence Rates By Gender



(Source: 2015 BFRSS)

Asthma Related ER Visits Among Medina County Residents 2010-2015



(Source: EpiCenter Syndromic Surveillance System as compiled by Medina County Health Department, 2010-2015)

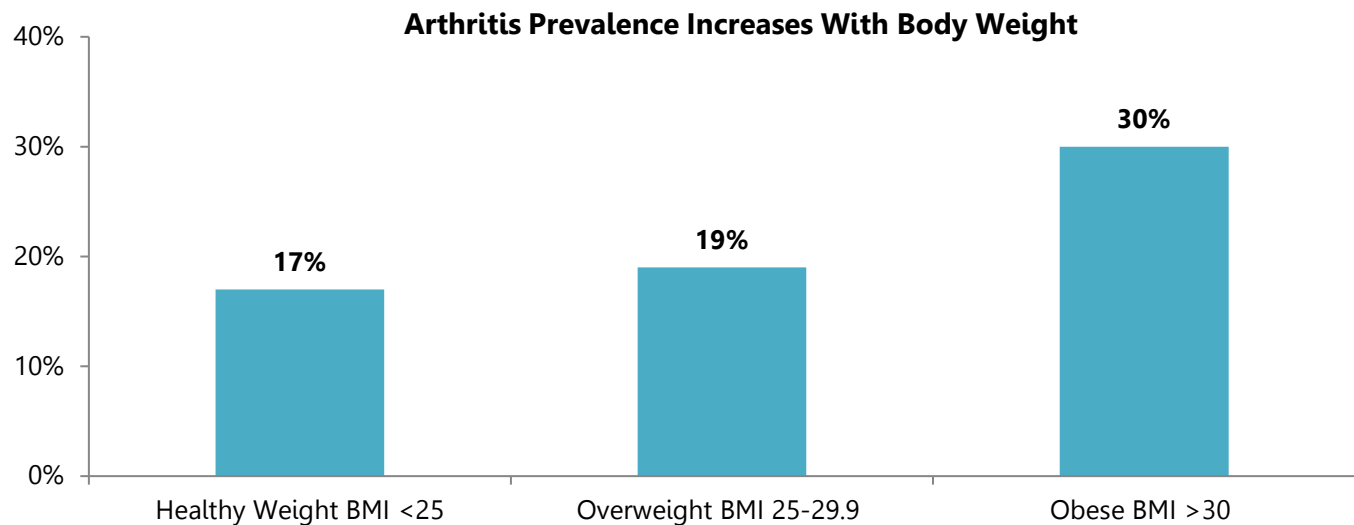
Chronic Disease: Arthritis

Key Findings

Nearly one-third (32%) of Medina County adults were diagnosed with arthritis. According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.

Arthritis

- Nearly one-third (32%) of Medina County adults were told by a health professional that they had some form of arthritis, increasing to 60% of those over the age of 65 and 61% of those with incomes less than \$25,000.
- More than four-fifths (81%) of adults diagnosed with arthritis were overweight or obese.
- According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC).
- Over 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance 2017).



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

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2014	U.S. 2014
Diagnosed with arthritis	26%	32%	28%	25%

Arthritis: Key Public Health Messages

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

Key self-management activities include the following:

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

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, 2017)

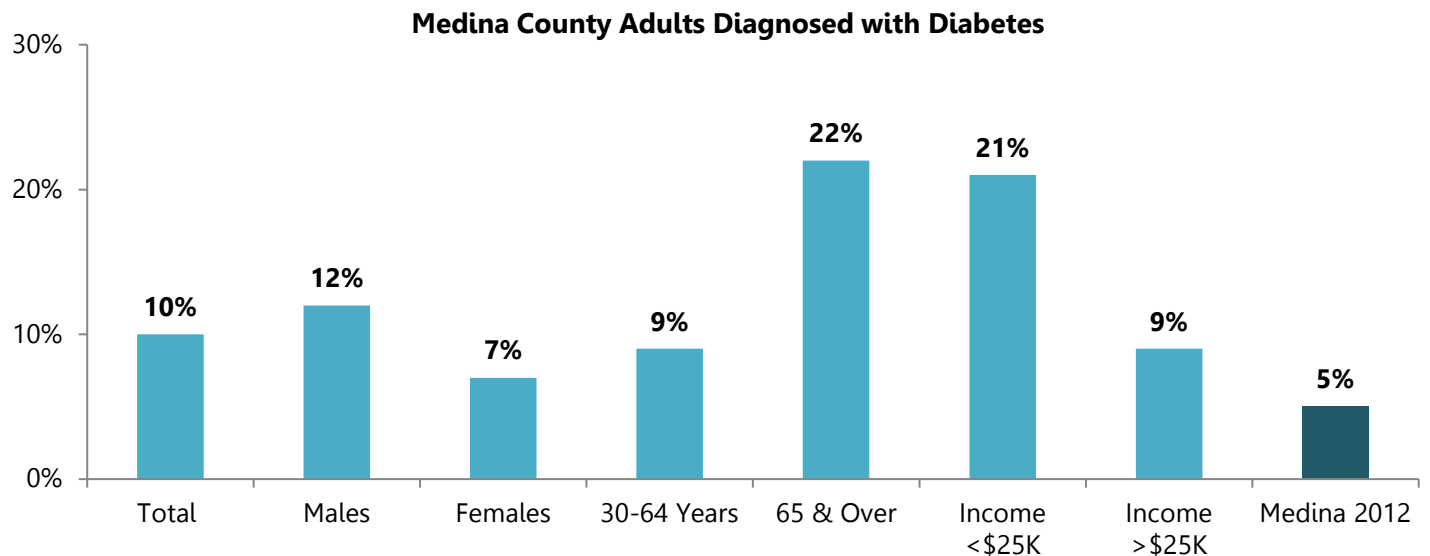
Chronic Disease: Diabetes

Key Findings

In 2017, 10% of Medina County adults had been diagnosed with diabetes. About one-fourth (23%) of adults with diabetes rated their health as fair or poor.

Diabetes

- The 2017 needs assessment has identified that 10% of Medina County adults had been diagnosed with diabetes, increasing to 22% of those over the age of 65. The 2015 BRFSS reports an Ohio prevalence of 11% and U.S. prevalence of 10%.
- One-in-twelve (8%) adults had been diagnosed with pre-diabetes.
- Medina County adults used the following to treat pre-diabetes or diabetes: diet control (57%), annual vision exam (48%), exercise (47%), checked A1c at least annually (47%), checked blood sugar (41%), checked their feet (35%), diabetes pills (33%), insulin (20%), dental exam (13%), took a class (7%), and injectable (4%). One-fifth (20%) reported using nothing to treat their pre-diabetes or diabetes.
- About one-fourth (23%) of adults with diabetes rated their health as fair or poor.
- Medina County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 85% had been diagnosed with high blood cholesterol
 - 81% were obese or overweight
 - 75% had been diagnosed with high blood pressure



Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S. 2015
Diagnosed with diabetes	5%	10%	11%	10%

Chronic Disease: Quality Of Life

Key Findings

In 2017, 23% of Medina County adults were limited in some way because of a physical, mental or emotional problem. Fifty-nine percent (59%) of adults diagnosed with a chronic disease felt they had received enough information to manage it themselves. Eleven percent (11%) of adults were responsible for providing regular care or assistance to an elderly parent or loved one.

Impairments and Health Problems

- In 2017, nearly one-fourth (23%) of Medina County adults were limited in some way because of a physical, mental or emotional problem (21% Ohio and U.S., 2015 BRFSS), increasing to 47% of those over the age of 65.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: arthritis/rheumatism (44%); back or neck problems (44%); stress, depression, anxiety, or emotional problems (32%); chronic pain (29%); walking problems (25%); fitness level (23%); sleep problems (20%); chronic illness (19%); fractures, bone/joint injuries (13%); lung/breathing problems (12%); eye/vision problems (11%); hearing problems (8%); dental problems (6%); mental health illness/disorder (2%); substance dependency (1%); drug addiction (1%); and other impairments/problems (11%).
- Fifty-nine percent (59%) of adults diagnosed with a chronic disease felt they had received enough information to manage it themselves.
- In the past year, Medina County adults reported needing the following services: eyeglasses or vision services (27%), help with routine needs (8%), pain management (7%), help with personal care needs (4%), hearing aids or hearing care (4%), medical supplies (3%), a cane (3%), a walker (3%), oxygen or respiratory support (2%), a wheelchair (2%), durable medical equipment (1%), mobility aids or devices (1%), a wheelchair ramp (1%), and a special bed (<1%).
- Medina County adults were responsible for providing regular care or assistance to the following: multiple children (29%); an elderly parent or loved one (11%); a friend, family member or spouse with a health problem (7%); grandchildren (4%); an adult child (3%); someone with special needs (3%); a friend, family member or spouse with a mental health issue (3%); a friend, family member or spouse with dementia (3%); children with discipline issues (2%); and foster children (<1%).

Adult Comparisons	Medina County 2012	Medina County 2017	Ohio 2015	U.S 2015
Limited in some way because of a physical, mental, or emotional problems	14%	23%	21%	21%

Healthy People 2020

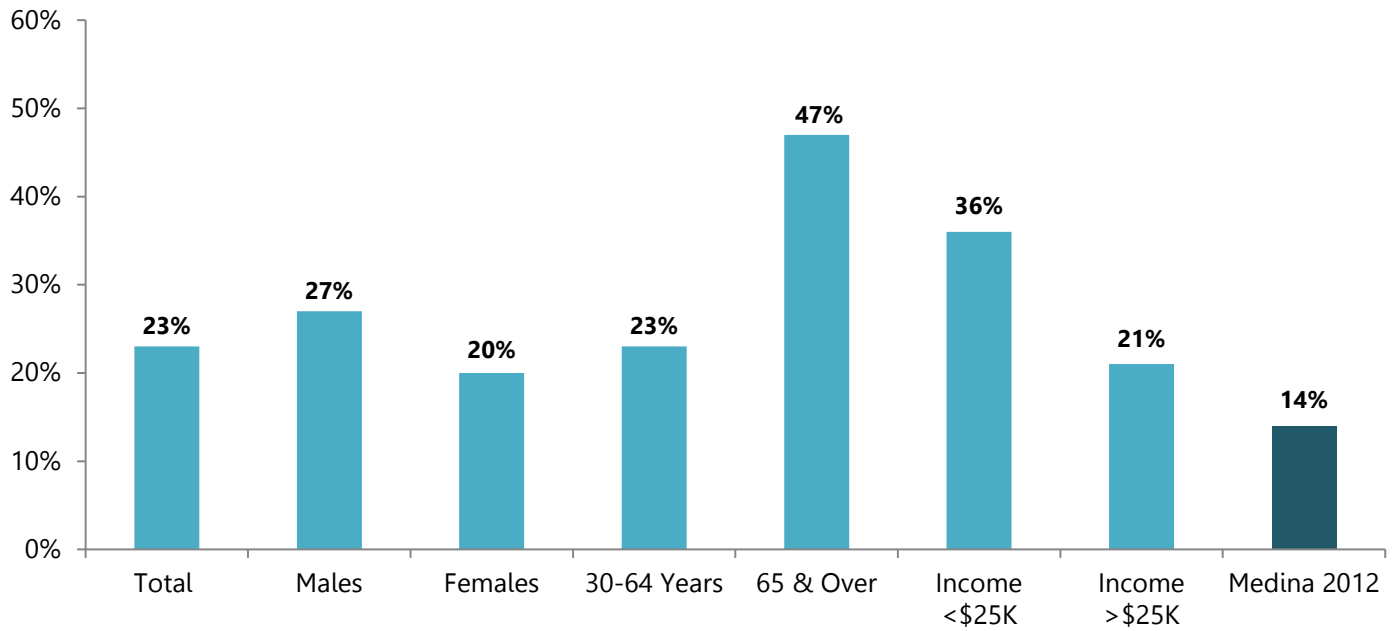
Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Medina County 2017	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	44%	36%

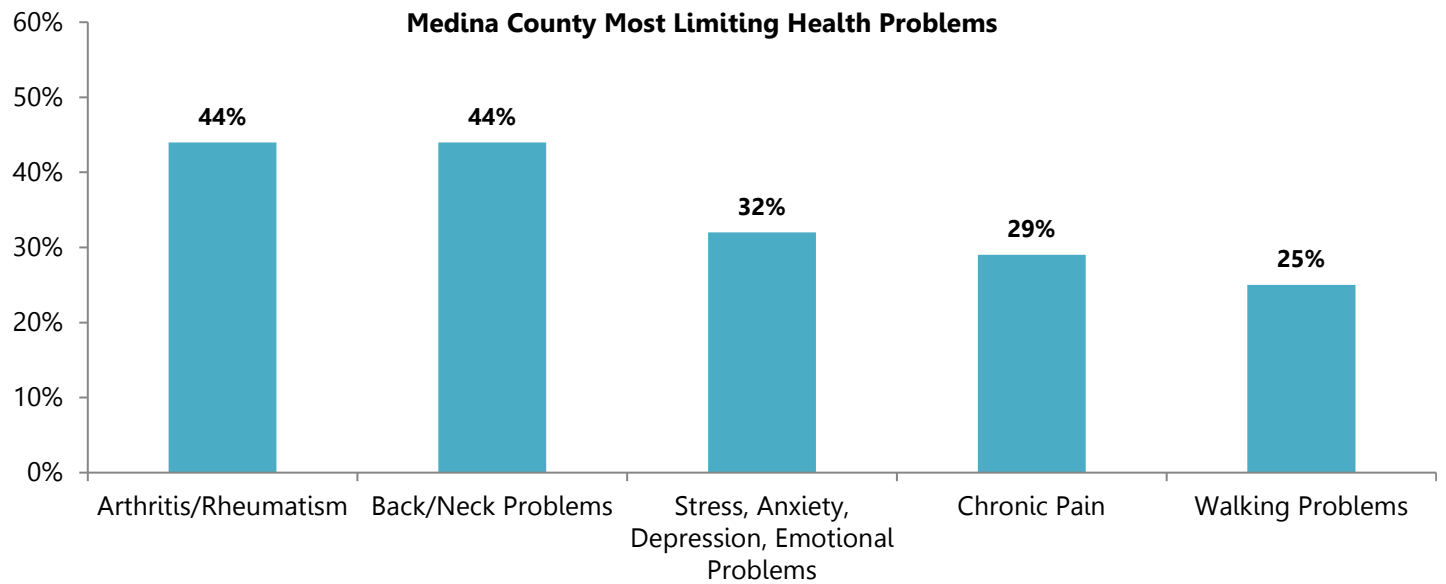
Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2017 Medina County Needs Assessment)

The following graphs show the percentage of Medina County adults who were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 23% of Medina County adults were limited in some way, including 27% of males and 47% of those 65 and older.

Medina County Adults Limited in Some Way



Medina County Most Limiting Health Problems



Social Conditions: Social Determinants of Health

Key Findings

One-in-nine (11%) Medina County adults were abused in the past year (including physical, emotional, financial, or verbal abuse). More than two-fifths (43%) of adults kept a firearm in or around their home. In the past 12 months, and 8% of Medina County adults had to choose between paying bills and buying food.

Healthy People 2020

Healthy People 2020 developed five key determinants as a “place-based” organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment



Economic Stability

- One-in-seven (14%) adults attempted to get assistance from a social service agency, increasing to 38% of those with incomes less than \$25,000.
- Medina County adults attempted to get assistance from the following social service agencies: Job & Family Services/JFS (5%), friend or family member (5%), church (2%), food pantries (2%), Community Action Wayne/Medina (1%), health department (1%), personal debts/budgeting (1%), Legal Aid (<1%), WIC (<1%), and somewhere else (4%). Two percent (2%) did not know where to look for assistance.
- Medina County adults received assistance for the following in the past year: healthcare (8%), home repair (7%), dental care (6%), Medicare (6%), prescription assistance (6%), free tax preparation (5%), utilities (5%), food (4%), mental illness issues (3%), rent/mortgage (3%), transportation (3%), affordable childcare (2%), drug or alcohol addiction (2%), employment (2%), legal aid services (2%), unplanned pregnancy (2%), credit counseling (1%), diapers (1%), and clothing (<1%).
- Adults experienced the following food insecurity issues during the past 12 months: had to choose between paying bills and buying food (8%), loss of income led to food insecurity issues (5%), worried food would run out (3%), were hungry but did not eat because they did not have money for food (2%), food assistance was cut (1%), and went hungry/ate less to provide more food for their family (1%).
- The median household income in Medina County in 2015 was \$66,952. The U.S. Census Bureau reports median income levels of \$51,086 for Ohio and \$55,775 for the U.S.
- Seven percent (7%) of all Medina County residents were living in poverty, and 10% of children and youth ages 0-17 were living in poverty. (Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-year Estimates)
- The unemployment rate for Medina County civilian labor force was 5% as of 2017. (Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-year Estimates)
- There were 70,239 housing units. The owner-occupied housing unit rate was 80%. Rent in Medina County cost an average of \$824 per month. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates)

Education

- Ninety-three percent (93%) of Medina County adults 25 years and over had a high school diploma or higher. Seven percent (7%) had less than a high school diploma, compared to 11% for Ohio. *(Source: U.S. Census Bureau, American Community Survey, 2011-2015)*

Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: HealthyPeople2020, Retrieved May 19 2017)

Social and Community Context

- Medina County adults had the following transportation issues: other car issues/expenses (3%), could not afford gas (2%), no car (1%), did not feel safe to drive (1%), suspended/no driver’s license (1%), limited public transportation available or accessible (1%), no public transportation available or accessible (1%), and disabled (<1%).
- Eleven percent (11%) of Medina County adults were abused in the past year. They were abused by the following: a spouse or partner (58%), a parent (38%), someone outside their home (13%), a child (7%), and someone else (18%).
- They were abused in the following ways: verbally (71%), emotionally (64%), financially (27%), physically (20%), and through electronic methods (18%). No adults reported being sexually abused.
- Medina County adults experienced the following in the past 12 months: a close family member went to the hospital (36%); death of a family member or close friend (33%); had bills they could not pay (11%); moved to a new address (11%); someone close to them had a problem with drinking or drugs (10%); household income was cut by 50% (8%); someone in their household lost their job/had their hours at work reduced (7%); their family was at risk for losing their household (4%); their child was threatened or abused by someone physically, emotionally, sexually and/or verbally (4%); knew someone living in a hotel (3%); became separated or divorced (3%); someone homeless living with them (1%); witnessed someone in their family being hit or slapped (1%), and were homeless (<1%).

- Medina County adults experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (21%); a parent or adult in their home swore at, insulted, or put them down (21%); lived with someone who was depressed, mentally ill, or suicidal (20%); lived with someone who was a problem drinker or alcoholic (20%); someone at least 5 years older than them or an adult touched them sexually (8%); lived with someone who used illegal stress drugs, or who abused prescription medications (8%); a parent or adult in their home hit, beat, kicked, or physically hurt them (7%); their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (6%); their family did not look out for each other, feel close to each other, or support each other (5%); someone at least 5 years older than them or an adult tried to make them touch them sexually (5%); lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (3%); someone at least 5 years older than them or an adult forced them to have sex (3%); they did not have enough to eat, had to wear dirty clothes, and had no one to protect them (2%); and their parents were not married (<1%).
- Thirteen percent (13%) of adults experienced 4 or more adverse childhood experiences (ACEs).

Behaviors of Medina County Adults

Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Had at least one alcoholic beverage in past month	67%	63%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	44%	24%
Considered their neighborhood to be extremely safe from crime	38%	47%
Abused in any way in the past year	33%	5%
Two or more weeks in a row felt sad or hopeless	24%	2%
Current smoker (currently smoke some or all days)	21%	9%

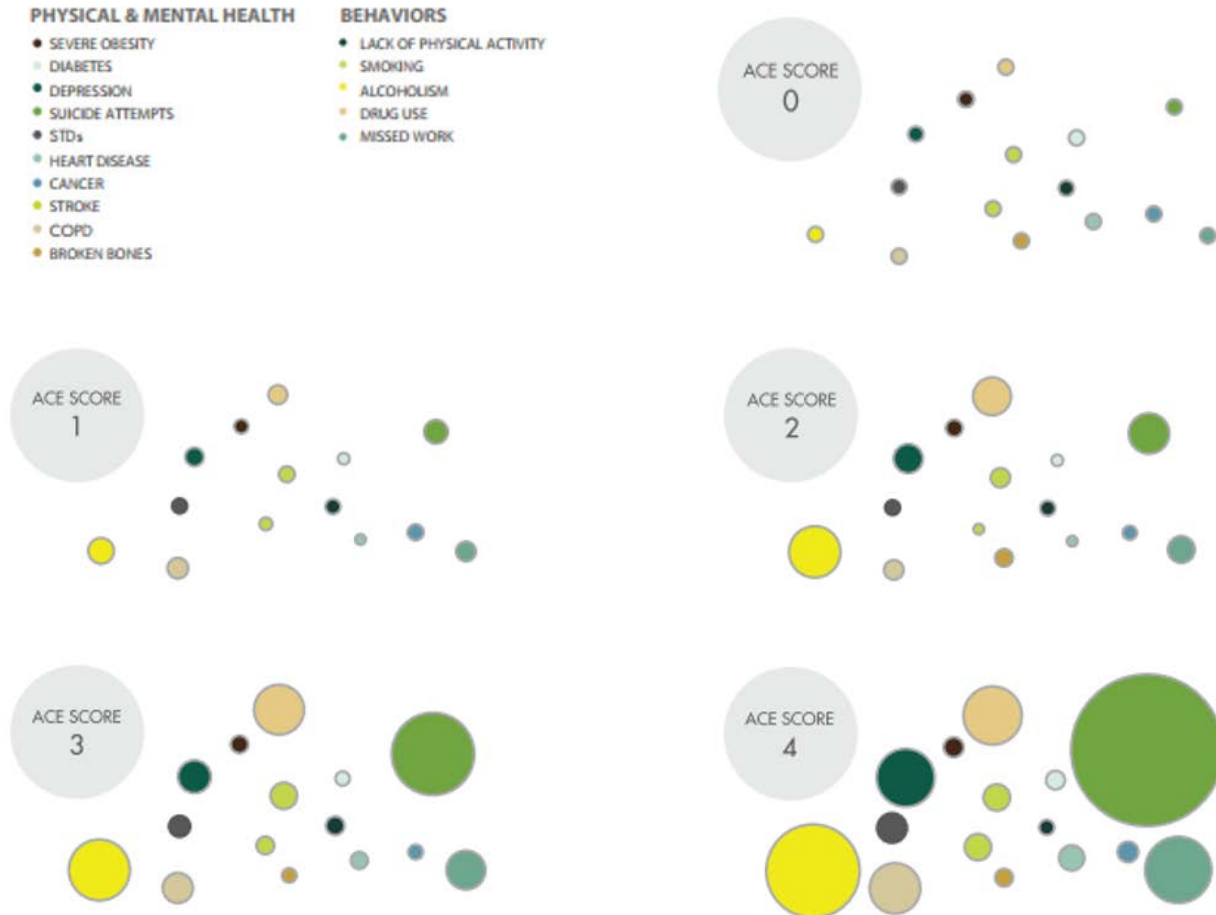
Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACEs) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - STD's
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - COPD
 - Unintended pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.

(Source: CDC, Adverse Childhood Experiences, June 2016)

ACEs Can Have Lasting Effects on Behavior & Health

- Childhood experiences have a tremendous, lifelong impact on the health and quality of a person's life. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and the leading causes of death.
- The following charts compare how like a person with 1, 2, 3 or 4 ACEs will experience specified behaviors than a person without ACEs.



What Can be Done About ACEs?

- The following wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable, and nurturing relationships and environments (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

(Sources: CDC, Adverse Childhood Experiences, Looking How ACEs Affect our Lives and Society, June 2016)
 Note: Having an ACE score does not imply that an individual could not have other risk factors for these health behaviors/diseases

Health and Health Care

- In the past year, 7% of adults were uninsured, increasing to 11% of those under the age of 30 and 21% of those with incomes less than \$25,000.
- Medina County adults had the following issues regarding their healthcare coverage: cost (38%), opted out of certain coverage because they could not afford it (8%), could not understand their insurance plan (8%), service not deemed medically necessary (8%), provider was no longer covered (4%), working with their insurance company (4%), service was no longer covered (3%), opted out of certain coverage because they did not need it (2%), pre-existing conditions (2%), limited visits (1%), and refused to take (<1%).
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Medina County adults.

Neighborhood and Built Environment

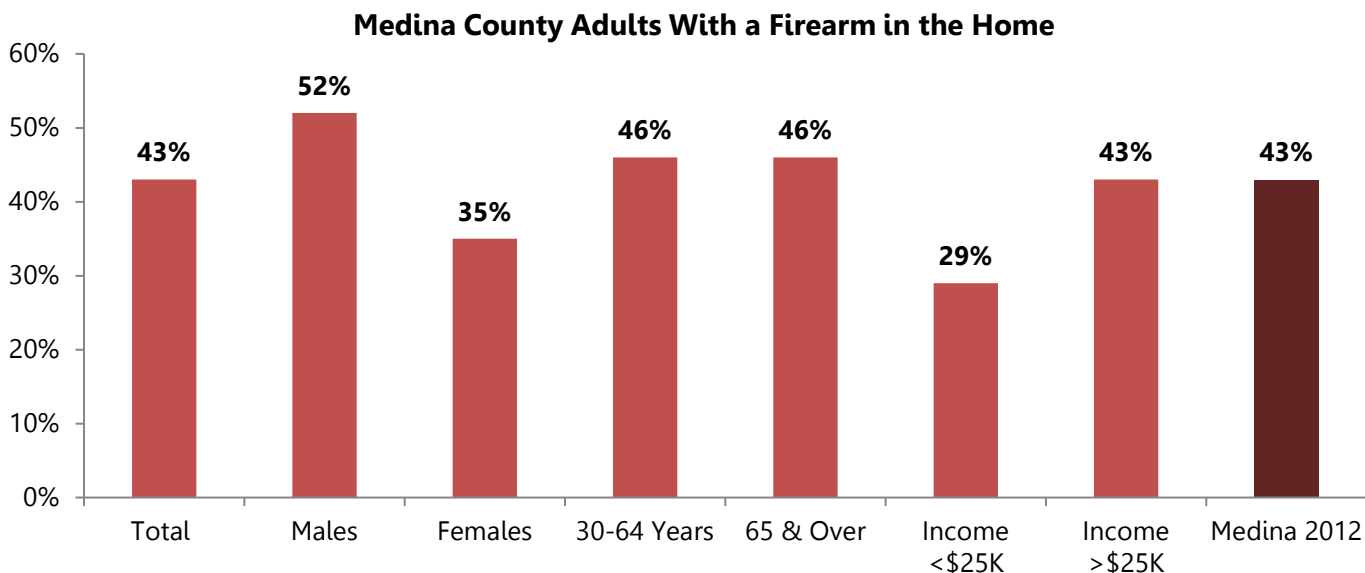
- Medina County adults considered their neighborhood to be extremely safe (41%), quite safe (52%), and slightly safe (6%) from crime. No adults considered their neighborhood not safe at all from crime.
- More than two-fifths (43%) of Medina County adults kept a firearm in or around their home. Four percent (4%) of adults reported they were unlocked and loaded.

Victims of Gun Violence in America

- More than 100,000 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
 - 33,880 people die from gun violence and 81,114 people survive gun injuries.
- Every day, an average of 315 people is shot in America. Of those 315 people, 93 people die and 222 are shot, but survive.
 - Of the 315 people who are shot every day, an average of 46 are children and teens.
 - Of the 93 people who die, 32 are murdered, 58 are suicides, 1 die accidentally, 1 with an unknown intent and 1 by legal intervention.
 - Of the 222 people who are shot but survive, 164 are from assault, 45 are shot accidentally, 10 are suicide attempts, and 3 are police interventions.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" Fact Sheet, June 2017)

The following graph shows the percentage of Medina County adults who had a firearm in or around the home. Examples of how to interpret the information shown on the graph include: 43% of all Medina County adults had a firearm in or around the home, including 52% of males and 43% of those with incomes of \$25,000 or more.



Veterans' Affairs

- Thirty-six percent (36%) of families reported an immediate family member had served in the military during the past 10-15 years. As a result of their military service, adults reported their immediate family members were affected by the following: post-traumatic stress disorder (PTSD) (17%), access to medical care at a VA facility (10%), major health problems due to injury (5%), had problems getting information on VA eligibility and applying (4%), marital problems (4%), had problems getting VA benefits (4%), could not find/keep a job (2%), access to medical care at a non-VA facility (2%), housing issues (2%), access to mental health treatment (1%), substance/drug abuse (1%), access to substance/drug use treatment (1%), and incarceration/re-entry (1%).

Social Conditions: Environmental Health

Key Findings

Nearly one-fourth (22%) of Medina County adults had a private water source for drinking water. Seventy-nine percent (79%) of adults preferred to get information from a television in a large-scale disaster or emergency. One-in-eleven (9%) adults thought insects threatened their health in the past year.

Disaster Preparedness

- Medina County households had the following disaster preparedness supplies: cell phone with texting (90%), working smoke detector (87%), cell phone (81%), working flashlight and working batteries (81%), computer/tablet (81%), 3-day supply of nonperishable food for everyone in the household (52%), 3-day supply of prescription medication for each person who takes prescribed medicines (44%), working battery-operated radio and working batteries (40%), home land-line telephone (39%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (37%), communication plan (17%), generator (14%), and a disaster plan (11%).
- Medina County adults indicated the following preferred ways of getting information from authorities in a large-scale disaster or emergency: television (79%), radio (59%), internet (57%), wireless emergency alerts (53%), text messages (50%), Facebook (34%), smart phone app (27%), landline phone (14%), Twitter (11%), and other social media (11%). Four percent (4%) of adults indicated they did not carry a cell phone on a regular basis, and 1% had disabled their wireless emergency alerts.

Environmental Health

- More than one-fourth (26%) of Medina County adults used a septic tank for wastewater. Of those who had a septic tank, 80% had it pumped within the past 5 years, and 7% never had it pumped. Five percent (5%) did not know the last time their septic tank had been pumped.
- Nearly one-fourth (22%) of Medina County adults had a private water source for drinking water. Of those who had a private water source, 22% had it tested within the past year, and 17% had never had it tested. About one-in-six (16%) did not know the last time their water source had been tested.
- Medina County adults thought the following threatened their health in the past year:
 - Insects (9%)
 - Mold (4%)
 - Rodents (4%)
 - Temperature regulation (3%)
 - Agricultural chemicals (2%)
 - Air quality (2%)
 - Chemicals found in products (2%)
 - Plumbing problems (2%)
 - Unsafe water supply/wells (2%)
 - Asbestos (1%)
 - Lice (1%)
 - Radon (1%)
 - Bed bugs (<1%)
 - Cockroaches (<1%)
 - Safety hazards (<1%)

Social Conditions: Parenting

Key Findings

Two-thirds (67%) of parents discussed dating and relationships with their 10-17 year old child.

Parenting

- Parents discussed the following topics with their 10-17 year old child: dating and relationships (67%); bullying (64%); career plan/post-secondary education (64%); social media issues (63%); body image (57%); negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs (56%); weight status (54%); volunteering (53%); refusal skills/peer pressure (44%); abstinence and how to refuse sex (41%); school/legal consequences of using alcohol, tobacco, or other drugs (37%); birth control, condoms, safer sex and STD prevention (32%); depression, anxiety, suicide (31%); and energy drinks (31%).

How to Help Increase Your School-Aged Child's Social Ability

Consider the following as ways to foster your school-aged child's social abilities:

- Set and provide appropriate limits, guidelines, and expectations and consistently enforce using appropriate consequences.
- Model appropriate behavior.
- Offer compliments for your child being cooperative and for any personal achievements.
- Help your child choose activities that are appropriate for your child's abilities.
- Encourage your child to talk with you and be open with his or her feelings.
- Encourage your child to read and read with your child.
- Encourage your child to get involved with hobbies and other activities.
- Encourage physical activity.
- Encourage self-discipline; expect your child to follow rules that are set.
- Teach your child to respect and listen to authority figures.
- Encourage your child to talk about peer pressure and help set guidelines to deal with peer pressure.
- Spend uninterrupted time together—giving full attention to your child.
- Limit television, video, and computer time.

(Source: eClinicalWorks, The Growing Child: School Age (6 to 12 Years), 2017)

Youth Health: Weight Status

Key Findings

The needs assessment identified that 15% of Medina County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 28% of youth reported that they were slightly or very overweight. Nearly three-quarters (74%) of youth exercised for 60 minutes on 3 or more days per week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific, as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- Fifteen percent (15%) of Medina County youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015). Eleven percent (11%) of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 2015 YRBS reported 16% for the U.S.). Seventy percent (70%) were normal weight, and 4% were underweight.
- More than one-fourth (28%) of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 2015 YRBS reported 32% for the U.S.).
- More than three-fifths (63%) of all youth were trying to lose weight, increasing to 69% of females (compared to 58% of males) (2013 YRBS reported 47% for Ohio and 2015 YRBS reported 46% for the U.S.).

15% of Medina County youth were classified as obese.

- Youth did the following to lose weight or keep from gaining weight in the past 30 days:
 - Exercised (49%)
 - Drank more water (42%)
 - Ate more fruits and vegetables (33%)
 - Ate less food, fewer calories, or foods lower in fat (27%)
 - Skipped meals (17%)
 - Went without eating for 24 hours or more (6%) (2013 YRBS reported 10% for Ohio and 13% for the U.S.)
 - Vomited or took laxatives (3%) (2013 YRBS reported 5% for Ohio and 4% for the U.S.)
 - Took diet pills, powders, or liquids without a doctor's advice (2%) (2013 YRBS reported 5% for Ohio and the U.S.)
 - Smoked cigarettes or e-cigarettes (2%)
- More than one-third (37%) of youth did not do anything to lose or keep from gaining weight.

Nutrition

- Seven percent (7%) of youth reported they went to bed hungry because their family did not have enough money for food at least one night per week. One percent (1%) of youth went to bed hungry every night of the week.
- Seven percent (7%) of youth ate 5 or more servings of fruits and vegetables per day. Sixty percent (60%) ate 1 to 2 servings per day, and 25% ate 3 to 4 servings of fruits and vegetables per day. Eight percent (8%) of youth ate 0 servings of fruits and vegetables per day.

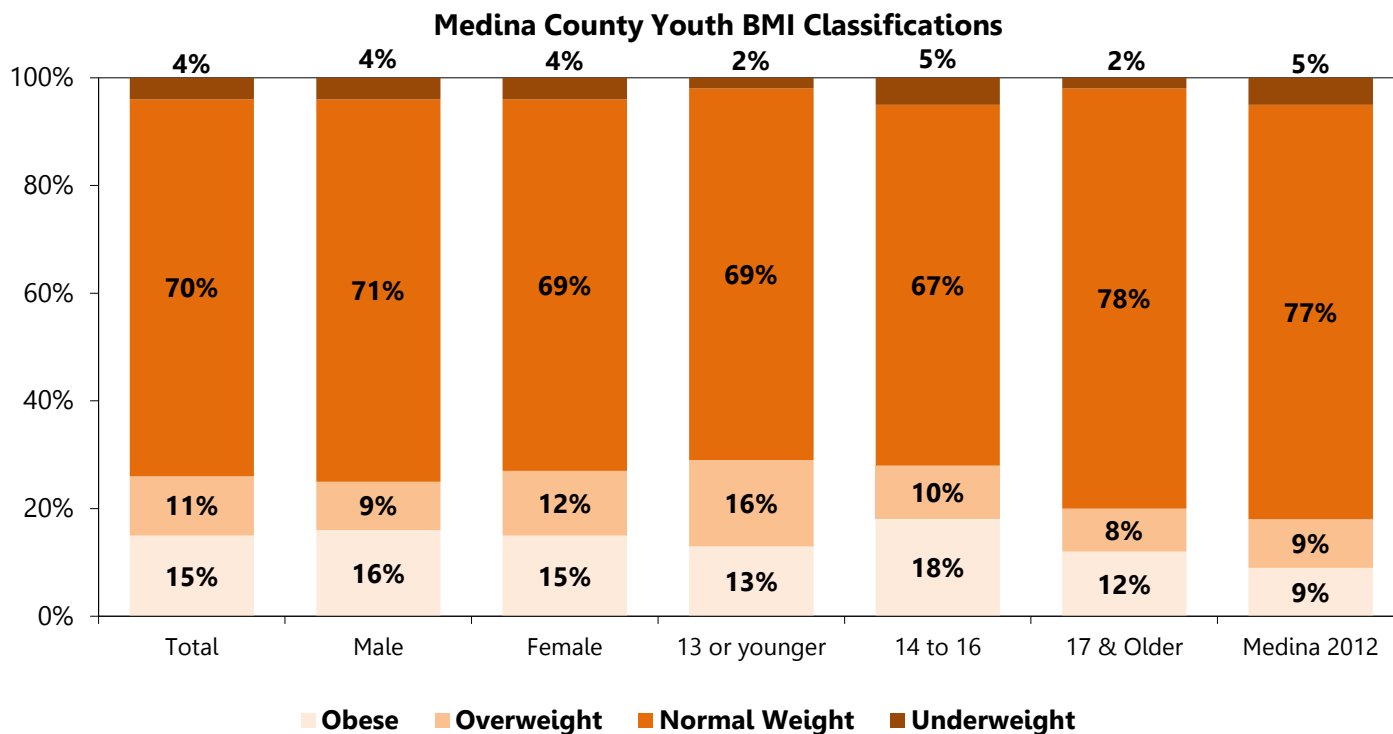
- More than one-fourth (27%) of youth had a drink that was high in caffeine such as coffee, espresso or energy drinks at least 1 to 3 times during the past week. Five percent (5%) had a drink that was high in caffeine at least 4 to 6 times during the past week. Fifty-nine percent (59%) of youth did not drink any highly caffeinated drinks in the past week.

Physical Activity

- Nearly three-fourths (74%) of youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. Fifty-three percent (53%) did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 2015 YRBS reports 49% for the U.S.), and 25% did so every day in the past week (2013 YRBS reports 26% for Ohio and 2015 YRBS reports 27% for the U.S.). Twelve percent (12%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 2015 YRBS reports 14% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes a day, children should engage in aerobic activity, muscle strengthening, and bone strengthening, as appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Sixty-eight percent (68%) of youth participated in extracurricular activities. Youth did not participate in extracurricular activities for the following reasons: not interested (18%), don't fit in/feel comfortable (10%), have a job (10%), watch younger siblings (5%), transportation (4%), can't afford it (4%), parents won't take them to activities (3%), taking care of parent or grandparent (1%), and doesn't exist/not offered (1%).
- Medina County youth spent an average of 3.4 hours on their cell phone, 1.5 hours on their computer/tablet, 1.5 hours watching TV and 1.1 hours playing video games on an average day of the week.
- One-fifth (20%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and 2015 YRBS reports 25% for the U.S.).

Medina County youth did the following to lose weight in the past 30 days:	Percent
Exercised	49%
Drank more water	42%
Ate more fruits and vegetables	33%
Ate less food, fewer calories, or foods lower in fat	27%
Skipped meals	17%
Went without eating for 24 hours	6%
Vomited or took laxatives	3%
Smoked cigarettes	2%
Took diet pills, powders, or liquids without a doctor's advice	2%

The following graph shows the percentage of Medina County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. Examples of how to interpret the information in the graph include: 70% of all Medina County youth were classified as normal weight, 15% were obese, 11% were overweight, and 4% were underweight for their age and gender.



Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Medina County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	15% (6-12 Grade) 14% (9-12 Grade)	13% (9-12 Grade)	14% (9-12 Grade)	15%*

**Note: The Healthy People 2020 target is for children and youth aged 2-19 years.
Sources: Healthy People 2020 Objectives, 2013 YRBS, NHANES, CDC/NCHS, 2016 Medina County Needs Assessment*

Youth Comparisons	Medina County 2012 (6th-12th)	Medina County 2017 (6th-12th)	Medina County 2017 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2015 (9th-12th)
Obese	9%	15%	14%	13%	14%
Overweight	9%	11%	9%	16%	16%
Described themselves as slightly or very overweight	24%	28%	26%	28%	32%
Trying to lose weight	39%	63%	65%	47%	46%
Exercised to lose weight	55%	49%	51%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	33%	27%	29%	N/A	N/A
Went without eating for 24 hours or more	5%	6%	7%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	2%	3%	5%	5%*
Vomited or took laxatives	2%	3%	4%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	80%	85%	83%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	26%	25%	25%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	55%	53%	52%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	6%	12%	11%	13%	14%
Watched TV 3 or more hours per day	32%	20%	22%	28%	25%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

Youth Health: Tobacco Use

Key Findings

The needs assessment identified that 7% of Medina County youth were current smokers, increasing to 15% of those ages 17 and older. The average age of onset for smoking was 13.5 years old. Fourteen percent (14%) of youth used e-cigarettes in the past year.

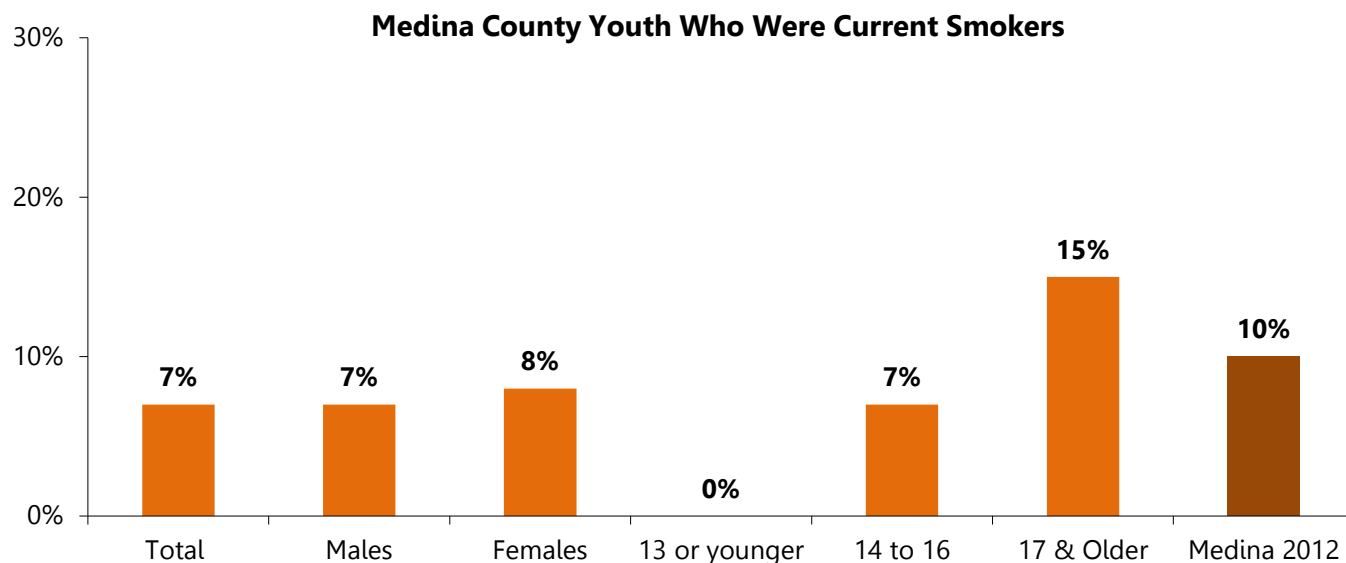
Youth Tobacco Use Behaviors

- Thirteen percent (13%) of youth had tried cigarette smoking, increasing to 22% of those ages 17 and older (YRBS reported 32% for the U.S. in 2015).
- Four percent (4%) of all Medina County youth had smoked a whole cigarette for the first time before the age of 13 (2015 YRBS reported 7% for the U.S. in 2015).
- About one-in-nine (11%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 20% had done so by 12 years old. The average age of onset for smoking was 13.5 years old.
- Seven percent (7%) of Medina County youth were current smokers, having smoked at some time in the past 30 days (YRBS reported 15% for Ohio in 2013 and 11% for the U.S. in 2015).
- Three percent (3%) of all Medina County youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 3% for the U.S. in 2015).
- One-fifth (20%) of current smokers smoked cigarettes daily.

In 2017, 7% of Medina County youth were current smokers, having smoked at some time in the past 30 days.

- Seventy percent (70%) of Medina County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Youth smokers reported the following ways of obtaining cigarettes:
 - A person 18 years or older gave them the cigarettes (44%)
 - Borrowed cigarettes from someone else (36%)
 - Bought cigarettes from a store or gas station (31%) (2015 YRBS reported 13% for the U.S.)
 - Took them from a store or family member (14%)
 - Some other way (11%)
- Medina County youth used the following forms of tobacco the most in the past year: e-cigarettes (14%), cigarettes (9%), Black and Milds (8%), Swishers (7%), cigars (7%), chewing tobacco or snuff (4%), cigarillos (4%), hookah (3%), snus (1%), and little cigars (1%). No youth reported using dissolvable tobacco products or bidis.

The following graph shows the percentage of Medina County youth who were current smokers (i.e. having smoked cigarettes in the past 30 days). Examples of how to interpret the information include: 7% of all Medina County youth were current smokers, including 7% of males and 8% of females.



14% of Medina County youth used e-cigarettes in the past year.

Behaviors of Medina County Youth
*Current Smokers vs. Non-Current Smokers**

Youth Behaviors	Current Smoker	Non-Current Smoker
Had sexual intercourse in the past 12 months	73%	19%
Have had at least one drink of alcohol in the past 30 days	70%	11%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	66%	20%
Misused prescription drugs	63%	3%
Have used marijuana in the past 30 days	63%	6%
Been bullied in any way in the past year	63%	42%
Seriously considered attempting suicide in the past 12 months	60%	10%
Participated in extracurricular activities	41%	71%
Attempted suicide in the past 12 months	38%	4%

Note: Current smokers are those youths surveyed who have self-reported smoking at any time during the past 30 days.
 *There is a correlation between smoking and other risky behaviors

Healthy People 2020 Tobacco Use (TU)

Objective	Medina County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	7% (6-12 Grade) 11% (9-12 Grade)	15% (9-12 Grade)	11% (9-12 Grade)	16%*

**Note: The Healthy People 2020 target is for youth in grades 9-12.
(Sources: Healthy People 2020 Objectives, 2015 YRBS, CDC/NCHHSTP, 2017 Medina County Needs Assessment)*

Youth Comparisons	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarettes	26%	13%	19%	52%*	32%
Current smokers	10%	7%	11%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	3%	3%	4%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	5%	4%	6%	14%*	7%
Bought their cigarettes from a store or gas station (of current smokers)	21%	31%	32%	8%	13%

N/A – Not available

**Comparative YRBS data for Ohio is 2011*

E-Cigarette Use Among Youth and Young Adults

- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014.
- E-cigarette aerosol is not harmless “water vapor”. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- The most recent estimates available show that 13.5% of middle school students (2015), 37.7% of high school students (2015), and 35.8% of young adults (2013–2014) had ever used an e-cigarette.
- Among middle and high school students, both ever and past-30-day e-cigarette use have more than tripled since 2011.
- The most recent data available show that the prevalence of past-30-day use of e-cigarettes is similar among high school students (16% in 2015, 13.4% in 2014) and young adults 18–24 years of age (13.6% in 2013–2014) compared to middle school students (5.3% in 2015, 3.9% in 2014) and adults 25 years of age and older (5.7% in 2013–2014).
- In 2015, 58.8% of high school students who were current users of combustible tobacco products were also current users of e-cigarettes.
- E-cigarette products can be used as a delivery system for cannabinoids and potentially for other illicit drugs. More specific surveillance measures are needed to assess the use of drugs other than nicotine in e-cigarettes.

(Source: U.S. Department of Health and Human Services, A Report of the Surgeon General, 2016)

Youth Health: Alcohol Use

Key Findings

Sixteen percent (16%) of Medina County youth had at least one drink of alcohol in the past 30 days, increasing to 21% of those over the age of 17. Sixty-one percent (61%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. Five percent (5%) of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Youth Alcohol Consumption

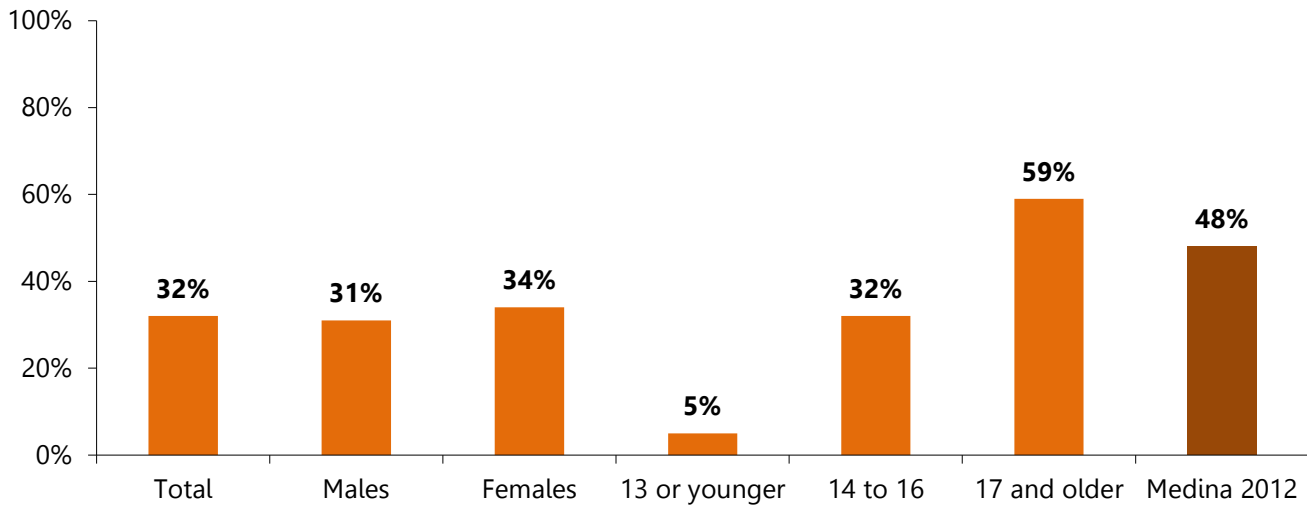
- Almost one-third (32%) of youth had at least one drink of alcohol in their life, increasing to 59% of those ages 17 and older (2015 YRBS reports 63% for the U.S.).
- Sixteen percent (16%) of youth had at least one drink in the past 30 days, increasing to 30% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).
- Based on all youth surveyed, 10% had five or more alcoholic drinks on occasion in the last month and would be considered binge drinkers by definition, increasing to 21% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015). Of those who drank, 61% were considered binge drinkers, increasing to 73% of males.
- One-fifth (20%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 22% took their first drink between the ages of 13 and 14, and 57% started drinking between the ages of 15 and 18. The average age of onset was 14.2 years old.
- Of all youth, 7% had drunk alcohol for the first time before the age of 13 (YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 in 2013 and 17% for the U.S. in 2015).

In 2017, 16% of Medina County youth had at least one drink in the past 30 days.

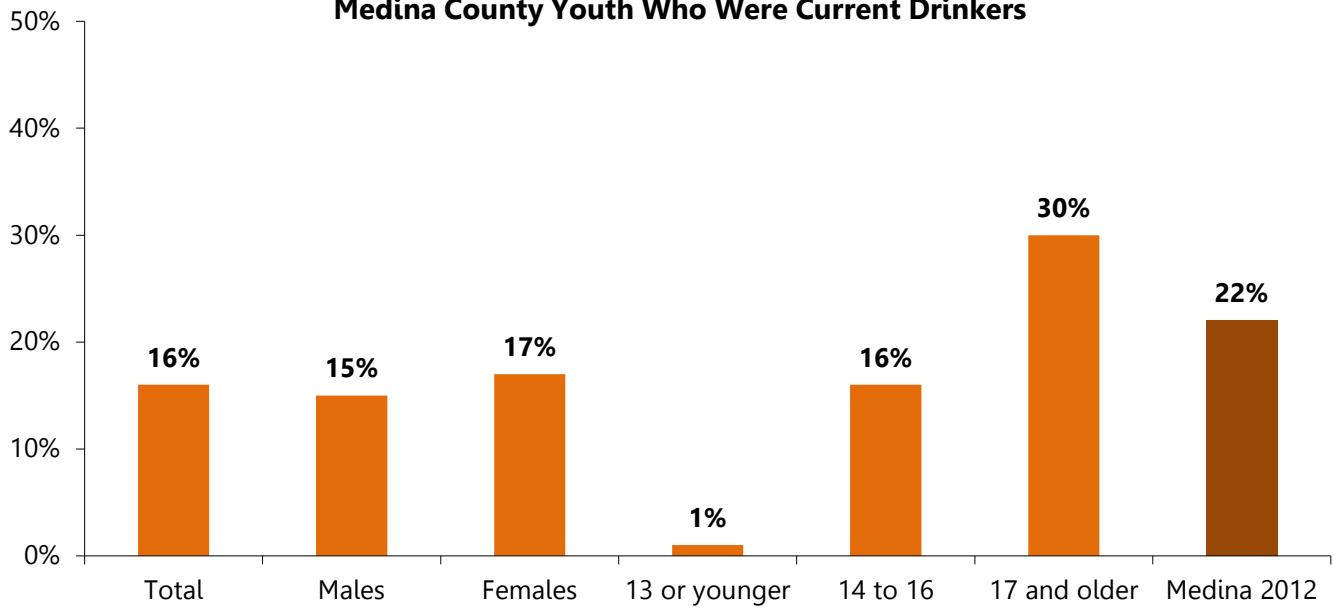
- Youth drinkers reported they got their alcohol from the following: someone gave it to them (38%) (2013 YRBS reports 38% for Ohio and 2015 YRBS reports 44% for the U.S.), an older friend or sibling bought it (25%), a parent gave it to them (22%), someone older bought it (19%), took it from a store or family member (12%), obtained it some other way (12%), a friend's parent gave it to them (10%), bought it with a fake ID (9%), and bought it in a liquor store/convenience store/gas station (6%).
- During the past month, 15% of all Medina County youth had ridden in a car driven by someone who had been drinking alcohol (YRBS reports 17% for Ohio in 2013 and 20% for the U.S. in 2015).
- Five percent (5%) of youth drivers had driven a car in the past month after they had been drinking alcohol (YRBS reports 4% for Ohio in 2013 and 8% for the U.S. in 2015).

The following graph show the percentage of Medina County youth who drank in their lifetime and youth who were current drinkers. Examples of how to interpret the information include: 32% of all Medina County youth had drank at some time in their life, including 31% of males and 34% of females.

Medina County Youth Who Had At least One Drink In Their Lifetime

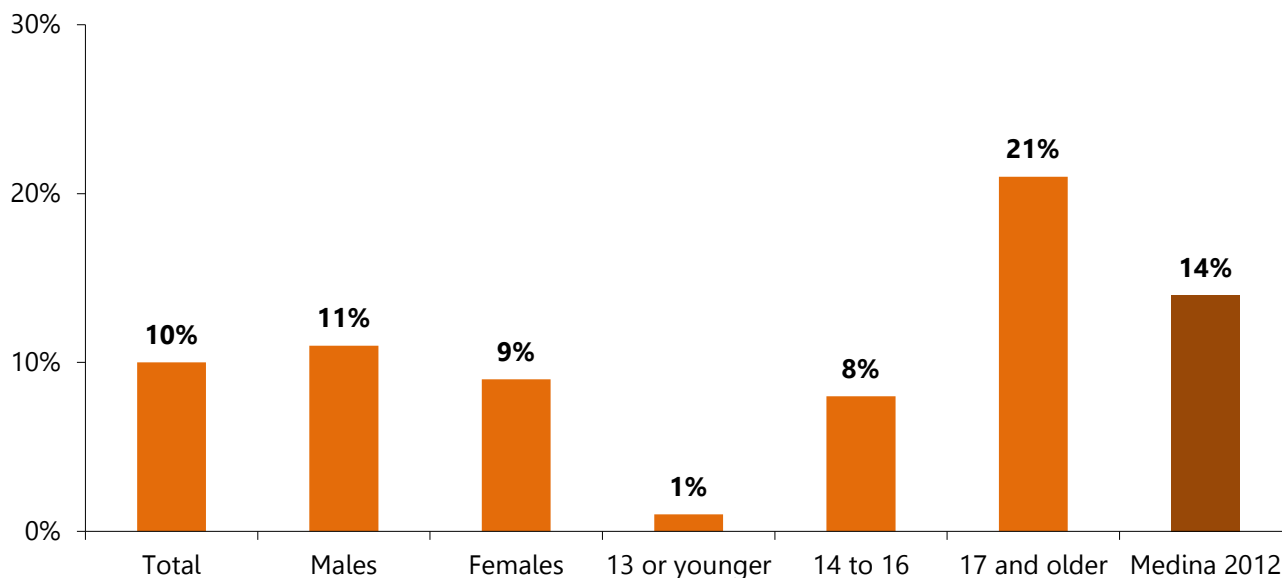


Medina County Youth Who Were Current Drinkers



The following graph show the percentage of Medina County youth who binge drank in the past month. Examples of how to interpret the information include: 10% of all Medina County youth had binge drank in the past month, including 11% of males and 21% of those 17 and older.

Medina County Youth Binge Drinking in the Past Month



Youth Comparisons	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried alcohol	48%	32%	44%	71%*	63%
Current drinker	22%	16%	22%	30%	33%
Binge drinker (of all youth)	14%	10%	14%	16%	18%
Drank for the first time before age 13 (of all youth)	11%	7%	8%	13%	17%
Rode with someone who was drinking	14%	15%	16%	17%	20%
Drank and drove (of youth drivers)	3%	5%	6%	4%	8%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	53%	38%	38%	38%	44%

*Comparative YRBSS data for Ohio is 2011

Healthy People 2020 Substance Abuse (SA)

Objective	Medina County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	10% (6-12 Grade) 14% (9-12 Grade)	16% (9-12 Grade)	18% (9-12 Grade)	9%*

**Note: The Healthy People 2020 target is for youth aged 12-17 years.
(Sources: Healthy People 2020 Objectives, 2015 YRBS, 2017 Medina County Needs Assessment)*

Behaviors of Medina County Youth Current Drinkers vs. Non-Current Drinkers*

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	57%	70%
Had sexual intercourse in the past 12 months	55%	17%
Have been bullied in the past 12 months	49%	42%
Have used marijuana in the past 30 days	42%	4%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	41%	20%
Abused prescription drugs	35%	2%
Have smoked cigarettes in the past 30 days	34%	3%
Seriously considered attempting suicide in the past 12 months	27%	12%
Attempted suicide in the past 12 months	17%	4%

*Note: Current smokers are those youths surveyed who have self-reported smoking at any time during the past 30 days
There is a correlation between drinking and other risky behaviors

Youth Health: Drug Use

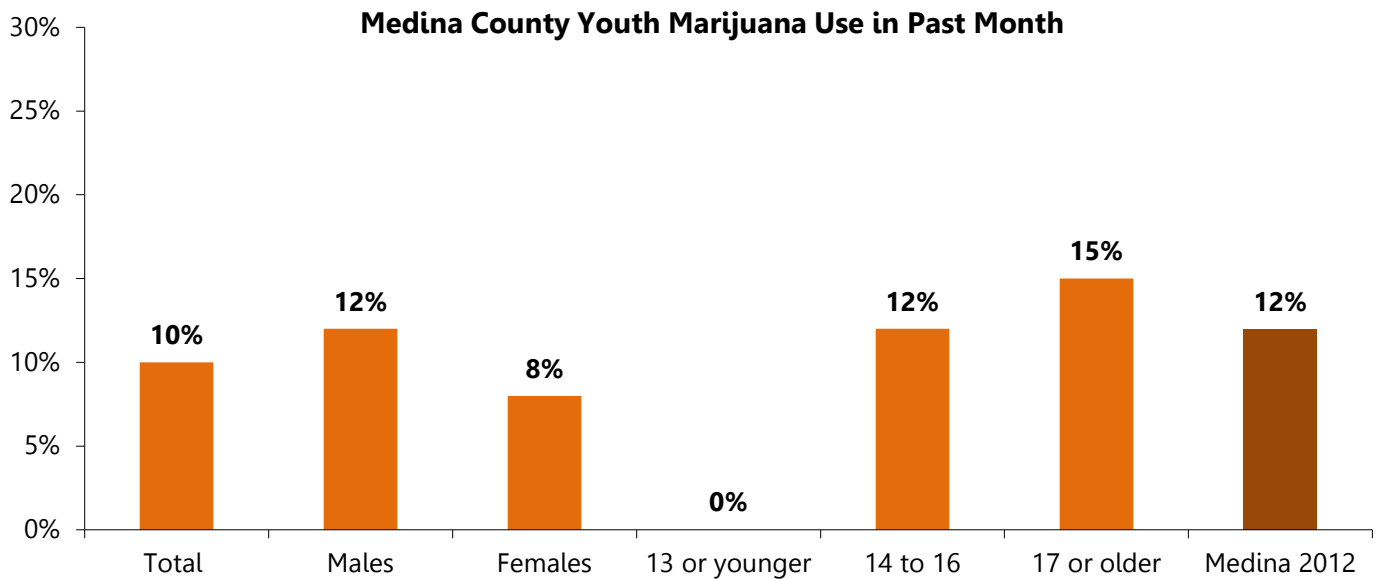
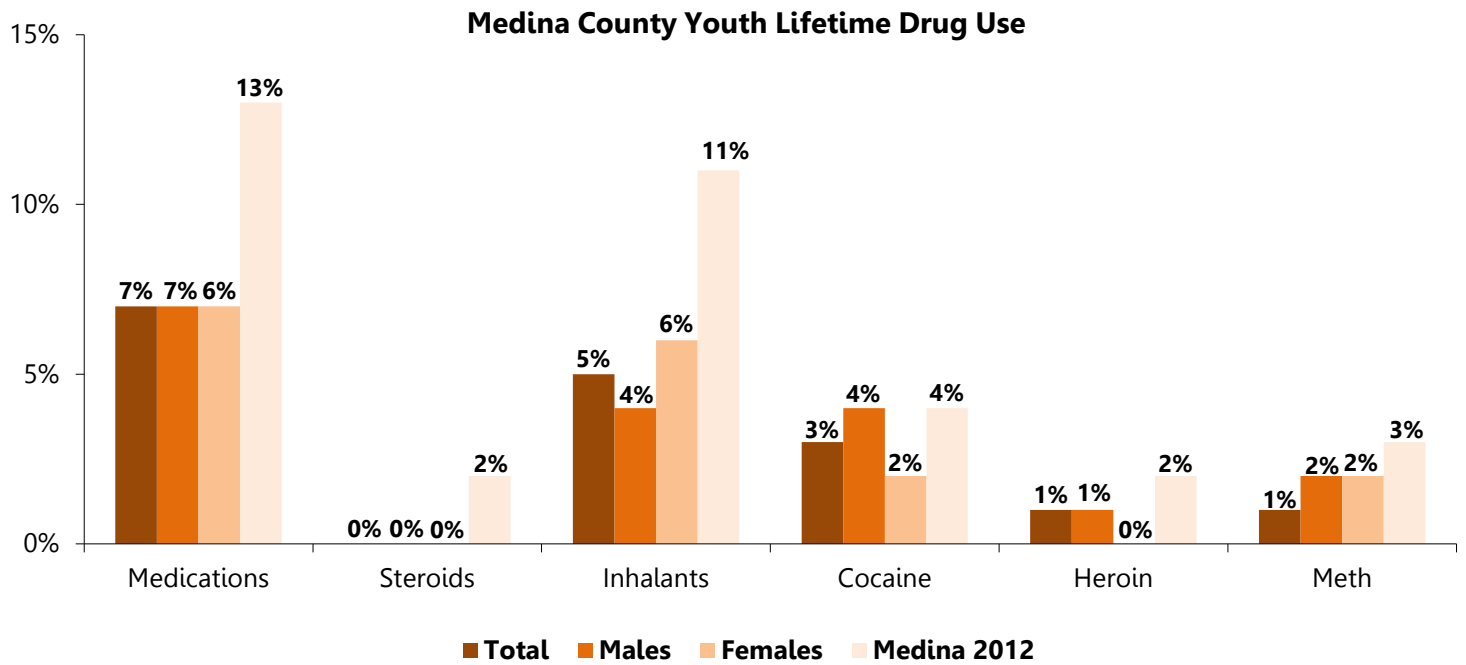
Key Findings

In 2017, 10% of Medina County youth had used marijuana at least once in the past 30 days, increasing to 15% of those ages 17 and older. Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. Six percent (6%) of all youth reported that someone had offered, sold, or given them an illegal drug on school property.

Youth Drug Use

- In 2017, 10% of all Medina County youth had used marijuana at least once in the past 30 days, increasing to 15% of those over the age of 17. The YRBS found a prevalence of 21% for Ohio youth in 2013 and 22% for U.S. youth in 2015.
- Medina County youth had tried the following in their life:
 - Inhalants (5%) (YRBS reports 9% for Ohio in 2013 and 7% for the U.S. in 2015)
 - Liquid THC (4%)
 - Misused cough syrup (3%)
 - Cocaine (3%) (YRBS reports 4% for Ohio in 2013 and 5% for U.S. in 2015)
 - Misused over-the-counter medications (2%)
 - Ecstasy/MDMA/Molly (2%) (2015 YRBS reports 5% for the U.S.)
 - Posh/salvia/synthetic marijuana (1%)
 - Methamphetamines (1%) (2015 YRBS reports 3% for the U.S.)
 - Heroin (1%) (YRBS reports 2% for Ohio in 2013 and 2% for U.S. in 2015)
 - Misused hand sanitizer (<1%)
 - Bath salts (<1%)
 - Steroids (<1%) (YRBS reports 3% for Ohio in 2013 and 4% for the U.S. in 2015)
- Six percent (6%) of all youth reported that someone had offered, sold, or given them an illegal drug on school property (YRBS reports 20% for Ohio in 2013 and 22% for the U.S. in 2015).
- Seven percent (7%) of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives.
- In the past month, youth reported being on school property under the influence of the following: marijuana (5%), alcohol (2%), prescription drugs not prescribed for them (1%), and other illegal drugs (1%).
- Youth indicated the following reasons for not doing drugs: parents would be upset (63%), values (54%), legal consequences (47%), kicked out of extra-curricular activities (41%), health problems (35%), my friends would not approve (29%), random student drug testing (16%), and other (23%).

The following graphs indicate youth lifetime drug use and youth marijuana use in the past 30 days. Examples of how to interpret the information include: 7% of youth had misused medication at some point in their life, including 7% of males and 6% of females.



Youth Comparisons	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who used marijuana in the past month	12%	10%	14%	21%	22%
Ever used methamphetamines	3%	1%	2%	N/A	3%
Ever used cocaine	4%	3%	4%	4%	5%
Ever used heroin	2%	1%	1%	2%	2%
Ever used steroids	2%	<1%	<1%	3%	4%
Ever used inhalants	11%	5%	6%	9%	7%
Ever used ecstasy/MDMA/Molly	3%	2%	3%	N/A	5%
Ever misused medications	13%	7%	11%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	14%	6%	9%	20%	22%

N/A – Not available

Behaviors of Medina County Youth Current Marijuana Use vs. Non-Current Marijuana Use*

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Had sexual intercourse	68%	19%
Drank alcohol in the past 30 days	67%	10%
Participated in extracurricular activities	53%	70%
Smoked cigarettes in the past 30 days	48%	2%
Been bullied in any way in the past year	47%	43%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	45%	21%
Ever misused medications	43%	3%
Seriously considered attempting suicide in the past 12 months	26%	13%
Attempted suicide in the past 12 months	19%	5%

Note: "Current marijuana use" indicates youth who self-reported using marijuana at any time during the past 30 days.

*There is a correlation between marijuana use and other risky behaviors

Drug Facts: Drugged Driving

- Vehicle accidents are the leading cause of death among youth people aged 16 to 19. When teens' relative lack of driving experience is combined with the use of marijuana or other substances that affect cognitive and motor abilities, the results can be tragic.
- According to the 2014 National Survey on Drug Use and Health (NSDUH), an estimated 10 million people aged 12 or older reported driving under the influence of illicit drugs during the year prior to being surveyed.
- After alcohol, THC (delta-9-tetrahydrocannabinol), the active ingredient in marijuana is the substance most commonly found in the blood of impaired drivers, fatally injured drivers, and motor vehicle crash victims. Studies in several localities have found that approximately 4 to 14 percent of drivers who sustained injury or died in traffic accidents tested positive for THC.
- One NHTSA study found that in 2009, 18 percent of drivers killed in a crash tested positive for at least one drug. A 2010 study showed that 1 percent of deadly crashes involved a drugged driver.

(Source: National Institute on Drug Abuse, *The Science of Drug Abuse & Addiction: Drug Facts: Drugged Driving*, June 2016)

Youth Health: Sexual Behavior

Key Findings

In 2017, nearly one-quarter (24%) of Medina County youth have had sexual intercourse. More than one-fifth (22%) of youth had participated in oral sex, and 6% had participated in anal sex. Almost one-fourth (24%) of youth participated in sexting. Of those who were sexually active, 46% had multiple sexual partners.

Youth Sexual Behavior

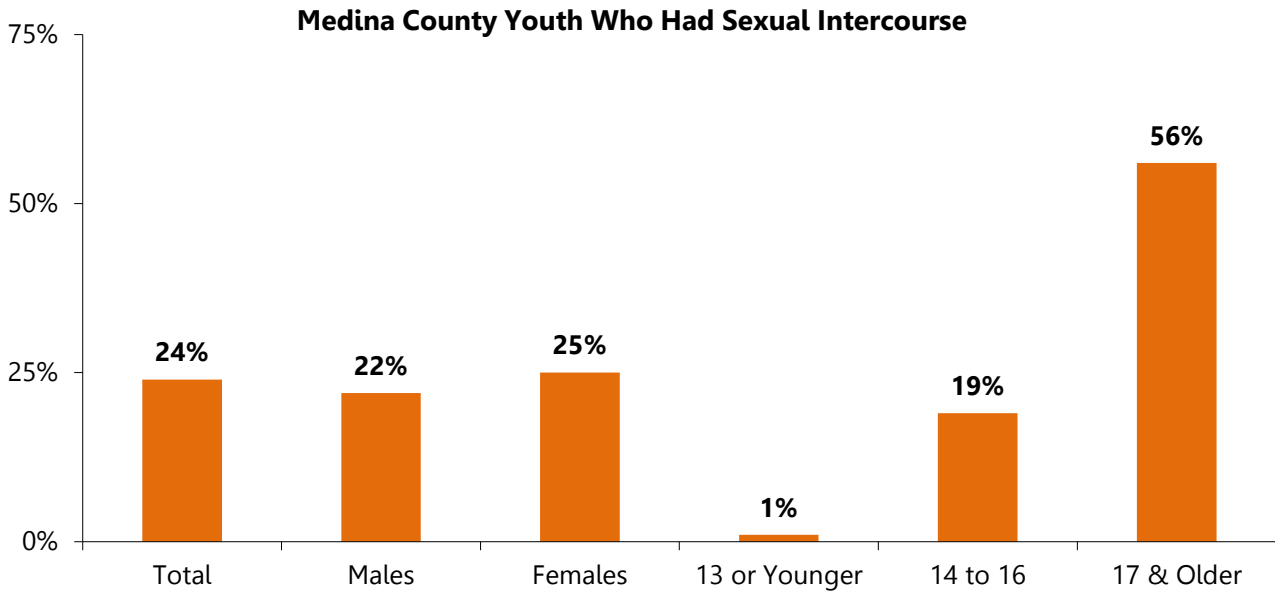
- Nearly one-quarter (24%) of Medina County youth have had sexual intercourse, increasing to 56% of those ages 17 and over. (The YRBS reports 43% for Ohio in 2013 and 41% for U.S. in 2015).
- Over one-fifth (22%) of youth had participated in oral sex, increasing to 54% of those ages 17 and over.
- Six percent (6%) of youth had participated in anal sex, increasing to 15% of those ages 17 and over.
- Nearly one-quarter (24%) of youth had participated in sexting, increasing to 54% of those ages 17 and over.
- More than one-quarter (27%) of youth had viewed pornography, increasing to 35% of males and 55% of those ages 17 and over.

24% of Medina County youth have had sexual intercourse.

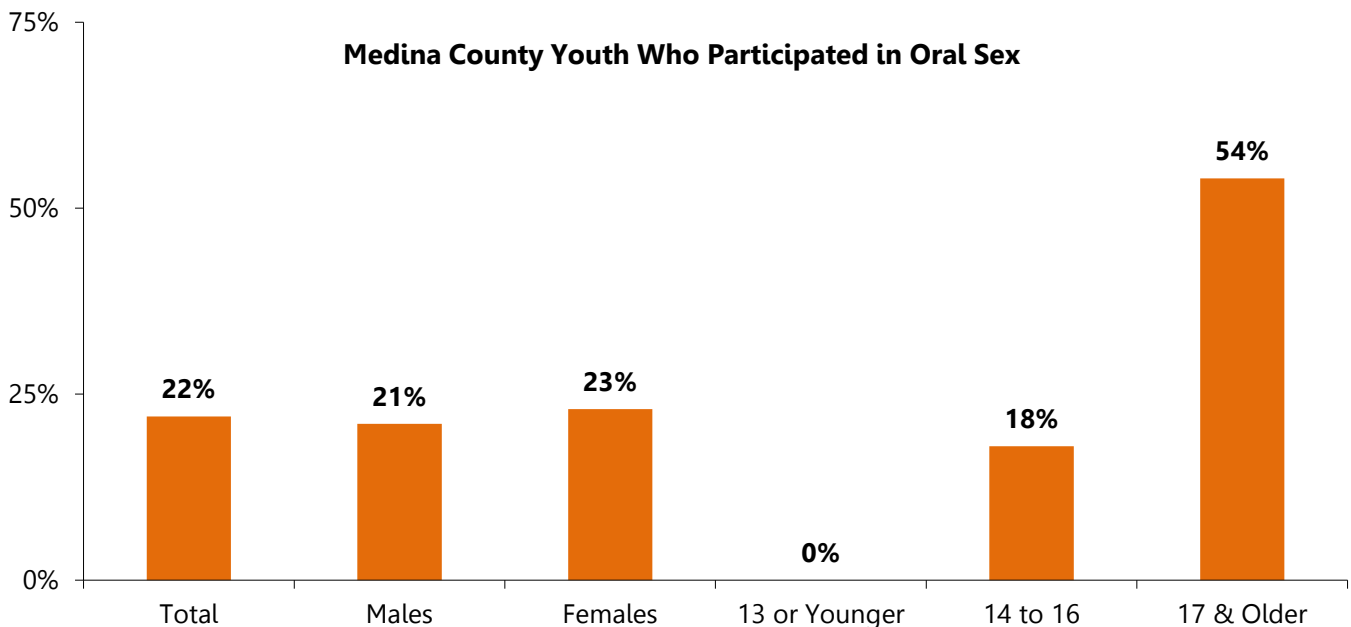
- Of those youth who were sexually active, 46% had one sexual partner and 54% had multiple partners.
- Five percent (5%) of all Medina County youth had 4 or more sexual partners (YRBS reports 12% for Ohio in 2013 and 12% for the U.S. in 2015).
- More than one-fifth (22%) of all sexually active youth had 4 or more partners (2013 YRBS reports 28% for Ohio).
- Of those youth who were sexually active, 18% had done so by the age of 13. Another 39% had done so by 15 years of age. The average age of onset was 15 years old.
- Of all youth, 2% were sexually active before the age of 13 (YRBS reports 4% for Ohio in 2013 and 4% for the U.S. in 2015).
- Medina County youth had experienced the following: wanted to get pregnant (1%); had sex in exchange for something of value, such as food, drugs, shelter or money (1%); had been treated for an STD (1%); had a miscarriage (1%); been pregnant (<1%); had an abortion (<1%); and gotten someone pregnant (<1%)
- Almost two-thirds (64%) of youth who were sexually active used condoms to prevent pregnancy; 39% used birth control pills; 9% used the withdrawal method; 4% used a shot, patch or birth control ring; 4% used some other method; and 3% used an IUD. Seven percent (7%) reported they were gay or lesbian. However, 11% engaged in sexual intercourse without a reliable method of protection, and 2% reported they were unsure.
- Youth learned about pregnancy prevention, sexually transmitted diseases, HIV, AIDS, and the use of condoms from the following: school (83%), parents (53%), doctor (31%), friends (29%), the internet or other social media (28%), siblings (13%), church (5%), and somewhere else (5%). Seven percent (7%) of youth had not been taught about these subjects.

- In the past month, youth reported the following: they received a text or an e-mail with a revealing, or sexual photo of someone (18%); they texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (11%); and a revealing or sexual photo of them was texted, emailed, or posted electronically without their permission (1%). Seventy-eight percent (78%) of youth reported none of these situations has applied to them in the past month.

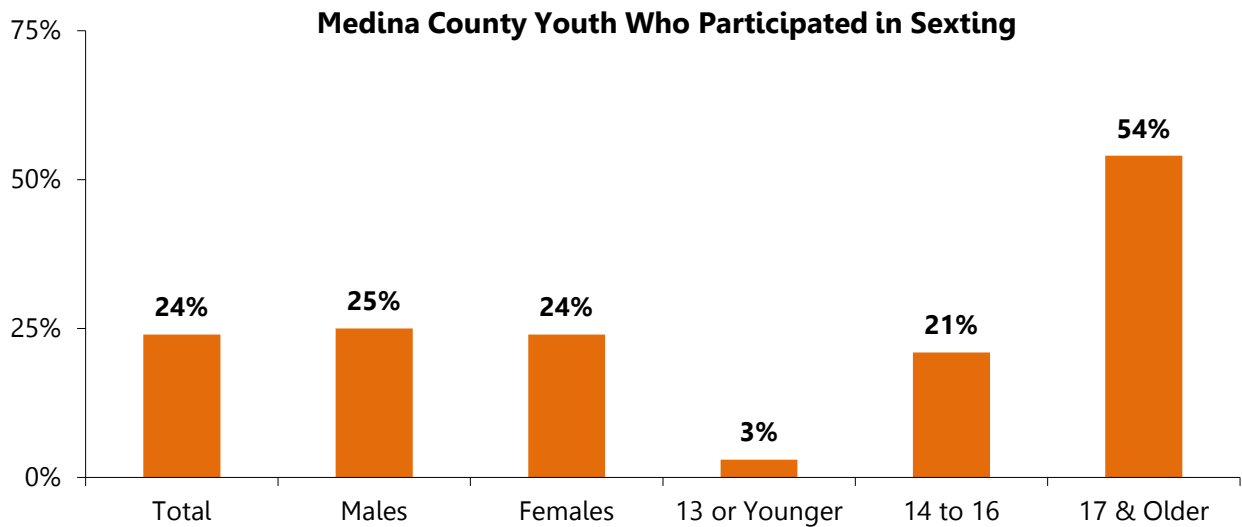
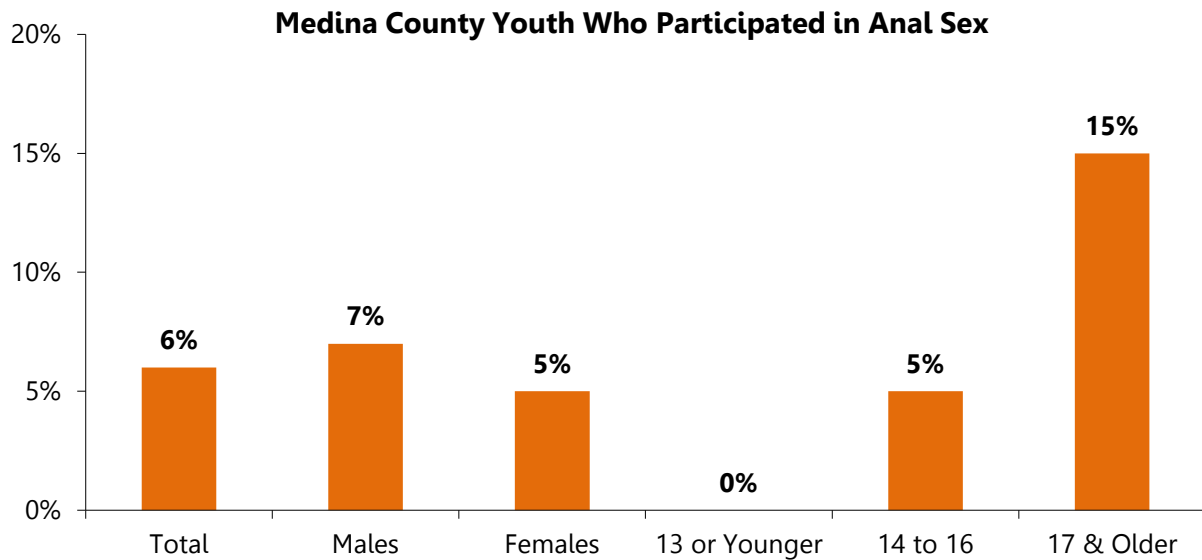
The following graphs show the percentage of Medina County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 24% of all Medina County youth had sexual intercourse, including 22% of males, and 25% of females.



11% of Medina County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.



The following graphs show the percentage of Medina County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 6% of all Medina County youth participated in anal sex, including 7% of males, and 5% of females.



Youth Comparisons	Medina County 2012* (9 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	39%	24%	34%	43%	41%
Used a condom at last intercourse	80%	64%	64%	51%	57%
Used birth control pills at last intercourse	47%	39%	40%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	9%	11%	10%	12%	14%
Had four or more sexual partners (of all youth)	6%	5%	8%	12%	12%
Had sexual intercourse before age 13 (of all youth)	2%	2%	3%	4%	4%

* Only 9-12th grade students were asked sexual behavior questions in 2012

Sexual Risk Behavior

- Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2015:
 - 41% had ever had sexual intercourse
 - 30% had sexual intercourse during the previous 3 months, and of these, 43% did not use a condom the last time they had sex
 - 14% did not use any method to prevent pregnancy
 - 21% had drunk alcohol or used drugs before last sexual intercourse
 - Only 10% of sexually experienced students have ever been tested for HIV
- Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy.
- Young people (aged 13-24) accounted for an estimated 22% of all new HIV diagnoses in the United States in 2015.
- Among young people (aged 13-24) diagnosed with HIV in 2015, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15–24.
- Nearly 230,000 babies were born to teen girls aged 15-19 years in 2015.

(Source: CDC, *Adolescent and School Health*, updated 7/18/17)

Youth Health: Mental Health

Key Findings

The needs assessment indicated that 14% of Medina County youth had seriously considered attempting suicide in the past year and 7% attempted suicide in the past year, increasing to 9% of females. Over half (51%) of Medina County youth reported academic success caused them anxiety, stress, or depression. Nearly one-fourth (23%) of youth had three or more adverse childhood experiences.

Youth Mental Health

- Nearly one-quarter (24%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 35% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- Fourteen percent (14%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 18% of females. Eighteen percent (18%) of high school youth had seriously considered attempting suicide, compared to the 2015 YRBS rate of 18% for U.S. youth and the 2013 YRBS rate of 14% for Ohio youth.
- In the past year, 7% of Medina County youth had attempted suicide, increasing to 9% of females. Two percent (2%) of youth had made more than one attempt. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and a 2013 YRBS rate of 6% for Ohio youth.

24% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

- Over half (53%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help, the following reasons were reported: they can handle it themselves (61%), worried what others might think (40%), no time (20%), cost (15%), did not know where to go (13%), their family would not support them (13%), transportation (7%), and their friends would not support them (6%).
- Medina County youth reported the following caused them anxiety, stress and depression: academic success (51%), self-image (31%), sports (26%), fighting with friends (24%), other stress at home (22%), fighting at home (22%), peer pressure (20%), death of close family member or friend (20%), being bullied (17%), breakup (13%), dating relationship (11%), parent divorce/separation (10%), poverty/no money (9%), caring for younger siblings (9%), parent is sick (7%), alcohol or drug use in the home (7%), sexual orientation (4%), not having enough to eat (2%), not having a place to live (1%), and other (15%). One-fifth (20%) of youth stated none of the above caused them anxiety, stress, or depression.
- Medina County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (37%), hobbies (30%), exercising (25%), eating (24%), texting someone (24%), talking to someone in their family (23%), talking to a peer (21%), using social media (14%), pray/reading the Bible (11%), breaking something (7%), drink alcohol/smoke/use tobacco/use illegal drugs (7%), shopping (7%), and writing in a journal (5%). Twenty-eight percent (28%) of youth reported they did not have anxiety, stress, or depression.
- Youth purposely hurt themselves in the following ways: cutting (16%), scratching (12%), hitting (9%), biting (7%), burning (5%), and self-embedding (1%). Three-fourths (75%) of youth reported they have never hurt themselves on purpose.

- Youth reported the following adverse childhood experiences (ACEs): parents or adults in home swore at them, insulted them or put them down (29%); parents became separated or were divorced (25%); family did not look out for each other, feel close to each other, or support each other (16%); lived with someone who was a problem drinker or alcoholic (16%); lived with someone who was depressed, mentally ill or suicidal (15%); lived with someone who served time or was sentenced to serve in prison or jail (10%); lived with someone who used illegal drugs or misused prescription drugs (10%); parents were not married (8%); parents or adults in home abused them (7%); parents or adults in the home abused each other (6%); did not have enough to eat, had to wear dirty clothes, and had no one to protect them (4%); an adult or someone 5 years older than them touched them sexually (4%); an adult or someone 5 years older than them tried to make them touch them sexually (2%), and an adult or someone 5 years older than them forced them to have sex (1%).
- Nearly one-fourth (23%) of youth had three or more ACEs.

Behaviors of Medina County Youth
Experienced 3 or More ACEs vs. Did Not Experience Any ACEs

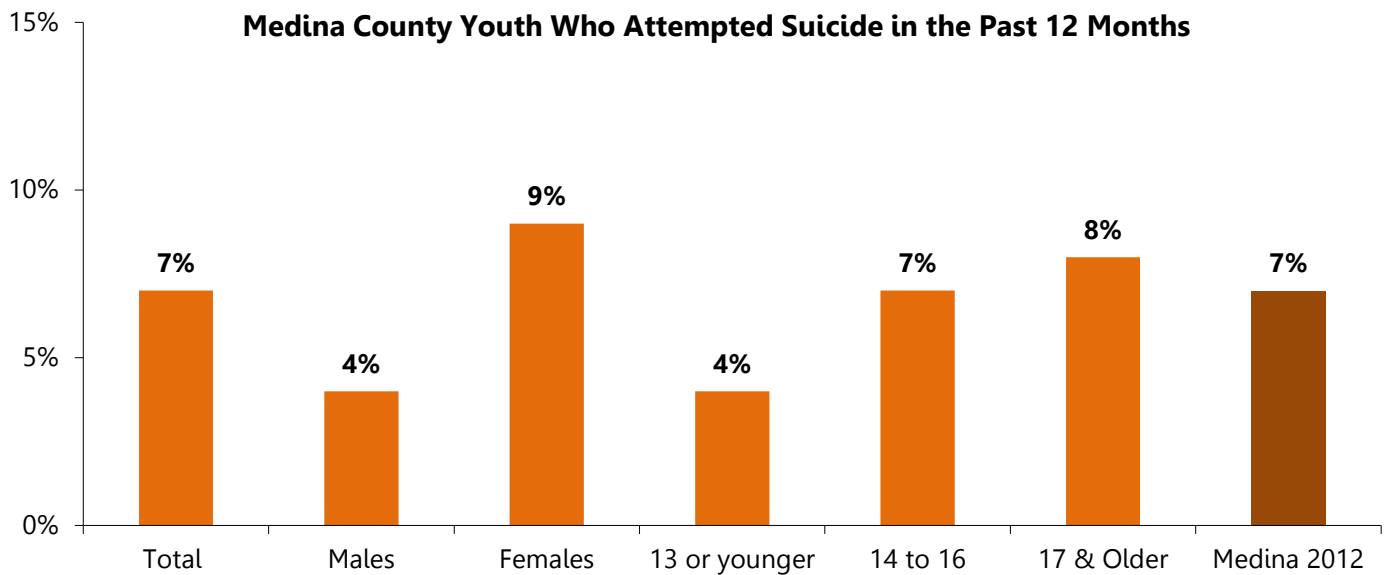
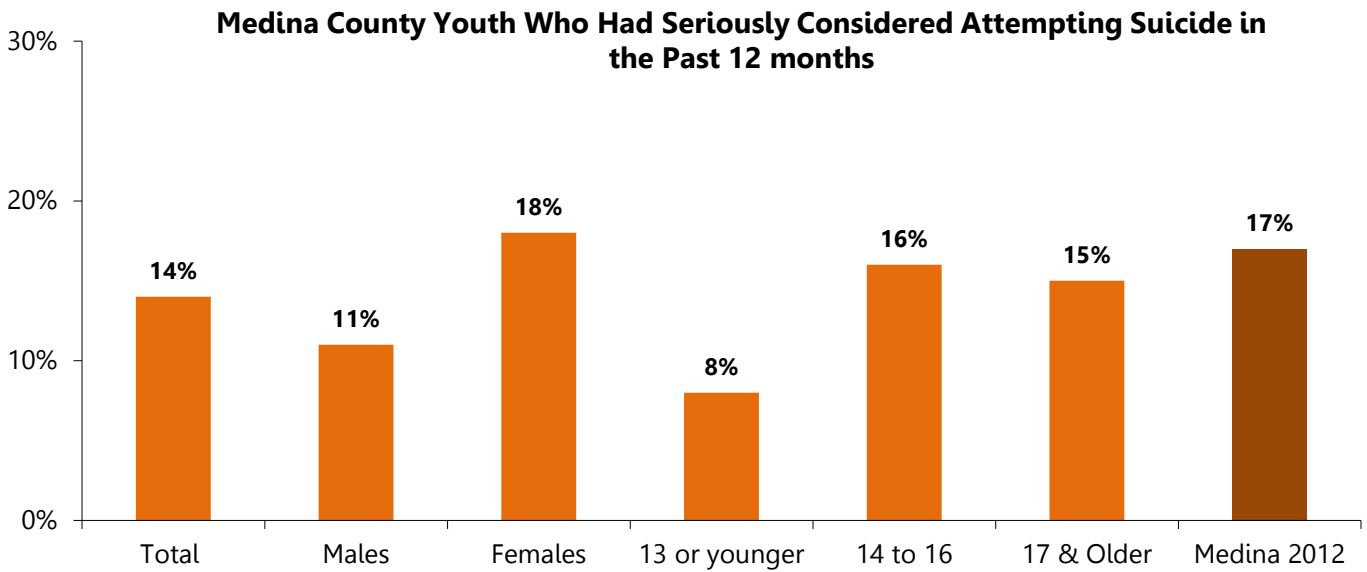
Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Participated in extracurricular activities	49%	78%
Seriously considered attempting suicide in the past 12 months	42%	3%
Participated in sexual intercourse	40%	18%
Have had at least one drink of alcohol in the past 30 days	28%	12%
Used marijuana in the past 30 days	20%	7%
Attempted suicide in the past 12 months	21%	1%
Have smoked cigarettes in the past 30 days	21%	3%

Youth and Adverse Childhood Experience (ACEs)

- The ACE score is the total sum of different categories of ACEs and is used to evaluate childhood stress. Through many data sources, studies continue to find and repeatedly reveal a clear correlation between ACEs and negative health and well-being outcomes across the life course.
- According to the CDC, 59% of people surveyed in 5 states in 2009 reported having had at least one ACE while 9% reported five or more ACEs.
- As the number of ACEs increases, so does the following:
 - Alcoholism and alcohol abuse
 - Depression
 - Illicit drug use
 - Poor academic achievement
 - Risk for intimate partner violence
 - Sexually transmitted diseases
 - Smoking
 - Multiple sex partners
 - Suicide attempts
 - Unintended pregnancies
 - Early initiation of smoking
 - Risk for sexual violence

(Source: CDC, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide, 2015)

The following graphs show Medina County youth who had seriously considered attempting suicide in the past year and had attempted suicide in the past year. Examples of how to interpret the information include: 14% of youth seriously considered attempting suicide in the past year, including 11% of males and 18% of females.



Youth Comparisons	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	17%	14%	16%	14%	18%
Youth who had attempted suicide in the past year	7%	7%	7%	6%	9%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	25%	24%	27%	26%	30%

Youth Suicide

Suicide affects all youth, but some groups are at a higher risk than others. Boys are more likely than girls to die from suicide. Girls, however, are more likely to report attempting suicide than boys. Several factors can put a young person at risk for suicide. However, having these risk factors does not always mean that suicide will occur.

Risk Factors Include:

- History of previous suicide attempts
- History of depression or other mental illness
- Stressful life event or loss
- Exposure to the suicidal behavior of others
- Family history of suicide
- Alcohol or drug abuse
- Easy access to lethal methods
- Incarceration

(Source: CDC, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide, 2015)

Youth Health: Personal Health and Safety

Key Findings

Twenty-two percent (22%) of Medina County youth drivers had texted while driving in the past 30 days. Three percent (3%) of youth had played the choking game, also known as the pass-out game, space monkey, or dream game. Sixty-five percent (65%) of youth reported always wearing a seatbelt when driving in a car driven by someone else.

Personal Health

- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (76%), (2013 YRBS reported 75% for Ohio), 1 to 2 years ago (10%), more than 2 years ago (7%), never (1%), and do not know (6%).
- Youth reported the following number of hours of sleep on average school night: 4 hours or less (7%), 5 hours (10%), 6 hours (26%), 7 hours (29%), 8 hours (20%), 9 hours (5%), and ten or more hours (2%).

Personal Safety

- In the past month, youth drivers did the following while driving: wore a seatbelt (97%), ate (38%), drove while tired or fatigued (38%), talked on their cell phone (33%), used their cell phone other than for talking or texting (25%), texted (22%), used marijuana (7%), applied makeup (2%), used illegal drugs (3%), drank alcohol (2%), read (2%), and misused prescription drugs (1%).
- When asked how often youth wore a seatbelt while riding in a car driven by someone else, youth reported the following: never (1%), rarely (2%), sometimes (5%), most of the time (26%), and always (65%).
- Thirteen percent (13%) of youth suffered a blow or jolt to their head while playing with a sports team which caused them to get “knocked out,” have memory problems, get double or blurry vision, have headaches or “pressure” in the head, or experience nausea or vomiting, increasing to 15% of males.
- Three percent (3%) of youth had played the choking game, also known as the pass-out game, space monkey, or dream game. Sixty-three percent (63%) of youth reported that they had never heard of the choking game.
- Youth agreed with the following statements regarding their social media account or online gaming account:
 - My account is currently checked private (52%)
 - I believe sharing personal information online is dangerous (52%)
 - I know all of the people in my friends (48%)
 - I know all of the people I play with online (23%)
 - My parents have the password to these accounts (19%)
 - My friends have the password to some or all of these accounts (6%)
 - I have been asked to meet someone I met online (6%)
 - I share personal information about myself, such as where I live (5%)
 - My parents do not know I have an account (5%),
 - I have been bullied as a result of these accounts (3%)
 - I have participated in sexual activity with someone I met online (3%)
 - 12% of youth reported they did not have a social media account.
- Medina County youth reported the following plans for their future: will attend a four-year college (73%), will follow their career path (62%), will attend a community college or technical/trade school (18%), will join the military (8%), and won’t finish high school (2%). Four percent (4%) of youth reported no hope for their future.

Neighborhood and Built Environment

- Medina County youth reported living with the following individuals: both parents (69%), mother only (13%), mother and step-father (10%), father only (5%), father and step-mother (3%), mother and her partner (2%), grandparents (5%), another relative (2%), father and his partner (1%), guardians/foster parents (1%) and on their own or with friends (1%).
- Youth reported their parent or guardian regularly does the following: talks to them about school (70%); asks about their homework (63%); makes the family eat a meal together (56%); goes to meetings or events at their school (44%); talks to them about healthy choices (44%); helps them with their school work (34%); talks to them about alcohol, drug use, or sex (30%); and talks to them about social media (29%). Seven percent (7%) of youth reported their parent or guardian talks to them about none of the above.

Youth Comparisons	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Visited a dentist for a check-up within the past year	76%	76%	75%	75%	74%
Suffered a blow or jolt to their head while playing with a sports team	N/A	13%	14%	12%	N/A
Every played the choking game	5%	3%	4%	N/A	N/A

N/A- Not available

Youth Health: Violence

Key Findings

In the past month, eight percent (8%) of Medina County youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school. Eight percent (8%) of youth had been hit, slapped, or physically hurt by an adult or caregiver in the past month. More than two-fifths (43%) of youth had been bullied in the past year.

Violence-Related Behaviors

- One percent (1%) of youth carried a weapon (such as a gun, knife or club) on school property in the past 30 days, increasing to 4% of those ages 17 and older.
- Six percent (6%) of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- In the past month, eight percent (8%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (YRBS reported 5% for Ohio in 2013 and 6% for the U.S. in 2015).

Physical and Sexual Violence

- Three percent (3%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2015 YRBS reported 10% for the U.S.).
- In the past year, 8% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Seven percent (7%) of youth had been forced to participate in a sexual activity when they did not want to, increasing to 12% of those ages 17 and older.
- During the past year, youth reported someone they were dating or going out with purposely tried to control them emotionally or hurt them the following amount of times: 1 time (6%), 2 or 3 times (5%), 4 or 5 times (2%) and 6 or more times (6%). Eighty-one percent (81%) of those going out with or dating someone reported this never happened in the past year.

Bullying

- More than two-fifths (43%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 33% were verbally bullied (teased, taunted or called harmful names)
 - 27% were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 15% for Ohio in 2013 and 16% for the U.S. in 2015)
 - 9% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 3% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- Almost one-third (31%) of youth had been bullied on school property in the past year (YRBS reported 21% for Ohio in 2013 and 20% for the U.S. in 2015).
- In the past year, youth reported they had been a victim of teasing or name calling due to the following: weight, size or physical appearance (23%); sexual orientation (10%); race or ethnic background (5%); and gender (4%).

Types of Bullying Medina County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	33%	27%	40%	43%	30%	30%
Indirectly Bullied	27%	18%	38%	30%	26%	28%
Cyber Bullied	12%	8%	18%	14%	11%	13%
Physically Bullied	9%	11%	7%	16%	9%	3%
Sexually Bullied	3%	2%	4%	1%	3%	4%

Behaviors of Medina County Youth

*Bullied vs. Non-Bullied**

Youth Behavior	Bullied	Non-Bullied
Participated in extracurricular activities	63%	71%
Felt sad or hopeless for two or more weeks in a row	40%	12%
Overweight or Obese	34%	21%
Seriously considered attempting suicide in the past 12 months	26%	6%
Drank alcohol in the past 30 days	18%	15%
Attempted suicide in the past 12 months	13%	1%
Used marijuana in the past 30 days	11%	10%
Smoked cigarettes in the past 30 days	11%	5%
Ever misused medications	10%	5%
Carried a weapon on school property in the past 30 days	2%	1%

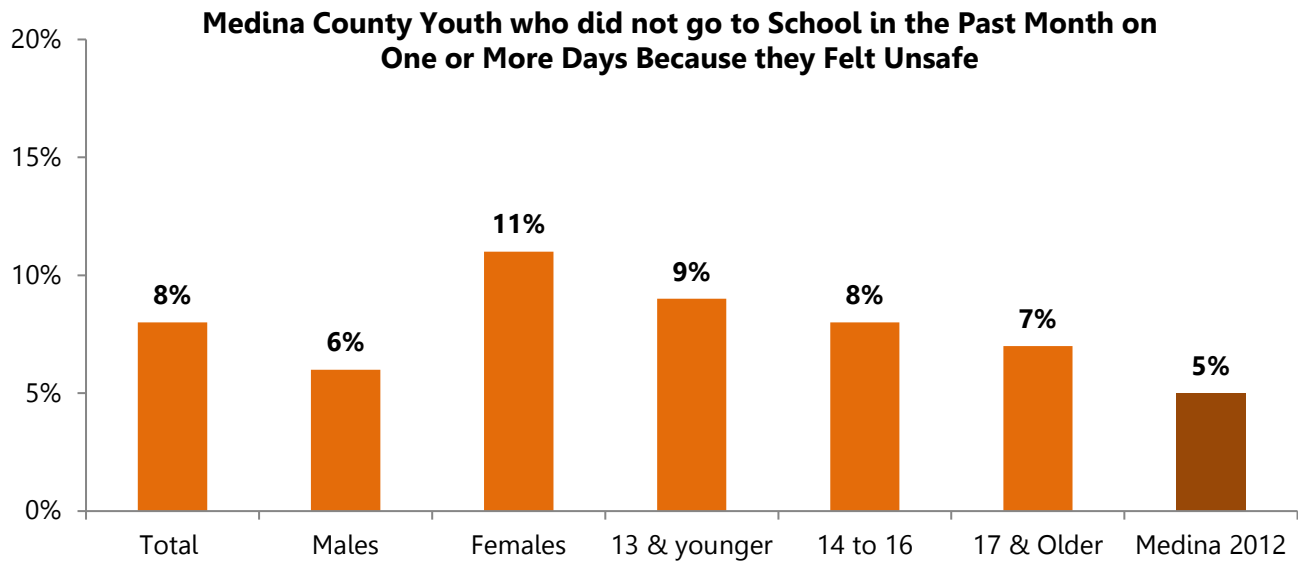
**There is a correlation between bullying and other risky behaviors*

Healthy People 2020 Injury and Violence Prevention (IVP)

Objective	Medina County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
IVP-35 Reduce bullying among adolescents	31% (6-12 Grade) 29% (9-12 Grade)	21% (9-12 Grade)	20% (9-12 Grade)	18%*

**Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year.
(Sources: Healthy People 2020 Objectives, 2013 YRBS for Ohio and 2015 YRBS for U.S., CDC/NCHHSTP, 2017 Medina County Needs Assessment)*

The following graph shows Medina County youth who did not go to school on one or more days in the past month because they felt unsafe. Examples of how to interpret the information include: 8% of youth did not go to school because they felt unsafe, including 6% of males and 11% of females.



Youth Comparisons	Medina County 2012 (6 th -12 th)	Medina County 2017 (6 th -12 th)	Medina County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Carried a weapon on school property in past month	2%	1%	2%	N/A	4%
Threatened or injured with a weapon on school property in past year	8%	6%	7%	N/A	6%
Did not go to school because felt unsafe	5%	8%	9%	5%	6%
Electronically/cyber bullied in past year	14%	12%	12%	15%	16%
Bullied in past year	54%	43%	40%	N/A	N/A
Bullied on school property in past year	34%	31%	29%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	3%	4%	N/A	10%
Purposely hurt themselves (lifetime)	N/A	25%	27%	N/A	N/A
Ever physically forced to have sexual intercourse	8%	7%	9%	N/A	N/A

N/A – Not available

Child Health: Health and Functional Status

Key Findings

In 2017, 23% of children were classified as obese by Body Mass Index (BMI) calculations. Eighty-seven percent (87%) of Medina County parents had taken their child ages 0-11 to the dentist in the past year. Twelve percent (12%) of Medina County parents reported their child had been diagnosed with asthma. Ten percent (10%) of parents reported their child had been diagnosed with ADD/ADHD.

Health of Children Ages 0-11

- In 2017, 96% of Medina County parents rated their child's health as excellent or very good. Three percent (3%) of parents rated their child's health as fair. One percent (1%) of parents reported they did not know.
- Almost one-quarter (23%) of children were classified as obese by Body Mass Index (BMI) calculations. Seventeen percent (17%) of children were classified as overweight, 51% were normal weight, and 9% were underweight.
- Eighty-nine percent (89%) of parents reported their child was physically active for at least 20 minutes on three or more days per week. Sixty-three percent (63%) reported their child was physically active on five or more days, and 38% reported at least 20 minutes every day per week. One percent (1%) reported their child was unable to be physically active.
- Six percent (6%) of Medina County children ate 5 or more servings of fruits and vegetables per day. Forty-five percent (45%) ate 3 to 4 servings per day, 48% ate 1 to 2 servings of fruits and vegetables per day, and 1% ate 0 servings per day.
- Medina County children ate breakfast on the following occasions in the past week: 1-2 days (3%), 3 to 4 days (2%), and 5 or more days (95%).
- Parents reported their child ate or drank soda pop, cookies, candy, cake, gum, potato chips, Fritos, Doritos, Kool-Aid, and other sweetened beverages 1-3 times during the past week (41%), 4-6 times during the past week (17%), 1 time per day (19%), 2 times per day (12%), 3 times per day (3%), and 4 or more times per day (<1%). Eight percent (8%) of parents reported their child did not eat/drink any of these in the past 7 days.
- In a typical week, parents reported that their child ate the following number of meals from a restaurant or takeout food: 1-2 (67%), 3-4 (14%), 5 or more (1%), Eighteen percent (18%) of parents reported they did not eat out or bring takeout home to eat in a typical week.
- Medina County children spent an average of 1.9 hours watching TV, 1.4 hours reading, 0.9 hours on a PC/tablet, 0.9 hours playing video games, and 0.6 hours on a cellphone on an average day of the week.
- Eighty-seven percent (87%) of children had been to the dentist in the past year, increasing to 93% of 6-11 year olds.
- Parents gave the following reasons for not getting dental care for their child: child was not old enough to go/ dentist would not see child yet because of their age (10%), cost (4%), no insurance (2%), no convenient times/could not get appointment (1%), dissatisfaction with office staff (2%), child refused to go (1%), could not find a dentist who accepted their insurance (<1%), no referral (<1%), and other (4%). Ninety-four percent (94%) of parents reported their child did get all of the dental care they needed.
- Parents reported the following problems with their child's teeth: crooked teeth or teeth that need braces (18%), cavities (15%), hygiene (5%), teeth problems such as grinding or soft teeth (4%), discoloration (3%), family history of dental problems (2%), enamel problems (1%), gum problems (1%), broken front tooth or teeth that need repair (1%), knowing how to brush teeth (1%), nerves (<1%), pain (<1%), and bottle rot/baby bottle tooth decay (<1%). Sixty-one percent (61%) reported their child does not have any problems with his/her teeth.

- A doctor or health professional told Medina County parents their 0-11 year old child had the following conditions:
 - Asthma (12%)
 - ADD/ADHD (10%)
 - Speech and language problems (10%)
 - Dental problems (8%)
 - Anxiety problems (8%)
 - Developmental delay or physical impairment (5%)
 - Behavioral/conduct problems (5%)
 - Developmental delay (4%)
 - Learning disability (4%)
 - Head injury (concussion) (3%)
 - Urinary tract infections (3%)
 - Hearing problems (3%)
 - Vision problems that cannot be corrected with glasses (2%)
 - Digestive tract infections (2%)
 - Depression problems (2%)
 - Intellectual disability or mental retardation (2%)
 - Reactive Airway Disease (2%)
 - Bone, joint, or muscle problems (1%)
 - Epilepsy/seizure disorder (1%)
 - Autism (1%)
- Sixteen percent (16%) of Medina County children ages 0-11 had at least one health condition.
- One-quarter (25%) of parents reported their child had been tested for lead poisoning, and the results were within normal limits. Less than one percent (<1%) reported the levels were elevated and medical follow-up was needed. Fifty-eight percent (58%) of parents had not had their child tested for lead poisoning, and 16% of parents did not know if their child had been tested for lead.
- Parents reported their child had the following allergies: environmental allergies (32%), animal allergies (6%), other food allergies (5%), peanuts (3%), red dye (3%), milk (3%), wheat (2%), eggs (2%), gluten (1%), soy (1%), and other (3%). Of those with allergies, 4% had an Epi-pen.
- Three percent (3%) of parents reported their child's mental and emotional health puts a great deal of burden on their family. One percent (1%) reported a medium amount, 8% reported a little, and 88% reported not at all.
- Less than one percent (<1%) of parents reported their child's physical health puts a great deal of burden on their family. Two percent (2%) reported a medium amount, 5% reported a little, and 92% reported not at all.
- Parents reported their child's difficulties were managed in the following ways: got professional help (7%), school or day care (5%), and family and friends took care of it (4%). Ten percent (10%) of parents reported they did not need help managing their child's difficulties. Two percent (2%) of parents reported that the difficulties were not being managed.

Child Comparisons	Medina County 2012 Ages 0-5	Medina County 2017 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Medina County 2012 Ages 6-11	Medina County 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Rated health as excellent or very good	97%	87%	89%	86%	93%	81%	86%	83%
Dental care visit in past year	48%	70%	50%	54%	90%	93%	92%	88%
Child had decay or cavities	2%	9%	N/A	N/A	22%	17%	N/A	N/A
Child had broken teeth	1%	0%	N/A	N/A	3%	2%	N/A	N/A
Child had no problems with teeth	88%	75%	91%	89%	51%	55%	78%	75%
Diagnosed with developmental delay or physical impairment	1%	4%	5%*	6%*	4%	6%	7%	6%
Diagnosed with anxiety problems	1%	3%	N/A	N/A	6%	10%	N/A	N/A
Diagnosed with asthma	4%	8%	6%	6%	14%	14%	10%	10%
Diagnosed with ADHD/ADD	1%	1%	N/A	2%*	8%	13%	12%	9%
Diagnosed with behavioral or conduct problems	1%	1%	N/A	2%*	4%	6%	5%	4%
Diagnosed with vision problems that cannot be corrected	2%	1%	N/A	<1%	5%	3%	N/A	2%
Diagnosed with bone, joint, or muscle problems	0%	1%	N/A	1%	2%	2%	N/A	2%
Diagnosed with epilepsy	0%	0%	N/A	<1%	1%	2%	N/A	1%
Diagnosed with a head injury	2%	3%	N/A	<1%	1%	3%	N/A	<1%
Diagnosed with depression	0%	2%	N/A	<1%*	3%	0%	N/A	2%
Diagnosed with autism	0%	0%	NA	2%*	2%	1%	N/A	3%
Diagnosed with hearing problems	0%	3%	N/A	N/A	2%	3%	N/A	N/A

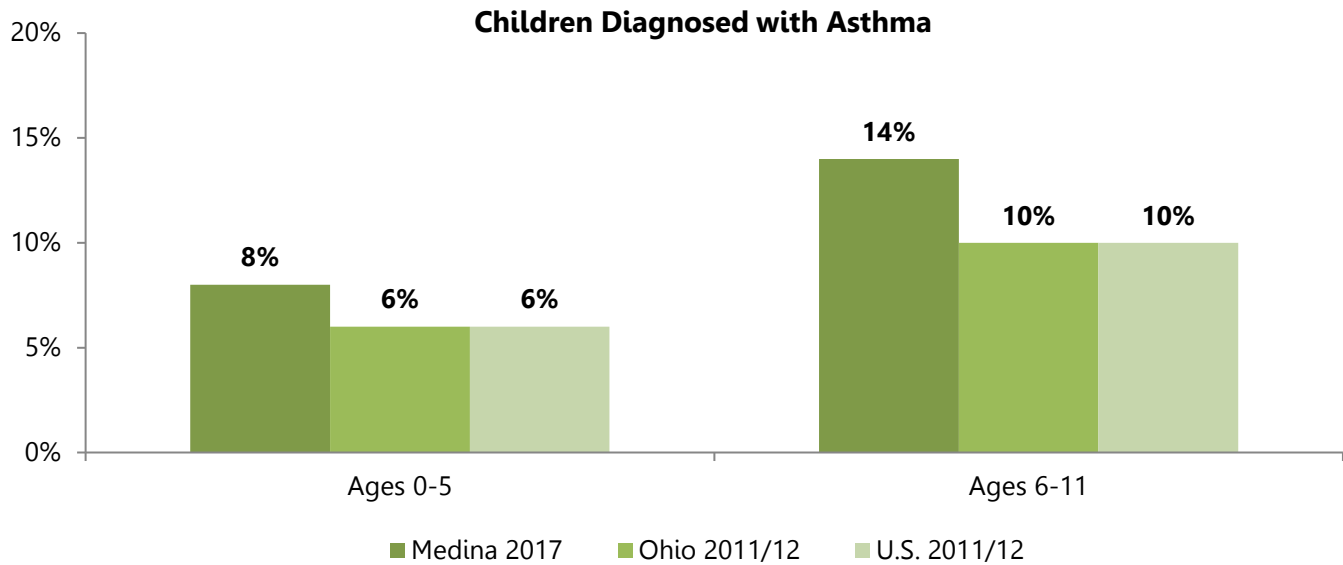
N/A- Not available

*Ages 2-5 years' old

Asthma

The following graph shows the percent of children who were diagnosed with asthma.

- Medina County has a higher percentage of children ages 0-5 and 6-11 who were diagnosed with asthma, compared to both Ohio and the U.S.



Asthma and Children

- Asthma is the most common chronic conditions among children, currently affecting an estimated 6.2 million children under years old, of which 3.1 million suffered from an asthma attack or episode in 2015.
- An asthma episode is a series of events that results in constricted airways. These include swelling of the airway lining, tightening of the muscle around the airways and increased secretion of mucus inside the airway. This narrowed airway causes difficulty breathing with the familiar “wheeze.”
- When a child has asthma, their lungs are extra sensitive to certain “triggers.” Each child reacts differently to the factors that may trigger asthma, including:
 - Excitement/stress
 - Indoor and outdoor air pollutants
 - Exposure to cold air or sudden temperature change
 - Allergic reactions to allergens such as pollen, dust, or mold
 - Respiratory infections and colds
 - Cigarette smoke
- Secondhand smoke can cause serious harm to children. An estimated 400,000 to one million children with asthma have their condition worsened due to secondhand smoke.
- Asthma can be life-threatening if not properly managed. In 2014, 161 children under 15 years old died from asthma.
- Asthma is the third leading cause of hospitalization among children under the age of 15.
- Asthma is one of the leading causes of school absenteeism. In 2013, asthma accounted for 13.8 million lost school days in school-aged children with an asthma episode in the previous year.

(Source: American Lung Association, Asthma & Children Fact Sheet, 2017)

Child Health: Health Care Access

Key Findings

In 2017, 1% of Medina County parents reported their 0-11 year old did not have health insurance. Fifteen percent (15%) of parents reported their child did not get all of the prescription medications they needed in the past year. Ninety-one percent (91%) of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance

- One percent (1%) of parents reported their child did not currently have health insurance.
- Medina County children had the following types of health insurance: parent's employer (69%); someone else's employer (19%); Medicaid, Buckeye, Paramount Elite, Molina, United, Care Source, or State Children's Health Insurance Program (S-CHIP) (7%); self-paid (3%); Medicare (1%); multiple types (1%); and Insurance Marketplace (<1%).
- Parents reported their child's health insurance covered the following: doctor visits (99%), well visits (99%), immunizations (99%), hospital stays (98%), prescription coverage (98%), dental (90%), mental health (82%), vision (77%), and therapies (speech, occupational therapy, physical therapy, etc.) (72%).

Access and Utilization

- Fifteen percent (15%) of parents reported their child did not get all of the prescription medications they needed in the past year for the following reasons: their child was not prescribed medication (11%), cost (2%), did not think their child needed it (1%), no insurance (1%), health plan problem (1%), doctor did not know how to treat or provide care (<1%), dissatisfaction with doctor (<1%), no referral (<1%), and other reasons (1%).
- Eight percent (8%) of parents reported their child did not get all of the medical care they needed in the past year. They reported the following reasons: cost (3%), too long of a wait (2%), health plan problem (1%), inconvenient times/could not get an appointment (1%), no insurance (1%), dissatisfaction with doctor (1%), not available in area/transportation problems (1%), doctor did not know how to treat or provide care (<1%), could not find a doctor who accepted child's insurance (<1%), language barrier (<1%), missed an appointment and not allowed to go back to clinic (<1%), and other reasons (1%).
- Parents reported at least one emergency room visit was due to the following: accidents, injury or poisonings (13%), fever/cold/flu (12%), other sick visits (9%), ear infections (6%), doctor's office told them to go (4%), broken bones (4%), asthma (4%), dental issues (1%), primary care (1%), and mental health (<1%).
- Nine percent (9%) of Medina County children received mental health care or counseling in the past year, increasing to 19% of those with incomes less than \$25,000.
- Twelve percent (12%) of parents reported their child needed the following special services in the past year: speech therapy (10%), counseling (8%), occupational therapy (5%), physical therapy (4%), special education (4%), and psychiatry (2%).
- Almost half (48%) of children received a flu vaccine in the past year.
- Ninety-six percent (96%) of Medina County children had received all of their recommended vaccinations.
- Four percent (4%) of children did not get all of their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (2%); alternate vaccination schedule used (2%); parents chose to not vaccinate their child (2%); fear of negative effects (1%); religious or cultural beliefs (1%); and other reasons (2%).

Medical Home

- Eighty-five percent (85%) of parents reported they had one or more people they think of as their child's personal doctor or nurse, increasing to 94% of those with incomes less than \$25,000.
- Ninety-one percent (91%) of children had visited their health care provider for preventive care in the past year, increasing to 98% of 0-5 year olds.
- In 2017, 99% of Medina County parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a private doctor's office (84%), an urgent care center (6%), a community health center (2%), in-store health clinic (1%), and telemedicine (<1%). One percent (1%) reported multiple places including a private doctor's office, and 1% reported multiple places not including a private doctor's office.

Child Comparisons	Medina County 2012 Ages 0-5	Medina County 2017 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Medina County 2012 Ages 6-11	Medina County 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Had public insurance	12%	4%	40%	44%	6%	10%	34%	37%
Been to doctor for preventive care in past year	94%	98%	94%	90%	86%	88%	86%	82%
Received all the medical care they needed	91%	92%	99%*	99%*	89%	93%	98%*	98%*
Had a personal doctor or nurse	85%	83%	91%	91%	91%	86%	93%	90%

*2003 national and state data

Child Health: Early Childhood (Ages 0-5)

Key Findings

The following information was reported by parents of 0-5 year olds. Ninety-five percent (95%) of mothers got prenatal care within the first three months during their last pregnancy. Eleven percent (11%) of mothers received WIC services during their last pregnancy. Ninety-one percent (91%) of parents put their child to sleep on his/her back. Twelve percent (12%) of mothers never breastfed their child.

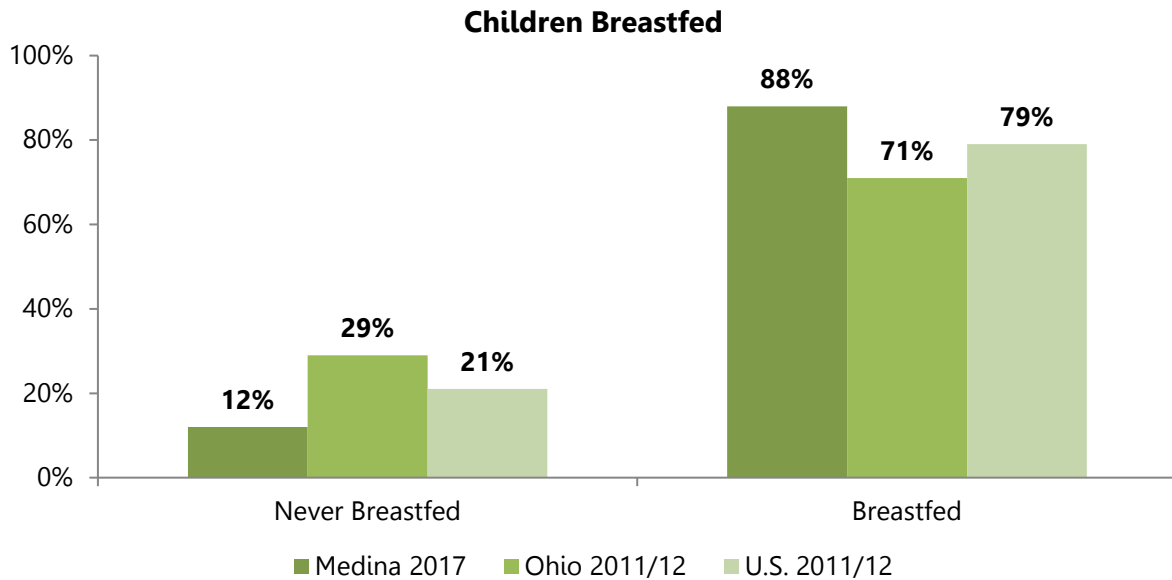
Early Childhood

- The following information was reported by Medina County parents of 0-5 year olds.
- Parents reported they read to their child every day (49%), almost every day (32%), a few times a week (15%), a few times a month (2%), and a few times a year (1%). One percent (1%) of parents reported they did not read to their child.
- During their last pregnancy, mothers did the following: got prenatal care within the first 3 months (95%), took a prenatal vitamin with folic acid during pregnancy (92%), took a prenatal vitamin with folic acid pre-pregnancy (83%), got a dental exam (64%), took folic acid during pregnancy (35%), took folic acid pre-pregnancy (24%), experienced depression during or after pregnancy (19%), received WIC services (11%), experienced domestic violence (3%), received opiate replacement treatment (3%), smoked cigarettes or other tobacco products (1%), consumed alcoholic beverages (1%), used marijuana (1%), used any drugs not prescribed (1%), used opioids (1%), and looked for options for an unwanted pregnancy (1%). One percent (1%) did none of these things.
- When asked how parents put their child to sleep as an infant, 91% said on their back, 5% said on their stomach, and 4% said on their side.
- Children were put to sleep in the following places: crib/bassinette without bumper, blankets, or stuffed animals (76%); pack n' play (55%); swing (46%); car seat (42%); crib/bassinette with bumper, blankets, or stuffed animals (33%); in bed with parent or another person (24%); floor (7%); and a couch or chair (4%).
- Mothers breastfed their child less than 3 months (19%), 4-6 months (9%), 7-9 months (11%), 10-12 months (25%), more than one year (21%), still breastfeeding (3%), and never breastfed (12%).
- Children 0-5 years old were more likely than children 6-11 years old to have:
 - Gone to the emergency room for a fever, cold or flu (17% compared to 13% of 6-11).

Child Comparisons	Medina County 2012 0-5 years	Medina County 2017 0-5 Years	Ohio 2011/12 0-5 years	U.S. 2011/12 0-5 years
Parent read to child every day	35%	49%	53%	48%
Spent 4 or more hours watching TV	10%	9%	1%	11%
Never breastfed child	18%	12%	29%	21%

Breastfeeding

- The following graph shows the percent of infants who had been breastfed or given breast milk for Medina County, Ohio, and U.S.
- Medina County had a larger percent of children who had been breastfed for any length of time, compared to Ohio and the U.S.



(Source: National Survey of Children's Health, Data Resource Center, and 2017 Medina County Needs Assessment)

Sleep-Related Infant Deaths: Who is at Greater Risk?

All infants are at risk for sleep-related deaths, but we know the risks are much greater for:

- **Infants who bed share:** 58% of sleep-related deaths occurred while the infant was sharing a sleep surface with another person.
- **Infants not placed to sleep on their backs:** Only 36% of sleep-related deaths had been placed to sleep on their backs.
- **Infants not placed to sleep in a crib:** 71% of sleep-related deaths occurred when infants were sleeping some place other than a crib or bassinet. 45% occurred in adult beds.
- **Infants exposed to tobacco smoke:** 43% of sleep-related deaths were to infants exposed to tobacco smoke in utero and/or after birth. It is estimated that one-third of SIDS deaths would be prevented if maternal smoking during pregnancy were eliminated.
- **Younger infants:** Sleep-related deaths decrease substantially after 3 months of age. 88% occurred prior to 6 months of age.
- **African-American infants:** 38% of sleep-related deaths were African-American infants, which is disproportionately higher than their representation in the general infant population (15 percent). Differences in the prevalence of safe-sleep positioning and other environment conditions among races may contribute to this disparity.

(Source: ODH, Maternal and Child Health, Early Childhood, 2014, Sleep-Related Infant Deaths, 2017)

Child Health: Middle Childhood (Ages 6-11)

Key Findings

The following information was reported by Medina County parents of 6-11 year olds. In 2017, 72% of Medina County parents felt their child was always safe at school. Thirteen percent (13%) of parents reported their child was bullied at some time in the past year. Ninety-two percent (92%) of parents reported their child participated in extracurricular activities. In the past year, almost half (47%) of parents discussed negative effects of alcohol use with their child.

Middle Childhood

- The following information was reported by Medina County parents of 6-11 year olds.
- Parents reported they had to contact the following agencies to help with problems with their child: child's school (8%), mental health agency (8%), children's services (2%), health department (1%), legal services/legal aid (1%), and law enforcement (1%). One percent (1%) reported they need services but do not know who to contact. Eighty-six percent (86%) of parents reported they had never called an agency for help with their child.
- Parents reported their child spent the following unsupervised time after school on an average school day: no unsupervised time (75%), less than one hour (16%), 1-2 hours (6%), 3-4 hours (2%), and more than 4 hours (1%).
- Ninety-two percent (92%) of parents reported their 6-11 year old child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (73%), a religious group (38%), a club or organization such as Scouts (38%), music/art (33%), Boys/Girls Club (2%), and some other organized activity (30%).
- Seventy-two percent (72%) of parents reported they felt their child was always safe at school, 25% reported usually and 1% reported never. They reported the following reasons why they thought their child was not always safe: fear of bullying (19%), afraid of other kids who show unusual behavior (8%), buildings are not secure (4%), bomb threats (1%), drug/alcohol activity (1%), and gangs (1%).
- Children missed school due to the following in the past month: illnesses or injuries (86%), asthma (5%), school suspension (2%), and being bullied (2%).
- Thirteen percent (13%) of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 26% were verbally bullied (teased, taunted or called harmful names)
 - 13% were indirectly bullied (spread mean rumors about them or kept out of a "group")
 - 9% were physically bullied (they were hit, kicked, punched or people took their belongings)
 - 4% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 2% were sexually bullied (using nude or semi-nude pictures to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person)
- Five percent (5%) of parents reported they did not know if their child was bullied.
- Twenty-two percent (22%) of parents reported their child's school contacted them or another adult in the past 12 months about problems their child had at school.
- Over one-quarter (27%) of parents of 6-11 year olds reported their child had an email, Facebook, Twitter, Instagram or other social network account. Of those children who had an account, their parents reported the following: they had their child's password (87%), their child's account was checked private (57%), they knew all the people in their child's "friends" (36%), their child had a problem as a result of their account (2%), and 9% of parents reported they did not know.

- Parents discussed the following topics with their 6 to 11 year old child in the past year: eating habits (74%), screen time (73%), negative effects of tobacco use (58%), alcohol (48%), negative effects of alcohol use (47%), negative effects of marijuana and other drugs (46%), body image (43%), tobacco (39%), marijuana and other drugs (33%), refusal skills (20%), dating and relationships (17%), prescription drug misuse (15%), abstinence and how to refuse sex (10%), birth control (4%), and condoms/safe sex/STD prevention (3%). Five percent (5%) of parents did not discuss any of these topics with their 6 to 11 year old child.
- Parents reported the reproductive system should be covered in the following grades: grades K-2 (3%), grades 3-5 (44%), grades 6-8 (48%), grades 9-12 (4%), and not at all (1%).
- Parents reported abstinence and refusal skills should be covered in the following grades: grades K-2 (7%), grades 3-5 (18%), grades 6-8 (66%), grades 9-12 (8%), and not at all (1%).
- Parents reported birth control and the use of condoms should be covered in the following grades: grades 3-5 (2%), grades 6-8 (61%), grades 9-12 (33%), and not at all (4%).
- Children 6-11 years old were more likely than children 0-5 years old to have:
 - Gone to the dentist in the past year (93% compared to 70% of 0-5).
 - Been diagnosed with asthma (14% compared to 8% of 0-5).
 - ADD or ADHD (13% compared to 1% of 0-5).

Child Comparisons	Medina County 2012 6-11 Years	Medina County 2017 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Child participated in 1 or more activities	90%	92%	83%	79%
Child did not miss any days of school because of illness or injury	17%	14%	16%*	22%*
Did not engage in any physical activity during the past week	4%	1%	6%	6%
Parent felt child was usually/always safe at school	96%	97%	96%	94%

*2007 National Survey of Children's Health

Child Health: Family and Community Characteristics

Key Findings

Sixty-eight percent (68%) of parents reported their child was always safe in their neighborhood or community. Sixty-four percent (64%) of parents reported they had talked to their child about what to do if he/she finds a gun. Almost one-fourth (23%) of parents reported that they read to their child every day.

Family Functioning

- No parent reported their child went to bed hungry at least one day per week because they did not have enough food.
- Almost one-third (32%) of parents reported that every family member who lived in their household ate a meal together every day of the week. Families ate a meal together an average of 4.9 times per week.
- Over one-third (34%) of parents reported their child attended religious service 1 to 3 times per month, and 29% reported 4 or more times per month. Thirty-seven percent (37%) reported their child has never attended a religious service.
- Parents reported their child regularly attended the following: elementary school (65%); child care in their home provided by a relative other than a parent/guardian (27%); child care outside of their home provided by a relative other than a parent/guardian (21%); nursery school, pre-school or kindergarten (18%); child care center (14%); family-based child care outside of home (12%); child care in their home provided by a baby sitter (12%); and Head Start or Early Start program (2%).
- Parents reported they read to their child at the following frequencies: every day (23%), almost never because child reads to him/herself (25%), almost every day (22%), a few times a week (15%), a few times a month (10%), a few times a year (2%), and almost never because child has no interest (1%). Two percent (2%) of parents reported they did not read to their child.
- Of those with incomes less than \$25,000, 38% of parents reported they read to their child every day or almost every day, compared to 46% of those with incomes of \$25,000 or higher.
- Parents reported their child got the following amounts of sleep per night: 8 hours or less (12%), 9 hours (38%), 10 hours (39%), 11 hours (10%), and 12 hours (1%).
- Parents reported the following challenges they face in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (44%), working long hours (21%), financial burdens (20%), managing child's behavior (15%), loss of freedom (8%), being a single parent (7%), mental health (6%), lack of parental support (6%), difficulty with lifestyle changes (5%), child has special needs (5%), unemployment (3%), affordable housing (2%), post-partum depression (1%), alcohol and/or drug abuse (1%), domestic violence relationship (1%), and lack of transportation (<1%). Forty percent (40%) of parents reported no challenges associated with parenting.
- Parents used the following forms of discipline with their child: take away privileges (81%), time out (58%), yell (43%), grounding (30%), spanking (16%), wash mouth out (1%), and other (7%). Four percent (4%) of parents reported their child had not been disciplined.
- Parents reported the following is allowed in their home: cigarettes (1%), e-cigarettes (1%), and marijuana (<1%).
- Parents reported the following is allowed in their car: cigarettes (1%), and e-cigarettes (<1%).

Child Safety Characteristics

- Parents reported having the following safety items in their home: working smoke alarm/detector (95%), carbon monoxide detector (72%), fire extinguisher (71%), Poison Control number by the phone (42%) and gun lock/safe (33%). Ninety-two percent (92%) had more than one of these safety items in their home.
- Eighty percent (80%) of parents reported their child up to age 5 or met weight and/or height limits, always rode in a car seat when a passenger in a car, and 16% never rode in a car seat
- Fifty-seven percent (57%) of parents reported their child who weighs less than 80 pounds and 4 feet, 9 inches, always rode in a booster seat, as compared to 29% who never rode in a booster seat.
- More than four-fifths (81%) of parents whose child was old enough and/or tall enough to not be in a booster seat, reported their child always wore a seat belt, and 14% reported their child never wore a seat belt.
- Parents reported the following regarding their child's car seat: used a car seat someone had given to you (16%), used an expired car seat (5%), used a car seat that had been in an accident (1%), and none of the above (81%). One percent (1%) reported they did not know.
- Parents reported their child always wore a helmet when riding the following: a scooter/bike (32%), ATV/dirt bike (10%), rollerblades/skates (9%), and a skateboard (6%).
- Parents reported their child never wore a helmet when riding the following: rollerblades/skates (14%), a scooter/bike (13%), a skateboard (7%), and an ATV/dirt bike (2%).
- Five percent (5%) of Medina County children had moved to a new address 3 or more times, increasing to 13% of those with incomes less than \$25,000. Thirty-one percent (31%) moved one time, 13% moved two times, and 51% had never moved.

Neighborhood and Community Characteristics

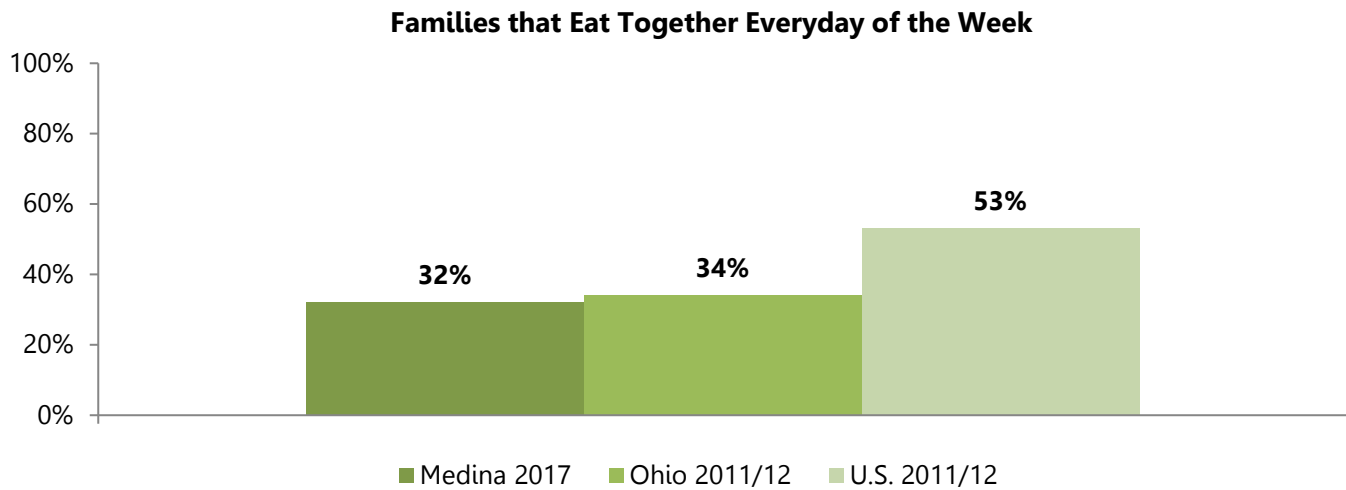
- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (8%), mental health/substance abuse treatment (8%), SNAP/food stamps (6%), benefits from WIC program (2%), Help Me Grow (2%), cash assistance from a welfare program (1%), subsidized childcare through Medina County JFS (1%), and Head Start/Early Head Start (1%).
- Medina County parents reported their child experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (10%); lived with someone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks (5%); lived with someone who had a problem with alcohol or drugs (5%); seen or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other (3%); lived with a parent/guardian who served time or was sentenced to serve time in prison or jail after they were born (2%); lived with a parent/guardian who died (1%); were treated or judged unfairly because his/her ethnic group (1%); and been the victim of violence or witness violence in their neighborhood (1%).
- Five percent (5%) of children experienced two or more ACEs.
- Parents reported their child was safe in their community or neighborhood always (68%), usually (32%), sometimes (<1%), and never (<1%).
- Over three-fifths (64%) of parents reported they had talked to their child about what to do if he/she found a gun. Twenty-four percent (24%) reported not yet, but they plan to. Twelve percent (12%) reported that their child was not yet old enough, and <1% reported it would not do any good.

Child Comparisons	Medina County 2012 0-5 Years	Medina County 2017 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Medina County 2012 6-11 Years	Medina County 2017 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Family eats a meal together every day of the week	49%	40%	63%	61%	30%	29%	45%	47%
Child never attends religious services	43%	42%	N/A	N/A	32%	35%	22%	18%
Neighborhood is usually or always safe	99%	99%	88%	86%	99%	99%	86%	86%

N/A – Not available

Family Dinners

- The following graph shows the percent of Medina County families who ate a meal together every day of the week compared to Ohio and U.S. families.
- U.S. families ate a meal together every day of the week more frequently than Medina County and Ohio families.



(Source: National Survey of Children's Health & 2017 Medina County Needs Assessment)

Five Ways That Family Meals Keep Kids Healthy

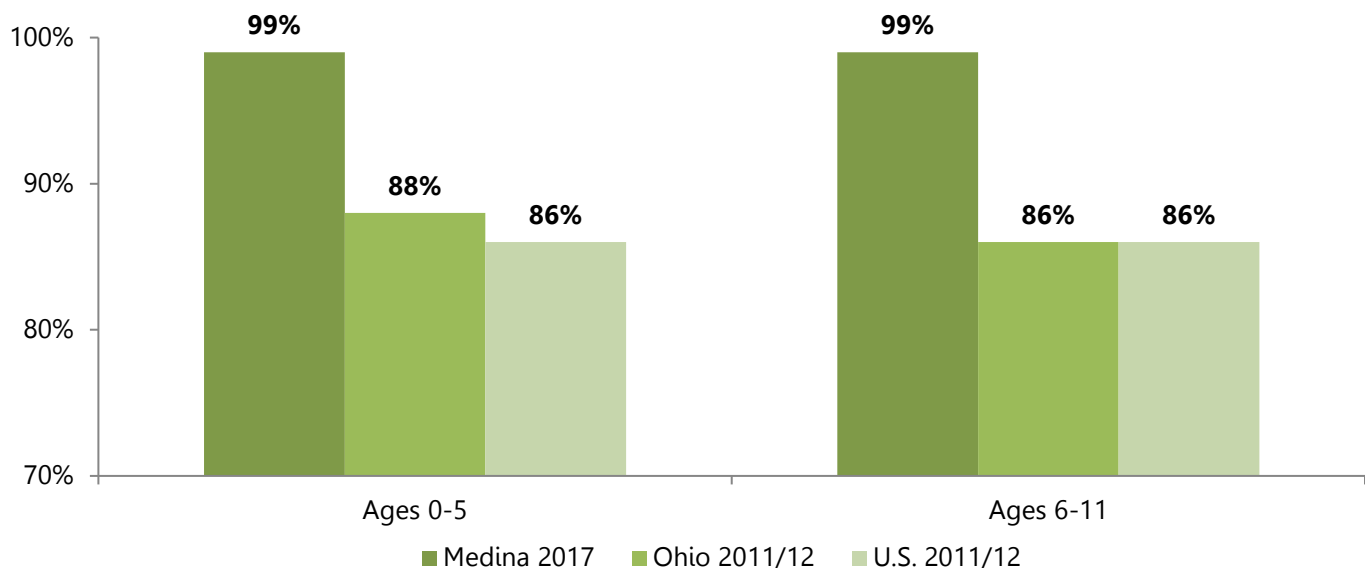
- 1. Family meals prevent excessive weight gain:** Eating 3 or more family meals (meaning at least one parent is present and the meal is prepared at home) results in a 12% lower likelihood of children being overweight.
- 2. Family meals teach healthy food choices:** The eating habits of childhood often last a lifetime. Families that ate at least three meals together each had a 20% decrease in unhealthy food choices. Teaching your children to enjoy healthy foods rather than junk foods is a gift that will stay with them through adulthood.
- 3. Family meals prevent eating disorders:** Children and adolescents who ate family meals at least three times per week had a 35% reduction in disordered eating habits such as anorexia and bulimia.
- 4. Family dinner improves social-emotional health, too:** The ability to understand emotions, express empathy, demonstrate self-regulation, and form positive relationships with peers and adults is called social-emotional health. Young children with high social-emotional health adapt well to the school environment and perform well academically, even in long term studies. Guess which kids had the best social-emotional health? The ones who ate family dinner together regularly and talked about their day, told stories, etc.
- 5. Family dinner can help kids deal with cyberbullying:** About one-fifth of adolescents are victims of cyberbullying, putting them at risk for depression, substance abuse, and a host of other concerns. But adolescents who eat regular family dinners handle cyberbullying better and are less likely to engage in substance abuse or develop psychiatric health concerns, even after their involvement in face-to-face bullying is taken in to account.

(Source: The Benefits & Tricks to Having a Family Dinner, HealthyChildren.org, 2017)

Neighborhood Safety

- The following graph shows the percent of Medina County, Ohio, and U.S. parents who felt their neighborhood was always or usually safe.
- Medina County had the largest percent of parents for both the 0-5 age group and the 6-11 age group who felt that their neighborhood was always or usually safe as compared to Ohio and U.S. parents.

Parents Felt their Neighborhood was Always or Usually Safe



(Source: National Survey of Children's Health & 2017 Medina County Needs Assessment)

Child Health: Parent Health

Key Findings

In 2017, 82% of parents rated their health as excellent or very good, decreasing to 50% of parents with incomes less than \$25,000. Seven percent (7%) of parents reported it was hard to get by often or very often on their family's income and cover basics like food or housing. In the past year, half (50%) of parents missed work due to their child's illnesses or injuries.

Parent Health

- Those filling out the survey had the following relationship to the child: mother (79%), father (18%), grandparent (1%), and in-law of any type (1%).
- Parents reported their child lived with the following: both parents (89%), mother only (6%), mother and step-father (<1%), grandparents (1%), guardians/foster parents (<1%), and shared custody (of some sort) (2%).
- Parents reported their family lived in the following residences: home (96%), apartment (4%), and in a relative's home (<1%).
- Over three-fifths (79%) of parents rated their mental and emotional health as excellent or very good, decreasing to 56% of parents with incomes less than \$25,000. Fifteen percent (15%) rated their mental and emotional health as good, and 6% of parents rated their mental and emotional health as fair or poor.
- Eighty-two percent (82%) of parents rated their health as excellent or very good, decreasing to 50% of parents with incomes less than \$25,000. Sixteen percent (16%) of parents rated their health as good, and 2% rated their health as fair or poor.
- Eight percent (8%) of mothers and 0% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. Seven percent (7%) of mothers and 0% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- In the past year, half (50%) of parents missed work due to their child's illnesses or injuries. Thirty-five percent (35%) missed work due to their child's medical appointments, 9% missed work due to lack of or unreliable child care, 5% missed work due to their child's chronic illness, and 3% missed work due to their child's behavioral/emotional problems.
- Parents reported someone in their family had to quit a job, not take a job, or their job has negatively impacted due to the following: cannot afford child care (2%), severe behaviors (1%), location (<1%), child with developmental disability (<1%), and availability of services (<1%).
- Parents reported it was very hard to get by on their family's income and cover basics like food or housing never (62%), rarely (26%), somewhat often (6%), often (4%), and very often (3%).
- Parents reported the following about their employment: were employed for wages full-time (61%), were employed for wages part-time (16%), were a homemaker (14%), were self-employed (4%), had multiple part time jobs (1%), were out of work for more than 1 year (1%), were out of work for less than 1 year (1%), were a student (1%), were unable to work (1%), and were retired (<1%).
- Parents reported the following highest levels of education attained by any member of the household: college graduate (46%), post graduate education (35%), some college or technical school (11%), high school graduate (7%), elementary (1%), and some high school (<1%).

Child Comparisons	Medina County 2012 0-5 Years	Medina County 2017 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Medina County 2012 6-11 Years	Medina County 2017 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Mother's mental or emotional health is fair/poor	4%	8%	7%	7%	3%	7%	10%	8%
Father's mental or emotional health is fair/poor	0%	0%	N/A	3%	1%	0%	7%	5%

N/A – Not available

Appendix I: Needs Assessment Information Sources

Source	Data Used	Website
American Academy of Child and Adolescent Psychiatry	<ul style="list-style-type: none"> Social Networking and Children 	http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-and-Social-Networking-100.aspx
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Facts 	http://www.suicidology.org/portals/14/docs/resources/factsheets/2015/2015datapgsv1.pdf?ver=2017-01-02-220151-870
American Cancer Society, Cancer Facts and Figures 2015. Atlanta: ACS, 2017	<ul style="list-style-type: none"> 2017 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2017.html
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Diabetes Association, 2017	<ul style="list-style-type: none"> Statistics about Diabetes 	http://www.diabetes.org/diabetes-basics/statistics/?referrer=https://www.google.com/
American Heart Association, 2017	<ul style="list-style-type: none"> Smoke-free Living: Benefits & Milestones 	http://www.heart.org/HEARTORG/HealthyLiving/QuitSmoking/YourNon-SmokingLife/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp#.WTl5o-vyvIU
American Lung Association	<ul style="list-style-type: none"> Asthma and Children 	http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-children-facts-sheet.html
Arthritis at a Glance, 2016, Centers for Disease Control & Prevention,	<ul style="list-style-type: none"> Arthritis Statistics 	https://www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2010 - 2015 Adult Ohio and U.S. Correlating Statistics 	https://www.cdc.gov/brfss/index.html
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	http://www.bradycampaign.org/sites/default/files/Brady-Campaign-5Year-Gun-Deaths-Injuries-Stats_June2017.pdf
CDC, Adolescent and School Health	<ul style="list-style-type: none"> Sexual Risk Behavior 	https://www.cdc.gov/healthyyouth/sexualbehaviors/
CDC, Arthritis, 2017	<ul style="list-style-type: none"> Arthritis: Key Public Health Messages 	https://www.cdc.gov/arthritis/basics/key.htm
CDC, Asthma	<ul style="list-style-type: none"> Asthma Attacks 	https://www.cdc.gov/asthma/pdfs/asthma_facts_program_grantees.pdf
CDC, Breast Cancer, 2016	<ul style="list-style-type: none"> What Can I do to Reduce My Risk of Breast Cancer? 	https://www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Breastfeeding	<ul style="list-style-type: none"> Facts about Breastfeeding 	https://www.cdc.gov/breastfeeding/
CDC, Cancer Prevention and Control	<ul style="list-style-type: none"> Lung Cancer Risk Factors 	https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm
	<ul style="list-style-type: none"> Cancer and Men 	https://www.cdc.gov/cancer/dcpc/resources/features/cancerandmen/
	<ul style="list-style-type: none"> Prostate Cancer Awareness 	https://www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm

Source	Data Used	Website
CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, 2015	<ul style="list-style-type: none"> • Oral Health Basics 	https://www.cdc.gov/oralhealth/index.html
CDC, HIV/AIDS	<ul style="list-style-type: none"> • HIV in the U.S. 	https://www.cdc.gov/hiv/default.html
CDC, Injury Center	<ul style="list-style-type: none"> • Youth Suicide 	https://www.cdc.gov/healthcommunication/toolstemplates/entertained/tips/suicidemyouth.html
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> • Health Care Access and Utilization 	https://www.cdc.gov/nchs/fastats/access-to-health-care.htm
	<ul style="list-style-type: none"> • Men's Health 	https://www.cdc.gov/nchs/fastats/mens-health.htm
CDC, Overweight and Obesity	<ul style="list-style-type: none"> • Progress on Childhood Obesity 	https://www.cdc.gov/vitalsigns/childhoodobesity/
	<ul style="list-style-type: none"> • Obesity Facts 	https://www.cdc.gov/obesity/data/adult.html
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> • Physical Activity Recommendations 	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Press Release, 2015	<ul style="list-style-type: none"> • Electronic Cigarettes and Teenagers in the U.S. 	www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html
CDC, Seasonal Influenza (Flu), 2017	<ul style="list-style-type: none"> • Who Should Get a Yearly Flu Shot? 	https://www.cdc.gov/flu/protect/keyfacts.htm
CDC, Sexually Transmitted Diseases Surveillance, 2017	<ul style="list-style-type: none"> • U.S. Chlamydia and Gonorrhea Rates 	www.cdc.gov/std/stats/
	<ul style="list-style-type: none"> • STD's in Adolescents and Young Adults 	https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm
	<ul style="list-style-type: none"> • U.S. STD Surveillance Profile 	www.cdc.gov/std/stats/
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> • Electronic Cigarette Use Among Adults 	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/
	<ul style="list-style-type: none"> • Smoking and Other Health Risks 	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
CDC, Vaccines for Your Children	<ul style="list-style-type: none"> • Ensuring Vaccine Safety 	https://www.cdc.gov/vaccines/parents/vaccine-decision/index.html
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul style="list-style-type: none"> • Human Papillomavirus 	www.cdc.gov/vaccinesafety/vaccines/HPV/index.html
CDC, Violence Prevention	<ul style="list-style-type: none"> • Adverse Childhood Experiences (ACE) 	https://www.cdc.gov/violenceprevention/acestudy/
	<ul style="list-style-type: none"> • Looking How ACEs Affect our Lives and Society 	https://vetoviolenecdc.gov/apps/phl/resource_center_infographic.html
	<ul style="list-style-type: none"> • Kaiser ACE Study 	https://www.cdc.gov/violenceprevention/acestudy/about.html
	<ul style="list-style-type: none"> • Understanding Sexual Violence 	https://www.cdc.gov/violenceprevention/pdf/SV-Factsheet.pdf
CDC, Vital Signs	<ul style="list-style-type: none"> • Binge Drinking: A Serious, Under Recognized Problem among Women and Girls 	https://www.cdc.gov/vitalsigns/bingedrinkingfemale/

Source	Data Used	Website
CDC, Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 2013-2015 Medina County and Ohio Leading Causes of Death Medina County and Ohio Mortality Statistics 	http://wonder.cdc.gov/ucd-icd10.html
Community Commons	<ul style="list-style-type: none"> Alcohol Beverage Expenditures Bars and Drinking Establishments Beer, Wine and Liquor Stores Cigarette Expenditure 	www.communitycommons.org/
EpiCenter Syndromic Surveillance	<ul style="list-style-type: none"> Suicide, Depression, Overdose, and Asthma Related ER Visits 	https://www.odh.ohio.gov/healthstats/HIT/Sys.aspx
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> Access to Health Services All Healthy People 2020 Target Data Points Predictors of Access to Health Care Social Determinants of Health Some U.S. Baseline Statistics 	www.healthypeople.gov/2020/topicsobjectives2020
March of Dimes, Bed-sharing	<ul style="list-style-type: none"> Dangers of Bed-sharing 	http://www.marchofdimes.org/baby/bed-sharing.aspx
National Institute on Drug Abuse	<ul style="list-style-type: none"> Abuse of Prescription (Rx) Drugs Affects Young Adults Most, 	https://www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-rx-drugs-affects-young-adults-most
	<ul style="list-style-type: none"> Drug Facts: Drugged Driving 	https://www.drugabuse.gov/publications/drugfacts/drugged-driving
	<ul style="list-style-type: none"> Drug Facts: Heroin 	https://www.drugabuse.gov/publications/drugfacts/heroin
National Sleep Foundation	<ul style="list-style-type: none"> Children and Sleep 	https://sleepfoundation.org/sleep-topics/children-and-sleep
National Survey of Children's Health, Data Resource Center	<ul style="list-style-type: none"> Children Breastfed 	http://childhealthdata.org/saipages/test/topic/breastfeeding
	<ul style="list-style-type: none"> Children and Smoking 	http://www.childhealthdata.org/browse/survey/results?q=2278&r=1
Ohio Department of Health, STD Surveillance Data	<ul style="list-style-type: none"> Sexually Transmitted Diseases Medina County and Ohio Chlamydia and Gonorrhea Disease Rates Medina County Chlamydia and Gonorrhea Cases 	www.odh.ohio.gov/odhprograms/stdsurv/stdsur1.aspx
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Medina County and Ohio Birth Statistics 	http://www.odh.ohio.gov/healthstats/dataandstats.aspx
	<ul style="list-style-type: none"> Incidence of Cancer 	https://www.odh.ohio.gov/healthstats/ociss/hs/access1.aspx

Source	Data Used	Website
Ohio Department of Health, Information Warehouse (continued)	<ul style="list-style-type: none"> Leading Cause of Death 	https://www.odh.ohio.gov/healthstats/vitalstats/deathstat.aspx
	<ul style="list-style-type: none"> Mortality 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Health, HIV/AIDS Surveillance Program	<ul style="list-style-type: none"> HIV/AIDS Surveillance Program 	http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health-statistics---disease---hiv-aids/2015-Data-Tables.pdf?la=en
Ohio Department of Health, Maternal and Child Health, Early Childhood	<ul style="list-style-type: none"> Sleep-Related Infant Deaths: Who is at Greater Risk? Infant Safe Sleep Impact on Infant Mortality What's Being Done in Ohio to Prevent Sleep Related Infant Deaths? 	https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/data-statistics/maternal-and-child-health/ec_Sleeprelatedinfant.pdf?la=en
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> Opiate and Pain Reliever Doses Per Capital 	http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf
	<ul style="list-style-type: none"> Ohio's New Limits on Prescription Opiates 	http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/AcutePrescribingLimits_FINAL.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2016 Medina County and Ohio Crash Facts 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Office of Health Transformation	<ul style="list-style-type: none"> Ohio Medicaid Assessment Survey 	http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=oid6Wo-y0gs%3D&tabid=160
Ohio State Highway Patrol	<ul style="list-style-type: none"> Felony Cases and Drug Arrests 	http://www.statepatrol.ohio.gov/doc/2016_Jan-Jun_FelonyAndDrug.pdf
Philadelphia Department of Public Health	<ul style="list-style-type: none"> Electronic Cigarette Factsheet 	www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf
The Henry Kaiser Family Foundation	<ul style="list-style-type: none"> How Does Lack of Insurance Affect Access to Health Care? 	http://www.kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/
The Ohio Automated Rx Reporting System	<ul style="list-style-type: none"> Ohio Automated Rx Reporting System (OAARS) 	https://www.ohiopmp.gov/About.aspx
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimate, 2016 	https://www.census.gov/programs-surveys/acs/
	<ul style="list-style-type: none"> Federal Poverty Threshold 	https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	<ul style="list-style-type: none"> Ohio and Medina County 2015 Census Demographic Information 	https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	https://www.census.gov/dud/www/saie

Source	Data Used	Website
U.S. Department of Health and Human Services- National Heart, Lung, and Blood Institute	<ul style="list-style-type: none"> • Body Mass Index (BMI) 	https://www.nhlbi.nih.gov/health/resources/heart/latino-weight-html/need
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> • 2009 - 2015 Youth Ohio and U.S. Correlating Statistics 	https://www.cdc.gov/healthyYouth/data/yrebs/index.htm

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	Calendar Year
FY	Fiscal Year
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2020	Healthy People 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	National Survey of Children's Health
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Ohio SHA/SHIP	Ohio State Health Assessment/State Health Improvement Plan
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age

YPLL/65

Years of Potential Life Lost before age 65. Indicator of premature death.

**Youth BMI
Classifications**

Underweight is defined as BMI-for-age \leq 5th percentile

Overweight is defined as BMI-for-age 85th percentile to $<$ 95th percentile.

Obese is defined as \geq 95th percentile.

YRBS

Youth Risk Behavior Survey, a youth survey conducted by the CDC

Appendix III: Methods for Weighting the 2017 Medina County Needs Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2017 Medina County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Medina County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (9 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Medina County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2017 Medina County Survey and the 2015 Census estimates.

<u>Sex</u>	<u>2017 Medina Survey</u>		<u>2015 Census Estimate</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	163	38.62559%	86,190	49.29904%	1.27633
Female	259	61.37441%	88,641	50.70096%	0.82609

In this example, it shows that there was a larger portion of females in the sample compared to the actual portion in Medina County. The weighting for females was calculated by taking the percent of females in Medina County (based on Census information) (50.70096%) and dividing that by the percent found in the 2017 Medina County sample (61.37441%) [$50.70096 / 61.37441 =$ weighting of 0.82609 for females]. The same was done for males [$49.29904/38.62559 =$ weighting of 1.27633 for males]. Thus males' responses are weighted heavier by a factor of 1.27633 and females' responses weighted less by a factor of 0.82609.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.46908 [0.82609 (weight for females) \times 1.00774 (weight for White) \times 1.53157 (weight for age 35-44) \times 1.15221 (weight for income \$50-\$75k)]. Thus, each individual in the 2017 Medina County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 23.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for everyone. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores

for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Medina Sample	%	2014 Census*	%	Weighting Value
Sex:					
Male	163	38.62559	86,190	49.29904	1.276331
Female	259	61.37441	88,641	50.70096	0.826093
Age:					
20-24	3	0.71429	8,839	6.85677	**
25-34	22	5.23810	18,364	14.24571	3.54521
35-44	50	11.90476	23,504	18.23302	1.53157
45-54	89	21.19048	27,901	21.64395	1.02139
55-59	47	11.19048	13,113	10.17229	0.90901
60-64	64	15.23810	11,191	8.68132	0.56971
65+	145	34.52381	25,997	20.16694	0.58414
Race:					
White	402	95.03546	167,438	95.77134	1.00774
Non-White	21	4.96454	7,393	4.22866	0.85177
Household Income:					
Less than \$10,000	5	1.28866	2,302	3.48777	2.70651
\$10k-\$15k	11	2.83505	1,942	2.94234	1.03784
\$15k-\$25k	32	8.24742	5,302	8.03309	0.97401
\$25k-\$35k	36	9.27835	5,815	8.81034	0.94956
\$35k-\$50	55	14.17526	8,150	12.34811	0.87110
\$50k-\$75k	69	17.78351	13,524	20.49029	1.15221
\$75k-\$100k	66	17.01031	10,148	15.37529	0.90388
\$100k-\$150k	67	17.26804	11,652	17.65401	1.02235
\$150k+	47	12.11340	7,167	10.85876	0.89643

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Medina County in each subcategory by the proportion of the sample in the Medina County survey for that same category.

* Medina County population figures taken from the 2015 Census.

** Due to the small sample of respondents in the 20-24 age group, this was combined with the 25-34 age group for weightings.

Appendix IV: School Participation

The following schools were randomly chosen and agreed to participate in the 2017 Medina County Needs Assessment:

Black River Local

Black River High School

Brunswick City

Brunswick High School
Visintainer Middle School

Buckeye Local

Buckeye High School

Cloverleaf Local

Cloverleaf High School
Cloverleaf Middle School

Highland Local

Highland High School
Highland Middle School

Medina City

Medina High School
Claggett Middle School

Wadsworth City

Wadsworth High School
Wadsworth Middle School

Appendix V: Medina County Sample Demographic Profile*

Variable	2017 Survey Sample	Medina County Census 2015	Ohio Census 2015
Age			
20-29	2.3%	10.0%	13.3%
30-39	8.4%	11.9%	12.2%
40-49	16.3%	15.0%	12.5%
50-59	22.1%	15.6%	14.3%
60 plus	48.6%	21.2%	22.4%
Race/Ethnicity			82.0%
White	95.0%	96.1%	
Black or African American	0.7%	1.2%	12.3%
American Indian and Alaska Native	0%	0.1%	0.2%
Asian	0.9%	1.0%	2.0%
Other	1.8%	0.4%	0.8%
Hispanic Origin (may be of any race)	1.4%	1.6%	3.5%
Marital Status†			
Married Couple	63.3%	59.5%	47.5%
Never been married/member of an unmarried couple	10.2%	26.9%	32.1%
Divorced/Separated	13.8%	10.8%	14.0%
Widowed	11.6%	11.5%	6.4%
Education†			
Less than High School Diploma	2.5%	4.7%	10.3%
High School Diploma	24.9%	32.4%	33.7%
Some college/ College graduate	72.1%	41.9%	56.0%
Income (Families)			
\$14,999 and less	3.8%	6.4%	7.7%
\$15,000 to \$24,999	7.5%	8.0%	7.4%
\$25,000 to \$49,999	21.2%	21.1%	22.1%
\$50,000 to \$74,999	16.0%	20.5%	20.2%
\$75,000 or more	41.8%	15.4%	44.7%

* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

† The Ohio and Medina County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Youth Variable	2017 Youth Survey Sample
Age	
12 years old or younger	12.9%
13 years old	9.6%
14 years' old	15.2%
15 years' old	18.5%
16 years' old	20.1%
17 years' old	14.8%
18 years old or older	8.9%
Gender	
Male	51.1%
Female	45.9%
Transgender	.9%
Do not identify as female, male or transgender	2.1%
Race/Ethnicity*	
White	90.1%
American Indian and Alaska Native	2.9%
Black or African American	4.6%
Hispanic or Latino	3.4%
Asian	2.4%
Native Hawaiian or Other Pacific Islander	0.5%
Other	6.5%
Grade Level	
Middle School (6-8)	31.4%
High School (9-12)	68.5%
Individual Grade Level	
6 th grade	11.9%
7 th grade	5.4%
8 th grade	14.1%
9 th grade	20.6%
10 th grade	22.0%
11 th grade	12.6%
12 th grade	13.3%

Appendix VI: Demographics and Household Information

Medina County Population by Age Groups and Gender U.S. Census 2010

	Total	Males	Females
Medina County	172,332	84,941	87,391
0-4 years	10,327	5,281	5,046
1-4 years	8,497	4,353	4,144
< 1 year	1,830	928	902
1-2 years	4,027	2,039	1,988
3-4 years	4,470	2,314	2,156
5-9 years	12,306	6,314	5,992
5-6 years	4,649	2,372	2,277
7-9 years	7,657	3,942	3,715
10-14 years	13,122	6,720	6,402
10-12 years	7,850	4,002	3,848
13-14 years	5,272	2,718	2,554
12-18 years	18,196	9,384	8,812
15-19 years	11,920	6,175	5,745
15-17 years	7,986	4,073	3,913
18-19 years	3,934	2,102	1,832
20-24 years	7,801	4,017	3,784
25-29 years	8,421	4,188	4,233
30-34 years	9,505	4,599	4,906
35-39 years	11,697	5,749	5,948
40-44 years	13,421	6,585	6,836
45-49 years	14,515	7,134	7,381
50-54 years	14,028	7,007	7,021
55-59 years	12,078	5,879	6,199
60-64 years	10,590	5,181	5,409
65-69 years	7,484	3,565	3,919
70-74 years	5,322	2,570	2,752
75-79 years	3,856	1,743	2,113
80-84 years	3,066	1,306	1,760
85-89 years	1,942	670	1,272
90-94 years	724	217	507
95-99 years	187	37	150
100-104 years	20	4	16
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	2,873	928	1,945
Total 65 years and over	22,601	10,112	12,489
Total 19 years and over	126,196	61,259	64,937

MEDINA COUNTY PROFILE

*General Demographic Characteristics
(Source: U.S. Census Bureau, Census 2015)
2011-2015 ACS 5-year estimate*

Total Population

2015 Total Population 174,831

Largest City-Brunswick

2015 Total Population 34,604 100%
2000 Total Population 33,388 100%

Population By Race/Ethnicity

Total Population 174,831 100%
White Alone 167,438 95.8%
Hispanic or Latino (of any race) 3,198 1.8%
African American 2,489 1.4%
Asian 1,999 1.1%
Two or more races 1,977 1.1%
Other 688 0.4%
American Indian and Alaska Native 895 0.5%

Population By Age

Under 5 years 9,500 5.4%
5 to 9 years 11,191 6.4%
10 to 14 years 13,281 7.6%
15 to 19 years 11,988 6.9%
20 to 24 years 8,839 5.1%
25 to 44 years 41,850 23.9%
45 to 64 years 51,211 29.6%
65 years and more 25,977 14.9%
Median age (years) 41.4

Household By Type

Total Households 66,002 100%
Family Households (families) 47,945 72.6%
 With own children <18 years 20,371 30.9%
 Married-Couple Family Households 39,249 59.5%
 With own children <18 years 15,613 23.7%
 Female Householder, No Husband Present 5,857 8.9%
 With own children <18 years 3,330 5.0%
Non-family Households 18,057 27.4%
 Householder living alone 15,283 23.2%
 Householder 65 years and > 6,711 10.2%

Households With Individuals < 18 years 21,942 33.2%
Households With Individuals 65 years and > 18,035 27.3%

Average Household Size 2.63 people

Average Family Size 3.11 people

General Demographic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)

2011-2015 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$179,500
Median Monthly Owner Costs (With Mortgage)	\$1,450
Median Monthly Owner Costs (Not Mortgaged)	\$515
Median Gross Rent for Renter-Occupied Units	\$824
Median Rooms Per Housing Unit	6.6
Total Housing Units	70,239
No Telephone Service	1,695
Lacking Complete Kitchen Facilities	731
Lacking Complete Plumbing Facilities	298

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2015)

2011-2015 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	44,567	100%
Nursery & Preschool	2,476	5.6%
Kindergarten	2,107	4.7%
Elementary School (Grades 1-8)	20,094	45.1%
High School (Grades 9-12)	10,606	23.8%
College or Graduate School	9,284	20.8%

Educational Attainment

Population 25 Years and Over	120,032	100%
< 9 th Grade Education	2,230	1.9%
9 th to 12 th Grade, No Diploma	5,607	4.7%
High School Graduate (Includes Equivalency)	38,929	32.4%
Some College, No Degree	25,244	21.0%
Associate Degree	11,082	9.2%
Bachelor's Degree	25,051	20.9%
Graduate Or Professional Degree	11,889	9.9%

Percent High School Graduate or Higher	*(X)	93.5%
Percent Bachelor's Degree or Higher	*(X)	30.8%

*(X) – Not available

Selected Social Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2015)
 2011-2015 ACS 5-year estimate

Marital Status

Population 15 Years and Over	140,859	100%
Never Married	34,709	49.4%
Now Married, Excluding Separated	40,960	59.5%
Separated	1,527	1.2%
Widowed	1,912	2.8%
Female	6,259	8.7%
Divorced	6,776	9.8%
Female	7,804	10.8%

Veteran Status

Civilian Veterans 18 years and over	12,542	9.4%
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Disability Status of the Civilian Non-Institutionalized Population

Total Civilian Noninstitutionalized Population	173,724	100%
With a Disability	17,283	9.9%
Under 18 years	41,836	100%
With a Disability	995	2.4%
18 to 64 years	106,587	100%
With a Disability	8,400	7.9%
65 Years and Over	25,301	100%
With a Disability	7,888	31.2%

Selected Economic Characteristics
 (Source: U.S. Census Bureau, Census 2015)
 2011-2015 ACS 5-year estimates

Employment Status

Population 16 Years and Over	138,077	100%
In Labor Force	93,617	67.8%
Not In Labor Force	44,460	32.2%
Females 16 Years and Over	70,682	100%
In Labor Force	43,849	62.0%

Population Living With Own Children <6 Years	10,999	100%
All Parents In Family In Labor Force	7,124	64.8%

Class of Worker

Employed Civilian Population 16 Years and Over	88,911	100%
Private Wage and Salary Workers	74,191	83.4%
Government Workers	10,110	11.4%
Self-Employed Workers in Own Not Incorporated Business	4,498	5.1%
Unpaid Family Workers	112	0.1%

Median Earnings

Male, Full-time, Year-Round Workers	\$56,733
Female, Full-time, Year-Round Workers	\$41,222

Selected Economic Characteristics, Continued
(Source, U.S. Census Bureau, Census 2015)
2011-2015 ACS 5-year estimates

Occupations

Employed Civilian Population 16 Years and Over	88,911	100%
Production, Transportation, and Material Moving Occupations	11,069	12.4%
Management, business, science, and art occupations	33,902	38.1%
Sales and Office Occupations	22,846	25.7%
Service Occupations	13,453	15.1%
Natural Resources, Construction, and Maintenance Occupations	7,641	8.6%

Leading Industries

Employed Civilian Population 16 Years and Over	88,911	100%
Manufacturing	14,078	15.8%
Educational, health and social services	19,326	21.7%
Trade (retail and wholesale)	13,859	15.6%
Arts, entertainment, recreation, accommodation, and food services	7,634	8.6%
Professional, scientific, management, administrative, and waste management services	8,543	9.6%
Transportation and warehousing, and utilities	4,575	5.1%
Finance, insurance, real estate and rental and leasing	6,196	7.0%
Other services (except public administration)	4,025	4.5%
Construction	5,429	6.1%
Public administration	2,945	3.3%
Information	1,513	1.7%
Agriculture, forestry, fishing and hunting, and mining	788	0.9%

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counti
BEA Per Capita Personal Income 2015	\$49,097	6 th of 88 counties
BEA Per Capita Personal Income 2014	\$47,065	7 th of 88 counties
BEA Per Capita Personal Income 2013	\$45,341	6 th of 88 counties
BEA Per Capita Personal Income 2012	\$44,490	7 th of 88 counties
BEA Per Capita Personal Income 2011	\$42,857	6 th of 88 counties

(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)

Selected Economic Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2015)

2011-2015 ACS 5-year estimate

Income In 2015

Households	66,002	100%
< \$10,000	2,302	3.5%
\$10,000 to \$14,999	1,942	2.9%
\$15,000 to \$24,999	5,302	8.0%
\$25,000 to \$34,999	5,815	8.8%
\$35,000 to \$49,999	8,150	12.3%
\$50,000 to \$74,999	13,524	20.5%
\$75,000 to \$99,999	10,148	15.4%
\$100,000 to \$149,999	11,652	17.7%
\$150,000 to \$199,999	3,966	6.0%
\$200,000 or more	3,201	4.8%

Median Household Income

\$66,952

Income In 2015

Families	47,945	100%
< \$10,000	1,014	2.1%
\$10,000 to \$14,999	655	1.4%
\$15,000 to \$24,999	2,034	4.2%
\$25,000 to \$34,999	3,150	6.6%
\$35,000 to \$49,999	5,074	10.6%
\$50,000 to \$74,999	10,284	21.4%
\$75,000 to \$99,999	8,688	18.1%
\$100,000 to \$149,999	10,439	21.8%
\$150,000 to \$199,999	3,675	7.7%
\$200,000 or more	2,932	6.1%

Median Household Income (families)

\$79,147

Per Capita Income In 2011-2015

\$31,760

Poverty Status In 2015

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	5.2%
Individuals	*(X)	7.4%

*(X) – Not available

**Poverty Rates, 5-year averages
2011 to 2015**

Category	Medina	Ohio
Population in poverty	7.4%	15.8%
< 125% FPL (%)	10.5%	20.3%
< 150% FPL (%)	12.8%	24.8%
< 200% FPL (%)	19.7%	33.9%
Population in poverty (1999)	5.7%	10.6%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2017, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Medina	Ohio
Labor Force	94,500	5,719,600
Employed	88,300	5,379,600
Unemployed	6,100	340,000
Unemployment Rate* in February 2017	6.5	5.9
Unemployment Rate* in January 2017	5.7	6.0
Unemployment Rate* in February 2017	4.9	5.5

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, February 2017, <http://ohiolmi.com/laus/current.htm>)

Estimated Poverty Status in 2015

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Medina County				
All ages in poverty	12,287	10,367 to 41,207	7.0%	14.6 to 14.8
Ages 0-17 in poverty	3,551	2,904 to 4,198	8.8%	20.6 to 21.8
Ages 5-17 in families in poverty	2,176	1,701 to 2,651	7.0%	5.5 to 8.5
Median household income	\$70,576	\$67,275 to \$73,877		
Ohio				
All ages in poverty	1,778,288	1,755,728 to 1,800,848	15.8%	15.6 to 16.0
Ages 0-17 in poverty	546,968	532,624 to 561,312	21.2%	20.6 to 21.8
Ages 5-17 in families in poverty	365,471	352,710 to 378,232	19.3%	18.6 to 20.0
Median household income	\$51,086	\$50,853 to \$51,319		
United States				
All ages in poverty	46,153,077	45,878,016 to 46,428,138	14.7%	14.6 to 14.8
Ages 0-17 in poverty	15,000,273	14,862,975 to 15,137,571	20.7%	20.5 to 20.9
Ages 5-17 in families in poverty	10,245,028	10,145,484 to 10,344,572	19.5%	19.3 to 19.7
Median household income	\$55,775	\$55,690 to \$55,860		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/interactive/#>)

Federal Poverty Thresholds in 2015 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$12,486					
1 Person 65 and >	\$11,511					
2 people Householder < 65 years	\$16,072	\$16,543				
2 People Householder 65 and >	\$14,507	\$16,480				
3 People	\$18,774	\$19,318	\$19,337			
4 People	\$24,755	\$25,160	\$24,339	\$24,424		
5 People	\$29,854	\$30,288	\$29,360	\$28,643	\$28,205	
6 People	\$34,337	\$34,473	\$33,763	\$33,082	\$32,070	\$31,470
7 People	\$39,509	\$39,756	\$38,905	\$38,313	\$37,208	\$35,920
8 People	\$44,188	\$44,578	\$43,776	\$43,072	\$42,075	\$40,809
9 People or >	\$53,155	\$53,413	\$52,702	\$52,106	\$51,127	\$49,779

(Source: U. S. Census Bureau, Poverty Thresholds 2014, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Appendix VII: County Health Rankings

	Medina County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2012-2014)	5,300	7,566	6,600
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2015)	12%	15%	15%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2015)	3.3	3.7	3.6
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2015)	3.5	4.0	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2008-2014)	7%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2015)	17%	22%	18%
Obesity. Percentage of adults that report a BMI of 30 or more (2015)	29%	31%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2014)	8.3	7.0	7.3
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2013)	24%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	94%	83%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2015)	18%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2011-2015)	40%	34%	30%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2014)	185.8	474	456:1
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2008-2014)	15	32	32

	Medina County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2014)	7%	10%	14%
Access to health care/medical care. Ratio of population to primary care physicians (2014)	1,600:1	1300:1	1,320:1
Access to dental care. Ratio of population to dentists (2015)	1,980:1	1692:1	1,520:1
Access to behavioral health care. Ratio of population to mental health providers (2016)	950:1	633:1	500:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2014)	51	60	50
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	86%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	69%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	96%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2011-2015)	71%	64%	64%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2015)	4%	5%	5%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2015)	9%	21%	21%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2011-2015)	3.7	4.8	5.0
Family and social support. Percentage of children that live in a household headed by single parent (2011-2015)	21%	36%	34%
Family and social support. Number of membership associations per 10,000 population (2015)	9.0	11.3	9
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	50	290	380
Injury. Number of deaths due to injury per 100,000 population (2011-2015)	48	70%	62

	Medina County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.7	11.3	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2009-2013)	11%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2011-2015)	87%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2011-2015)	44%	30%	34%

**Source: 2017 County Health Rankings for Medina County, Ohio and U.S. data
N/A – Data is not available*

Appendix VIII: Qualitative Data

2017 Medina County Community Event

September 8th, 2017 – Community Stakeholder Perceptions

Adult Report:

What surprised you the most?

- Mental health issues and its impact on quality of life (5)
- 22% had incomes under \$25K but only 4% on Medicaid (5)
- Adults not knowing e-cigarettes are bad for them (4)
- Binge drinking rates (4)
- Relation between asthma and income (3)
- Percentage of adults taking care of elderly (2)
- Job stress (2)
- Obesity among low income (2)
- Rates of adults who are abused (2)
- Adults choosing between paying for food or bills
- Low numbers for those who are seeking help/social services
- Lack of fruits and vegetables
- Housing as a top 3 concern in Medina
- High percentage of those being forced into sexual activity
- Transportation was not brought up as an issue
- Opiate data seems low
- Food insecurity
- ACEs data
- Parents giving children alcohol
- Low marijuana use
- Percentage of adults without dental care
- Primary care physician data lower than Ohio/nation

What questions came to mind?

- Why are people not applying for Medicaid? (2)
- Could ACEs be a topic to educate the community about? (2)
- Is financial stress high because of financial debt since the median income is around \$75,000?
- Relationship between those that are limited in some way because of mental health/physical health issues
- Binge drinking at home vs. public such as happy hours
- Why are poor mental health days getting higher?
- What is the cause behind high obesity rates and lower incomes? Is it food choice? Stress? Multiple jobs and no time to exercise?
- How many adults drive under the influence of alcohol?
- Is job stress due to businesses doing more with less?
- No reference regarding grandparents raising grandkids
- Why are opiate numbers low?
- Are asthma rates increasing because more are insured?

What ideas do you have?

- Messaging on alcohol consumption (2)
- Change culture of asking for help/assistance
- Focus groups for specific topics
- E-cigarette education for all populations
- Change school handbooks to include e-cigarettes

What will you or your agency do with this information?

- Annual planning and future programming
- Messaging on e-cigarettes
- Connect with other agencies in treatment collaboration
- United Way resources

Youth Report:

What surprised you the most?

- High sexual activity rates (5)
- Bullying (5)
- High stress rates because of academic pressure to succeed (4)
- Youth not feeling safe at school (4)
- Number of parents giving alcohol to youth (3)
- Cigarette use and increase of purchases at gas stations (3)
- 12% of youth are physically inactive (3)
- High head injury rates (3)
- High e-cigarette usage (3)
- High female suicide/depression rates (3)
- Low vegetable intake (2)
- High percentage of youth who have purposely hurt themselves (2)
- Depression rates (2)
- Drinking age of onset
- Low hookah rates compared to other counties
- Choking game statistics
- Youth suicide attempts
- Percentage of youth misusing medications
- ACEs data
- Low reported drug usage compared to national data
- Low screen time
- Still work to do regarding physical activity and nutrition

What questions came to mind?

- Is the focus on academics worth it- does it translate into success for their futures? (4)
- Are head injuries reported more because of education/prevention programs? (2)
- Zip code specific data (2)
- Why aren't youth feeling safe at school? (2)
- How does early cellphone/tablet usage contribute to youth feeling unsafe? (2)
- What is the relationship between early onset of alcohol consumption and onset of tobacco use?
- How many times must bullying acts take place before its considered bullying?
- How do you address the 25% not asking for help?
- Why do youth chose to not eat in 24 hours to try to lose weight?

What questions came to mind? Continued...

- What is the correlation between purposely hurting themselves and being depressed?
- Is self-harm becoming more acceptable among youth?
- Are female depression/suicide rates higher because of social media?
- Why are suicide rates increasing despite amazing programming that has been put in place?
- What is the pressure of the drug epidemic looking like for youth?
- Youth HPV vaccination rates
- Do kids understand HPV and other STD connection to cancer?
- How do you solve the problem of keeping kids active but also involved and doing well in school?
- Will cyber bullying increase within the next few years?
- Are the definitions of bullying skewed? Students may report it in a survey but not get help or report it
- What are safety and bullying issues outside of school
- What age does sex education become part of the curriculum?
- What barriers contribute to "holding back" on providing more comprehensive curriculums?
- With the absence of religious connection, how do we build connection and resiliency in other ways?

What ideas do you have?

- Earlier, more and better sex education (2)
- E-cigarette education (2)
- Prevention focus for middle schoolers
- Give parenting classes to those who have pre-teens or teens
- Help parents accept reality of the report and statistics in our county and how it personally impacts our children
- Peaceful Place available at Hospital
- Parents should discuss more with their children
- Improve the connection between families and religious connections
- Identify the barriers of educating teens/pre-teens about physical and emotional repercussions of sexual activity
- Address those driving fatigued

What will you or your agency do with this information?

- Program planning
- Develop more parenting resources
- Open and honest education/curriculum
- Work to tear down barriers and engage parents by educating them on report statistics
- Trauma informed care
- Propose/advocate appropriate curriculums to administration and parents
- Library will take initiative in planning retreats for community connection and how library fits in

Other discussion items?

- Students are not empowered to report bullying- biggest challenge is bullying not being reported
- 25% of youth not asking for help may be critical ones
- Stigma of using library setting
- Health and safety of youth, parenting resources, and coping with stress need to be highly focused on
- Needing clarification on safety issues
- Youth going to bed hungry because of lack of food

Child Report:

What surprised you the most?

- High asthma rates (4)
- Mother's mental health rates compared to father's (2)
- Low autism rates (2)
- Lower reading to children rates than state (2)
- Mother's rates of post-partum depression
- High number of parents with poor health
- Low numbers of family's eating together- could be due to kids being so involved
- Safety in schools
- Percentage of children missing school
- The number of fast food meals consumed on average per week
- ADD/ADHD rates
- Safe sleeping education is working
- High number of children visiting the dentist but more problems with teeth

What questions came to mind?

- Do children diagnosed with asthma have any correlation to being a part of households with smokers? (2)
- Is asthma related to allergies?
- Can we look at how asthma rates differ by zip code?
- What are JFS's numbers on Medicaid/insurance?
- Accuracy of survey since parents are filling out for their child
- More details about not feeling safe at school
- How many pediatricians are having conversations to their children patients?
- Do enough children have proper beds and locations to sleep?

What ideas do you have?

- People actively involved in the community are needed to address children with unmet needs
- Get every child ready to read. Can we build this into parenting classes/education?
- Child development by comparison in play groups
- Department of Health PSA- increase education