

2018  2020



Medina County
**Community Health
Improvement Plan (CHIP)**

May 2018

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Executive Summary

In 2010, *Living Well Medina County* began conducting community needs assessments for the purpose of measuring and addressing health status. LWMC established its vision as *Creating and Implementing a Community Vision that Promotes Living Well in Medina County*.

The most recent 2017 Medina County Community Needs Assessment was cross-sectional in nature and included a written survey of adults, adolescents, and parents within Medina County. 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), the Youth Risk Behavior Surveillance System (YRBSS), and the National Survey of Children's Health (NSCH). This has allowed Medina County to compare the data collected in their community needs assessment to national, state and local health trends.

The 2017 Medina County Community Needs Assessment also fulfills national mandated requirements for the hospitals in our county. H.R. 3590 Patient Protection and Affordable Care Act states that in order to maintain tax-exempt status, not-for-profit hospitals are required to conduct a community needs assessment at least once every three years, and adopt an implementation strategy to meet the needs identified through the assessment.

From the beginning phases of the needs assessment, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the project. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

The 2017 Medina County Needs Assessment has been utilized as a vital tool for creating the Medina County Community Health Improvement Plan (CHIP). The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental, education, and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.

Living Well Medina County hired the Hospital Council of Northwest Ohio (HCNO), a neutral regional non-profit hospital association, to facilitate the prioritization process of the CHIP. *Living Well Medina County* then invited key community leaders to participate in an organized prioritization process to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout the prioritization process.

This Community Health Improvement Plan (CHIP) represents the work, collaboration, and engagement of over 100 individuals/agencies in the community. Multiple opportunities to participate and provide input (including emails, in-person meetings, surveys) were utilized since the release of the CHA in September 2017.

The 2018-2020 Medina County CHIP was required to select at least 2 priority topics, and 1 priority outcome to align with the 2017-2019 State Health Improvement Plan (SHIP). The following Medina County CHIP priority topics and outcomes very closely align with the 2017-2019 SHIP priorities:

Figure 1.1 2018-2020 Medina County CHIP Overview

Ohio Health Outcomes		
Increase Health Status Decrease Premature Death		
Ohio Priority Topics		
Mental Health and Addiction	Chronic Disease	Maternal and Infant Health
Medina County Priority Topics		
Mental Health and Addiction	Chronic Disease	
Medina County Priority Outcomes		
<ul style="list-style-type: none"> ↓ Decrease adult and youth suicide 🇺🇸 ↓ Decrease adult and youth depression 🇺🇸 ↑ Improve adult and youth mental health ↓ Decrease youth and child bullying ↓ Decrease youth alcohol use ↓ Decrease youth tobacco use 	<ul style="list-style-type: none"> ↓ Decrease adult heart disease 🇺🇸 ↓ Decrease adult diabetes 🇺🇸 ↓ Decrease adult, youth, and child obesity 	

Living Well Medina County

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

The 2017 Medina County Community Needs Assessment report was presented at a community meeting on September 8, 2017. The Hospital Council of Northwest Ohio presented the information.

The prioritization process was completed by agencies and service providers within Medina County. On December 4th, 2017, the committee reviewed many sources of information concerning the health and social challenges Medina County adults, youth, and children may be facing. They determined priority issues, which if addressed, could improve future outcomes, determined gaps in current programming and policies and examined best practices and solutions. We would like to recognize these organizations and thank them for their work during the prioritization process:

Annie Finnerty, Medina County Board of Developmental Disabilities

Chandra Rudolf, Medina Hospital

Cheryl Parzych, United Way of Medina County

Gail Houck Alternative Paths

Karen Glass, Cooperative Community Services

Krista Wasowski, Medina County Health Department

Kristen Hildreth, Medina County Health Department

Kristen Nagy, Oaks Family Care Center

Kristine Quallich, Medina City Schools

Laura Toth, Medina County Office for Older Adults

Lisa Strebler, Medina County Health Department

Loretta Cornell, Medina County Health Department

Lynne Cardilino, Ohio Guidestone

Maria Burk, United Way of Medina County

Melissa Pearce, Community Action Wayne/Medina Counties

Michelle Kipfstuhl, Catholic Charities

Rebecca Rak, Brunswick Police Department/Lodi Family Center

Rhonda Wurgler, Medina County Children's Center

Rick Dumperth, Wolff Bros. Supply/United Way

Tiffany Shelton, Medina County ADAMH Board

The prioritization process was facilitated by Britney Ward, Director of Community Health Improvement, and Emily Stearns, Community Health Improvement Coordinator, from the Hospital Council of Northwest Ohio.

Alignment with National and State Standards

The 2018-2020 Medina County Health Improvement Plan priorities align perfectly with state and national priorities. Medina County will be addressing the following priorities: mental health and addiction, and chronic disease.

U.S. Department of Health and Human Services National Prevention Strategies

The Medina County Community Health Improvement Plan (CHIP) also aligns with six of the National Prevention Strategies for the U.S. population: mental and emotional well-being, tobacco free living, active living, healthy eating, and preventing drug abuse and excessive alcohol use.

Healthy People 2020

Medina County priorities also fit specific Healthy People 2020 goals. For example:

- **Nutrition and Weight Status (NWS)-9:** Reduce the proportion of adults who are obese.
- **Heart Disease and Stroke (HDS)-1:** Reduce the proportion of persons in the population with hypertension.
- **Mental Health and Mental Disorders (MHMD)-9:** Increase the proportion of adults with mental health disorders who receive treatment.
- **Substance Abuse (SA)-2:** Increase the proportion of adolescents never using substances.

Ohio State Health Improvement Plan (SHIP)

The 2017-2019 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The Ohio Department of Health contracted with the Health Policy Institute of Ohio (HPIO) to conduct the 2017-2018 State Health Improvement Plan. HPIO sub-contracted with the Hospital Council of Northwest Ohio to collect data, facilitate regional forums, and assist with the SHIP strategies.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- **Self-reported health status** (reduce the percent of Ohio adults who report fair or poor health)
- **Premature death** (reduce the rate of deaths before age 75)

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

- 1. Mental health and addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
- 2. Chronic disease** (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with the following conditions and risk factors- nutrition, physical activity and tobacco use)
- 3. Maternal and infant health** (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

The SHIP also takes a comprehensive approach to improving Ohio’s greatest health priorities by identifying cross-cutting factors that impact multiple outcomes: health equity, social determinants of health, public health system, prevention and health behaviors, and healthcare system and access.

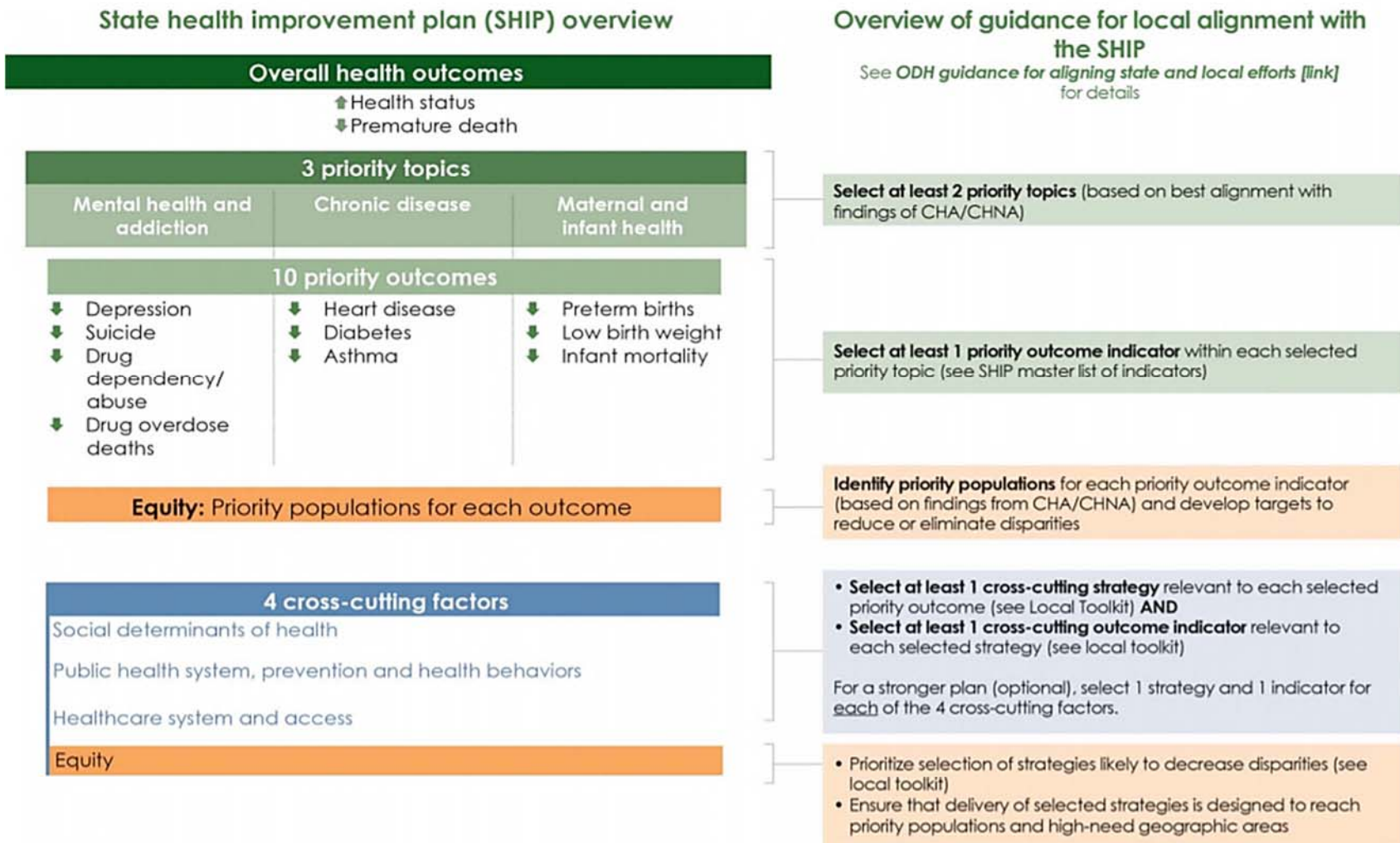
The 2018-2020 Medina County CHIP prioritization process required committee members to select at least 2 priority topics, and 1 priority outcome indicator for each priority to align with the 2017-2019 State Health Improvement Plan. The following Medina County CHIP priority topics and outcomes very closely align with the 2017-2019 SHIP priorities:

<i>2018-2020 Medina County CHIP Alignment with the 2017-2029 SHIP</i>	
<i>Priority Topics</i>	<i>Priority Outcomes</i>
<i>Mental and addiction</i>	<ul style="list-style-type: none"> • Decrease depression • Decrease suicide
<i>Chronic Disease</i>	<ul style="list-style-type: none"> • Decrease heart disease • Decrease diabetes

Note: This symbol  will be used throughout the report when an indicator directly aligns with the 2017-2019 SHIP.

Alignment with National and State Standards, continued

Figure 1.2 2017-2019 State Health Improvement Plan (SHIP) Overview



Definitions

CHA — Community health assessment led by a local health department

CHNA — Community health needs assessment led by a hospital

Indicator — A specific metric or measure used to quantify an outcome, typically expressed as a number, percent or rate. Example: Number of deaths due to suicide per 100,000 population.

Outcome — A desired result. Example: Reduced suicide deaths.

Priority population — A population subgroup that has worse outcomes than the overall Ohio population and should therefore be prioritized in SHIP strategy implementation. Examples include racial/ethnic, age or income groups; people with disabilities; and residents of rural or low-income geographic areas.

Target — A specific number that quantifies the desired outcome. Example: 12.51 suicide deaths per 100,000 population in 2019.

Needs Assessment

Living Well Medina County reviewed the 2017 Medina County Needs Assessment. The detailed primary data for each individual priority area can be found in the section it corresponds to. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following tables were the group results.

What are the most significant ADULT health issues or concerns identified in the 2017 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Mental Health (10 votes) pg. 82			
Felt sad or hopeless almost every day for two weeks or more in a row in the past year	7%	Income: <\$25K (13%)	Females (11%)
4 or more Adverse Childhood Experiences (ACEs)	13%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	N/A	N/A
Attempted suicide in the past year	<1%	N/A	N/A
Average days that mental health not good in past month	4.5	N/A	N/A
Rated mental health as not good on four or more days in the past month	36%	N/A	N/A
Weight Status (7 votes) pg. 56			
Obese	28%	Income: <25K (50%)	Males (31%)
Overweight	40%	Income: >25K (43%)	Males (52%)
Cardiovascular Disease (6 votes) pg. 85			
Had angina or coronary heart disease	5%	Age: 65+ (15%)	N/A
Survived a heart-attack	3%	Age: 65+ (17%)	N/A
Survived a stroke	3%	Age: 65+ (6%), Income: <25K (12%)	N/A
Diagnosed with high blood pressure	33%	Age: 65+ (61%), Income: <25K (62%)	Males (39%)
Diagnosed with high blood cholesterol	43%	Age: 65+ (55%), Income: <25K (53%)	Males (46%)

What are the most significant **ADULT** health issues or concerns identified in the 2017 assessment report? (Continued)

Key Issue or Concern	Percent of Population At risk	Age Group (or Income Level) Most at Risk	Gender Most at Risk
Alcohol Consumption (6 votes) pg. 64			
Drank alcohol at least once in past month (current drinker)	71%	N/A	N/A
Average number of drinks consumed per occasion	3.0	Age: 65 & over (4.4)	N/A
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 🇺🇸	20%	N/A	N/A
Drove after drinking any alcoholic beverage	15%	N/A	N/A
Uninsured (6 votes) pg. 32			
Uninsured 🇺🇸	7%	Income: <\$25K (21%)	N/A
Quality of Life (6 votes) pg. 99			
Limited in some way because of a physical, mental or emotional problem	23%	Age: 65+ (47%)	Males (27%)
Access to Care (4 votes) pg. 35			
Visited a doctor for a routine checkup within the past year 🇺🇸	64%	Age: 30-64 (59%)	N/A
Diabetes (2 votes) pg. 98			
Diagnosed with diabetes 🇺🇸	10%	Age: 60+ (22%), Income: <\$25K (21%)	Males (12%)
Diagnosed with pre-diabetes	8%	N/A	N/A
Asthma (2 votes) pg. 94			
Diagnosed with asthma 🇺🇸	14%	Income: <\$25K (29%)	Females (17%)
Rx Abuse (2 votes) pg. 71			
Adults who misused prescription drugs in the past 6 months	6%	Income: <\$25K (27%)	N/A
Forced sexual activity (2 vote) pg. 77			
Adults forced to participate in sexual activity when they did not want to	8%	Income: <\$25K (17%)	N/A

What are the most significant YOUTH health issues or concerns identified in the 2017 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Grade Level) Most at Risk	Gender Most at Risk
Mental Health (12 votes) pg. 127			
Had seriously considered attempting suicide in the past year 🇵🇸	14%	Age: 14-16 (16%)	Females (18%)
Had attempted suicide in the past year	7%	Age: 17+ (8%)	Females (9%)
Felt sad or hopeless almost every day for two weeks or more in a row 🇵🇸	24%	N/A	Females (35%)
Experienced 3 or more Adverse Childhood Experiences (ACEs)	23%	N/A	N/A
Alcohol Use (10 votes) pg. 116			
Ever tried alcohol	32%	Age: 17+ (59%)	Females (34%)
Current drinker 🇵🇸	16%	Age: 17+ (30%)	Females (17%)
Binge drinker (of all youth) 🇵🇸	10%	Age: 17+ (21%), Grade Level: 9-12 (14%)	Males (11%)
Drove after consuming an alcoholic beverage (of youth drivers)	5%	Grade Level: 9-12 (6%)	N/A
Drank for the first time before age 13 (of all youth)	7%	N/A	N/A
Average age of onset for drinking	14.2	N/A	N/A
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	38%	N/A	N/A
Bullying (9 votes) pg. 133			
Bullied in the past year	43%	N/A	N/A
Bullied on school property in the past year 🇵🇸	31%	N/A	N/A
Weight Status (8 votes) pg. 109			
Obese 🇵🇸	15%	Age: 14-16 (18%)	Males (16%)
Overweight 🇵🇸	11%	Age: 13 and younger (16%)	Females (12%)
Sexual Activity (8 votes) pg. 123			
Had sexual intercourse	24%	Age: 17+ (56%) Grade Level: 9-12 (34%)	Females (25%)
Age of onset for sexual intercourse	15.0	N/A	N/A
4 or more sexual partners (of all youth)	5%	Grade Level: 9-12 (8%)	N/A

What are the most significant **YOUTH** health issues or concerns identified in the 2017 assessment report? (Continued)

Key Issue or Concern	Percent of Population At risk	Age Group (or Grade Level) Most at Risk	Gender Most at Risk
Tobacco Use (7 votes) pg. 113			
Current smokers	7%	Age: 17+ (15%) Grade Level: 9-12 (11%)	Females (8%)
Ever tried cigarettes	13%	Age: 17+ (22%), Grade Level: 9-12 (19%)	N/A
Average age on onset for smoking	13.5	N/A	N/A
Bought tobacco products from a store or gas station (of current smokers)	31%	Grade Level: 9-12 (32%)	N/A
E-cigarette use in past year	14%	N/A	N/A
Safety (5 votes) pg. 133			
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	8%	Age: 13 & younger (9%)	Females (11%)
Social Media Use (4 votes) pg. 131			
Shared personal information about themselves, such as where they live	5%	N/A	N/A
Participated in sexual activity with someone they met online	3%	N/A	N/A
Drug Use (3 votes) pg. 120			
Used marijuana in past month	10%	Age: 17+ (15%), Grade level: 9-12 (14%)	Males (12%)
Ever misused medication	7%	Grade level: 9-12 (11%)	Males (13%)
Ever used cocaine	3%	Grade level: 9-12 (4%)	N/A

What are the most significant CHILD health issues or concerns identified in the 2017 assessment report?

Key Issue or Concern	Percent of Population At risk	Age Group (or Grade Level) Most at Risk	Gender Most at Risk
Mental Health (14 votes) pg. 140			
Received mental health services in the past year	9%	Income: <25K (19%)	N/A
Weight Status (9 votes) pg. 136			
Obese	23%	N/A	N/A
Overweight	17%	N/A	N/A
Bullying (9 votes) pg. 144			
Bullied in the past year	13%	N/A	N/A
Missed school because of bullying	2%	N/A	N/A
Asthma (6 votes) pg. 137			
Diagnosed with asthma 🇺🇸	12%	Age: 6-11 (14%)	N/A
Social Media Use (6-11y) (3 votes) pg. 144			
Parents reported their 6-11-year-old had a social network account	27%	N/A	N/A
Child had a problem as a result of their social media account	2%	N/A	N/A
ADD/ADHD (3 votes) pg. 137			
Diagnosed with ADD/ADHD	10%	Age: 6-11 (13%)	N/A
Oral Health (2 votes) pg. 136			
Visited a dentist for a check-up within the past year	87%	Age: 6-11 (93%)	N/A
No problems with teeth	61%	N/A	N/A
General Health Status (2 votes) pg. 136			
Rated child's health as fair or poor 🇺🇸	3%	N/A	N/A

What are the most significant CHILD health issues or concerns identified in the 2017 assessment report? (Continued)

Key Issue or Concern	Percent of Population At risk	Age Group (or Grade Level) Most at Risk	Gender Most at Risk
Head Injury (1 vote) pg. 137			
Had a head injury/concussion	3%	N/A	N/A
Safe sleep (0-5y) (1 vote) pg. 142			
Parent put their child to sleep on their back	91%	N/A	N/A
Child sleeps in crib/bassinette without bumper, blankets, or stuffed animals	76%	N/A	N/A
Behavioral issues (1 vote) pg. 137			
Child diagnosed with behavioral/conduct problems	5%	Age: 6-11 (6%)	N/A
Parental Health (1 vote) pg. 150			
Parents mental and emotional health excellent or very good	79%	Income: <25K (56%)	N/A
Parents mental and emotional health fair or poor	6%	N/A	N/A

The Local Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

LWMC Network

In April 2018, the Medina County Health Department emailed community partners a survey to assess the connectivity of community collaborations. The PARTNER Tool was used to analyze the “networks” in Medina County. This tool allows the collaborative, Living Well Medina County, to determine the quality and quantity of connections, gaps and vulnerabilities among partners, and the overall connectivity of partners. The following diagrams are network maps: a way to visually represent LWMC as an asset to community health improvement through partnerships, level of trust, and regular interactions across sectors in the community.

The survey was sent to 100 key stakeholder, thought leaders, people of influence, current LWMC members, as well as those we wanted to engage in LWMC (note Group Key). 25% of partners completed the survey.

Figure 1 below represents the daily interaction among partners in business, education, elected officials, functional needs organizations, government, health, law enforcement, mental health, non-profit, recreation, and parks. Figure 2 shows daily interactions along with level of trust. The larger circle size represents higher level of trust dimensions of reliability, in support of the project, and open to discussion..

Figure 1: Daily interactions of the network

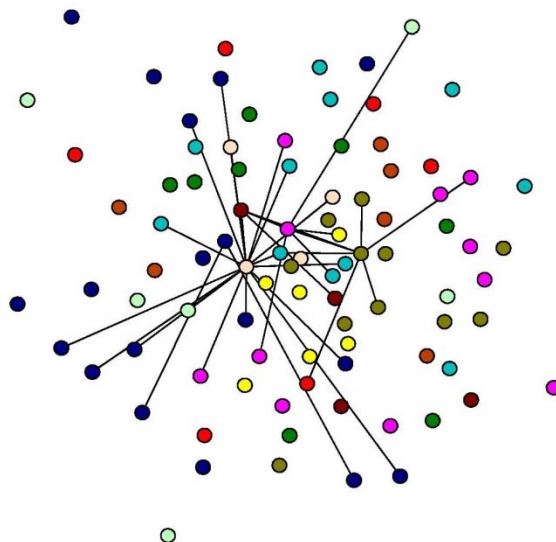


Figure 2: Daily interactions of the network with levels of trust

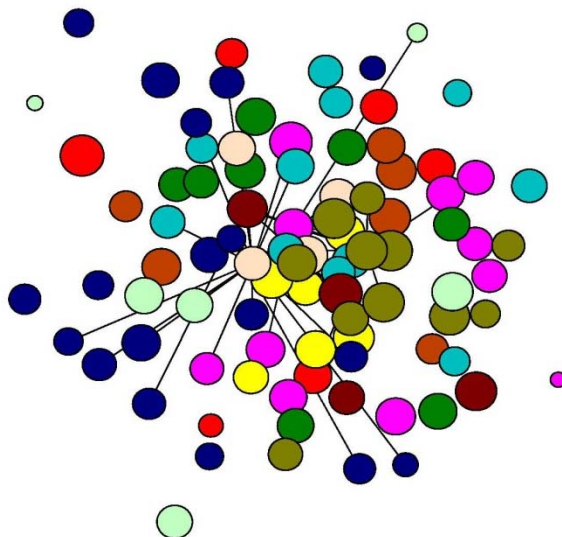


Figure 3 below represents the weekly interaction among partners in business, education, elected officials, functional needs organizations, government, health, law enforcement, mental health, non-profit, recreation, and parks. Figure 4 shows monthly interactions.

Figure 3: Weekly interactions of the network

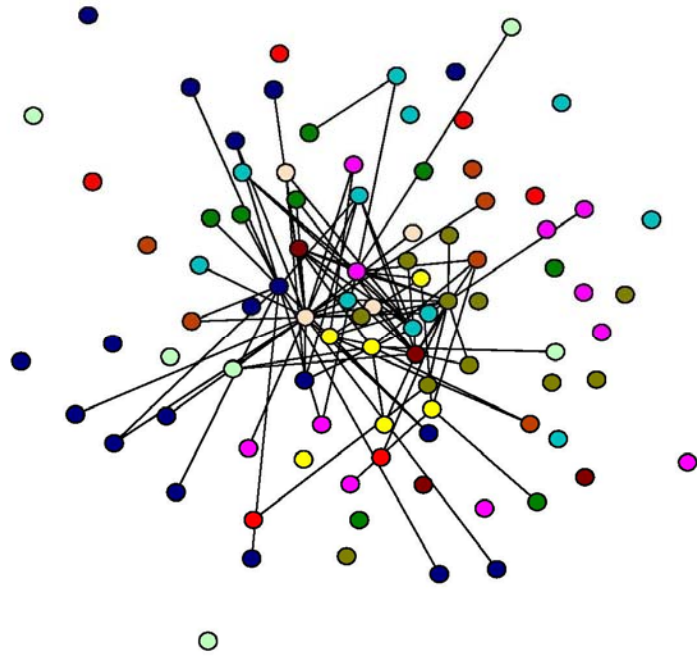
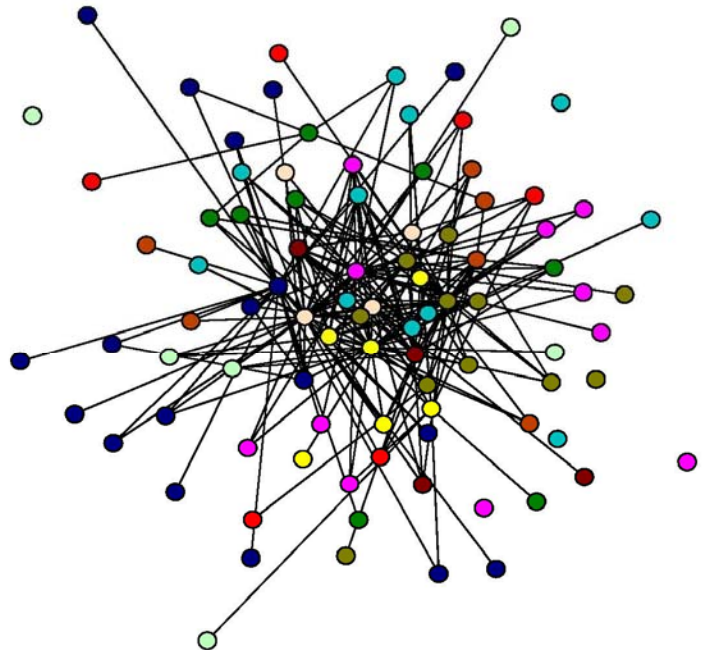


Figure 4: Monthly interactions of the network



What does it mean?

The survey asked several questions about LWMC to help guide the work of the collaborative.

Network Scores: These scores represent the collaborative as a whole.

Density: 18.8%

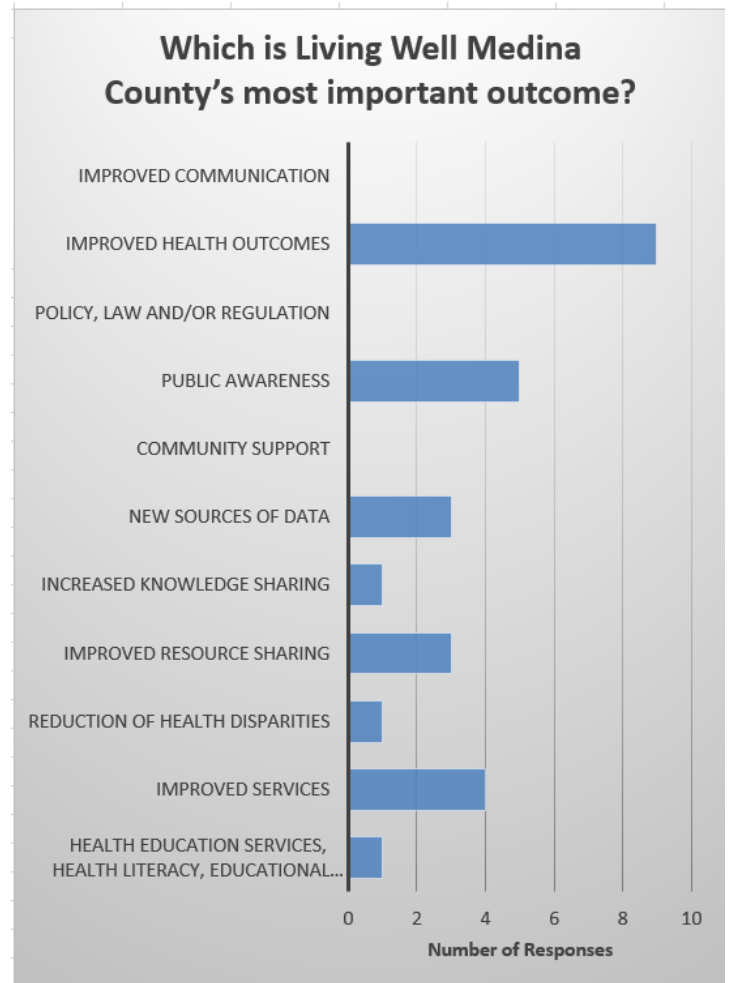
(An indication of overall cohesiveness of the collaborative. 100% means that every member is connected to every other member)

Degree Centrality: 72.8%

(How well connected the members in the network are, collectively. Higher network centralization indicates that members are more equally interconnected, which in turn may increase willingness to support collaborative goals)

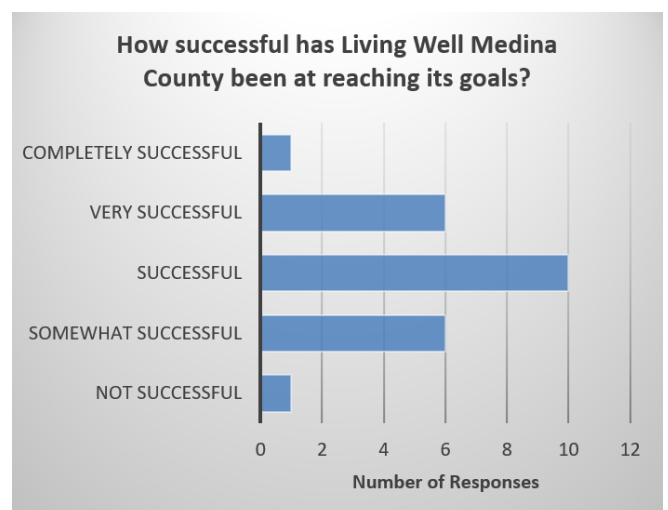
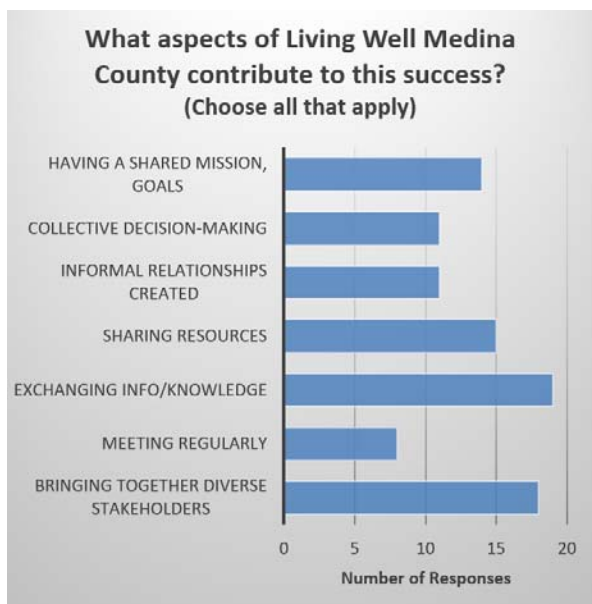
Trust: 65.5%

(Indicates the level of trust among members as a whole. A key characteristic of properly functioning collaborative. 100% means that each member of the network fully trusts every other member)



"Interesting and thorough way to analyze collaborative efforts and opportunities. Good luck with this process."

"I appreciate being included in the very important work of this process and look forward to the outcomes and actions that result! Thank you"



Unmet Needs

In the Medina and Wayne County stakeholders group, **growing needs** identified in serving constituents included:

(Source: Community Action of Wayne and Medina Counties COMMUNITY NEEDS ASSESSMENT 2017-2019)

- Transportation giving access to the workplace, medical appointments, grocery shopping and recreation (this was noted by every group member as a barrier for customers). With transportation other barriers were not being able to buy a car, secure a loan, afford insurance, being physically incapable of driving and not having access to transportation that was affordable, reliable or flexible
- Getting food to food insecure seniors
- Lack of safe, affordable housing
- Need of a homeless shelter in Medina County
- Lack of living wage jobs
- Lack of residential treatment services of drug addiction
- Access to mental health treatment
- Access to car repair funding, rental security deposits
- Lack of access to recreational options for socialization and physical fitness 10
- Need to recognize the trauma of abuse and adverse experiences that impacts an individual's lack of motivation.
- The effects of the opioid crisis
- Lack of access to medical care, insurance, concerns about Medicaid impacts of health care legislation changes, lack of geriatric caseworkers

2015 Focus Group Assessment: The goal of this data is to provide a more comprehensive answer to the question "What barriers to low-income households face when trying to access medical, mental/behavioral health, and social services?" This data was gathered from a series of six focus groups conducted with low-income Medina County residents. Residents were invited to participate if they had a household income of less than \$25,000 annually and/or were eligible to receive benefits such as Medicare, Medicaid, SNAP, WIC, cash assistance, etc. These criteria allow for the inclusion of families who may have a household income greater than \$25,000 but who still fall below the poverty line due to family size.

The following four themes were most commonly mentioned across all discussions:

- Transportation
- Respect
- Knowledge of Available Services
- Maneuverability of the System

(Source: Medina County Health Department ACCESS TO HEALTHCARE BARRIERS FOR LOW-INCOME HOUSEHOLDS 2015)

Income Disparity

- 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.
- 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.
- 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.
- 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.
- 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.
- 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%)
- 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%)
- 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%)
- 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%)

- 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.
- 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.
- 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.
- 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.
- 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.
- 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 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%)
- In 2017, 14% of Medina County adults had been diagnosed with asthma, increasing to 29% of those with incomes less than \$25,000.
- 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.
- 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.

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

ALICE in Medina County

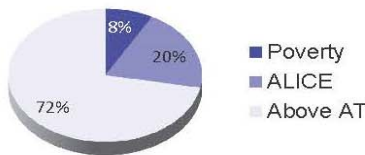
ALICE IN MEDINA COUNTY

2015 Point-in-Time Data

Population: 176,395 | **Number of Households:** 66,769
Median Household Income: \$69,989 (state average: \$51,075)
Unemployment Rate: 3.4% (state average: 6.4%)
Gini Coefficient (zero = equality; one = inequality): 0.42 (state average: 0.46)

How many households are struggling?

ALICE, an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mloyed, are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold, or AT). Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.



What are the economic conditions?

The **Economic Viability Dashboard** evaluates community conditions for ALICE in three core areas. Each is an index with a scale of 1 (worse) to 100 (better).

Housing Affordability
60

Job Opportunities
71

Community Resources
44

What does it cost to afford the basic necessities?

This bare-minimum budget does not allow for any savings, leaving a household vulnerable to unexpected expenses. Affording only a very modest living in each community, this budget is still significantly more than the Federal Poverty Level of \$11,770 for a single adult and \$24,250 for a family of four.

Household Survival Budget, Medina County

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Housing	\$502	\$764
Child Care	\$-	\$1,635
Food	\$184	\$609
Transportation	\$349	\$697
Health Care	\$184	\$707
Miscellaneous	\$140	\$495
Taxes	\$180	\$537
Monthly Total	\$1,539	\$5,444
ANNUAL TOTAL	\$18,468	\$65,328
Hourly Wage	\$9.23	\$32.66

Source: American Community Survey, Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS), U.S. Census, U.S. Department of Agriculture (USDA), U.S. Department of Housing and Urban Development (HUD), U.S. Election Assistance Commission, Ohio Department of Taxation, and Ohio Department of Job and Family Services, 2015.

Medina, 2015		
County Subdivisions	Total HH	% ALICE & Poverty
Brunswick City	13,381	31%
Brunswick Hills Township	3,822	22%
Chatham Township	793	20%
Chippewa Lake Village	305	43%
Gloria Glens Park Village	184	48%
Granger Township	1,662	19%
Guilford Township	1,162	22%
Harrisville Township	680	25%
Hinckley Township	2,812	22%
Homer Township	516	46%
Lafayette Township	2,222	29%
Litchfield Township	1,207	25%
Liverpool Township	1,947	21%
Lodi Village	1,179	57%
Medina City Township	10,090	42%
Medina Township	3,533	19%
Montville Township	3,902	17%
Seville Village Township	1,013	35%
Sharon Township	1,883	19%
Spencer Township	539	33%
Spencer Village	259	43%
Wadsworth City	8,577	34%
Wadsworth Township	1,482	17%
Westfield Center Village	475	19%
Westfield Township	959	22%
York Township	1,289	18%

Note: Municipal-level data on this page is for County Subdivisions. Totals will not match county-level data; municipal-level data relies on 5-year averages and is not available for the smallest towns that do not report income.

Community Priorities for Action

LWMC established its vision as *Creating and Implementing a Community Vision that Promotes Living Well in Medina County*.

Based on the 2017 Medina County Needs Assessment, key issues were identified for adults, youth, and children. Committee members then completed a ranking exercise, giving a score for magnitude, seriousness of the consequence and feasibility of correcting, resulting in an average score for each issue identified. Committee members' rankings were then combined to give an average score for the issue.

The rankings were as follows:

Health Issue	Average Score
Youth mental health (including depression and suicide)	26
Child mental health	25
Adult chronic disease (including obesity, diabetes, and cardiovascular disease)	25
Youth chronic disease (including obesity)	25
Child chronic disease (including obesity)	25
Adult mental health (including depression and suicide)	24
Youth bullying	24
Child bullying	23
Youth alcohol use	23
Youth tobacco use	23
Youth sexual activity	22

Medina County will focus on the following two priority area over the next 3 years:

1. **Chronic disease** (includes adult, youth, and child obesity; adult diabetes; and adult heart disease)
2. **Mental health and addiction** (includes adult, youth and child mental health; adult and youth suicide; adult and youth depression; youth tobacco use; youth alcohol use; and youth and child bullying).

CHIP Strategy Selection Meeting

On February 5, 2018, members of Living Well Medina County met to identify evidence-based strategies for each priority areas.

The groups utilized State Health Improvement Plan (SHIP) community strategy and indicator toolkits. Workgroups strategized each priority area, focusing on 3 audiences for each priority area:

- 1) Chronic Disease
 - Adult heart disease
 - Adult diabetes
 - Adult, youth, child obesity
- 2) Mental Health & Addiction
 - Adult/youth suicide and depression
 - Adult/youth mental health and bullying
 - Youth alcohol and tobacco use

Thank you to the following members who participated in these work sessions.

- Sarah Arend, Cleveland Clinic Medina Hospital (1,2)
- Amy Benza, Cornerstone (2)
- Maria Burk, United Way (2)
- Loretta Cornell, Medina County Health Department (1,2)
- Rick Dumperth, Wolff Brothers/United Way (2)
- Steve Hambley, Ohio House (1,2)
- Kristen Hildreth, Medina County Health Department (1,2)
- Gail Houk, Alternative Paths (2)
- Michelle Kipfstuhl, Catholic Charities (2)
- Tom Miller, Medina County Sheriff's Office (2)
- Kristen Nagy, Oaks Family Care Center (2)
- Meagan Neumann, Wadsworth City Schools (1,2)
- Brittany Paliswat, Battered Women's Shelter (2)
- Christy Rickbrodt, Medina County Health Department (2)
- Melissa Romain, Ohio Guidestone (2)
- Chandra Rudolph, Cleveland Clinic Medina Hospital (1,2)
- Tiffany Shelton, ADAMH Board (2)
- Dr. Richard Shewbridge, Cleveland Clinic Medina Hospital (1,2)
- Vicky Snyder, Cleveland Clinic Medina Hospital (1,2)
- Mark Trew, Alternative Paths (2)
- Krista Wasowski, Medina County Health Department (1,2)
- Heather Wuensch, Akron Children's Hospital (1,2)
- Rhonda Wurgler, Children's Center (2)

CHIP Review and Action Teams Formation

On April 30, 2018, an email was sent to LWMC Stakeholders. The email contained a draft CHIP and survey to join an Action Team. Members were asked to review the CHIP and provide any comments or suggestions, and to complete the survey to indicate interest in Action Teams.

Members were also invited to a CHIP review meeting held on May 18, 2018. At this meeting, the following representatives reviewed the CHIP, met in groups to look at work plans, and provided input.

CHIP Review Meeting Participants:

- Jane Barnett, Family First
- Loretta Cornell, Medina Count Health Department
- Rick Dumperth, United Way of Medina County
- Beth Ewing, United Way of Medina County
- Annie Finnerty, Medina County Board of DD
- Steve Hambley, Ohio House
- Kristen Hildreth, Medina County Health Department
- Gail Houk, Alternative Paths
- Sharon Jaeger, Medina County Health Department
- Will Koran, ESC of Medina County
- Rachel Krauss, ESC of Medina County
- Nancy Peacock, Free Clinic Medina County
- Rebecca Rak, Brunswick Police Department & Lodi Family Center
- Christy Rickbrodt, Medina County Health Department
- Chandra Rudolph, Cleveland Clinic Medina Hospital
- Dr. Richard Shewbridge, Cleveland Clinic Medina Hospital
- Krista Wasowski, Medina County Health Department

Additionally, Action Team leads and members are listed in the work plans on pages 32-34 & 44-46.

Priority 1: Chronic Disease: Heart Disease, Diabetes, & Obesity

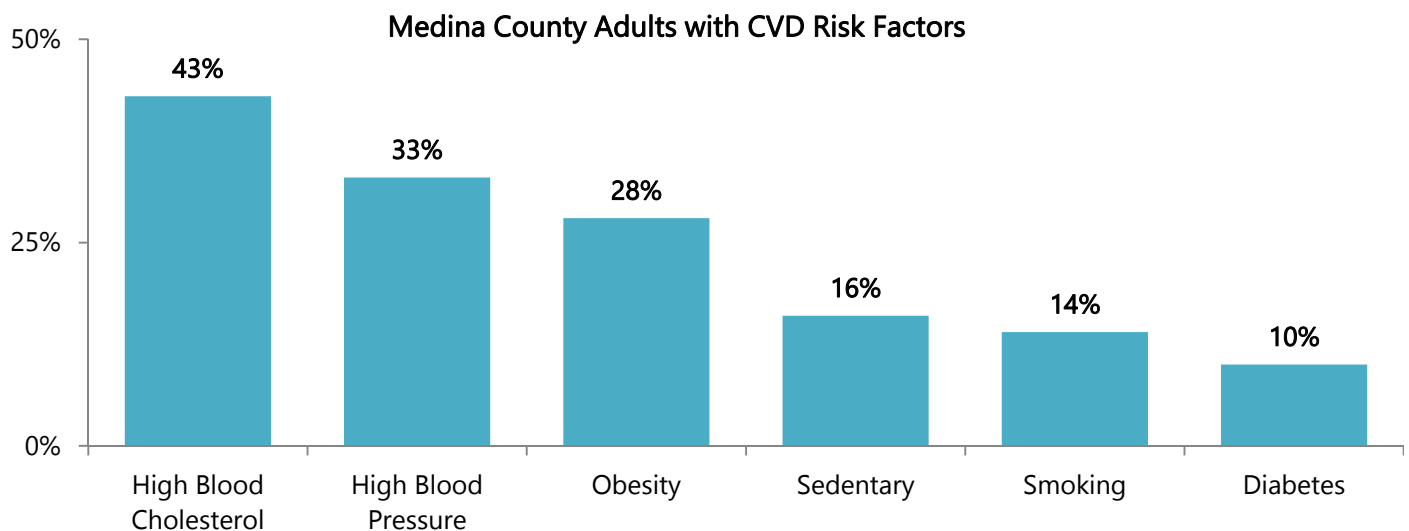
Key Findings: Heart Disease

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.

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

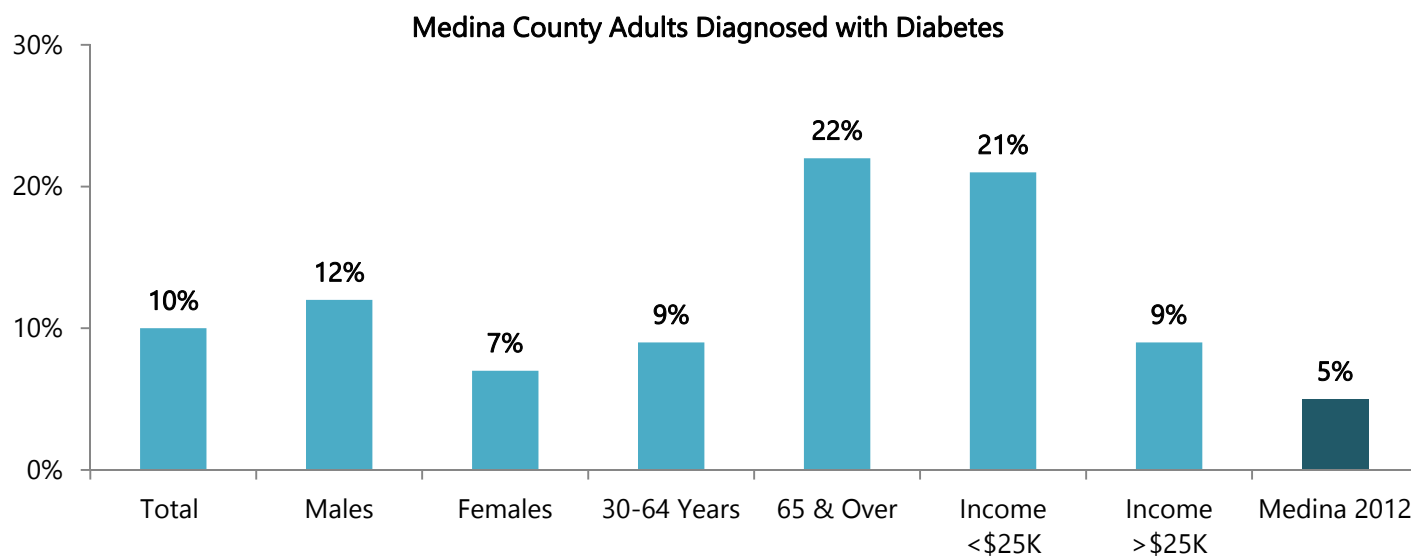


Key Findings: Diabetes

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.

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



Key Findings Youth Weight Status

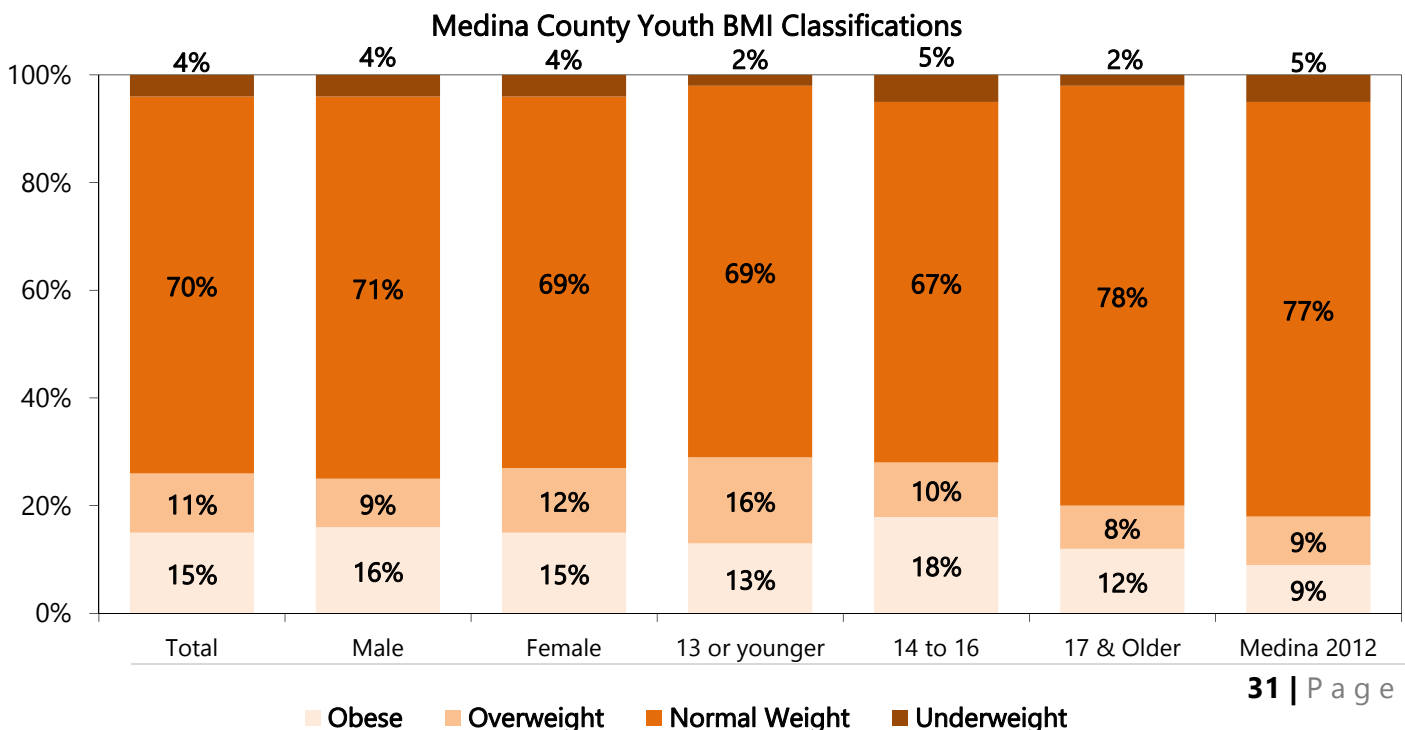
The needs assessment identified that 15% of Medina County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 28% of youth reported that they were slightly or very overweight. Nearly three-quarters (74%) of youth exercised for 60 minutes on 3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

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.



Strategies and Action Steps Chronic Disease Priority

Priority Topic: Adult Diabetes				
Action Step	Priority Outcome & Indicator	Priority Population	Person/Agency Responsible	Timeline
Goal 1: Diabetes Prevention Program (DPP)				
Strategy 1: Develop new healthy food initiatives <ul style="list-style-type: none"> Implement consistent promotion of county Farmers Markets Provide education on utilizing food benefits to purchase healthy food options for WIC and SNAP customers (e.g. cannot use for carbonated beverages) Identify policy/system level changes to alleviate causes of health inequity 	Priority outcome for health improvement: ↓ Decrease adult diabetes 🇺🇸 Indicators from CHA: <ul style="list-style-type: none"> Obese 🇺🇸 Overweight 🇺🇸 	Adults	Dr. Richard Shewbridge, Cleveland Clinic Medina Hospital Kristen Hildreth, Medina County Health Department	December 2018
Strategy 2: Initiate Diabetes Prevention Program <ul style="list-style-type: none"> Initiate county-wide DPP program with shared protocols and processes to conduct glucose screening Implement consistent evidence-based education on Know your Numbers Share aggregate data to monitor program 				December 2019
Strategy 3: Promote increased physical activity <ul style="list-style-type: none"> Provide consistent information on free or low cost physical activity opportunities in the County (e.g., bike path and county/city parks) Work with at least 1 school district to submit a Safe Routes to School Plan Develop bike and pedestrian master plan in at least 1 community 				December 2020
Action Team Members: Sarah Arend, Cleveland Clinic Medina Hospital; Jane Barnett, Family First; Karen Carbaugh, Akron Area YMCA; Loretta Cornell, Medina County Health Department; Maureen Dowell, City of Medina (Recreation Center); Nancy Peacock, Free Clinic of Medina County; & Representative Steve Hambley, Ohio House				

Priority Topic: Adult, Youth, Child Obesity

Action Step	Priority Outcome & Indicator	Priority Population	Person/Agency Responsible	Timeline
Goal 2 Healthy Food Initiatives and Community Healthy Food Access				
<p>Strategy 1: Collect baseline data</p> <ul style="list-style-type: none"> Establish mechanism to share aggregate data on populations for: <ul style="list-style-type: none"> BMI and glucose Schools for PCP utilization BP Cholesterol Identify policy/system level changes to alleviate causes of health inequity 	<p>Priority outcome for health improvement:</p> <p>↓ Decrease adult, youth, and child obesity</p> <p>Indicators from CHA:</p> <ul style="list-style-type: none"> Obese 🇧🇷 Overweight 	<p>Adults Youth Children</p>	<p>Sharon Jaeger, Medina County Health Department</p> <p>TBD</p>	<p>December 2018</p>
<p>Strategy 2: Develop consistent messaging on healthy eating, cooking, and nutrition</p> <ul style="list-style-type: none"> Establish shared communication of what is happening in the county related to healthy eating <ul style="list-style-type: none"> increase awareness how to cook healthy education for families 				<p>December 2019</p>
<p>Strategy 3: Establish policy level changes</p> <ul style="list-style-type: none"> Work with community to provide healthy food options to Feeding Medina County for distribution Engage businesses to establish wellness policies <ul style="list-style-type: none"> Healthy Medina (et al) Track business and employers who are doing programs and share best practices 				<p>December 2020</p>
<p>Action Team Members: Maureen Dowell, City of Medina (Recreation Center); Jane Barnett, Family First; Representative Steve Hambley, Ohio House; Cathy Lance, VANTAGE Aging; Amy Rutledge, Brunswick Schools; & Libby Thomas, Medina County Health Department</p>				

Priority Topic: Adult Heart Disease

Action Step	Priority Outcome & Indicator	Priority Population	Person/Agency Responsible	Timeline
Goal 3 Mass Reach Communication				
<p>Strategy 1: Collect baseline data</p> <ul style="list-style-type: none"> • Identify sources of data to share, including: <ul style="list-style-type: none"> ○ with insurance ○ without insurance ○ with PCP or Med Home ○ who use insurance ○ obesity by income ○ obesity by geography ○ non-employed ○ many work outside MC (55% go to other counties to work) • Identify policy/system level changes to alleviate causes of health inequity 	<p>Priority outcome for health improvement:</p> <p>↓ Decrease adult heart disease 🇺🇸</p> <p>Indicators from CHA:</p> <ul style="list-style-type: none"> ▪ Had angina or coronary heart disease 🇺🇸 ▪ Survived a heart-attack ▪ Survived a stroke ▪ Diagnosed with high blood pressure 🇺🇸 ▪ Diagnosed with high blood cholesterol 	Adults	<p>Krista Wasowski, Medina County Health Department</p>	December 2018
<p>Strategy 2: Develop consistent messaging</p> <ul style="list-style-type: none"> • Initiate Know Your Numbers Campaign <ul style="list-style-type: none"> ○ consistency across all partners ○ know numbers ○ increase activity ○ increase funding choices 			<p>Dr. Richard Shewbridge, Cleveland Clinic Medina Hospital</p>	December 2019
<p>Strategy 3: Increase access to CTTS services</p> <ul style="list-style-type: none"> • Assist employers to develop Tobacco Cessation and Policy (Tobacco Free) • Increase CTTS availability in county • Develop face to face/online CTTS sessions 			<p>December 2020</p>	
<p>Action Team Members: Sarah Arend and Dr. Richard Shewbridge, Cleveland Clinic Medina Hospital; Maureen Dowell, City of Medina (Recreation Center); Jane Barnett, Family First; Representative Steve Hambley, Ohio House; Kristen Hildreth, Medina County Health Department; Anna Lichtenberg, Community Action Wayne/Medina Counties; & Nancy Peacock, Free Clinic of Medina County.</p>				

Key Findings Quality of Life

In 2017, 23% of Medina County adults were limited in some way because of a physical, mental or emotional problems. 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%).

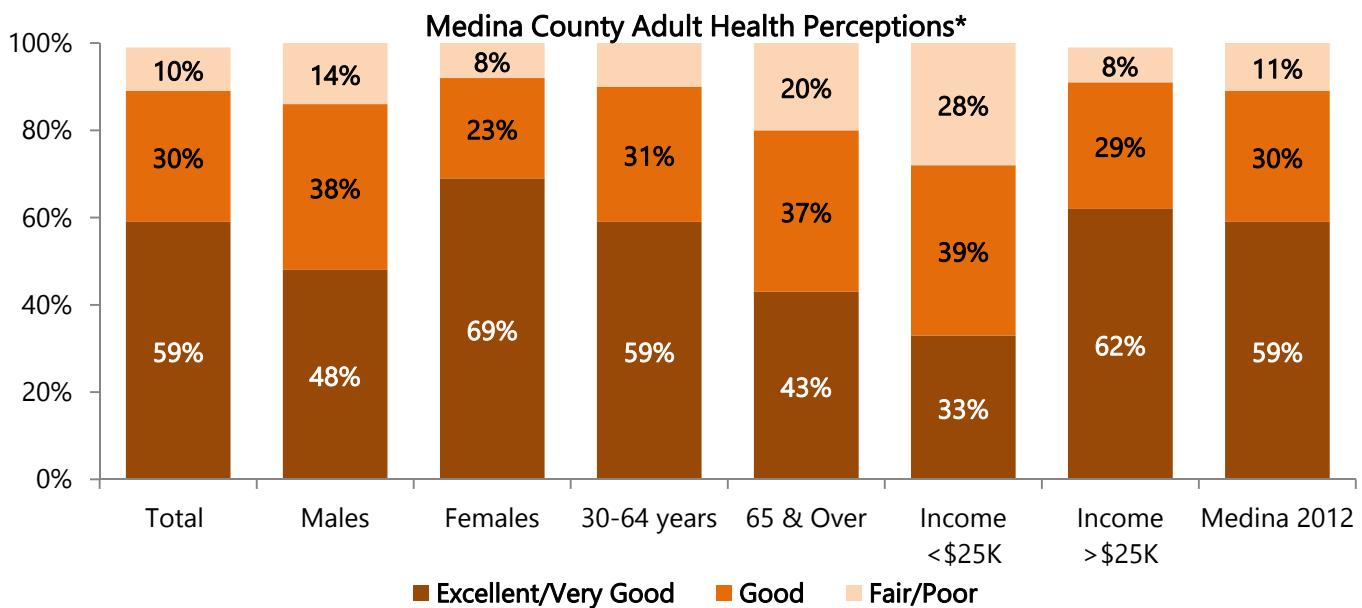
Key Findings Health Status

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

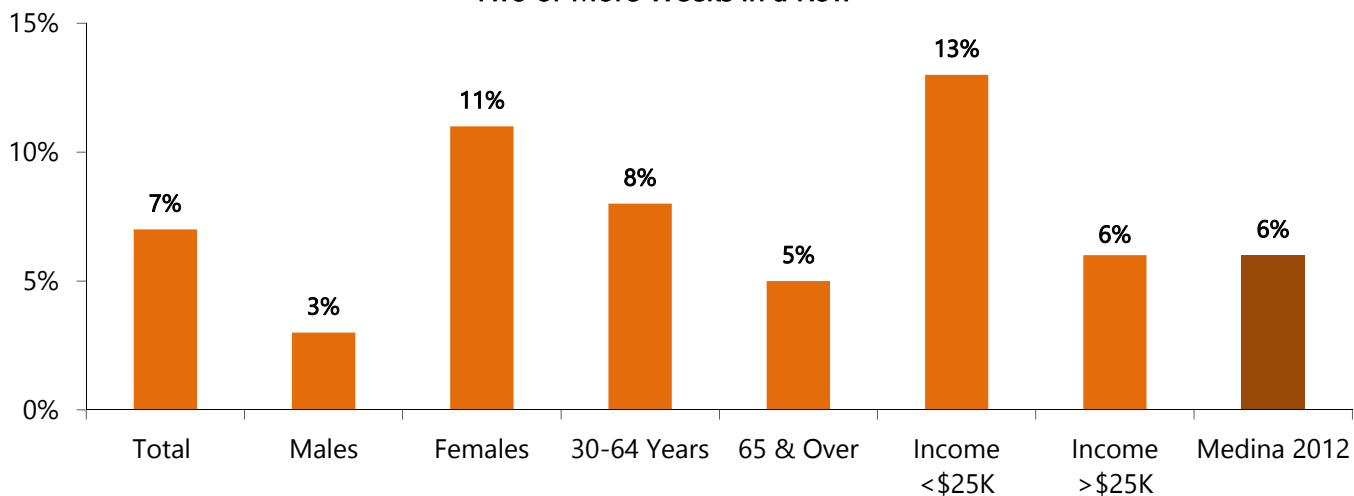
- In 2017, nearly three-fifths (59%) of Medina County adults rated their health as excellent or very good. Medina County adults with higher incomes (62%) were most likely to rate their health as excellent or very good, compared to 33% of those with incomes less than \$25,000.
- Ten percent (10%) of adults 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%)

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.



The following graph shows Medina County adults who felt sad or hopeless for two or more weeks in a row in the past year. 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



Key Findings Youth Tobacco Use

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.

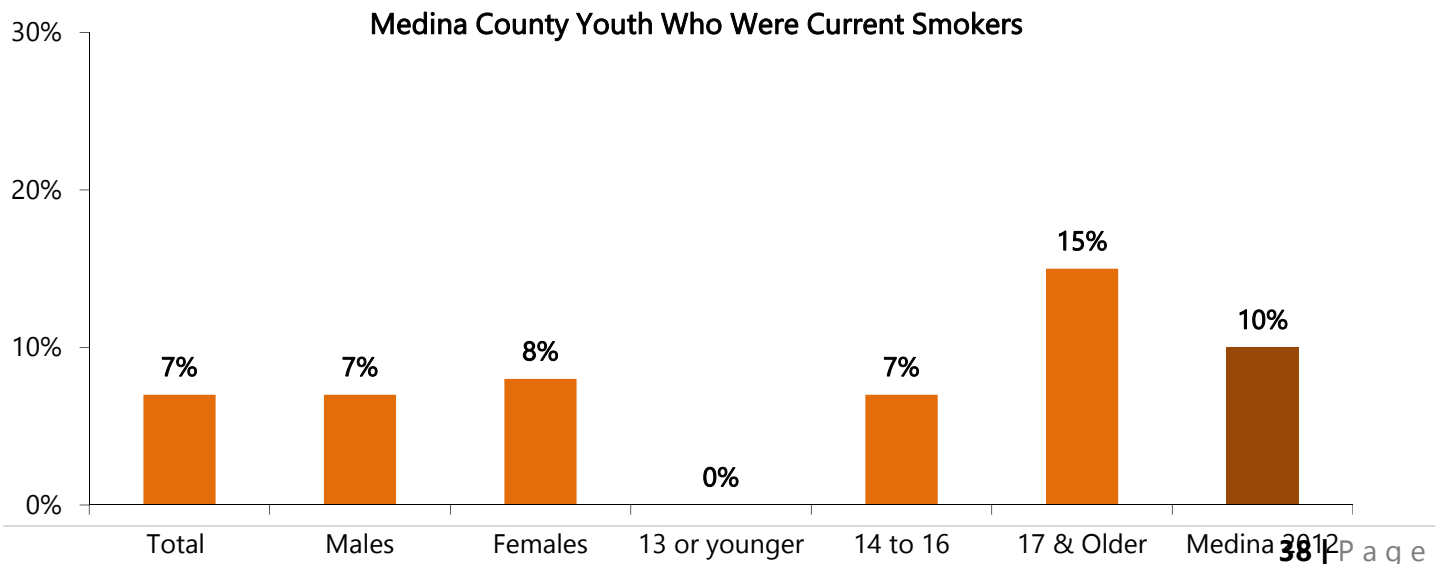
Youth Tobacco Use Behaviors

- 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.

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

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.



Key Findings Youth Alcohol

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.

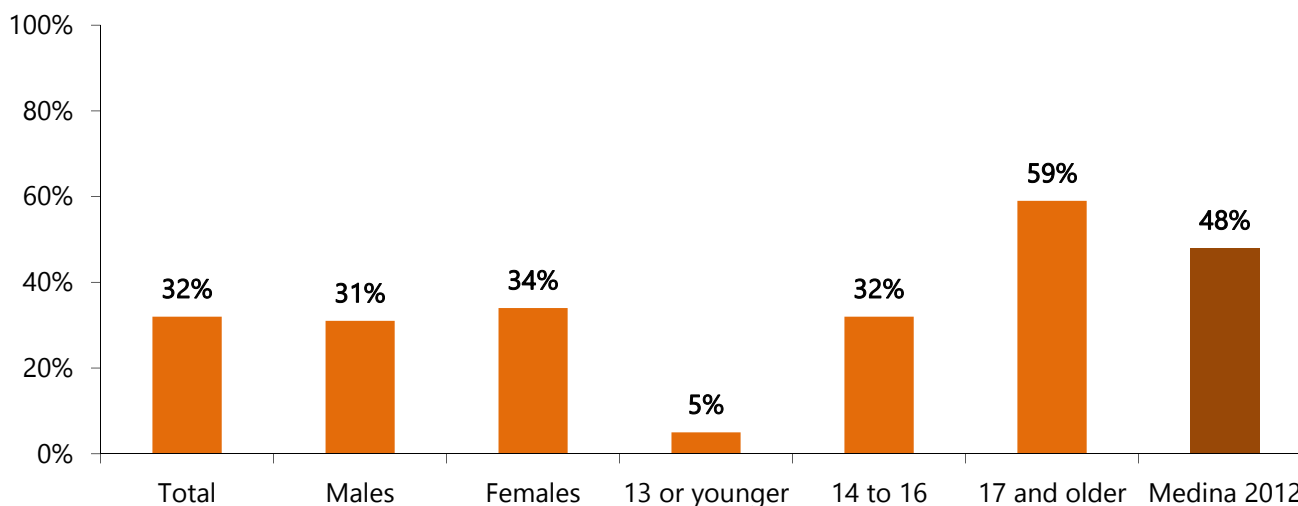
Youth Alcohol Consumption

- 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.

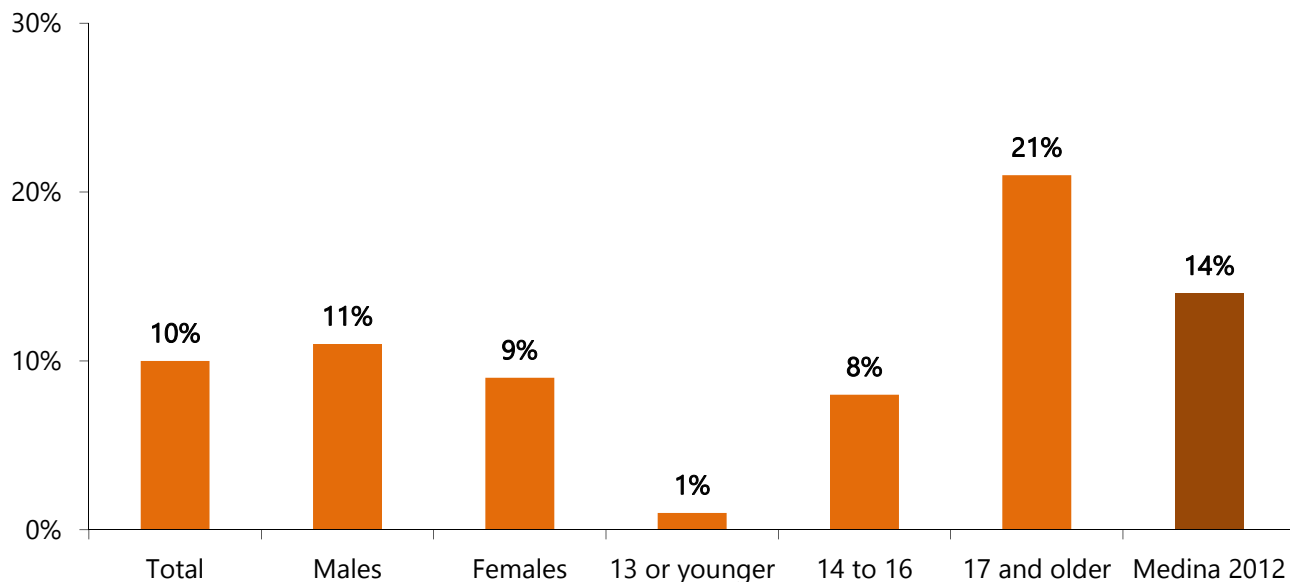
The following graph shows the percentage of Medina County youth who drank in their lifetime and youth who were current drinkers. Examples of how to interpret the information include: 32% of all Medina County youth had drunk at some time in their life, including 31% of males and 34% of females.

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



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



Key Findings 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.

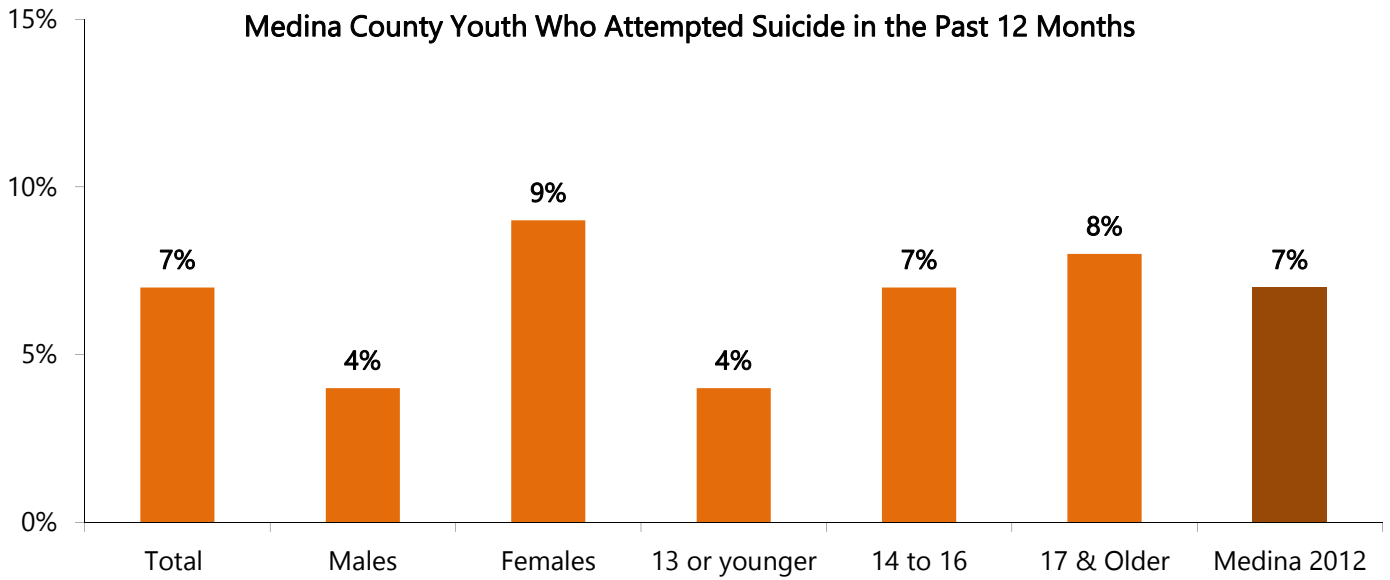
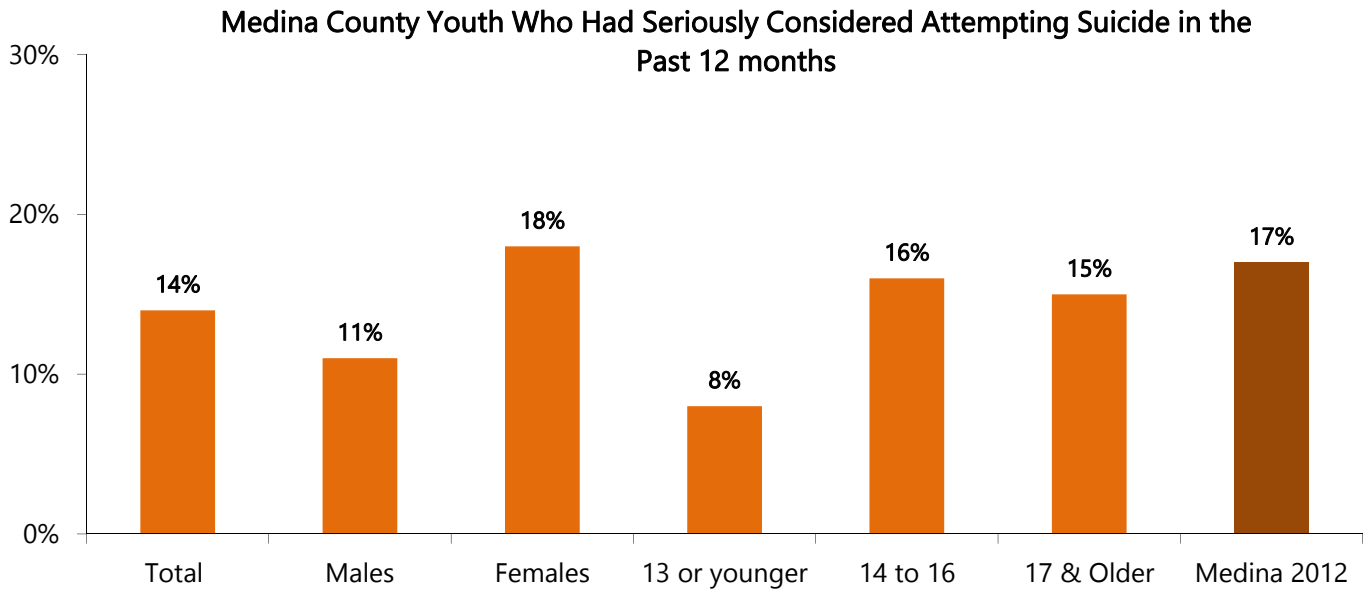
Youth Mental Health

- 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.

- 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%).

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.



Key Findings Bullying

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.

- 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%



Strategies and Action Steps Mental Health and Addiction Priority

Priority Topic: Adult and Youth Suicide and Depression				
Action Step	Priority Outcome & Indicator	Priority Population	Person/Agency Responsible	Timeline
Goal 1 Trauma Informed Health Care				
Strategy 1: Formalize Suicide Coalition <ul style="list-style-type: none"> Secure funds for a paid key point of contact* Develop educational information with warning signs for businesses, schools and the public; identify high-risk populations for outreach Develop referral mechanisms (211, clergy, safe person) Implement consistent evidence-based education to reduce stigma (talk about warning signs; men; affordability of services; not alone) Identify policy/system level changes to alleviate causes of health inequity 	Priority outcome for health improvement: ↓ Decrease adult and youth suicide 📉 Indicators from CHA: <ul style="list-style-type: none"> 4 or more Adverse Childhood Experiences (ACEs) Seriously considered attempting suicide in the past year Attempted suicide in the past year 	Adult Youth	TBD*, Alternative Paths Christy Rickbrodt, Medina County Health Department	December 2018
Strategy 2: Identify needed resources <ul style="list-style-type: none"> Develop at least 1 survivors group to meet on a regular basis Identify resource gaps and develop strategies Identify barriers for accessing resources 				December 2019
Strategy 3: Provide guidance to employers <ul style="list-style-type: none"> Develop consistent evidence-based education family and parent education to reduce ACES Establish consistent evidence-based education training for PCP on ACES 				December 2020
Action Team Members: Jane Barnett, Family First; Debbie Boehmke, Rick Dumperth, and Beth Ewing, United Way of Medina County; Gail Houk, Alternative Paths; Rachel Krauss, ESC of Medina County; Kristen Nagy, Oaks Family Care Center; Brittany Paliswat, Battered Women's Shelter; Melissa Pearce, Community Action Wayne/Medina Counties; Kristine Quallich, Medina City Schools; Rebecca Rak, Brunswick Division of Police; Melissa Romain, OhioGuidestone; & Vicky Snyder, Cleveland Clinic Medina Hospital. Existing coalitions: Trauma Informed Care; Coalition to Prevent Suicide.				

Priority Topic: Adult and Youth Mental Health and Bullying

Action Step	Priority Outcome & Indicator	Priority Population	Person/Agency Responsible	Timeline
Goal 2 Provide Education to primary care and behavioral health providers regarding depression/suicide and evidence-based treatments				
Strategy 1: Promote current resources for where to get mental health help <ul style="list-style-type: none"> Develop referral mechanisms (211, clergy, safe person) Identify policy/system level changes to alleviate causes of health inequity 	Priority outcomes for health improvement: ↓ Decrease adult and youth depression 🇺🇸 ↑ Improve adult and youth mental health Indicators from CHA: <ul style="list-style-type: none"> Felt sad or hopeless almost every day for two weeks or more in a row in the past year 🇺🇸 Average days that mental health not good in past month 🇺🇸 Rated mental health as not good on four or more days in the past month Bullied in the past year Bullied on school property in the past year 	Adult Youth	Kristine Quallich, Medina City Schools Phillip Titterington, Medina County ADAMH Board	December 2018
Strategy 2: Provide education for early child behavior problems <ul style="list-style-type: none"> Implement consistent evidence-based education bullying prevention programs 				December 2019
Strategy 3: Establish protocol for incorporating mental health screening in PCP <ul style="list-style-type: none"> Target <\$25,000 for mental health help and assistance Increase mental health screening in primary care (SBIRT) Provide consistent evidence-based training to PCP on SBIRT 				December 2020
Action Team Members: Jane Barnett, Family First; Loretta Cornell, Medina County Health Department; Rick Dumperth and Beth Ewing, United Way of Medina County; Annie Finnerty, Medina County Board of DD; Gail Houk, Alternative Paths; Michelle Kipfstuhl, Catholic Charities; William Koran and Rachel Krauss, ESC of Medina County; Cindy McQuown, Cornerstone; Brittany Paliswat, Battered Women’s Shelter; Rebecca Rak, Brunswick Division of Police; Melissa Romain, OhioGuidestone; Christy Rickbrodt, Medina County Health Department; & Chandra Rudolph, Cleveland Clinic Medina Hospital.				

Priority Topic: Youth (Adult) Alcohol and Tobacco Use

Action Step	Priority Outcome & Indicator	Priority Population	Person/Agency Responsible	Timeline	
Goal 3 School-based alcohol/other drug prevention programs including youth-led prevention					
Strategy 1: Provide school education on alcohol and tobacco <ul style="list-style-type: none"> Develop consistent evidence-based education family and parent education on tobacco and alcohol Utilize MCDAC/Share Cluster to develop evidence-based youth-led prevention programs on tobacco and alcohol Identify policy/system level changes to alleviate causes of health inequity 	Priority outcomes for health improvement: <ul style="list-style-type: none"> ↓ Decrease youth alcohol use ↓ Decrease youth tobacco use Indicators from CHA: <ul style="list-style-type: none"> Current smokers Ever tried cigarettes Average age on onset for smoking Bought tobacco products from a store or gas station (of current smokers) E-cigarette use in past year Ever tried alcohol Current drinker  Binge drinker (of all youth)  Drove after consuming an alcoholic beverage (of youth drivers) Drank for the first time before age 13 (of all youth) Average age of onset for drinking Obtained the alcohol they drank by someone giving it to them (of youth drinkers) 	Youth Adults	Krista Wasowski, Medina County Health Department	December 2018	
Strategy 2: Establish protocol for incorporating tobacco and alcohol use screening in PCP <ul style="list-style-type: none"> Provide consistent evidence-based training to PCP on tobacco cessation and referrals Expand available CTTS in Medina County 				TBD	December 2019
Strategy 3: Establish tobacco-free policies <ul style="list-style-type: none"> Develop tobacco-free policies for worksites, schools, open spaces, multi-unit housing, and other settings 				December 2020	
Action Team Members: Beth Ewing, United Way of Medina County; Representative Steve Hambley, Ohio House; Jessica Hazeltine, Recovery Center of Medina County; Rachel Krauss, ESC of Medina County; Jessica Miles, Christy Rickbrodt, and Libby Thomas, Medina County Health Department; Kristen Nagy, Oaks Family Care Center; and Melissa Romain, OhioGuidestone.					

Contacts and More Information

Full reports of Living Well Medina County can be found at www.medinahealth.org including:

- **Medina County Community Health Improvement Plan 2018**
- **Medina County Prioritization Report 2017**
- **Medina County Community Needs Assessment 2017**
- **Access to Care: Barriers for Low-Income Households**
- **Youth Report 2015**
- **Community Needs Assessment (September 2012)**
- **Community Health Improvement Plan (CHIP) (January 2013)** plus CHIP review and updated work plan
- **Community Health Ranking Reports** - 2017, 2016, 2015, 2014, 2013, and 2012

If you have questions about this report, the Living Well Medina County Coalition, or would like to become involved in an action team, please contact:

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Medina County
**Community Health
Improvement Plan (CHIP)**
May 2018