

**2015**  
**Marion County, Ohio**  
**Health Assessment**



Prepared by:  
Thomas Quade, MA, MPH  
Health Commissioner  
Marion Public Health









OFFICE OF THE HEALTH COMMISSIONER

June 23, 2015

Dear Reader,

I am pleased to have the opportunity to present to you a report documenting the 2015 community health assessment of Marion County, Ohio. This was a comprehensive process that involved many population health system partners in the community as well as the general public. Our contributing partners will be identified in the report.

Funding for conducting and analyzing the 2014 Community Survey came in some part from grants from the Ohio Department of Health, the Ohio Public Health Partnership, and general revenue from our own local taxpayer support. The process by which we collectively identified community health priorities was facilitated by our population health system partners at OhioHealth – Marion General Hospital.

This 2015 assessment will be repeated on a 5 year cycle with interim data updates as new secondary data are published or as funding for updated primary data collection becomes available. There are several purposes of this report. One is to provide baseline data regarding health status and healthy behaviors where that baseline point does not yet exist. Another is to identify trends where available and reliable data from prior years do exist. Finally, the report will identify community health priorities identified with input from the public and the variety of agencies and institutions that serve them. The health priorities identified in the assessment report will be the focus of the 2016-2020 Marion Community Health Improvement Plan.

The report will be made available to all who want it electronically via email or on the Marion Public Health website, [www.marionpublichealth.org](http://www.marionpublichealth.org). Due to its size and the expense of printing, only a limited number of hard copies will be printed.

Sincerely,

Thomas Quade, MA, MPH

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## EXECUTIVE SUMMARY

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This, the 2015 Marion Community Health Assessment, is the first such assessment conducted since the 2010-2011 Marion Community Health Assessment. As with the previous assessment, this one has at its core a primary source community data element resulting from a self-administered community health survey. Where questions were the same, data were compared for trends over time. Other sources of secondary data in the current report include those disseminated in the County Health Rankings Report, the Ohio Department of Health Data Warehouse, the web-based Network of Care database, the CDC, and the US Census Bureau.

The process began in late 2013 with preliminary interviews with many of the participants from the previous assessment cycle with the intent of identifying ways to improve the process and maintain those partnerships through to the creation and implementation of a community health improvement plan. One lesson learned through those interviews was that the partners would rather spend their limited time on the identification and mitigation of priority health issues rather than on the wordsmithing of the next survey. To that end, Marion Public Health (MPH) took the lead in the creation of the 2014 survey. MPH contracted with the Hospital Council of Northwest Ohio to assist in the design, validation, and distribution of the tools. MPH conducted the data analysis internally from the raw data made available as a work product of the vendor agreement. MPH was interested in examining possible disparities in health status between unique populations within the Marion community. To that end, a subset of the survey questions were pooled to create an abridged survey that was distributed to the local Board of Developmental Disabilities, the local jail, and the area's largest non-health industry employer.

In the spring of 2015, a diverse key-informant group convened to make a first attempt at articulating what it believed were the most significant health and health-related issues facing Marion's population. That group identified the following thirteen issues: Poverty, Obesity, Tobacco Use, Substance Abuse, Mental Health, Transportation, Education, Housing, Violence, Literacy, Maternal and Child Health, Vulnerable Populations, and Access to Comprehensive Health Care. Data summaries were created for the primary issues. This list of thirteen was arranged such that seven individual issues emerged with the remaining 6 issues identified as cutting across the other seven. Another survey was created to elicit community feedback regarding this list of seven issues. They were all validated by the community at large through focus groups and self-administered online surveys. This survey was available to the general public but was also sent directly to key stakeholder groups, including the Marion Minority Commission.

A final meeting of the original key informant group was convened to examine local data and the results from the community feedback survey and to make a final decision regarding what three to five health issues should be identified as targets for the 2016-2020 Marion Community Health Improvement Plan. These are: Obesity, Tobacco, Substance Abuse, Maternal and Child Health, and Safe and Healthy Housing. The next step will be to convene planning and working groups around each of these issues.



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**CONTEXT: PURPOSE**

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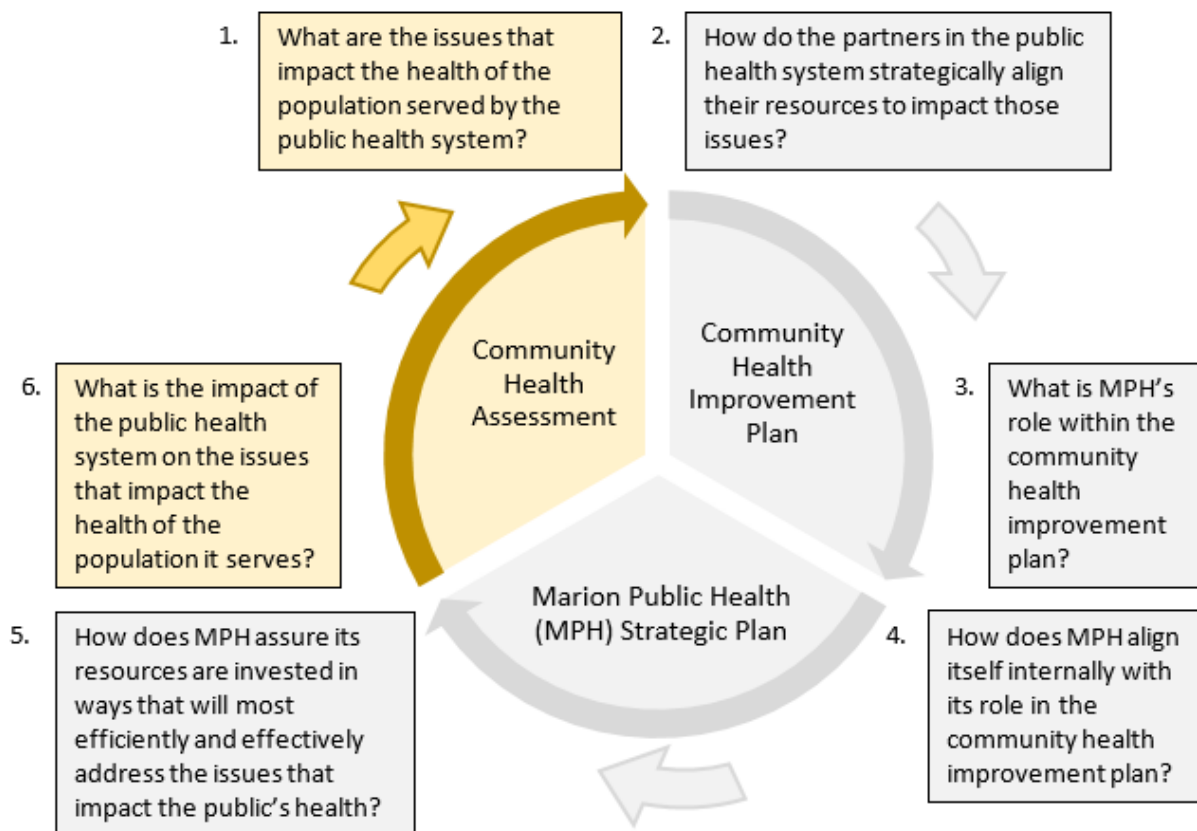
The practice of public health is intentional. A well-versed public health professional is prepared to demonstrate how every facet of human existence is a public health issue. That said, we also recognize that not every one of these opportunities are ones we can pursue, at least not all at one time. Our responsibility for good fiscal stewardship of the limited public investment in its own health demands that those who practice public health do so strategically. We assess needs and health risks and define them with qualitative and quantitative data. We identify opportunities to intervene. We assess community resources, assets, and partnerships. And, we identify potential barriers. This allows us to prioritize issues and allocate resources strategically. This comprehensive analysis is called a community health assessment.

A community health assessment is not an end point. Rather, it is a foundation upon which the community builds a health improvement plan to address the priorities identified by the most broadly defined public health system and the public at large. Once that improvement plan is implemented, we can use a subsequent community health assessment to demonstrate the degree to which that community health improvement plan impacted the targeted health issues.

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**CONTEXT: PLANNING CYCLE**

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The 2015 Community Health Assessment is one of three major elements in the Marion Public Health Planning Cycle. The assessment first answers the question, “What are the issues that impact the health of the population we serve?” We attempt to quantify and qualify those issues with local and comparative data. With input from our public health system partners, community leaders, and the general public, we identify a set of health priorities we will address together as a community.

The second element of the planning cycle is the community health improvement plan (CHIP). Because the community identified five target issues, we will have five different workgroups developing parts of the CHIP. The key to success in this step is to achieve coordination between partners and alignment of the various resources each partner brings to the table. This step answers the question, “How do the partners align their resources to best address the issues identified in the assessment?” Once that plan is developed, Marion Public Health will have a good sense of what its own responsibilities are within the CHIP. Marion Public Health will begin to identify and convene working groups to develop the 2016-2020 CHIP in July, 2015 with a goal of having the plan completed by early autumn of 2015.

The third element in the cycle is the strategic plan. Marion County already has a 2015-2019 Operational Strategic Plan that covers fiscal, personnel, and physical plant issues. However, we will develop a 2016-2020 Programmatic Strategic Plan that will assure we align the work we do internally to best meet our responsibilities within the 2016-2020 CHIP. We are likely to engage in some activity that falls outside of the CHIP because of mandated programs as well as some areas that remain priorities for the department even if they might not be among the top five community priorities.

The cycle repeats. A subsequent health assessment will serve not only as the starting point for a new CHIP and strategic plan but it will also serve as a means to quantify the impact of the current CHIP activities.

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## **PROCESS: PRIMARY & SECONDARY DATA COLLECTION**

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Marion Public Health contracted with the Hospital Council of Northwest Ohio to create an adult and a youth oriented community survey to estimate local prevalence of certain health risk behaviors, social circumstances, health status, and health outcomes among Marion residents. The adult survey was mailed out, self-administered, and returned in a self-addressed stamped envelope. There were 407 respondents to the adult survey. The youth survey was administered in school classrooms for grades 6 through 12 in Elgin Local, Marion City, Pleasant Local, Ridgedale Local, and River Valley Local school districts. There were 385 respondents.

Secondary data sources were also employed in the health assessment process. Data were largely collected from the Ohio Department of Health, the Centers for Disease Control and Prevention, the U.S. Census Bureau, the County Health Rankings, and Network of Care, a web-based data warehouse. Other occasional sources will be identified throughout this report.

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## **PROCESS: KEY INFORMANTS & COMMUNITY INPUT**

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A call for community key informants yielded a group of approximately 50 individuals representing a diverse set of partners with interests, expertise, practices, and missions that make them part of Marion’s rich public health system. The key informant list is attached as Appendix B. In the prior iteration of the community health assessment (2011), the key informant group participated in the creation of the community health survey. In this cycle, that step was delegated to Marion Public Health. The OhioHealth – Marion General Hospital convened the key informant group after the collection of

local data was complete. The presentation made to the group is attached as Appendix C. The group generated a list of likely community health priorities, given their practice experience and the available local data. This preliminary list included: Poverty, Obesity, Tobacco Use, Substance Abuse, Mental Health, Transportation, Education, Housing/Utilities, Violence/Safety, Literacy, Maternal and Child Health, Vulnerable Populations, and Access to Comprehensive Health Care. Data were collected and analyzed regarding these issues. A subset of the key informant group subsequently met and reconstructed the list to assure that those issues that underscored and cross-cut all the others were identified as such. The resulting list included Obesity, Tobacco, Substance Abuse, Maternal and Child Health, Housing, Education, and Access to Care as singular priority issues and the other 6 issues were described as cross-cutting. This list of seven priority issues was then presented to the public for input. The survey tool used for this purpose is attached as Appendix G. All seven of the priority issues were supported by the public input.

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### **PROCESS: IDENTIFYING PRIORITIES**

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After constructing an original list of 13 priorities, narrowing it to seven, and validating the list with public input, the key informant group reconvened to select at least three but no more than five priorities that would form the basis of the 2016-2020 Community Health Improvement Plan (CHIP). The presentation at that conference is found in Appendix H. The key informant group built consensus around the following 5 priority issues: Obesity, Tobacco Use, Substance Abuse, Maternal and Child Health, and Safe and Healthy Housing.

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### **PROCESS: MID-CYCLE DATA UPDATES**

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With the exception of the Marion Community Survey, data that inform this process are collected on schedules that are independent of Marion's local process. Marion Public Health will continue to monitor data sources for data that inform the five community health priorities and will proactively make those data available to the key informants. This will likely occur during CHIP planning and implementation meetings. Additionally, OhioHealth – Marion General Hospital is required to complete an assessment every three years. Their next assessment will occur prior to Marion Public Health's 2020 Community Health Assessment. Marion Public Health will be available to assist in the hospital's assessment and the expectation is that it will be a source of mid-cycle data.

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### **PROCESS: DISSEMINATION PLAN**

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The 2015 Community Health Assessment will be made available digitally to all who request it. It will also be available on the Marion Public Health webpage at [www.MarionPublicHealth.org](http://www.MarionPublicHealth.org). Hard copies will be provided to the entities represented in the key informant group and to those entities who participate in the subsequent Community Health Improvement Plan. A press release will be sent to local print media. Marion Public Health staff will also be available to present the assessment and resulting Community Health Improvement Plan to public groups at their request.

## DEMOGRAPHIC DATA AND SOCIAL INDICATORS OF HEALTH EQUITY

The data in this section are from the U.S. Census American Community Survey 2009-2013 Five-Year Estimates unless otherwise noted. Unless otherwise indicated, the data all describe Marion County, Ohio as a whole. Significant data points are highlighted.

POPULATION	
Total population	66,323

GENDER	Estimate	Margin of Error	Percent	% Margin of Error
Male	35,247	+/-171	53.1%	+/-0.3
Female	31,076	+/-171	46.9%	+/-0.3

RACE AND ETHNICITY	Estimate	Margin of Error	Percent	% Margin of Error
<b>One race</b>	64,556	+/-288	97.3%	+/-0.4
White	59,892	+/-155	<b>90.3%</b>	+/-0.2
Black / African American	3,566	+/-316	<b>5.4%</b>	+/-0.5
American Indian & Alaska Native	161	+/-72	0.2%	+/-0.1
Asian	386	+/-50	0.6%	+/-0.1
Asian Indian	102	+/-106	0.2%	+/-0.2
Chinese	135	+/-116	0.2%	+/-0.2
Filipino	23	+/-27	0.0%	+/-0.1
Japanese	22	+/-32	0.0%	+/-0.1
Korean	25	+/-43	0.0%	+/-0.1
Vietnamese	22	+/-34	0.0%	+/-0.1
Other Asian	57	+/-82	0.1%	+/-0.1
Some other race	551	+/-200	0.8%	+/-0.3
<b>Two or more races</b>	1,767	+/-288	2.7%	+/-0.4
White & Black / African Amer.	759	+/-227	<b>1.1%</b>	+/-0.3
White & Amer. Indian & Alaska Native	513	+/-187	0.8%	+/-0.3
White and Asian	71	+/-50	0.1%	+/-0.1
Black/Afr Am & Am Ind & Alaska Native	109	+/-59	0.2%	+/-0.1

HISPANIC OR LATINO	Estimate	Margin of Error	Percent	% Margin of Error
Hispanic or Latino (of any race)	1,523	*****	<b>2.3%</b>	*****
Not Hispanic or Latino	64,800	*****	<b>97.7%</b>	*****

<b>AGE DISTRIBUTION</b>	<b>Estimate</b>	<b>Percent</b>
Under 15 years	11,792	17.9%
15 to 19 years	4,017	6.1%
20 to 24 years	4,372	6.6%
25 to 44 years	17,342	26.1%
45 to 64 years	19,258	29.1%
65 years and older	9,542	14.4%

	<b>POPULATION</b>	<b>% &lt; 20 YEARS</b>	<b>% 65+ YEARS</b>
<b>COUNTY</b>			
Marion County, Ohio	66,514	24.3	14.1
<b>CITY</b>			
Marion City, Ohio	36,974	24.8	11.7
<b>TOWNSHIPS AND VILLAGES</b>			
Marion Township, Marion County, Ohio	44,833	24.1	13.7
Pleasant Township, Marion County, Ohio	4,731	23.4	13.8
Claridon Township, Marion County, Ohio	2,762	26.7	11.5
Montgomery Township, Marion County, Ohio	2,315	28.7	15.1
Richland Township, Marion County, Ohio	2,097	21.8	<b>20.1</b>
Prospect Township, Marion County, Ohio	1,761	27.6	12.6
Grand Prairie Township, Marion County, Ohio	1,559	24.3	21.7
Waldo Township, Marion County, Ohio	1,314	28.6	15.5
Big Island Township, Marion County, Ohio	1,122	12.9	<b>21.8</b>
Green Camp Township, Marion County, Ohio	908	22.4	10.1
Tully Township, Marion County, Ohio	843	26.8	16.6
Salt Rock Township, Marion County, Ohio	762	24.3	6.0
Bowling Green Township, Marion County, Ohio	639	<b>37.4</b>	13.0
Scott Township, Marion County, Ohio	613	19.5	10.2
Grand Township, Marion County, Ohio	255	22.7	15.7
Prospect Village, Ohio	1,199	31.2	9.5
Caledonia Village, Ohio	677	25.0	15.0
La Rue Village, Ohio	586	21.9	17.6
Waldo Village, Ohio	459	<b>37.9</b>	7.2
Morral Village, Ohio	450	27.6	7.8
New Bloomington Village, Ohio	418	31.1	8.9
Green Camp Village, Ohio	367	26.4	10.4

<b>ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS +</b>	<b>Estimate</b>	<b>Margin of Error</b>
Total:	62,499	+/-25
Speak only English	60,317	+/-322
Spanish or Spanish Creole:	1,290	+/-251
Speak English less than "very well"	<b>323</b>	+/-130
Chinese:	135	+/-116
Speak English less than "very well"	<b>94</b>	+/-77

<b>SCHOOL ENROLLMENT</b>	<b>Marion County, Ohio</b>	<b>Marion City, Ohio</b>
Population 3 years and over enrolled in school	14,648	8,223
Nursery school, preschool	857	499
Kindergarten	846	421
Elementary school (grades 1-8)	6,311	3,437
High school (grades 9-12)	3,777	2,164
College or graduate school	2,857	1,702

<b>EDUCATIONAL ATTAINMENT</b>	<b>Ohio</b>		<b>Marion County, Ohio</b>	
	<b>Estimate</b>	<b>Margin of Error</b>	<b>Estimate</b>	<b>Margin of Error</b>
<b>Population 25 to 34 years</b>				
High school graduate or higher	90.3%	+/-0.2	86.4%	+/-2.5
Bachelor's degree or higher	<b>30.3%</b>	+/-0.4	<b>11.2%</b>	+/-2.3
<b>Population 35 to 44 years</b>				
High school graduate or higher	91.8%	+/-0.2	88.2%	+/-2.1
Bachelor's degree or higher	<b>29.6%</b>	+/-0.3	<b>13.1%</b>	+/-2.3
<b>Population 45 to 64 years</b>				
High school graduate or higher	90.7%	+/-0.1	87.5%	+/-1.4
Bachelor's degree or higher	<b>24.8%</b>	+/-0.2	<b>14.6%</b>	+/-1.7
<b>Population 65 years and over</b>				
High school graduate or higher	79.9%	+/-0.2	78.0%	+/-2.3
Bachelor's degree or higher	<b>17.6%</b>	+/-0.2	<b>8.2%</b>	+/-1.9

<b>EMPLOYMENT STATUS</b>	<b>Marion County, Ohio</b>	
	<b>Percent</b>	<b>Percent Margin of Error</b>
Population 16 years and over	53,848	(X)
In labor force	55.0%	+/-1.5
Civilian labor force	<b>55.0%</b>	+/-1.5
Employed	<b>49.4%</b>	+/-1.4
Unemployed	<b>5.5%</b>	+/-0.6
Armed Forces	0.0%	+/-0.1
Not in labor force	45.0%	+/-1.5

EMPLOYMENT AND HEALTH INSURANCE	Marion County, Ohio	
	Percent	Percent Margin of Error
Civilian noninstitutionalized population 18 to 64 years	37,269	(X)
In labor force:	27,993	(X)
Employed:	25,166	(X)
With health insurance coverage	<b>83.9%</b>	+/-1.8
With private health insurance	75.8%	+/-2.1
With public coverage	10.2%	+/-1.3
No health insurance coverage	16.1%	+/-1.8
Unemployed:	2,827	(X)
With health insurance coverage	<b>53.9%</b>	+/-6.7
With private health insurance	32.5%	+/-5.5
With public coverage	23.7%	+/-5.9
No health insurance coverage	46.1%	+/-6.7
Not in labor force:	9,276	(X)
With health insurance coverage	<b>79.0%</b>	+/-2.9
With private health insurance	42.2%	+/-3.7
With public coverage	43.4%	+/-3.4
No health insurance coverage	21.0%	+/-2.9

INDUSTRY	Marion County, Ohio	
	Percent	Percent Margin of Error
Civilian employed population 16 years and over	26,609	(X)
Agriculture, forestry, fishing and hunting, and mining	1.4%	+/-0.4
Construction	4.3%	+/-0.9
Manufacturing	<b>24.7%</b>	+/-1.5
Wholesale trade	1.9%	+/-0.6
Retail trade	10.7%	+/-1.1
Transportation and warehousing, and utilities	3.4%	+/-0.7
Information	2.4%	+/-0.6
Finance and insurance, and real estate and rental and leasing	3.8%	+/-0.7
Professional, scientific, and management, and administrative and waste management services	6.3%	+/-0.9
Educational services, and health care and social assistance	<b>25.2%</b>	+/-1.7
Arts, entertainment, and recreation, and accommodation and food services	6.9%	+/-1.0
Other services, except public administration	4.2%	+/-0.7
Public administration	4.6%	+/-0.8

CLASS OF WORKER	Marion County, Ohio	
	Percent	Percent Margin of Error
Civilian employed population 16 years and over	26,609	(X)
Private wage and salary workers	<b>81.7%</b>	+/-1.5
Government workers	13.9%	+/-1.5
Self-employed in own not incorporated business workers	4.3%	+/-0.7
Unpaid family workers	0.1%	+/-0.1

INCOME AND BENEFITS	Marion County, Ohio
Less than \$15,000	14.0%
\$15,000 to \$24,999	13.5%
\$25,000 to \$49,999	28.4%
\$50,000 to \$74,999	19.4%
\$75,000 to \$99,999	12.4%
\$100,000 or more	12.1%

HEALTH INSURANCE COVERAGE	Marion County, Ohio	
	Percent	Percent Margin of Error
Civilian noninstitutionalized population	60,759	(X)
With health insurance coverage	86.6%	+/-1.2
With private health insurance	<b>63.5%</b>	+/-1.7
With public coverage	<b>37.2%</b>	+/-1.4
No health insurance coverage	<b>13.4%</b>	+/-1.2

URBAN AND RURAL	United States	Ohio	Marion County, Ohio
Total:	281,421,906	11,353,140	66,217
Urban:	222,360,539 (79.0%)	8,782,329 (77.4%)	<b>45,645 (68.9%)</b>
Rural	59,061,367 (21.0%)	2,570,811 (22.6%)	<b>20,572 (31.1%)</b>



DISABILITY CHARACTERISTICS	With a disability		Percent with a disability	
	Estimate	Margin of Error	Estimate	Margin of Error
Total civilian noninstitutionalized population	10,580	+/-651	<b>17.4%</b>	+/-1.1
Population under 5 years	5	+/-6	<b>0.1%</b>	+/-0.2
With a hearing difficulty	5	+/-6	0.1%	+/-0.2
With a vision difficulty	0	+/-27	0.0%	+/-0.8
Population 5 to 17 years	793	+/-150	<b>7.6%</b>	+/-1.4
With a hearing difficulty	81	+/-62	0.8%	+/-0.6
With a vision difficulty	86	+/-49	0.8%	+/-0.5
With a cognitive difficulty	653	+/-151	<b>6.2%</b>	+/-1.4
With an ambulatory difficulty	45	+/-39	0.4%	+/-0.4
With a self-care difficulty	142	+/-71	1.4%	+/-0.7
Population 18 to 64 years	6,183	+/-534	<b>16.6%</b>	+/-1.4
With a hearing difficulty	1,162	+/-278	3.1%	+/-0.7
With a vision difficulty	996	+/-200	2.7%	+/-0.5
With a cognitive difficulty	2,469	+/-321	<b>6.6%</b>	+/-0.9
With an ambulatory difficulty	3,445	+/-418	<b>9.2%</b>	+/-1.1
With a self-care difficulty	959	+/-184	2.6%	+/-0.5
With an independent living difficulty	1,998	+/-236	5.4%	+/-0.6
Population 65 years and over	3,599	+/-289	<b>39.1%</b>	+/-3.1
With a hearing difficulty	1,637	+/-239	<b>17.8%</b>	+/-2.6
With a vision difficulty	685	+/-159	7.4%	+/-1.7
With a cognitive difficulty	1,016	+/-175	11.0%	+/-1.9
With an ambulatory difficulty	2,097	+/-240	<b>22.8%</b>	+/-2.5
With a self-care difficulty	852	+/-161	9.3%	+/-1.7
With an independent living difficulty	1,490	+/-184	<b>16.2%</b>	+/-2.0

SERVICE-CONNECTED DISABILITY-RATING STATUS	Estimate	Margin of Error
Total:	5,535	+/-406
Has no service-connected disability rating	4,900	+/-416
Has a service-connected disability rating:	<b>635</b>	+/-152
0 percent	42	+/-35
10 or 20 percent	183	+/-67
30 or 40 percent	120	+/-57
50 or 60 percent	63	+/-37
70 percent or higher	156	+/-83
Rating not reported	71	+/-46

<b>POVERTY IN THE PAST 12 MONTHS</b>	<b>Estimate</b>	<b>Margin of Error</b>
Population for whom poverty status is determined	18.5%	+/-1.6
<b>GENDER</b>		
Male	17.0%	+/-1.8
Female	20.0%	+/-1.9
<b>AGE</b>		
Under 18 years	<b>27.4%</b>	+/-3.8
18 to 64 years	17.9%	+/-1.5
65 years and over	7.9%	+/-1.7
<b>RACE AND HISPANIC OR LATINO ORIGIN</b>		
One race	17.9%	+/-1.6
White	17.3%	+/-1.6
Black or African American	<b>42.4%</b>	+/-13.1
American Indian and Alaska Native	26.1%	+/-26.8
Asian	20.7%	+/-27.2
Native Hawaiian and Other Pacific Islander	-	**
Some other race	27.2%	+/-26.6
Two or more races	43.6%	+/-13.9
Hispanic or Latino origin (of any race)	<b>43.2%</b>	+/-16.9
White alone, not Hispanic or Latino	17.2%	+/-1.6
<b>LIVING ARRANGEMENT</b>		
In family households	16.6%	+/-1.9
In married-couple family	<b>7.5%</b>	+/-1.7
In Female householder, no husband present households	<b>46.6%</b>	+/-5.8
In other living arrangements	28.5%	+/-2.9
<b>EDUCATIONAL ATTAINMENT</b>		
Population 25 years and over	13.6%	+/-1.3
Less than high school graduate	<b>29.4%</b>	+/-5.0
High school graduate (includes equivalency)	13.6%	+/-1.7
Some college or associate's degree	11.6%	+/-1.7
Bachelor's degree or higher	<b>2.2%</b>	+/-1.1
<b>DISABILITY STATUS</b>		
With any disability	29.5%	+/-3.2
No disability	16.2%	+/-1.7

<b>HOUSING OCCUPANCY</b>	<b>Marion County, Ohio</b>		<b>Marion City, Ohio</b>	
	<b>Estimate</b>	<b>Percent</b>	<b>Estimate</b>	<b>Percent</b>
Total housing units	27,769	27,769	14,844	14,844
Occupied housing units	24,578	88.5%	12,481	84.1%
Vacant housing units	3,191	<b>11.5%</b>	2,363	<b>15.9%</b>

YEAR STRUCTURE BUILT	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Total housing units	27,769	27,769	14,844	14,844
Built 2010 or later	98	0.4%	30	0.2%
Built 2000 to 2009	2,033	7.3%	715	4.8%
Built 1990 to 1999	2,294	8.3%	725	4.9%
Built 1980 to 1989	1,477	5.3%	542	3.7%
Built 1970 to 1979	4,078	<b>14.7%</b>	1,657	<b>11.2%</b>
Built 1960 to 1969	4,085	<b>14.7%</b>	1,812	<b>12.2%</b>
Built 1950 to 1959	3,188	<b>11.5%</b>	1,946	<b>13.1%</b>
Built 1940 to 1949	1,765	<b>6.4%</b>	1,358	<b>9.1%</b>
Built 1939 or earlier	8,751	<b>31.5%</b>	6,059	<b>40.8%</b>

HOUSING TENURE	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Occupied housing units	24,578	24,578	12,481	12,481
Owner-occupied	16,988	69.1%	7,415	59.4%
Renter-occupied	7,590	<b>30.9%</b>	5,066	<b>40.6%</b>

VEHICLES AVAILABLE	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Occupied housing units	24,578	24,578	12,481	12,481
No vehicles available	1,848	<b>7.5%</b>	1,389	<b>11.1%</b>

HOUSE HEATING FUEL	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Occupied housing units	24,578	24,578	12,481	12,481
Utility gas	15,960	64.9%	9,962	79.8%
Bottled, tank, or LP gas	2,186	8.9%	168	1.3%
Electricity	4,961	20.2%	2,181	17.5%
Fuel oil, kerosene, etc.	842	3.4%	49	0.4%
Other	629	2.6%	121	1.0%

SELECTED CHARACTERISTICS OF OCCUPIED HOUSING UNITS	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Occupied housing units	24,578	24,578	12,481	12,481
Lacking complete plumbing facilities	<b>69</b>	0.3%	0	0.0%
Lacking complete kitchen facilities	<b>350</b>	1.4%	<b>260</b>	2.1%
No telephone service available	<b>641</b>	2.6%	<b>399</b>	3.2%

VALUE	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Owner-occupied units	16,988	16,988	7,415	7,415
Less than \$50,000	2,327	13.7%	1,439	19.4%
\$50,000 to \$99,999	6,337	37.3%	3,739	50.4%
\$100,000 to \$149,999	4,159	24.5%	1,360	18.3%
\$150,000 to \$199,999	2,371	14.0%	587	7.9%
\$200,000 to \$299,999	1,254	7.4%	181	2.4%
\$300,000 to \$499,999	289	1.7%	43	0.6%
\$500,000 to \$999,999	224	1.3%	57	0.8%
\$1,000,000 or more	27	0.2%	9	0.1%

MORTGAGE STATUS	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Owner-occupied units	16,988	16,988	7,415	7,415
Housing units with a mortgage	10,087	59.4%	4,729	63.8%
Housing units without a mortgage	6,901	40.6%	2,686	36.2%

HOUSEHOLDS AND AGE OF RESIDENT	Marion County, Ohio		Marion city, Ohio	
	Estimate	Percent	Estimate	Percent
Households with one or more people under 18 years	7,717	31.4%	4,151	33.3%
Households with one or more people 65 years +	6,893	28.0%	3,156	25.3%

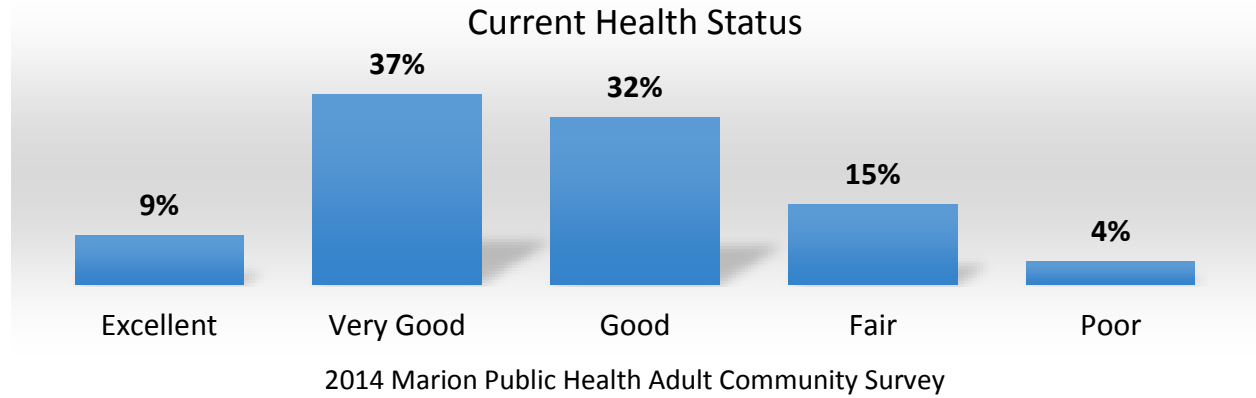
SELECTED MONTHLY OWNER COSTS (SMOC)	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Housing units with a mortgage				
Less than \$300	32	0.3%	19	0.4%
\$300 to \$499	325	3.2%	213	4.5%
\$500 to \$699	1,019	10.1%	551	11.7%
\$700 to \$999	2,826	28.0%	1,685	35.6%
\$1,000 to \$1,499	3,888	38.5%	1,668	35.3%
\$1,500 to \$1,999	1,323	13.1%	430	9.1%
\$2,000 or more	674	6.7%	163	3.4%
Housing units without a mortgage				
Less than \$100	33	0.5%	22	0.8%
\$100 to \$199	239	3.5%	154	5.7%
\$200 to \$299	1,475	21.4%	813	30.3%
\$300 to \$399	1,641	23.8%	741	27.6%
\$400 or more	3,513	50.9%	956	35.6%

SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Housing units with a mortgage				
Less than 20.0 percent	4,624	46.0%	2,014	42.6%
20.0 to 24.9 percent	1,568	15.6%	763	16.1%
25.0 to 29.9 percent	1,141	11.3%	476	10.1%
30.0 to 34.9 percent	781	7.8%	406	8.6%
35.0 percent or more	1,940	19.3%	1,070	22.6%
Housing unit without a mortgage				
Less than 10.0 percent	2,794	40.9%	1,074	40.5%
10.0 to 14.9 percent	1,244	18.2%	492	18.6%
15.0 to 19.9 percent	911	13.3%	345	13.0%
20.0 to 24.9 percent	647	9.5%	217	8.2%
25.0 to 29.9 percent	365	5.3%	140	5.3%
30.0 to 34.9 percent	192	2.8%	59	2.2%
35.0 percent or more	674	9.9%	323	12.2%

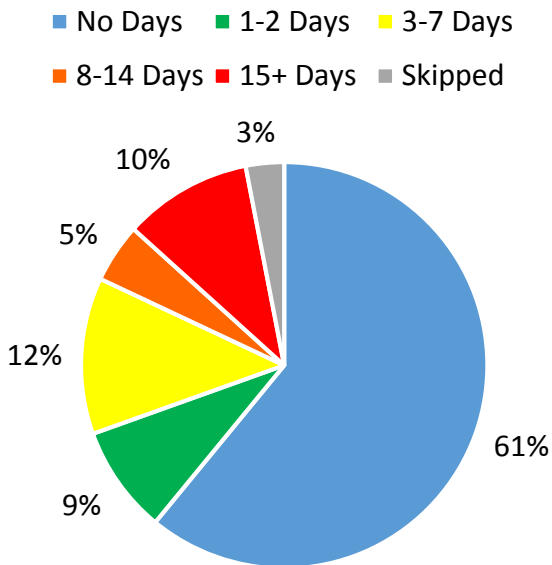
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)	Marion County, Ohio		Marion City, Ohio	
	Estimate	Percent	Estimate	Percent
Occupied units paying rent				
Less than 15.0 percent	924	12.8%	444	9.2%
15.0 to 19.9 percent	736	10.2%	398	8.2%
20.0 to 24.9 percent	838	11.7%	530	11.0%
25.0 to 29.9 percent	984	13.7%	537	11.1%
30.0 to 34.9 percent	616	8.6%	469	9.7%
35.0 percent or more	3,094	43.0%	2,460	50.8%

HOUSEHOLDS BY TYPE	Marion County, Ohio		Marion city, Ohio	
	Estimate	Percent	Estimate	Percent
Total households	24,578	24,578	12,481	12,481
Family households (families)	16,891	68.7%	8,063	64.6%
With own children under 18 years	6,654	27.1%	3,589	28.8%
Married-couple family	12,624	51.4%	5,327	42.7%
With own children under 18 years	4,115	16.7%	1,752	14.0%
Male householder, no wife, family	1,385	5.6%	792	6.3%
With own children under 18 years	792	3.2%	513	4.1%
Female householder, no husband, family	2,882	11.7%	1,944	15.6%
With own children under 18 years	1,747	7.1%	1,324	10.6%
Nonfamily households	7,687	31.3%	4,418	35.4%
Householder living alone	6,512	26.5%	3,668	29.4%
65 years and over	2,971	12.1%	1,600	12.8%

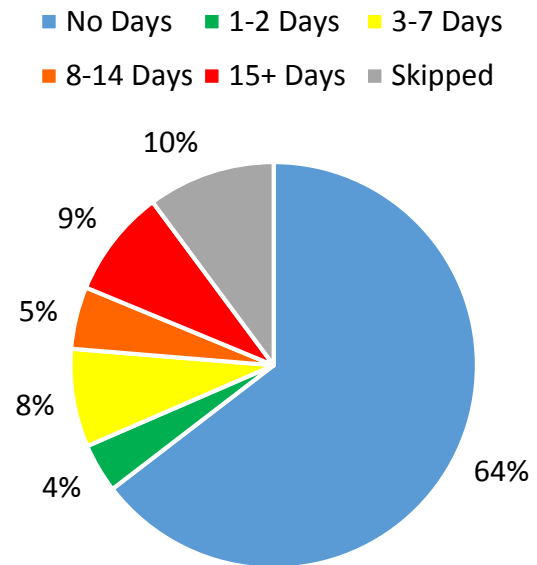
**HEALTH STATUS**



#### How Many Days (last 30) was Physical Health "Not Good"

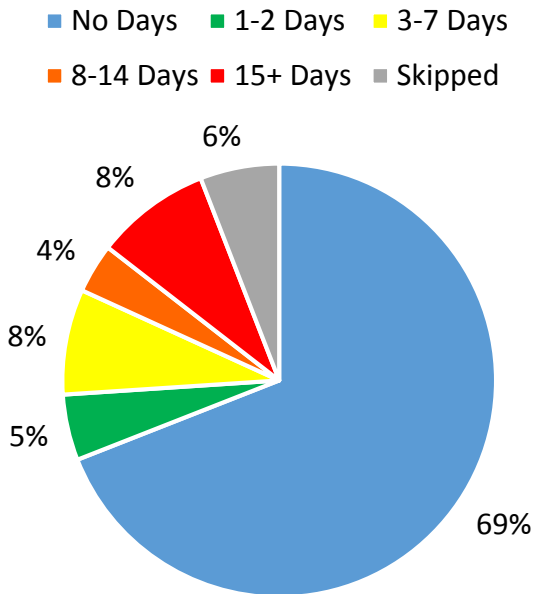


#### How Many Days (last 30) was Mental Health "Not Good"

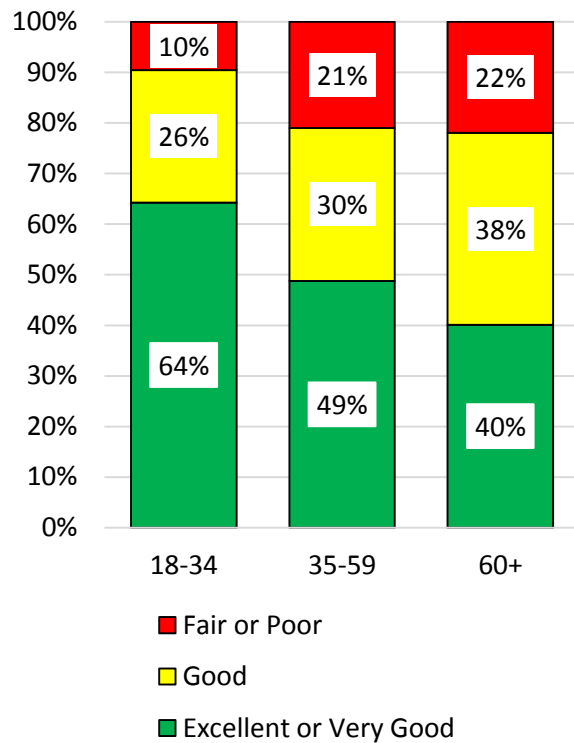


2014 Marion Public Health Adult Community Survey

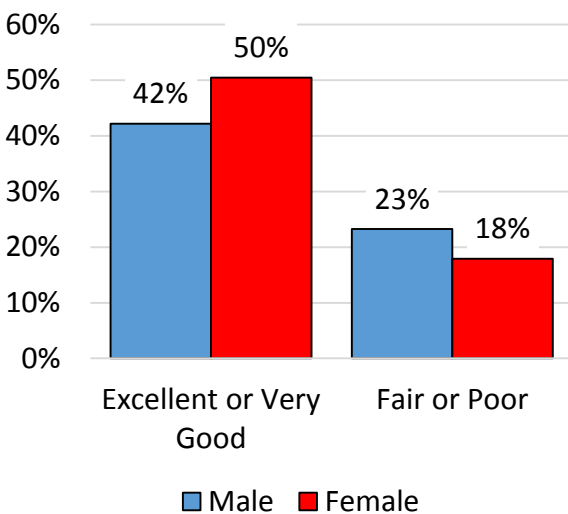
How many days (last 30) did poor physical or mental health interfere with usual activities?



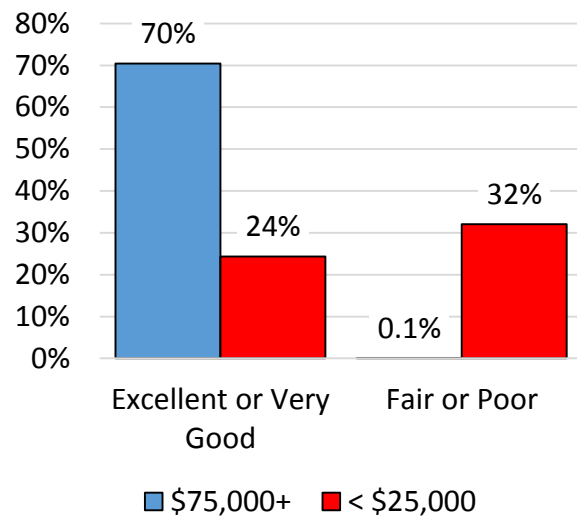
Health Status by Age group



Health Status by Gender

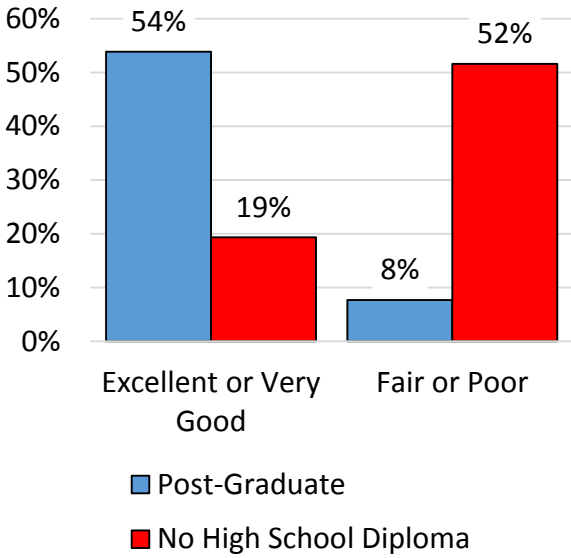


Health Status by Household Income

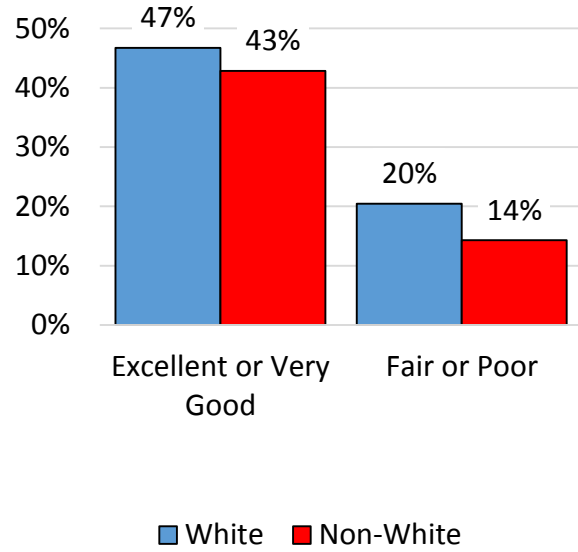


2014 Marion Public Health Adult Community Survey

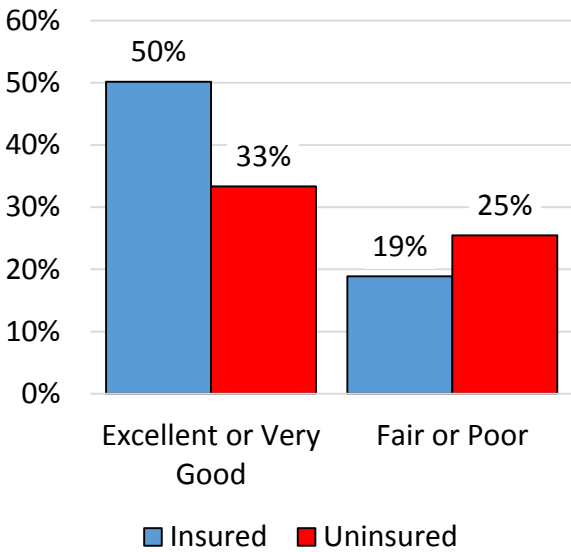
Health Status by Educational Attainment



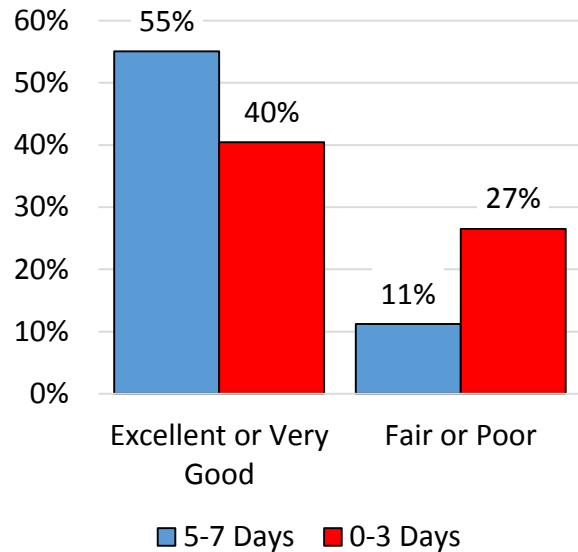
By Racial Minority Status



Health Status by Insured Status

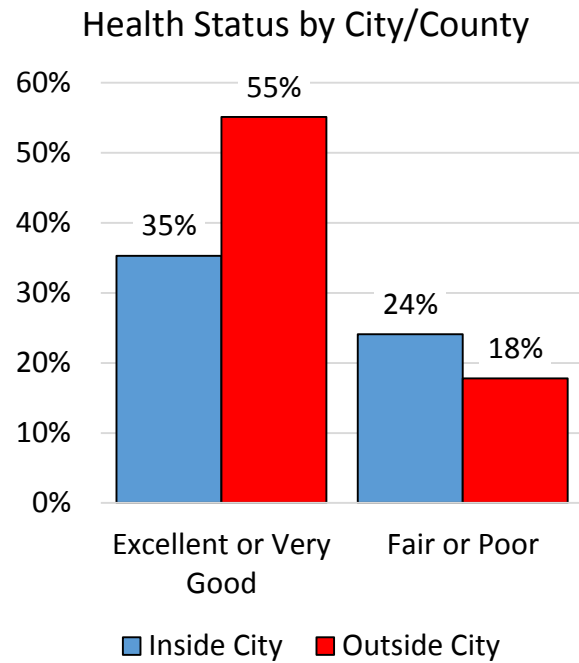
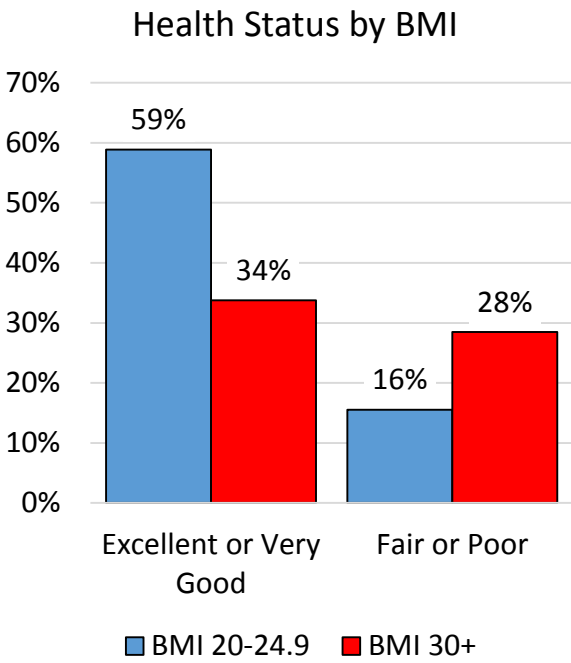
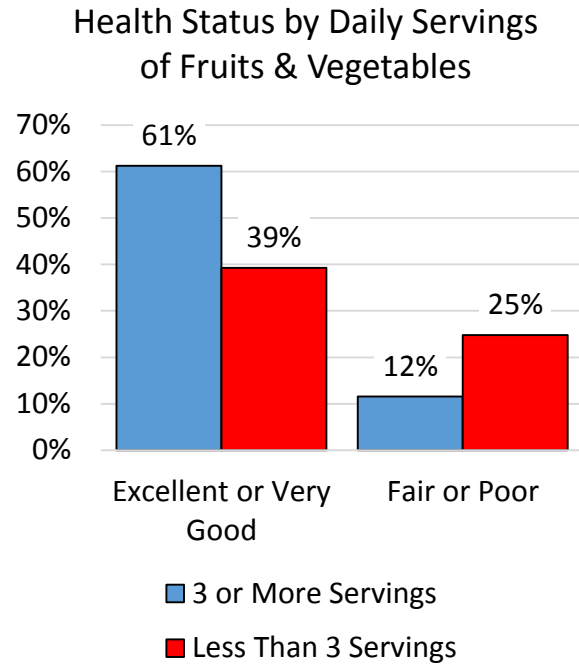
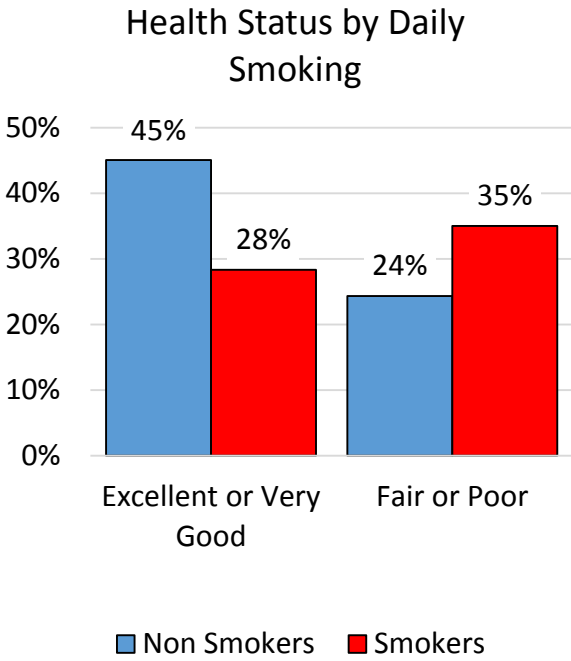


Health Status by Exercise Days per Week



2014 Marion Public Health Adult Community Survey



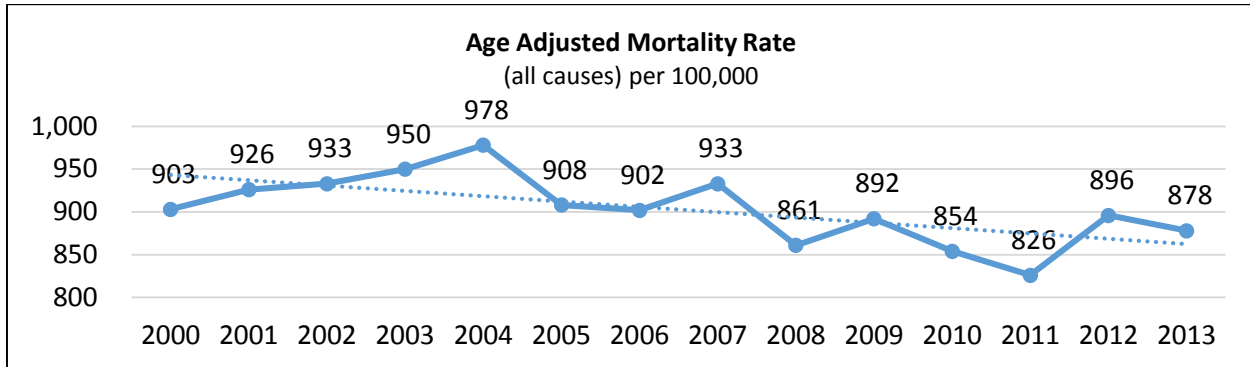


2014 Marion Public Health Adult Community Survey

## COMMUNICABLE DISEASE

The 2014 Communicable Disease Report is attached as Appendix A.

## MORTALITY



2000-2013 Leading Causes of Death (ICD10 Codes)	Deaths	Age-Adjusted Rate
Ischemic heart diseases (I20-I25)	1,734	166.1
Malignant neoplasms of trachea, bronchus and lung (C33-C34)	720	67.6
Chronic lower respiratory diseases (J40-J47)	567	54.6
Cerebrovascular diseases (I60-I69)	444	43.2
Diabetes mellitus (E10-E14)	436	41.8
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	410	42.5
Malignant neoplasms of colon, rectum and anus (C18-C21)	228	21.9
Malignant neoplasms of lymphoid, hematopoietic and related tissue (C81-C96)	218	21.1
Alzheimer's disease (G30)	217	21.1
Essential hypertension and hypertensive renal disease (I10,I12,I15)	182	17.4
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	151	14.5
Malignant neoplasm of breast (C50)	139	13.1
Influenza and pneumonia (J09-J18)	126	12.2
Malignant neoplasm of prostate (C61)	112	10.9
Malignant neoplasm of pancreas (C25)	111	10.5
Intentional self-harm (suicide) (U03,X60-X84,Y87.0)	99	10.4
Hypertensive heart disease (I11)	89	8.5
Chronic liver disease and cirrhosis (K70,K73-K74)	81	7.6
Parkinson's disease (G20-G21)	77	7.5

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

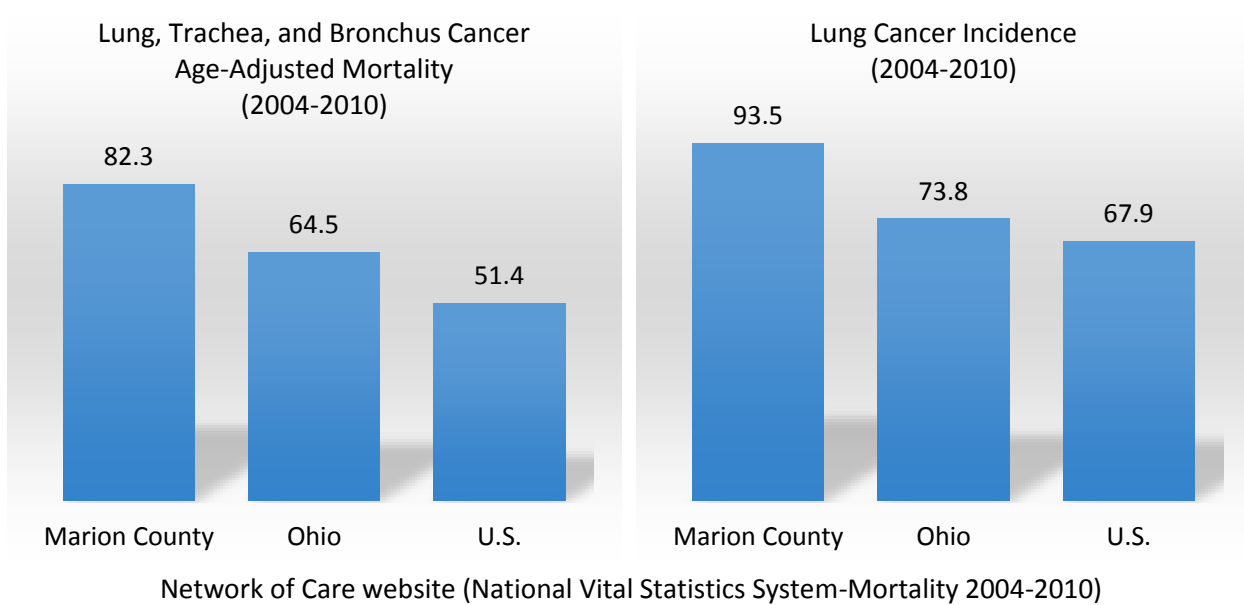
## TOBACCO USE

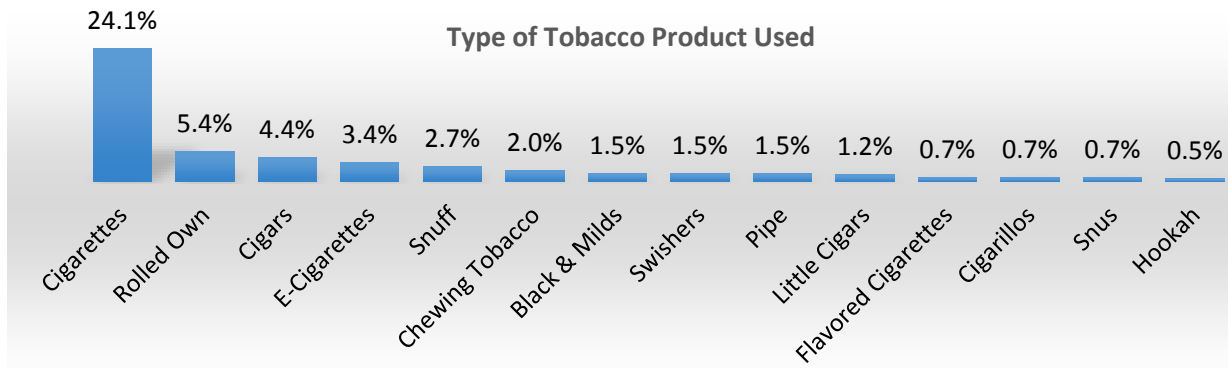
### Youth

Data	Source
26.2% of youth have tried smoking.	Marion Public Health Youth Community Survey (2014)
10.2% of youth first smoked a whole cigarette by the age of 13.	
7.3% of youth have tried to quit smoking in the past 12 months.	
When asked about the forms of tobacco used in the past year, all of the following were identified: Cigarettes (11.7%), flavored cigarettes (3.4%), pipe (0.3%), cigars (2.6%), Black & Milds (5.2%), cigarillos (2.9%), little cigars (1.3%), swishers (3.9%), chewing tobacco (4.7%), snus (1.0%), hookah (5.5%), and E-cigarettes (6.2%).	

### Adults

Data	Source
15.5% of adults surveyed smoke cigarettes every day.	Marion Public Health Adult Community Survey (2014)
8.1% of adults surveyed stopped smoking for 1 day or longer (in the previous 12 months) because they were trying to quit.	
23.8% of adults surveyed reported that tobacco was smoked in their home within the past 30 days.	
87.7% of adults surveyed believe that any tobacco is harmful to health.	
Adult smoking rates account for a total of 10% of our county health ranking	Community Health Ranking Data (2014)
Marion County ranks 65 out of the 88 counties in Ohio for adult smoking rates.	
26% of adults smoke.	CDC, NCHS (1999-2013)
On average, 51 people die in Marion every year from Lung and Bronchus Cancer.	





2014 Marion Public Health Adult Community Survey

## SUBSTANCE ABUSE

### Youth

Data	Source
13% of youth reported drinking alcohol in the past 30 days.	Marion Public Health Youth Community Survey (2014)
5.6% of youth reported binge drinking (5+ drinks within 2 hours) in the past 30 days.	
5.5% of youth reported that their parents provided alcohol to them in the past 30 days.	
8.6% of youth reported using marijuana in the past 30 days.	
1.4% of youth reported using some form of cocaine at some time in their life.	
5.0% of youth reported huffing at some time in their life.	
1.0% of youth reported using heroin at some time in their life.	
1.1% of youth reported using methamphetamines at some time in their life.	
4.5% of youth reported using steroids (without a prescription) at some time in their life.	
5.9% of youth surveyed reported using prescription medication (not as prescribed) at some time in their life.	
6.0% of youth surveyed reported that they had been offered or sold an illegal drug on school property in the past 12 months.	

### Adults

Data	Source
11.3% of adults reported binge drinking at least once in the past 30 days.	Marion Public Health Adult Community Survey (2014)
1.2% of adults reported driving after consuming too much alcohol at least once in the past 30 days.	
4.7% of adults reported using marijuana in the past 6 months.	
5.4% of adults surveyed reported that they had an immediate family member who used illegal drugs in the past 6 months.	
1.7% of adults surveyed reported that there was someone in their household who used illegal drugs in the past 6 months.	
4.4% of adults surveyed reported that they had used either OxyContin or Vicodin (not as prescribed) at least once in the past 6 months.	
Alcohol and drug use accounts for a total of 5% of our county health ranking	Community Health Ranking Data (2014)
Marion County ranked 51 <sup>st</sup> out of the 88 counties in Ohio with regard to alcohol and drug use.	
On average, 1 person dies every month in Marion due to alcohol and/or drug-induced causes.	CDC, NCHS (1999-2013)

## NUTRITION

### Youth

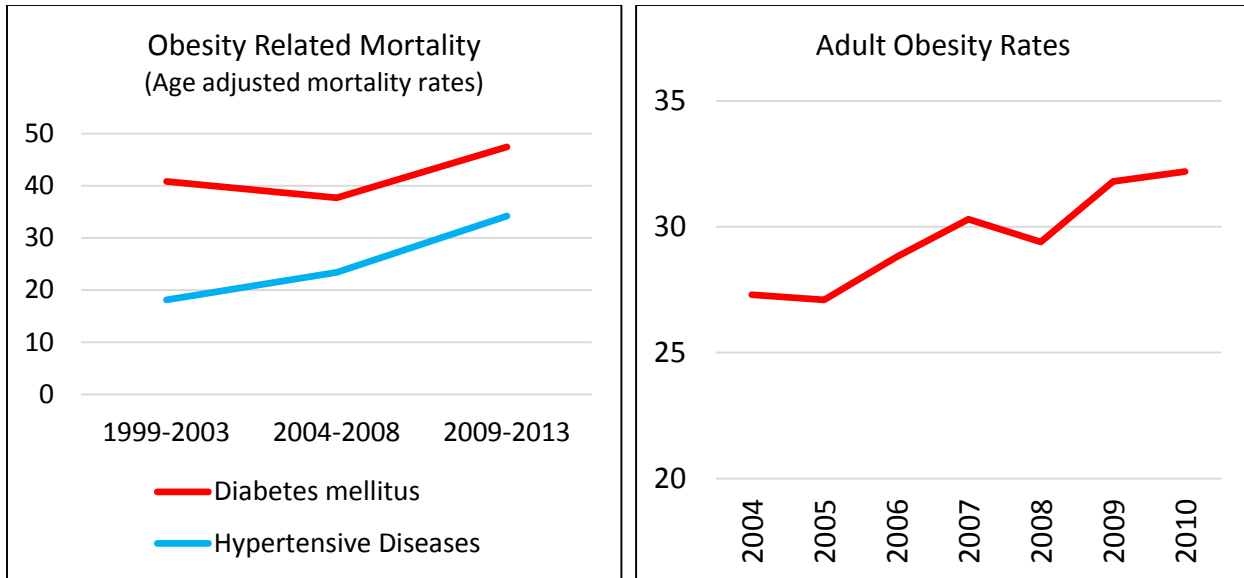
Data	Source
20.3% of Marion children surveyed are overweight (BMI=25.0-29.9)	Marion Public Health Youth Community Survey (2014)
10.5% of Marion children surveyed are obese (BMI=30.0+)	
85.1% of Marion children reported eating fewer than the recommended 5 or more servings of fruits and vegetables per day	
12.8% of Marion children reported that the majority of the food they ate came from someplace other than their home (7.0% identified convenience stores, 3.1% identified schools, & 2.8% identified fast food or other restaurants)	

### Adults

Data	Source
33.8% of Marion adults surveyed are overweight (BMI=25.0-29.9)	Marion Public Health Adult Community Survey (2014)
40.1% of Marion adults surveyed are obese (BMI=30.0+)	
17.5% of adults surveyed have been told by their doctors that they have diabetes	
3.5% of adults surveyed have been told by their doctor that they had pre-diabetes or borderline diabetes	
44.6% of Marion adults surveyed have been told by their doctor that they had high blood pressure	
6.8% of Marion adults surveyed have been told by their doctor that they had borderline high blood pressure or were pre-hypertensive	
44.2% of Marion adults surveyed have been told by their doctor that they had high cholesterol	Ohio Department of Health: Network of Care website.
Prevalence of Diabetes among adults = 11.3	
32% of the adult population is obese (U.S. = 28%)	
76.2% of Marion adults report eating fewer than the recommended 5 or more servings of fruits and vegetables per day	2014 Community Health Ranking Data (Health Indicators Warehouse, 2003-2009)

### General

Data	Source
Food Environment Index = 6.0 (U.S. = 7.6)	2014 Community Health Ranking Data (USDA Food Environment Atlas, Map the Meal Gap from Feeding America, USDA 2010 and MtMG 2011)
# of farmers' markets per 1,000 people = 0	2014 Community Health Ranking Data (U.S. Department of Agriculture - Food Environment Atlas, 2013)
# of fast food restaurants per 1,000 people = 0.56	
Number of grocery stores per 1,000 people = 0.11	



CDC, National Center for Health Statistics. Underlying Cause of Death 1999-2013

## PHYSICAL ACTIVITY

Obesity is a physical characteristic that can result from a number of factors. Among others, these factors include nutrition and physical inactivity. Rather than present data on the issue of obesity in multiple sections, they are only presented in the preceding section on nutrition. Similarly, disease outcome data regarding diseases associated with both physical inactivity and unhealthy nutrition are only presented in the preceding section on nutrition.

### Youth

Data	Source
15.9% of children surveyed reported either 0 or 1 day that included one hour of physical activity within the past week	Marion Public Health Youth Community Survey (2014)

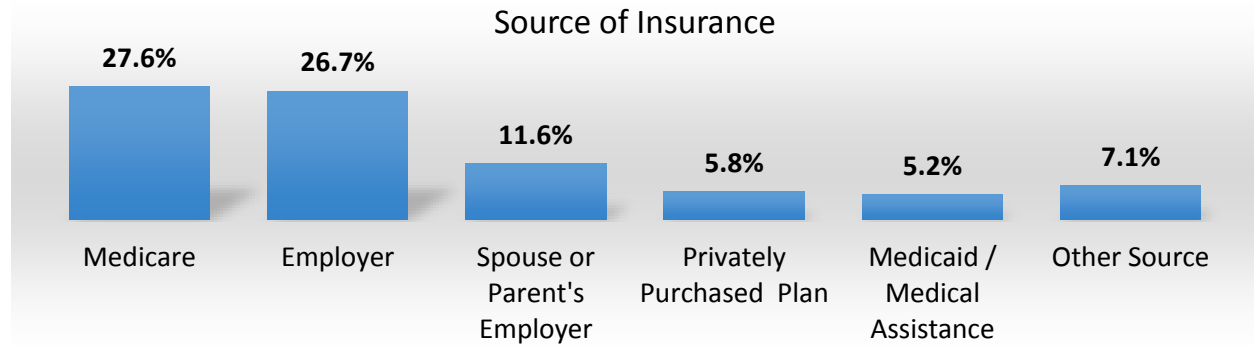
### Adults

Data	Source
31% of adults aged 20+ report no leisure time physical activity. (U.S. = 30%)	2014 Community Health Ranking Data (NCCDP & Health Promotion, 2010)

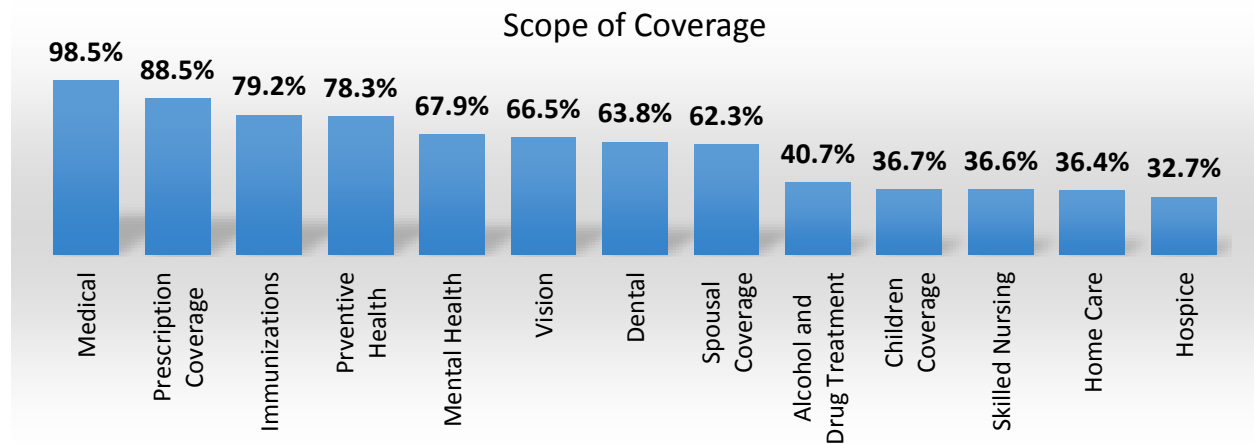
### General

Data	Source
67% of the population has access to exercise opportunities. (U.S. = 77%)	2014 Community Health Ranking Data (OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files, 2010 & 2012)
Number of fitness and recreational facilities per 1,000 people = 0	Ohio Department of Health: Network of Care website (U.S. Department of Agriculture - Food Environment Atlas, 2011)

**ACCESS TO HEALTH CARE**



Marion Public Health Adult Community Survey, 2014



Marion Public Health Adult Community Survey, 2014

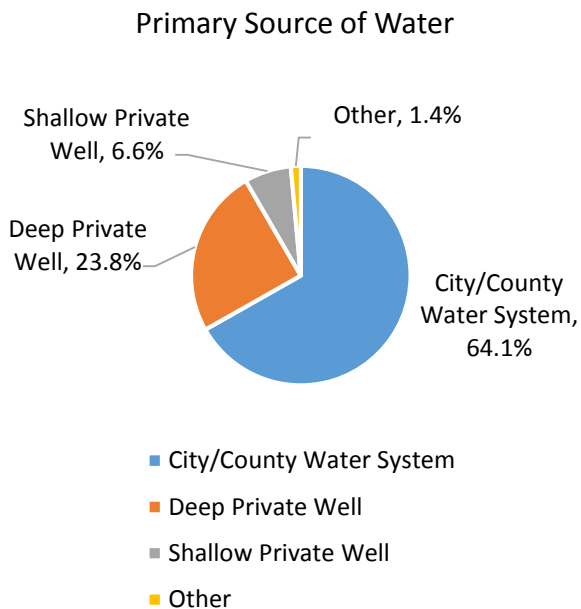
Data	Source
60.9% of adults surveyed reported visiting a dentist within the past two years	Marion Public Health Adult Community Survey (2014)
Uninsured: 15%	2014 Community Health Ranking Data (Small Area Health Insurance Estimates, 2011)
Primary Care Physicians: 2,364 people per primary care physician	2014 Community Health Ranking Data (HRSA Area Resource File, 2011)
Dentists: 1,953 people per dentist	2014 Community Health Ranking Data (HRSA Area Resource File, 2012)
Mental Health Providers: 1,807 people per provider	2014 Community Health Ranking Data (CMS, National Provider Identification, 2013)
Dentist Rate: 51.1 per 100,000 population	Network of Care website (HRSA Area Resource File, 2010)
Primary Care Provider Rate: 60.8 per 100,000 population	Network of Care website (HRSA Area Resource File, 2008)

## ENVIRONMENTAL HEALTH

This section includes both general environmental health data and data specific to the status of housing in Marion, Ohio.

Health Department Inspections						
Rabies Investigations	2010	2011	2012	2013	2014	5 Year Average
Bat	9	4	3	5	3	5
Cat	20	18	22	14	14	19
Dog	112	89	133	111	105	111
All Other	7	6	3	2	3	5
Humans Treated for Exposure	7	6	2	5	1	5
Solid Waste Inspections	2010	2011	2012	2013	2014	5 Year Average
Complaint Inspections	1,348	728	517	352	491	687
Nuisance Inspections	2010	2011	2012	2013	2014	5 Year Average
Complaints	868	505	401	369	497	528
Inspections	2,216	1,095	1,046	626	1,274	1,251

## Housing



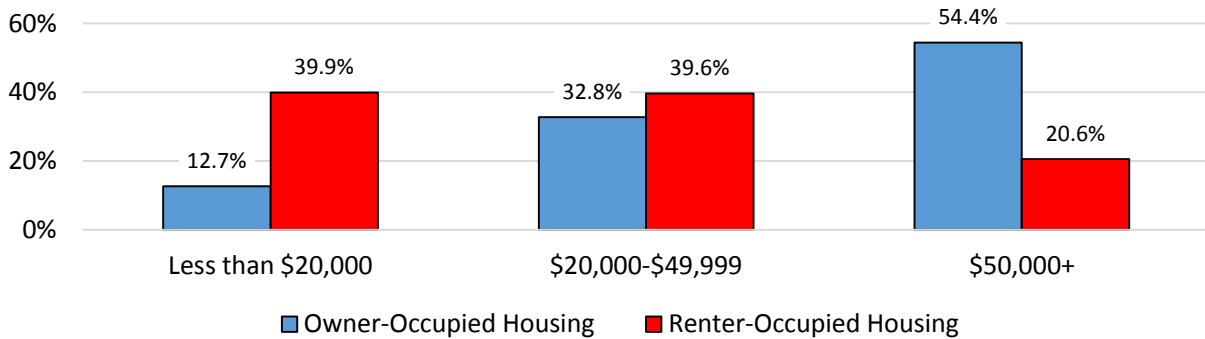
22.1% of adults surveyed reported that they thought one or more of these was a household environmental threat to the health of themselves or their families	Rodents: 4.9%
	Insects: 9.3%
	Bed Bugs: 1.0%
	Cockroaches: 1.7%
	Lice: 1.2%
	Unsafe Water Supply: 2.2%
	Plumbing Problems: 3.4%
	Sewage/Waste Water: 2.5%
	Temperature Regulation: 2.5%
	Structural Problems: 1.2%
	Lead Paint: 0.2%
	Chemicals in Household Products: 1.7%
	Mold: 4.7%
	Asbestos: 0.5%
Fracking: 0.5%	
Radon: 1.0%	
Excess Medications in the Home: 0.5%	
General Living Conditions: 1.2%	

Marion Public Health Adult Community Survey, 2014

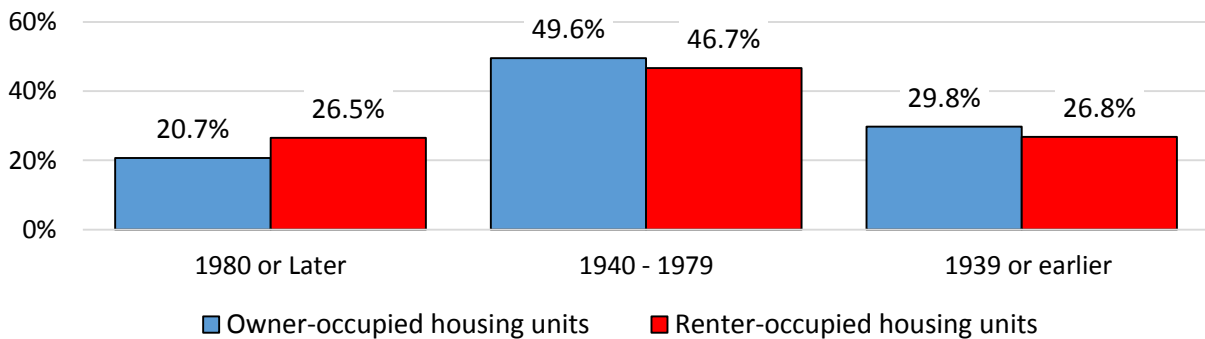


Data	Source
Severe Housing Problems (Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities): 16% (Ranks 75 <sup>th</sup> out of 88 Ohio counties)	2014 Community Health Ranking Data
17.2% of low income families live >1 mile from a grocery store	Ohio Department of Health: Network of Care website (US Department of Agriculture, 2010)
Liquor store density rate: 0.76 per 10,000 population	Ohio Department of Health: Network of Care website (County Business Patterns, 2006)
There are an estimated 27,769 housing units in Marion County, Ohio	American Community Survey, US Census Bureau
The median household income in owner-occupied households is \$54,259. In renter-occupied households, it is \$25,638	
One third of those with a household income of <\$20,000 and living in renter-occupied housing pay more than 30% of their household income on housing expenses	
Approximately 3,200 children live in zip codes determined to be high risk for lead poisoning yet fewer than 20% of them are screened for lead poisoning	Ohio Department of Health

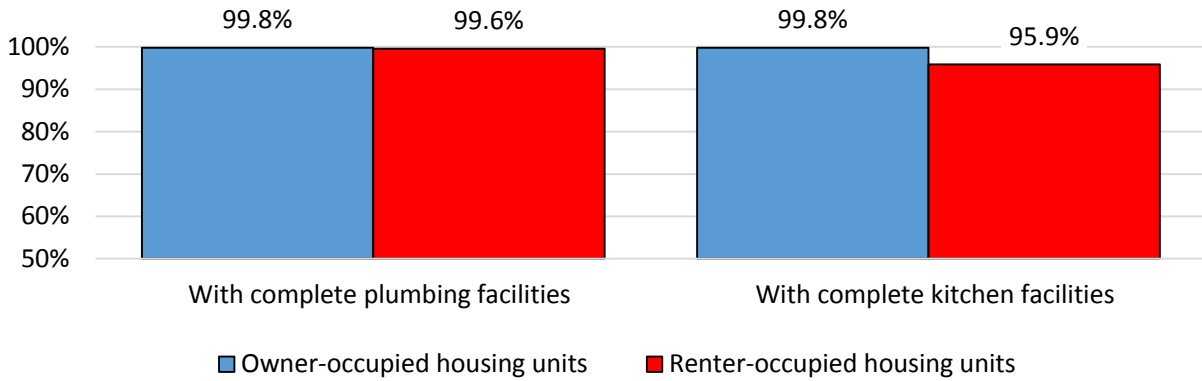
Housing Type by Household Income



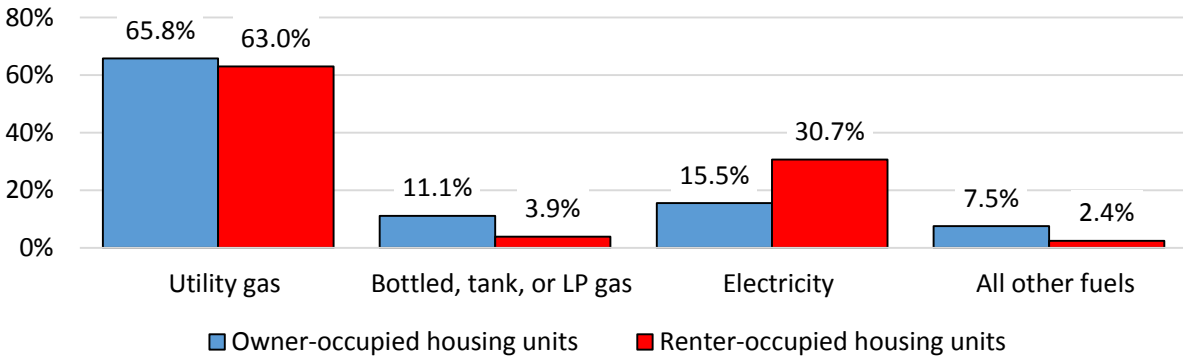
Age of Household by Type



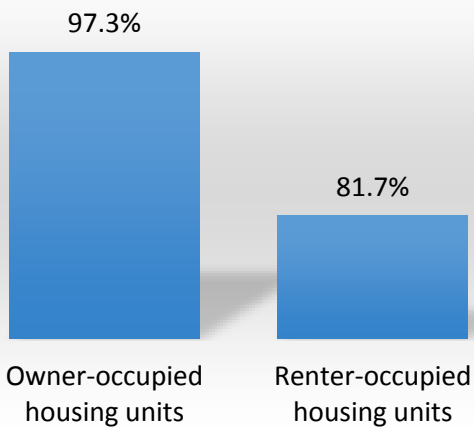
### Kitchen & Plumbing by Type



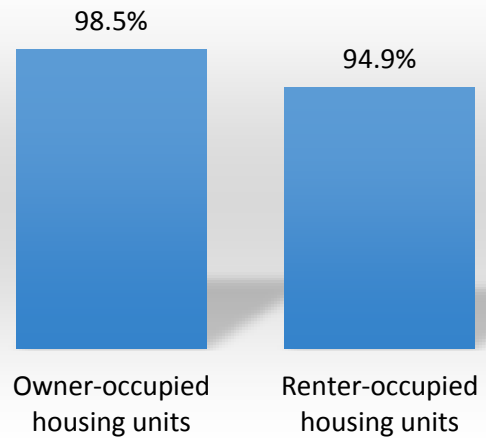
### Heating Fuel by Type



### Access to a Vehicle



### With Telephone Service



## INJURY AND VIOLENCE

### Youth

Data	Source
5.5% of youth reported missing one or more days of school in the past 30 days because they thought they would be unsafe at school or on their way to or from school	Marion Public Health Youth Community Survey (2014)
6.8% of youth reported being threatened or injured with a weapon on school property on one or more days in the past 30 days	
21.4% of youth reported being in one or more physical fights in the past 30 days	
11.7% of youth reported experiencing one or more of the following types of abuse in the past 12 months: physical abuse by boyfriend/girlfriend (3.4%), physical abuse by caregiver (8.1%), forced sexual intercourse (2.9%)	
37.1% of youth reported experiencing one or more of the following types of bullying in the past year: physical (11.4%), verbal (33.2%), indirect (22.6%), cyber (11.7%), sexual (0.3%)	
30.9% of youth reported being bullied on school property in the past 12 months	
9.1% of youth reported that an unlocked firearm was kept in/around the home	
10.5% of youth reported carrying a weapon (knife/gun/club) on one or more occasions within the past 30 days	
1.3% of youth reported carrying a weapon (knife/gun/club) to school on one or more occasions within the past 30 days	
9.9% of youth reported that a loaded firearm was kept in/around the home	
1.8% of youth reported that a loaded firearm was kept in an unlocked location in/around the home	
43.9% of youth reported always using a seatbelt when riding in a car	
11.9% of youth reported riding in a car in the past 30 days that was driven someone who had been drinking alcohol	

### Adults

Data	Source
3.9% of adults reported experiencing one or more of the following in the past 12 months: a physical fight, threatened by someone close to them, child threatened by someone close to them, hit or slapped by spouse/partner, child hit/slapped by spouse/partner, abused by someone physically/emotionally/sexually/verbally	Marion Public Health Adult Community Survey (2014)
4.7% of adults reported experiencing one or more of the following incarceration-related events in the past 12 months: someone in household went to jail, a family member (or self) was incarcerated	
21.4% of adults reported, as a child, having been exposed to one or more of the following: parents hit/kicked/punched each other or them, parent or other adult in home swore at/insulted/put them down, someone at least 5 years older or an adult touched them sexually or forced a sexual touch from them or forced them to have sex	
12.3% of adults reported keeping a firearm in/around the home in an unlocked location	
11.5% of adults reported keeping a loaded firearm in/around the home	
5.4% of adults reported keeping a loaded firearm in an unlocked location in/around the home	
19.8% of adults who reported having a firearm in/around the home also reported receiving a firearm safety workshop, class, or clinic within the past 3 years	
78.9% of adults reported always using a seatbelt when riding in a car	

## General

Data	Source
Marion ranked 37 <sup>th</sup> out of Ohio's 88 counties regarding community safety	2014 Community Health Ranking Data (Violent Crime and Injury Deaths account for a total of 5% of our county health ranking)
Marion's 97 annual violent crimes (2009-2011) calculates to a rate of 147 per 100,000 population which is slightly less than the average of Ohio's counties	
Marion's 184 injury deaths (2006-2010) calculates to a rate of 55 per 100,000 population which is slightly less than the average of Ohio's counties	
Violent Crime Rate (Violent crimes include murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault.) 51.33 per 100,000 people per year	Ohio Department of Health: Network of Care website (FBI 2009)
Age-adjusted death rate per 100,000 population due to unintentional injuries (2009-2011): 45.2	Ohio Department of Health: Network of Care website (National Vital Statistics System-Mortality, 2004-2010)
Fall deaths per 100,000 population: 7.9	
Firearm related deaths per 100,000 population: 5.5	
Death rate per 100,000 population due to motor vehicle crashes involving alcohol: 4.53	Ohio Department of Health: Network of Care website (Ohio Department of Public Safety, 2012)

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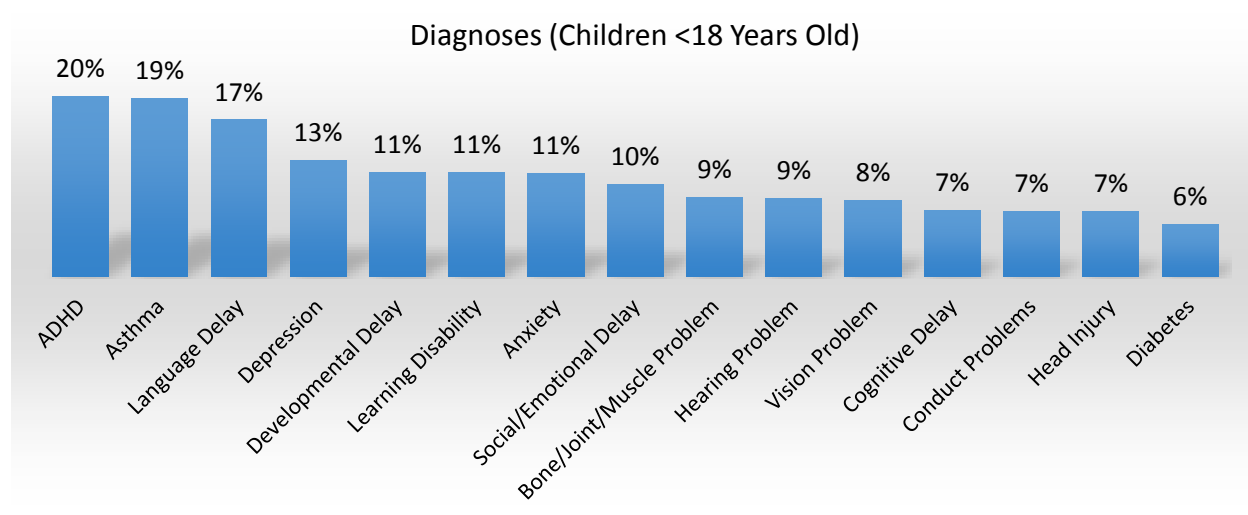
## FIREARMS

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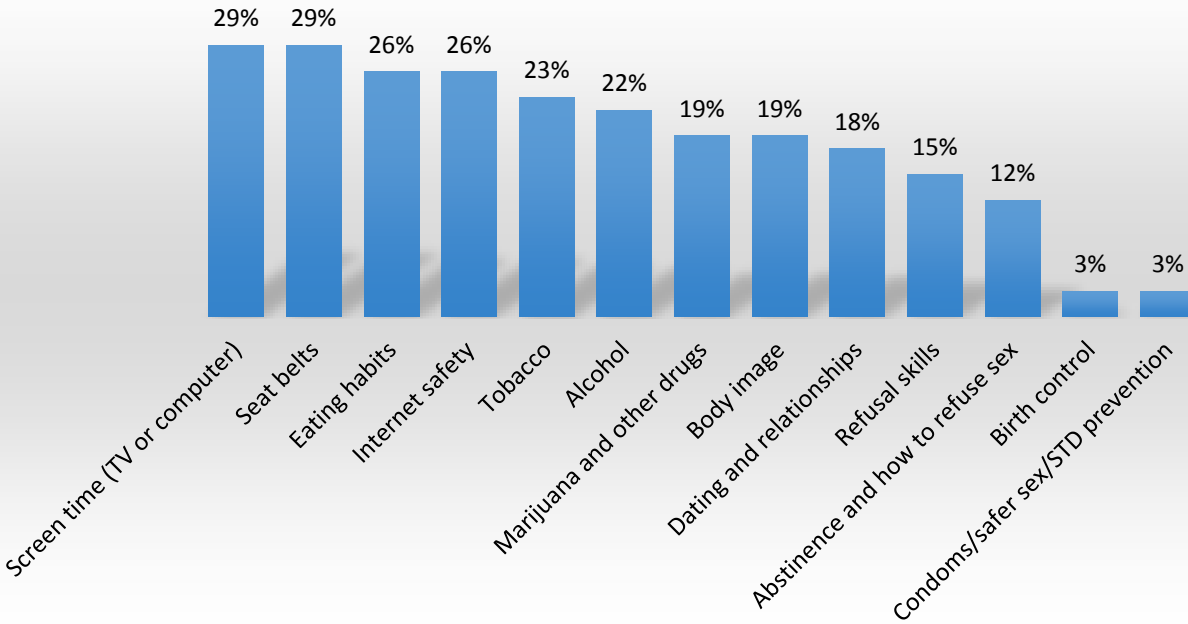
Data	Source
24% of adults reported having a firearm in or around the home	Marion Public Health Adult Community Survey (2014)
54% of the adults who reported having a firearm in the home reported that it is not kept in locked storage	
28% of the adults who reported having a firearm in the home reported that it is loaded	
24% of the adults who reported having a firearm in the home reported that it is loaded and not kept in locked storage	
34% of the adults who reported having a firearm in the home reported that someone in the family has a mental health diagnosis	
27% of the adults who reported having a firearm in the home reported that there are children in the home	
28% of the homes in which an unlocked firearm is kept have children in the home	
12% of the homes in which a loaded firearm is kept have children in the home	
82% of the adults who reported having a firearm in the home have not completed any safety training in the past three years	

## MATERNAL AND CHILD HEALTH

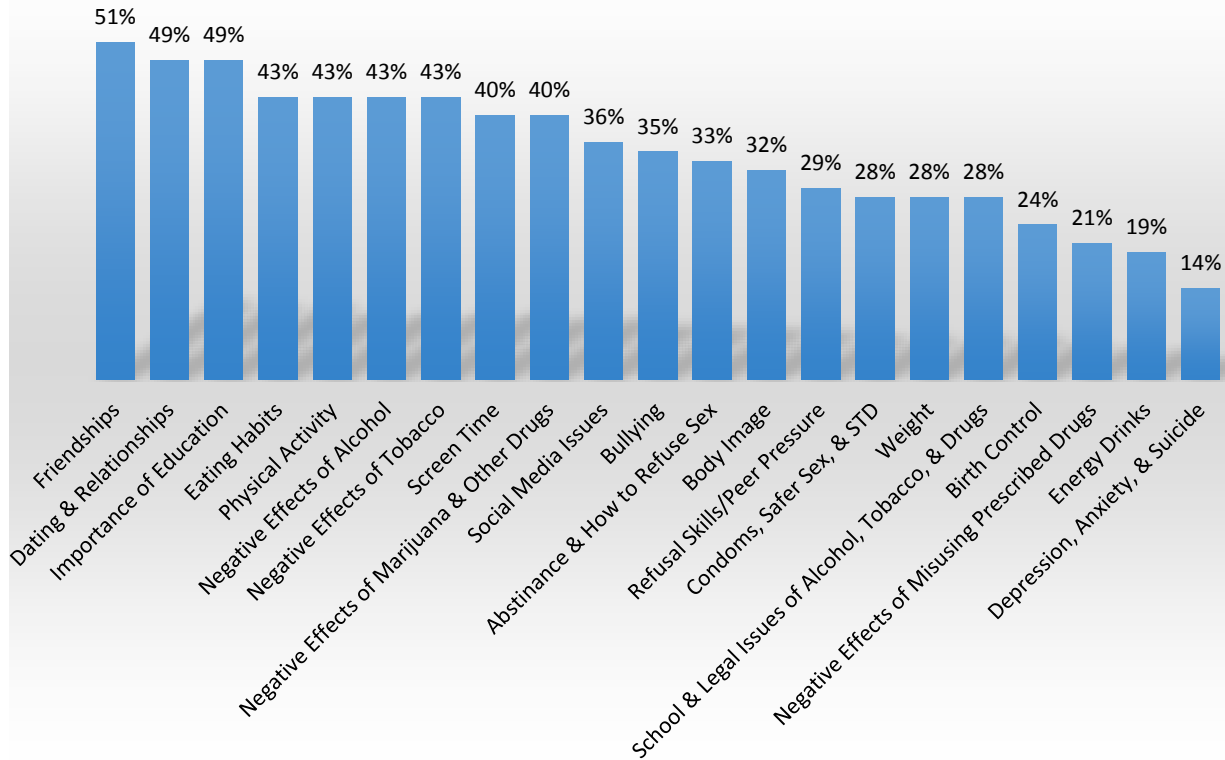
Data	Source
61.8% of adult females aged 18-44 responded that they have not spoken with their doctor or other health professional about family planning	Marion Public Health Adult Community Survey (2014)
73.0% of women who were pregnant within the past 5 years reported that they did not receive first trimester prenatal care	
32.4% of women who were pregnant within the past 5 years reported that they took a multi-vitamin	
10.8% of women who were pregnant within the past 5 years reported that they took folic acid pre-pregnancy	
13.5% of women who were pregnant within the past 5 years reported that they took folic acid during their pregnancy	
8.1% of women who were pregnant within the past 5 years reported that they smoked cigarettes during their pregnancy	
2.7% of women who were pregnant within the past 5 years reported that they drank alcohol during their pregnancy	
0% of women who were pregnant within the past 5 years reported that they used marijuana or other non-prescribed drugs during their pregnancy	
2.7% of women who were pregnant within the past 5 years reported that they experienced perinatal depression	
2.7% of women who were pregnant within the past 5 years reported that they experienced domestic violence	
17.5% of adult females aged 18-44 responded that they have engaged in sexual activity following alcohol or other drug use that they would not have done if sober	
61.6% of adults surveyed who had children under the age of 18, placed them to sleep on their back when they were infants	
19.2% of adults surveyed who had children under the age of 18, placed them to sleep in the bed with themselves when they were infants	
22.7% of women surveyed who had a child within the past 5 years breastfed that child for at least 6 months. 36.4% did not breastfeed at all	



### Parental Conversations with Children (6-11 Years Old)



### Parental Discussions with Children (12-17 Years Old)



Marion Public Health Adult Community Survey, 2014

## 2014 COUNTY HEALTH RANKING: MARION, OHIO

The following data tables are from the 2014 County Health Rankings. They are presented in their own section even though they are repeated elsewhere because this will be one data set that we will likely use as an interim data collection tool as these data are collected and disseminated annually. The first table includes the rankings (out of 88 Ohio counties). The second and third tables show the data.

Outcomes & Factors Rankings	Rank (of 88)	Calculated from the following variable (weighted)
Health Outcomes	62	Length of Life (50%), Quality of Life (50%)
Health Factors	81	Health Behaviors (30%), Clinical Care (20%), Social and Economic factors (40%), Physical Environment (10%)
Health Outcomes Sub-Rankings (weighted)	Rank (of 88)	Calculated from the following variable (weighted)
Length of Life (50%)	50	Premature Death (50%)
Quality of Life (50%)	74	Poor or Fair Health (10%), Poor Physical Health Days (10%), Poor Mental Health Days (10%), Low Birthweight (20%)
Health Factors Sub-Rankings (weighted)	Rank (of 88)	Calculated from the following variable (weighted)
Health Behaviors (30%)	80	Tobacco Use (10%), Diet and Exercise (10%), Alcohol and Drug Use (5%), Sexual Activity (5%)
Clinical Care (20%)	66	Access to Care (10%), Quality of Care (10%)
Social & Economic Factors (40%)	81	Education (10%), Employment (10%), Income (10%), Family and Social Support (5%), Community Safety (5%)
Physical Environment (10%)	64	Air and Water Quality (5%), Housing and Transit (5%)
Factors: Focus Areas (weighted)	Rank (of 88)	Calculated from the following variable (weighted)
Tobacco use (10%)	65	Adult Smoking (10%)
Diet and Exercise (10%)	74	Adult Obesity (5%), Food Environment Index (2%), Physical Inactivity (2%), Access to Exercise Opportunities (1%)
Alcohol and Drug Use (5%)	51	Excessive Drinking (2.5%), Alcohol-Impaired Driving Deaths (2.5%)
Sexual Activity (5%)	83	Sexually Transmitted Infections (2.5%), Teen Births (2.5%)
Access to Care (10%)	58	Uninsured (5%), Primary Care Physicians (3%), Dentists (1%), Mental Health Providers (1%)
Quality of Care (10%)	67	Preventable Hospital Stays (5%), Diabetic Screening (2.5%), Mammography Screening (2.5%)
Education (10%)	88	High School Graduation (5%), Some College (5%)
Employment (10%)	53	Unemployment (10%)
Income (10%)	66	Children in Poverty (10%)
Family and Social Support (5%)	80	Inadequate Social Support (2.5%), Children in Single-Parent Households (2.5%)
Community Safety (5%)	37	Violent Crimes (2.5%), Injury Deaths (2.5%)
Air and Water Quality (5%)	55	Air Pollution Particulate Matter (2.5%), Drinking water Violations (2.5%)
Housing and Transit (5%)	73	Severe Housing Problems (2%), Driving Alone to Work (2%), Long Commute – Driving Alone (1%)

Data	Marion	U.S.	Source	Year(s)
Premature Death: Years of Potential Life Lost (YPLL) before age 75 per 100,000 population	7,590	6,811	National Center for Health Statistics	2008-10
Poor or Fair Health	16%	12.4%	BRFSS	2006-12
Poor Physical Health Days: Number of days within past 30 days	4.3	3.7	BRFSS	2006-12
Poor Mental Health Days: Number of days within past 30 days	4.9	3.5	BRFSS	2006-12
Low Birth Weight: % of live births <2,500 grams	9.4%	8.1%	National Center for Health Statistics	2005-11
Adult Smoking	26%	18.1%	BRFSS	2006-12
Adult Obesity (BMI 30+)	32%	28%	NCCDPHP, Division of Diabetes Translation	2010
Food Environment Index	6.0	7.6	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2010-11
Physical Inactivity: % of adults aged 20+ with NO leisure time physical activity	31%	30%	2014: NCCDPHP, Division of Diabetes Translation 2015: CDC Diabetes Interactive Atlas	2010
Access to exercise opportunities: % of the population with adequate access to locations for physical activity	67%	77%	OneSource Global Business Browser, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2012
Excessive Drinking: (Binge plus heavy drinking)	19%	15%	BRFSS	2006-12
Alcohol-Impaired Driving Deaths: % of driving deaths with alcohol involvement	33%	32%	Fatality Analysis Reporting System	2008-12
Sexually transmitted infections: # per 100,000 population	344	458	Nat'l Ctr. for HIV/AIDS, Viral Hep, STD, and TB Prev.	2011
Teen Births: # per 1,000 females aged 15-19	61	31	National Center for Health Statistics	2005-11
Uninsured	15%	18%	Small Area Health Insurance Estimates	2011
Primary Care Physicians: Population to PCP Ratio	2,364:1	1,355:1	Area Health Resource File/American Medical Association	2011
Dentists: Population to Dentist Ratio	1,953:1	1,663:1	Area Health Resource File/National Provider Identification file	2012
Mental Health Providers: Population to MHP Ratio	1,807:1	753:1	CMS, National Provider Identification	2013
Preventable Hospital Stays: # per 1,000 Medicare enrollees hospitalized for ambulatory-care sensitive conditions	105	65	Dartmouth Atlas of Health Care	2011
Diabetic Screening: % of diabetic Medicare enrollees receive HbA1c screening	85%	84%	Dartmouth Atlas of Health Care	2011
Mammography Screening: % of female Medicare enrollees receive mammography screening	57.7%	63%	Dartmouth Atlas of Health Care	2011



Data	Marion	U.S.	Source	Year(s)
High School Graduation: % of 9 <sup>th</sup> grade cohort that graduates in 4 years	48%	80%	data.gov, supplemented w/ National Center for Education Statistics	2014
Some College: % of age 25-44 with some post-secondary education	45.5%	63%	American Community Survey, 5-year estimates	2008-12
Unemployment: % of age 16+ seeking work	7.7%	8.1%	Bureau of Labor Statistics	2012
Children (<18) in Poverty	28%	23%	Small Area Income and Poverty Estimates	2012
Inadequate Social Support: % with NO social-emotional support	22%	21%	2014: BRFSS	2005-10
Children in single-parent households	40%	33%	American Community Survey, 5-year estimates	2008-12
Violent Crime: # per 100,000 population	147	387	Uniform Crime Reporting - FBI	2009-11
Injury Deaths: # per 100,000 (age adjusted)	55	59	CDC WONDER mortality data	2006-10
Air Pollution: average daily PM2.5 (fine particulate matter)	13.7	11.1	CDC WONDER Environmental data	2011
Drinking water violations: % of population potentially exposed to water exceeding a violation limit	0.1%	8%	Safe Drinking Water Information System	FY2012-13
Severe Housing Problems: % of households w/ at least 1 of the following: overcrowding, high costs, no kitchen or plumbing	16%	19%	Comp. Housing Affordability Strategy (CHAS) data	2006-10
Driving Alone to Work	85%	76%	American Community Survey, 5-year estimates	2008-12
Long Commute – Driving Alone	26%	34%	American Community Survey, 5-year estimates	2008-12

Additional Measure Data	Data	Source	Year(s)
Population	66,238	Census Pop. Estimates	2012
Population < 18	21.3%	Census Pop. Estimates	2012
Population 65+	15.1%	Census Pop. Estimates	2012
African-American	5.9%	Census Pop. Estimates	2012
American Indian / Alaskan Native	0.2%	Census Pop. Estimates	2012
Asian	0.6%	Census Pop. Estimates	2012
Hispanic	2.3%	Census Pop. Estimates	2012
Non-Hispanic White	89.6%	Census Pop. Estimates	2012
# Not proficient in English	153 (0.2%)	ACS, 5-year Estimate	2008-12
Female	47.3%	Census Pop. Estimates	2012
Rural	30.3%	Census Pop. Estimates	2010
% Diabetic	11%	NCCDPHP, Div. of Diabetes Translation	2010
HIV Prevalence	131	Nat'l Ctr. for HIV/AIDS, Viral Hep, STD, and TB Prev.	2010
Premature Age-Adjusted Mortality: # per 100,000 population	406.8	CDC WONDER mortality data	2008-10
Infant Mortality: # per 1,000 live births	6.5	Health Indicators Warehouse	2002-08

Child Mortality: deaths per 1,000 live births averaged over the 5 previous years	57.0	CDC WONDER mortality data	2007-10
Food Insecurity	17	Map the Meal Gap	2011
Limited Access to Healthy Foods	11,446 (17%)	USDA Food Environment Atlas	2012
Motor Vehicle Crash Death Rate: # per 100,000 (age adjusted rate)	13	National Center for Health Statistics	2004-10
Drug Poisoning Deaths: # per 100,000 (age adjusted rate)	11	CDC WONDER mortality data	2004-10
Uninsured Adults	19%	Small Area Health Insurance Estimates	2011
Uninsured Children	6%	Small Area Health Insurance Estimates	2011
Health Care Costs	11,002	Dartmouth Atlas of Health Care	2011
Could not see a doctor due to cost	19%	BRFSS	2006-12
Median Household Income	\$43,315	Small Area Income and Poverty Estimates	2012
Children Eligible for Free Lunch	36%	National Center for Educational Statistics	2011

## A COMPARISON OF UNIQUE POPULATIONS

Marion Public Health was interested in exploring potential disparities between subpopulations within Marion to identify sociological pockets of increased need. The hypothesis was made that persons living with disabilities and the incarcerated population might experience some disadvantages in terms of health equity and the employed population might have advantages. An abbreviated survey was distributed to three groups. Because of the small number of responses, no attempt was made to calculate statistically significant differences. However, the data suggest there is a need to explore this further in the next assessment.

	General Adult Population	Persons Living with Developmental Disabilities	Major Community Employer	Incarcerated Population
% reporting "excellent" or "very good" health	46.9% (187/399)	38.3% (18/47)	50.0% (9/18)	57.4%** (27/47)
% reporting having a "routine checkup" within the prior two years	80.1% (318/397)	87.2% (41/47)	83.3% (15/18)	78.7% (37/47)
% reporting having been told by a doctor that they have diabetes (other than during pregnancy)	17.5% (70/399)	23.4% (11/47)	11.1% (2/18)	2.2%** (1/45)
% reporting having been told by a health professional that they have high blood pressure (other than during pregnancy)	44.6% (177/397)	23.2% (17/47)	33.3% (6/18)	13.4%** (6/46)
% reporting having been told by a health professional that they have high cholesterol	44.2% (175/396)	21.3% (10/47)	27.7% (5/18)	6.4%** (3/47)
% reporting that they smoke	19.6% (77/392)	12.8% (6/47)	5.5% (1/18)	85.1% (40/47)
% reporting that they engaged in some type of physical activity or exercise (at least 30 minutes) on at least 4 of the prior 7 days.	31.1% (123/395)	17.0%* (8/47)	38.8% (7/18)	40.4% (19/47)
% reporting they engaged in some type of physical activity or exercise (at least 30 minutes) on fewer than 2 of the prior 7 days.	42.3% (167/395)	53.2%* (25/47)	16.7 (3/18)	38.3% (18/47)
% reporting eating at least 3 to 4 servings of fruits and vegetables per day on average	37.6% (148/394)	48.9 (23/47)	55.6% (10/18)	14.9% (7/47)
% reporting receiving the social/emotional support they need "usually" or "always"	64.8% (256/395)	83.3% (39/47)	61.1% (11/18)	42.6% (20/47)
% Overweight or Obese	73.9% (280/379)	85.7% (30/35)	83.3% (15/18)	51.1% (24/47)

\* Only 1 respondent reported being unable to exercise.

\*\*The respondents were significantly younger than in the other groups.

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## COMMUNITY IDENTIFIED PRIORITIES

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### Obesity

**Definition:** The key informant group recognized that obesity is a physical state rather than a health outcome. Obesity is associated with many of our leading preventable chronic diseases and causes of premature disability and morbidity. The group chose to use this category to include the issues of physical activity and nutrition. While other factors also contribute to obesity, these are the two the group felt most equipped to address.

**Strengths:** The key informant group identified several entities in the community that could collaborate on both physical activity and nutrition. Major partners include the Marion Family YMCA, Marion Public Health, the Boys and Girls Club, and the county's school systems. There are already strong programs in place for food access and physical activity access opportunities. There is already strong multi-sector collaboration. Some funding already exists. There is good community awareness of the issue. The community feedback survey validated this as one of the top priorities.

**Challenges:** This issue is a product of a number of other issues (access to opportunities to exercise, access to affordable nutritious food, a cultural norm of obesity, etc.). To be impactful will require successes across multiple areas.

**Populations at increased risk:** Obesity rates are correlated with limited access to nutritious food and opportunities for physical activity. Populations and communities with higher levels of poverty and limited access to transportation are at increased risk.

### Tobacco

**Definition:** The key informant group decided that this would include all forms of tobacco use, not just smoking. Tobacco use remains a leading cause of preventable morbidity and mortality and the tobacco use rates in Marion remain high.

**Strengths:** There are several tobacco cessation programs in the community. More can be done with regard to the development and adoption of policies that result in reduced uptake of tobacco use and that facilitate cessation efforts. In addition to the work done by Marion General Hospital, Marion Public Health, and the schools, the Marion Chamber of Commerce could prove to be an impactful conduit in working with the business community to adopt their own effective tobacco use policies. The Chamber of Commerce has been an engaged partner in the Community Health Assessment process. There is also awareness and support within city government. The City of Marion has leading edge workplace tobacco policies in place.

**Challenges:** Successes will depend on changing some generational norms. Nicotine is a highly addictive substance. Alternative nicotine delivery methods have already been introduced that have not been demonstrated to be either safe or an effective tool to assist in smoking cessation though they are being marketed as such.

**Populations at increased risk:** The incarcerated population are smoking at significantly higher rates than the general population. This is an issue in Marion County given the large population residing in one of several penal facilities. There is a strong correlation between lower

educational attainment and tobacco use. The less educated and those living in poverty use tobacco at higher rates than the general population.

## **Substance Abuse**

**Definition:** The key-informant group considered this issue should include youth and adult substance abuse and should address prevention, cessation, and treatment. This is an issue that is at the forefront of the issues that impact all facets of our community.

**Strengths:** There is strong local leadership from the ADAMH Board. A number of partnerships are already in place with coordinated programming. Law enforcement (MARMET) and the Courts are involved. There are some new recovery houses. Some funding is available.

**Challenges:** This is the “signature issue” in Marion. It is highly dependent upon multiple other issues (education, employment, local economic strength, culture, poverty, hope, etc.) It will require successes across multiple areas. Heroin is one of the drugs of choice and it is inexpensive and accessible. There are too few treatment options and no detox options locally.

**Populations at increased risk:** Among those most at risk are those living in poverty, those who are unemployed and unemployable, those who are undereducated, and those who have lost hope.

## **Maternal and Child Health**

**Definition:** The key-informant group considered this to include Healthy pregnancy, perinatal health, and a reduction of infant mortality. Infant mortality, especially among minority populations is disproportionately high in Ohio. This is an issue identified in the State’s Health Improvement Plan.

**Strengths:** A number of partners were identified but activities need to be coordinated. Much of Marion Public Health programming targets this issue. This will present opportunities for collaboration with the Center Street Community Health Center (FQHC) as well as other local social service agencies that provide wrap-around social services.

**Challenges:** This represents an opportunity for greater community coordination and collaboration.

**Populations at increased risk:** There is an existing need throughout the county.

## **Safe and Healthy Housing**

**Definition:** The key informant group decided this should include safe and affordable housing in safe neighborhoods with access to resources and facilities that define strong neighborhoods. There was a strong interest in establishing minimum enforceable standards for rental properties to reduce risks for injuries and exposure to environmental pathogens such as lead.

**Strengths:** There are several potential community champions. The LODO group is actively exploring and implementing strategies targeting neighborhood blight in an effort to improve housing stock in a central downtown district. Additionally, there are several members of the Marion City Council who are landlords and should have a vested interest in assuring that

citizens they represent have access to safe housing and they should have the political clout to do something about it, i.e. lead by example.

**Challenges:** This is highly dependent upon multiple other issues (poverty, employment, local economic strength, culture, substance abuse, etc.) It will require successes across multiple areas. Unclear if there is political will to consider housing codes/standards, etc. given historical opposition.

**Populations at increased risk:** There is a significant portion of the population who are less attractive to responsible landlords. They represent easy targets for the less scrupulous landlords in Marion. Those who are reintegrating into the community post incarceration and those with chemical addictions and other mental health issues are particularly vulnerable.

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## **NEXT STEPS**

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### **The Community Health Improvement Plan**

The 2015 Community Health Assessment is the foundation for the 2016-2020 Community Health Improvement Plan. The five priority areas (Obesity, Tobacco, Substance Abuse, Maternal and Child Health, and Housing) will each be the focus of their own planning team. Plans with specific objectives, detailed strategies, and data collection tools will be identified for each priority. Collectively, these plans will be the Community Health Improvement Plan. The intent is to complete the planning process within two months of the distribution of the Community Health Assessment. There are existing community health improvement plans for obesity, tobacco, and substance abuse that will be updated but may not have significant changes made to them. There are not currently plans in place for maternal and child health and housing. The key informants have been polled with regard to their interest in participating and there has been substantial interest.

**APPENDIX A**  
***2014 COMMUNICABLE DISEASE REPORT***

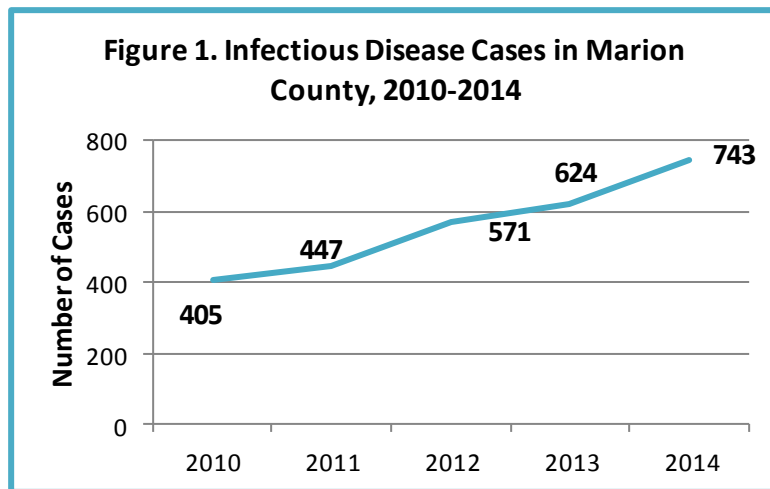
# Marion County 2014 Communicable Disease Report

FEBRUARY 2015

## INSIDE THIS ISSUE:

Chlamydia	2
Hepatitis C	2
Gonorrhea	3
Influenza-Associated Hospitalization	3
Hepatitis B	4

The number of communicable disease cases reported in Marion County during 2014 increased from 2013 (743 cases and 624 cases, respectively). The overall number of infectious disease cases reported in 2014 was the highest in the past five years (**Figure 1.**). Infectious disease cases from individuals incarcerated in the county were omitted from this report.



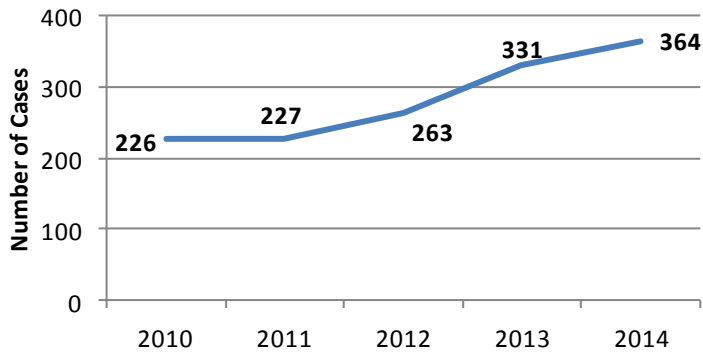
Numerous infectious diseases were reported during 2014; however, the most reported illnesses in Marion County included Chlamydia (364 cases), Hepatitis C (144 cases), Gonorrhea (103 cases), Influenza-Associated Hospitalization (32 cases), and Hepatitis B (25 cases). The remainder of this document provides epidemiological data on each of these illnesses, brief demographic information on the cases, and disease trends over the past five years.

**Table I.** on Page 5 illustrates all of the diseases reported in the county and the number of cases for each of these illnesses.



# Chlamydia

**Chlamydia Cases in Marion County, 2010-2014**



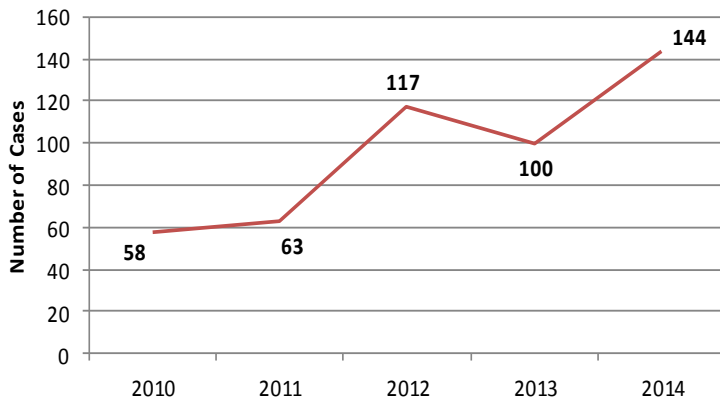
**Number of Cases:** 364  
**Average Age:** 22.9 years  
**Median Age:** 21 years  
**Age Range:** 14 - 61 years  
**Female:** 80.8%  
**Male:** 19.2%

**EPIDEMIOLOGY**

**Infectious Agent:** *Chlamydia trachomatis* bacteria  
**Case Definition:** Isolation of *Chlamydia trachomatis* from a clinical specimen. Men may suffer from painful urination, urinary frequency, and penile discharge; women may experience vaginal discharge.  
**Mode of Transmission:** Sexually transmitted  
**Incubation Period:** 7 - 21 days  
**Prevention:** Abstinence, condom use, and identification and treatment of sexual contacts of those proven to or suspected of being infected with *Chlamydia trachomatis*

# Hepatitis C

**Hepatitis C Cases in Marion County, 2010-2014**

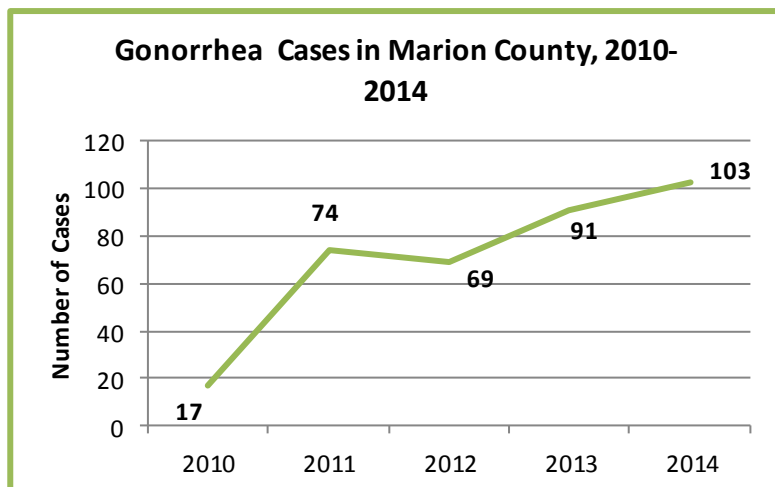


**Number of Cases:** 144  
**Average Age:** 35 years  
**Median Age:** 31 years  
**Age Range:** 17 - 85 years  
**Female:** 49.3%  
**Male:** 50.7%

**EPIDEMIOLOGY**

**Infectious Agent:** Hepatitis C virus  
**Case Definition:** Those infected may be asymptomatic; however, some may experience nausea, vomiting, abdominal pain, loss of appetite, dark urine, and/or jaundice  
**Mode of Transmission:** Injection drug use through the sharing of needles and other drug paraphernalia contaminated with infected blood; non-professional tattooing or in-home tattooing through shared needles or contaminated equipment; sexual transmission inefficiently spreads the virus (transmission is rare).  
**Incubation Period:** 2 weeks - 6 months  
**Prevention:** No vaccine is available

# Gonorrhea



**Number of Cases:** 103  
**Average Age:** 24.9 years  
**Median Age:** 24 years  
**Age Range:** 15 - 48 years  
**Female:** 68.9%  
**Male:** 31.1%

## EPIDEMIOLOGY

**Infectious Agent:** *Neisseria gonorrhoeae* bacteria

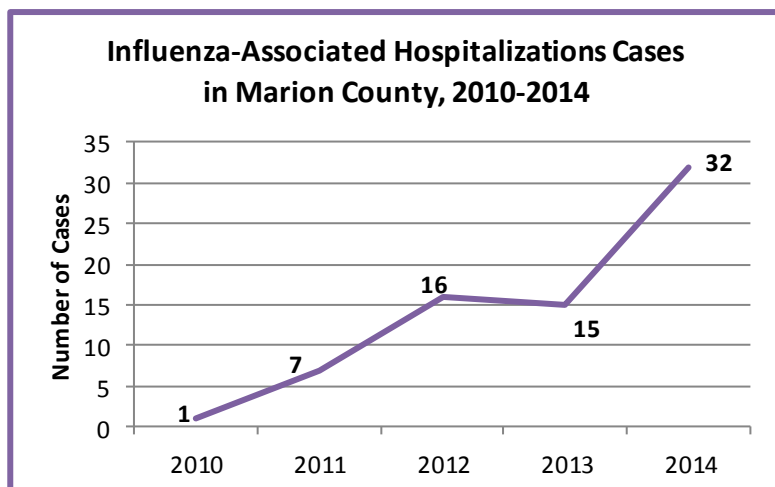
**Case Definition:** Isolation of *Neisseria gonorrhoeae* from a clinical specimen. Men may suffer from painful, frequent urination, and penile discharge. Women may experience vaginal discharge, painful urination, and vaginal bleeding between menstrual cycles.

**Mode of Transmission:** Sexually transmitted

**Incubation Period:** 3 - 8 days

**Prevention:** Abstinence, condom use, and identification and treatment of sexual contacts of those proven to or suspected of being infected with *Neisseria gonorrhoeae*

# Influenza-Associated Hospitalization



**Number of Cases:** 32  
**Average Age:** 60.9 years  
**Median Age:** 66 years  
**Age Range:** 5 months - 98 years  
**Female:** 56.3%  
**Male:** 37.5%

## EPIDEMIOLOGY

**Infectious Agent:** Influenza virus has two main types: Influenza A and Influenza B. Both types include different strains that tend to change from year to year

**Case Definition:** An illness compatible with influenza virus infection that results in hospitalization

**Mode of Transmission:** Direct person-to-person contact through droplet spread or via articles recently contaminated with nasopharyngeal secretions

**Incubation Period:** 1 - 4 days

**Prevention:** The best prevention is annual vaccination. Wash hands after sneezing, coughing, or using a tissue. Cough into sleeve and not into hands.

# Hepatitis B

**Number of Cases:** 25  
**Average Age:** 40 years  
**Median Age:** 35 years  
**Age Range:** 19 - 78 years  
**Female:** 48.0%  
**Male:** 52.0%

## EPIDEMIOLOGY

**Infectious Agent:** Hepatitis B virus

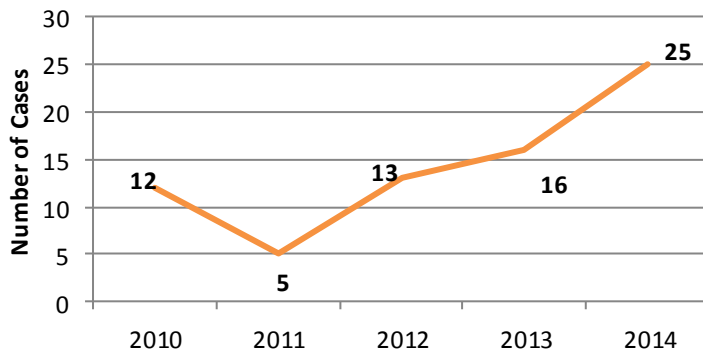
**Case Definition:** Those infected may be asymptomatic; however, some may experience nausea, vomiting, abdominal pain, loss of appetite, dark urine, and/or jaundice

**Mode of Transmission:** Injection drug use through the sharing of needles and other drug paraphernalia contaminated with infected blood; non-professional tattooing or in-home tattooing through shared needles or contaminated equipment; sexual contact; exposure through breaks in the skin; contamination of mucosal surfaces with body fluids other than saliva; perinatal transmission

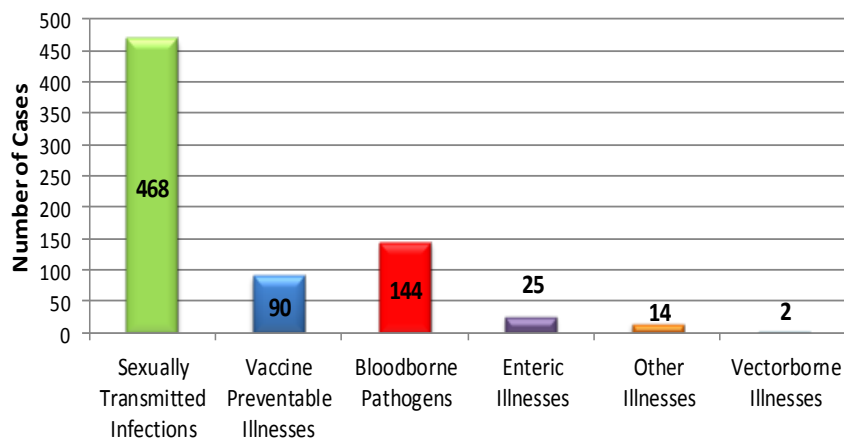
**Incubation Period:** 6 weeks - 6 months

**Prevention:** The best prevention is vaccination

**Hepatitis B Cases in Marion County, 2010-2014**



**Types of Communicable Diseases Reported in Marion County During 2014**



**Notes:**

Case counts include confirmed, probable, and suspect disease classifications  
 Communicable disease case counts include only residents of Marion County and not those incarcerated  
 Sexually transmitted infections include chlamydia, gonorrhea, and syphilis  
 Enteric illnesses include campylobacteriosis, cryptosporidiosis, giardia, salmonella, and shigellosis  
 Vaccine preventable illnesses include Hepatitis A, Hepatitis B, influenza-associated hospitalizations, mumps, pertussis, *Streptococcus pneumoniae*, and varicella  
 Bloodborne pathogens include Hepatitis C  
 Vectorborne illnesses include Lyme disease and LaCrosse virus disease  
 Other illnesses include Creutzfeldt-Jakob Disease, Legionnaires' disease, aseptic meningitis, mycobacterial disease, Streptococcal disease

**Table 1. Communicable Diseases Reported in the Marion County Community, 2014**

<b>Class B</b>	
Campylobacteriosis	4
Chlamydia	364
Creutzfeldt-Jakob Disease	1
Cryptosporidiosis	3
Giardiasis	4
Gonorrhea	103
Hepatitis A	4
Hepatitis B	25
Hepatitis C	144
Influenza-Associated Hospitalization	32
LaCrosse Virus Disease	1
Legionnaires' Disease	1
Lyme Disease	1
Meningitis, Aseptic	8
Mumps	8
Mycobacterial Disease (MOTT)	1
Pertussis	4
Salmonella	9
Shigellosis	5
Streptococcal Disease, Group A	3
<i>Streptococcus pneumoniae</i>	7
Syphilis	1
Varicella	10
<b>Total</b>	<b>743</b>

**APPENDIX B: COMMUNITY KEY INFORMANTS**

<b>Name</b>	<b>Institution</b>
Abiado, Mary Ann	OhioHealth - Marion General Hospital
Agner, Bede	Marion County Council on Aging
Ahonen, Lisa	OhioHealth - Marion General Hospital
Baldinger, Sharon	Marion Industrial Center
Ballinger, Teresa	Marion Municipal Court (Judge)
Barber, Gary	Marion City Schools
Brewer, Winnie	Marion City Schools
Bulick, Chuck	Heart of Ohio Homeless Shelter
Butterworth, Phyllis	Marion General Hospital Foundation
Chaudry, Rosemary	League of Women Voters - Marion
Clayborn, Dave	The Ohio State University - Marion Campus
Creeden, Erin	Marion Public Health
Demo-Hodgins, Jody	Alcohol, Drug, and Mental Health Board
Detano, Teresa	OhioHealth - Marion General Hospital
Edwards, Cliff	Marion Center Street Clinic (FQHC)
Galloway, Jodi	Marion County Prevention Program
Gase, Chris	Marion Technical College
Haas, Chris	Marion Area Pregnancy Prevention
Haberman, Jennifer	Help me Grow
Hall, Pam	Marion Chamber of Commerce
Hartman, Cindy	Marion Technical College
Hetleberg, Amber	OhioHealth-Marion General Hospital
Issler, Alyson	SIKA (major local employer)
Jacob, Dean	Marion Community Foundation
Jackson, Orelle	OhioHealth
Jones, Heidi	Marion Matters
Knotts, Jennifer	OhioHealth - Marion General Hospital
Kitchen, Shawn	OhioHealth - Marion General Hospital
Litzenberg, Steven	The Ohio State University - Marion Campus
Longmeier, Natalie	Voice of Hope Pregnancy Center
Lubke, Theresa	Marion Family YMCA
Osborne, Dale	Multi-County Correctional Center
Plaster, Cheryl	Marion County DD Board
Quade, Tom	Marion Public Health Commissioner
Ringer, Jacque	Marion County Children's Services
Rose, Greg	The Ohio State University - Marion Campus
Schertzer, Scott	City of Marion (Mayor)
Schuster, Debbie	Marion Head Start
Sims, Linda	Marion Minority Commission, Host of "Voice of the People" (Radio)
Slone, Crystal	Family and Children First Council
Somerlot, Roxane	Marion County Jobs and Family Services
Stewart, Dan	Marion County Regional Planning
Stone, Pam	United Way
Trimble, Abbey	Marion Public Health
Winters, Rev. Merlyn	Central Christian Church
Young, Bev	Marion Area Counseling Center
Zucher, Lynn	Marion Habitat for Humanity

## **APPENDIX C**

### ***April 2015 Initial Key Informant Conference***

On April 6, 2015, the Key Informant group convened to identify an initial set of priority health and health-related issues for Marion County. The pages that follow are the slides of the presentation and work session of that group. The meeting did result in a list of thirteen potential priorities for further examination.

# 2015 Marion County Community Health Assessment

Co-facilitated by Marion Public Health and OhioHealth



# Marion Public Health Key Informant Conference

April 6, 2015





# Agenda

- Welcome and Introductions
  - Brief self-introductions
- Background
  - Context
    - Community Health Planning Cycle
  - Present the Process
- Brainstorm Initial List from ALL Stakeholders
- Identification of barriers/facilitators/impact/etc
- Build Consensus around a final list of 10-15
- Adjourn



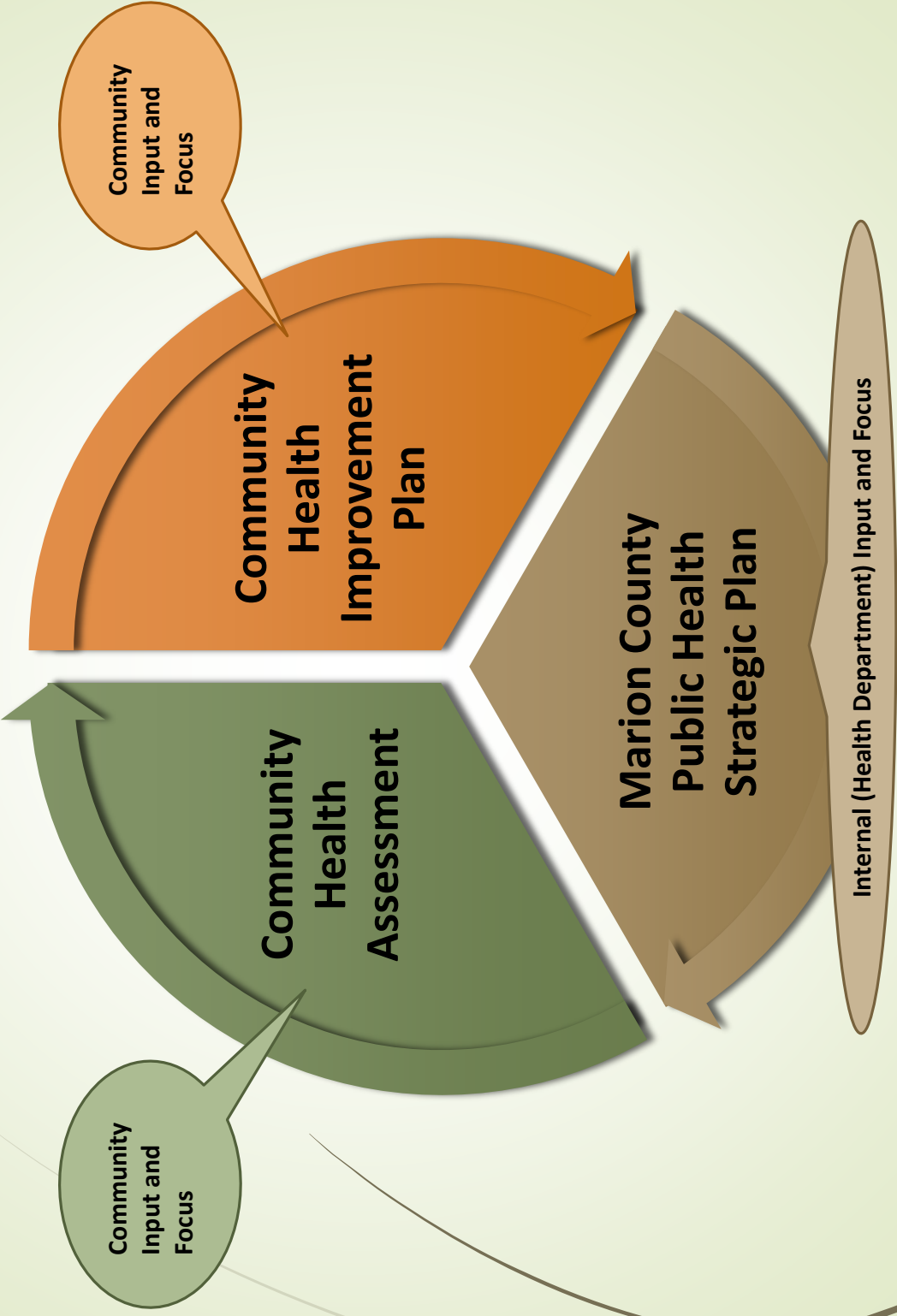
# Welcome and Introductions

- Brief Stakeholder Self-introductions (name, agency)
- 

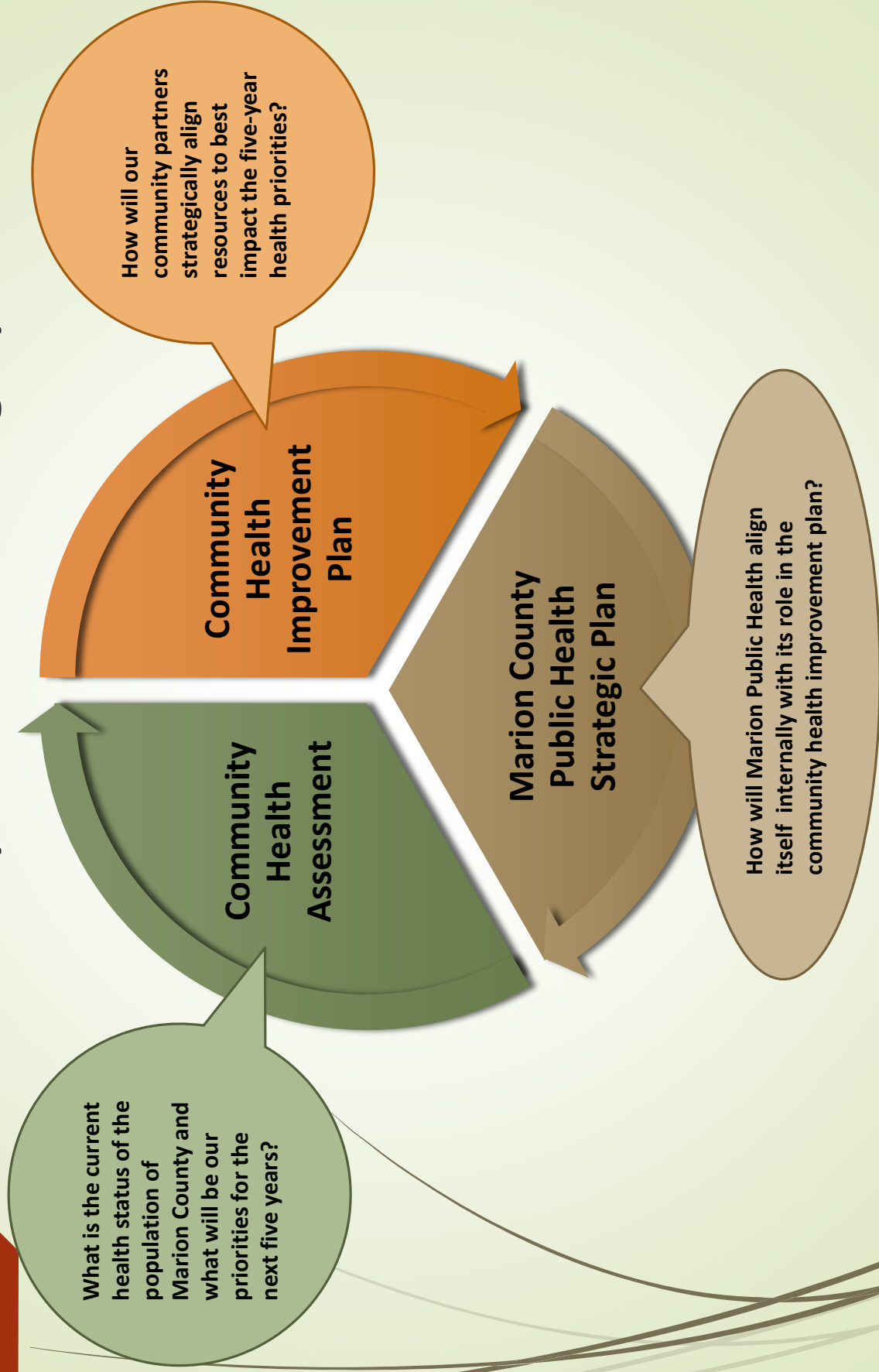
## Context:

- 1.) The Community Health Planning Cycle
- 2.) CDC Health Impact Pyramid

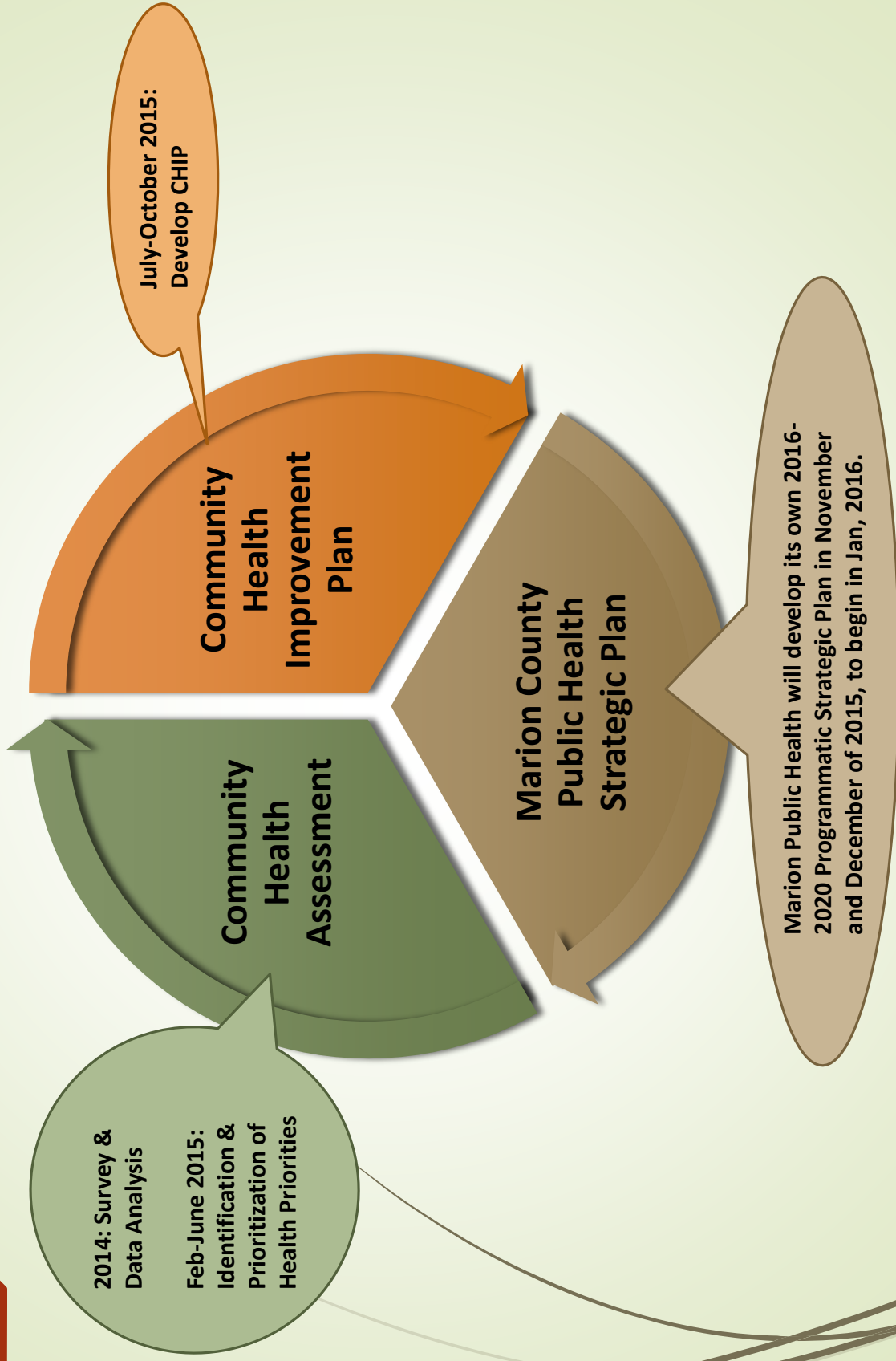
# Community Health Planning Cycle



# Community Health Planning Cycle

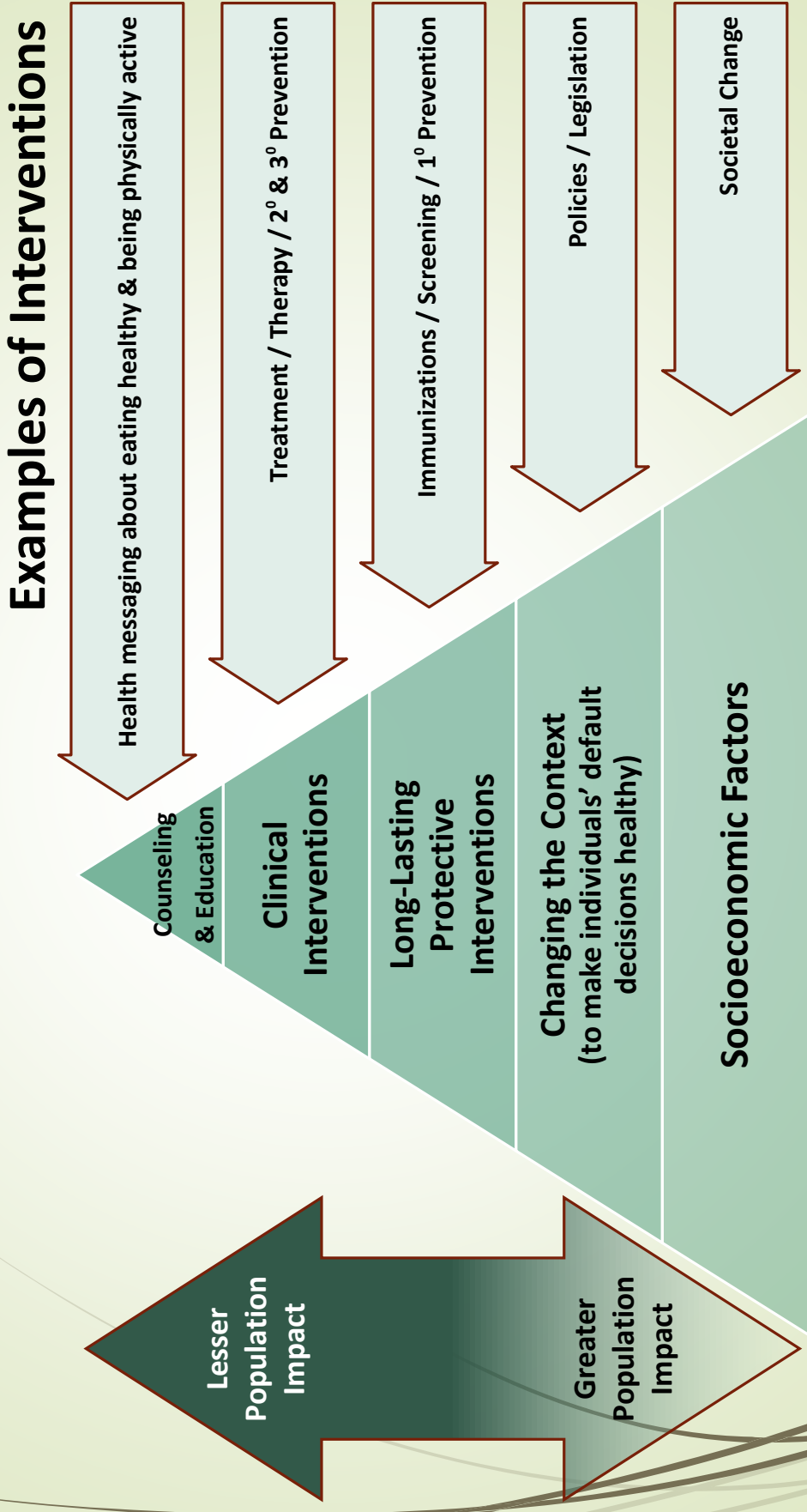


# Community Health Planning Cycle



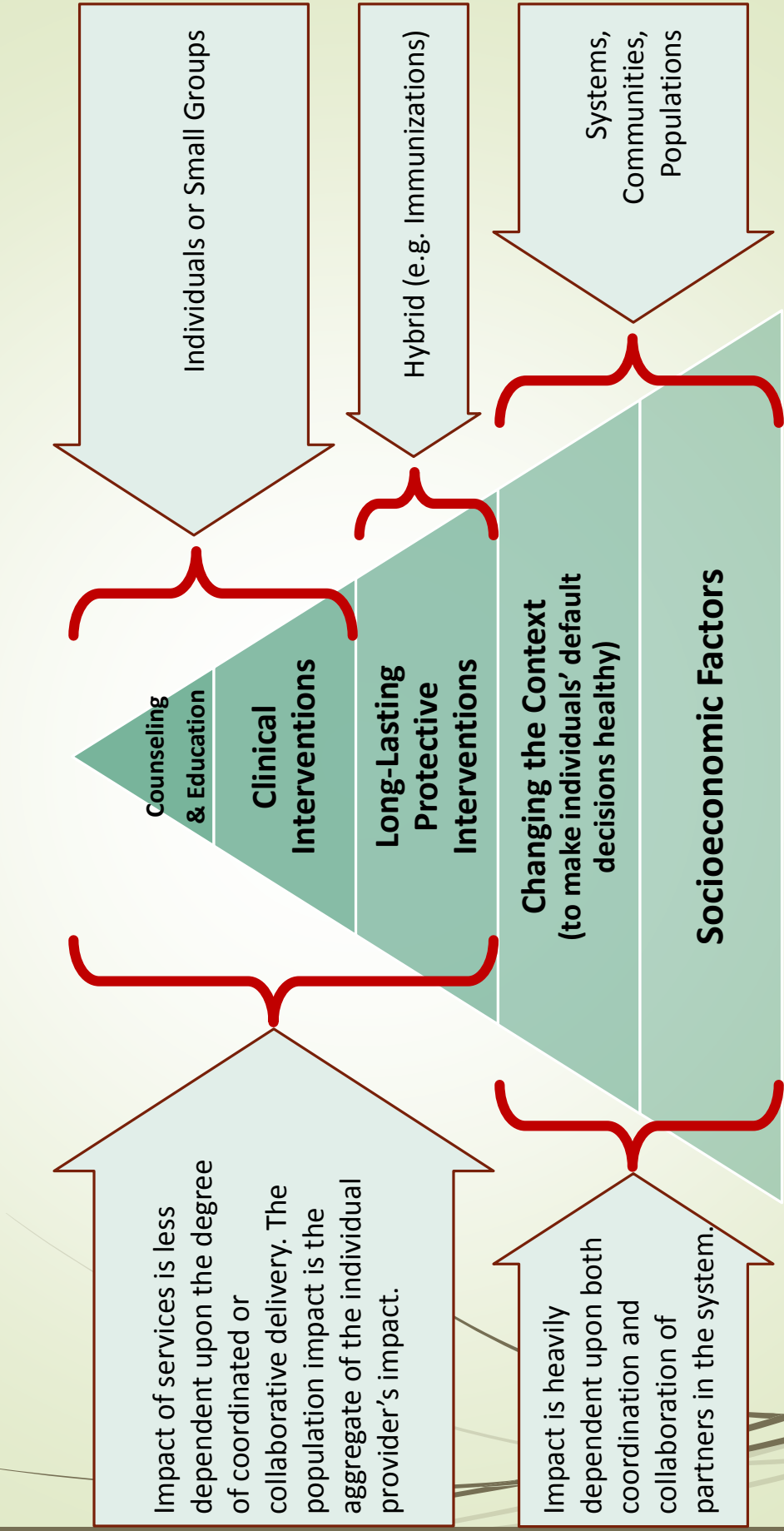
# CDC Health Impact Pyramid

(Factors that impact the health of a population)



# CDC Health Impact Pyramid

(Factors that impact the health of a population)





# The Process

- ▶ April 6: Stakeholders Generate List of 10-15 Priorities
- ▶ April 6-30: Generate one-pagers (data, assets, barriers, partners) for each of the 10-15
- ▶ May 5 and May 27: Public forums to narrow the stakeholder list to a final list of 3-5 Priorities
- ▶ June 15: Distribute the Community Health Assessment Report
- ▶ July-October: Develop Community Health Improvement Plan (CHIP)
- ▶ 1/2016 – 12/2020: Implement CHIP

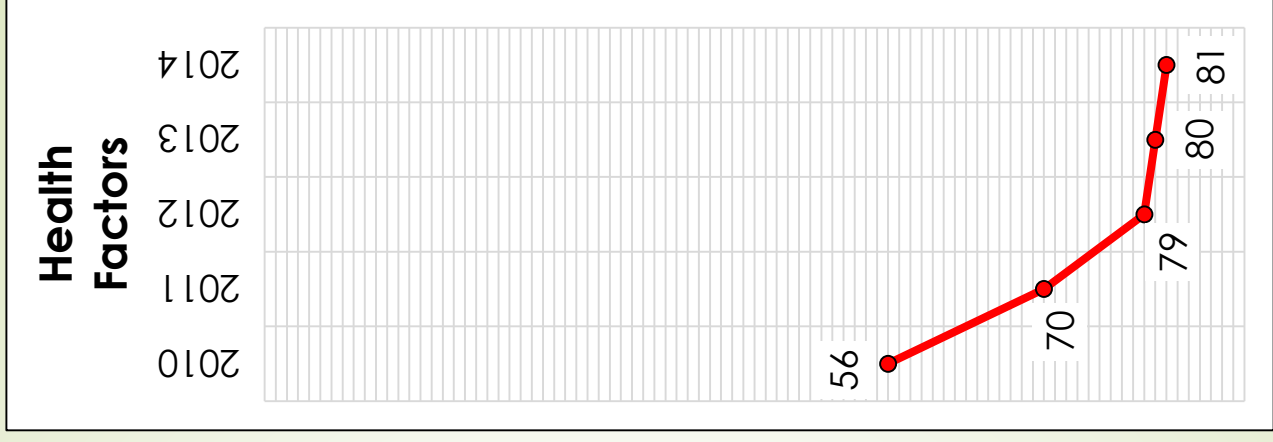
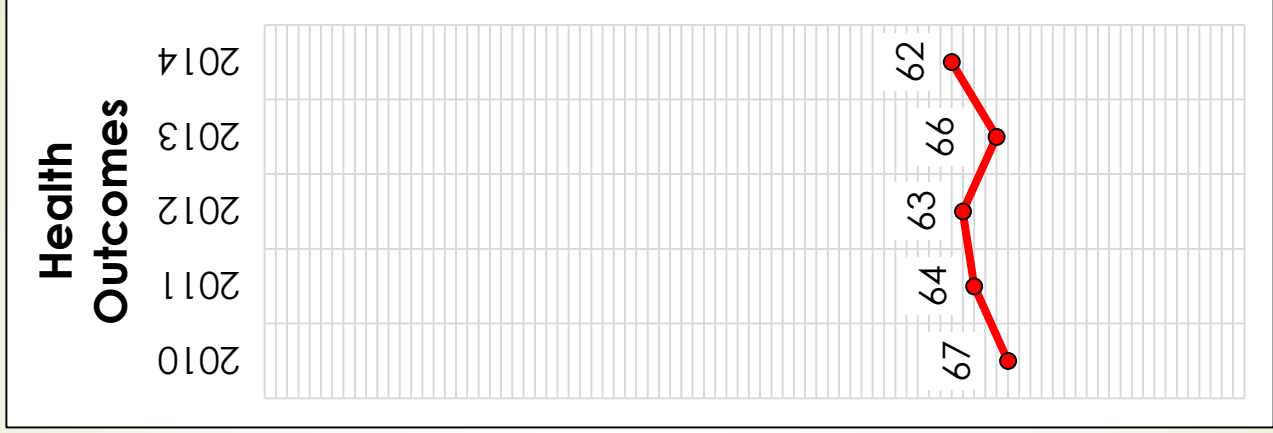
# Stakeholder Input Process

(What we are doing today)

- Brainstorm a comprehensive list
- Identify potential resources for each
- Identify potential barriers for each
- Identify where on the CDC Health Impact Pyramid our likely interventions will land
- Build consensus around final list of 10-15 priorities to take to the public forums

# County Health Rankings

- Health Outcomes
- Health Factors



Health Behaviors (30%)	Tobacco Use (10%)	Adult Smoking (10%)
	Diet and Exercise (10%)	Adult Obesity (5%)
		Food Environment Index (2%)
		Physical Inactivity (2%)
	Alcohol and Drug Use (5%)	Access to Exercise Opportunities (1%)
		Excessive Drinking (2.5%)
	Sexual Activity (5%)	Alcohol-Impaired Driving Deaths (2.5%)
		Sexually Transmitted Infections (2.5%)
		Teen Births (2.5%)
		Uninsured (5%)
Primary Care Physicians (3%)		
Clinical Care (20%)	Access to Care (10%)	Dentists (1%)
	Quality of Care (10%)	Mental Health Providers (1%)
		Preventable Hospital Stays (5%)
	Education (10%)	Diabetic Screening (2.5%)
Mammography Screening (2.5%)		
High School Graduation (5%)		
Social and Economic Factors (40%)	Employment (10%)	Some College (5%)
	Income (10%)	Unemployment (10%)
		Children in Poverty (7.5%)
	Family and Social Support (5%)	Income inequality (2.5%)
		Children in single-parent households (2.5%)
Physical Environment (10%)	Community Safety (5%)	Social associations (2.5%)
	Air and Water Quality (5%)	Violent crime (2.5%)
		Injury deaths (2.5%)
	Housing and Transit (5%)	Air pollution (2.5%)
Drinking water violations (2.5%)		
		Severe housing problems (2%)
		Driving alone to work (2%)
		Long commute - driving alone (1%)

# Switch out of “Slide Show”

Input stakeholder conversation work product



# Brainstorm List of Potential Issues

Includes traditional health issues (tobacco, obesity, drug use/abuse, etc), social determinants of health (education, employment, incarceration, poverty, discrimination, etc) as well as policy/legislative issues (assuring an understanding of the health impacts of proposed legislation, development, planning, etc)



- ▶ Substance Abuse (familial strength)
- ▶ Trauma informed care (mental health / behavioral health)
- ▶ Obesity
- ▶ Tobacco
- ▶ Poverty
- ▶ Educational Attainment
- ▶ Early childhood education
- ▶ Food insecurity & Access to healthy food
- ▶ Transportation
- ▶ Dental care access
- ▶ Mental health (prevalence & providers)
- ▶ Safety
- ▶ Attention to vulnerable populations (disparities/health equity)
- ▶ Literacy (healthcare/financial/etc)
- ▶ Domestic violence
- ▶ Prenatal care

- ▶ Housing
- ▶ Personal health status awareness
- ▶ Community apathy/negativity
- ▶ Distracted driving
- ▶ Under-engaged youth
- ▶ Employability (transition to workforce / soft skills)
- ▶ Maternal /Child Health
- ▶ Seniors Housing/nutrition/etc
- ▶ Crime
- ▶ Access to health care
- ▶ Education
- ▶ Economy
- ▶ Participation/engagement of elected officials/leadership

# Assets/Resources

Health Issue	Resource / Asset (partners, expertise, funding, political will, etc)
Poverty	Marion Matters Program, Homeless Shelter, rental assistance programs, food pantries, JFS, pregnancy center, ADAMH Board levy, hospital charity care program, United Way focus, economic development, regional planning, faith-based, K-12/MTC/OSUM employability in high-demand jobs, Goodwill Employment program (including folks with barriers to employability – eg, felonies, Rushmore Academy, Marion Community Foundation
Obesity	CHC, PHC, Marion City School feeding programs (access to healthy food), mid Ohio Foodbank, Hospital Nutrition Counseling, YMCA, parks & recreation efforts, senior nutrition programs, OSU extension, WIC, engaged employers, insurance companies/ healthcare providers, community gardens, ODOT (infrastructure changes, City of Marion and political subdivisions, Marion Community Foundation
Tobacco use	Tobacco cessation programs, lung screening, pulmonary rehab, CHC, Political will, law enforcement/compliance checks, teen institute, trending toward tobacco free policies in the workplace, family court, prevention-not-punishment, Marion Community Foundation
Substance abuse	ADAMH Board, MACC, schools, JFS, CS, SSTAND Coalition, Prevention,-not-punishment, drug courts, law enforcement/MARMET, Marion Community Foundation, recovery houses, Faith-Based communities/partners, Prevention programs



# Assets/Resources (Continued)

Health Issue	Resource / Asset (partners, expertise, funding, political will, etc)
Mental Health	MACC, hospital, Center Street Clinic, Schools, SOS programs, CS,
Transportation	MAT, regional planning, schools, PHP, CHC, Council on Aging and older American's Act, transportation advisory council, ODOT,
Education	Schools, DD (early intervention), United Way, OSU extension, MTC, OSUM, early child care settings, Ohio coalition for the education of children with disabilities, help me grow, boys and girls club, ICAN, pregnancy center,
Utilities/Housing	Salvation army, habitat for humanity, MACC, Goodwill, CFS, CS, City and Political subdivisions, community action, regional planning, rural development,
Violence/Safety	Law enforcement, turning point, elected officials, courts, prevention programs, safety city,

# Assets/Resources (Continued)

Health Issue	Resource / Asset (partners, expertise, funding, political will, etc)
Literacy	United Way, Let's Read 20, preschools, ABLE program, Marion Public Library, MAPP, WIC, ALTRUSFA, parents and caregivers,
Maternal and Child health	Help me grow, hospital (various programs) health care providers, PHC, CHC, MPH, Voice of Hope, GRADS,
Working Poor / Health Disparity / Social Equity	211, Faith-Based, Ohio Heartland community action, neighborhood associations, west side neighborhood association, OSUM
Access to comprehensive health care	Center Street Clinic, Hospital, providers, MACC,

# Barriers/Challenges

Health Issue	Resource / Asset (controversial, limited awareness, etc)
Poverty	Lack of livable wage jobs (opportunities), cultural norm, education, skilled workforce, economic development, transportation, some community apathy, more mobilization of the community, scope of complex problem, enabling strategies,
Obesity	General public knowledge, cultural norm, awareness, personal apathy, can be overwhelming (population/individually), built environment, access to healthy options (convenience/affordability), overcoming repeated failures, advertizing, portions
Tobacco use	Cultural norms, trend toward legalization of other substances, generational norms, family engagement, advertizing, lack of consequences, easy access, competing priorities (drug use),
Substance abuse	Tobacco use, undiagnosed/untreated trauma (awareness), generational norms, easy access, limited care and treatment,

# Barriers/Challenges (Continued)

Health Issue	Resource / Asset (controversial, limited awareness, etc)
Mental Health	Social stigma, untreated trauma, lack of treatment capacity, funding
Transportation	Funding,
Education	Funding, culture of poverty, lack of community engagement
Utilities/Housing	Funding, political will for building/rental codes, buy in from landlords, unstable housing history, lack of adequate public/private partnerships
Violence/Safety	Funding,

**APPENDIX D**  
***ADULT SURVEY TOOL***

After preliminary consultation with a number of the community partners who had participated in the most recent community health assessment process, the decision was made to have Marion Public Health take responsibility for identifying the questions that would be asked in the 2014 community survey. This was only one of the tools used in identifying community health issues and priorities for the 2015 Community Health Assessment.

The survey that follows this page was constructed using a combination of questions from the survey used for the most recent community health assessment, the BRFSS, and with input from the Northwest Ohio Hospital Association who we contracted as a vendor for the development of the tool and for data collection. The survey was distributed via the US Postal Service using a randomized mailing list. Ultimately, 407 adult residents of Marion County responded to the survey.



# 2014 Marion County Health Survey

**Answers Will Remain Confidential!**

**We need your help!** We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a \$2.00 bill as a “thank you” for your time. We have also enclosed a postage-paid envelope for your convenience.

If you have any questions or concerns, please contact Tom Quade, Health Commissioner at 740-387-6520 or email him at [Thomas.Quade@odh.ohio.gov](mailto:Thomas.Quade@odh.ohio.gov).

## **Instructions:**

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you.

Thank you for your assistance. Your responses will help to make Marion County a healthier place for all of our residents.

**Turn the page to start the survey →**



### Health Status

1. Would you say that in general your health is:
  - Excellent
  - Very good
  - Good
  - Fair
  - Poor
  
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?
 

Number of days \_\_\_\_\_

  - None
  - Don't know
  
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
 

Number of days \_\_\_\_\_

  - None
  - Don't know
  
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
 

Number of days \_\_\_\_\_

  - None
  - Don't know

### Health Care Utilization

5. Do you have one person you think of as your personal doctor or health care provider?
  - Yes, only one
  - More than one
  - No
  - Don't know/Not sure
  
6. What transportation issues do you have when you need services? **(CHECK ALL THAT APPLY)**
  - No car
  - No driver's license
  - Can't afford gas
  - Disabled
  - Car does not work
  - No car insurance
  - Other car issues/expenses
  - Limited public transportation available or accessible
  - No transportation before or after 8-4:30 hours
  - No public transportation available or accessible
  - I do not have any transportation issues

### Health Care Coverage

7. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
  - Yes
  - No
  - Don't know
  
8. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Indian Health Services?
  - Yes
  - No – **GO TO QUESTION 12**
  - Don't know/Not sure
  
9. What type of health care coverage do you use to pay for most of your medical care?
  - Do not have health care coverage
  - Your employer
  - Someone else's employer (spouse or parent)
  - A plan that you or someone else buys on your own
  - Medicare
  - Medicaid or Medical Assistance
  - The military, CHAMPUS, TriCare, or the VA
  - The Indian Health Service
  - Some other source
  - None
  - Don't know
  
10. Does your health coverage include:

Medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Dental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Mental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Prescription coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Skilled nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hospice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Preventive health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Immunizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Alcohol and drug treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



11. Have you had any of the following issues regarding your health care coverage? **(CHECK ALL THAT APPLY)**

- Co-pays are too high
- Premiums are too high
- Deductibles are too high
- High deductible with Health Savings Account (HSA)
- Opted out of certain coverage because I could not afford it
- Opted out of certain coverage because I did not need it
- I cannot understand my insurance plan
- Working with my insurance company
- Provider is no longer covered
- Service is no longer covered
- Service is not deemed medically necessary
- Limited visits
- None of the above
- Don't know

#### Health Care Access

12. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Less than a year ago
- 1 to 2 years ago
- 2 to 5 years ago
- 5 or more years ago
- Don't know
- Never

13. When you are sick or need advice about your health, to which one of the following places do you usually go?

- A doctor's office
- A public health clinic or community health center
- A hospital outpatient department
- A hospital emergency room
- Urgent care center
- In-store health clinic (ex: CVS, Walmart, Giant Eagle, etc.)
- Internet
- Chiropractor
- Alternative therapies (ex: massage, hypnosis, acupuncture, etc.)
- Some other kind of place
- No usual place
- Don't know

#### Oral Health

14. How long has it been since you last visited a dentist or a dental clinic? Include visits to dental specialists, such as orthodontists.

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know/Not sure
- Never

15. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

- 5 or fewer
- 6 or more but not all
- All
- None

#### Alcohol Consumption

16. During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Days per month \_\_\_\_\_

- No drinks in past 30 days – **GO TO QUESTION 20**
- Don't know

17. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with 1 shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Number of drinks \_\_\_\_\_

- Don't know

18. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for males) 5 or more drinks on an occasion, or (for females) 4 or more drinks on an occasion?

Number of times \_\_\_\_\_

- None
- Don't know





19. During the past month, how many times have you driven when you've had perhaps too much to drink?  
 Number of times \_\_\_\_\_  
 None  
 Don't know

**Preventive Medicine and Health Screenings**

20. Have you ever been told by a doctor, nurse, or other health professional that you have arthritis?  
 Yes  
 No  
 Don't know
21. Have you ever been told by a doctor that you have diabetes?  
 Yes  
 Yes, but only during pregnancy  
 No – **GO TO QUESTION 23**  
 No, pre-diabetes or borderline diabetes  
 Don't know
22. How old were you when you were told you have diabetes?  
 Age in years \_\_\_\_\_  
 Don't know
23. Has a doctor ever told you that you have had any of the following? (**CHECK ALL THAT APPLY**)  
 Had a heart attack or myocardial infarction  
 Angina(chest pain) or coronary heart disease  
 Had a stroke  
 None of the above
24. When did you last have your blood pressure taken by a doctor, nurse, or other health professional?  
 Less than six months ago  
 6 to 12 months ago  
 1 to 2 years ago  
 3 to 5 years ago  
 5 or more years ago  
 Don't know  
 Never  
 Never, did myself at self-operated location
25. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?  
 Yes  
 Yes, but female told only during pregnancy  
 No – **GO TO QUESTION 27**  
 Told borderline high or pre-hypertensive  
 Don't know

26. Are you being treated for high blood pressure?  
 Yes  
 No, and I think I should be treated  
 No, but I don't think I should be treated
27. About how long has it been since you last had your blood cholesterol checked?  
 1 to 12 months ago  
 1 to 2 years ago  
 2 to 5 years ago  
 5 or more years ago  
 Don't know
28. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?  
 Yes  
 No – **GO TO QUESTION 30**  
 Don't know
29. Are you being treated for high blood cholesterol?  
 Yes  
 No, and I think I should be treated  
 No, but I don't think I should be treated
30. Have you had the following screenings or exams within the past 24 months?

Breast cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Colorectal cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Prostate cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Skin cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Osteoporosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

31. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?  
 Yes  
 No – **GO TO QUESTION 33**  
 Don't know
32. Do you still have asthma?  
 Yes  
 No  
 Don't know
33. Have you ever been told by a doctor, nurse or other health professional that you had COPD, emphysema, etc.?  
 Yes  
 No  
 Don't know/Not sure



34. Have you ever been told by a doctor, nurse, or other health professional that you had cancer?
- Yes
  - No – **GO TO QUESTION 36**
  - Don't know
35. With your most recent diagnosis of cancer, what type of cancer was it?
- I have never been diagnosed with cancer
  - Breast cancer
  - Cervical cancer
  - Endometrial (uterus) cancer
  - Ovarian cancer
  - Head and neck cancer
  - Oral cancer
  - Pharyngeal (throat) cancer
  - Thyroid cancer
  - Colon (intestine) cancer
  - Esophageal cancer
  - Liver cancer
  - Pancreatic cancer
  - Rectal cancer
  - Stomach cancer
  - Hodgkin's Lymphoma
  - Leukemia (blood) cancer
  - Non-Hodgkin's Lymphoma
  - Prostate cancer
  - Testicular cancer
  - Melanoma
  - Other skin cancer
  - Heart cancer
  - Lung cancer
  - Bladder cancer
  - Renal (kidney) cancer
  - Bone cancer
  - Brain cancer
  - Neuroblastoma
  - Other
36. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- Within the past month
  - 1 to 12 months ago
  - 1 to 2 years ago
  - 2 or more years ago
  - Never
  - Don't know

37. Have you ever had CPR training?
- Yes
  - No
  - Don't know/Not sure
38. Are you at risk (based on a family history) for any of the following? **(CHECK ALL THAT APPLY)**
- Heart disease
  - Diabetes
  - Cancer
  - High blood pressure
  - High blood cholesterol
  - Alzheimer's Disease
  - Mental illness
  - Drug addiction
  - Alcohol addiction
  - Unexplained sudden death
  - None of the above
  - Don't know
39. Have you had any of the following vaccines? **(CHECK ALL THAT APPLY)**
- Annual seasonal flu vaccine- shot in the past year
  - Annual seasonal flu vaccine- nasal spray in the past year
  - Tetanus booster (including Tdap) in the past 10 years
  - Pertussis in the past 10 years
  - Pneumonia vaccine in your lifetime
  - Human Papillomavirus (HPV) vaccine in lifetime
  - Zoster (Shingles) vaccine in lifetime
  - None of the above
  - Don't know
40. Where did you get your last flu shot?
- I did not get a flu shot
  - A doctor's office or health maintenance organization
  - A health department
  - Another type of clinic or health center
  - A senior, recreation, or community center
  - A store or pharmacy
  - A hospital (inpatient)
  - Emergency room
  - Workplace
  - A school
  - Some other kind of place \_\_\_\_\_
  - Don't know



**Preventive Counseling Services**

41. Has a doctor or other health professional talked to you about the following topics? Please check the box that indicates if you have discussed this topic within the past year, before the past year, or not at all.

	Within past year	Before the past year	Not at all
Your weight, diet or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention such as safety belt use, helmet use, or smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of alcohol when taking prescriptions drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression, anxiety or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significance of family history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-breast or self-testicular exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways to prepare for a healthy pregnancy and baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tobacco Use**

42. Have you smoked at least 100 cigarettes in your entire life?
- Yes
  - No – **GO TO QUESTION 45**
  - Don't know/Not sure
43. Do you now smoke cigarettes every day, some days, or not at all?
- Every day
  - Some days
  - Not at all – **GO TO QUESTION 45**
  - Don't know/Not sure

44. During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?
- Yes
  - No
  - Did not smoke in the past 12 months
  - Don't know

45. Which forms of tobacco listed below have you used in the past year? **(CHECK ALL THAT APPLY)**
- Cigarettes
  - Flavored Cigarettes
  - E-cigarette
  - Roll your own cigarettes
  - Bidis
  - Cigars
  - Black & Milds
  - Cigarillos
  - Little Cigars
  - Swishers
  - Chewing tobacco
  - Snuff
  - Snus
  - Hookah
  - Pipes
  - None
  - Other: \_\_\_\_\_

46. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?
- Yes
  - No
  - Don't know
47. Do you feel that any tobacco use is harmful to your health?
- Yes
  - No
  - Don't know



## Marijuana and Drug Use

48. During the past six months, have you used any of the following: **(CHECK ALL THAT APPLY)**
- Marijuana or hashish
  - Synthetic marijuana/K2
  - Amphetamines, methamphetamines or speed
  - Cocaine, crack, or coca leaves
  - Heroin
  - LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
  - Inhalants such as glue, toluene gasoline, or paint
  - Ecstasy or E
  - Bath salts (used illegally)
  - I have an immediate family member that uses at least one of the drugs above
  - I have someone that lives in my household that uses at least one of the drugs above
  - I have not used any of these substances in the past six months – **GO TO QUESTION 50**
  - Don't know/Not sure
49. How frequently have you used drugs checked in question 48 during the past six months?
- Almost every day
  - 3 to 4 days a week
  - 1 or 2 days a week
  - 1 to 3 days a month
  - Less than once a month
  - I have not used any of these drugs during the past six months
  - Don't know/Not sure
50. Have you used any of the following medications during the past six months that were either not prescribed for you, or you took more than was prescribed to feel good or high, more active or alert? **(CHECK ALL THAT APPLY)**
- OxyContin
  - Vicodin
  - Ultram
  - Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin
  - Codeine, Demerol, Morphine, Percodan, or Dilaudid
  - Suboxone or Methadone
  - Steroids
  - Ritalin, Adderall, Concerta or other ADHD medications
  - I have an immediate family member that uses at least one of the drugs above
  - I have someone that lives in my household that uses at least one of the drugs above
  - I have not used any of these medications in the past six months – **GO TO QUESTION 53**
  - Don't know/Not sure
51. How frequently have you used the medications checked in question 50 during the past six months?
- Almost every day
  - 3 to 4 days a week
  - 1 or 2 days a week
  - 1 to 3 days a month
  - Less than once a month
  - I have not used any of these medications during the past six months
  - Don't know/Not sure
52. How did you obtain these medications? **(CHECK ALL THAT APPLY)**
- From my primary care physician
  - From multiple doctors
  - From an ER or urgent care doctor
  - Free from a friend or family member
  - Bought from a friend or family member
  - Stole from a friend or family member
  - Bought from a drug dealer
  - I have not used any of these medications during the past 6 months



53. During the past 6 months, have you ever taken any of the following over-the-counter drugs in a way that was not intended? **(CHECK ALL THAT APPLY)**
- Cold and cough medicines, such as Nyquil, Robitussin, Coricidin, Pseudoephedrine
  - Weight loss or diet pills
  - Sleeping pills such as Tylenol PM, Unisom
  - Motion sickness pills such as Dramamine
  - Energy boosters such as Vivarin, Stackers
  - Other: \_\_\_\_\_
  - None of the above

### Women's Health

#### **MALES – GO TO MEN'S HEALTH SECTION QUESTION 58**

54. A mammogram is an x-ray of each breast to look for breast cancer. When was your last mammogram?
- Have never had a mammogram
  - Within the past year
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Breasts were removed
  - Don't know
55. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. When was your last breast exam?
- Have never had a breast exam
  - Within the past year
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Breasts were removed
  - Don't know

56. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?
- Have never had a Pap smear
  - Within the past year
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know/Not sure
57. If you have been pregnant in the past 5 years, during your last pregnancy, did you... **(CHECK ALL THAT APPLY)**
- I was not pregnant in the past 5 years
  - Get prenatal care within the first 3 months
  - Take a multi-vitamin
  - Take folic acid pre-pregnancy
  - Take folic acid during pregnancy
  - Smoke cigarettes
  - Consume alcoholic beverages
  - Use marijuana
  - Use any drugs not prescribed
  - Experience perinatal depression
  - Experience domestic violence
  - Look for options for an unwanted pregnancy
  - Received opiate replacement therapy (ex. suboxone)
  - Do none of these things

### Men's Health

#### **FEMALES – GO TO SEXUAL BEHAVIOR AND FAMILY PLANNING SECTION QUESTION 61**

58. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. When was your last digital rectal exam?
- Have never had a digital rectal exam
  - Within the past year
  - Within the past 2 years (1 year but less than two years ago)
  - Within the past 3 years (2 years but less than three years ago)
  - Within the past 5 years (3 years but less than five years ago)
  - 5 or more years ago
  - Don't know

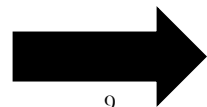


59. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. When was your last PSA test?
- Have never had a PSA test
  - Within the past year
  - Within the past 2 years (1 year but less than two years ago)
  - Within the past 3 years (2 years but less than three years ago)
  - Within the past 5 years (3 years but less than five years ago)
  - 5 or more years ago
  - Don't know
60. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?
- Yes
  - No
  - Don't know

### Sexual Behavior & Family Planning

61. During the past twelve months, with how many different people have you had sexual intercourse?
- Number of people \_\_\_\_\_
- Don't know
  - Have not had intercourse in past 12 months – **GO TO QUESTION 64**
62. What are you or your partner doing now to keep from getting pregnant? **(CHECK ALL THAT APPLY)**
- No partner/not sexually active (abstinent) – **GO TO QUESTION 64**
  - Not using birth control
  - My partner and I are trying to get pregnant
  - I am gay or a lesbian
  - Tubes tied (female sterilization)
  - Hysterectomy (female sterilization)
  - Vasectomy (male sterilization)
  - Pill, all kinds (Ortho Tri-Cyclen, etc.)
  - IUD (including Mirena)
  - Condoms (male or female)
  - Contraceptive implants (Nexplanon or implants)
  - Diaphragm, cervical ring or cap (Nuvaring or others)
  - Shots (Depo-Provera, etc.)
  - Contraceptive Patch
  - Emergency contraception (EC)
  - Withdrawal
  - Having sex only at certain times (rhythm)
  - Other method (foam, jelly, cream, etc.)
  - You or your partner is too old
  - Don't know/Not sure

63. What is the main reason for not doing anything to keep from getting pregnant? **(CHECK ALL THAT APPLY)**
- I am using a birth control method
  - Didn't think I was going to have sex/no regular partner
  - I want to get pregnant
  - I am gay or a lesbian
  - I do not want to use birth control
  - My partner does not want to use any
  - You or your partner don't like birth control/fear side effects
  - I don't think my partner or I can get pregnant
  - I can't pay for birth control
  - I had a problem getting birth control when I needed it
  - My partner or I had a hysterectomy/vasectomy/tubes tied
  - You or your partner is too old
  - Lapse in use of method
  - You or your partner is currently breast-feeding
  - You or your partner just had a baby/postpartum
  - You or your partner is pregnant now
  - Don't care if you or your partner gets pregnant
  - Religious preferences
  - Don't know
64. Was a condom used the last time you had sexual intercourse?
- Yes
  - No
  - Don't know
65. Have you ever engaged in sexual activity following alcohol or other drug use that you would not have done if sober?
- Yes
  - No
66. Have you ever been forced to have sexual intercourse when you didn't want to?
- Yes
  - Yes, and I reported it
  - Yes, and I did not report it
  - No



### Weight Control

67. Are you now trying to...
- Maintain your current weight, that is, to keep from gaining weight
  - Lose weight
  - Gain weight
  - None of the above
68. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? **(CHECK ALL THAT APPLY)**
- I did not do anything to lose weight or keep from gaining weight
  - Eat less food, fewer calories, or foods low in fat
  - Eat a low-carb diet
  - Exercise
  - Go without eating for 24 hours
  - Take any diet pills, powders, or liquids without a doctor's advice
  - Vomit or take laxatives
  - Smoke cigarettes
  - Use a weight loss program such as Weight Watchers, Jenny Craig, etc.
  - Participate in a dietary or fitness program prescribed for you by a health professional
  - Take medications prescribed by a health professional
69. On an average day, how many hours do you spend doing the following activities?

TV	Video Games (non-active)	Computer (outside of work)	Cell Phone (talk, text, internet)
<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours
<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour
<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours
<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours
<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours
<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours
<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours

70. How would you describe your weight?
- Obese
  - Very overweight
  - Overweight
  - Just about the right weight
  - Underweight
  - Very underweight

### Exercise

71. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?
- 0 days
  - 1 days
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days
  - Not able to exercise
72. For what reasons do you not exercise? **(CHECK ALL THAT APPLY)**
- I do exercise
  - Weather
  - Time
  - Cannot afford a gym membership
  - Gym is not available
  - No walking or biking trails
  - Safety
  - I do not have child care
  - I do not know what activity to do
  - Doctor advised me not to exercise
  - Pain/discomfort
  - I choose not to exercise
  - Too tired
  - Lazy
  - No sidewalks
  - Other: \_\_\_\_\_

### Diet & Nutrition

73. On average, how many servings of fruits and vegetables do you have per day?
- 1 to 2 servings per day
  - 3 to 4 servings per day
  - 5 or more servings per day
  - 0 – I do not like fruits or vegetables
  - 0 – I cannot afford fruits or vegetables
  - 0 – I do not have access to fruits or vegetables

74. During the past 7 days, how many times did you drink soda pop, punch, Kool-aid, sports drinks, or other fruit flavored drinks?
- I did not drink any in the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
75. Where do you purchase your fruits and vegetables?  
**(CHECK ALL THAT APPLY)**
- Large grocery store (ex. Wal-Mart)
  - Local grocery store (ex. Chief)
  - Restaurants
  - Farmer's market
  - Food Pantry
  - Consumer Supported Agricultural (CSA)
  - Corner/Convenience stores
  - Other
  - I do not purchase fruits and vegetables
76. What determines the types of food you eat?  
**(CHECK ALL THAT APPLY)**
- Cost
  - Healthiness of food
  - Calorie content
  - Taste
  - Availability
  - Enjoyment, it's what I like
  - Ease of preparation
  - Time
  - Food that I am used to
  - What my spouse prefers
  - What my child prefers
  - Health care provider's advice
  - Other: \_\_\_\_\_
  - Don't know
77. In a typical week, how many meals did you eat out in a restaurant or bring takeout food home to eat?  
\_\_\_\_\_ Meals
78. In general, do you read food labels or consider nutritional content when choosing foods you eat?
- Yes
  - No
  - Don't know

### Mental & Behavioral Health

79. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- Yes
  - No— **GO TO QUESTION 82**
80. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes
  - No – **GO TO QUESTION 82**
81. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times
82. How often do you get the social and emotional support you need?
- Always
  - Usually
  - Sometimes
  - Rarely
  - Never
  - Don't know
83. In the past 12 months, have you or a family member been diagnosed or treated for a mental health issue? **(CHECK ALL THAT APPLY)**

	You	Family Member	Not at all
Depression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Disorder (ADD/ADHD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety Disorder (i.e. panic attacks, phobia, obsessive-compulsive disorder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychotic Disorder (i.e. schizophrenia, schizoaffective disorder)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken medication for one or more of the mental health issues above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





84. What are your reasons for not using a program or service to help with depression, anxiety, or emotional problems for you or for a loved one?
- Not needed
  - I did use a program
  - Transportation
  - Fear
  - Co-pay/deductible is too high
  - Cannot afford to go
  - Cannot get to the office or clinic
  - Don't know how to find a program
  - Stigma of seeking mental health services
  - My primary care doctor has not talked to me about these issues
  - My primary care doctor has not referred me to a program
  - Other priorities
  - Have not thought of it
  - Other: \_\_\_\_\_
  - Don't know

### Quality of Life

85. Are you responsible for providing regular care or assistance to any of the following? (**CHECK ALL THAT APPLY**)
- Multiple children
  - Children with discipline issues
  - An adult child
  - A friend, family member or spouse who has a health problem
  - A friend, family member of spouse with a mental health issue
  - Someone with special needs
  - A friend, family member or spouse with dementia
  - Elderly parent or loved one
  - Grandchildren
  - Foster children
  - None of the above
86. Are you limited in any way in any activities because physical, mental, or emotional problems?
- Yes
  - No
  - Don't know

87. What major impairments or health problems limit your activities?
- I am not limited by any impairments or health problems
  - Arthritis/rheumatism
  - Back or neck problem
  - Fractures, bone/joint injury
  - Walking problem
  - Lung/breathing problem
  - Hearing problem
  - Eye/vision problem
  - Heart problem
  - Stroke-related problem
  - Hypertension/high blood pressure
  - Diabetes
  - Cancer
  - Stress/anxiety/depression/emotional problems
  - Tobacco dependency
  - Alcohol dependency
  - Drug addiction
  - Learning disability
  - Developmental disability
  - Mental health illness/disorder
  - Other impairment/problem

### Social Context

88. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (**CHECK ALL THAT APPLY**)
- Yes, and they are unlocked
  - Yes, and they are loaded
  - Yes, but they are **not** unlocked
  - Yes, but they are **not** loaded
  - No – **GO TO QUESTION 90**
  - Don't know
89. In the past three years, have you attended a firearm safety workshop, class, or clinic?
- Yes
  - No
  - Don't know
90. How often do you wear a seat belt when in a car?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always



91. In the past year, have you sought assistance for any of the following? **(CHECK ALL THAT APPLY)**

	Received Assistance	Did not know where to look	Did not need assistance
Rent/mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal aid services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free tax preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or other substance dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse or neglect issues (child/adult/elder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness issues, including depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unplanned pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post incarceration transition issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

92. In the past 30 days, have you needed help meeting your general daily needs such as food, clothing, shelter, or paying utility bills?

- Yes
- No
- Don't know

93. Have you experienced the following in the past 12 months? **(CHECK ALL THAT APPLY)**

- A close family member had to go into the hospital
- Death of a family member or close friend
- I became separated or divorced
- I moved to a new address
- I was homeless
- I had someone homeless living with me
- Someone in my household lost their job
- Someone in my household had their hours at work reduced
- Due to unforeseen circumstances, our household income has been cut by 50%
- I had bills I could not pay
- I was financially exploited
- I was involved in a physical fight
- Someone in my household went to jail
- Someone close to me had a problem with drinking or drugs
- I was threatened by someone close to me
- My child was threatened by someone close to them
- I was hit or slapped by my spouse or partner
- My child was hit or slapped by my spouse or partner
- Failed a drug screen
- I or a family member have been incarcerated
- I lost a large sum of money due to gambling activities
- I was abused by someone physically, emotionally, sexually, and or verbally
- I did not experience any of these things in the past 12 months

94. Did any of the following happen to you as a child (under the age of 18)? **(CHECK ALL THAT APPLY)**

- Lived with someone who was depressed, mentally ill or suicidal
- Lived with someone who was a problem drinker or alcoholic
- Lived with someone who used illegal street drugs, or who abused prescription medications
- Lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility
- Your parents became separated or were divorced
- Your parents were not married
- Your parents or adults in your home slapped, hit, kicked, punched or beat each other up
- A parent or adult in your home hit, beat, kicked, or physically hurt you in any way (not including spanking)
- A parent or adult in your home swore at you, insulted you, or put you down
- Someone at least 5 years older than you or an adult touched you sexually
- Someone at least 5 years older than you or an adult tried to make you touch them sexually
- Someone at least 5 years older than you or an adult, forced you to have sex
- None of the above has happened to me

**Parenting**

***IF YOU HAVE NO CHILDREN OR YOUR CHILDREN ARE 18 OR OLDER, GO TO QUESTION 100***

95. How did you put your child to sleep most of the time as an infant? **(CHECK ALL THAT APPLY)**

- On his or her side
- On his or her back
- On his or her stomach
- In bed with you or another person

96. If you had a child in the past 5 years, how long did you or your spouse breastfeed the last child?

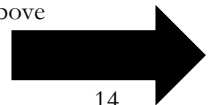
- We did not have a child in the past 5 years
- 2 weeks or less
- 3 to 6 weeks
- 7 weeks to 3 months
- 4 months to 6 months
- 6 months to 9 months
- More than 9 months
- Never breastfed
- Still breastfeeding

97. Has the doctor or health professional ever told you that your child has any of the following conditions?

Asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Vision problems that cannot be corrected with glasses or contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hearing problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Attention deficit disorder or attention deficit hyperactivity disorder that is ADD or ADHD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Anxiety problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Depression problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Autism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bone, joint, or muscle problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Pneumonia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Birth defect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Urinary tract infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Digestive tract infections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Head injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Behavioral or conduct problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Any developmental delay or physical impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Learning disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Genetic diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cognitive delay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Motor delay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Language/speech delay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Adaptive/self-help delay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Social/emotional delay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

98. Which of these topics have you discussed with your 6 to 11 year old child in the past year? **(CHECK ALL THAT APPLY)**

- I do not have a child 6 to 11 years old
- Refusal skills
- Alcohol
- Tobacco
- Marijuana and other drugs
- Abstinence and how to refuse sex
- Birth control
- Condoms/safer sex/STD prevention
- Dating and relationships
- Eating habits
- Body image
- Screen time (TV or computer)
- Internet safety
- Seat belts
- Did not discuss any of the topics above



99. What did you discuss with your 12 to 17 year old in the past year? **(CHECK ALL THAT APPLY)**
- I do not have a child 12 to 17 years old
  - Abstinence and how to refuse sex
  - Birth control
  - Condoms/Safer sex/STD prevention
  - Dating and relationships
  - Friendships
  - Eating habits
  - Body image
  - Physical activity
  - Weight status
  - Screen time (TV, phone, video games, texting, or computer)
  - Bullying (cyber, indirect, physical, verbal)
  - Social media issues
  - Energy drinks
  - Depression, anxiety, suicide
  - Importance of education
  - Refusal skills/peer pressure
  - Negative effects of alcohol
  - Negative effects of tobacco
  - Negative effects of marijuana and other illegal drugs
  - Negative effects of misusing prescription drugs
  - School/legal consequences using alcohol, tobacco or other drugs
  - Did not discuss

### Environmental Health

100. What is the main source of your home water supply?
- A city, county, or town water system
  - A small water system operated by a home association
  - A shallow private well serving your home (<25 ft.)
  - A deep private well serving your home (>25 ft.)
  - Pond
  - Other source
  - Don't know/Not sure

101. The following problems are sometimes associated with poor health. In or around your household, which of the following do you think have threatened you or your family's health in the past year? **(CHECK ALL THAT APPLY)**
- Rodents (mice or rats)
  - Insects (mosquitoes, ticks, flies)
  - Bed bugs
  - Cockroaches
  - Lice
  - Unsafe water supply/wells
  - Plumbing problems
  - Sewage/waste water problems
  - Temperature regulation (heating and air conditioning)
  - Safety hazards (structural problems)
  - Lead paint
  - Chemicals found in household products (i.e. cleaning agents, pesticides, automotive products)
  - Mold
  - Asbestos
  - Radiation
  - Fracking
  - Radon
  - Excess medications in the home
  - General living conditions
  - None

### Veteran's Affairs

***IF NO ONE IN YOUR HOME IS A VETERAN,  
GO TO QUESTION 103***

102. As a result of military service during the past 10-15 years, have any of the following affected your immediate family? **(CHECK ALL THAT APPLY)**
- No one in my immediate family has served in the military
  - Post-traumatic stress disorder (PTSD)
  - Major health problems due to injury
  - Housing issues
  - Cannot find/keep a job
  - Substance/drug abuse
  - Marital problems
  - Access to medical care
  - Access to mental health treatment
  - Access to substance/drug use treatment
  - Suicide attempt
  - Suicide completion
  - Had problems getting VA benefits
  - None of the above



## Demographics

103. What is your zip code? \_\_\_\_\_

104. What is your age? \_\_\_\_\_

105. What is your gender?

- Male
- Female

106. Which one or more of the following would you say is your race? **(CHECK ALL THAT APPLY)**

- American Indian/Alaska Native
- Asian
- Black or African-American
- Native Hawaiian/other Pacific Islander
- White
- Other: \_\_\_\_\_
- Don't know

107. Are you Hispanic or Latino?

- Yes
- No
- Don't know

108. Are you...

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple

109. How many people live in your household who are...

Less than 5 years old \_\_\_\_\_

5 to 12 years old \_\_\_\_\_

13 to 17 years old \_\_\_\_\_

Non-related adults \_\_\_\_\_

Adults (related) \_\_\_\_\_

110. Are you currently...

- Employed for wages full-time
- Employed for wages part-time
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- Homemaker
- Student
- Retired
- Unable to work

111. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)
- Post-graduate

112. Is your gross annual household income from all sources...

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more
- Don't know

113. About how much do you weigh without shoes?

POUNDS \_\_\_\_\_

- Don't know/Not sure

114. About how tall are you without shoes?

FEET \_\_\_\_\_

INCHES \_\_\_\_\_

- Don't know/Not sure

115. Where do you live?

- In the City of Marion
- In Marion County but outside of Marion City

*Certain questions provided by: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007-2011. Other questions are © 2013 Hospital Council of NW Ohio.*

***Thank you for your time and opinions!***

***Please fold your completed survey in half and place in the pre-stamped and addressed envelope provided and mail today!***

***If you include your name on the return envelope, we will remove you from the mailing list and you will not receive any additional information.***

**APPENDIX E**  
***YOUTH SURVEY TOOL***

After preliminary consultation with a number of the community partners who had participated in the most recent community health assessment process, the decision was made to have Marion Public Health take responsibility for identifying the questions that would be asked in the 2014 community survey. This was only one of the tools used in identifying community health issues and priorities for the 2015 Community Health Assessment.

The survey that follows this page was constructed using a combination of questions from the survey used for the most recent community health assessment, the YBRFSS, and with input from the Northwest Ohio Hospital Association who we contracted as a vendor for the development of the tool and for data collection. The survey was distributed in classrooms of local public schools. Ultimately, 385 youth residents of Marion County responded to the survey.

## 2014 Marion County Youth Health Needs Questionnaire

**Directions:** Please listen to the instructions of the leader. Do **NOT** put your name on this survey. This survey asks you about your health and things you do in your life that affect your health. The information you give us will be used to develop better health education and services for people your age.

**Completing the survey is voluntary.** Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank. The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

**Please read and answer each question carefully.** Please pick the letter of the answer that best describes you and your views. Circle the letter next to the best answer on your survey. The questions are out of order so that anyone who sees your survey cannot tell what you have answered. No one will know what you write, but you must be honest. If you feel you can't be honest, please DO NOT answer the question at all. Just leave it blank. When you are done with the survey, fold it and place it in the envelope at the front of the class. Thank you for doing your best on this!

### Information About You

1. How old are you?
  - 12 years old or younger.....A
  - 13 years old.....B
  - 14 years old.....C
  - 15 years old.....D
  - 16 years old.....E
  - 17 years old.....F
  - 18 years old.....G
  - 19 years old or older.....H
  
2. What is your sex?
  - Female.....A
  - Male.....B
  
3. In what grade are you?
  - 6th grade.....A
  - 7th grade.....B
  - 8th grade.....C
  - 9th grade.....D
  - 10th grade.....E
  - 11th grade.....F
  - 12th grade.....G
  
4. Do you live with...? **(CIRCLE ALL THAT APPLY)**
  - Both of your parents.....A
  - Mother only.....B
  - Father only.....C
  - Mother and step-father.....D
  - Father and step-mother.....E
  - Mother and partner.....F
  - Father and partner.....G
  - Grandparents.....H
  - Another relative.....I
  - Guardians/foster parents.....J
  - On your own or with friends.....K

5. How do you describe yourself? **(SELECT ONE OR MORE RESPONSES)**

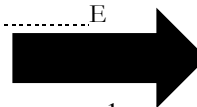
- American Indian or Alaskan Native.....A
- Asian.....B
- Black or African American.....C
- Hispanic or Latino.....D
- Native Hawaiian or Other Pacific Islander.....E
- White.....F
- Other.....G

6. Which of these activities do you currently participate in? **(CIRCLE ALL THAT APPLY)**

- A school club or social organization.....A
- A church or religious organization.....B
- A church youth group.....C
- A sports or intramural program.....D
- A part-time job.....E
- Take care of your siblings after school.....F
- Take care of parents or grandparents.....G
- Babysit for other kids.....H
- Some other organized activity (4-H, Scouts).....I
- Volunteer in the community.....J
- Don't participate in any of these activities.....K

### Personal Safety

7. How often do you wear a seat belt when **riding** in a car driven by someone else?
  - Never.....A
  - Rarely.....B
  - Sometimes.....C
  - Most of the time.....D
  - Always.....E
  
8. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
  - 0 times.....A
  - 1 time.....B
  - 2 or 3 times.....C
  - 4 or 5 times.....D
  - 6 or more times.....E



9. During the past 30 days, how many times did you drive a car or other vehicle **when you had been drinking alcohol**?
- 0 times.....A  
 1 time.....B  
 2 or 3 times.....C  
 4 or 5 times.....D  
 6 or more times.....E  
 Do not drive.....F
10. During the past 30 days, did you drive a car or other vehicle while doing or after doing any of the following? **(CIRCLE ALL THAT APPLY)**
- I do not drive.....A  
 Texting.....B  
 Talking on cell phone.....C  
 Using internet on cell phone.....D  
 Checking facebook on cell phone.....E  
 Playing electronic games.....F  
 Reading.....G  
 Applying makeup.....H  
 Eating.....I  
 Other cell phone usage.....J  
 Wear a seatbelt.....K  
 Using illegal drugs.....L  
 Misusing prescription drugs.....M  
 I do not do any of the above while driving.....N

**Violence Related Behaviors**

11. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club? (Do not include Swiss Army or other field or hunting knives.)
- 0 days.....A  
 1 day.....B  
 2 or 3 days.....C  
 4 or 5 days.....D  
 6 or more days.....E
12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife or club on **school property**?
- 0 days.....A  
 1 day.....B  
 2 or 3 days.....C  
 4 or 5 days.....D  
 6 or more days.....E
13. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- 0 days.....A  
 1 day.....B  
 2 or 3 days.....C  
 4 or 5 days.....D  
 6 or more days.....E

14. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- 0 times.....A  
 1 time.....B  
 2 or 3 times.....C  
 4 or 5 times.....D  
 6 or 7 times.....E  
 8 or 9 times.....F  
 10 or 11 times.....G  
 12 or more times.....H
15. During the past 12 months, how many times were you in a physical fight?
- 0 times.....A  
 1 time.....B  
 2 or 3 times.....C  
 4 or 5 times.....D  
 6 or 7 times.....E  
 8 or 9 times.....F  
 10 or 11 times.....G  
 12 or more times.....H
16. During the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?
- Yes.....A  
 No.....B
17. During the past 12 months, did an adult or caregiver ever hit, slap or physically hurt you on purpose?
- Yes.....A  
 No.....B
18. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes.....A  
 No.....B
19. What types of bullying have you experienced in the last year? **(CIRCLE ALL THAT APPLY)**
- Physically bullied (e.g., you were hit, kicked, punched, or people took your belongings).....A  
 Verbally bullied (e.g., teased, taunted, or called you harmful names).....B  
 Indirectly bullied (e.g., spread mean rumors about you or kept you out of a "group").....C  
 Cyber bullied (e.g., teased, taunted, or threatened by email, cell phone, or other electronic methods).....D  
 Sexually bullied (e.g., using nude or semi-nude pictures to pressure someone to have sex that does not want to, blackmail, intimidate, or exploit another person).....E  
 None of the above.....F





20. During the past 12 months, have you ever been bullied on school property?  
 Yes.....A  
 No.....B
21. During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?  
 0 times.....A  
 1 or 2 times.....B  
 3 to 9 times.....C  
 10 to 19 times.....D  
 20 to 39 times.....E  
 40 times or more.....F

**Mental Health**

**If you have any questions or concerns regarding these questions, please contact your school counselor.**

22. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?  
 Yes.....A  
 No.....B
23. During the past 12 months, did you ever **seriously** consider attempting suicide?  
 Yes.....A  
 No.....B
24. During the past 12 months, how many times did you actually attempt suicide?  
 0 times.....A  
 1 time.....B  
 2 or 3 times.....C  
 4 or 5 times.....D  
 6 or more times.....E
25. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?  
**I did not attempt suicide** during the past 12 months.....A  
 Yes.....B  
 No.....C

26. What causes you anxiety, stress, or depression?  
**(CIRCLE ALL THAT APPLY)**
- Peer pressure.....A  
 Fighting in home.....B  
 Family member in military.....C  
 Parent lost job (unemployment).....D  
 Breakup.....E  
 Poverty/no money.....F  
 Dating relationship.....G  
 Fighting with friends.....H  
 Being bullied.....I  
 Sports.....J  
 Academic success.....K  
 Taking care of younger siblings.....L  
 Alcohol or drug use in the home.....M  
 Death of close family member or friend.....N  
 Parent divorce/separation.....O  
 Parent is sick.....P  
 Parent/caregiver with a substance abuse problem.....Q  
 Not having a place to live.....R  
 Not feeling safe at home.....S  
 Other stress at home.....T  
 Not feeling safe in the community.....U  
 Sexual orientation.....V  
 Not having enough to eat.....W  
 None of the above.....X

**Tobacco Use**

27. Have you ever tried cigarette smoking, even one or two puffs?  
 Yes.....A  
 No.....B
28. How old were you when you smoked a whole cigarette for the first time?  
 I have never smoked a whole cigarette.....A  
 8 years old or younger.....B  
 9 years old.....C  
 10 years old.....D  
 11 years old.....E  
 12 years old.....F  
 13 years old.....G  
 14 years old.....H  
 15 years old.....I  
 16 years old.....J  
 17 years old or older.....K



29. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days.....A  
 1 or 2 days.....B  
 3 to 5 days.....C  
 6 to 9 days.....D  
 10 to 19 days.....E  
 20 to 29 days.....F  
 All 30 days.....G
30. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- I did not smoke during the past 30 days .....A  
 Less than 1 cigarette a day.....B  
 1 cigarette per day.....C  
 2 to 5 cigarettes per day.....D  
 6 to 10 cigarettes per day.....E  
 11 to 20 cigarettes per day.....F  
 More than 20 cigarettes per day.....G
31. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months ....A  
 Yes.....B  
 No.....C
32. During the past 30 days, how did you usually get your own cigarettes? (**CIRCLE ALL THAT APPLY**)
- I did not smoke cigarettes during the past 30 days.....A  
 I bought them in a store such as a convenience store, supermarket, discount store, or gas station.....B  
 I bought them from a vending machine.....C  
 I gave someone else money to buy them for me.....D  
 I borrowed (or bummed) them from someone else.....E  
 A person 18 years or older gave them to me.....F  
 I took them from a store.....G  
 I took them from a family member.....H  
 I got them some other way.....I
33. During the past 30 days, on how many days did you smoke cigarettes on school property?
- 0 days.....A  
 1 or 2 days.....B  
 3 to 5 days.....C  
 6 to 9 days.....D  
 10 to 19 days.....E  
 20 to 29 days.....F  
 All 30 days.....G

34. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal Bandits, or Copenhagen?
- 0 days.....A  
 1 or 2 days.....B  
 3 to 5 days.....C  
 6 to 9 days.....D  
 10 to 19 days.....E  
 20 to 29 days.....F  
 All 30 days.....G
35. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- 0 days.....A  
 1 or 2 days.....B  
 3 to 5 days.....C  
 6 to 9 days.....D  
 10 to 19 days.....E  
 20 to 29 days.....F  
 All 30 days.....G
36. Which forms of tobacco listed below have you used in the past year? (**CIRCLE ALL THAT APPLY**)
- Cigarettes.....A  
 Flavored cigarettes.....B  
 Pipe.....C  
 Bidis.....D  
 Cigars.....E  
 Black & Milds.....F  
 Cigarillos.....G  
 Little cigars.....H  
 Swishers.....I  
 Chewing tobacco, snuff.....J  
 Snus.....K  
 Hookah.....L  
 E-cigarette (Vaporizer, PV).....M  
 Other.....N  
 None.....O

**Alcohol Use**

37. During your life, on how many days have you had at least one drink of alcohol?
- 0 days.....A  
 1 or 2 days.....B  
 3 to 9 days.....C  
 10 to 19 days.....D  
 20 to 39 days.....E  
 40 to 99 days.....F  
 100 or more days.....G



38. How old were you when you had your first drink of alcohol other than a few sips?
- I have never had a drink of alcohol other than a few sips.....A
  - 8 years old or younger.....B
  - 9 years old.....C
  - 10 years old.....D
  - 11 years old.....E
  - 12 years old.....F
  - 13 years old.....G
  - 14 years old.....H
  - 15 years old.....I
  - 16 years old.....J
  - 17 years old or older.....K
39. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days.....A
  - 1 or 2 days.....B
  - 3 to 5 days.....C
  - 6 to 9 days.....D
  - 10 to 19 days.....E
  - 20 to 29 days.....F
  - All 30 days.....G
40. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- 0 days.....A
  - 1 day.....B
  - 2 days.....C
  - 3 to 5 days.....D
  - 6 to 9 days.....E
  - 10 to 19 days.....F
  - 20 days or more.....G
41. During the past 30 days, how did you usually get your alcohol? **(CIRCLE ALL THAT APPLY)**
- I did not drink during the past 30 days.....A
  - I bought it in a store such as a liquor store, convenience store, supermarket, discount store or gas station.....B
  - I bought it at a restaurant, bar or club.....C
  - Someone gave it to me.....D
  - An older friend or sibling bought it for me.....E
  - Someone older bought it for me.....F
  - I bought it at a public event such as a concert or sporting event.....G
  - I gave someone else money to buy it for me.....H
  - My parent gave it to me.....I
  - My friend's parent gave it to me.....J
  - I took it from a store or family member.....K
  - I bought it with a fake ID.....L
  - I got it some other way.....M

42. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- 0 days.....A
  - 1 or 2 days.....B
  - 3 to 5 days.....C
  - 6 to 9 days.....D
  - 10 to 19 days.....E
  - 20 to 29 days.....F
  - All 30 days.....G

### Drug Use

43. During the past 30 days, how many times did you use marijuana?
- 0 times.....A
  - 1 or 2 times.....B
  - 3 to 9 times.....C
  - 10 to 19 times.....D
  - 20 to 39 times.....E
  - 40 times or more.....F
44. During your life, how many times have you used **any** form of cocaine, including powder, crack or freebase?
- 0 times.....A
  - 1 or 2 times.....B
  - 3 to 9 times.....C
  - 10 to 19 times.....D
  - 20 to 39 times.....E
  - 40 or more times.....F
45. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- 0 times.....A
  - 1 or 2 times.....B
  - 3 to 9 times.....C
  - 10 to 19 times.....D
  - 20 to 39 times.....E
  - 40 or more times.....F
46. During your life, how many times have you used heroin (also called smack, junk, or China White)?
- 0 times.....A
  - 1 or 2 times.....B
  - 3 to 9 times.....C
  - 10 to 19 times.....D
  - 20 to 39 times.....E
  - 40 or more times.....F
47. During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?
- 0 times.....A
  - 1 or 2 times.....B
  - 3 to 9 times.....C
  - 10 to 19 times.....D
  - 20 to 39 times.....E
  - 40 or more times.....F

48. During your life, how many times have you taken **steroid pills, creams, or shots** without a doctor's prescription?
- 0 times.....A  
 1 or 2 times.....B  
 3 to 9 times.....C  
 10 to 19 times.....D  
 20 to 39 times.....E  
 40 or more times.....F
49. During your life, how many times have you used medications that were either not prescribed for you, or took more than was prescribed to feel good or high? (examples include Oxycontin, Vicodin, Adderall, Concerta or Ritalin)
- 0 times.....A  
 1 or 2 times.....B  
 3 to 9 times.....C  
 10 to 19 times.....D  
 20 to 39 times.....E  
 40 or more times.....F
50. How did you usually get the medications that were not prescribed for you? **(CIRCLE ALL THAT APPLY)**
- A friend gave them to me.....A  
 A parent gave them to me.....B  
 Another family member gave them to me.....C  
 I took them from a friend or family member.....D  
 I bought them from a friend.....E  
 I bought them from someone else.....F  
 The internet.....G  
 I did not misuse medications.....H
51. During your life, have you tried any of the following? **(CIRCLE ALL THAT APPLY)**
- Ecstasy/MDMA.....A  
 Over-the-counter medications (to get high).....B  
 A pharm party/skittles.....C  
 GhB.....D  
 Bath salts.....E  
 K2/spice.....F  
 Posh/salvia/synthetic marijuana.....G  
 Misuse hand sanitizer.....H  
 Misuse cough syrup.....I  
 I have never tried any of these.....J
52. During your life, how many times have you used a needle to inject any illegal drug into your body?
- 0 times.....A  
 1 time.....B  
 2 or more times.....C

53. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- Yes.....A  
 No.....B

### Sexual Behavior

54. Have you ever participated in the following? **(CIRCLE ALL THAT APPLY)**
- Sexual intercourse.....A  
 Oral sex.....B  
 Anal sex.....C  
 Sexting (pictures and/or words).....D  
 View pornography/naked pictures.....E  
 None of the above.....F
55. How old were you when you had sexual intercourse for the first time?
- 11 years old or younger.....A  
 12 years old.....B  
 13 years old.....C  
 14 years old.....D  
 15 years old.....E  
 16 years old.....F  
 17 years old or older.....G  
 I have never had sexual intercourse.....H
56. During your life, with how many people have you had sexual intercourse?
- 1 person.....A  
 2 people.....B  
 3 people.....C  
 4 people.....D  
 5 people.....E  
 6 or more people.....F  
 I have never had sexual intercourse.....G
57. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? **(CIRCLE ALL THAT APPLY)**
- I have never had sexual intercourse.....A  
 No method was used to prevent pregnancy.....B  
 Birth control pills.....C  
 Condoms.....D  
 Depo-Provera (or any injectable birth control), Nuvaring (or any birth control ring), Implanon (or any implant), or any IUD.....E  
 Withdrawal.....F  
 Some other method.....G  
 I am gay or lesbian.....H  
 Not sure.....I



58. Have you ever...? **(CIRCLE ALL THAT APPLY)**
- Been pregnant.....A
  - Got someone pregnant.....B
  - Wanted to get pregnant.....C
  - Tried to get pregnant.....D
  - Had an abortion.....E
  - Had a miscarriage.....F
  - Had a child.....G
  - Been treated for an STD.....H
  - Had sex in exchange for something of value, such as food, drugs, shelter or money.....I
  - None of the above.....J
59. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
- I have never had sexual intercourse.....A
  - Yes.....B
  - No.....C
60. Where have you been taught about pregnancy prevention, sexually transmitted diseases, AIDS or HIV infection, or the use of condoms? **(CIRCLE ALL THAT APPLY)**
- School.....A
  - My doctor.....B
  - Parents/caregivers.....C
  - Brothers/sisters.....D
  - Friends.....E
  - Church.....F
  - Internet or other social media.....G
  - Somewhere else.....H
  - Have not been taught about these subjects.....I

**Diet, Nutrition, and Exercise**

61. How do you describe your weight?
- Very underweight.....A
  - Slightly underweight.....B
  - About the right weight.....C
  - Slightly overweight.....D
  - Very overweight.....E
62. Which of the following are you trying to do about your weight?
- Lose weight.....A
  - Gain weight.....B
  - Stay the same weight.....C
  - I am not trying to do anything about my weight.....D

63. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? **(CIRCLE ALL THAT APPLY)**
- I did not do anything to lose weight or keep from gaining weight.....A
  - Eat less food, fewer calories, or foods low in fat.....B
  - Exercise.....C
  - Go without eating for 24 hours.....D
  - Take any diet pills, powders, or liquids without a doctor's advice.....E
  - Vomit or take laxatives.....F
  - Smoke cigarettes.....G
64. On average how many servings of fruits and vegetables do you have per day? (Do not include French fries, Kool-Aid, or fruit flavored drinks.)
- 1 to 4 servings per day.....A
  - 5 or more servings per day.....B
  - 0 – I do not like fruits or vegetables.....C
  - 0 – I cannot afford fruits or vegetables.....D
  - 0 – I do not have access to fruits or vegetables.....E
65. Which of the following sources of calcium do you consume daily? **(CIRCLE ALL THAT APPLY)**
- Milk.....A
  - Calcium fortified juice.....B
  - Yogurt.....C
  - Calcium supplements.....D
  - Other dairy products (cheese, pudding, etc.).....E
  - Other calcium sources.....F
  - None of the above.....G
66. Where do you get most of your food?
- Home.....A
  - School.....B
  - Fast food.....C
  - Restaurant.....D
  - Convenience store.....E
67. On an average day of the week, how many hours do you spend doing the following activities?

TV	Video Games (non-active)	Computer/ Tablet (iPad, etc.)	Cell Phone (talk, text, internet)
<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours
<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour
<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours
<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours
<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours
<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours
<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours



68. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)
- 0 days.....A
  - 1 day.....B
  - 2 days.....C
  - 3 days.....D
  - 4 days.....E
  - 5 days.....F
  - 6 days.....G
  - 7 days.....H

**Miscellaneous**

69. How do you describe your health in general?
- Excellent.....A
  - Very Good.....B
  - Good.....C
  - Fair.....D
  - Poor.....E
70. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. **(CIRCLE ALL THAT APPLY)**
- Yes, and they are unlocked.....A
  - Yes, and they are loaded.....B
  - Yes, but they are **not** unlocked.....C
  - Yes, but they are **not** loaded.....D
  - No.....E
  - Don't know.....F
71. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
- Less than 1 year ago.....A
  - 1 to 2 years ago.....B
  - More than 2 years ago.....C
  - Never.....D
  - Don't know/not sure.....E
72. When did you last visit a doctor for a routine checkup?
- Less than a year ago.....A
  - 1 to 2 years ago.....B
  - 2 to 5 years ago.....C
  - 5 or more years ago.....D
  - Do not know.....E
  - Never.....F
73. Do you still have asthma?
- I have never had asthma.....A
  - Yes.....B
  - No.....C
  - Not sure.....D

74. In the past year, have you been peer pressured to do any of the following? **(CIRCLE ALL THAT APPLY)**
- Drink alcohol.....A
  - Smoke cigarettes.....B
  - Use drugs.....C
  - Participate in sexual intercourse.....D
  - Participate in other sexual activities.....E
  - None of the above.....F
75. How tall are you without your shoes on?
- Feet \_\_\_\_\_
- Inches \_\_\_\_\_
76. How much do you weigh without your shoes on?
- \_\_\_\_\_ Pounds

**Thank you for giving us your opinions!**

*Certain questions provided by: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005-2013. Other questions provided by Hospital Council of NW Ohio, 2004-2013.*

## **APPENDIX F**

### ***UNIQUE POPULATIONS SURVEY TOOLS***

The surveys that follow this page were constructed using a subset of questions from the larger community survey. Thirteen questions were asked of willing participants from one of Marion's largest employers, from the local jail, and from the local Board of Developmental Disabilities. While not statistically robust, the intent was simply to ascertain if these subgroups of the general population experienced a different collective health status.



09/22/2014

The Marion Health Department engages in a community health assessment every 3-5 years. We do this to help us plan our programming and we use the data when we apply for funding to support those programs. We recently mailed survey of about 120 questions and receive back about 400 responses from the general public. While this was a terrific response, we are interested in comparing those results to results from several more specific groups in Marion. One of those groups is the workforce of Marion's larger non-healthcare employers, of which Whirlpool is one. The following survey asks only a small set of thirteen of the original larger survey. Responses are completely anonymous and will be analyzed as a group, not individually. The respondent is welcome to skip any question he or she does not wish to answer.

If you have any questions about this survey, please contact Tom Quade, Health Commissioner by email at [TQuade@MarionPublicHealth.org](mailto:TQuade@MarionPublicHealth.org)

Sincerely,

*Thomas Quade*

Health Commissioner  
Marion Public Health



1. Would you say that in general your health is:  
 Excellent     Very good     Good     Fair     Poor
  
2. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  
 Less than a year ago     1 to 2 years ago     2 to 5 years ago     5 or more years ago  
 Don't know     Never
  
3. Have you ever been told by a doctor that you have diabetes?  
 Yes     Yes, but only during pregnancy     No     Don't know
  
4. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?  
 Yes     Yes, but female told only during pregnancy     No  
 Told borderline high or pre-hypertensive     Don't know
  
5. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?  
 Yes     No     Don't know
  
6. Do you now smoke cigarettes every day, some days, or not at all?  
 Every day     Some days     Not at all     Don't know/Not sure
  
7. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?  
 0 days     1 days     2 days     3 days     4 days     5 days     6 days     7 days  
 Not able to exercise
  
8. On average, how many servings of fruits and vegetables do you have per day?  
 1 to 2 servings per day     3 to 4 servings per day     5 or more servings per day  
 0 – I do not like fruits or vegetables     0 – I cannot afford fruits or vegetables  
 0 – I do not have access to fruits or vegetables
  
9. How often do you get the social and emotional support you need?  
 Always     Usually     Sometimes     Rarely     Never     Don't know
  
10. What is your age? \_\_\_\_\_
  
11. What is your gender?  
 Male     Female
  
12. About how much do you weigh without shoes?  
POUNDS \_\_\_\_\_     Don't know/Not sure
  
13. About how tall are you without shoes?  
FEET \_\_\_\_\_ INCHES \_\_\_\_\_     Don't know/Not sure



09/22/2014

The Marion Health Department engages in a community health assessment every 3-5 years. We do this to help us plan our programming and we use the data when we apply for funding to support those programs. We recently mailed survey of about 120 questions and receive back about 400 responses from the general public. While this was a terrific response, we are interested in comparing those results to results from several more specific groups in Marion. One of those groups is the population re-entering the community after a period of incarceration. The following survey asks only a small set of thirteen of the original larger survey. Responses are completely anonymous and will be analyzed as a group, not individually. The respondent is welcome to skip any question he or she does not wish to answer.

If you have any questions about this survey, please contact Tom Quade, Health Commissioner by email at [TQuade@MarionPublicHealth.org](mailto:TQuade@MarionPublicHealth.org)

Sincerely,

*Thomas Quade*

Health Commissioner  
Marion Public Health

1. Would you say that in general your health is:  
 Excellent     Very good     Good     Fair     Poor
  
2. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  
 Less than a year ago     1 to 2 years ago     2 to 5 years ago     5 or more years ago  
 Don't know     Never
  
3. Have you ever been told by a doctor that you have diabetes?  
 Yes     Yes, but only during pregnancy     No     Don't know
  
4. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?  
 Yes     Yes, but female told only during pregnancy     No  
 Told borderline high or pre-hypertensive     Don't know
  
5. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?  
 Yes     No     Don't know
  
6. Do you now smoke cigarettes every day, some days, or not at all?  
 Every day     Some days     Not at all     Don't know/Not sure
  
7. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?  
 0 days     1 days     2 days     3 days     4 days     5 days     6 days     7 days  
 Not able to exercise
  
8. On average, how many servings of fruits and vegetables do you have per day?  
 1 to 2 servings per day     3 to 4 servings per day     5 or more servings per day  
 0 – I do not like fruits or vegetables     0 – I cannot afford fruits or vegetables  
 0 – I do not have access to fruits or vegetables
  
9. How often do you get the social and emotional support you need?  
 Always     Usually     Sometimes     Rarely     Never     Don't know
  
10. What is your age? \_\_\_\_\_
  
11. What is your gender?  
 Male     Female
  
12. About how much do you weigh without shoes?  
 POUNDS \_\_\_\_\_     Don't know/Not sure
  
13. About how tall are you without shoes?  
 FEET \_\_\_\_\_ INCHES \_\_\_\_\_     Don't know/Not sure



09/08/2014

The Marion Health Department engages in a community health assessment every 3-5 years. We do this to help us plan our programming and we use the data when we apply for funding to support those programs. We recently mailed survey of about 120 questions and receive back about 400 responses from the general public. While this was a terrific response, we are interested in comparing those results to results from several more specific groups in Marion. One of those groups is the population served by the Marion County Board of Developmental Disabilities. The following survey asks only a small set of thirteen of the original larger survey. Your responses are completely anonymous and will be analyzed as a group, not individually. You are welcome to skip any question you do not wish to answer. While it may be appropriate for someone to complete this survey on behalf of a person served, it is the intent to have it reflect issues as they impact the individual served by the DD Board.

If you have any questions about this survey, please contact Tom Quade, Health Commissioner at 740-692-9185 or by email at [TQuade@MarionPublicHealth.org](mailto:TQuade@MarionPublicHealth.org)

1. Would you say that in general your health is:  
 Excellent     Very good     Good     Fair     Poor
  
2. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  
 Less than a year ago     1 to 2 years ago     2 to 5 years ago     5 or more years ago  
 Don't know     Never
  
3. Have you ever been told by a doctor that you have diabetes?  
 Yes     Yes, but only during pregnancy     No     Don't know
  
4. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?  
 Yes     Yes, but female told only during pregnancy     No  
 Told borderline high or pre-hypertensive     Don't know
  
5. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?  
 Yes     No     Don't know
  
6. Do you now smoke cigarettes every day, some days, or not at all?  
 Every day     Some days     Not at all     Don't know/Not sure
  
7. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?  
 0 days     1 days     2 days     3 days     4 days     5 days     6 days     7 days  
 Not able to exercise
  
8. On average, how many servings of fruits and vegetables do you have per day?  
 1 to 2 servings per day     3 to 4 servings per day     5 or more servings per day  
 0 – I do not like fruits or vegetables     0 – I cannot afford fruits or vegetables  
 0 – I do not have access to fruits or vegetables
  
9. How often do you get the social and emotional support you need?  
 Always     Usually     Sometimes     Rarely     Never     Don't know
  
10. What is your age? \_\_\_\_\_
  
11. What is your gender?  
 Male     Female
  
12. About how much do you weigh without shoes?  
 POUNDS \_\_\_\_\_     Don't know/Not sure
  
13. About how tall are you without shoes?  
 FEET \_\_\_\_\_ INCHES \_\_\_\_\_     Don't know/Not sure

**APPENDIX G**  
***COMMUNITY INPUT SURVEY TOOL***

The survey that follows this page was implemented to solicit feedback from the community at large regarding a preliminary set of potential health priorities developed by a large group of key informants representing agencies and entities who serve the public at large. Survey responses were collected via a web based administration as well as in small focus groups at local community events, for example a Head Start Picnic and a Township Trustee meeting. In total, there were 75 respondents from the community at large.

## Opportunities to Improve the Health of Marion

**Marion Public Health is collaborating with OhioHealth - Marion General Hospital to conduct a community health assessment. Naturally, a community assessment requires the input of the community.**

**As a preliminary step, a diverse team of people whose work is focused on serving the Marion community in a variety of ways developed a list of 13 possible issues to start this community conversation. That list included: Obesity, Tobacco, Substance Abuse, Mental health, Poverty, Education, Housing, Transportation, Violence & Safety, Literacy, Maternal & Child Health, Vulnerable Populations, and Access to Comprehensive Health Care.**

**Several of these issues are cross-cutting and impact all of the others. In deference to the work of the team who developed the original list of issues, we have attempted to intentionally and deliberately weave the issues of poverty, vulnerable populations, violence & safety, mental health, and transportation throughout the definitions of the other issues that you will see on this survey.**

**We need to hear from you, the general public. What do you see as the health-related priorities for Marion? What should stay? What should go? What should be added?**

**Please take a few minutes to complete this very short survey. For each issue, let us know if we should keep it, drop it, or change it. At the end of the survey, there will be an opportunity for you to add to this list of issues.**

**When you finish, please help us know if we are hearing from all groups in our community by answering a couple of demographic questions.**

## Opportunities to Improve the Health of Marion

1. **OBESITY**. This includes: a.) increasing physical activity and improving nutrition, b.) reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on physical activity and nutrition, and c.) reducing chronic diseases linked to obesity.

- Keep OBESITY on the list.
- Drop OBESITY from the list.
- Keep it but change it. (Describe change.)

2. Are there specific populations (example: children, elderly, minorities, people with disabilities, etc) or neighborhoods that are particularly impacted by this issue? If so, who are they?

3. What community assets or resources (example: agencies, community groups, programs, funding opportunities, etc.) do we have in Marion to help address this issue?

4. **TOBACCO USE**. This includes: a.) prevention and cessation of tobacco use, b.) establishing more tobacco-free places, c.) reducing chronic diseases linked to tobacco use, and d.) reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on tobacco use.

- Keep TOBACCO USE on the list.
- Drop TOBACCO USE from the list.
- Keep it but change it. (Describe change.)

5. Are there specific populations (example: children, elderly, minorities, people with disabilities, etc) or neighborhoods that are particularly impacted by this issue? If so, who are they?

6. What community assets or resources (example: agencies, community groups, programs, funding opportunities, etc.) do we have in Marion to help address this issue?

7. **SUBSTANCE ABUSE**. This includes: a.) prevention and cessation of substance abuse, b.) increasing drug free environments, c.) reducing chronic & communicable diseases linked to substance abuse, d.) reducing acts of violence associated with substance abuse, e.) reducing criminal activity associated with substance abuse, f.) reducing long term negative impact of drug-related incarceration, g.) reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on substance abuse, h.) increasing access to mental health treatment, and i.) increasing access to educational and employment opportunities.

- Keep SUBSTANCE ABUSE on the list.
- Drop SUBSTANCE ABUSE from the list.
- Keep it but change it. (Describe change.)



8. Are there specific populations (example: children, elderly, minorities, people with disabilities, etc) or neighborhoods that are particularly impacted by this issue? If so, who are they?

9. What community assets or resources (example: agencies, community groups, programs, funding opportunities, etc.) do we have in Marion to help address this issue?

---

10. **MATERNAL AND CHILD HEALTH.** This includes: a.) increasing rate of prenatal care, b.) assuring access to proper nutrition, including breastfeeding, c.) increasing immunization rates, d.) reducing infant and childhood mortality rates, e.) reducing incidence of abuse and neglect, and f.) reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on maternal and child health.

- Keep MATERNAL AND CHILD HEALTH on the list.
- Drop MATERNAL AND CHILD HEALTH from the list.
- Keep it but change it. (Describe change.)

11. Are there specific populations (example: children, elderly, minorities, people with disabilities, etc) or neighborhoods that are particularly impacted by this issue? If so, who are they?

12. What community assets or resources (example: agencies, community groups, programs, funding opportunities, etc.) do we have in Marion to help address this issue?

---

13. **SAFE & AFFORDABLE HOUSING.** This includes: a.) reducing lead poisoning & other injuries in the home, b.) reducing negative impacts of poverty, mental health, age, race/racism, and disability on access to safe housing, c.) establishing minimum safety and health standards for rental properties, and d.) increasing safety of neighborhoods.

- Keep SAFE & AFFORDABLE HOUSING on the list.
- Drop SAFE & AFFORDABLE from the list.
- Keep it but change it. (Describe change.)

14. Are there specific populations (example: children, elderly, minorities, people with disabilities, etc) or neighborhoods that are particularly impacted by this issue? If so, who are they?

15. What community assets or resources (example: agencies, community groups, programs, funding opportunities, etc.) do we have in Marion to help address this issue?

---

16. **EDUCATION**. This includes: a.) Increasing literacy and graduation rates, b.) decreasing teen pregnancy, c.) increasing post-graduation opportunities (academic and employment), d.) decreasing distractions to education (bullying, drug use, truancy, etc.), and e.) reducing negative impacts of poverty, mental health, race/racism, geography/transportation and disability on educational attainment.

- Keep EDUCATION on the list.
- Drop EDUCATION from the list.
- Keep it but change it. (Describe change.)

17. What community assets or resources (example: agencies, community groups, programs, funding opportunities, etc.) do we have in Marion to help address this issue?

18. Are there specific populations (example: children, elderly, minorities, people with disabilities, etc) or neighborhoods that are particularly impacted by this issue? If so, who are they?

---

19. **ACCESS TO CARE**. This includes: a.) Increasing access to mental health care, vision care, dental care, preventive care, prenatal care, and primary care homes and b.) reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on access to care.

- Keep ACCESS TO CARE on the list.
- Drop ACCESS TO CARE from the list.
- Keep it but change it. (Describe change.)

20. Are there specific populations (example: children, elderly, minorities, people with disabilities, etc) or neighborhoods that are particularly impacted by this issue? If so, who are they?

21. What community assets or resources (example: agencies, community groups, programs, funding opportunities, etc.) do we have in Marion to help address this issue?

22. That was the list of seven priority issues we came up with. What would you add to it?

- The list is fine as it is.
- Add the following issue(s).

23. Race / Ethnicity:

- White
- Black / African-American
- Hispanic / Latino
- Other (please specify)

24. Economic circumstance:

- I have what I need, and then some.
- I make ends meet but it's close.
- I come up short sometimes.
- I need more than I have.

25. Age:

- <18
- 18-29
- 30-49
- 50-64
- 65+

26. Gender:

- Male
- Female

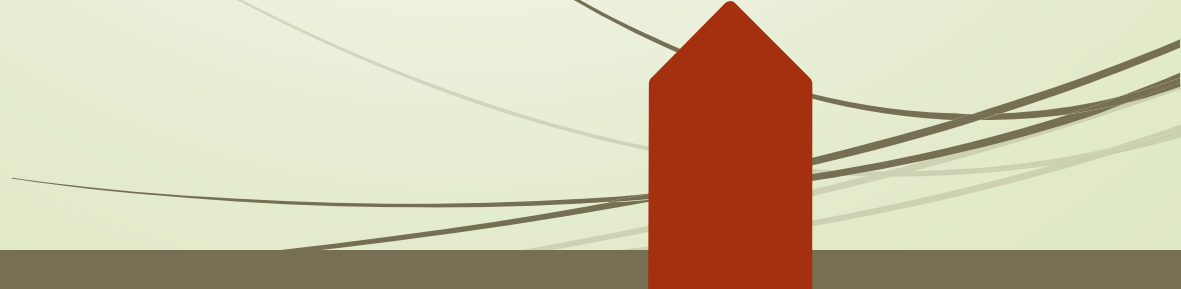
27. Where do you live?

- City of Marion
- Township / Village of...

## **APPENDIX H**

### ***May 2015 Key Informant Conference***

On May 27, 2015, the Key Informant group reconvened to prioritize the leading three to five priority issues for Marion County. The pages that follow are the slides where the data were presented and a decision-making paradigm was employed. The meeting did result in a final list of five priorities. These will be the issues around which the 2016-2020 Community Health Improvement Plan will be developed.



# 2015 Marion Community Health Assessment

June 27, 2015: Final Key Informant Session

Marion Public Health and  
OhioHealth / Marion General Hospital

# Agenda

- Brief reminder of the process (Assessment - Planning)
- List Evolution (13 to 7)
- Overview of the data from the 2014 community assessment survey related to each of the priorities.
- Current community survey & focus group findings
- DECISION:
  - The final 3-5 priorities
- Identification of partners for each of the final 3-5 priorities
- Review of next steps (Planning Phase)

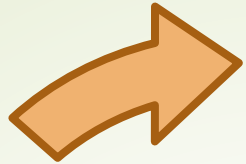


1

What are the issues that impact the health of the population of Marion County?

2

How do the partners in the greater public health system strategically align their resources to impact those issues?



What is our impact on the issues that impact the health of the population of Marion County?

6

How do we assure our resources are invested in ways that will most efficiently and effectively address the issues that impact the public's health?

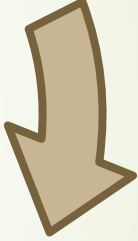
5

What is our agency's role within the community health improvement plan?

3

How does our agency align itself internally with its role in the community health improvement plan?

4





# Evolution of 13 Priorities into 7

Obesity

Tobacco

Substance Abuse

Maternal and Child Health

Safe and Affordable Housing

Education

Access to Care

Poverty

Mental Health

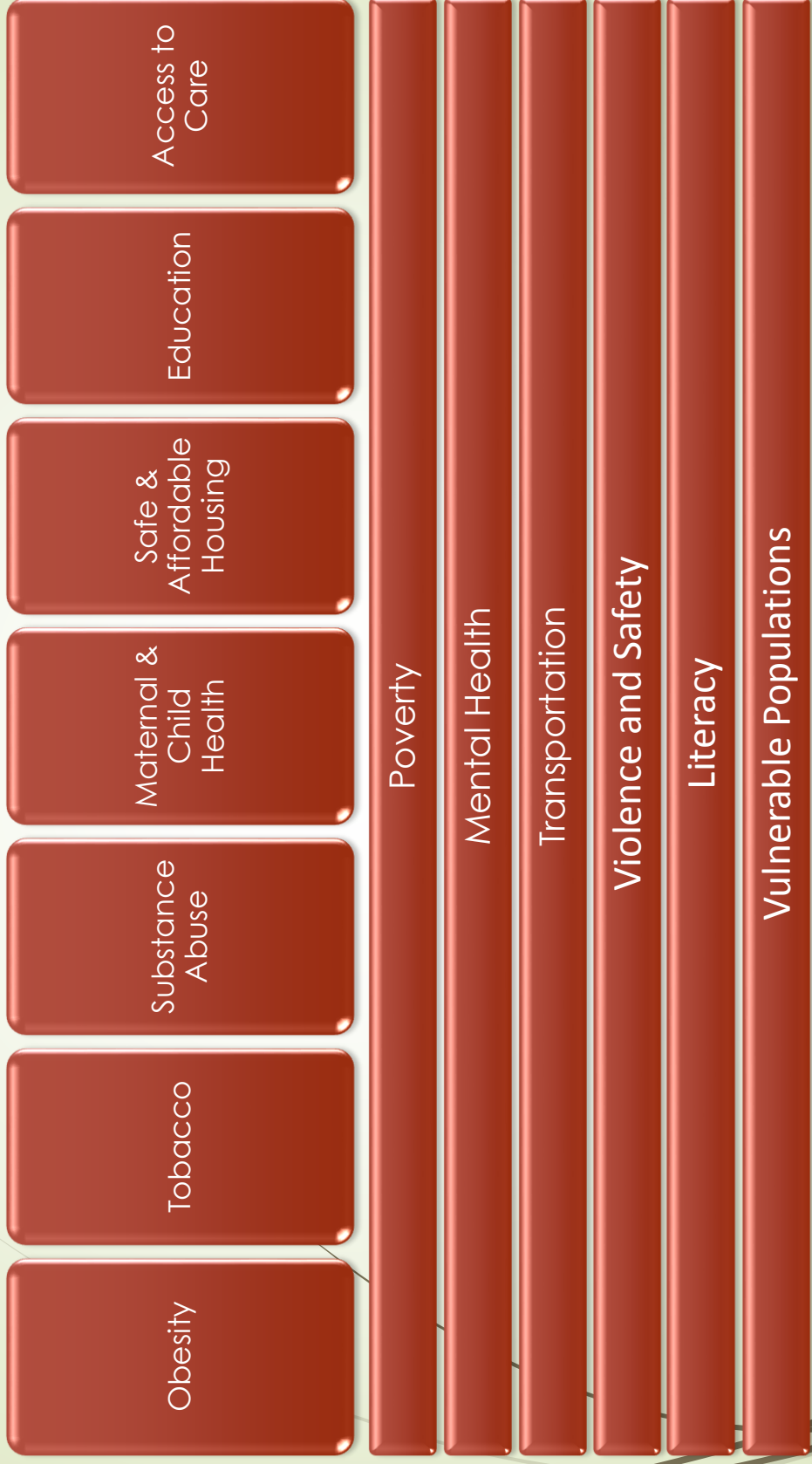
Transportation

Violence and Safety

Literacy

Vulnerable Populations

# Evolution of 13 Priorities into 7



# 2014 Community Survey (Obesity)

## Adults

- ▶ 33.8% are overweight (BMI 25.0-29.9)
- ▶ 40.1% are obese (BMI 30+)
- ▶ 17.5% of adults surveyed have been told by their doctors that they have diabetes. (+3.5% pre-diabetes or borderline diabetes)
- ▶ 44.6% of Marion adults who responded to the survey have been told by their doctor that they had high blood pressure (+6.8% borderline high blood pressure or were pre-hypertensive)

## Children

- ▶ 20.3% are overweight (BMI 25.0-29.9)
- ▶ 10.5% are obese (BMI 30+)
- ▶ 85.1% reported eating fewer than 5 servings of fruits & vegetables per day
- ▶ 12.8% of Marion children reported that the majority of the food they ate came from someplace other than their home. (convenience stores: 7%)
- ▶ 15.9% reported either 0 or 1 day that included one hour of physical activity within the past week

# 2014 Community Survey (Tobacco Use)

## Adults

- ▶ 15.5% smoke cigarettes every day.
- ▶ 8.1% stopped smoking for 1 day or longer (in the previous 12 months) because they were trying to quit.
- ▶ 23.8% reported that tobacco was smoked in their home within the past 30 days.
- ▶ 87.7% believe that any tobacco is harmful to health

## Children

- ▶ 26.2% have tried smoking.
- ▶ 10.2% first smoked a whole cigarette by the age of 13.
- ▶ 7.3% have tried to quit smoking in the past 12 months.
- ▶ When asked about the forms of tobacco used in the past year, all of the following were identified:
  - ▶ Cigarettes (11.7%), flavored cigarettes (3.4%), pipe (0.3%), cigars (2.6%), Black & Milds (5.2%), cigarillos (2.9%), little cigars (1.3%), swishers (3.9%), chewing tobacco (4.7%), snus (1.0%), hookah (5.5%), and E-cigarettes (6.2%)

# 2014 Community Survey (Substance Abuse)

## Adults

- 11.3% reported binge drinking at least once in the past 30 days.
- 1.2% reported driving after consuming too much alcohol at least once in the past 30 days.
- 4.7% reported using marijuana in the past 6 months.
- 5.4% reported that they had an immediate family member who used illegal drugs in the past 6 months.
- 4.4% reported that they had used either OxyContin or Vicodin (not as prescribed) at least once in the past 6 months.

## Children

- 13% reported drinking alcohol in the past 30 days.
- 5.6% reported binge drinking (5+ drinks within 2 hours) in the past 30 days.
- 5.5% reported that their parents provided alcohol to them in the past 30 days.
- 8.6% reported using marijuana in the past 30 days.
- 5.0% reported huffing at some time in their life.
- 4.5% reported using steroids (without a prescription) at some time in their life.
- 5.9% reported using prescription medication (not as prescribed) at some time in their life.
- 6.0% reported that they had been offered or sold an illegal drug on school property in the past 12 months.

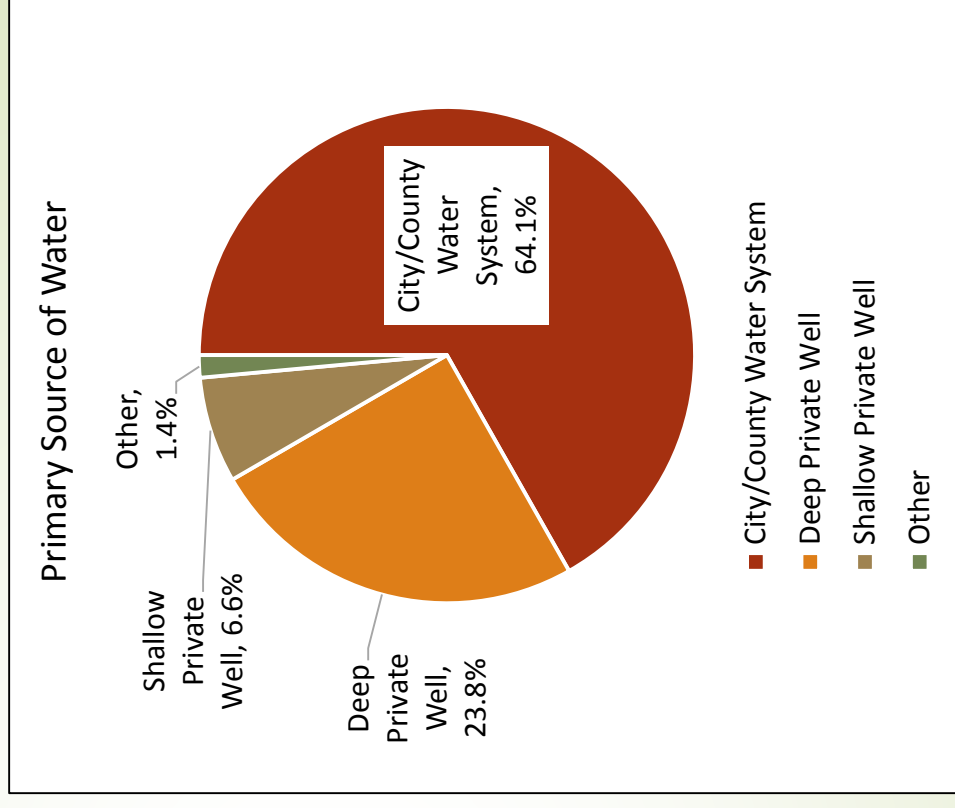
# 2014 Community Survey (Maternal and Child Health)

- ▶ 61.8% of adult females aged 18-44 surveyed responded that they have not been spoken with by their doctor or other health professional about family planning.
- ▶ 73.0% of women who were pregnant within the past 5 years reported that they did not receive first trimester prenatal care.
- ▶ 13.5% of women who were pregnant within the past 5 years reported that they took folic acid during their pregnancy.
- ▶ 8.1% of women who were pregnant within the past 5 years reported that they smoked cigarettes during their pregnancy.
- ▶ 2.7% of women who were pregnant within the past 5 years reported that they experienced domestic violence.
- ▶ 61.6% of adults surveyed who had children under the age of 18, placed them to sleep on their back when they were infants.
- ▶ 19.2% of adults surveyed who had children under the age of 18, placed them to sleep in the bed with themselves when they were infants.
- ▶ 22.7% of women surveyed who had a child within the past 5 years breastfed that child for at least 6 months. 36.4% did not breastfeed at all.

# 2014 Community Survey (Housing)

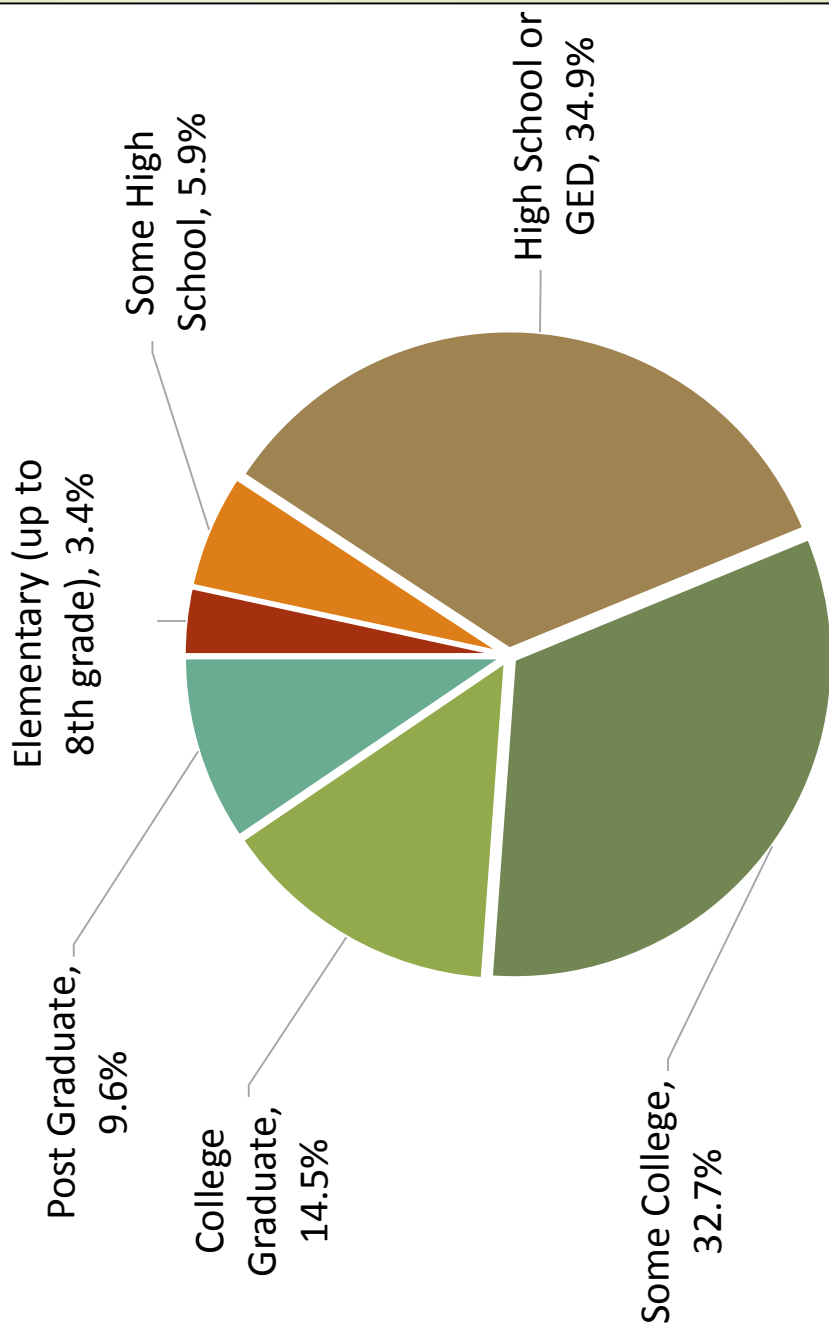
22.1% of adults surveyed reported that they thought one or more of the following was a household environmental threat to the health of themselves or their families:

- Rodents: 4.9%
- Insects: 9.3%
- Cockroaches: 1.7%
- Lice: 1.2%
- Unsafe Water Supply: 2.2%
- Plumbing Problems: 3.4%
- Sewage/Waste Water: 2.5%
- Temperature Regulation: 2.5%
- Structural Problems: 1.2%
- Lead Paint: 0.2%
- Chemicals in Household Products: 1.7%
- Mold: 4.7%
- Asbestos: 0.5%
- Fracking: 0.5%
- Radon: 1.0%
- Excess Medications in the Home: 0.5%
- General Living Conditions: 1.2%



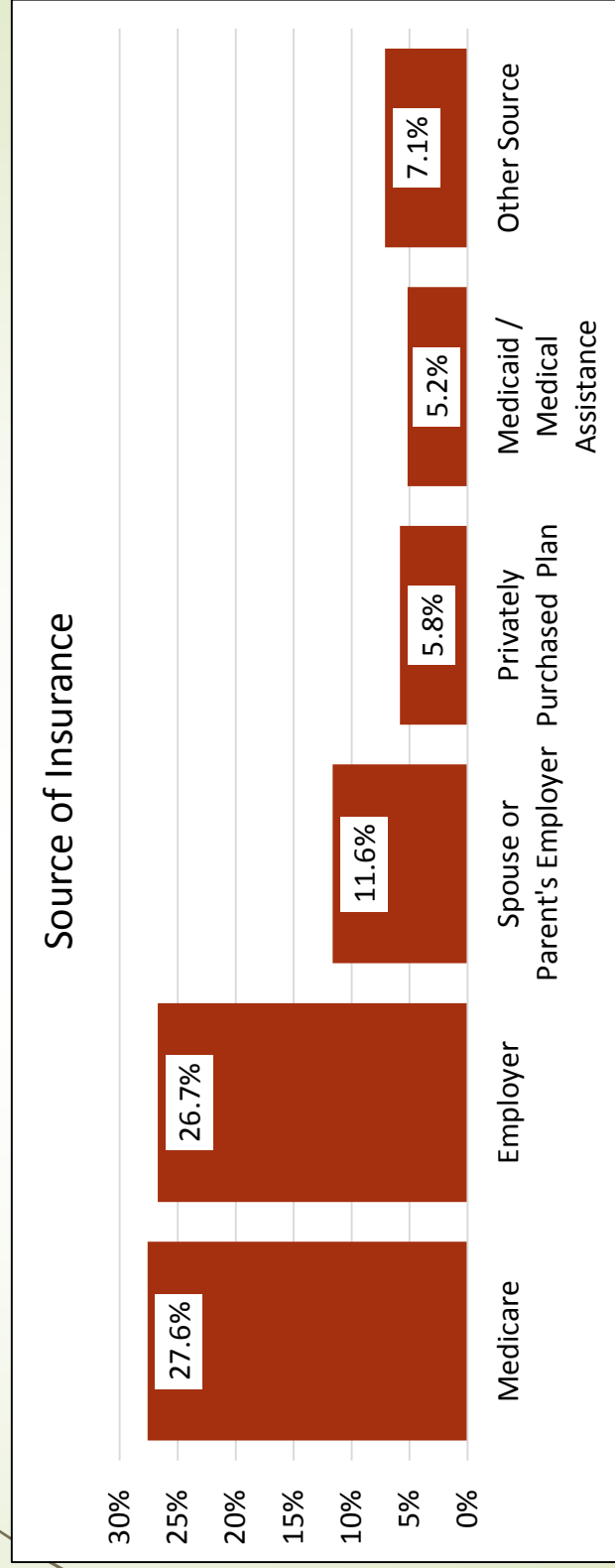
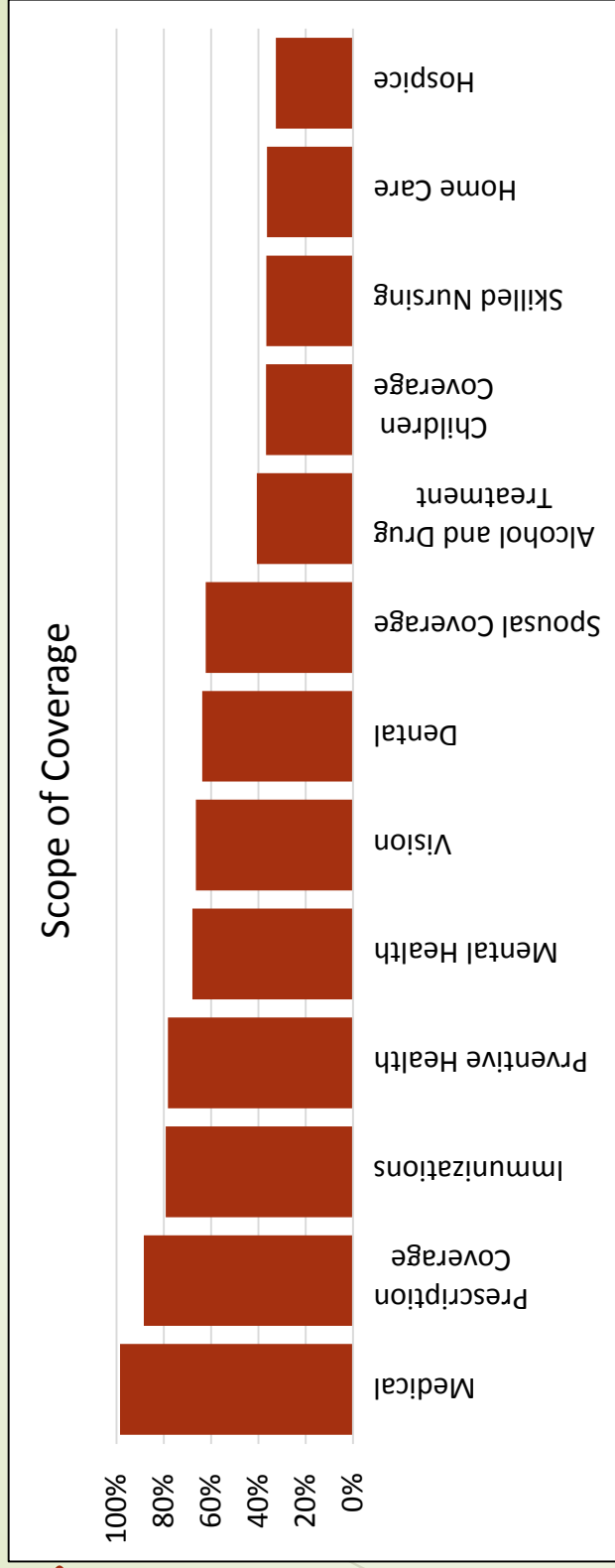
# 2014 Community Survey (Education)

Educational Attainment  
(Adult Survey Respondents)





# 2014 Community Survey (Access to Care)



# Community Validation Survey Results

(May 2015)

- ▶ On Line (May 5 – May 27)
  - ▶ Will close on June 1, 2015
- ▶ 74 respondents so far
- ▶ Race/Ethnicity
  - ▶ 86.8% White
  - ▶ 8.8% Black
  - ▶ 2.9% Hispanic
  - ▶ 1.5% other
- ▶ Age
  - ▶ <18: 0%
  - ▶ 18-29: 10.1%
  - ▶ 30-49: 36.2%
  - ▶ 50-64: 43.5%
  - ▶ 65+: 10.1%
- ▶ Gender
  - ▶ Female: 75.4%
  - ▶ Male: 24.6%
- ▶ Location
  - ▶ City of Marion: 53.9%
  - ▶ Village/Township: 46.2%
- ▶ Economic Circumstance
  - ▶ “I have what I need and then some.” (60.3%)
  - ▶ “I make ends meet but it’s close.” (26.5%)
  - ▶ “I come up short sometimes.” (10.3%)
  - ▶ “I need more than I have.” (2.9%)

# Community Validation Survey Results

(May 2015)

## OBESITY

- Includes
  - Increasing physical activity and improving nutrition
  - Reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on physical activity and nutrition
  - Reducing chronic diseases linked to obesity.
- Keep it on the list: 91.8%
- Additional 5.5% suggested keeping it on the list but working with the language to avoid stigma of “obesity”, e.g. healthy eating, etc.
- Disproportionately Impacted Populations/Places: children, less educated, poor, persons living with disabilities
- Potential Partners: YMCA, WIC and other Marion Public Health programs, Hospital, Churches, Schools, Center Street Clinic, Food Pantries, Children’s Services

# Community Validation Survey Results

(May 2015)

## TOBACCO

- Includes
  - Prevention and cessation of tobacco use
  - Establishing more tobacco-free places
  - Reducing chronic diseases linked to tobacco use
  - Reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on tobacco use.
- Keep it on the list: 91.7%
- Additional 2.8% suggested keeping it on the list but thought that Ohio's smoking ban satisfied the need for smoke free places.
- Disproportionately Impacted Populations/Places: downtown, bars, poor, less educated, children, teenagers, minorities
- Potential Partners: Hospital, Health Department, Ohio Quit Line, Schools

# Community Validation Survey Results

(May 2015)

## SUBSTANCE ABUSE

- Includes
  - Prevention and cessation of substance abuse
  - Increasing drug free environments
  - Reducing chronic & communicable diseases linked to substance abuse
  - Reducing acts of violence associated with substance abuse
  - Reducing criminal activity associated with substance abuse
  - Reducing long term negative impact of drug-related incarceration
  - Reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on substance abuse
  - Increasing access to mental health treatment
  - Increasing access to educational and employment opportunities
- Keep it on the list: 91.7%
- Additional 4.2% suggested keeping it on the list but with changes (stiffer penalties, tie it in with tobacco, call it drug and alcohol abuse rather than substance abuse).
- Disproportionately Impacted Populations/Places: Adolescents, Unemployed, West side and North side neighborhoods, Students
- Potential Partners: ADAMH, AA, Courts (drug court), Churches, Law Enforcement, Hospitals, Neighborhood Associations, Health Department

# Community Validation Survey Results

(May 2015)

## MATERNAL AND CHILD HEALTH

- Includes
  - Increasing rate of prenatal care
  - Assuring access to proper nutrition, including breastfeeding
  - Increasing immunization rates
  - Reducing infant and childhood mortality rates
  - Reducing incidence of abuse and neglect
  - Reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on maternal and child health
- Keep it on the list: 86.1%
- Additional 1.4% suggested keeping it on the list but with changes (include a target for mandatory birth control).
- Disproportionately Impacted Populations/Places: Adolescent Parents, Poor, Minorities
- Potential Partners: MAPP, Marion Public Health, Planned Parenthood, WIC, TWIG, CSB, JFS

# Community Validation Survey Results

(May 2015)

## ACCESS TO SAFE & AFFORDABLE HOUSING

- Includes
  - Reducing lead poisoning & other injuries in the home
  - Reducing negative impacts of poverty, mental health, age, race/racism, and disability on access to safe housing
  - Establishing minimum safety and health standards for rental properties
  - Increasing safety of neighborhoods
- Keep it on the list: 77.5%
- Additional 2.8% suggested keeping it on the list but with changes (comments regarding lead paint and prior attempts at code – both affirmative of inclusion on the priority list).
- Disproportionately Impacted Populations/Places: Children, Rental Housing, Low Income, Fixed Income / Elderly
- Potential Partners: Marion Public Health, Rotary Towers, Habitat for Humanity, Business Community, HUD, City Council

# Community Validation Survey Results

(May 2015)

## EDUCATION

- Includes
  - Increasing literacy and graduation rates
  - Decreasing teen pregnancy
  - Increasing post-graduation opportunities (academic and employment)
  - Decreasing distractions to education (bullying, drug use, truancy)
  - Reducing negative impacts of poverty, mental health, race/racism, geography/transportation and disability on educational attainment
- Keep it on the list: 87.5%
- Additional 4.2% suggested keeping it on the list but with changes (include strategies regarding punishment; already have involvement of United Way).
- Disproportionately Impacted Populations/Places: Children, Tweens, Teens
- Potential Partners: Schools (all levels, public/private/voc), Employers, MAPP, MRDD



# Community Validation Survey Results

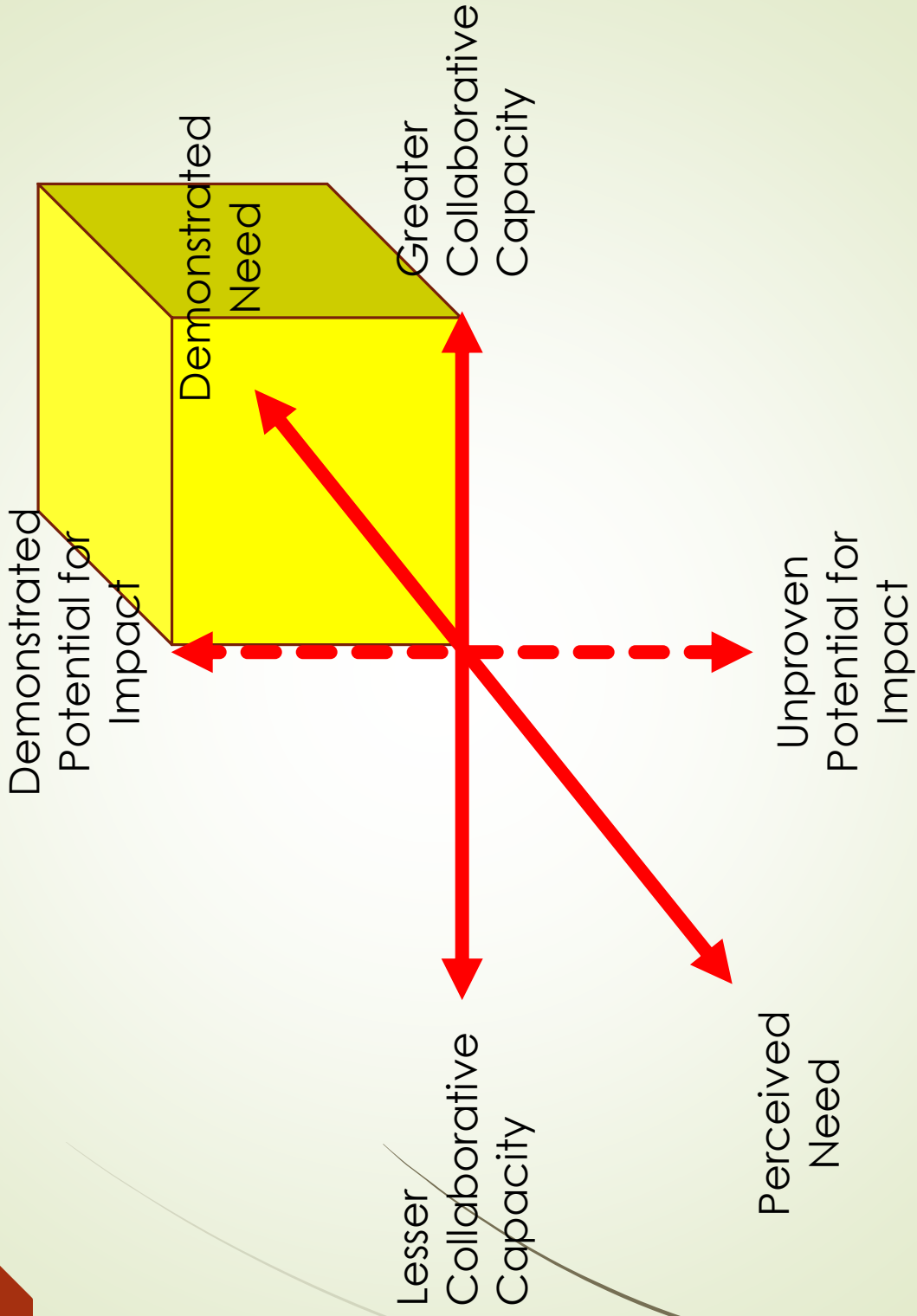
(May 2015)

## ACCESS TO COMPREHENSIVE CARE

- Includes
  - Increasing access to mental health care, vision care, dental care, preventive care, prenatal care, and primary care homes
  - Reducing negative impacts of poverty, mental health, age, race/racism, geography/transportation and disability on access to care
- Keep it on the list: 83.8%
- Additional 2.9% suggested keeping it on the list but with changes (include transportation; assure it goes beyond ER access “solution”).
- Disproportionately Impacted Populations/Places: Ages 25-65, Single Parents, Children, Elderly, People living with disabilities
- Potential Partners: JFS, MACC, Center Street Clinic, Health Department

# Prioritizing

- ▶ Should this issue be addressed by multiple partners across disciplines?
  - ▶ Are there agencies, political leadership/will, funders, etc. in the community who can/will work together in a coordinated effort?
- ▶ Can we be impactful?
  - ▶ Do we have programs that we know are having some impact?
  - ▶ Are there evidence-based programs we can implement if we bring the right partners together?
- ▶ Is there a true need?
  - ▶ Is this a measurable issue in our community? (i.e., data verses perception)



**Meeting Outcome:** Five Priority Areas and eight cross-cutting issues that impact all of them. Priority Areas will be the focus of the Community Health Improvement Plan (CHIP) and cross-cutting issues will be present within strategies for each.

