



2016 COMMUNITY HEALTH NEEDS ASSESSMENT

University Hospitals' (UH) long-standing commitment to the community spans 150 years. This commitment has grown and evolved through significant thought and care in considering our community's most pressing health needs. One way we do this is by conducting a periodic, comprehensive Community Health Needs Assessment (CHNA) for each UH hospital facility. Through our CHNA, UH has identified the greatest health needs among each of our hospital's communities, enabling UH to ensure our resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

The following document is a detailed CHNA for University Hospitals Portage Medical Center (UH Portage Medical Center). UH Portage Medical Center provides an exceptional model of community-based care with an emphasis on wellness and convenient access to specialized medical and surgical services. UH Portage Medical Center is the second-largest employer in the county and has been recognized with the coveted Magnet designation. It is a full-service, nonprofit, acute-care hospital with extended services

offered at health centers and outpatient facilities throughout the entire county.

The facility was fully integrated into the University Hospitals system in June 2015, which comprises a broad network of primary care physicians, specialists, ambulatory care centers, hospitals and related health care delivery services. Recent enhancements at UH Portage Medical Center include investments in state-of-the-art technology and medical equipment, expert services from University Hospitals Seidman Cancer Center, comprehensive care from University Hospitals Harrington Heart & Vascular Institute, Women's Health Center and access to northern Ohio's largest primary care physician network and more than 4,700 providers.

Please read the document's introduction below to better understand the health needs that have been identified.

Adopted by the UH Board of Directors
September 21, 2016.

TABLE OF CONTENTS

INTRODUCTION TO REPORT	3
EXECUTIVE SUMMARY	4
DESCRIPTION OF PROCESS AND METHODS	5
A. Definition of Market Area (Community Served by the Hospital)	5
B. Introduction to Data Analysis	9
C. Demographic Characteristics of UH Portage Medical Center’s Market Area	12
D. UH Portage Medical Center Patients Served	18
E. Ambulatory Care Sensitive Discharges	21
F. Portage County Health Rankings, Mortality and Morbidity, Health Care Access and Quality	28
G. Primary Analysis of Representative Sample of Market Area Population	31
H. Infant Mortality	39
I. Unhealthy Behaviors	41
J. Incidence of Adult Health Issues	42
K. Vulnerable Populations	44
CONCLUSIONS	48
A. Priority Health Needs	48
B. Resources Available to Address Priority Health Needs	49
APPENDIX	50
A. Qualifications of Consulting Companies	50
B. ACS Conditions and ICD-9-CM Codes	50
C. 2016 CHNA Community Leader Interview Guide	51
D. 2015 Portage County Health Survey	54
E. UH Portage Medical Center Prioritization Score Sheet	100
F. UH Portage Medical Center Prioritization Background and Instructions	101

INTRODUCTION TO REPORT

This report identifies and assesses community health needs in the areas served by UH Portage Medical Center in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act (ACA), 2010. This CHNA was adopted by the UH Board of Directors on September 21, 2016.

This is the first UH Portage Medical Center community health needs assessment (CHNA) in response to the federal government regulation.¹ The 2016 UH Portage Medical Center CHNA will serve as a foundation for developing an implementation strategy, required by the regulation, to address those needs that (a) the hospital determines it is able to meet in whole or in part; (b) are otherwise part of its mission; and (c) are not met (or are not adequately met) by other programs and services in the hospital's service area.

Objectives: CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

The question of how the hospital can best use its limited charitable resources to assist communities in need will be the subject of the hospital's implementation strategy. To answer these questions, this assessment considered multiple data sources, some primary (survey of market area residents, hospital discharge data) and some secondary (regarding demographics, health status indicators and measures of health care access).

UH Portage Medical Center's CHNA took into account input from persons and organizations representing the broad interests of the community through interviews with community leaders, including social service agency leaders, public health commissioners, clergy, others, and focus groups of diabetes patients, cancer patients and a random sample of Portage County men. Particular focus was paid to ensure individuals interviewed represented medically underserved, low-income and minority populations as well as the public health sector. Each of these gave their

individual and collective assessments of the strengths and limits of community health services and identified the gaps in health needs within the community.

This report addresses the following broad topics:

- Economic issues facing the hospital's primary and secondary market areas (e.g., poverty, unemployment);
- Community issues (e.g., environmental concerns and crime);
- Health status indicators (e.g., morbidity rates for various diseases and conditions, and mortality rates for leading causes of death);
- Health access indicators (e.g., uninsured rates, ambulatory care sensitive (ACS) discharges and use of emergency departments);
- Health disparities indicators; and
- Availability of health care facilities and resources.

Written Comments

Individuals are encouraged to submit written comments on this Community Health Needs Assessment (CHNA) to CommunityBenefit@UHhospitals.org.

¹ *The Patient Protection and Affordable Care Act (Pub. L. 111-148) added section 501(r) to the Internal Revenue Code, which imposes new requirements on nonprofit hospitals in order to qualify for an exemption under Section 501(c)(3), and adding new reporting requirements for such hospitals under Section 6033(b) of the Internal Revenue Code.*

EXECUTIVE SUMMARY

UH Portage Medical Center by the Numbers

- Eight primary service area municipalities (all in Portage County): Atwater, Garrettsville, Kent, Mantua, Ravenna, Rootstown, Streetsboro and Windham
- Seven secondary service area municipalities (all in Portage County except where noted): Aurora, Stow (Summit County), Hiram, Mogadore, Deerfield, Diamond and Newton Falls (Trumbull County)
- Service area population, 2014: 217,013
- 83.6% of patient discharges were residents of its primary market area; 9.8% were residents of its secondary market area
- 20.3% of patient discharges were Medicaid patients; 51.2% were Medicare patients
- 22.2% of households have incomes <\$25,000
- Population trends:
 - Proportionately, there was little change in Portage County's demographic composition from 2010 to 2014.
 - Portage County increased in population size by 0.5% from 2010 to 2014.
 - Portage County is growing older, on average.
 - Portage County is majority White (91.8%), but the percentage of the population that is White decreased by 0.5% from 2010 to 2014. Only 4.0% of the population in Portage County is Black or African-American, and 0.5% is of Hispanic/Latino descent.
- There exists a wide range of health status and access challenges across the community

This assessment focuses on the priority problems that impact the overall health of the community that surrounds UH Portage Medical Center. The majority of UH Portage Medical Center's service area is contained within Portage County. Key findings are as follows.

Poverty and transportation barriers impact access (to health services, healthy food and other necessities) and thus contribute to poor health.

- Almost 10% of all families in Portage County were living under the poverty line in 2014.
- The unemployment rate in Portage County in May 2014 was 4.4%, which was slightly lower than the national rate of 4.7%.

- From 2010 to 2014, more residents in Portage County gained private health insurance (increasing from 72.7% to 73.4%), Medicaid coverage (increasing from 14.0% to 14.9%) and/or Medicare coverage (increasing from 13.9% to 16.8%), with a resulting decrease in the uninsured rate (decreasing from 11.1% to 8.4%).

Ambulatory care sensitive (ACS) conditions are conditions for which "good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease," according to the Agency for Healthcare Research and Quality. For UH Portage Medical Center, 21.9% of discharges were ACS discharges of residents within the primary and secondary market areas combined. This may signal lower availability or access to primary care within the total market area. The most common primary ACS diagnoses for UH Portage Medical Center's discharged patients were congestive heart failure, bacterial pneumonia and chronic obstructive pulmonary disease (COPD). Almost one-fourth (23.3%) of discharged patients in 2014 were diabetic, and 39.8% had hypertension.

Priority Health Needs

After careful analysis of both qualitative and quantitative data, UH Portage Medical Center identified the following categories of health needs that impact the community served by the hospital as its priorities for the 2016 – 2018 period. These include (not listed in a specific order):

- Services for the elderly
- Services for lower income populations
- Access to primary care and specialists
- Obesity/access to healthy food
- Heart disease/stroke
- Substance abuse

CHNA Collaboration

UH Portage Medical Center worked closely with The Center for Health Affairs, the leading advocate for Northeast Ohio hospitals, to complete the 2016 CHNA. The Center advocates on behalf of 36 hospitals in six counties. University Hospitals Health System, Inc. retained The Center for Health Affairs to assist in quantitative and qualitative data collection and analysis and to ensure the entire community served by the hospital was captured. More information about The Center for Health Affairs is provided in Appendix A.

DESCRIPTION OF PROCESS AND METHODS

A. Definition of Market Area (Community Served by the Hospital)

UH Portage Medical Center is located in the city of Ravenna in Portage County, Ohio. Portage County is located directly east of Summit County (Akron metro area) and southeast of Cuyahoga County (Cleveland metro area).

There are only 322 residents per square mile in Portage County. Portage County is comprised of cities, villages and townships. Its county population is growing somewhat – for each of the past four 10-year periods, the county population has grown at least 5%. The county includes one large university (Kent State University).

UH Portage Medical Center's market area covers predominantly the entire county given that it is a new UH acquisition and was historically a county-owned hospital. The secondary market area represents ZIP codes that are predominantly contiguous to Portage County, including parts of Trumbull, Mahoning, Geauga and Summit counties where patients served by the hospital reside.

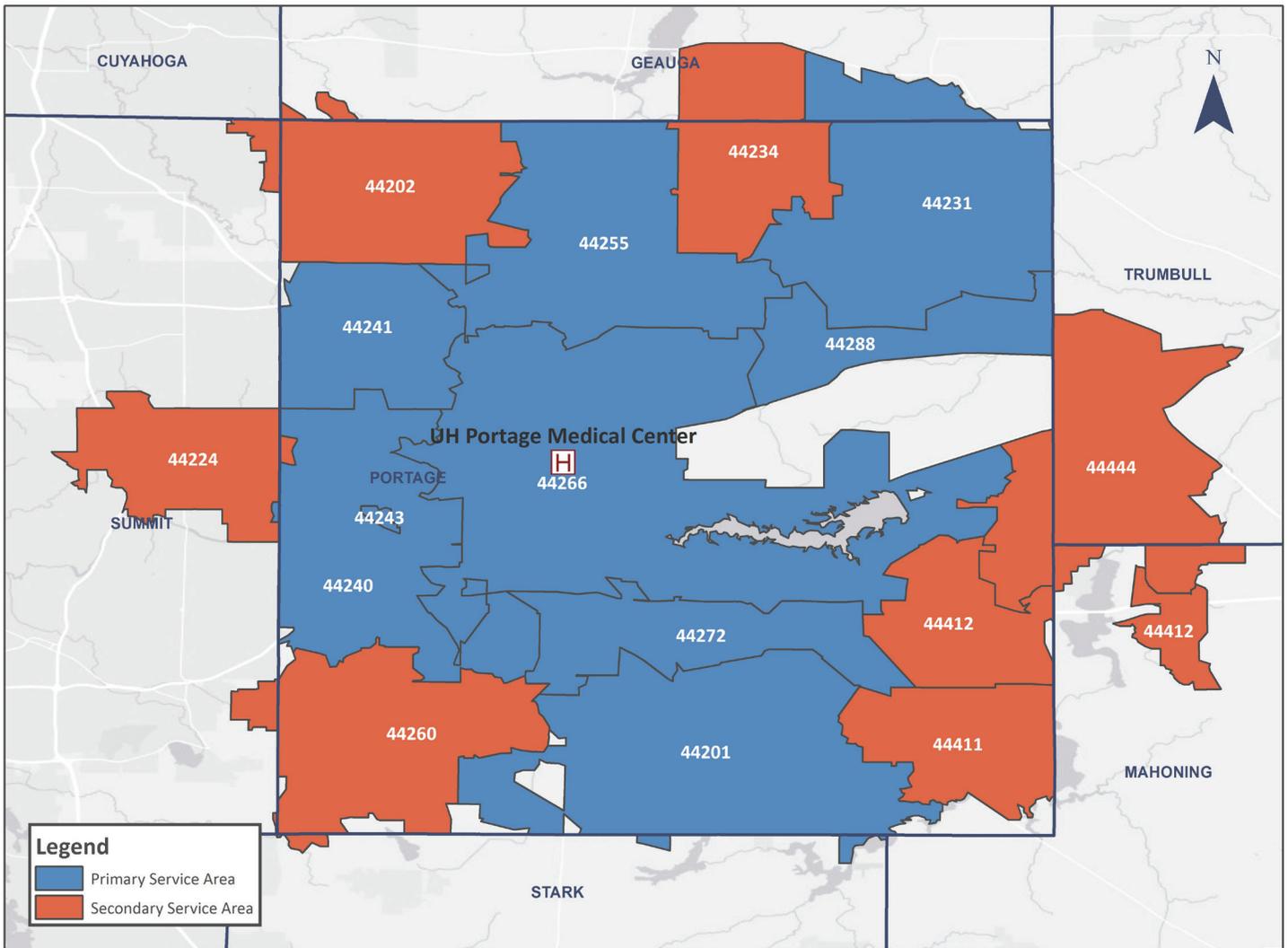
Illustrated in [Figure 1: UH Portage Medical Center Market Area](#), UH Portage Medical Center's market area includes 15 municipalities (eight in its primary market area and seven in its secondary market area). It is almost completely contained within Portage County, Ohio. 83.6% of UH Portage Medical Center's total discharges originate in the nine ZIP codes in the primary market area, and seven additional ZIP codes comprise an additional 9.8% of the hospital's total discharges.

Shown in [Table 1: UH Portage Medical Center: 2014 Hospital Discharges – Primary and Secondary Market Areas, in 2014](#), UH Portage Medical Center had 6,358 discharged patients. Of those, 5,316 were in the hospital's primary market (83.6%) and 9.8% (622 discharges) were in the hospital's secondary market area. Population-wise, the hospital's primary market area contains 58.2% of the total market area's general population.

The City of Ravenna was home to one-third of discharged patients in 2014 (37.1%), although only 15.5% of the total market area's population lives in Ravenna. The City of Kent is the second most common source of patients for the hospital (17.7%).

Emergency department visitors (not necessarily inpatient visitors) were also heavily concentrated within UH Portage Medical Center's primary market area (81%), especially Ravenna (44266), the home municipality of 38% of emergency room visitors in 2014, shown in [Table 2: UH Portage Medical Center: 2014 Emergency Department Visits/Admissions by ZIP Code](#).

FIGURE 1: UH PORTAGE MEDICAL CENTER MARKET AREA



Prepared By: The Center for Health Affairs, June 2016

Note: The large blank portion east of where UH Portage Medical Center is located is a military installation and is not part of the hospital's service area.

TABLE 1: UH PORTAGE MEDICAL CENTER: HOSPITAL DISCHARGES – PRIMARY AND SECONDARY MARKET AREAS

	Municipalities and ZIP Codes	Number/Percent of UH Portage Medical Center Discharges (2013)*		2014 Population**	
		Number	Percent	Number	Percent
Primary Market Area					
	Atwater (44201)	173	2.7%	6,817	3.1%
	Garrettsville (44231)	287	4.5%	8,464	3.9%
	Kent (44240)	1,125	17.7%	39,284	18.1%
	Streetsboro (44241)	616	9.7%	16,573	7.6%
	Kent (44243)	4	0.1%	4,205	1.9%
	Mantua (44255)	314	4.9%	8,678	4.0%
	Ravenna (44266)	2,356	37.1%	33,696	15.5%
	Rootstown (44272)	213	3.4%	5,000	2.3%
	Windham (44288)	228	3.6%	3,525	1.6%
Subtotal Primary Market		5,316	83.6%	126,242	58.2%
Secondary Market Area					
	Aurora (44202)	132	2.1%	19,631	9.0%
	Stow (44224)	120	1.9%	38,421	17.7%
	Hiram (44234)	52	1.5%	4,528	2.1%
	Mogadore (44260)	80	1.3%	13,375	6.2%
	Deerfield (44411)	67	1.1%	2,095	1.0%
	Diamond (44412)	76	1.2%	2,659	1.2%
	Newton Falls (44444)	95	1.5%	10,062	4.6%
Subtotal Secondary Market		622	9.8%	90,771	41.8%
Market Total		5,938	93.4%	217,013	100.0%
Out of Market Area		420	6.6%		
Total		6,358	100.0%		

*Ohio Hospital Association hospital discharge data, 2013.

**Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2014.

TABLE 2: UH PORTAGE MEDICAL CENTER: 2014 EMERGENCY DEPARTMENT VISITS/ADMISSIONS BY ZIP CODE

ZIP Codes	City	Cases	Market	Percent of Cases
44266	Ravenna	13,921	Primary	38%
44240	Kent	6,413	Primary	18%
44241	Streetsboro	2,416	Primary	7%
44288	Windham	1,621	Primary	4%
44231	Garrettsville	1,509	Primary	4%
44255	Mantua	1,399	Primary	4%
44272	Rootstown	1,137	Primary	3%
44201	Atwater	1,075	Primary	3%
44243	Kent	33	Primary	0%
UH Portage Medical Center Primary Total		29,524		81%
44444	Newton Falls	595	Secondary	2%
44260	Mogadore	519	Secondary	1%
44411	Deerfield	512	Secondary	1%
44412	Diamond	451	Secondary	1%
44202	Aurora	393	Secondary	1%
44224	Stow	318	Secondary	1%
44234	Hiram	294	Secondary	1%
UH Portage Medical Center Secondary Total		3,082		8%
Non-UH Portage Medical Center Market		3,830	Out of Market	11%
Grand Total		36,436		100%

B. Introduction to Data Analysis

This report analyzed both primary and secondary data to draw conclusions regarding the priority health needs of the population within the UH Portage Medical Center community.

Primary Data

There were three main sources of primary data:

A. Survey Data

In March of 2016, the Portage County Health Status Assessment was released. It was the product of a collaborative effort among the Portage County Combined General Health District, the Kent City Health Department and The Center for Health Affairs. The report provided a comprehensive look at the health and well-being of adults, youth and children in Portage County. It is based on surveys of 847 adults, 407 youth (aged 12 – 18) and 432 children (aged 0 – 11) in 2015 conducted by the Hospital Council of Northwest Ohio.

The survey data and resulting analysis provide insight into county residents' attitudes toward health and health care as well as describe their actions and ongoing behaviors that potentially impact their health and well-being. Herein we present those survey findings that relate most closely to UH Portage Medical Center's mission within the community. The full report of the survey findings can be found at <http://www.hcno.org/pdf/counties/PortageCounty2015HealthAssessment.pdf>.

B. Hospital Discharge Data

- Discharge data from the Ohio Hospital Association was used to describe hospital admission patterns for UH Portage Medical Center in 2014.

C. Qualitative Data

- Interviews were conducted with 17 community leaders including individuals representing public health, government agencies and social service agencies.
- Three focus groups were conducted by The Center for Health Affairs with diabetic patients, cancer patients and randomly selected adult males who are residents of Portage County. The diabetic and cancer patients were all previous participants in an ongoing information and support group managed by the UH Portage Medical Center; all were adults. A total of 34 adults were included in these three focus groups.

Qualitative Data Analysis Summary

To help provide a complete understanding of the health needs and concerns in Portage County, UH Portage Medical Center, in collaboration with The Center for Health Affairs, solicited the input of individuals who represent the broad interests of the community and individuals in leadership roles in public health, in the form of both community leader interviews and focus groups.

Community Leader Interviews

UH Portage Medical Center developed a comprehensive list of 31 health care, government and social service leadership throughout Portage County. From that comprehensive list, The Center for Health Affairs completed a total of 16 telephone interviews with 17 community leaders from May 2016 to June 2016. All interviewees were told the purpose of the interviews and assured confidentiality. A copy of the interview leader guide can be found in the Appendix.

Community leaders from the organizations listed below were interviewed:

Axess Pointe
Children's Advantage
Coleman Professional Services doing business as Coleman Pregnancy Center
Coleman Professional Services
Kent City Health Department
Kent State University Health Services
Mental Health and Recovery Board of Portage County
Portage Area Regional Transportation Authority (PARTA)
Portage/Columbiana WIC
Portage County Combined General Health District
Portage Community Chapel
Portage County Department of Job and Family Services
Renaissance Family Center
The Children's Advocacy Center of Portage County
TownHall II
United Way of Portage County

Each of these organizations represents medically underserved, low-income or minority populations in the UH Portage Medical Center service area.

The top three health issues or concerns identified by those interviewed are mental health and substance abuse issues, access to care and high rates of chronic disease. Interviewees overwhelmingly cited a need for more crisis services to respond to mental health or drug/alcohol issues. Access to care is hampered by transportation barriers that exist due to the rural nature of the county. High rates of chronic disease were frequently mentioned as being problems that often stem from poor nutrition.

When asked to identify the most significant barriers that keep people in the community from accessing health care when they need it, the following barriers were discussed: transportation, long wait times for treatment of behavioral health issues, an insufficient number of detoxification facilities, lack of awareness of available resources, the high cost of copayments and deductibles for those with private health insurance, limited dental providers and language barriers due to limited English proficiency (specifically for Kent State University's international students).

Respondents predominantly agreed that there are specific populations in the UH Portage Medical Center service area that should have health care services targeted to them. Residents of the Village of Windham were mentioned as having insufficient health care providers and transportation barriers that impact their ability to access care. The large aging population in Portage County prompted many to mention the need to target sufficient services for the elderly. The growing international student population at Kent State University is prompting a need to change the way health care services are delivered to this student population and their families.

Respondents provided several recommendations that may help to improve the health and quality of life in the community. Some recommendations included:

- Increase health education and programming and start at younger ages
- Closer collaboration with community partners and the faith-based community
- Increase the number of detox facilities, residential treatment centers and inpatient psychiatric beds
- Develop integrated care models to address behavioral health and physical health issues simultaneously
- Develop more mobile health units

Focus Groups

A series of three focus groups was conducted in June of 2016 to describe the health care marketplace through the eyes of the residents who use it. Two groups were done of those living with a chronic disease (diabetes and cancer). A third was done with adult males.

Findings:

1. **First and foremost, residents are eager for any information that can help them understand what to do in order to be healthier.** It was equally clear that they saw both UH Portage Medical Center and the physician/nurse practitioner community as the authorities on health information in the county. In sum, they viewed those medical institutions and clinicians as being responsible for more than just providing care – they are also viewed as being responsible for educating the community on how to be healthier and on how to find the right medical care.
2. There was not a large request for more primary care providers, despite many reporting that they have had to change their primary care provider due to retirements or deaths. There was, however, consensus that **there is a need for more specialists.** All of those in the cancer patient or diabetic groups required specialized care. The cancer patients were able to find that care in Akron and/or Cleveland, but preferred receiving that care closer to home. The diabetic patients, however, did not have specialists for their care. Instead of being cared for by endocrinologists, they managed their diabetes via their “general practice” providers.
3. Residents generally accept that they need to go to a hospital in one of the nearby cities (Akron or, less commonly, Cleveland) for certain medical needs. While they are not happy about the lack of a “full-service” hospital in their immediate area, they were not terribly inconvenienced by the need to be hospitalized in Akron or Cleveland for certain conditions.
4. **Cancer patients received far more support services than diabetic patients did.** Cancer patients reported referrals to social service agencies or other support services (e.g., wig fittings) almost immediately upon diagnosis. In sharp contrast, diabetic patients had to seek information on their own, often without any guidance from medical professionals. There was a fairly strong sense of skepticism that the information they were receiving from their physicians, albeit sparse, was accurate. They strongly urged the hospital to take the lead in communicating more to the community on how diabetics can best manage their disease.

5. Most did not feel that Portage County was a particularly unhealthy place. There were some complaints about pollution (from Akron), but the opportunities to exercise and the level of safety (lack of crime) were generally positive. Many did feel that “low cost, but healthy” food was very difficult to find in the county. Most felt they would eat higher quality foods if they could afford to.
6. The biggest “complaint” about health care was, by far, the cost. Many reported that their annual deductibles were impossible for the household to manage, and some had forgone treatment and/or medication because of the costs.

Secondary Data

There were several sources of secondary data:

- U.S. Census. 2010 Decennial Census, American Community Survey (projections to 2015) (Demographic data; Poverty data)
- U.S. Bureau of Labor Statistics, 2016 (Unemployment data)
- U.S. Health Resources and Services Administration (HRSA) (medically underserved areas and populations, and food deserts)
- Health status and access indicators available from:
 - County Health Rankings & Roadmaps; Robert Wood Johnson Foundation Program, 2016
 - Ohio Department of Health, 2014
 - U.S. Centers for Disease Control and Prevention, CHSI Information for Improving Community Health, Community Health Status Indicators Project, 2015

Information Gaps

To the best of The Center for Health Affairs’ knowledge, no information gaps have affected UH Portage Medical Center’s ability to reach reasonable conclusions regarding community health needs.

C. Demographic Characteristics of UH Portage Medical Center's Market Area

As illustrated in [Figure 2: Market Area Population Size Trends](#), Portage County had a 0.5% increase in population from 2010 to 2015. Portage County is a primarily rural county with some edge communities that are considered suburbs of the metro areas of Cleveland or Akron. There are only 322 residents per square mile in Portage County. Given that Portage County's boundaries include Kent State University, there is a population swell of 41,000 adults while the university is in session.

Portage County is growing older, on average, as illustrated in [Table 3: Demographic Trends in Portage County: By Gender, Age and Race](#). In 2014, the proportion of senior citizens increased by 1.1 percentage points in Portage County compared to 2010. This change is small, but given that the use of health care increases substantially with age, especially after age 65, the aging of the population will have significant impacts on the demand for health care in regions where the proportion of older citizens is increasing. Portage County is majority White (91.8%) and almost completely lacks any racial diversity – only 4.0% of the population is Black or African-American and 0.5% is of Hispanic/Latino descent. However, Kent State University has a sizable international student population. While language issues were mentioned by community leaders as being a potential barrier to accessing health care for Kent State University's international students, the majority of Portage County residents speak English at least "very well," and language barriers are not considered a large problem for the majority of Portage County residents.

From 2010 to 2014, the average (median) income decreased by 3.4% in Portage County, as shown in [Table 4: Economic Trends in Portage County: Income and Poverty](#). Mean household income increased by 3.4% during that same time period. This suggests that the county is attracting some individuals with higher incomes. The decreased average median income is generally due to more people being in retirement.

The proportion of households with Social Security income increased from 2010 to 2014 by 3.3% in Portage County and the average (mean) income from Social Security increased by 0.9% in Portage County. Mean retirement income (from pensions, 401(k) disbursements) decreased by 1.6% in Portage County during that time period.

A very small percentage of the population in Portage County receives cash public assistance, and the proportion decreased by 1.4% from 2010 to 2014. The size of cash public assistance decreased by 22.1% during that time period in Portage County. The proportion of households receiving Food Stamp/SNAP benefits increased by 1.2% from 2010 to 2014. The percentage of Portage residents

who were Medicaid beneficiaries increased by 0.9% from 14.0% to 14.9% during the same period.

There was a slight increase in the proportion of the Portage County population receiving Food Stamps from 2010 to 2014, which is likely due to the increased elderly population. Focus group participants expressed awareness about food distribution centers for low-income individuals.

Approximately 1 in 10 households in Portage County live under the poverty line, as illustrated in [Table 5: Most Economically Vulnerable Portage County Residents](#). However, the percentage of families living under the poverty line decreased by 1.0% from 2010 to 2014. Families with children under 18 are almost twice as likely to live below the poverty line. A majority (52.9%) of single-mother households with children under 18 are living below the poverty line, and this has worsened since 2010 in Portage County.

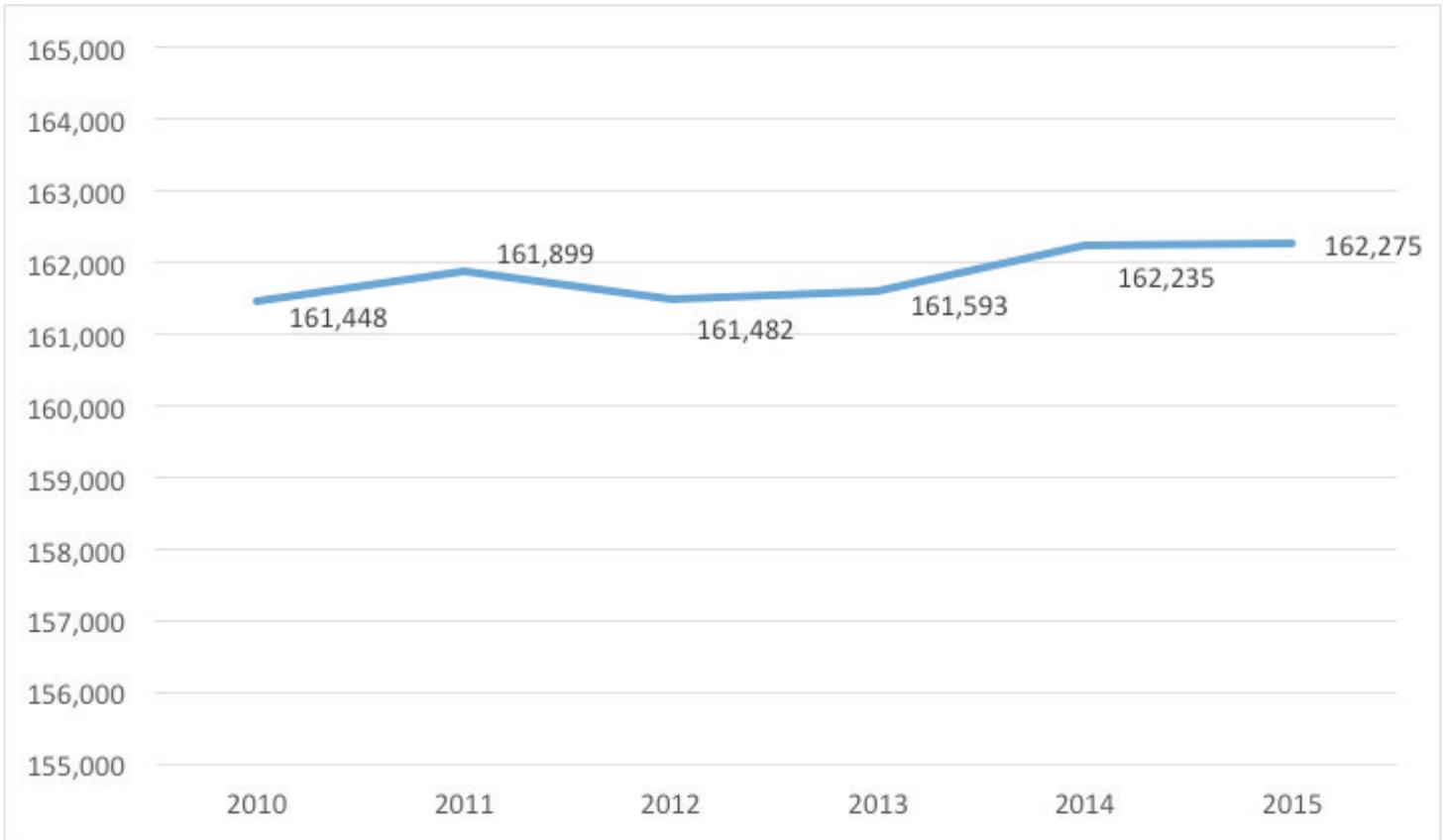
The percentage of individuals with health insurance coverage increased by 2.7% in Portage County from 2010 to 2014. The percentage of Portage County residents who were Medicaid beneficiaries increased by 0.9% from 14.0% to 14.9% from 2010 to 2014. The percentage of Portage County residents receiving Medicare coverage increased from 13.9% to 16.8% during that same time period.

[Table 6: Portage County, Statistics on Population 65+](#) shows that almost 14% of the population in Portage County is elderly and 1 in 4 elderly residents in the county is a veteran. Mirroring the demographics for the entire population in Portage County, the majority of the elderly population is White. Many elderly individuals are living alone (almost 4 in 10), and almost one-third have a disability. Most of the elderly in Portage County own their own homes.

Given that Portage County is a rural county, Portage County residents cited concerns about being able to access health care given the geography of the county. Focus group participants also cited concerns about being able to afford health care, in particular being able to afford their copayments.

Finally, according to the U.S. Bureau of Labor Statistics, the unemployment rate in Portage County is the 48th highest in Ohio and was 4.4% in May of 2016.

FIGURE 2: MARKET AREA POPULATION SIZE TRENDS



Source: U.S. Census, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015.

TABLE 3: DEMOGRAPHIC TRENDS IN PORTAGE COUNTY: BY GENDER, AGE AND RACE

	Portage County		
	2010	2014	Percent Change
Total Population	160,932	161,553	+0.4%
By Gender			
Males	48.9%	48.8%	-0.1%
Females	51.1%	51.2%	+0.1%
By Age Group			
0 – 19	26.0%	24.9%	-1.1%
18 – 44	33.9%	33.8%	-0.1%
45 – 64	27.3%	27.6%	+0.3%
65+	12.6%	13.7%	+1.1%
By Race			
White	92.3%	91.8%	-0.5%
Black or African-American	4.0%	4.0%	0.0%
American Indian and Alaska Native	0.1%	0.1%	0.0%
Asian	1.4%	1.8%	+0.4%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
Some other race	0.4%	0.3%	-0.1%

Source: U.S. Decennial Census, American Community survey projections to 2014.

TABLE 4: ECONOMIC TRENDS IN PORTAGE COUNTY: INCOME AND POVERTY

	Portage County		
	2010	2014	Percent Change
Total Households	61,526	61,796	+0.4%
Less than \$10,000	7.9%	8.6%	+0.7%
\$10,000 to \$14,999	5.5%	4.5%	-1.0%
\$15,000 to \$24,999	11.2%	9.1%	-2.1%
\$25,000 to \$34,999	8.0%	11.9%	+3.9%
\$35,000 to \$49,999	13.6%	14.6%	+1.0%
\$50,000 to \$74,999	21.8%	17.3%	-4.5%
\$75,000 to \$99,999	13.9%	12.7%	-1.2%
\$100,000 to \$149,999	11.2%	11.8%	+0.6%
\$150,000 to \$199,999	4.7%	6.2%	+1.5%
\$200,000 or more	2.1%	3.2%	+1.1%
Median household income (dollars)	\$53,076	\$51,275	-3.4%
Mean household income (dollars)	\$64,612	\$66,777	+3.4%
Percent of households with Social Security	28.7%	32.0%	+3.3%
Mean Social Security income (dollars)	\$18,127	\$18,297	+0.9%
Percent with retirement income	21.1%	20.7%	-0.4%
Mean retirement income (dollars)	\$20,717	\$20,395	-1.6%
Percent with Supplemental Security Income	3.7%	3.0%	-0.7%
Mean Supplemental Security Income (dollars)	\$9,753	\$10,543	+8.1%
Percent with cash public assistance income	3.5%	2.1%	-1.4%
Mean cash public assistance income (dollars)	\$4,606	\$3,589	-22.1%
With Food Stamp/SNAP benefits in the past 12 months	11.2%	12.4%	+1.2%

Source: U.S. Decennial Census, American Community survey projections to 2014.

TABLE 5: MOST ECONOMICALLY VULNERABLE PORTAGE COUNTY RESIDENTS

	Portage County		
	2010	2014	Percent Change
Percent of families under the poverty line	10.7%	9.7%	-1.0%
Percent of households with related children under 18 years under the poverty line	17.3%	18.4%	+1.1%
Percent of households with related children under 5 years (no older children) under the poverty line	21.8%	47.0%	+25.2%
Married Couple Families			
Percent of married couple families under the poverty line	5.3%	3.4%	-1.9%
Percent of married couple families with related children under 18 years under the poverty line	6.9%	6.3%	-0.6%
Percent of married couple families with related children under 5 years (no older children) under the poverty line	8.7%	19.9%	+11.2%
Female Householders			
Percent of families with female householder, no husband present, under the poverty line	31.8%	38.6%	+6.8%
Percent of families with female householder, no husband present, with related children under 18 years, under the poverty line	43.4%	52.9%	+9.5%
Percent of families with female householder, no husband present, with related children under 5 years (no older children), under the poverty line	67.4%	70.0%	+2.6%
All People in County			
Percent of all people in county under the poverty line:	16.0%	14.3%	-1.7%
Of those under 18 years	20.4%	20.5%	+0.1%
Of those with related children under 18 years	20.0%	19.9%	-0.1%
Of those with related children under 5 years	39.9%	27.0%	-12.9%
Of those with related children 5 to 17 years	14.3%	17.9%	+3.6%
Living under the poverty line, by age:			
Of those 18 years and over	14.8%	12.7%	-2.1%
18 to 64 years	16.7%	14.5%	-2.2%
65 years and over	5.8%	5.2%	-0.6%
Health Insurance Coverage			
Percent with health insurance coverage	88.9%	91.6%	+2.7%
Percent with private health insurance	72.7%	73.4%	+0.7%
Percent with Medicaid coverage	14.0%	14.9%	+0.9%
Percent with Medicare coverage	13.9%	16.8%	+2.9%
Percent no health insurance coverage	11.1%	8.4%	-2.7%

Source: U.S. Decennial Census, American Community survey projections to 2014.

TABLE 6: PORTAGE COUNTY, STATISTICS ON POPULATION 65+

	Portage County		
	2010	2014	Percent Change
% of total population 65+	12.6%	13.7%	+1.1%
Median age (years)	73.6	73.1	-0.5
One race	99.5%	99.5%	0.0%
White	97.2%	96.4%	-0.8%
Black or African-American	1.8%	2.2%	+0.4%
Some other race	0.4%	0.9%	+0.5%
Two or more races	0.5%	0.5%	0.0%
Hispanic or Latino origin (of any race)	0.3%	0.3%	0.0%
Householder living alone	38.0%	39.6%	+1.6%
Civilian veteran	24.3%	24.2%	-0.1%
With any disability	*	32.8%	n/a
Employed	15.6%	16.9%	+1.3%
Households with Social Security income	93.2%	91.6%	-1.6%
Mean Social Security income (dollars)	\$17,393	\$19,792	\$2,399
Households with Supplemental Security Income	3.0%	4.7%	+1.7%
Mean Supplemental Security Income (dollars)	\$6,800	\$9,203	\$2,403
Households with retirement income	58.8%	58.6%	-0.2%
Mean retirement income (dollars)	\$20,560	\$23,062	\$2,502
Households with Food Stamp/SNAP benefits	4.1%	6.8%	+2.7%
Below 100 percent of the poverty level	4.4%	6.1%	+1.7%
100 to 149 percent of the poverty level	8.8%	7.6%	-1.2%
Owner-occupied housing units	85.4%	83.8%	-1.6%

Source: U.S. Census, American Community Survey, 2010 Decennial projection to 2014

*Estimate is not available.

D. UH Portage Medical Center Patients Served

Table 7: Hospitalizations, UH Portage Medical Center Versus Other Hospital Discharges, 2011 – 2014 illustrates where Portage County residents were inpatients from 2011 to 2014. The number of Portage County residents hospitalized at any Ohio hospital decreased by 11.4% from 2011 to 2014. While the percentage of Portage County residents admitted as inpatients at any hospital other than UH Portage Medical Center increased 2.7% from 2011 to 2014, the percentage of Portage County residents admitted as inpatients at UH Portage Medical Center decreased by 29.3% during that same time period.

Table 8: UH Portage Medical Center, 2014 Discharges, by Payer shows that UH Portage Medical Center's primary market was the source of most of its inpatient admissions in 2014 (83.7%). In the focus groups, most suggested that those who live farther away from the hospital go to hospitals outside of the county. Ravenna, the city in which UH Portage Medical Center is located, is the most common ZIP code for inpatient admissions.

Of all patient discharges in 2014, more than half (51.2%) were Medicare patients and 20.3% were Medicaid patients.

Some differences exist across ZIP code areas within the primary market. Within the majority of ZIP codes in the primary market area, roughly half of patients discharged were Medicare patients. Certain ZIP codes had a higher percentage of Medicaid discharges, including one of the Kent ZIP codes (50%) and Windham (30.3%). Many community leaders interviewed cited concerns about limited access to health care for residents of Windham.

UH Portage Medical Center provides maternity services, and roughly 20% of its inpatients each year are either newborns or their mothers. The hospital does not treat pediatric patients. Of adult patients (mothers of newborns and others), about 1 in 5 are aged 45 or younger as illustrated in Figure 3: Age of UH Portage Medical Center's Discharged Patients, 2014. Another 25% are aged 46 – 65, and the largest age cohort is that over age 65 (45%).

TABLE 7: HOSPITALIZATIONS, UH PORTAGE MEDICAL CENTER VERSUS OTHER HOSPITAL DISCHARGES, 2011 – 2014

	2011	2012	2013	2014	2011 – 2014 % Change
Inpatient: UH Portage Medical Center	8,994	8,064	6,878	6,358	-29.3%
Inpatient: Residents of Portage County, Discharged from Other Hospital	11,503	11,604	11,627	11,810	2.7%
Total Discharges, Portage County Residents, Any Ohio Hospital	20,497	19,668	18,505	18,168	-11.4%

TABLE 8: UH PORTAGE MEDICAL CENTER, 2014 DISCHARGES, BY PAYER

	ZIP Code	Number of 2014 Discharges	Medicare	Medicare Managed Care	Medicaid	Medicaid Managed Care	Commercial	Other	Total
Ravenna	44266	2,356	30.5%	22.9%	3.5%	16.5%	22.9%	3.7%	100%
Kent	44240	1,125	25.9%	23.6%	6.8%	16.9%	23.6%	3.4%	100%
Kent	44243	4	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	100%
Streetsboro	44241	616	34.3%	18.0%	2.9%	13.0%	28.2%	3.6%	100%
Mantua	44255	314	30.9%	20.7%	2.9%	15.3%	28.0%	2.2%	100%
Garrettsville	44231	287	31.0%	20.2%	3.8%	11.1%	31.0%	2.7%	100%
Windham	44288	228	25.4%	22.8%	3.5%	26.8%	18.9%	2.7%	100%
Rootstown	44272	213	23.9%	28.2%	3.3%	6.6%	32.9%	5.2%	100%
Atwater	44201	173	27.2%	27.2%	3.5%	13.3%	28.3%	0.6%	100%
	Primary Market Total:	5,316							
Aurora	44202	132	37.1%	23.5%	0.8%	6.8%	30.3%	1.6%	100%
Stow	44224	120	20.0%	21.7%	4.2%	10.8%	42.5%	0.8%	100%
Newton Falls	44444	95	20.0%	38.9%	3.2%	17.9%	18.9%	1.1%	100%
Mogadore	44260	80	22.5%	27.5%	2.5%	18.8%	26.3%	2.5%	100%
Diamond	44412	76	26.3%	25.0%	9.2%	10.5%	26.3%	2.6%	100%
Deerfield	44411	67	32.8%	25.4%	0.0%	10.4%	29.9%	1.5%	100%
Hiram	44234	52	36.5%	32.7%	0.0%	3.8%	21.2%	5.8%	100%
	Secondary Market Total:	622							
	Outside of Market Total:	420	24.0%	12.6%	4.8%	15%	39.0%	4.5%	100%
	Total:	6,358	28.9%	22.3%	4.0%	16.3%	26.2%	2.3%	100%

FIGURE 3: AGE OF UH PORTAGE MEDICAL CENTER'S DISCHARGED PATIENTS, 2014

	Number	Percent
Newborns	701	11.0%
Adults aged 25 and younger	355	5.6%
26 – 35	578	9.1%
36 – 45	318	5.0%
46 – 55	625	9.8%
56 – 65	918	14.4%
66 – 75	1,082	17.0%
76+	1,781	28.0%
Total	6,358	100.0%

E. Ambulatory Care Sensitive Discharges

Using discharge data from UH Portage Medical Center, which includes the reason for patient admission into the hospital, “ambulatory care sensitive discharges” can be identified. Ambulatory care sensitive (ACS) conditions are conditions for which “good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease,” according to the Agency for Healthcare Research and Quality. The incidence of ambulatory care sensitive discharges has been used as an index of adequate primary care in a market area. The diagnostic categories (and associated ICD-9-CM codes) can be found in the Appendix.

Table 9: UH Portage Medical Center, Primary and Secondary Diagnoses of Adult (Age 16+) ACS Discharges in 2014.

(Non-Maternity) shows the number of adult discharges for UH Portage Medical Center in 2014 and the percent that were ACS cases. For all discharges, there are both primary and non-primary diagnoses (“secondary” diagnoses), and both are shown in the table. Patients can have up to 14 different secondary diagnoses. For UH Portage Medical Center, 21.9% of discharges were ACS discharges of residents within the primary and secondary market areas combined. This may signal lower availability or access to primary care within the total market area.

There are some differences in ACS conditions based on a patient’s gender. Males were twice as likely to have a primary or secondary diagnosis that was an ACS condition than females in 2014 (31.5% vs. 15.4%, respectively). Also, female discharged patients were more likely than males to have a diagnosis of asthma (11.2% vs. 4.6%) or kidney failure/urinary tract infection (10.5% vs. 5.2%). Male discharged patients were more likely than females to have a diagnosis of congestive heart failure (31.9% vs. 19.4%) or diabetes (29.7% vs. 20.4%).

The most common primary ACS diagnoses for UH Portage Medical Center’s discharged patients were congestive heart failure (5.0%), bacterial pneumonia (3.9%) and chronic obstructive pulmonary disease (COPD) (3.8%). In terms of secondary diagnoses in 2014, congestive heart failure comprised an additional 23.3% of discharges and COPD comprised an additional 15.1% of discharges. Almost one-fourth (23.3%) of discharged patients in 2014 were diabetic and 39.8% had hypertension. Some community leaders interviewed expressed concerns about seeing greater numbers of patients with diabetes, which is expensive to manage and complicated.

Table 10: Portage County Versus Contiguous Counties, 2014 Discharges, Adults (Non-Maternity) Only, displays the number of adult discharges with ACS conditions among all county residents who were admitted to an Ohio hospital in 2014. The incidence of ACS conditions is almost the same across all counties.

Table 11: Adults, Non-Maternity, ACS Cases by Payer shows the number of adult discharges with ACS conditions by different payers. The greatest percentage of ACS conditions was among individuals classified as receiving charity care or for whom care was uncompensated by a payer (35.1%). Individuals with traditional fee-for-service Medicare coverage had the next highest percentage of ACS conditions among payers (28.2%). Commercially insured patients had the lowest percentage of ACS conditions (18.7%).

TABLE 9: UH PORTAGE MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSES OF ADULT (AGE 16+) ACS DISCHARGES IN 2014 (NON-MATERNITY)

	Primary Diagnosis		Secondary Diagnosis (Multiple Diagnoses Possible)	
	Number of Inpatients	Percent	Number of Inpatients	Percent
No ACS Condition	4,417	78.1%		
Congestive Heart Failure (CHF)	284	5.0%	1,319	23.3%
Bacterial Pneumonia	222	3.9%	173	3.1%
Chronic Obstructive Pulmonary Disease (COPD)	214	3.8%	853	15.1%
Cellulitis	129	2.3%	91	1.6%
Kidney/Urinary Infections	113	2.0%	227	4.0%
Diabetes	96	1.7%	1,318	23.3%
Dehydration/Volume Depletion	41	0.7%	434	7.7%
Asthma	40	0.7%	305	5.4%
Gastroenteritis	28	0.5%	26	0.5%
Epilepsy	18	0.3%	139	2.5%
Hypertension	17	0.3%	2,253	39.8%
Convulsions	12	0.2%	14	0.2%
Iron Deficiency Anemia	7	0.1%	155	2.7%
Angina	6	0.1%	31	0.5%
Severe ENT Infections	5	0.1%	41	0.7%
Pelvic Inflammatory Disease	3	0.1%	11	0.2%
Nutritional Deficiencies	2	0.0%	64	1.1%
Dental Conditions	2	0.0%	26	0.5%
Immunization-Related and Preventable Conditions	1	0.0%	0	0.0%
Hypoglycemia	0	0.0%	15	0.3%
Total	5,657	100%	*	*

*These conditions are not mutually exclusive, therefore totals are not included

Source: Ohio Hospital Association discharge data.

Source: Definition of ACS conditions: Billings J, Zeitel L, Lukomnik J, Carey TS, Blank AE, Newman L. Impact of socio-economic status on hospital use in New York City. Health Affairs (Millwood) 1993; 12(1):172-173.

TABLE 10: PORTAGE COUNTY VERSUS CONTIGUOUS COUNTIES, 2014 DISCHARGES, ADULTS (NON-MATERNITY) ONLY

	Portage County	Geauga County	Stark County	Summit County	Trumbull County	Wayne County
No ACS Conditions	83.8%	83.9%	84.8%	82.9%	82.0%	84.9%
Congestive Heart Failure (CHF)	3.3%	3.1%	3.3%	3.3%	4.5%	3.3%
Bacterial Pneumonia	2.7%	2.9%	2.4%	2.5%	2.7%	3.0%
Chronic Obstructive Pulmonary Disease (COPD)	2.1%	2.0%	2.0%	2.2%	2.2%	2.1%
Cellulitis	1.9%	2.3%	1.9%	2.2%	1.7%	2.0%
Kidney/Urinary Infections	1.6%	1.6%	1.5%	2.0%	1.4%	1.1%
Diabetes	1.2%	0.7%	1.2%	1.4%	1.4%	0.9%
Asthma	0.8%	0.9%	0.8%	1.1%	1.4%	0.5%
Dehydration/Volume Depletion	0.6%	0.6%	0.4%	0.6%	0.6%	0.5%
Epilepsy	0.6%	0.7%	0.5%	0.6%	0.6%	0.6%
Gastroenteritis	0.3%	0.4%	0.3%	0.2%	0.4%	0.3%
Convulsions	0.3%	0.3%	0.3%	0.3%	0.2%	0.3%
Hypertension	0.2%	0.3%	0.2%	0.2%	0.3%	0.2%
Severe ENT Infections	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Iron Deficiency Anemia	0.1%	0.1%	0.2%	0.1%	0.2%	0.1%
Angina	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
Dental Conditions	0.1%	0.0%	0.1%	0.1%	0.0%	0.1%
Pelvic Inflammatory Disease	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: Ohio Hospital Association discharge data.
 Source: Definition of ACS conditions: Billings et al 1993.

TABLE 11: ADULTS, NON-MATERNITY, ACS CASES BY PAYER

	Medicare (traditional/fee-for-service)	Medicare Managed Care	Medicaid (traditional)	Medicaid Managed Care	Commercial Insurance	Other Government	Bureau of Workers Compensation (BWC)	Self-Pay	Charity Uncompensated	Total
No ACS Condition	71.8%	74.0%	75.2%	78.9%	81.3%	79.5%	76.9%	78.4%	64.9%	75.0%
Congestive Heart Failure (CHF)	7.7%	6.6%	3.8%	2.5%	2.2%	15.4%	0.0%	0.0%	5.3%	5.7%
Bacterial Pneumonia	5.4%	5.4%	4.3%	1.9%	2.6%	2.6%	0.0%	3.9%	3.5%	4.5%
Chronic Obstructive Pulmonary Disease (COPD)	5.1%	4.6%	1.9%	4.7%	3.3%	0.0%	0.0%	2.0%	3.5%	4.3%
Cellulitis	2.5%	2.3%	2.4%	2.7%	2.7%	2.6%	15.4%	9.8%	3.5%	2.6%
Kidney/Urinary Infections	2.8%	2.7%	1.4%	1.6%	1.1%	0.0%	0.0%	0.0%	5.3%	2.3%
Diabetes	1.4%	1.2%	7.1%	3.0%	2.0%	0.0%	0.0%	5.9%	8.8%	1.9%
Dehydration/Volume Depletion	0.9%	1.0%	0.5%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.8%
Asthma	0.8%	0.7%	0.5%	1.1%	1.1%	0.0%	0.0%	0.0%	0.0%	0.8%
Gastroenteritis	0.3%	0.3%	1.0%	0.8%	1.2%	0.0%	0.0%	0.0%	1.8%	0.6%
Epilepsy	0.5%	0.3%	0.0%	0.5%	0.3%	0.0%	0.0%	0.0%	0.0%	0.4%
Hypertension	0.3%	0.6%	0.0%	0.3%	0.1%	0.0%	0.0%	0.0%	1.8%	0.3%
Convulsions	0.3%	0.0%	0.5%	0.8%	0.2%	0.0%	7.7%	0.0%	0.0%	0.2%
Iron Deficiency Anemia	0.2%	0.1%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Angina	0.1%	0.1%	0.5%	0.3%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
Severe ENT Infections	0.0%	0.1%	0.0%	0.5%	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%
Pelvic Inflammatory Disease	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	1.8%	0.1%
Nutritional Deficiencies	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Dental Conditions	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Immunization-Related and Preventable Conditions	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Percent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total Number of Discharges	1,833	1,421	210	365	979	39	13	51	57	4,968

UH Portage Medical Center Discharges

This section again examines UH Portage Medical Center's discharge data (for non-maternity case adults), but here we look at all discharges (not just those with Ambulatory Care Sensitive diagnoses); these data provide primary and secondary diagnosis information for each patient discharged in 2014. This evaluation seeks to identify particular diagnoses or diagnostic categories that can shed light on how public health or preventive care initiatives could impact the overall health of market area residents via preventing disease states that lead to a high number of hospitalizations. Table 12: UH Portage Medical Center, Primary and Secondary Diagnosis of Adults (Non-Maternity Cases, Age 16+) Discharged in 2014 shows the percentage of discharges based on the major diagnostic category of adult patients' primary and then secondary diagnoses. There are over 17,000 different medical diagnostic codes. For specific diagnoses, only those that were relatively common are shown.

In 2014, the most common diagnostic category was circulatory system diseases (22.0% of primary diagnoses). Topping the list of specific primary diagnoses in that category was heart failure (5.8%). In addition, a great number of patients had a secondary diagnosis of hypertension (39.8%).

In 2014, the second most common primary diagnostic category was diseases of the genitourinary system (20.8%) and then respiratory system (16.4%), the third. In particular, acute renal failure (2.5%), pneumonia (4.3%), chronic bronchitis (4.2%) and other lung diseases (4.0%) were very common primary diagnoses in those categories. Many of the lung diseases are often associated with tobacco use.

While endocrine and metabolic disorders were rarely primary diagnoses (5.3%), they were very common secondary diagnoses, especially diabetes (29.5%) and lipid metabolism diseases (33.6%). And, finally, while few discharged patients in 2014 had a mental illness as a primary diagnosis (2.0%), mental illnesses were fairly common secondary diagnoses, especially nondependent drug abuse (8.2%).

TABLE 12: UH PORTAGE MEDICAL CENTER, PRIMARY AND SECONDARY DIAGNOSIS OF ADULTS (NON-MATERNITY CASES, AGE 16+) DISCHARGED IN 2014

	Primary Diagnosis	Secondary Diagnosis
Diseases of the Circulatory System	22.0%	
Most common specific diagnoses in category:		
Heart Failure	5.8%	0.4%
Cardiac Dysrhythmia	5.1%	0.7%
Acute Myocardial Infarction	2.1%	0.1%
Cerebral Artery Occlusion	1.4%	
Hypertension	0.3%	39.8%
Diseases of the Genitourinary System	20.8%	
Most common specific diagnoses in category:		
Acute Renal Failure	2.5%	0.1%
Intestinal Obstruction	2.0%	0.2%
Urinary Tract Disorder	1.9%	0.1%
Diverticula of Intestine	1.6%	0.0%
Disease of Pancreas	1.2%	0.1%
Cholelithiasis (Gallstones)	1.1%	0.1%
Diseases of the Respiratory System	16.4%	
Most common specific diagnoses in category:		
Pneumonia (General)	4.3%	0.2%
Chronic Bronchitis	4.2%	0.1%
Other Lung Diseases	4.0%	0.3%
Diseases of the Musculoskeletal System and Connective Tissue	13.4%	
Most common specific diagnoses in category:		
Osteoarthritis	3.8%	0.1%
Injury/Poisoning	8.9%	
Infectious and Parasitic Diseases	7.0%	
Most common specific diagnoses in category:		
Septicemia	5.4%	1.7%
Candidiasis	0.1%	2.3%
Bacterial Infection in Other Disease	0.0%	9.5%
Dermatophytosis	0.0%	1.2%
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	5.3%	
Most common specific diagnoses in category:		
Vitamin D Deficiency	0.0%	2.8%
Diseases of Lipoid Metabolism (Cholesterol)	0.0%	33.6%
Obesity/Hyperalimentation	0.0%	4.9%
Acquired Hypothyroidism	0.0%	16.6%
Disease of Mineral Metabolism	0.1%	5.7%
Gout	0.1%	2.3%
Fluid/Electrolyte Disease	2.0%	15.9%
Diabetes Mellitus	2.6%	29.5%

	Primary Diagnosis	Secondary Diagnosis
Neoplasms – Malignant	3.4%	
Skin Diseases	3.1%	
Most common specific diagnoses in category:		
Cellulitis/Abscess	2.6%	0.1%
Mental Health	2.0%	
Most common specific diagnoses in category:		
Organic Psychoses Condition	0.3%	2.4%
Affective Psychoses	0.0%	1.7%
Neurotic Disorders	0.0%	5.4%
Nondependent Drug Abuse	0.0%	8.2%
Diseases of the Central Nervous System	1.5%	
Diseases of the Blood and Blood-Forming Organs	0.8%	
Most common specific diagnoses in category:		
Iron Deficiency Anemias	0.2%	1.6%
Anemia NEC/NOS	0.5%	6.7%
Neoplasms – Benign	0.6%	
Diseases of the Sense Organs	0.2%	

F. Portage County Health Rankings, Mortality and Morbidity, Health Care Access and Quality

Portage County, Health Rankings

The Robert Wood Johnson Foundation produces an annual report that ranks counties in Ohio based on two major indices of population health: health outcomes (length and quality of life) and health factors (health behaviors, clinical care, alcohol and drug use, social/environmental factors and physical environment). A rank of “1” is the best, “88” is the worst in the state of Ohio.

TABLE 13: PORTAGE COUNTY HEALTH RANKINGS

	Portage County, 2016	Subcomponents
Health Outcomes	22 of 88 counties	Length of Life: 21 of 88 counties Quality of Life: 32 of 88 counties
Health Factors	26 of 88 counties	Clinical Care: 39 of 88 counties Health Behaviors: 15 of 88 counties Social and Economic Factors: 29 of 88 counties Physical Environment: 73 of 88 counties

Source: County Health Rankings & Roadmaps; Robert Wood Johnson Foundation Program, 2016.

Table 13: Portage County Health Rankings identifies Portage County’s rank. UH Portage Medical Center’s market area is almost completely contained within Portage County; therefore, understanding where Portage County as a whole ranks in Ohio in terms of health is useful. It is important to note that in many of Ohio’s counties, the differential between health outcomes and health factors is relatively small. Compared to other counties in Ohio, Portage County ranks relatively high overall on health outcomes and health factors. However, Portage County ranks 73rd out of 88 counties on physical environment. There are five measures that comprise the physical environment subcomponent (air pollution-particulate matter; drinking water violations; severe housing problems; driving alone to work; and long commute – driving alone). Focus group participants highlighted two areas of concern in terms of the physical environment in Portage County: (1) there are almost no sidewalks in Portage County and (2) pollution drifts over from Akron.

Mortality and Morbidity

Cancer is the leading cause of death for adults in Portage County, followed by coronary heart disease as displayed in [Table 14: Most Prevalent Causes of Death or Impaired Health – Adults](#). Portage County compares unfavorably to its peer counties across the U.S. in terms of deaths attributable to cancer, strokes and diabetes. Strokes, accidents, diabetes and kidney disease combined account for far fewer deaths than cancer in Portage County.

Focus groups of cancer patients and diabetes patients were conducted. The concerns expressed by participants in each of these two focus groups were very different, particularly regarding the availability of community-based services available to help patients upon diagnosis.

Cancer patients expressed that they felt enveloped in supportive services almost immediately following diagnosis – including referrals to support services and information about their disease and treatment. In contrast, diabetes patients expressed a feeling that there is little support for them in the community and that they desired more information. While a new diabetic support group program created at UH Portage Medical Center has been incredibly helpful, there was a feeling that many diabetics weren’t aware of the group. Participants in the diabetic focus group strongly encouraged the hospital to promote the service and provide additional support services for diabetics.

Linked to the most common death rates are common habitual behaviors. More than one-fourth of Portage County residents are obese (BMI > 30); 1 in 4 are tobacco smokers as displayed in [Table 15: Most Prevalent Morbidity – Adults and Youth](#). Rates of obesity, smoking, older adult depression, Alzheimer’s disease and preterm births are higher in Portage County compared to its peer counties. One community leader interviewed shared that Kent State University will become tobacco-free on July 1, 2017, which may influence smoking rates in Kent.

TABLE 14: MOST PREVALENT CAUSES OF DEATH OR IMPAIRED HEALTH – ADULTS

	Portage County	Centers for Disease Control and Prevention's Comparison to Peer Counties
	Annual, per 100,000 adults	
Cancer Deaths	190.2	Rate is higher than average
Coronary Heart Disease Deaths	123.6	
Stroke Deaths	41.8	Rate is higher than average
Accidental Deaths (including motor vehicle)	32.3	
Motor Vehicle Deaths	10.0	
Diabetes Deaths	22.6	Rate is higher than average
Kidney Disease Deaths	13.0	
Violent Crime (homicide, rape, assault)	84.8	

Source: U.S. Centers for Disease Control and Prevention, 2005 – 2011.

TABLE 15: MOST PREVALENT MORBIDITY – ADULTS AND YOUTH

	Percent Morbidity	Center for Disease Control's Comparison to Peer Counties
Obesity	28.7%	Rate is higher than average
Smokers	27.9%	Rate is higher than average
Older Adult Depression	16.0%	Rate is higher than average
Older Adult Asthma	4.5%	
Alzheimer's Disease	12.5% (among older adults)	Rate is higher than average
Births to Women 15 to 19 (per 1,000)	15.9	
Pre-Term Births	11.8%	Rate is higher than average

Source: U.S. Centers for Disease Control and Prevention, 2005 – 2011.

Health Care Access and Quality

Finally, the CDC also designates Portage County as one with lower-than-average access to primary care providers, and the county has a higher-than-average rate of preventable hospitalizations for older adults (85.2 per 1,000 Medicare enrollees) as shown in [Table 16: Health Care Access and Quality – Portage County](#). Access to primary care providers is particularly concerning in the city of Windham, according to the majority of community leaders interviewed.

TABLE 16: HEALTH CARE ACCESS AND QUALITY – PORTAGE COUNTY

	Portage County	Centers for Disease Control and Prevention's Comparison to Peer Counties
Primary care provider access	46.4 (rate per 100,000 persons)	Rate is higher than average
Older adult preventable hospitalizations	85.2 (rate per 1,000 Medicare enrollees age 65 years or older)	Rate is higher than average

Source: U.S. Centers for Disease Control and Prevention, 2005 – 2011.

G. Primary Analysis of Representative Sample of Market Area Population

To further understand Portage County health needs, the following section presents the results of a survey of Portage County adults, youth and children regarding their health and access to health care. In March of 2016, the Portage County Health Status Assessment was released. It was the product of a collaborative effort between the Portage County Combined General Health District, the Kent City Health Department, and The Center for Health Affairs. The report provided a comprehensive look at the health and well-being of adults, youth and children in Portage County. It is based on surveys of 847 adults, 407 youth (aged 12 – 18) and 432 children in 2015 conducted by the Hospital Council of Northwest Ohio.

Population Health Status

In this section we describe the health status of the population within Portage County, which comprises the bulk of UH Portage Medical Center's primary market area.

Access to Ongoing Primary Care

In our focus groups of residents, most reported an ability both to find a primary care provider and to obtain an appointment to see their primary care provider within an acceptable period of time. There were concerns, however, regarding the number of qualified specialist physicians. Most survey respondents (4 in 5) reported that they did have "someone they considered to be their personal doctor or health care provider." Very few adults (<1%) reported not having a primary care physician or other provider because there isn't one close enough to where they live. Shown in [Figure 4: Self-Described General Health Status](#), most surveyed adults (82.8%) report their "overall health" as at least good. Only 3.1% of Portage County adults rated their health as "poor."

We see large differences, however, among resident groups in terms of their self-described health status:

- Women were far less likely to report their health as "excellent" or "very good" (44%) than men (61%).
- Most of those under age 30 reported an "excellent" or "very good" health status (68%). But only half (50%) of those aged 30 – 65 did so, and only 42% of those over age 65 did.
- Those in the lowest income bracket (<\$25,000) were unlikely to report a positive health care status (only 32%).

Adults in Portage County reported that their physical health was "not good" an average (mean) of 3.7 days during the 30 days prior to the survey, as displayed in [Table 17: Self-Described Physical and Mental Health Status: Past 30 Days](#). On average, this group reported that their mental health was "not good" an average (mean) of 4.7 days. For them, these less-than-optimal health days prevented them from doing their normal activities (work, school) an average of 2.4 days within that 30-day period. Note that most (56%) reported zero days with physical health problems within the 30-day period, and 52 percent reported zero days with any mental health issues during that time. About 1 in 4 (72%) reported that their health didn't keep them from any of their normal activities within the past 30 days.

FIGURE 4: SELF-DESCRIBED GENERAL HEALTH STATUS

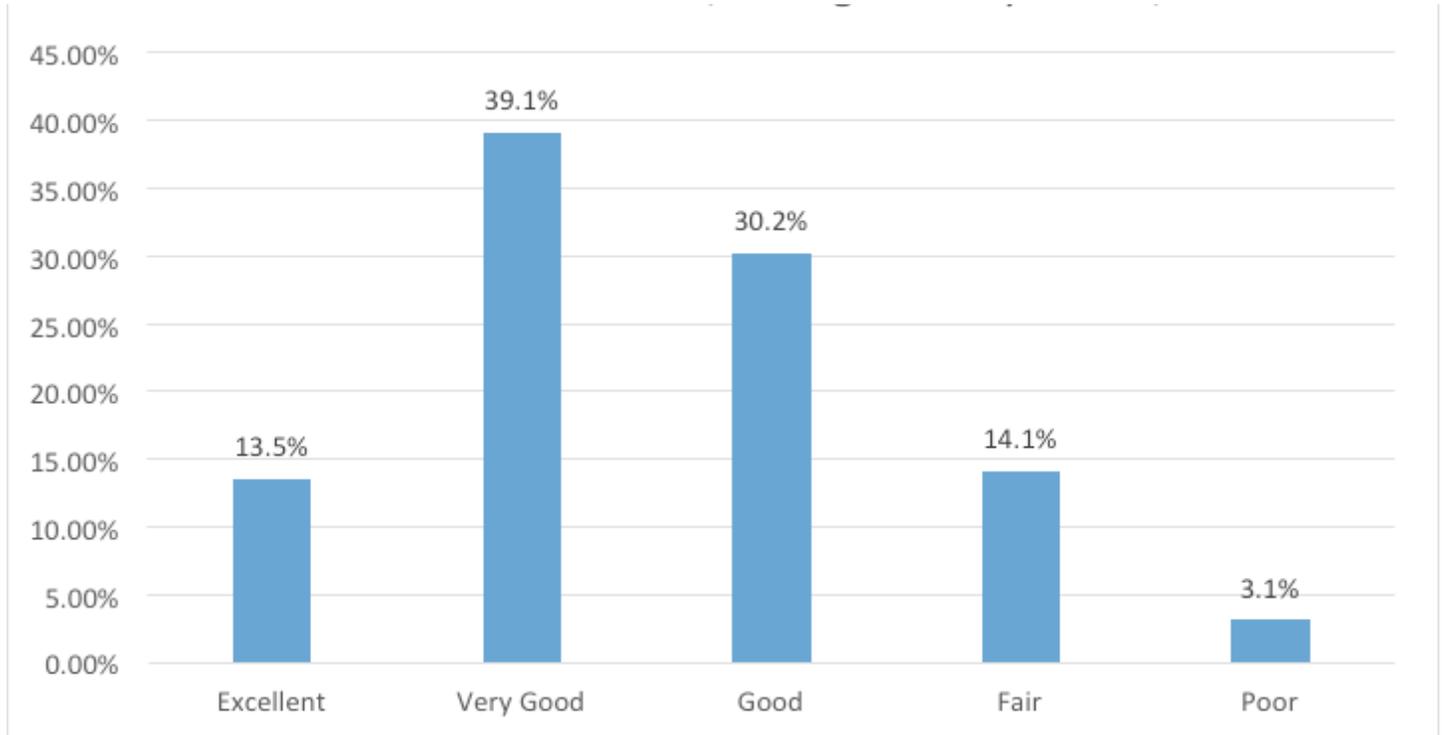


TABLE 17: SELF-DESCRIBED PHYSICAL AND MENTAL HEALTH STATUS: PAST 30 DAYS

	Physical health "not good"	Mental health "not good"	Poor physical or mental health prevented normal activities
Mean Number of Days	3.7	4.7	2.4
Proportion with at Least One Day	44%	48%	28%

Health Care Coverage

As displayed in [Table 18: Percent of Adults with Health Coverage, 2015](#), a majority of adults in Portage County have health coverage (90%). Those aged 30 – 64 were least likely to have health care insurance at the time of the survey (88%). Those aged 65 and older (96%) and under age 30 (97%) were the most likely to be insured. Females were more likely to be insured (93%) than males (88%).

While health care coverage is almost ubiquitous, having coverage does not equate to full use of desired or needed medical services, as shown in [Table 19: Lack of Access to Primary Care, 2015](#). 1 in 5 survey respondents reported not having a primary health care provider, which can lead to minimal use of screening and preventive care and delay of care when urgent medical services are needed. And, despite having insurance, many fail to seek or cannot afford care when needed because of high deductibles or even the inability to pay copays.

In the theoretical situation when health care was needed, the most common barrier to receiving care was cost. And, in practice, 1 in 10 adults reported not receiving care within the past year because of financial limitations.

In sum, many (25%) reported that the cost of care might prevent them from obtaining care if they needed it as shown in [Figure 5: Barriers to Obtaining Health Care](#). Furthermore, 22% reported that in the previous year they did need care but did not seek it because of cost.

- Besides cost, convenience of access to care also prevented many from obtaining care: 10.5% could not get time off from work; 6.4% reported that the hours for care were not convenient; and 1.5% reported lack of transportation.
- A small but important proportion of residents (7.1%) reported difficulty in obtaining an appointment and hence did not receive care when needed.

Of those with health insurance coverage, 7 in 10 (73%) have a private source of insurance as shown in [Figure 6: Source of Insurance Coverage](#). Most commonly those with private health care coverage have it primarily paid for by their own employer (46%), and many obtain it through another person's employer-provided coverage (13%). A substantial portion (23%) obtain their coverage through a public source, most often Medicare (14%) or Medicaid (5%).

TABLE 18: PERCENT OF ADULTS WITH HEALTH COVERAGE, 2015

Currently have health care insurance	90%

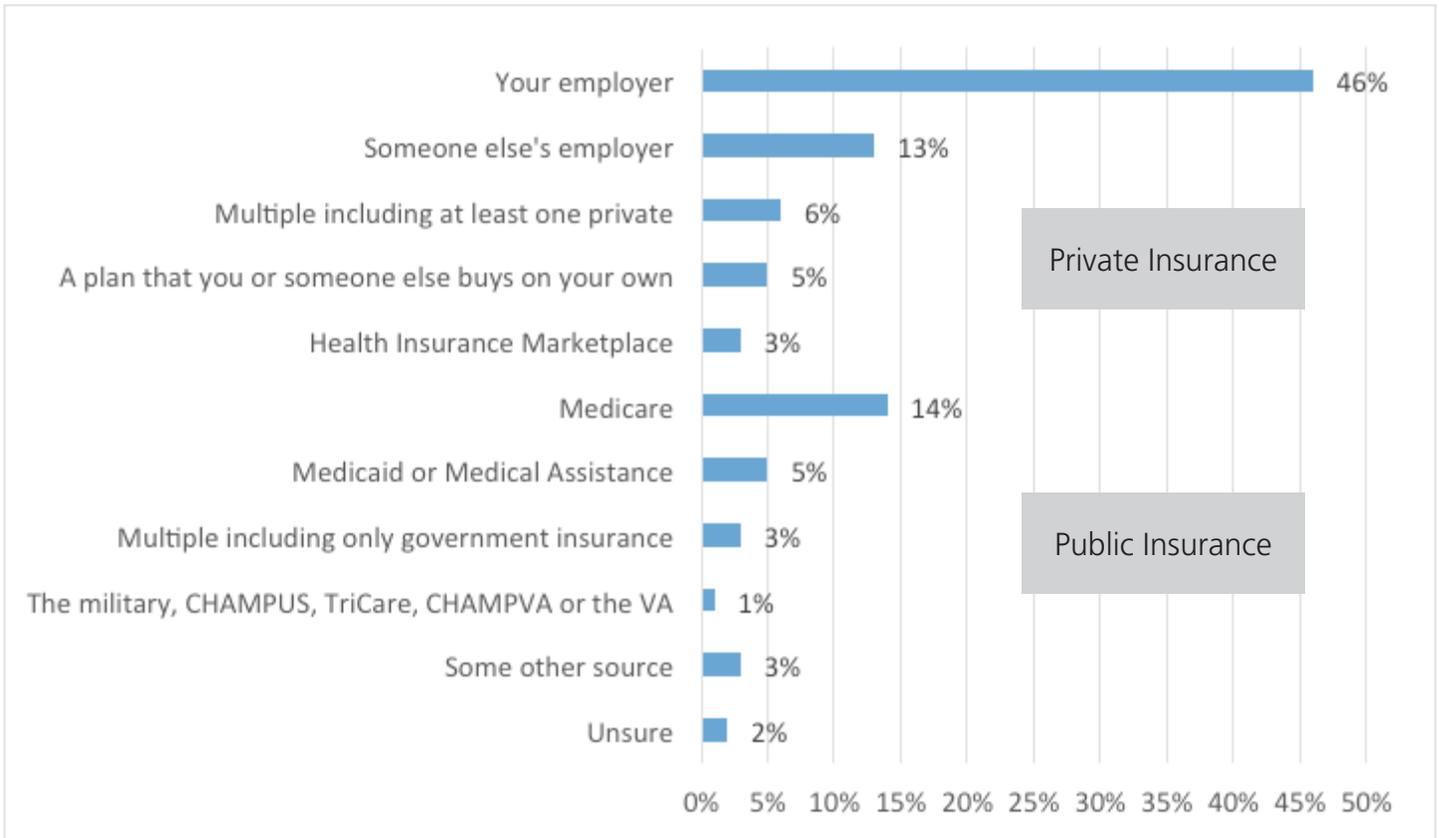
TABLE 19: LACK OF ACCESS TO PRIMARY CARE, 2015

Do not have a primary health care provider	20%
Needed to see a doctor in the past year but did not because of cost	22%

FIGURE 5: BARRIERS TO OBTAINING HEALTH CARE

Cost	25.3%
Cannot get time off from work	10.5%
Difficult to get an appointment	7.1%
Hours not convenient	6.4%
Worried they might find something wrong	5.3%
Frightened of the procedure or doctor	3.0%
Some other reason	3.0%
No transportation or difficult to find transportation	1.5%
Do not trust or believe doctors	1.5%

FIGURE 6: SOURCE OF INSURANCE COVERAGE



Health Care Utilization

Table 20: Incidence of Receiving Routine Health Care: Portage County shows that seeking and obtaining preventive care (general medical or dental checkup) was completed by a majority of adults in UH Portage Medical Center's market area. Males were less likely to obtain prostate cancer screenings than females were to obtain clinical breast exams, Pap smears or mammograms. Some preventive tests are routinely obtained by fewer than half of survey respondents.

TABLE 20: INCIDENCE OF RECEIVING ROUTINE HEALTH CARE: PORTAGE COUNTY

Type of Routine Health Care Service	Percent
Obtained routine checkup within past two years	75%
Visited a dentist for a routine checkup within past two years	77%
Recent blood pressure check (within past year)	84%
Recent cholesterol check (within past year)	56%
Received flu vaccine (within past year)	58%
Recent clinical breast exam (females only, within past year)	49%
Recent Pap smear (females only, within past year)	32%
Recent mammogram (females only, within past year)	36%
Recent Prostate-Specific Antigen test (males only, within past year)	23%
Recent digital exam of prostate gland (males only, within past year)	19%

Health Care Information

One key finding from the focus groups was the importance of information for people in managing their own health and also UH Portage Medical Center, and the physician base in the county, as a source of that information. The hospital and the physicians were seen as the critical authority when it comes to health care information. For the most part, there was an expressed thirst for information, and this was particularly true for diabetics. Focus group participants urged the hospitals (and physicians) to provide as much information as possible, in as many ways as possible, to the community regarding ways they can improve their health. While knowledge does not always lead to behavioral changes, many focus group participants reported simply not knowing how to manage their chronic disease at a very basic level.

Table 21: Health Care Providers' Communication of Key Health Supporting Behaviors, Portage County shows that although about 3 in 4 surveyed adults had obtained a medical checkup within the two years prior to the survey; for many that checkup did not include discussions about diet, exercise, injury prevention or healthy sexual practices. Likewise, most were not counseled on the importance of family history as it relates to health or their immunization status.

While obesity levels are high among the adult population, not all have had discussions with a health care provider about improving that health condition (37% have never discussed diet/eating habits and 32% have never discussed physical activity or exercise).

TABLE 21: HEALTH CARE PROVIDERS' COMMUNICATION OF KEY HEALTH SUPPORTING BEHAVIORS, PORTAGE COUNTY

	Never Discussed with Health Care Provider(s)
Your diet or eating habits	37%
Physical activity or exercise	32%
Injury prevention such as safety belt use, helmet use or smoke detectors	68%
Sexual practices, including family planning, sexually transmitted diseases, AIDS or the use of condoms	52%
Depression, anxiety or emotional problems	45%
Significance of family health history	48%
Quitting tobacco use (current smokers only)	23%

Emotional and Mental Well-Being

Focus group participants did not highlight a lack of emotional or mental health in their daily lives. However, the 2015 survey of adults in Portage County showed that 15% recently had a “period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.” A significant proportion, 5%, attempted suicide in the year prior to the survey. Note that females were far more likely to attempt suicide than males (8% vs. 2%).

Sources of Assistance Programs/Services in Portage County

Focus group participants felt that access to services in Portage County, for the most part, was good. The one exception to that was support services specifically for diabetics. Despite the impression of focus group participants, most of whom never required assistance services, some adult residents did need but could not find the specific types of services described in [Table 22: Assistance Programs/Services in Portage County](#).

TABLE 22: ASSISTANCE PROGRAMS/SERVICES IN PORTAGE COUNTY

Type of Assistance/Service	Proportion of Adults Unable to Find/Access Service
Depression/Anxiety	7%
Marital/Family Problems	6%
Weight Problems	3%
End-of-Life Care/Hospice	1%
Alcohol Abuse/Addiction	1%
Drug Abuse/Addiction	1%

Youth Survey

In this section we present the results of surveys of Portage County youth (grades 6 to 12) regarding their health and safety behaviors and attitudes. The findings from this survey highlight risky behavior and the formation of healthy habits more so than health issues themselves.

Obesity is prevalent among youth in Portage County, as it is among adults. Fifteen percent of youth reported a Body Mass Index that is associated with obesity. In contrast, many reported food insecurities: 11% reported that they went to bed hungry at least one night per week because their family could not afford enough food. One percent of youth went to bed hungry every night. Focus group participants

reported that they felt healthy food was too expensive and that there was a shortage of “healthy food options” in the county overall. Most, however, were aware of no-cost food distribution locations and felt that these were taken advantage of by those in need.

Teens in Portage County often engage in risky behavior as illustrated in [Table 23: Personal Safety: Risky Environments and Behaviors](#). Overall, 6% of the county’s youth were smokers at the time of the survey, and this was most prevalent among those aged 17 and above (10%). Almost half (47%) of those in grades 6 – 12 had already had at least one alcoholic drink. By age 17, this increased to 71%. One-third (37%) of high-schoolers aged 17 and above had at least one drink in the past 30 days. Binge drinking was common among those teens who were alcohol consumers: 49% reported at least one episode of binge drinking in the 30 days prior to the survey. Five percent of youth drivers reported drinking and driving at some point.

Illicit drug use was also prevalent among youth. Of 6th to 12th graders, 1 in 10 had used marijuana in the 30 days prior to the survey, and this increased to 17% among those 17 and older. Many (7%) had used medications prescribed for others at least once in their lifetime, and this was so for 11% of those over age 17.

Approximately one-fourth of youth in Portage County were sexually active in 2015 and 11% were both sexually active and used no method of birth control during their most recent sexual encounter prior to the survey.

[Table 24: Personal Safety](#) shows that many (23%) teens in UH Portage Medical Center’s market area reported being in a physical fight in the year prior to the survey, and about half (43%) reported being bullied within the year prior to the survey. Blows to the head (due to sports contact) were also quite common (12%).

Mental health issues were frequent diagnoses among UH Portage Medical Center adult discharges in 2014, as displayed in [Table 25: Mental Health Issues](#). Surveyed youth reported frequent mental health issues also.

TABLE 23: PERSONAL SAFETY: RISKY ENVIRONMENTS AND BEHAVIORS

	Portage County
Do not regularly wear seat belt while riding in a vehicle	22%
Drive a car after drinking alcohol (within past 30 days)	5%
Texted while driving	27%
Sexually active	27%
Is sexually active and used no form of birth control for most recent sexual activity	11%

TABLE 24: PERSONAL SAFETY

	Percent of Youth
In a physical fight (within past year)	23%
Bullied (physically, verbally, cyber, sexually) (within past year)	43%
Suffered a blow to the head in previous year	12%

TABLE 25: MENTAL HEALTH ISSUES

	Percent of Youth
Mental health, within the past year:	
Felt sad or hopeless almost every day for two weeks or more in a row	27%
Seriously considered suicide within the previous year	18%
Attempted suicide	9%
Attempted suicide that required treatment by a doctor or a nurse	2% (15% of females)
Engaged in self-hurting activity (cutting, etc.)	18%

Child Survey

The 2015 survey of Portage County households with children described access to health care for Portage County families with young children along with the prevalence of various health conditions.

Most (99%) children aged 0 to 11 in Portage County have health insurance coverage; 24% are covered via publicly provided coverage, primarily Medicaid. While most (81%) have a personal doctor or nurse for their ongoing care, slightly more (85%) had been to their health care provider for preventive care in the year prior to the survey. Almost all (95%) children had received all of their recommended vaccinations.

Respondents were shown a list of the most common health issues that children face and were asked if their child had ever been diagnosed with any of the health issues on the list. The results are displayed in [Table 26: Morbidity of Childhood Health Issues](#). The most common health issue diagnosed among children in Portage County was asthma (15%). The second most common health issue diagnosed was attention deficit disorder/attention deficit hyperactivity disorder (7%), followed by learning disability or anxiety problems (6%). Slightly fewer (5%) had been diagnosed with a developmental delay or physical impairment. Pneumonia was fairly common among children in the county (4%); recall that pneumonia was a common ACS condition among adults discharged from UH Portage Medical Center. About as many (5%) had been diagnosed with a behavioral/conduct problem.

Note that asthma appears to be more prevalent in Portage County (about two times as prevalent) than in Ohio and in the U.S. overall.

TABLE 26: MORBIDITY OF CHILDHOOD HEALTH ISSUES

Asthma/attack within previous 12 months	15%/7%
Attention deficit disorder or attention deficit hyperactivity disorder	7%
Learning disability	6%
Anxiety problems	6%
Developmental delay	5%
Behavioral or conduct problems	5%
Pneumonia	4%
Hearing problems	3%
Birth defect	3%
Urinary tract infections	3%
Vision problems (not corrected by glasses)	3%
Head injury	2%
Depression problems	2%
Autism	2%
Bone, joint or muscle problems	1%
Epilepsy	1%
Genetic diseases	1%
Diabetes	1%

H. Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Data at the ZIP code level (and hence hospital market area) are not available; only data at the county level are available.

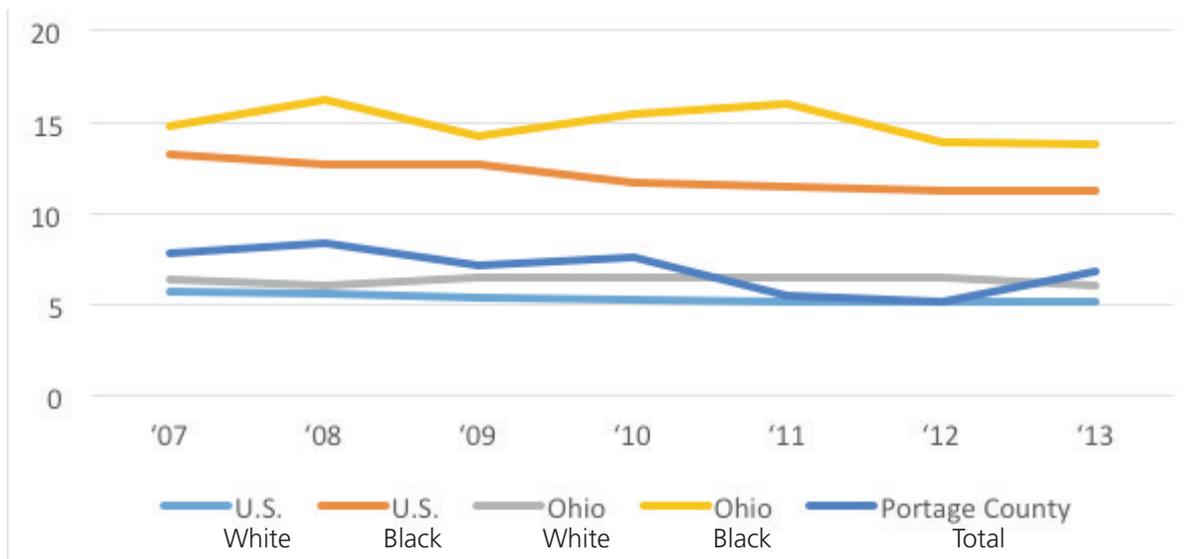
Because infant mortality is measured in deaths per 1,000 births, the low number of Black births in Portage County – fewer than 100 per year – make it difficult to compare infant mortality rates, both from year to year in the county as well as with other counties with similarly low birth rates. With such low birth rates, even very small changes in actual numbers will create large variances in the rates. However, the data in [Table 27: Infant Mortality Trends, 2007 to 2014, U.S., Portage County, and Surrounding Counties, per 1,000 Births](#) and [Figure 7: Infant Mortality Trends, 2007 to 2013, U.S., Ohio and Portage County, per 1,000 Births](#) show that the infant mortality rate per 1,000 births in Portage County (2.6) was lower than Ohio overall (6.8) in 2014.

TABLE 27: INFANT MORTALITY TRENDS, 2007 TO 2014, U.S., PORTAGE COUNTY, AND SURROUNDING COUNTIES, PER 1,000 BIRTHS

Geography	Race	Rate Infant Mortality							
		'07	'08	'09	'10	'11	'12	'13	'14
United States Overall	Total	6.75	6.61	6.39	6.15	6.07	5.98	6.0	*
	White	5.64	5.55	5.3	5.2	5.12	5.09	5.1	*
	Black	13.24	12.74	12.64	11.63	11.51	11.19	11.2	*
Ohio Overall	Total	7.71	7.7	7.67	7.68	7.87	7.57	7.4	6.8
	White	6.34	6.0	6.4	6.42	6.41	6.37	6.0	5.3
	Black	14.79	16.23	14.23	15.47	15.96	13.93	13.8	14.3
Portage County	Total	7.79	8.30	7.08	7.52	5.43	5.06	6.8	2.6
	White	7.18	8.93	5.61	6.07	5.22	4.83	*	*
	Black	21.05	0.00	31.58	20.83	0.00	10.20	*	*
Geauga County	Total	8.23	2.21	2.22	2.13	7.84	6.36	3.3	2.2
	White	8.46	2.25	2.27	2.18	8.03	6.67	*	*
	Black	0.00	0.00	0.00	0.00	0.00	0.00	*	*
Mahoning County	Total	8.72	8.87	10.86	11.58	6.94	10.81	9.1	6.2
	White	6.19	7.05	6.80	10.35	6.85	5.97	*	*
	Black	16.42	14.03	22.09	16.95	7.27	23.65	*	*
Stark County	Total	7.67	8.60	7.48	9.08	8.13	9.78	6.9	8.2
	White	6.02	7.29	4.82	6.55	7.10	8.53	*	*
	Black	20.60	18.87	28.23	28.02	16.32	19.69	*	*
Summit County	Total	6.23	7.49	7.57	8.04	8.91	6.67	5.9	7.1
	White	5.63	5.97	6.3	6.77	7.08	5.58	*	*
	Black	7.97	13.57	12.29	12.08	15.87	10.84	*	*
Trumbull County	Total	9.03	8.08	9.68	9.98	8.13	8.62	3.3	8.1
	White	7.90	6.39	9.45	8.24	6.44	7.40	*	*
	Black	19.31	20.55	12.05	22.81	18.66	17.62	*	*

Source: Ohio Department of Health. *Data not currently available.

FIGURE 7: INFANT MORTALITY TRENDS, 2007 TO 2013, U.S., OHIO AND PORTAGE COUNTY, PER 1,000 BIRTHS



I. Unhealthy Behaviors

Certain unhealthy or risky behaviors are fairly prevalent among adults in Portage County as illustrated in [Table 28: Incidence of Unhealthy/Risky Behaviors: Portage County](#). Our survey found that 13% of those in Portage County were cigarette smokers at the time of the survey in 2015. In addition, 11% reported using illicit drugs recreationally.

A significant proportion of households in UH Portage Medical Center's market area either store a firearm that is not locked (9%), is loaded (11%), or is both unlocked and loaded (5%). About 1 in 10 (11%) adults in Portage County do not always wear a seat belt while driving in a vehicle.

Among the adult population, unhealthy consumption of alcohol (binge drinking) occurred two or more times in the 30 days prior to being surveyed for 13% of the adult population. Many (7%) reported binge drinking (five or more drinks) at least once a week.

TABLE 28: INCIDENCE OF UNHEALTHY/RISKY BEHAVIORS: PORTAGE COUNTY

Type of Unhealthy/Risky Behavior	Percent
Smoke cigarettes	13%
Used recreational drugs within last six months	11%
Misused adult medication	10%
Have firearm(s) in home that is unlocked/loaded/both loaded and unlocked	9%/11%/5%
Do not always wear seat belt while in vehicle	11%
Binge drinking, two or more times a month (within past 30 days)	13%
Binge drinking once a week or more	7%

J. Incidence of Adult Health Issues

As shown in Table 29: Chronic Disease Incidence: Proportion of Adults Diagnosed at Some Point, Portage County, hospitalization discharge data for Portage County Medical Center showed a large incidence of hospitalization, for many medical reasons, among those with diabetes and high blood pressure. Both of those health conditions impact many in the general population, but are highly related to hospitalization.

For high blood pressure and diabetes, the incidence within the hospitalized and discharged patients was far higher than in the general population. While we caution against assuming that there is a causal relationship between each of these chronic diseases and hospitalization, the high coincidence of these chronic states and hospitalizations suggests that perhaps better ongoing patient management of those with those chronic conditions would lead to lower hospitalization rates.

Prostate and breast are the two most common cancer diagnoses in Portage County, as shown in Figure 8: Annual Incidence, Portage County Versus Ohio and U.S., per 100,000 Population. Note that prostate cancer and lung cancer rates in Portage County are higher than rates in the U.S. and in Ohio. Breast cancer and colon and rectum cancer rates are lower in Portage County compared to the state and the U.S.

TABLE 29: CHRONIC DISEASE INCIDENCE: PROPORTION OF ADULTS DIAGNOSED AT SOME POINT, PORTAGE COUNTY

	Proportion in General Adult Population	Proportion in 2014 UH Portage County Medical Center Adult Discharges
High Cholesterol	38%	34%
Arthritis	31%	5%
High Blood Pressure	29%	40%
Obese	28%	5% *
Asthma**	21%	1%
Diabetes	11%	32%
Cancer	8%	3%

**Diagnosed as clinically relevant to hospital stay; not an accurate depiction of the proportion of obese patients.*

***While adult hospitalizations for asthma were relatively rare, 8% of all adults with asthma had visited the emergency room or urgent care center within the year prior to the survey.*

FIGURE 8: ANNUAL INCIDENCE, PORTAGE COUNTY VERSUS OHIO AND U.S., PER 100,000 POPULATION

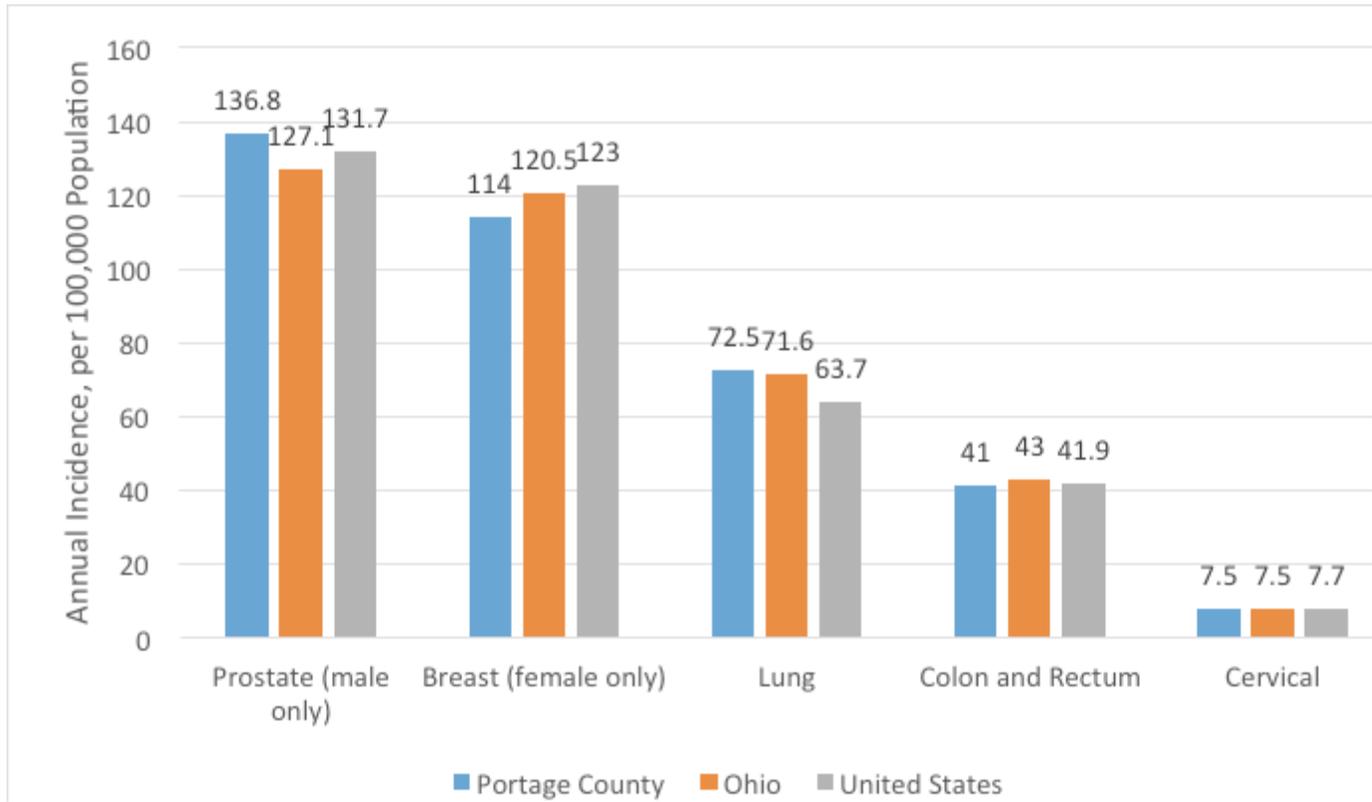
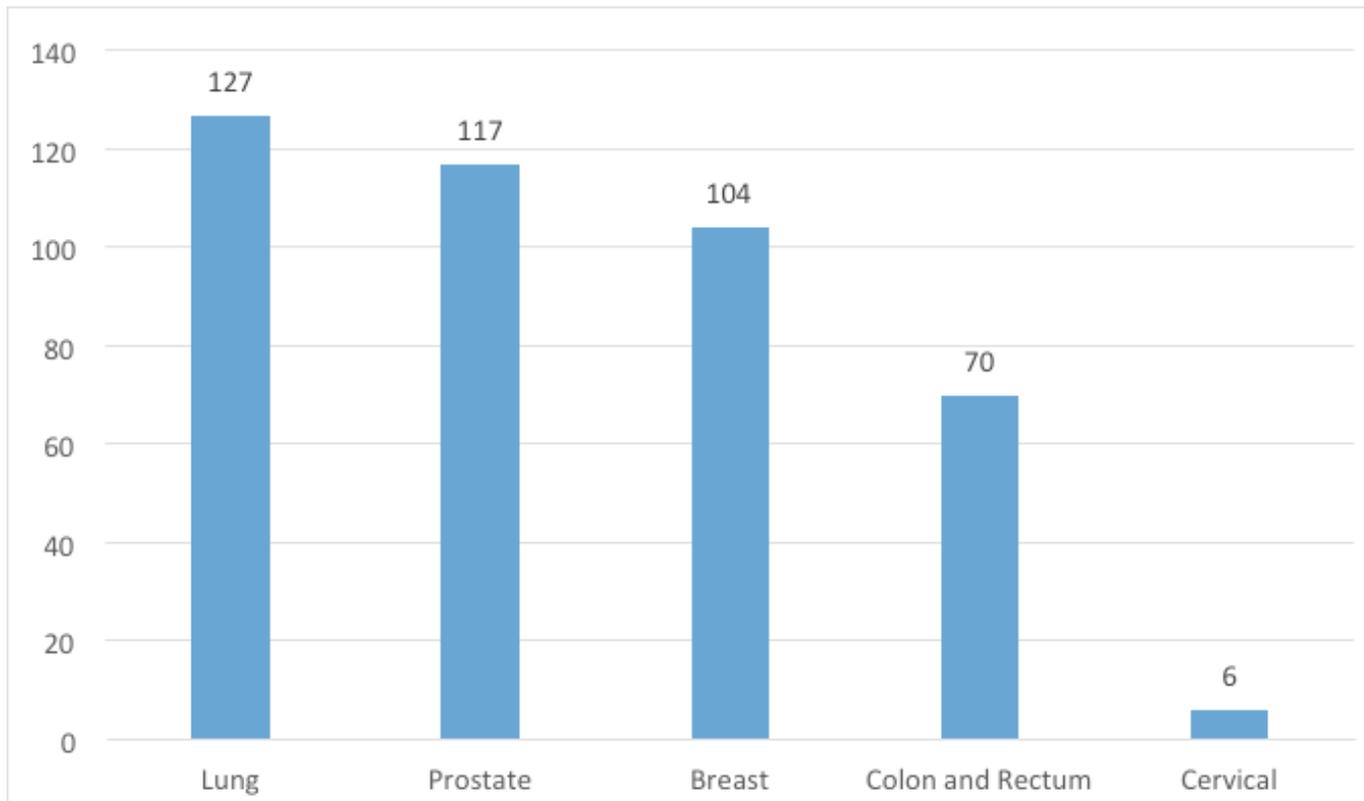


FIGURE 9: AVERAGE NEW CANCER CASES PER YEAR, PORTAGE COUNTY



Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles.
Source geography: County.

K. Vulnerable Populations

Medically Underserved Areas, Federally Qualified Health Centers and Food Deserts

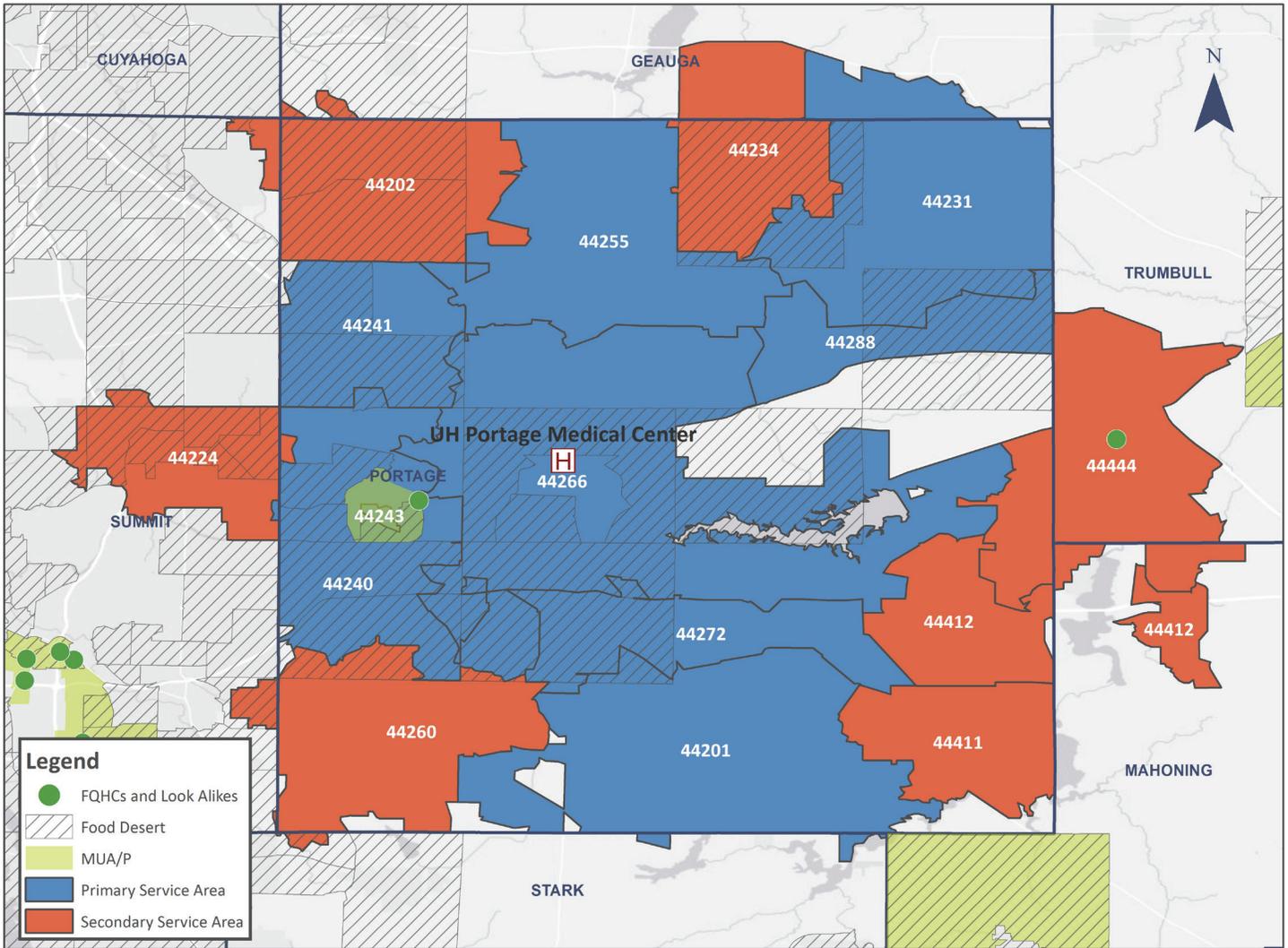
Medically underserved areas/populations (MUAs/Ps) are areas or populations designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) as having insufficient primary care providers, a high infant mortality rate, high poverty or a high elderly population. Currently there are four MUAs/Ps identified within UH Portage Medical Center's market area.

Federally Qualified Health Centers (FQHCs) are community-based organizations that provide comprehensive primary care and preventive care, including health, oral and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. There are two FQHCs in UH Portage Medical Center's service area.

In addition, pinpointing food desert locations in a hospital's service area can help to identify areas with insufficient access to healthy and affordable food. According to the U.S. Department of Agriculture, food deserts are defined as "urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food." Rather than having grocery stores in these communities, there may be no food access or limited access to healthy, affordable food options. The Food Desert Locator, created by the U.S. Department of Agriculture's Economic Research Service, is a Web-based mapping tool that pinpoints food desert locations in the U.S.

The map in [Figure 10: Medically Underserved Areas/Populations, FQHCs and Food Deserts: UH Portage Medical Center](#) overlays medically underserved areas and food deserts to determine areas that may have the highest need for services. To provide further context, the map also pinpoints the location of FQHCs and FQHC lookalikes.

FIGURE 10: MEDICALLY UNDERSERVED AREAS/POPULATIONS, FQHCs AND FOOD DESERTS: UH PORTAGE MEDICAL CENTER



Prepared By: The Center for Health Affairs, June 2016

Note: The large blank portion east of where UH Portage Medical Center is located is a military installation and is not part of the hospital's service area.

ACS Analysis of Vulnerable Populations

Revisiting the ACS data can provide further insight into the level of access to health care for vulnerable populations.

Ethnicity and Race

In many areas of the U.S., certain ethnicities or races are sometimes designated as part of a vulnerable population, primarily because of their associated socioeconomic status. In Portage County, there is a small percentage of people of Hispanic/Latino descent (0.5%). Likewise, there are few African-Americans (4.0%). However, while African-Americans comprise only 4% of the Portage County population, they comprised slightly more, 5.2%, of the inpatient population for UH Portage Medical Center in 2014.

Overall, there was a slightly lower prevalence of ACS conditions among African-American residents (21.6%) in UH Portage Medical Center's market area (from all area hospitals) compared to White residents (22.2%) as illustrated in [Table 30: UH Portage Medical Center: Most Common ACS Conditions, 2014, White Versus African-American Discharges \(Adult, Non-Maternity Inpatients Only\)](#). However, this varies by specific ACS diagnoses for residents of UH Portage Medical Center's market area. For example, the ACS diagnoses of diabetes and asthma were higher proportionally among African-Americans. In contrast, bacterial pneumonia, cellulitis and kidney/urinary infections more common diagnoses among Whites.

TABLE 30: UH PORTAGE MEDICAL CENTER: MOST COMMON ACS CONDITIONS, 2014, WHITE VERSUS AFRICAN-AMERICAN DISCHARGES (ADULT, NON-MATERNITY INPATIENTS ONLY)

	White (n=5,282)	African-American (n=291)
No ACS Condition	77.8%	78.4%
Congestive Heart Failure (CHF)	5.0%	5.8%
Chronic Obstructive Pulmonary Disease (COPD)	3.8%	4.1%
Diabetes	1.6%	2.7%
Asthma	0.6%	2.1%
Bacterial Pneumonia	4.1%	1.7%
Cellulitis	2.4%	1.0%
Kidney/Urinary Infections	2.1%	0.7%
Hypertension	0.3%	0.7%
Epilepsy	0.3%	0.7%

The Elderly

Given the small percentage of racial and ethnic minorities in Portage County, the larger vulnerable population within Portage County is comprised of the elderly. Recall that over one-third live alone in their household, and one-third are disabled. Roughly 15% live beneath 150% of the poverty line. Qualitative findings from this study show that, by far, the largest concern in terms of health and general well-being is for the elderly, especially those who are isolated in the most rural parts of the county.

The ACS analysis shows that elderly inpatients in 2014 were much more likely to be diagnosed with an ACS condition than younger patients as displayed in [Table 31: UH Portage Medical Center: Most Common ACS Conditions, 2014, Seniors Versus Younger Adults \(Primary Diagnosis, Adult, Non-Maternity Inpatients Only\)](#). This suggests a weaker primary care preventive network for older patients. While focus group participants were more likely to voice concern about the lack of specialist physicians in Portage County, they were also very likely to report "losses" of their primary care physician (usually through death), difficulty in finding a new primary care physician and/or the need to wait several weeks to obtain an initial appointment with an unfamiliar primary care physician. Therefore, both quantitative and qualitative data suggest a real shortage of primary care physicians in Portage County, and this appears to be related to a higher-than-normal level of hospitalizations for older citizens.

TABLE 31: UH PORTAGE MEDICAL CENTER: MOST COMMON ACS CONDITIONS, 2014, SENIORS VERSUS YOUNGER ADULTS (PRIMARY DIAGNOSIS, ADULT, NON-MATERNITY INPATIENTS ONLY)

	25 and Younger (Adults)	26 – 35	36 – 45	46 – 55	56 – 65	66 – 75	76+
No ACS Condition	93.5%	92.0%	81.8%	77.0%	75.1%	76.2%	72.9%
ACS Condition as Primary Diagnosis	6.5%	8.0%	18.2%	23%	24.9%	23.8%	27.1%
Congestive Heart Failure (CHF)	0.0%	0.3%	0.3%	2.7%	4.6%	5.9%	8.9%
Bacterial Pneumonia	0.3%	0.7%	4.1%	2.9%	4.5%	4.3%	5.5%
Kidney/Urinary Infections	0.6%	0.7%	2.5%	1.3%	1.1%	1.4%	3.7%
Chronic Obstructive Pulmonary Disease (COPD)	0.0%	0.0%	0.6%	3.8%	6.3%	6.2%	3.5%
Cellulitis	1.7%	1.9%	3.8%	3.8%	1.7%	2.4%	1.9%
Dehydration/Volume Depletion	0.0%	0.0%	0.0%	1.3%	0.5%	0.8%	1.1%
Diabetes	2.8%	1.9%	2.8%	3.8%	2.3%	0.9%	0.6%
Asthma	0.0%	0.5%	1.3%	1.4%	1.0%	0.6%	0.5%
Hypertension	0.0%	0.0%	0.0%	0.3%	0.2%	0.4%	0.5%

CONCLUSIONS

A. Priority Health Needs

Poor health status can result in a complex interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care, perceived or actually present. Addressing the more common “root” causes of poor community health can serve to improve a community’s quality of life and to reduce mortality and morbidity. Figure 11 (below) describes the community health needs identified through the 2016 CHNA as priorities. Those needs that the hospital plans to help address during 2016 through 2018, at least in part, are noted. After careful analysis of both qualitative and quantitative data, UH Portage Medical Center identified several broad priority health needs that impact the community served by the hospital. They are:

- Services for the elderly
- Services for lower income populations
- Access to primary care and specialists
- Obesity/access to healthy food
- Heart disease/stroke
- Substance abuse

There are several nuances to the identified priorities. For example, the data revealed significant levels of poverty for certain subsets of the population such as single-female-headed households with small children and place-based areas such as “Windham.” Additionally, “access to primary care” had more to do with the distribution of physicians, reducing the rate of preventable hospitalizations, the need for more engagement with targeted audiences, and health illiteracy and unhealthy habits of individuals than the fact that there are not enough physicians to meet the need. There was also significant discussion about the use of mobile integrated health and other advancements in service delivery that can be leveraged to address this need. Lastly, “access to healthy food” was combined with “obesity” because the anticipated strategies to meet this needs are aligned.

All the needs identified in the 2016 CHNA are addressed, in one way or another, by UH Portage Medical Center. However, herein we pinpoint those issues for which the hospital is in the best position to impact the greatest number of community members with the greatest level of need. Below we repeat all health issues identified by the 2016 CHNA and denote those issues that UH Portage Medical Center will proactively address in its 2016 – 2018 CHNA Implementation Strategy. Those denoted as “no” are and will continue to be addressed by numerous

programs offered by the hospital. Those denoted as “yes” are the areas toward which new and/or additional hospital resources will be dedicated from 2016 to 2018.

Please note that “Health Literacy/Knowledge of Resources,” “Mental Health,” and “Access/Awareness of Healthy Foods” are encapsulated in the broader categories identified above, although not listed as current standalone priorities for this period.

The list that follows describes the priority health issues identified through this CHNA.

FIGURE 11: COMMUNITY HEALTH NEEDS IDENTIFIED IN 2016 CHNA

Identified Health Needs	Priorities for 2016 – 2018
Vulnerable Populations	
Services for the Elderly	Yes
Lower Income: Windham and Single-Headed Households	Yes
Growing International Student Population (Kent State)	No
Access Barriers	
Cost of Care	No
Access to Primary Care	Yes
Insufficient Specialists	Yes
Health Literacy/Knowledge of Resources	No
Transportation Barriers	No
Access/Awareness of Healthy Foods	No
Lifestyle Barriers	
Obesity	Yes
Smoking	No
Chronic Disease Conditions	
Diabetes/Hypertension/Cholesterol	No
Substance Abuse: Opiate, Alcohol	Yes
Cancer	No
Heart Disease/Stroke	Yes
Mental Health (Lifespan)	No
Asthma (Children)	No
Renal Failure, Pneumonia	No

The 2016 – 2018 priorities were selected based on input from the broad interests of the community as well as data regarding hospital discharges and extensive data collection from secondary sources. This information was discussed and fully vetted with the UH Portage Medical Center core team by the Center for Health Affairs consultants assisting with the 2016 CHNA. The selection of needs, priorities and resources were determined via a facilitated discussion with UH staff and community stakeholders by the UH Director of Community Health Engagement. Participants included UH Portage Medical Center's President, Outreach staff, Human Resources, and Ambulatory Care; staff from the UH EMS Institute and UH Marketing Department; and representatives from Kent State University, College of Nursing, Portage County Combined General Health District, Ravenna Fire Department, and the Mental Health Board of Portage County. The Score Sheet and Instructions can be found in Appendices E and F.

The broad priorities listed above were selected based on analysis of the quantitative and qualitative data in this report; the hospital's ability to track outcomes; the hospital's ability to leverage resources with partners and their congruence with countywide initiatives; the growth in the elderly population; the magnitude of health disparities; and the burden, scope and severity of the impact of the need on the community.

B. Resources Available to Address Priority Health Needs within the Community Served by the Hospital

UH Portage Medical Center works with numerous partners to address the needs identified in its 2016 CHNA. In addition to leveraging the resources of other UH hospitals, UH Portage Medical Center anticipates specifically working with the following organizations to address their 2016 – 2018 priorities:

Axess Point (FQHC)

Coleman Professional Services

Family and Community Services, Inc.

Portage County Fire Chiefs

Portage County Health Department

Portage County Police Chiefs Association

Portage County Senior Center

Primary Care Institute

Veteran's Services Commission

APPENDIX

A. Qualifications of Consulting Company

The Center for Health Affairs is the leading advocate for Northeast Ohio hospitals. With a rich history as the Northeast Ohio hospital association, dating back to 1916, The Center serves as the collective voice of 36 hospitals spanning six counties.

The Center recognizes the importance of analyzing the top health needs in each community while ensuring hospitals are compliant with IRS regulations governing nonprofit hospitals. Since 2010, The Center has helped hospitals fulfill the CHNA requirements contained within the Affordable Care Act. The Center offers a variety of CHNA services to help hospitals produce robust and meaningful CHNA reports that can guide a hospital's community health improvement activities. Beyond helping hospitals with the completion of timely CHNA reports, The Center spearheads the Northeast Ohio CHNA Roundtable, which brings member hospitals and other essential stakeholders together to spur opportunities for shared learning and collaboration in the region.

The 2016 CHNA prepared for UH Portage Medical Center was directed by The Center's vice president of corporate communications and vice president of initiatives and analytics, managed by The Center's community outreach director and supported by a project manager. More information about The Center for Health Affairs and its involvement in CHNAs can be found at www.chanet.org.

B. ACS Conditions and ICD-9-CM Codes

Below are the general categories of ACS conditions and their associated ICD-9-CM codes.

1. Congenital Syphilis: ICD-9-CM code 090 (newborns only).
2. Immunization-Related and Preventable Conditions: ICD-9-CM codes 033, 037, 045, 390, 391; (also including haemophilus meningitis for children ages 1 – 5 only, ICD-9-CM code 320.0; ICD-10-CA code G00.0).
3. Epilepsy: ICD-9-CM code 345.
4. Convulsions: ICD-9-CM code 780.3.
5. Severe ENT Infections: ICD-9-CM codes 382, 462, 463, 465, 472.1; (cases of otitis media, ICD-9-CM code 382).
6. Pulmonary Tuberculosis: ICD-9-CM code 011.
7. Other Tuberculosis: ICD-9-CM codes 012-018.
8. Chronic Obstructive Pulmonary Disease (COPD): ICD-9-CM codes 491, 492, 494, 496.
9. Acute Bronchitis: (only included if a secondary diagnosis of COPD is also present, diagnosis codes as above), ICD-9-CM code 466.0.
10. Bacterial Pneumonia: ICD-9-CM codes 481, 482.2, 482.3, 482.9, 483, 485, 486; (patients with a secondary diagnosis of sickle-cell anemia, ICD-9-CM code 282.6; and patients less than two months of age are excluded).
11. Asthma: ICD-9-CM code 493.
12. Congestive Heart Failure (CHF): ICD-9-CM codes 402.01, 402.11, 402.91, 428, 518.4.
13. Hypertension: ICD-9-CM codes 401.0, 401.9, 402.00, 402.10, 402.90.
14. Angina: ICD-9-CM codes 411.1, 411.8, 413 (patients with any surgical procedure coded are excluded).
15. Cellulitis: ICD-9-CM codes 681, 682, 683, 686 (patients with any surgical procedure coded are excluded, except for incisions of skin and subcutaneous tissue, ICD-9-CM procedure code 86.0).
16. Diabetes: ICD-9-CM codes 250.0, 250.1, 250.2, 250.3, 250.8, 250.9.
17. Hypoglycemia: ICD-9-CM code 251.2.
18. Gastroenteritis: ICD-9-CM code 558.9.
19. Kidney/Urinary Infections: ICD-9-CM codes 590, 599.0, 599.9.
20. Dehydration/Volume Depletion: ICD-9-CM code 276.5.
21. Iron Deficiency Anemia: ICD-9-CM codes 280.1, 280.8, 280.9.
22. Nutritional Deficiencies: ICD-9-CM codes 260, 261, 262, 268.0, 268.1.
23. Failure to Thrive: ICD-9-CM code 783.4; ICD-10-CA code R62 (patients less than one year of age only).
24. Pelvic Inflammatory Disease: ICD-9-CM code 614; ICD-10-CA codes N70, N73, N99.4 (female patients only, patients with a hysterectomy procedure coded are excluded, ICD-9-CM procedure codes 68.3 – 68.8).
25. Dental Conditions: ICD-9-CM codes 521, 522, 523, 525, 528.

C. 2016 CHNA Community Leader Interview Guide

Community Health Needs Assessment Survey Questions

Name: _____

Organization: _____

Title: _____

Date: _____

Do we have your permission to list your name in the report? _____

Questions:

1. Briefly describe the services your organization offers and the population you serve.

2. Are your services targeted toward a particular geographical area (city, ZIP code, school, etc.)? Are they countywide?

3. In your opinion, what is the biggest issue or concern facing the people served by your agency/in your community? In surrounding counties? Particular age groups (0 – 17, 18 – 44, 45 – 65, 65+)? (Note: If not health care related, what is biggest health care related issue or concern?)

4. Please share any trends seen in the following areas (and where, geographically, they are occurring):
 - a. Demographic – changes in the size, age, racial/ethnic diversity or other characteristics of the population (particularly those who are “vulnerable”)

 - b. Economic variables – their impact on health

- c. Provider community – physicians, hospitals – who is taking care of the poor?
- d. Health status/public health indicators (What illnesses/needs/issues are getting worse or better? Why?)
- e. Access to care – why?
5. If residents are leaving the community to receive certain services, what services are not accessible locally? Why do residents need to travel for care? Are people entering the county for services? Why/from where? Particular age groups (0 – 17, 18 – 44, 45 – 65, 65+)?
6. Please discuss the kinds of problems that the people served by your agency (by community agencies) have in accessing health care, mental and behavioral health, and/or social services for themselves and/or their families? (Prompt: In answering this question, you may wish to consider the following problems: language barriers, transportation, no health insurance, lack of information on available resources, delays in getting needed care, economic constraints, and/or dissatisfaction with treatment.)
7. What are the community organizations/assets that are or could be working to address these needs?
8. Is there capacity within your organization to serve additional clients? If not, what are the biggest barrier(s) impacting your ability to increase capacity?

9. What role do you see the hospital(s) in your area currently playing to help address the community health issues faced by the low-income people who live here? What role do you think the hospitals in your area should play?

10. If resources were not a concern, what specific initiative(s) would you recommend to address the most pressing access or health status problems in the community? Why?

2015 Portage County Children's 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.

This health survey is being sponsored by Portage County Health Department, Kent City Health Department, and The Center for Health Affairs. If you have any questions or concerns, please contact Karen Towne, at 330-296-9919 or email her at ktowne@portageco.com.

You have been randomly selected to complete this survey on your child who is 0-5 years of age who is living with you. *If you have more than one child in this age group living with you, please use the child whose birthday comes next in the calendar.*

If you do not have a child 0-5 years of age living with you but **do have a child 6-11 years of age** living with you, please check here and **complete the survey** based on this child. *If you have more than one child in this age group living with you, please use the child whose birthday comes next in the calendar.*

If you do not have a child in either of the above age ranges, please check here and return the blank survey in the postage-paid return envelope. Provide your name in order to be removed from the list: _____

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 or your child.

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

If you would prefer to take the survey online, you can scan the QR code or go to:



<https://www.surveymonkey.com/s/2015PortageChild05>

Turn the page to start the survey →

Child's Demographics

1. How tall is your child now?
 FEET _____
 INCHES _____
 Don't know
2. How much does your child weigh now?
 POUNDS _____
 Don't know
3. What is your child's birth date?
 _____/_____/_____
 Month Day Year
4. What is your child's gender?
 Male
 Female
5. Is your child of Hispanic or Latino origin?
 Yes
 No
6. Which one of these groups would you say best represents your child's race?
 White
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian/Alaska Native
 Biracial
 Other (specify): _____

Health Status

7. In general, how would you describe your child's health?
 Excellent
 Very good
 Good
 Fair
 Poor
 Don't know
8. Does your child have any kind of emotional, developmental, or behavioral problems for which they need treatment or counseling?
 Yes
 No
 Don't know

9. Has a doctor, health professional, teacher, or school official ever told you your child has a learning disability?
 Yes
 No
 Don't know

Health Insurance Coverage

10. What type of health insurance does your child have? **(CHECK ALL THAT APPLY)**
 Your employer insurance
 Someone else's employer insurance
 You or someone else buys on your own
 Medicaid or Healthy Start or other public health benefits
 Medicare
 Exchange
 The Insurance Marketplace (Obamacare)
 No health insurance coverage **(GO TO QUESTION 13)**
 Some other source of insurance
11. Does your child have insurance that covers the following:

Well child visits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Doctor visits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hospital stays?	<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
Immunizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

12. During the past 12 months, was there any time when your child was not covered by ANY health insurance?
 Yes
 No
 Don't know

Healthcare Access and Utilization

13. During the past 12 months, did your child receive any mental health care or counseling?
 Yes
 No
 Don't know

14. During the past 12 months, why did your child not get all the medical care that your child needed?

(CHECK ALL THAT APPLY)

- Child did receive the medical care he/she needed
- Costs too much
- No insurance
- Health plan problem
- Could not find doctor who accepted child's insurance
- Not available in area/ transportation problems
- Not convenient times/ could not get appointment
- Doctor didn't know how to treat or provide care
- Did not like the doctor
- Did not know where to go for treatment
- Child refused to go
- Treatment is ongoing
- Vaccine shortage
- Language barriers
- Other
- No referral

15. During the past 12 months, why did your child not get all the prescription medication that your child needed? **(CHECK ALL THAT APPLY)**

- Child did receive the prescription medications he/she needed
- My child did not need prescription medication
- Costs too much
- No insurance
- Health plan problem
- Can't find doctor who accepts child's insurance
- Not available in area/ transportation problems
- Not convenient times/ could not get appointment
- Doctor did not know how to treat or provide care
- Dissatisfaction with doctor
- Did not know where to go for treatment
- Treatment is ongoing
- Other
- Specialist not available
- Religious preference
- No referral

Health Conditions

16. 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
Appendicitis?	<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
Intellectual disability or mental retardation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cerebral palsy?	<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
Other life threatening illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Dental problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Speech and language delays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

17. Has your child been tested for lead poisoning?
- Yes, and the results were in normal limits
 - Yes, and the results were elevated and needed medical follow-up
 - Yes, and the results were elevated, but no medical follow-up was needed
 - No
 - Don't know

18. Has a health professional ever told you that your child had any of the following allergies? **(CHECK ALL THAT APPLY)**

- Peanuts
- Wheat
- Soy
- Milk and other dairy products
- Eggs
- Bees
- Strawberries
- Kiwi
- Watermelon
- Gluten
- Tree nuts
- Fish
- Shellfish
- Red dye
- Pollen
- Grasses
- Ragweed
- Fungi
- Mold
- House dust mites
- Dogs
- Cats
- Horses
- Other: _____
- Yes, and my child requires an Epi-pen for the allergy
- None of the above

19. During the past 12 months, has your child had an episode of asthma or an asthma attack? Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the respondent limit his/her activity more than usual, or make your child seek medical care.

- Yes
- No, my child does not have asthma
- No, my child did not have an asthma attack
- Don't know

20. Overall, would you say your child's mental & emotional health puts a burden on your family?

- A great deal
- A medium amount
- A little
- Not at all

21. Overall, would you say your child's physical health puts a burden on your family?

- A great deal
- A medium amount
- A little
- Not at all

Medical Home

A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, a physician assistant, or a nurse.

22. Do you have one or more people you think of as your child's personal doctor or nurse?

- Yes
- No
- Don't know

Preventive care visits include things like a well-child check-up, a routine physical exam, immunization, or health screening tests.

23. During the past 12 months, did your child visit their health care provider for preventive care?

- Yes
- No
- Don't know

24. Have you looked for any of the following specialists for your child?

Heart doctor?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Ear, Nose and Throat doctor?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Endocrinologist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Psychiatrist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Oncologist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Dermatologist?	<input type="checkbox"/> Referred but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Allergist?	<input type="checkbox"/> Referred but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Pediatric Ophthalmologist?	<input type="checkbox"/> Referred but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Other specialist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable

25. Is there one place that your child usually goes when (he/she) is sick or you need advice about (his/her) health?
- 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
 - VA
 - Chiropractor
 - Alternative therapies (ex: massage, hypnosis, acupuncture, etc.)
 - Some other kind of place
 - No usual place
 - Don't know

Miscellaneous Health

26. During the past month, did your child regularly attend: **(CHECK ALL THAT APPLY)**

A child care center?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Family-based child care outside of your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Child care in your home provided by a baby sitter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Child care in your home provided by a relative other than a parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Child care outside of your home provided by a relative other than a parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Nursery school, preschool, or kindergarten?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Elementary school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Head Start or Early Start program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

27. During the past 12 months, has your child had any of the following vaccines? **(CHECK ALL THAT APPLY)**
- Seasonal flu vaccine- shot
 - Seasonal flu vaccine- nasal spray
 - None of the above
 - Don't know

28. Approximately how many days in the past 12 months did you or someone in your household miss work due to your child?
- ___ days missed to asthma
- ___ days missed to illnesses or injuries
- ___ days missed to medical appointments
- ___ days missed to behavioral, emotional problems
- Don't work
 - Don't know

29. How many days per week do you not have enough food such that your child goes to bed hungry?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

30. Are you currently concerned with:

Your child's academic achievement?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Having enough time with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your relationship with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Learning difficulties with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's anxiety?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's depression?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Violence in the home, school, or neighborhood?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child talking?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child crawling, walking or running?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child getting along with others?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's self-esteem?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
How your child copes with stressful things?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Substance abuse?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Eating disorder?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Being "bullied" by classmates?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Risky behaviors?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Cell phone and technology use?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Internet use?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all

31. If your child has special needs and/or a medical handicap, where have you received services for your child? **(CHECK ALL THAT APPLY)**
- My child does not have special needs or a medical handicap
 - Portage County Health Department/BMCH
 - Robinson Memorial Hospital
 - Akron Children's Hospital
 - AxxessPointe Community Health Center
 - Primary care physician's office
 - Other physician's office (specialist)
 - Help Me Grow
 - Head Start
 - Children's Advantage
 - Portage County WIC
 - Happy Day School/Portage County Board of Developmental Disabilities
 - United Disability Services
 - Other: _____
 - None of the above
32. From which resource do you get local news and health information? **(CHECK ALL THAT APPLY)**
- Record Courier newspaper
 - Record Courier online
 - Aurora Advocate
 - Gateway News
 - The Villager
 - Akron Beacon Journal newspaper
 - WKSU radio station
 - WNIR radio station
 - Billboards
 - Facebook, Twitter, or other social media
 - School district
 - Place of worship
 - Family member/friend
 - My doctor/health care provider
 - Local television news station (WKYC, Fox 8, WOIO, WEWS)
 - Websites
 - Health fairs/community events
 - Texts on cell phone
 - Mailings
 - Other: _____
 - Don't know

33. During the past 12 months, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of any of the following problems concerning child care for your child? **(CHECK ALL THAT APPLY)**
- Cannot afford child care
 - Severe behaviors
 - Medically fragile
 - Physical disability
 - My child was removed from day care
 - None of the above
34. How often does your child ride in a car seat/booster seat when a passenger in a car?
- Never
 - Seldom
 - Sometimes
 - Nearly always
 - Always
 - Child never rides in a car
35. How did you put your child to sleep most of the time as an infant?
- On his or her side
 - On his or her back
 - On his or her stomach
 - In bed with you or another person
36. Where did your child sometimes sleep as an infant? **(CHECK ALL THAT APPLY)**
- Crib/bassinette (no bumper, blankets, stuffed animals)
 - Crib/bassinette (with bumper, blankets, stuffed animals)
 - Pack n' play
 - Couch or chair
 - Swing
 - Car seat
 - Floor
 - In bed with you or another person
37. If your child is not up to date with all recommended vaccinations, what are the main reasons? **(CHECK ALL THAT APPLY)**
- My child has received all recommended vaccinations
 - My child has received some, but not all recommended vaccinations
 - Choose not to vaccinate
 - Too expensive
 - Not sure which are recommended
 - Religious or cultural beliefs
 - Fear of negative effects
 - Use an alternative vaccination schedule
 - Other: _____

38. Has your child ever experienced any of the following?

(CHECK ALL THAT APPLY)

- Lived with a parent or guardian who got divorced or separated after they were born
- Lived with a parent or guardian who died
- Lived with a parent or guardian who served time in jail or prison after they were born.
- Seen or heard any parents or adults in his/her home slap, hit, kick, punch, or beat each other up
- Been the victim of violence or witness any violence in his/her neighborhood
- Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks
- Lived with anyone who had a problem with alcohol or drugs
- Treated or judged unfairly because his/her ethnic group
- Had at least one other adult in their school, neighborhood, or community who knows him/her well and who he/she can rely on for advice or guidance
- None of the above

Dental Health

39. How long has it been since your child last saw a dentist? (include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists)

- My child is not old enough to go to the dentist
- My child does not have teeth yet
- 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
- Never

40. Why did your child not get all the dental care they needed? **(CHECK ALL THAT APPLY)**

- My child is not old enough to go to the dentist
- They did get all of the dental care they needed
- My dentist will not see my child yet because of age
- Costs too much
- No insurance
- Health plan problem
- Can't find dentist who accepts child's insurance
- Not available in area/ transportation problems
- Not convenient times/could not get appointment
- Dentist did not know how to treat or provide care
- Missed an appointment and not allowed to go back to clinic
- Dissatisfaction with dentist
- Did not know where to go for treatment
- Child refused to go
- Treatment is ongoing
- Other
- No referral

41. What specific problems does your child have with his/her teeth? **(CHECK ALL THAT APPLY)**

- My child does not have teeth
- No problems with teeth
- Pain
- Cavities
- Broken front tooth, or teeth that need repair
- Crooked teeth, or teeth that need braces
- Hygiene (plaque, doesn't brush regularly, needs cleaning, etc.)
- Discoloration (staining, yellow teeth, blackened teeth, etc.)
- Enamel problems (poor enamel, no enamel, etc.)
- Gum problems (gingivitis, gum disease, bleeding gums, etc.)
- Teeth problems (grinding, soft teeth, teeth pulled, teeth falling out, etc.)
- Nerves (root canal, nerve problems, etc.)
- Knowing how to brush teeth
- Family history of dental problems
- Bottle rot/ baby bottle tooth decay

Family Functioning

42. During the past week, how many times did all the family members who live in the household eat a meal together?

- _____ number of times
- Don't know

43. How often does your child attend religious service?
 _____ number per month
- Never
44. What time does your child usually get up in the morning and go to bed at night?

Get up	Go to bed
a.m.	p.m.

45. How often do you read to your child?
- Almost never, my child has no interest
- Almost never, my child reads to his/herself
- A few times a year
- A few times a month
- A few times a week
- Almost every day
- Every day
- I do not read to my child
46. What forms of discipline do you use for your child?
(CHECK ALL THAT APPLY)
- Spanking
- Time out
- Grounding
- Take away privileges
- Wash mouth out
- Yell
- Other
- My child has not been disciplined
47. In general, what challenges do you face in regards to the day-to-day demands of parenthood/raising children?
- Child has special needs
- Demands of multiple children
- Alcohol and/or drug abuse
- Post-partum depression
- Financial burdens
- Difficulty with lifestyle changes
- Loss of freedom
- Being a single parent
- Other: _____
- I do not have issues coping with any of the above

Parental Health

48. In general, your health is:
- Excellent
- Very good
- Good
- Fair
- Poor

49. In general, your mental and emotional health is:
- Excellent
- Very good
- Good
- Fair
- Poor

50. About how much do you weigh without shoes?
 POUNDS _____

51. About how tall are you without shoes?
 FEET _____
 INCHES _____

52. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?
- Yes
- No
- Don't know

53. 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 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Unable to exercise

Neighborhood Characteristics

54. How often do you feel your child is safe in your community or neighborhood?
- Never
- Sometimes
- Usually
- Always

55. Do you have any of the following safety items in your home? **(CHECK ALL THAT APPLY)**
- Working smoke alarm/detector
- Carbon monoxide detector
- Fire extinguisher
- Poison Control number (1-800-222-1222) by the phone
- None of the above

Child Weight Control

56. On an average day of the week, how many hours does your child spend doing the following activities?

TV	Video Games (non-active)	Computer/ Tablet
<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"/> 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"/> 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"/> 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

57. What does your child usually eat for breakfast? **(CHECK ALL THAT APPLY)**

- Nothing
- Cereal
- Milk
- Toast
- Eggs
- Oatmeal
- Yogurt
- Bacon/sausage/ham
- Pop Tart/donut/pastry
- Pizza
- Soda pop
- Fruit/fruit juice
- Other
- My child eats at the school breakfast program

58. During the past 7 days, how many times did your child eat vegetables such as green salad, carrots, and potatoes? (Do not count French fries, fried potatoes, or potato chips.)

- 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
- They did not eat vegetables during the past 7 days

59. How many days per week is your child physically active for at least 20 minutes and caused sweating and hard breathing?

- Unable to be physically active
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Tobacco Control

60. What are your practices about smoking inside your home or car? **(CHECK ALL THAT APPLY)**

- Smoking is allowed anywhere inside our home
- Smoking is allowed, but only in certain rooms of our home
- No one is allowed to smoke inside our home when children are present
- No one is allowed to smoke inside our home at any time
- Smoking is allowed anywhere inside our car
- Smoking is allowed, but only with one or more of the windows open in the car
- Smoking is allowed, but only if the children are not in the car
- No one is allowed to smoke inside our car at any time.

Early Childhood (0-5 Years Old)

IF YOU DO NOT HAVE A CHILD AGES 0-5 YEARS OLD, GO TO QUESTION 64

61. Thinking back to your last pregnancy, just before you or your partner got pregnant, how did you feel about becoming pregnant?

- You wanted to be pregnant sooner
- You wanted to be pregnant later
- You wanted to be pregnant then
- You didn't want to be pregnant then or any time in the future
- You don't recall

62. During your pregnancy with this child, 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
 - Use other tobacco products
 - Use E-cigarettes
 - Consume alcoholic beverages
 - Use marijuana
 - Use any drugs not prescribed
 - Use opioids
 - Experience perinatal depression (during or after pregnancy)
 - Experience domestic violence
 - Look for options for an unwanted pregnancy
 - Have an abortion
 - Give up child for adoption
 - Received opiate replacement therapy (ex. suboxone)
 - Do none of these things
63. How long was your child breastfed?
- 2 weeks or less
 - 3 to 6 weeks
 - 7 weeks to 3 months
 - 4 months to 9 months
 - More than 9 months
 - Never breastfed
 - Still breastfeeding

Middle Childhood (6-11 Years Old)

IF YOU DO NOT HAVE A CHILD AGES 6-11 YEARS OLD, GO TO QUESTION 71

64. What kind of school is your child currently enrolled in?
- Public
 - Private
 - Charter
 - Home-schooled
 - Child is not enrolled in school
65. How often do you feel your child is safe at school?
- Never
 - Sometimes
 - Usually
 - Always
 - Not applicable

66. During the past 12 months, about how many days did your child miss school because of illness or injury?
- _____days
- None
 - Home schooled
 - Didn't go to school
67. During the past 12 months, did your child participate in the following after school or on the weekends? **(CHECK ALL THAT APPLY)**
- A sports team or sports lessons
 - A club or organization such as Scouts
 - Boys/Girls Club
 - A religious group
 - Some other organized activity
 - None of the above
68. How much unsupervised time (time without an adult 18 or older) does your child have after school on an average school day?
- No time unsupervised
 - Less than one hour
 - 1 to 2 hours
 - 3 to 4 hours
 - More than 4 hours
69. What types of bullying has your child experienced in the past year? **(CHECK ALL THAT APPLY)**
- Physically bullied (e.g., hit or kicked)
 - Verbally bullied (e.g., teased, taunted, or called harmful names)
 - Indirectly bullied (e.g., spread mean rumors or kept out of a "group")
 - Cyber bullied (e.g., teased, taunted, or threatened by e-mail, cell phone, or other electronic methods)
 - Sexual bullying
 - None of the above
 - Don't know
70. If your child has an email, MySpace, facebook, Twitter, Instagram account or other virtual network account... **(CHECK ALL THAT APPLY)**
- My child does not have an email, MySpace, facebook or Twitter account
 - I have my child's password
 - I know all of the people in "my child's friends"
 - My child's account is currently checked private
 - My child's friends have the password
 - My child has had problems as a result of email, MySpace, facebook or Twitter account
 - I don't know

Demographics

71. What is your age? _____
72. What is your zip code? _____
73. What is your relationship to the child?
- Mother (biological, step, foster, adoptive)
 - Father (biological, step, foster, adoptive)
 - In-law of any type
 - Aunt/uncle
 - Grandparent
 - Other family member
 - Other non-relative
74. Who does your child live with?
- Both parents
 - One parent
 - Mother and step-father
 - Father and step-mother
 - Mother and partner
 - Father and partner
 - Grandparents
 - Another relative
 - Guardians/foster parents
 - On their own or with friends
75. At any time during the past 12 months, even for one month, did anyone in this household receive the following **(CHECK ALL THAT APPLY)**
- Cash assistance from a state or county welfare program
 - SNAP (food stamps)
 - Benefits from Women, Infants, and Children (WIC) program
 - Free or reduced cost breakfasts or lunches at school
 - Mental health/substance abuse treatment
 - Subsidized childcare through Job and Family Services
 - Help Me Grow
 - None of the above
76. 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

77. What are the ages and sex of the people living in this household?

Age	Male	Female
Less than 1		
1-3		
4-5		
6-8		
9-11		
12-18		
19+		

78. 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 to \$99,999
- \$100,000 or more

79. What is the highest grade or level of education attained by anyone in your household?

- 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 graduate
- Post graduate education (Masters or Doctorate degree)

80. Is there a parent in the home who is in active military duty?

- Yes
- No

Certain questions provided by: Child and Adolescent Health Measurement Initiative, Data Resource Center for the National Survey of Children's Health, Portland, Oregon; U.S. Department of Health and Human Services, Health Resources and Services Administration, 2003-2011/12; 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, 2013. Other questions are © 2015 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.

2015 Portage County Children's 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.

This health survey is being sponsored by Portage County Health Department, Kent City Health Department, and The Center for Health Affairs. If you have any questions or concerns, please contact Karen Towne, at 330-296-9919 or email her at ktowne@portageco.com.

You have been randomly selected to complete this survey on your child who is 6-11 years of age who is living with you. *If you have more than one child in this age group living with you, please use the child whose birthday comes next in the calendar.*

If you do not have a child 6-11 years of age living with you but **do have a child 0-5 years of age** living with you, please check here and **complete the survey** based on this child. *If you have more than one child in this age group living with you, please use the child whose birthday comes next in the calendar.*

If you do not have a child in either of the above age ranges, please check here and return the blank survey in the postage-paid return envelope. Provide your name in order to be removed from the list: _____

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 or your child.

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

If you would prefer to take the survey online, you can scan the QR code or go to:



<https://www.surveymonkey.com/s/2015PortageChild611>

Turn the page to start the survey →

Child's Demographics

1. How tall is your child now?
 FEET _____
 INCHES _____
 Don't know
2. How much does your child weigh now?
 POUNDS _____
 Don't know
3. What is your child's birth date?
 _____/_____/_____
 Month Day Year
4. What is your child's gender?
 Male
 Female
5. Is your child of Hispanic or Latino origin?
 Yes
 No
6. Which one of these groups would you say best represents your child's race?
 White
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian/Alaska Native
 Biracial
 Other (specify): _____

Health Status

7. In general, how would you describe your child's health?
 Excellent
 Very good
 Good
 Fair
 Poor
 Don't know
8. Does your child have any kind of emotional, developmental, or behavioral problems for which they need treatment or counseling?
 Yes
 No
 Don't know

9. Has a doctor, health professional, teacher, or school official ever told you your child has a learning disability?
 Yes
 No
 Don't know

Health Insurance Coverage

10. What type of health insurance does your child have? **(CHECK ALL THAT APPLY)**
 Your employer insurance
 Someone else's employer insurance
 You or someone else buys on your own
 Medicaid or Healthy Start or other public health benefits
 Medicare
 Exchange
 The Insurance Marketplace (Obamacare)
 No health insurance coverage **(GO TO QUESTION 13)**
 Some other source of insurance
11. Does your child have insurance that covers the following:

Well child visits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Doctor visits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hospital stays?	<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
Immunizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

12. During the past 12 months, was there any time when your child was not covered by ANY health insurance?
 Yes
 No
 Don't know

Healthcare Access and Utilization

13. During the past 12 months, did your child receive any mental health care or counseling?
 Yes
 No
 Don't know

14. During the past 12 months, why did your child not get all the medical care that your child needed? **(CHECK ALL THAT APPLY)**
- Child did receive the medical care he/she needed
 - Costs too much
 - No insurance
 - Health plan problem
 - Could not find doctor who accepted child's insurance
 - Not available in area/ transportation problems
 - Not convenient times/ could not get appointment
 - Doctor didn't know how to treat or provide care
 - Did not like the doctor
 - Did not know where to go for treatment
 - Child refused to go
 - Treatment is ongoing
 - Vaccine shortage
 - Language barriers
 - Other
 - No referral

15. During the past 12 months, why did your child not get all the prescription medication that your child needed? **(CHECK ALL THAT APPLY)**
- Child did receive the prescription medications he/she needed
 - My child did not need prescription medication
 - Costs too much
 - No insurance
 - Health plan problem
 - Can't find doctor who accepts child's insurance
 - Not available in area/ transportation problems
 - Not convenient times/ could not get appointment
 - Doctor did not know how to treat or provide care
 - Dissatisfaction with doctor
 - Did not know where to go for treatment
 - Treatment is ongoing
 - Other
 - Specialist not available
 - Religious preference
 - No referral

Health Conditions

16. 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
Appendicitis?	<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
Intellectual disability or mental retardation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cerebral palsy?	<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
Other life threatening illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Dental problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Speech and language delays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

17. Has your child been tested for lead poisoning?
- Yes, and the results were in normal limits
 - Yes, and the results were elevated and needed medical follow-up
 - Yes, and the results were elevated, but no medical follow-up was needed
 - No
 - Don't know

18. Has a health professional ever told you that your child had any of the following allergies? **(CHECK ALL THAT APPLY)**

- Peanuts
- Wheat
- Soy
- Milk and other dairy products
- Eggs
- Bees
- Strawberries
- Kiwi
- Watermelon
- Gluten
- Tree nuts
- Fish
- Shellfish
- Red dye
- Pollen
- Grasses
- Ragweed
- Fungi
- Mold
- House dust mites
- Dogs
- Cats
- Horses
- Other: _____
- Yes, and my child requires an Epi-pen for the allergy
- None of the above

19. During the past 12 months, has your child had an episode of asthma or an asthma attack? (Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make the respondent limit his/her activity more than usual, or make your child seek medical care)

- Yes
- No, my child does not have asthma
- No, my child did not have an asthma attack
- Don't know

20. Overall, would you say your child's mental & emotional health puts a burden on your family?

- A great deal
- A medium amount
- A little
- Not at all

21. Overall, would you say your child's physical health puts a burden on your family?

- A great deal
- A medium amount
- A little
- Not at all

Medical Home

A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, a physician assistant, or a nurse.

22. Do you have one or more people you think of as your child's personal doctor or nurse?

- Yes
- No
- Don't know

Preventive care visits include things like a well-child check-up, a routine physical exam, immunization, or health screening tests.

23. During the past 12 months, did your child visit their health care provider for preventive care?

- Yes
- No
- Don't know

24. Have you looked for any of the following specialists for your child?

Heart doctor?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Ear, Nose and Throat doctor?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Endocrinologist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Psychiatrist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Oncologist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Dermatologist?	<input type="checkbox"/> Referred but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Allergist?	<input type="checkbox"/> Referred but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Pediatric Ophthalmologist?	<input type="checkbox"/> Referred but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable
Other specialist?	<input type="checkbox"/> Referred, but did not go	<input type="checkbox"/> Referred and went	<input type="checkbox"/> Did not look/Not applicable

25. Is there one place that your child usually goes when (he/she) is sick or you need advice about (his/her) health?
- 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 Giant Eagle, etc.)
 - Internet
 - VA
 - Chiropractor
 - Alternative therapies (ex: massage, hypnosis, acupuncture, etc.)
 - Some other kind of place
 - No usual place
 - Don't know

Miscellaneous Health

26. During the past month, did your child regularly attend: **(CHECK ALL THAT APPLY)**

A child care center?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Family-based child care outside of your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Child care in your home provided by a baby sitter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Child care in your home provided by a relative other than a parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Child care outside of your home provided by a relative other than a parent or guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Nursery school, preschool, or kindergarten?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Elementary school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Head Start or Early Start program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

27. During the past 12 months, has your child had any of the following vaccines? **(CHECK ALL THAT APPLY)**
- Seasonal flu vaccine- shot
 - Seasonal flu vaccine- nasal spray
 - None of the above
 - Don't know

28. Approximately how many days in the past 12 months did you or someone in your household miss work due to your child?
- ___ days missed to asthma
- ___ days missed to illnesses or injuries
- ___ days missed to medical appointments
- ___ days missed to behavioral, emotional problems
- Don't work
 - Don't know

29. How many days per week do you not have enough food such that your child goes to bed hungry?
- 0 days
 - 1 day
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days

30. Are you currently concerned with:

Your child's academic achievement?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Having enough time with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your relationship with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Learning difficulties with your child?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's anxiety?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's depression?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Violence in the home, school, or neighborhood?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child talking?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child crawling, walking or running?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child getting along with others?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Your child's self-esteem?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
How your child copes with stressful things?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Substance abuse?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Eating disorder?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Being "bullied" by classmates?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Risky behaviors?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Cell phone and technology use?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
Internet use?	<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all

31. If your child has special needs and/or a medical handicap, where have you received services for your child? **(CHECK ALL THAT APPLY)**
- My child does not have special needs or a medical handicap
 - Portage County Health Department/BMCH
 - Robinson Memorial Hospital
 - Akron Children's Hospital
 - AxxessPointe Community Health Center
 - Primary care physician's office
 - Other physician's office (specialist)
 - Help Me Grow
 - Head Start
 - Children's Advantage
 - Portage County WIC
 - Happy Day School/Portage County Board of Developmental Disabilities
 - United Disability Services
 - Other: _____
 - None of the above
32. From which resource do you get local news and health information? **(CHECK ALL THAT APPLY)**
- Record Courier newspaper
 - Record Courier online
 - Aurora Advocate
 - Gateway News
 - The Villager
 - Akron Beacon Journal newspaper
 - WKSU radio station
 - WNIR radio station
 - Billboards
 - Facebook, Twitter, or other social media
 - School district
 - Place of worship
 - Family member/friend
 - My doctor/health care provider
 - Local television news station (WKYC, Fox 8, WOIO, WEWS)
 - Websites
 - Health fairs/community events
 - Texts on cell phone
 - Mailings
 - Other: _____
 - Don't know

33. During the past 12 months, did you or anyone in the family have to quit a job, not take a job, or greatly change your job because of any of the following problems concerning child care for your child? **(CHECK ALL THAT APPLY)**
- Cannot afford child care
 - Severe behaviors
 - Medically fragile
 - Physical disability
 - My child was removed from day care
 - None of the above
34. How often does your child ride in a car seat/booster seat when a passenger in a car?
- Never
 - Seldom
 - Sometimes
 - Nearly always
 - Always
 - Child never rides in a car
35. How did you put your child to sleep most of the time as an infant?
- On his or her side
 - On his or her back
 - On his or her stomach
 - In bed with you or another person
36. Where did your child sometimes sleep as an infant? **(CHECK ALL THAT APPLY)**
- Crib/bassinette (no bumper, blankets, stuffed animals)
 - Crib/bassinette (with bumper, blankets, stuffed animals)
 - Pack n' play
 - Couch or chair
 - Swing
 - Car seat
 - Floor
 - In bed with you or another person
37. If your child is not up to date with all recommended vaccinations, what are the main reasons? **(CHECK ALL THAT APPLY)**
- My child has received all recommended vaccinations
 - My child has received some, but not all recommended vaccinations
 - Choose not to vaccinate
 - Too expensive
 - Not sure which are recommended
 - Religious or cultural beliefs
 - Fear of negative effects
 - Use an alternative vaccination schedule
 - Other: _____

38. Has your child ever experienced any of the following? **(CHECK ALL THAT APPLY)**
- Lived with a parent or guardian who got divorced or separated after they were born
 - Lived with a parent or guardian who died
 - Lived with a parent or guardian who served time in jail or prison after they were born.
 - Seen or heard any parents or adults in his/her home slap, hit, kick, punch, or beat each other up
 - Been the victim of violence or witness any violence in his/her neighborhood
 - Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks
 - Lived with anyone who had a problem with alcohol or drugs
 - Treated or judged unfairly because his/her ethnic group
 - Had at least one other adult in their school, neighborhood, or community who knows him/her well and who he/she can rely on for advice or guidance
 - None of the above

Dental Health

39. How long has it been since your child last saw a dentist? (include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists)
- My child is not old enough to go to the dentist
 - My child does not have teeth yet
 - 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
 - Never

40. Why did your child not get all the dental care they needed? **(CHECK ALL THAT APPLY)**
- My child is not old enough to go to the dentist
 - They did get all of the dental care they needed
 - My dentist will not see my child yet because of age
 - Costs too much
 - No insurance
 - Health plan problem
 - Can't find dentist who accepts child's insurance
 - Not available in area/ transportation problems
 - Not convenient times/could not get appointment
 - Dentist did not know how to treat or provide care
 - Missed an appointment and not allowed to go back to clinic
 - Dissatisfaction with dentist
 - Did not know where to go for treatment
 - Child refused to go
 - Treatment is ongoing
 - Other
 - No referral

41. What specific problems does your child have with his/her teeth? **(CHECK ALL THAT APPLY)**
- My child does not have teeth
 - No problems with teeth
 - Pain
 - Cavities
 - Broken front tooth, or teeth that need repair
 - Crooked teeth, or teeth that need braces
 - Hygiene (plaque, doesn't brush regularly, needs cleaning, etc.)
 - Discoloration (staining, yellow teeth, blackened teeth, etc.)
 - Enamel problems (poor enamel, no enamel, etc.)
 - Gum problems (gingivitis, gum disease, bleeding gums, etc.)
 - Teeth problems (grinding, soft teeth, teeth pulled, teeth falling out, etc.)
 - Nerves (root canal, nerve problems, etc.)
 - Knowing how to brush teeth
 - Family history of dental problems
 - Bottle rot/ baby bottle tooth decay

Family Functioning

42. During the past week, how many times did all the family members who live in the household eat a meal together?
- _____ number of times
- Don't know

43. How often does your child attend religious service?
 _____ number per month
- Never
44. What time does your child usually get up in the morning and go to bed at night?

Get up	Go to bed
a.m.	p.m.

45. How often do you read to your child?
- Almost never, my child has no interest
- Almost never, my child reads to his/herself
- A few times a year
- A few times a month
- A few times a week
- Almost every day
- Every day
- I do not read to my child
46. What forms of discipline do you use for your child?
(CHECK ALL THAT APPLY)
- Spanking
- Time out
- Grounding
- Take away privileges
- Wash mouth out
- Yell
- Other
- My child has not been disciplined
47. In general, what challenges do you face in regards to the day-to-day demands of parenthood/raising children?
- Child has special needs
- Demands of multiple children
- Alcohol and/or drug abuse
- Post-partum depression
- Financial burdens
- Difficulty with lifestyle changes
- Loss of freedom
- Being a single parent
- Other: _____
- I do not have issues coping with any of the above

Parental Health

48. In general, your health is:
- Excellent
- Very good
- Good
- Fair
- Poor

49. In general, your mental and emotional health is:
- Excellent
- Very good
- Good
- Fair
- Poor

50. About how much do you weigh without shoes?
 POUNDS _____

51. About how tall are you without shoes?
 FEET _____
 INCHES _____

52. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?
- Yes
- No
- Don't know

53. 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 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days
- Unable to exercise

Neighborhood Characteristics

54. How often do you feel your child is safe in your community or neighborhood?
- Never
- Sometimes
- Usually
- Always
55. Do you have any of the following safety items in your home? **(CHECK ALL THAT APPLY)**
- Working smoke alarm/detector
- Carbon monoxide detector
- Fire extinguisher
- Poison Control number (1-800-222-1222) by the phone
- None of the above

Child Weight Control

56. On an average day of the week, how many hours does your child spend doing the following activities?

TV	Video Games (non-active)	Computer/ Tablet
<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"/> 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"/> 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"/> 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

57. What does your child usually eat for breakfast? **(CHECK ALL THAT APPLY)**

- Nothing
- Cereal
- Milk
- Toast
- Eggs
- Oatmeal
- Yogurt
- Bacon/sausage/ham
- Pop Tart/donut/pastry
- Pizza
- Soda pop
- Fruit/fruit juice
- Other
- My child eats at the school breakfast program

58. During the past 7 days, how many times did your child eat vegetables such as green salad, carrots, and potatoes? (Do not count French fries, fried potatoes, or potato chips.)

- 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
- They did not eat vegetables during the past 7 days

59. How many days per week is your child physically active for at least 20 minutes and caused sweating and hard breathing?

- Unable to be physically active
- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

Tobacco Control

60. What are your practices about smoking inside your home or car? **(CHECK ALL THAT APPLY)**

- Smoking is allowed anywhere inside our home
- Smoking is allowed, but only in certain rooms of our home
- No one is allowed to smoke inside our home when children are present
- No one is allowed to smoke inside our home at any time
- Smoking is allowed anywhere inside our car
- Smoking is allowed, but only with one or more of the windows open in the car
- Smoking is allowed, but only if the children are not in the car
- No one is allowed to smoke inside our car at any time.

Middle Childhood (6-11 Years Old)

IF YOU DO NOT HAVE A CHILD AGES 6-11 YEARS OLD, GO TO QUESTION 68

61. What kind of school is your child currently enrolled in?

- Public
- Private
- Charter
- Home-schooled
- Child is not enrolled in school

62. How often do you feel your child is safe at school?

- Never
- Sometimes
- Usually
- Always
- Not applicable

63. During the past 12 months, about how many days did your child miss school because of illness or injury?
 _____days
- None
 - Home schooled
 - Didn't go to school
64. During the past 12 months, did your child participate in the following after school or on the weekends?
(CHECK ALL THAT APPLY)
- A sports team or sports lessons
 - A club or organization such as Scouts
 - Boys/Girls Club
 - A religious group
 - Some other organized activity
 - None of the above
65. How much unsupervised time (time without an adult 18 or older) does your child have after school on an average school day?
- No time unsupervised
 - Less than one hour
 - 1 to 2 hours
 - 3 to 4 hours
 - More than 4 hours
66. What types of bullying has your child experienced in the past year? **(CHECK ALL THAT APPLY)**
- Physically bullied (e.g., hit or kicked)
 - Verbally bullied (e.g., teased, taunted, or called harmful names)
 - Indirectly bullied (e.g., spread mean rumors or kept out of a "group")
 - Cyber bullied (e.g., teased, taunted, or threatened by e-mail, cell phone, or other electronic methods)
 - Sexual bullying
 - None of the above
 - Don't know
67. If your child has an email, MySpace, facebook, Twitter, Instagram account or other virtual network account... **(CHECK ALL THAT APPLY)**
- My child does not have an email, MySpace, facebook or Twitter account
 - I have my child's password
 - I know all of the people in "my child's friends"
 - My child's account is currently checked private
 - My child's friends have the password
 - My child has had problems as a result of email, MySpace, facebook or Twitter account
 - I don't know

Early Childhood (0-5 Years Old)

IF YOU DO NOT HAVE A CHILD AGES 0-5 YEARS OLD, GO TO QUESTION 71

68. During your pregnancy with this child, 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
 - Use other tobacco products
 - Use E-cigarettes
 - Consume alcoholic beverages
 - Use marijuana
 - Use any drugs not prescribed
 - Use opioids
 - Experience perinatal depression (during or after pregnancy)
 - Experience domestic violence
 - Look for options for an unwanted pregnancy
 - Have an abortion
 - Give up child for adoption
 - Received opiate replacement therapy (ex. suboxone)
 - Do none of these things
69. Thinking back to your last pregnancy, just before you or your partner got pregnant, how did you feel about becoming pregnant?
- You wanted to be pregnant sooner
 - You wanted to be pregnant later
 - You wanted to be pregnant then
 - You didn't want to be pregnant then or any time in the future
 - You don't recall
70. How long was your child breastfed?
- 2 weeks or less
 - 3 to 6 weeks
 - 7 weeks to 3 months
 - 4 months to 9 months
 - More than 9 months
 - Never breastfed
 - Still breastfeeding

Demographics

71. What is your age? _____
72. What is your zip code? _____
73. What is your relationship to the child?
- Mother (biological, step, foster, adoptive)
 - Father (biological, step, foster, adoptive)
 - In-law of any type
 - Aunt/uncle
 - Grandparent
 - Other family member
 - Other non-relative
74. Who does your child live with?
- Both parents
 - One parent
 - Mother and step-father
 - Father and step-mother
 - Mother and partner
 - Father and partner
 - Grandparents
 - Another relative
 - Guardians/foster parents
 - On their own or with friends
75. At any time during the past 12 months, even for one month, did anyone in this household receive the following **(CHECK ALL THAT APPLY)**
- Cash assistance from a state or county welfare program
 - SNAP (food stamps)
 - Benefits from Women, Infants, and Children (WIC) program
 - Free or reduced cost breakfasts or lunches at school
 - Mental health/substance abuse treatment
 - Subsidized childcare through Job and Family Services
 - Help Me Grow
 - None of the above
76. 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

77. What are the ages and sex of the people living in this household?

Age	Male	Female
Less than 1		
1-3		
4-5		
6-8		
9-11		
12-18		
19+		

78. 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 to \$99,999
 - \$100,000 or more
79. What is the highest grade or level of education attained by anyone in your household?
- 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 graduate
 - Post graduate education (Masters or Doctorate degree)
80. Is there a parent in the home who is in active military duty?
- Yes
 - No

Certain questions provided by: Child and Adolescent Health Measurement Initiative, Data Resource Center for the National Survey of Children's Health, Portland, Oregon; U.S. Department of Health and Human Services, Health Resources and Services Administration, 2003-2011/12. 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, 2013. Other questions are © 2015 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.

2015 Portage 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. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

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 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 brown 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 or older.....G
2. What is your gender?
 - 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. How do you describe yourself?
(CIRCLE ONE OR MORE RESPONSES)
 - American Indian/Alaska Native.....A
 - Asian.....B
 - Black or African American.....C
 - Hispanic or Latino.....D
 - Native Hawaiian or Other Pacific Islander.....E
 - White.....F
 - Other.....G
5. Do you live with...?
 - Both of your parents.....A
 - One of your parents.....B
 - Mother and step-father.....C
 - Father and step-mother.....D
 - Mother and partner.....E
 - Father and partner.....F
 - Grandparents.....G
 - Another relative.....H
 - Guardians/foster parents.....I
 - On your own or with friends.....J

6. What is your zip code? _____
7. 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
 - Exercising (outside of school).....E
 - A part time job.....F
 - Take care of your siblings after school.....G
 - Take care of parents or grandparents.....H
 - Babysit for other kids.....I
 - Some other organized activity (4H, Scouts).....J
 - Volunteer in the community.....K
 - Don't participate in any of these activities.....L

Personal Safety

8. During the past 30 days, did you drive a car or other vehicle while doing the following? **(CIRCLE ALL THAT APPLY)**
 - I do not drive.....A
 - Drive while tired or fatigued.....B
 - Texting.....C
 - Talking on cell phone.....D
 - Using Internet on cell phone.....E
 - Checking facebook on cell phone.....F
 - Playing electronic games.....G
 - Reading.....H
 - Applying makeup.....I
 - Eating.....J
 - Other cell phone usage.....K
 - Wear a seatbelt.....L
 - Drinking alcohol.....M
 - Using illegal drugs.....N
 - Misusing prescription drugs.....O
 - I do not do any of the above while driving.....P



9. 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
10. 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
11. During the past 12 months, did you suffer a blow or jolt to your head while playing with a sports team (either during a game or during practice) which caused you to get “knocked out,” have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting?
- Yes.....A
 No.....B
 Don’t know.....C

Violence Related Behavior

12. 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
13. 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
14. 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

15. 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
16. 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
17. During the past 12 months, how many times were you in a physical fight 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
18. During the past 12 months, did your boyfriend or girlfriend ever hit, slap or physically hurt you on purpose?
- Yes.....A
 No.....B
19. During the past 12 months, did an adult or caregiver ever hit, slap or physically hurt you on purpose?
- Yes.....A
 No.....B
20. Have you ever been physically forced to have sexual intercourse when you did not want to?
- Yes.....A
 No.....B

21. 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 e-mail, 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
22. During the past 12 months, have you ever been bullied on school property?
- Yes.....A
 - No.....B
23. 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 time.....B
 - 2 or 3 times.....C
 - 4 or 5 times.....D
 - 6 or more times.....E
24. During the past 12 months, have you ever been the victim of teasing or name calling because of any of the following? **(CIRCLE ALL THAT APPLY)**
- Your weight, size, or physical appearanceA
 - Your gender.....B
 - Your race or ethnic background.....C
 - Because someone thought you were gay, lesbian or bisexual.....D

Mental Health

25. 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
26. During the past 12 months, did you ever **seriously** consider attempting suicide?
- Yes.....A
 - No.....B

27. 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
28. **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
29. What would keep you from seeking help if you were dealing with anxiety, stress, depression or thoughts of suicide? **(CIRCLE ALL THAT APPLY)**
- I would seek help.....A
 - Paying for it.....B
 - Transportation.....C
 - No Time.....D
 - Worried what others might think.....E
 - Family would not support me in getting help..F
 - I can handle it myself.....G
 - Do not know where to go.....H
30. How do you deal with anxiety, stress, or depression? **(CIRCLE ALL THAT APPLY)**
- I do not have anxiety, stress, or depression....A
 - Talk to someone in my family.....B
 - Talk to a peer.....C
 - Exercise.....D
 - Eat.....E
 - Drink alcohol.....F
 - Smoke/use tobacco.....G
 - Use illegal drugs.....H
 - Sleep.....I
 - Use medication that is prescribed for me.....J
 - Use medication that is not prescribed for me..K
 - Hobbies.....L
 - Journal.....M
 - Gamble.....N
 - Shop.....O
 - Break something.....P
 - Vandalism or violent behavior.....Q
 - Self-harm, such as cutting.....R
 - Harm someone else, such as bullying.....S
 - Pray.....T
 - Read the Bible.....U
 - Use social media (i.e., facebook).....V
 - Text someone.....W
 - Talk to a medical professional.....X
 - Talk to a counselor/teacher.....Y



31. 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
 - Parent with a mental illness.....R
 - Not having a place to live.....S
 - Not feeling safe at home.....T
 - Other stress at home.....U
 - Not feeling safe in the community.....V
 - Sexual orientation.....W
 - Self-image.....X
 - Not having enough to eat.....Y
 - Other.....Z
 - None of the above.....AA

Tobacco Use

32. Have you ever tried cigarette smoking, even one or two puffs?
- Yes.....A
 - No.....B
33. 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

34. 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
35. 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 got them on the Internet.....C
 - I bought them from a vending machine.....D
 - I gave someone else money to buy them for me.....E
 - I borrowed (or bummed) them from someone else.....F
 - A person 18 years or older gave them to me.....G
 - I took them from a store.....H
 - I took them from a family member.....I
 - I got them some other way.....J
36. Which forms of tobacco listed below have you used the in the past year? **(CIRCLE ALL THAT APPLY)**
- Cigarettes.....A
 - Flavored cigarettes.....B
 - Bidis.....C
 - Cigars.....D
 - Black & Milds.....E
 - Cigarillos.....F
 - Little cigars.....G
 - Swishers.....H
 - Chewing tobacco, snuff.....I
 - Snus.....J
 - Hookah.....K
 - E-cigarette (blu, NJOY, Starbuzz, Vaporizer, PV, e-hookah, hookah pens, vape pipes).....L
 - Dissolvable tobacco products (Aria, Camel Orbs, Camel Sticks, Camel Strips, Stonewall).....M
 - Other.....N
 - None.....O

Alcohol Consumption

37. During your life, 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

Drug Use

42. 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 or more times.....F
43. 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
44. 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
45. 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
46. During your life, how many times have you used methamphetamines (also called speed, crystal, crack 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
47. During your life, how many times have you taken steroid pills 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



48. 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
49. During your life, have you tried any of the following? **(CIRCLE ALL THAT APPLY)**
- Ecstasy/MDMA/Molly.....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
 Cloud 9.....H
 Liquid THC.....I
 Misuse hand sanitizer.....J
 Misuse cough syrup.....K
 I have never tried any of these.....L
50. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?
- Yes.....A
 No.....B
51. Would your friends disapprove of you doing any of the following? **(CIRCLE ALL THAT APPLY)**
- Smoking cigarettes.....A
 Drinking alcohol.....B
 Using marijuana.....C
 Misusing prescription drugs.....D
 None of the above.....E
52. Are any of the following easily available to you?

Tobacco	<input type="checkbox"/> Available	<input type="checkbox"/> Not available	<input type="checkbox"/> Don't know
Alcohol	<input type="checkbox"/> Available	<input type="checkbox"/> Not available	<input type="checkbox"/> Don't know
Marijuana	<input type="checkbox"/> Available	<input type="checkbox"/> Not available	<input type="checkbox"/> Don't know
Prescription drugs not prescribed to you	<input type="checkbox"/> Available	<input type="checkbox"/> Not available	<input type="checkbox"/> Don't know
Synthetic drugs (ex., K2, spice, etc.)	<input type="checkbox"/> Available	<input type="checkbox"/> Not available	<input type="checkbox"/> Don't know
Heroin	<input type="checkbox"/> Available	<input type="checkbox"/> Not available	<input type="checkbox"/> Don't know

Sexual Behavior

53. 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.....E
 None of the above.....F
54. 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
55. 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
56. 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
 A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing).....E
 An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon).....F
 Withdrawal.....G
 I am gay or lesbian.....H
 Some other method.....I
 Not sure.....J
57. Have you ever...? **(CIRCLE ALL THAT APPLY)**
- Been pregnant.....A
 Gotten 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

58. 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.....C
 - Friends.....D
 - Siblings (brothers/sisters).....E
 - Church.....F
 - Internet or other social media.....G
 - Somewhere else.....H
 - Have not been taught about these subjects.....I

Diet & Nutrition

59. How do you describe your weight?
- Very underweight.....A
 - Slightly underweight.....B
 - About the right weight.....C
 - Slightly overweight.....D
 - Very overweight.....E
60. 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
61. 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
 - Eat more fruits and vegetables.....C
 - Drink more water.....D
 - Exercise.....E
 - Go without eating for 24 hours.....F
 - Skip meals.....G
 - Take any diet pills, powders, or liquids without a doctor's advice.....H
 - Vomit or take laxatives.....I
 - Smoke cigarettes.....J
62. 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

63. 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
64. I drink energy drinks for the following reasons (examples: coffee, espresso, or energy drinks, such as Red Bull, Monster, or Rockstar)? **(CIRCLE ALL THAT APPLY)**
- I do not drink energy drinks.....A
 - To help me perform.....B
 - Before games or practice.....C
 - To get pumped up.....D
 - To mix with alcohol.....E
 - To stay awake.....F
 - For some other reason.....G
65. How many days per week do you not have enough food such that you went to bed hungry (Because your family does not have enough money for food)?
- 0 days.....A
 - 1 day.....B
 - 2 days.....C
 - 3 days.....D
 - 4 days.....E
 - 5 days.....F
 - 6 days.....G
 - 7 days.....H

Exercise

66. On an average school day, how many hours do you spend doing the following activities?

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



67. 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 spent in any kind of physical activity that increases your heart rate and made 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

68. 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
69. When did you last visit your doctor for a routine check-up?
- Less than a year ago.....A
 1 to 2 years ago.....B
 2 to 5 years ago.....C
 5 or more years ago.....D
 Don't know.....E
 Never.....F
70. During your last check-up, did your doctor or nurse discuss any of the following? **(CIRCLE ALL THAT APPLY)**
- I have never had a check-up.....A
 Ways to avoid alcohol use.....B
 Ways to avoid tobacco use.....C
 How to maintain a healthy weight.....D
 Ways to deal with feelings of hopelessness or sadness.....E
 None of the above.....F
71. On an average school night, how many hours of sleep do you get?
- 4 or less hours.....A
 5 hours.....B
 6 hours.....C
 7 hours.....D
 8 hours.....E
 9 hours.....F
 10 or more hours.....G

72. How do you prefer to get information about your health (depression, STD's, pregnancy, weight control, alcohol/tobacco use, substance abuse, etc.)? **(CIRCLE ALL THAT APPLY)**

- Parents.....A
 Healthcare professional.....B
 Facebook.....C
 Twitter.....D
 Instagram.....E
 TV.....F
 Internet.....G
 Siblings.....H
 Friends.....I
 Radio.....J
 School.....K

73. Have you ever experienced any of the following? **(CIRCLE ALL THAT APPLY)**

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

74. How tall are you without your shoes on?
- _____ Feet
 _____ Inches

75. 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, 2004-2015.



2015 Portage 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.

This health survey is being sponsored by Portage County Health Department, Kent City Health Department and The Center for Health Affairs. If you have any questions or concerns, please contact Karen Towne, at 330-296-9919 or email her at ktowne@portageco.com.

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 Portage County a healthier place for all of our residents.

If you would prefer to take the survey online, you can scan the QR code or go to:



<https://www.surveymonkey.com/s/2015>

Turn the page to start the survey →

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

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

6. What is the main reason you do not have a usual source of medical care?
 - I do have a usual source of medical care
 - Two or more usual places
 - Have not needed a doctor
 - Do not like/trust/believe in doctors
 - Do not know where to go
 - Previous doctor is unavailable/has moved
 - No insurance
 - Can't afford
 - Speak a different language
 - No place is available/close enough
 - Not accepting new patients
 - Not accepting Medicare or Medicaid/Health Care Exchange
 - Outstanding bill
 - Other: _____
 - Don't know

7. From which resource do you get local news and health information? **(CHECK ALL THAT APPLY)**
 - Record Courier newspaper
 - Record Courier online
 - Aurora Advocate
 - Gateway News
 - The Villager
 - Akron Beacon Journal newspaper
 - WKSU radio station
 - WNIR radio station
 - Billboards
 - Facebook, Twitter, or other social media
 - School district
 - Place of worship
 - Family member/friend
 - My doctor/health care provider
 - Local television news station (WKYC, Fox 8, WOIO, WEWS)
 - Websites
 - Health fairs/community events
 - Texts on cell phone
 - Mailings
 - Other: _____
 - Don't know

8. What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? **(CHECK ALL THAT APPLY)**
 - Nothing would prevent me
 - Cost
 - Frightened of the procedure or doctor
 - Worried they might find something wrong
 - Cannot get time off from work
 - Hours not convenient
 - Difficult to get an appointment
 - Do not trust or believe doctors
 - No transportation or difficult to find transportation
 - Some other reason

9. What transportation issues do you have when you need services? **(CHECK ALL THAT APPLY)**
 - No car
 - No driver's license
 - Cannot 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 8:00 a.m.-4:30 p.m. hours
 - No public transportation available or accessible
 - I do not have any transportation issues

10. 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
11. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare?
- Yes
 - No – **GO TO QUESTION 14**
 - Don't know
12. What type of health care coverage do you use to pay for most of your medical care?
- Your employer
 - Someone else's employer
 - A plan that you or someone else buys on your own
 - Medicare
 - Medicaid or Medical Assistance
 - The military, CHAMPUS, TriCare, CHAMPVA or the VA
 - The Indian Health Service
 - Health Insurance Marketplace (Obamacare)
 - Workers compensation
 - Social security/Disability
 - Some other source
 - None
 - Don't know

13. 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
Mental health counseling?	<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 partner?	<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
Long term care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
County physicians?	<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
Outpatient therapy (ex. occupational therapy, physical therapy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

14. What is the reason you are without health care coverage? **(CHECK ALL THAT APPLY)**
- Never without health care coverage
 - Lost job or changed employers
 - Spouse or parent lost job or changed employers
 - Became divorced or separated
 - Spouse or parent died
 - Became ineligible (age or left school)
 - Employer doesn't/stopped offering coverage
 - Became a part time or temporary employee
 - Benefits from employer/former employer ran out
 - Couldn't afford to pay the premiums
 - Insurance company refused coverage
 - Lost Medicaid eligibility
 - Unable to access the exchange
 - Do not have the internet to access the exchange
 - Confused about choices on Market Place (Obamacare)
 - Cannot afford exchange premiums
 - Other
 - Don't know
15. During the past 12 months, why did you not get a prescription from your doctor filled? **(CHECK ALL THAT APPLY)**
- I had all prescriptions filled
 - I did not have any prescriptions to be filled
 - I have no insurance
 - I am taking too many medications
 - I couldn't afford to pay the out of pocket expenses
 - My co-pays are too high
 - My premiums are too high
 - My deductibles are too high
 - I have a high deductible with HSA account
 - I opted out of prescription coverage because I couldn't afford it
 - There was no generic equivalent of what was prescribed
 - I stretched my current prescription by taking less than what was prescribed
 - Transportation
 - Side effects
 - I did not think I needed it



16. 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
 - Difficulty navigating the Marketplace
 - Working with my insurance company
 - Mental health services not covered or limited services
 - Provider/facility is no longer covered
 - Service is no longer covered
 - Service is not deemed medically necessary
 - Limited visits
 - None of the above
 - Don't know
17. 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
 - Never
18. Within the past 12 months, have you had any of the following problems when you needed health care? **(CHECK ALL THAT APPLY)**
- My healthcare plan does not allow me to see doctors in Portage County
 - I had to change doctors because of my healthcare plan
 - I couldn't find a doctor to take me as a patient
 - I couldn't find a doctor that I am comfortable with
 - I couldn't get appointments when I want them
 - I didn't get health services because of discrimination
 - I didn't get health services because I was concerned about my confidentiality
 - I didn't have enough money to pay for health care
 - I didn't have insurance
 - I didn't have transportation
 - I did not have anyone to watch my parent or senior family member
 - I didn't have anyone to take care of my children
 - I was too busy to get the health care I needed
 - I was too embarrassed to seek help
 - I had another problem that kept me from getting health care: _____
 - I have not had any of these problems in the past 12 months

19. 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, Walgreen's, etc.)
 - Internet
 - VA
 - Chiropractor
 - Alternative therapies (ex: massage, hypnosis, acupuncture, etc.)
 - Some other kind of place
 - No usual place
 - Don't know
20. Have you looked for any of these types of programs for you or a loved one?

Depression, anxiety, or some mental health problem?	<input type="checkbox"/> Yes, and I have found one	<input type="checkbox"/> Yes, and I have <u>NOT</u> found one	<input type="checkbox"/> No, I have not looked
Alcohol abuse?	<input type="checkbox"/> Yes, and I have found one	<input type="checkbox"/> Yes, and I have <u>NOT</u> found one	<input type="checkbox"/> No, I have not looked
Drug abuse?	<input type="checkbox"/> Yes, and I have found one	<input type="checkbox"/> Yes, and I have <u>NOT</u> found one	<input type="checkbox"/> No, I have not looked
Weight problem?	<input type="checkbox"/> Yes, and I have found one	<input type="checkbox"/> Yes, and I have <u>NOT</u> found one	<input type="checkbox"/> No, I have not looked
Marital or family problems?	<input type="checkbox"/> Yes, and I have found one	<input type="checkbox"/> Yes, and I have <u>NOT</u> found one	<input type="checkbox"/> No, I have not looked
End-of-life care or Hospice care?	<input type="checkbox"/> Yes, and I have found one	<input type="checkbox"/> Yes, and I have <u>NOT</u> found one	<input type="checkbox"/> No, I have not looked
Gambling abuse?	<input type="checkbox"/> Yes, and I have found one	<input type="checkbox"/> Yes, and I have <u>NOT</u> found one	<input type="checkbox"/> No, I have not looked

21. 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?
- Have used a program or service
 - Not needed
 - 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
 - Didn't feel the services you had received were good
 - Other priorities
 - Have not thought of it
 - Other: _____
 - Don't know

22. How long has it been since you last visited a dentist or a dental clinic for any reasons? Include visits to dental specialists, such as orthodontists.
- Within the past year (anytime less than 12 months ago) – **GO TO QUESTION 24**
 - 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
23. What is the main reason you have not visited the dentist in the last year?
- Fear, apprehension, nervousness, pain, dislike going
 - Cost
 - I cannot get into a dentist
 - My dentist does not accept my medical coverage
 - Cannot find a dentist that takes Medicaid
 - Do not have/know a dentist
 - Cannot get to the office/clinic (too far away, no transportation no appointments available)
 - Cannot find a dentist that treats special needs clients
 - No reason to go (no problems, no teeth)
 - Other priorities
 - Have not thought of it
 - Other: _____
 - Don't know
24. 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
 - Don't know
25. 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 29**
 - Don't know
26. 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
27. 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
28. 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
29. During the past six months, have you or a family member experienced any of the following? (**CHECK ALL THAT APPLY**)
- Had to drink more to get same effect
 - Drank more than you expected
 - Gave up other activities to drink
 - Spent a lot of time drinking
 - Tried to quit or cut down (but couldn't)
 - Continued to drink despite problems caused by drinking
 - Drank to ease withdrawal symptoms
 - Failed to fulfill duties at work, home, or school
 - None of the above
 - Don't know
30. What are your reasons for not seeking a program or service to help with alcohol problems for you or a loved one? (**CHECK ALL THAT APPLY**)
- Have used a program or service
 - Not needed
 - Transportation
 - Fear
 - Cannot afford to go
 - Cannot get to the office or clinic
 - Don't know how to find a program
 - Stigma of seeking alcohol services
 - Do not want to miss work
 - Have not thought of it
 - Other: _____

31. 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, not at all or not applicable.

	Within past year	Before the past year	Not at all	Not Applicable
Your weight, diet or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Illicit drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Quitting smoking?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Depression, anxiety or emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significance of family history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-breast or self-testicular exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative pain therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- Yes
- No – **GO TO QUESTION 34**
- Don't know

33. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

_____ times

- Don't know

34. Have you ever been told by a doctor, nurse, or other health professional that you have arthritis?

- Yes
- No
- Don't know

35. Have you ever been told by a doctor that you have diabetes?

- Yes
- Yes, but only during pregnancy
- No – **GO TO QUESTION 37**
- No, pre-diabetes or borderline diabetes
- Don't know

36. About how long has it been since you had your blood sugar checked?

- 1 to 12 months ago
- 1 to 2 years ago
- 2 to 5 years ago
- 5 or more years ago
- Never
- Don't know

37. 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

38. 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

39. 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 41**
- Told borderline high or pre-hypertensive
- Don't know

40. Are you currently taking medication for your high blood pressure?

- Yes
- No

41. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- Yes
- No
- Don't know

42. 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
- Never
- Don't know

43. Have you ever been told by a doctor, nurse, or other health professional that you had cancer?
- Yes
 - No
 - Don't know

44. Have you had any of the following vaccines? **(CHECK ALL THAT APPLY)**

Annual seasonal flu vaccine-shot in the past year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Annual seasonal flu vaccine-nasal spray in the past year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Tetanus booster (Tdap) in the past 10 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Pertussis in the past 10 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Pneumonia vaccine in your lifetime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Human Papillomavirus (HPV) vaccine in your lifetime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Zoster (Shingles) vaccine in your lifetime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Chicken pox vaccine in your lifetime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
MMR (measles) in your lifetime?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Hepatitis A?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know
Hepatitis B?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know

45. What is the reason you did not get the flu vaccine?

- I did get the flu vaccine
- Don't need it
- Transportation
- Get sick from it
- It doesn't work
- Religious beliefs
- Flu vaccine is not available
- Time
- Cost
- Insurance won't pay for it
- Other: _____

46. Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No – **GO TO QUESTION 50**
- Don't know

47. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

48. 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

49. During the past 12 months, which of the following methods have you used to quit smoking? **(CHECK ALL THAT APPLY)**

- Cold turkey
- Nicotine gum
- Nicotine patch
- E-cigarette (Vaporizer, PV, e-hookah, hookah pens, vape pipes)
- Quit Line
- Prescribed Chantix
- Wellbutrin
- Hypnosis
- Acupuncture
- Cessation classes
- Support groups
- Substitute behaviors
- None, I did not try to quit smoking
- Did not smoke in the past 12 months
- Don't know/Not sure

50. Which forms of tobacco listed below have you used in the past year? **(CHECK ALL THAT APPLY)**

- Cigarettes
- Flavored cigarettes
- E-cigarette (Vaporizer, PV, e-hookah, hookah pens, vape pipes)
- Bidis
- Cigars
- Black & Milds
- Cigarillos
- Little cigars
- Swishers
- Chewing tobacco
- Snuff
- Snus
- Hookah (narghile, shisha and goza)
- Pipes
- None
- Other: _____

51. Which statement best describes the rules about smoking inside your home?

- Smoking is not allowed anywhere inside your home
- Smoking is allowed in some places or at some times
- Smoking is allowed anywhere inside your home
- There are no rules about smoking in your home
- Don't know

52. Would you support an ordinance to ban smoking in the following places? **(CHECK ALL THAT APPLY)**
- Vehicle with a minor present
 - Parks or ball fields
 - Fairgrounds
 - College/University campuses
 - Other: _____
 - None of the above
53. 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, coca leaves, or crank
 - Heroin
 - LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
 - Inhalants such as glue, toluene, gasoline, or paint
 - Ecstasy or E, or GHB
 - Bath salts (used illegally)
 - I have not used any of these substances in the past six months – **GO TO QUESTION 55**
 - Don't know
54. How frequently have you used drugs checked above 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 substances in the past 6 months
 - Don't know
55. 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)**
- Opiates such as OxyContin, Vicodin, Codeine, Demerol, Morphine, Percodan, or Dilaudid, Percocet
 - Ultram
 - Tranquilizers such as Valium or Xanax, sleeping pills, barbiturates, Seconal, Ativan or Klonopin
 - Suboxone or Methadone
 - Neurontin
 - Steroids
 - Ritalin, Adderall, Concerta or other ADHD medications
 - I have not used any of these medications in the past six months – **GO TO QUESTION 58**
 - Don't know/Not sure

56. How frequently have you misused the medications checked in question 55 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 misused any of these medications during the past six months
 - Don't know/Not sure
57. 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
58. 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

MEN GO TO QUESTION 63

59. 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

60. 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
61. 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
62. 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
 - Use other tobacco products
 - Use e-cigarettes
 - Consume alcoholic beverages
 - Use marijuana
 - Use any drugs not prescribed
 - Use opioids
 - Experience perinatal depression (during or after pregnancy)
 - Experience domestic violence
 - Received services at a pregnancy resource/crisis intervention center
 - Look for options for an unwanted pregnancy
 - Have an abortion
 - Give up child for adoption
 - Received opiate replacement therapy (ex. suboxone)
 - Do none of these things

WOMEN GO TO QUESTION 65

63. 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 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
64. 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 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
65. During the past 12 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
66. Have you been tested for any of the following sexually transmitted diseases (STDs) in the past 2 years?
- Chlamydia
 - Gonorrhea
 - Genital herpes
 - Syphilis
 - Human Papilloma Virus (HPV)
 - Hepatitis C
 - HIV/AIDS
 - Other STDs
 - None of the above
 - Don't know

67. 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 69**
 - Not currently 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 (Implanon 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)
 - My partner or myself is too old
 - My partner or myself is infertile
 - Other method (foam, jelly, cream, etc.)
 - Don't know/Not sure
68. 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
 - My partner or I don't like birth control/fear side effects
 - I don't think my partner or I can get pregnant
 - I cannot 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
 - My partner or I am too old (menopausal)
 - Lapse in use of method
 - My partner or I am currently breast-feeding
 - My partner or I just had a baby/postpartum
 - My partner or I am pregnant now
 - Don't care if you or your partner gets pregnant
 - Religious preferences
 - Don't know

69. Have you ever been forced to participate in sexual activity when you didn't want to?
- Yes
 - Yes, and I reported it
 - Yes, and I did not report it
 - No
70. 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, or low carb diet
 - 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 after eating
 - Take laxatives
 - Smoke cigarettes
 - Bariatric surgery
 - 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
 - Health coaching
71. 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
72. In a typical week, how many meals did you eat out in a restaurant or bring take-out food home to eat?
_____ Meals
73. How often do you do vigorous activities for at least 20 minutes that cause heavy sweating or large increases in breathing or heart rate? Please fill in the days per week for both summer and winter.
Days per week in the summer time _____
Days per week in the winter time _____
- Unable to do this type of activity
 - Don't know
74. How often do you do light or moderate activities for at least 30 minutes that cause only light sweating or slight to moderate increases in breathing or heart rate? Please fill in the days per week for both summer and winter.
Days per week in the summer time _____
Days per week in the winter time _____
- Unable to do this type of activity
 - Don't know

75. What type of moderate physical activity or exercise did you spend the most time doing during the past year?
- I did not exercise
 - Running/jogging
 - Walking
 - Cycling
 - Exercise machines
 - Exercise through my occupation
 - Group exercise classes
 - Swimming
 - Strength training
 - Active video games (i.e., Wii)
 - Exercise videos (i.e., P90X)
 - Other: _____
 - Unable to exercise

76. 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, biking trails, or parks
 - 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
 - I do not have an exercise partner
 - Too tired
 - Lazy
 - No sidewalks or poorly maintained sidewalks
 - Other: _____

77. On an average day, how many hours do you spend doing the following activities?

TV	Video Games <i>(non-active)</i>	Computer <i>(outside of work)</i>	Cell Phone <i>(talk, text, internet)</i>
<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

78. Where do you purchase/obtain your fresh fruits and vegetables? **(CHECK ALL THAT APPLY)**
- Grow your own/garden
 - Large grocery store (ex. Wal-Mart, Giant Eagle)
 - Local grocery store (ex. Marc's, Acme)
 - Restaurants
 - Farmer's Market
 - Food Pantry
 - Consumer Supported Agricultural (CSA)
 - Corner/convenience stores
 - Other
 - I do not purchase fruits and vegetables

79. What determines the types of food you eat? **(CHECK ALL THAT APPLY)**
- Cost
 - Healthiness of food
 - If it is genetically modified (GMO)
 - If it is organic
 - Calorie content
 - Nutritional content (reading label)
 - Taste
 - Gluten-free
 - Lactose-free
 - 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 food sensitivities
 - Other: _____
 - Don't know

80. 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

81. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes
 - No – **GO TO QUESTION 83**

82. 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

83. Have you or a family member ever been diagnosed or treated for a mental health issue? 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"/>
Bipolar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Deficit Disorder (ADD/ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and 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"/>
Developmental Disability (cognitive/intellectual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism spectrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Adjustment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental health disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have taken medication for one or more of the mental health issues above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

84. Where do you get the social and emotional support you need? **(CHECK ALL THAT APPLY)**

- I don't get the social and emotional support I need
- Friends
- Family
- Neighbors
- Internet
- Church
- Community
- A professional
- Self-help group
- Other: _____

85. What would you do if you knew someone who was suicidal? **(CHECK ALL THAT APPLY)**

- Call 911
- Call a crisis line
- Take them to the ER
- Call a friend
- Talk to them
- Try to calm them down
- Nothing
- Other: _____

86. What causes you anxiety, stress, or depression? **(CHECK ALL THAT APPLY)**

- Fighting in home
- Family member in military
- Unemployment
- Poverty/no money
- Marital/dating relationship
- Fighting with friends
- Alcohol or drug use in the home
- Death of close family member or friend
- Divorce/separation
- Family member is sick
- Caring for a parent
- Caring for someone with special needs
- Raising/caring for grandchildren
- Family member with a substance abuse problem
- Family member with a mental illness
- Not having a place to live
- Not feeling safe at home
- Job stress
- Financial stress
- Other stress at home
- Not feeling safe in the community
- Sexual orientation/gender identity
- Not having enough to eat
- Other: _____
- None of the above

87. Are you limited in any way in any activities because physical, mental, or emotional problems?

- Yes
- No
- Don't know

88. Because of any impairment or health problem, do you need the help of other persons with any of the following needs? **(CHECK ALL THAT APPLY)**

- I am not limited by any impairments or health problems
- Eating
- Bathing
- Toileting
- Dressing
- Getting around the house
- Household chores
- Cooking
- Doing necessary business
- Yard work
- Shopping
- Bills
- Getting around for other purposes
- Transportation
- Child care
- None of the above

89. What major impairments or health problems limit your activities? **(CHECK ALL THAT APPLY)**

- I am not limited by any impairments or health problems
- Arthritis/rheumatism
- Back or neck problem
- Chronic pain
- Fractures, bone/joint injury
- Fitness level
- 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
- Other mental health issue
- Tobacco dependency
- Alcohol dependency
- Drug addiction
- Learning disability
- Developmental disability (cognitive/intellectual)
- Mental health illness/disorder
- Sleep problems
- Incontinence
- Other impairment/problem

90. 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
- Don't know

91. 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

92. During the past 12 months, were you abused by any of the following? Include physical, sexual, emotional, financial and verbal abuse. **(CHECK ALL THAT APPLY)**

- A spouse or partner
- A parent
- Child
- Another person from outside the home
- Another family member living in your household
- Someone else
- I was not abused in the past 12 months – **GO TO**

93. How were you abused? **(CHECK ALL THAT APPLY)**

- Physically abused
- Sexually abused
- Verbally abused
- Emotionally abused
- Financially abused
- Any of the above through electronic methods (such as texts, facebook, etc.)
- I was not abused in the past 12 months

94. What are your concerns in this community? **(CHECK ALL THAT APPLY)**

- Traffic
- Unemployment
- Underemployment
- School funding
- Lack of affordable housing
- Lack of affordable transportation
- Lack of affordable healthcare
- Lack of health education
- Cancer prevention screening
- Seat belt or restraint usage
- Falls
- Violence
- Speeding
- Chronic disease prevention
- Physical fitness opportunities
- Nutrition
- Healthy eating
- Hunger/food security
- Cooking
- Bicycle safety
- OVI (Operating a Vehicle Impaired)
- DUI (Driving Under the Influence)
- Distracted driving
- Bullying/cyberbullying
- Sexting
- Teen pregnancy
- Suicide prevention
- Alcohol abuse
- Tobacco use
- Illegal drug use
- Opiate/prescription drug abuse
- Youth substance abuse
- Parents hosting/allowing underage drinking
- Gambling
- Disaster preparedness
- Homelessness
- Senior/elder care
- Discrimination based on race/ethnicity, sexual orientation, etc.
- Other: _____
- None of the above
- Don't know

95. Do you do any of the following while driving? **(CHECK ALL THAT APPLY)**
- Wear your seatbelt
 - Drive without a seatbelt
 - Talk on hand-held cell phone
 - Talk on hands-free cell phone
 - Text
 - Are under the influence of alcohol
 - Are under the influence of recreational drugs
 - Are under the influence of prescription drugs
 - Read
 - Eat
 - Use Internet on cell phone
 - Check facebook on cell phone
 - Other (i.e., apply make-up, shave)
 - I do not drive
 - None of the above
96. 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
 - Indoor air quality
 - Outdoor air quality
 - Temperature regulation (heating and air conditioning)
 - Safety hazards (structural problems)
 - Lead paint
 - Chemicals found in household products (i.e. cleaning agents, pesticides, automotive products)
 - Agricultural chemicals (i.e. pesticides, insecticides, fertilizers)
 - Mold
 - Moisture issues
 - Sanitation issues
 - Asbestos
 - Radiation
 - Fracking
 - Radon
 - Hazardous waste incidents, storage and transport
 - Food safety/food-borne infections
 - Excess medications in the home
 - General living conditions
 - None

97. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency?
- Television
 - Radio
 - Internet
 - Social media (ex. Facebook, Twitter, etc.)
 - Newspaper
 - Neighbors
 - Friends/Family
 - Local Emergency Alert System
 - Portage Prepares
 - Other: _____
 - Don't know
98. Does your household have any of the following disaster/emergency supplies? **(CHECK ALL THAT APPLY)**
- 3-day supply of water for everyone who lives there (1 gallon of water per person per day)
 - 3-day supply of nonperishable food for everyone who lives there
 - 3-day supply of prescription medication for each person who takes prescribed medicines
 - A working battery operated radio and working batteries
 - A working flashlight and working batteries
 - Cell phone
 - Cell phone with texting
 - Home land line telephone
 - A working smoke detector
 - Generator
 - Disaster plan
 - A family disaster plan
 - Communication plan (ways to contact family and friends)
 - None of the above
 - Don't know
99. If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would you evacuate?
- Yes
 - No
 - Don't know
100. What would be the main reason you might not evacuate if asked to do so?
- Lack of transportation
 - Lack of trust in public officials
 - Concern about leaving property behind
 - Concern about personal safety
 - Concern about family safety
 - Concern about leaving pets
 - Concern about traffic jams and inability to get out
 - Health problems (could not be moved)
 - Other
 - Don't know

101. 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
102. What is your zip code? _____
103. What is your age? _____
104. What is your gender?
- Male
 - Female
105. What is your race?
- American Indian/Alaska Native
 - Asian
 - Black or African-American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Other: _____
 - Don't know
106. Are you Hispanic or Latino?
- Yes
 - No
 - Don't know
107. Are you...
- Married
 - Divorced
 - Widowed
 - Separated
 - Never been married
 - A member of an unmarried couple

108. How would you describe yourself?
- Heterosexual
 - Gay
 - Lesbian
 - Bi-sexual
 - Transgender
 - Other
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. Describe your home: **(CHECK ALL THAT APPLY)**
- Rural – I live in the country
 - I live in a village, town, or city
 - Mobile home
 - Apartment complex
 - Duplex
 - House that I rent
 - House that I own
 - I share my home with family or friends who have nowhere else to live
 - Motel
111. What city, town, or township do you live in?
- City of Aurora
 - City of Kent
 - City of Ravenna
 - City of Streetsboro
 - City of Tallmadge
 - Atwater Township
 - Brimfield Township
 - Charlestown Township
 - Deerfield Township
 - Edinburg Township
 - Franklin Township
 - Freedom Township
 - Hiram Township
 - Mantua Township
 - Nelson Township
 - Palmyra Township
 - Paris Township
 - Randolph Township
 - Ravenna Township
 - Rootstown Township
 - Shalersville Township
 - Suffield Township
 - Windham Township
 - Brady Lake Village
 - Garrettsville Village
 - Hiram Village
 - Mantua Village
 - Mogadore Village
 - Sugar Bush Knolls Village
 - Windham Village

112. 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
113. 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
114. Is your 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
115. About how much do you weigh without shoes?
- POUNDS _____
- Don't know
116. About how tall are you without shoes?
- FEET _____
- INCHES _____
- Don't know

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, 2013. Other questions are © 2015 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 would like to include your name on the return envelope, we will remove you from the mailing list and you will not receive any additional information.

E. UH Portage Medical Center Prioritization Score Sheet

Please rate each criterion on a scale of 1 to 3:	(1) Unlikely (Mild)					
	(2) Somewhat Likely (Moderate)					
	(3) Very Likely (Severe)					
	Scale 0 – 12					
IDENTIFIED NEEDS	Hospital's Ability to Meet the Need; Mission-Alignment	Ability to Track Progress; Access to Data	Magnitude of the Health Disparity; Impact on Vulnerable Populations	Burden, Scope and Severity of Need	TOTAL	Potential for "Green" Co-Benefit Strategies ("X")
Vulnerable Populations/Health Disparities						
Services for the Elderly – esp. Veterans						
Lower Income – Related to Windham and Single-Headed Houses						
Growing International KSU Population						
Access						
Cost of Care						
Insufficient PCPs/Higher rate of Preventable Hospitalizations						
Insufficient Specialists						
Transportation						
Health Literacy/Knowledge of Resources						
Life Style						
Obesity (youth and adults)						
Substance Abuse: Opiates, Alcohol						
Smoking						
Chronic Disease						
Cancer						
Diabetes/Hypertension/Cholesteral						
Coronary Heart Disease						
Renal Failure, Pneumonia						
Mental Illness (youth and elderly)						
Asthma (Children)						
Other						
Physical Environment						
Access to Healthy Food (Issue of cost primarily)						

F. UH Portage Medical Center Prioritization Background and Instructions

Below you will find a description of the assumptions and decisions that were made to develop the score sheet. These can be adjusted if necessary – they were provided as a starting point.

Identified Needs

The needs were populated based on discussions with the UH Portage Medical Center CHNA Team, President and consultants.

Criteria for Assessing Needs

Four criteria were selected by UH Government & Community Relations administrators based on a list of recommended items from the State of Ohio's Health Assessment process. The full list was previously shared with the UH Portage Medical Center CHNA team.

Rating Scale

The rating scale has a range of 1 – 3, with 1 being less "favorable" and 3 being most "favorable." The first two columns (criteria) require the use of the descriptors "Unlikely," "Somewhat Likely" or "Very Likely." The next two columns (criteria) require the use of the descriptors: "Mild," "Moderate" or "Severe."

Process

Step One: Discuss and agree on the needs

Step Two: Discuss and agree on the criteria for prioritizing the needs

Step Three: Rate the need by placing a number in the field beside each one based on the criteria in that column. The spreadsheet will automatically tally the score.

Step Four: Place an "X" in the final column if you anticipate a "green" co-benefit associated with this need/anticipated strategy.

Step Five: Facilitator (Danielle) will ask each person to report their final scores from each need and will tally and reveal the scores.

Step Six: Use the scores to guide the discussion to identify two to three priorities to be addressed this round (2016 – 2018).

Step Seven: Identify existing or new community partners that you anticipate engaging to assist with the work.