

2006 Marion Community Assessment

Final Report

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**MARION COMMUNITY
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A Legacy of Caring ... A Spring of Hope

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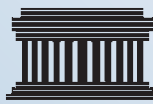
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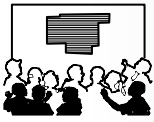
CITY OF MARION
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**Marion County
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Acknowledgements

The 2006 Marion Community Assessment was truly a community project. Much time and effort have gone into planning, undertaking, and reporting this assessment, and it could not have been completed without the cooperation, input, and support of representatives of the community.

First and most importantly, sincere thanks to members of the community- adults and youth- that took the time to participate in the assessment by sharing their thoughts and experiences. Any community assessment is only as good as the data it collects, and this assessment benefited from the commitment of residents of Marion County who took the time to participate in the surveys.

Thanks are also due to many other individuals and agencies. The Marion Public Library assisted with collection of surveys. Local high school, junior high school, elementary school, and preschool education providers as well as local daycare centers provided exceptional assistance in ensuring that the assessment included information on children. Several individuals assisted with survey data collection: Alice Bailey, Rabeya Chaudry, Anne Davy, Amy Gorenflo, Marty Voll, as well as Barbara Polivka (Associate Professor) and Mary Beth Kaylor and Evelyn Oxenford (graduate students) from the Ohio State University College of Nursing. The Community Assessment Advisory Committee provided key assistance in planning and conducting this project, and committee members' names are listed in Appendix A. Space prohibits mentioning all of them, but special thanks are due to the following: Beth Babich, Brad Bebout, Anne Davy, Jody Demo-Hodgins, Deb French, Roger George, Amy Gorenflo, Henry Heinzmann, Joyce Richmond, Tom Shade, Brian Sparling, Mary Voll, and Bev Young. The staff at Laipply's Quickprint & Graphics went above and beyond the services of printing the data collection materials and final report for this project by providing advice and displaying flexibility, patience, and commitment to make this report a more useful tool.

This project could not have been conducted without the primary financial support and commitment of the Marion Community Foundation along with the additional funding and in-kind* support from these community agencies: Junior Service Guild of Marion County, the Marion City Health Department*, the Marion County Health Department*, Marion County Children Services*, Marion General Hospital*, and the United Way of Marion County. The Marion Community Foundation, the Ohio State University College of Nursing, and Ohio State Marion also provided in-kind support.

At Project Director, I am proud of the work that has been invested in this project by everyone who supported it from the beginning. It has been a great pleasure to be part of this community assessment, and I am appreciative and proud - as a Marion County resident and public health nursing educator- of this community's effort and work. I acknowledge the numerous contributions that have been made to this project, although space does not permit me to list everyone by name. If I have inadvertently omitted acknowledging any individuals or agencies, I apologize for this oversight. As author of this report, I assume all responsibility for its accuracy and content, and I hope that this report will be a valuable tool for our community in continuing to work to make Marion County a healthy community for everyone.

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Introduction

This report describes the process and results of the 2006 Marion Community Assessment project, which was a comprehensive assessment of the health and social status of the Marion County (non-institutionalized) community. Data from community residents and key informants were collected through various surveys conducted at different time periods in 2006. Objective health and social data were collected from numerous sources in 2006 and 2007. However, the objective data that were collected were secondary data, that is, they were not collected originally for the purpose of this assessment project. Therefore, they were collected at different time periods, for different reasons, by different entities, and through different data collection methods. Information on the different sections of this report are provided to assist the reader in locating and interpreting the information in this report.

How to Use This Report

The Executive Summary first provides brief introduction to the project, a brief explanation of what a community assessment is, and the model that provided the framework for this project. Next, key findings are presented from the objective health and social data that were compiled and from the four surveys that were conducted for this project. The Executive Summary concludes with a list of the recommended next steps that are suggested to carry the work of this project forward to make the Marion County community a “healthier community” for all of its residents.

Chapter 1 presents a profile of the Marion County community using secondary objective data collected from various sources. Chapters 2 through 5 present results of the four surveys that provided the primary data for this report. In each chapter, survey results are presented in categories of related questions. Whenever possible, comparative data from other health and social surveys conducted in Marion, other counties, or in Ohio are presented to help the reader interpret the meaning of the data. Similarly, targets from the national objectives in Healthy People 2010¹⁰ are presented to help the reader gauge how Marion County compares to these national goals and what health or social issues should be addressed in the future. All sources of comparison data are included in the reference list that follows Chapter 6 of this report.

Figures and tables are included throughout each chapter to illustrate the results without using lengthy text. The symbol *n* may appear in titles of figures or tables. This symbol represents the number of items being described within the particular table or figure.

Note: The reader is cautioned that because Marion is a relatively small county compared to other counties, and is categorized as a rural county by the Ohio Department of Health, data from one time point are not considered stable for conclusive judgments. In addition, although some survey data were analyzed using statistical techniques, these analyses were conducted for description only. The survey data for this report were not collected for research purposes, and no attempt was or should be made to infer statistical relationships from the findings presented in this report. Comparisons are made for descriptive purposes only.

Chapter 1: The Marion County Community at a Glance presents the objective secondary health data that were compiled to present a picture of the health and social status of Marion County. Several types of data are presented; these data were collected by agencies in the county, by agencies at the state level, and in some cases by agencies at the national level. Whenever possible, data are presented for different years to present a picture of the trends that are occurring in the community. Similarly, whenever possible, comparative information is also presented for the state, selected neighboring or nearby counties, and from the national objectives in Healthy People 2010¹⁰. These comparison counties were approved by the Community Assessment Advisory Committee, which provided input into how the project should be conducted. (For more information on the Community Assessment Advisory Committee and its contributions to this project, please see the last paragraph of this section.)

Chapter 2: Survey of Parents of Young Children. This survey was undertaken to complement information on adolescents that was gathered in the survey of youth in 7th and 10th grades (described below). Survey questions focused on health behaviors, health conditions, and access to care for children age birth to six years old. A standardized set of questions that identify children with special health care needs was also included. Data were collected primarily from parents of children in kindergarten, day care centers, preschools, and special education programs in Marion County. Comparisons are made by age group.

Chapter 3: Survey of Youth. Surveys were conducted in 7th and 10th grades in all junior/middle and senior high schools in Marion County. Survey questions focused on risk behaviors, access to care, and for 10th graders, plans for the future. Comparisons are made between grades and between males and females within grades.

Chapter 4: Survey of Adults. Data were collected from surveys mailed to a randomly selected sample of registered voters and from convenience samples from four community venues. Comparisons are made between age groups.

Chapter 5: Survey of Key Informants. Three surveys were used to gather data on key informants' perceptions of health and social needs in the Marion County community: a general health and social issues survey, a survey of health and social services in the community, and a survey of unmet needs.

Chapter 6: Recommendations. The project director presented this report in final draft form to the Community Advisory Committee. After discussion of needed revisions and clarifications about the findings, the Committee discussed the proposed recommendations that were based on the assessment findings. The Committee made revisions and came to consensus on the final list, which is provided in this section. The Committee also came to consensus on descriptions of the next steps that might be undertaken to develop strategies to address the recommendations from the assessment, including disseminating the report to the community.

References. References are provided for all sources used in this report.

Appendix A: Community Assessment Advisory Committee Membership. A list is provided of individuals that comprised this committee and the organizations they represented or their qualifications for the committee.

Appendix B: Technical Notes. This appendix provides details of the background of the project, the framework for the assessment, and process that was followed for the project, including the specific survey instruments and the methods of data collection and analysis. The appendix also provides information on the supporting documents that were used in this report.

Appendix C: The Survey of Parents of Young Children. A copy of the survey instrument and results for all questions are provided.

Appendix D: The Survey of Youth. A copy of the survey instrument and results for all questions are provided.

Appendix E: The Survey of Adults. A copy of the survey instrument and results for all questions are provided. Comments that were written in response to the final survey question and comments written on the back cover of the survey are also provided.

Appendix F: The Survey of Key Informants. A copy of the survey instrument and results for each question is provided. A list of the 36 health and social service areas and the definitions of each service are also provided.

Acknowledgments. Although this report was written by the project director, who assumes all responsibility for its content, this project was a collaborative effort in all phases. Both in-kind and dollar support from seven agencies in the Marion Community made this project possible. Any success that this project had in obtaining credible data from various sources is due largely to the guidance of the Community Assessment Advisory Committee (members are listed in Appendix A), and in particular through the collaboration and active participation of several individual members of the Committee. The Committee members generously shared their time and expertise and provided input into how this project should be carried out. For example, as previously noted, the Committee approved the comparison counties for the profile of the Marion County community (Chapter 1), contributed to the development and implementation of the four surveys, prioritized recommendations and identified next steps, and gave input into the structure and contents of this report. Other entities in the community also provided the support necessary to make this truly a community effort, including the media and not the least of all the individuals who so generously gave of themselves to respond to the surveys that provided the data for this report. Please take the time to review the Acknowledgements on page 3 to get a better picture of the “community effort” that was devoted to this project.

Executive Summary

Project overview

The 2006 Marion Community Assessment was undertaken to determine the health and social needs of the Marion County community. The project was conducted with primary funding support from the Marion Community Foundation, with additional funding support from funding from Junior Service Guild of Marion County, the Marion City Health Department, the Marion County Health Department, Marion County Children Services, Marion General Hospital, and United Way of Marion County. A faculty member from the Ohio State University College of Nursing was the project director. The project director formed a 61-member Community Assessment Advisory Committee, comprised of representatives from various public and private agencies in the community, that provided recommendations and input into all phases of the project.

The assessment was conducted based on the Mobilizing for Action through Planning and Partnerships (MAPP).¹ After funding for the project was obtained, the project director met with the Community Assessment Advisory Committee in January 2006 to obtain the Committee's recommendations for the data collection protocol and instruments for the assessment. Subgroups of the Committee met again to finalize the instrument for the Survey of Youth. The project director emailed draft versions of all data collection tools to the Committee, and recommendations were incorporated into the final versions of the instruments. All survey data (Survey of Parents of Young Children, Survey of Youth, Survey of Adults, and Survey of Key Informants) were collected between April and September, 2006. Secondary objective data (health and social status indicators) were collected between August 2006 and April 2007. Wherever possible, objective data for Marion County were compared to seven surrounding counties and to the state as a whole. The project director analyzed all data.

Preliminary results were presented to the Community Assessment Advisory Committee at two meetings in April 2007. At those meetings, the Committee discussed the key findings, recommended further analyses, and provided input into the format for the final report. The project director completed the additional data analyses and formulated a list of recommended priority areas of health and social needs based on the assessment findings. These priority areas were presented to the Committee in two separate meetings. The first meeting focused on adult health and social issues, based on objective data and data from the Survey of Adults. The second meeting focused on issues related to children (young children and adolescents), based on objective data and data from the surveys of parents of young children and of youth in 7th and 10th grades. At each meeting, Committee members discussed the findings and the draft recommended priority areas, ranked the areas, and reached consensus on the wording and priority order of the final recommended priority areas. The project director finalized the recommendations, which are presented in final version in this report. The project director will make the first presentation of the final report and recommendations to the community at a meeting convened by the Marion Community Foundation that is planned for July 2007.

Data collection, Key findings, and Recommendations

Priority areas regarding young children.

A review of objective data related to health and social issues in young children revealed that Marion compares unfavorably to the comparison counties and to the state as a whole on several key indicators of child health: babies born at low birth rate, infant mortality, percentage of children that have a blood lead test at age 1 and 2 years, obesity, percentage of children age 25 months and older that receive recommended well child visits or dental care.

Survey data were collected through a convenience sample of parents of children enrolled in all kindergarten and day care centers in the community as well as in special programs for education (Head Start, Marion County Board of Mental Retardation & Developmental Disabilities). Data were collected through 388 surveys, 97% of which were completed by mothers or fathers versus grandparents or guardians. Due to the nature of data collection, a response rate could not be calculated. Priority areas identified regarding young children age birth to kindergarten age were:

1. Dental care
2. Overweight
3. Exposure to second-hand smoke; Health insurance; Nutrition-fast food (ties)
4. Lead poisoning testing; Nutrition- poverty/food insecurity; Well (medical) child care (ties)
5. Treating head lice (product use)
6. Safe neighborhoods
7. Watching television
8. Having a personal doctor or nurse; Nutrition- breast feeding; Prevalence of Children with Special Health Care Needs; Safety in the home (parents and children) (ties)

Birth outcomes were identified as a priority area by the Community Assessment Advisory Committee based on results from the review of objective data on maternal and child health indicators.

Priority areas regarding youth (junior high and high school age).

A review of objective data related to health and social issues in youth revealed that Marion compares unfavorably to the comparison counties and to the state as a whole on teen pregnancy rate and the percentages of youth up to age 19 that receive recommended well child visits or dental care. The objective data also indicated that Marion County compares unfavorably to the state in mortality rates due to accident or injury, and although these indicators were not broken down by age group, it is reasonable to assume that this is an issue that needs to be explored regarding youth in Marion County.

Survey data were collected through in-person interviews with youth in 7th and 10th grades in all schools in Marion County. A total of 1,201 surveys were collected (635 from youth in 7th grade, and 566 from youth in 10th grade). The response is estimated at 60% overall. Priority areas identified regarding youth in 7th and 10th grades were:

1. Sexual activity and teen pregnancy; Sexually transmitted infections (ties)
2. Alcohol use; Bullying (ties)
3. Overweight and safe weight loss; Smoking (ties)
4. Emotional health; Personal safety (weapons, assault, forced sex, fighting); Substance use (ties)

5. Dental care; Peer pressure (ties)
6. Chronic illness (asthma, diabetes, hypertension, migraine headache); Well (medical) care (ties)
7. Physical activity and exercise
8. Seatbelt use

Priority areas regarding adults.

A review of objective data related to health and social issues in adults revealed that Marion compares unfavorably to the comparison counties and to the state as a whole in the following areas: overall age-adjusted adult mortality rate; mortality due to diseases (heart disease, malignant neoplasms, lung cancer, diabetes mellitus); mortality due to motor vehicle, other accidents, and suicide; selected maternal health indicators (entry into prenatal care at first trimester, pre-term birth).

Survey data were collected through mailed surveys to a randomly-selected sample of registered voters and through in-person surveys with targeted subgroups (African American, Latinos, persons living in a local homeless shelter, and older adults). A total of 587 surveys were obtained from adults (528 mailed surveys and 59 in-person surveys). The response rate for the mailed survey was approximately 21%. Priority areas identified regarding adults were:

1. Birth outcomes
2. Health Insurance; Overweight (ties)
3. Seat belt use; Smoking and smoking cessation (ties)
4. Chronic illnesses: cancer, diabetes, hypertension
5. Mortality and morbidity from suicide and injury (including motor vehicle accidents) (ties)
6. Safe neighborhoods
7. Firearm safety; Helmet use (ties)

Other important areas discussed but not ranked were different types of discrimination; smoke alarms, and use of sunscreen.

Priority areas also were identified based on findings from the Survey of Key Informants. Data were collected through mailed surveys to key informants (representing government, public, and private agencies throughout the Marion County community). Forty-nine surveys were returned, representing a 29% response rate. The priority areas identified from the key informant survey were determined by the percentage (over 60%) of respondents that responded "Very important" to the question that asked them to rate "How important is it to address this issue?" for 36 defined health or social needs. These priority areas were identified solely on the basis of survey responses, and were not prioritized by the Community Assessment Advisory Committee. Priority areas identified based on the findings from the key informant survey were:

1. Child abuse & neglect (report hotline, outreach/education)
2. Crisis stabilization services; Health insurance for adults (ties)
3. Children's health insurance; Emergency preparedness/response; Outpatient domestic violence services (ties)
4. Domestic violence shelter care
5. Child dental care; Head Start/other early childhood education; Outpatient mental health services (ties)

The priority areas listed above are provided to increase the likelihood that they will be useful for the next two steps identified in the MAPP¹ model, namely the identification of strategic issues (MAPP Step 3) and the formulation of goals and strategies to address the identified issues (MAPP Step 4). The MAPP model is based on seven principles, and these principles provide a basis for the continued work that the community may undertake to address health and social needs through systems thinking, dialogue, shared vision, data, partnerships and collaboration, strategic thinking, and celebration of successes.

FIGURE ES-1

The MAPP Model



Chapter 1 Marion at a Glance

Location.

Marion County is located in north central Ohio and is bounded by the following counties: Wyandot and Crawford to the north, Hardin to the west, Union and Delaware to the south, and Morrow to the east. The county covers 258,559.8 acres, of which 223,174.5 (86.3%) are agricultural or open areas, and 3,200.8 (1.2%) are urban areas. The remaining areas are wooded (10.3%), non-forested woodlands (0.94%), shrub/scrub (0.8%), open water (0.25%), and barren (0.16%).² The three natural waterways that are present in the county are the Little Scioto, Scioto, and Whetstone Rivers.

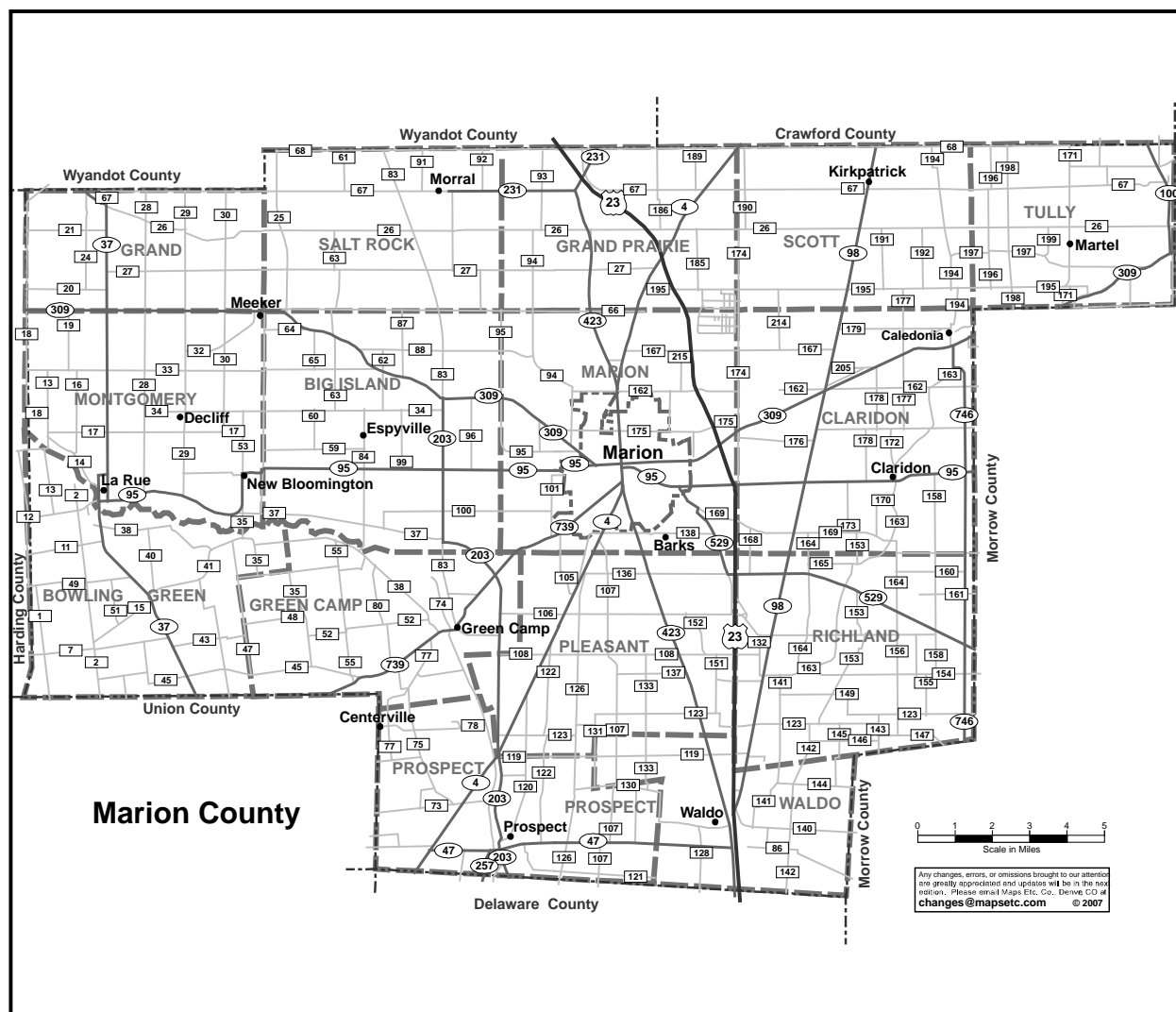
Marion County is comprised of one city, Marion, which accounts for approximately 53% of the county population. The remaining population resides in one of the county's 13 townships: Big Island, Claridon, Grand Prairie, Green Camp, Montgomery, Marion, Pleasant, Prospect, Richland, Salt Rock, Scott, Tully, and Waldo.²



Selected Demographic Indicators for Marion County

Note: Readers are warned that caution should be used in interpreting much of the data presented in this chapter, because the calculated rates and percentages are considered unstable due to the relatively small size of Marion County. Rates are also considered to be unstable and potentially misleading when only one year or few years' data are presented.

Population. Based on the 2000 US Census, the population of Marion County was 66,217, of which 52% were male and 48% were female. Census projections for 2005 show a 0.4% decrease in the population, with an increase in the median age from 37.2 in 2000 to 38.1 in 2005².



The majority of the Marion County population is classified as being of one **race** (98.9%). The majority of the population is white (92.4%), followed by black/African American (5.4%); 1.1% of the population is comprised of people in the following racial groups: American Indian and Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and other races. Although official estimates are that 1.3% of the population is of Hispanic or Latino ethnicity², this estimate may be an underestimate.

Information from the 2005 census update indicated that 84% of adults age 25 and older who reside in Marion County are high school graduates or higher, and 11.9% have a bachelor's degree or higher. Fifty-six percent of males age 15 and older and 50.4% of females age 15 and

older are married (except separated). The mean travel time to work, for individuals 16 and older, is 20.3 minutes.²

The percentage of the Marion County population **enrolled in Medicaid** in 2000 was 18.1%, compared to the state rate of 16.6%. After declining from 1990 to 2000, poverty projections were estimated to increase in 2005 (percentages of individuals below poverty and individuals below poverty).³

Selected population characteristics are presented for Marion County (Table 1-1) and for Marion County, selected comparison counties, and Ohio (Table 1-2).

Table 1-1
Population composition of Marion County: 1990, 2000, 2005 estimate⁴

	1990	2000	2005 estimate
Total	64,274	66,217	61,031
Male	32,005	34,207	29,547
Female	32,269	21,010	31,484
Median age (years)		37.2	38.1
Under 5 years	4,800	4,001	3,793
18 and over	47,108	50,024	46,224
65 and over	8,134	8,857	8,475
Per capita income	\$11,547	\$18,255	\$18,532
Median family income	\$30,567	\$45,297	\$44,348
% individuals below poverty	12.7%	9.7%	11.0%
% families below poverty	10.1%	7.4%	11.2%
% families below poverty with related children under 18 years	15.4%	11.3%	NA
% families below poverty with related children under 5 years	20.6%	17.3%	NA
% individuals below poverty		9.7%	16.8%

Income is in inflation adjusted dollars for each year.

Table 1-2
Demographic Statistics for Ohio, Marion, and Other Selected Counties, 2005⁴

	Ohio	Marion	Auglaize	Crawford	Delaware	Hardin	Morrow	Seneca	Wyandot
Total	11,464,042	65,932	47,242	45,774	150,268	32,032	34,322	57,483	22,813
% population change 4/1/00 - 7/1/05	1.0%	-0.4%	1.4%	-2.5%	36.6%	3.0%	8.5%	-2.0%	-0.4%
% under 5 years	6.4%	5.8%	5.9%	6.1%	7.2%	5.8%	6.0%	6.2%	6.2%
% under 18 years	24.1%	22.9%	24.8%	23.3%	25.8%	22.2%	24.3%	23.9%	23.6%
% 65 and over	13.3%	13.4%	14.9%	16.0%	7.8%	12.8%	11.6%	14.1%	15.8%
Median household income, 2003	\$43,119	\$39,316	\$44,664	\$37,240	\$73,273	\$35,784	\$42,793	\$38,672	\$40,750
% persons below poverty, 2003	10.6%	11.0%	6.7%	10.5%	4.6%	10.5%	9.1%	9.1%	6.3%

Income is in inflation adjusted dollars for each year. Statistics are for 2005 unless otherwise noted.

Selected Health Status Information for Marion County². Marion County is served by one general hospital, seven nursing homes, four residential care facilities, and two local health departments. The ratio of population to primary care physicians is 1,246:1, compared to the corresponding state ratio of 852:1. The ratio of population to primary care dentists is 2,751:1, compared to the corresponding ratio for the state of 2,229:1. The county is designated as a mental health professional shortage area. Selected health status indicators for pregnant women and infants, children and teens, adults, and the general population is presented below and in Tables 1-3, 1-4, and 1-5.

Maternal and Infant Health⁵. Table 1-3 (see page 15) presents standard indicators of **maternal and infant health** for Marion County, the state of Ohio, and selected comparison counties. The data indicate that Marion County compares unfavorably with other counties and the state overall on these indicators: low birth weight (highest), first trimester entry into prenatal care (lower than 5 of the 7 comparison counties and the state), preterm birth (highest), infant mortality (higher than 4 of the 7 comparison counties), and percentages of mothers married (lower than the state and 6 of the 7 comparison counties).

Marion County's **teen pregnancy rates** for 2002 were higher than the state and the five comparison counties for teens age: 10 to 19, 10 to 14, 15 to 19, and 18 to 19, and were higher than the state and all but one comparison county for teens age 15 to 17. For 2005, Marion County's teen pregnancy rates were higher than the state and seven comparison counties for teens in all age groups except less than 15.⁶

Data obtained from the Ohio Medicaid program on **birth outcomes for pregnant women enrolled in Ohio Medicaid** indicate that the percentage of pregnant women who have timely prenatal care is lower in Marion than in four of the five comparison counties, but the percentage of pregnant women in Marion County that have timely postnatal care exceeds those of the state and all five comparison counties.⁷

Child Health. Selected indicators of child health for Marion County, Ohio, and comparison counties are presented in Table 1-4 (see pages 16-18). Among the top 10 causes of **infant death** in Ohio in 2002, Marion County exceeds state percentages for congenital malformations, Sudden Infant Death Syndrome (SIDS), and newborns affected by maternal complications of pregnancy.⁵

Rates and results of **lead testing** for children is particularly important because three ZIP Codes within Marion County are designated as high risk ZIP Codes for children for blood lead poisoning: 43302, 43337, and 44833.⁸ Ohio state law requires that all children who reside in a high risk ZIP Code, as well as children that are enrolled in Medicaid, must have a blood lead test twice between 9 and 36 months of age with 12 months between the tests (unless clinically indicated sooner), and at least once if age 3 to 6 years but without a previous documented test. (Children must also have a blood lead tested if they live in a low risk ZIP Code but are considered to be at risk for lead poisoning based on answers to the lead poisoning Risk Assessment Questionnaire.) (Information on how ZIP Codes are designated as high risk, requirements for testing children, and lead poisoning in children is available at http://www.odh.ohio.gov/odhPrograms/cfhs/lead_ch/leadch1.aspx or by calling 614-466-5332.)

Table 1-3
Selected Maternal Health Indicators, 2002 - Ohio, Marion, and Selected Counties⁵

Rates per 1,000 population unless otherwise indicated

	State	Marion	Auglaize	Crawford	Delaware	Hardin	Morrow	Seneca	Wyandot
Low Birth Weight (< than 2,500 grams)	8.3	9.7	7.7	8	6.6	6.1	6.5	5.7	7.7
First Trimester Entry Into Care	87.8	81.1	91.8	88.3	95.4	80.1	80.2	87.2	89.1
Preterm Birth (< 37 weeks)	11.8	14.1	12	9.1	10.8	8.6	10.3	11.5	12.3
Infant Mortality Rate (per 1,000 live births)	11.8	11.5	12	9.1	10.8	8.6	10.3	11.5	12.3
Live Birth Rate (per 1,000 women of childbearing age)	61.4	63.2	60.8	60.7	70.1	55.7	65.2	63	63
Mothers with medical risk (per 100 births)	38.7	24.2	59.9	23.4	25	56.3	23.5	37.7	30.9
Percentage of mothers married	64.7	59.9	71.9	62.3	89.5	65.3	76.2	58	72.6
Caesarean delivery (per 100 live births)	23.6	22.1	28.9	18.6	21.7	22.3	18.2	25.6	31.3

Medicaid Statistics - Nov. 6, 2003 - Nov. 5, 2004⁷

	Ohio	Marion	Crawford	Delaware	Hardin	Morrow	Seneca
Percentage of deliveries (live births) with Timely Prenatal Care (prenatal care visit in first trimester)	65	70	74	76	72	64	78
Percentage of deliveries (live births) with Timely Postpartum Care (postpartum visit on/between 21 and 56 days after delivery)	46	60	47	46	43	49	40
Timely Care Both Prenatal and Postpartum	33	47	37	37	36	33	35

Teen Pregnancy Rates (per 1,000 females), 2002⁶

	Ohio	Marion	Crawford	Delaware	Hardin	Morrow	Seneca
Age 10 to 19	67.0	72.5	71.4	32.8	60.8	50.7	61.8
Age 10 to 14	1.6	3.1	1.2	0.2	1.0	0.8	1.4
Age 15 to 17	40.5	47.1	45.6	21.8	49.5	33.4	40.2
Age 15 to 19	33.8	36.6	34.5	16.2	35.6	25.0	32.4
Age 18 to 19	107.5	125.0	119.8	51.2	69.8	84.3	91.6

Teen Pregnancy Rates (per 1,000 females), 2005⁶

	Age Groups				
	Less than 15	15 to 17	18 to 19	15 to 19	10 to 19
Ohio	0.6	19.3	67.1	38.2	19.6
Marion	0.0	31.7	127.5	63.5	31.4
Auglaize	0.0	17.9	50.5	29.9	14.9
Crawford	0.0	16.3	125.0	51.1	24.9
Delaware	0.2	6.3	36.7	17.3	8.5
Hardin	0.0	14.9	50.1	35.4	20.9
Morrow	0.0	9.1	58.4	25.8	12.4
Seneca	0.5	18.2	64.7	36.7	19.2
Wyandot	0.0	22.5	79.4	41.8	20.7

Data for the year 2005 from the Ohio Medicaid program indicate that 89.9% of the 1 year old and 89.1% of the 2 year old children who live in Marion County and are Medicaid eligible live in a high risk ZIP Code.⁸ (The term used to designate individuals that are enrolled in Ohio's Medicaid program is "Medicaid eligible.") As depicted in Table 1-4, these percentages are greater than those for Ohio and all of the comparison counties except Crawford and Seneca Counties. Of the 819 children (both Medicaid eligible and non-Medicaid eligible) age 0 to 6 years old that had a blood test for lead poisoning, 12 (1.5%) had results that are considered elevated (greater than 10 micrograms per deciliter).

Information on **health service use** for Medicaid eligible children and adolescents (access to primary care, having a well child visit, and annual dental visits) in Marion County, Ohio, and five comparison counties is presented in Table 1-4.⁷

Table 1-4
Selected Child Health Indicators- Ohio, Marion, and Selected Counties

Ohio Top Ten Causes of Infant Death, 2002⁹

	Ohio Count	Ohio %	Marion Count	Marion %
Congenital malformations, deformations, and chromosomal abnormalities	233	19.9	2	22.2
Disorders related to short gestation and low birth weight, not elsewhere classified	182	15.6	0	0
Sudden Infant Death Syndrome	104	8.9	1	11.1
Newborn affected by maternal complications of pregnancy	90	7.7	3	33.3
Newborn affected by complications of placenta, cord, and membranes	54	4.6	0	0
Accidents (unintentional injuries)	46	3.9	0	0
Respiratory distress of newborn	40	3.4	0	0
Intrauterine hypoxia & birth asphyxia	30	2.6	0	0
Bacterial sepsis of newborn	27	2.3	0	0
Atelectasis	21	1.8	0	0
Birth Trauma	0	0	1	11.1
All Other	343	29.3	2	22.2
Total Infant Deaths	1170	100	9	99.9
Congenital malformations, deformations, and chromosomal abnormalities	233	19.9	2	22.2
Disorders related to short gestation and low birth weight, not elsewhere classified	182	15.6	0	0

Blood Lead Testing of Children 0 to 72 months for Marion, Ohio, and Selected Counties, 2005⁸

	Ohio	Marion	Auglaize	Crawford	Delaware	Hardin	Morrow	Seneca	Wyandot
Total Children Screened (0 - 72 months)		819	328	441	493	207	210	587	179
ODH6									
Under 10 ug/dL	121,663	807	327	434	493	204	208	576	175
10 - 14 ug/dL		8	0	3	0	2	1	9	3
15 - 19 ug/dL		0	0	3	0	1	1	1	1
20 - 24 ug/dL		3	1	1	0	0	0	0	0
25 and over ug/dL		1	0	0	0	0	0	1	0
Total Elevated Blood Levels	3,737	12	1	7	0	3	2	11	4



Blood Testing of Ohio Medicaid Eligible Children, 2005⁸

	Ohio	Marion	Auglaize	Crawford	Delaware	Hardin	Morrow	Seneca	Wyandot
Percentage of Medicaid Eligible 1 year old children that Live in a High Risk ZIP Code	66.7%	88.9%	0.0%	98.1%	0.0%	11.9%	4.1%	90.3%	86.2%
Percentage of 1Year Old Medicaid Eligible Children that had a Blood Lead Test	56.0%	49.0%	32.0%	39.0%	47.0%	23.0%	38.0%	65.0%	38.0%
Percentage of 1 year old Medicaid Eligible children who Received a Well child Exam and Had a Blood Lead Test	50.1%	44.4%	48.4%	38.5%	39.8%	29.4%	51.4%	57.6%	40.5%
Percentage of Medicaid Eligible 2 year old children that Live in a High Risk ZIP Code	66.9%	89.1%	0.0%	99.1%	0.0%	12.9%	4.9%	89.3%	87.4%
Percentage of Medicaid Eligible 2 year old children that had a Blood Lead Test	32.0%	32.0%	9.0%	20.0%	25.0%	11.0%	26.0%	36.0%	31.0%
Percentage of 2 year old Medicaid Eligible children who Received a Well child Exam and Had a Blood Lead Test	51.1%	58.3%	20.0%	38.2%	40.6%	19.4%	51.5%	73.9%	71.9%

Health Service Use for Medicaid Eligible Children in Marion, Ohio, and Selected Counties, 2004⁷

	Ohio	Marion	Crawford	Delaware	Hardin	Morrow	Seneca
<i>Access to Primary Care Practitioner- Children age 12 months to 6 years having a visit in last year; Children age 7 to 19 years having a visit in the last 2 years</i>							
12 to 24 months	96	96	96	96	97	95	93
25 months to 6 years	85	83	82	87	84	84	87
7 to 11 years	85	80	81	86	83	86	87
12 to 19 years	85	85	84	87	88	87	91

Percentages of Children age birth to 15 months with a well child visit⁷

	Ohio	Marion	Crawford	Delaware	Hardin	Morrow	Seneca
0 visits	4	3	5	6	2	4	1
4 visits	14	8	12	7	9	15	11
6 visits	42	54	41	56	61	45	39

Percentages of Children age 3, 4, 5, or 6 Who Received 1 or more well child visits⁷

	Ohio	Marion	Crawford	Delaware	Hardin	Morrow	Seneca
Rate (%)	62	45	51	61	58	51	60

Adolescent Well Care, age 12-21 with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year⁷

	Ohio	Marion	Crawford	Delaware	Hardin	Morrow	Seneca
Rate (%)	33	21	22	33	31	27	36

Annual dental visits among enrollees age 4 to 21⁷

	Ohio	Marion	Crawford	Delaware	Hardin	Morrow	Seneca
4 to 6	51	52	52	NA	53	52	47
7 to 10	49	59	55	NA	61	53	50
11 to 14	43	51	42	NA	47	44	51
15 to 18	39	42	40	NA	41	42	47
19 to 21	37	42	37	NA	38	50	43
4 to 21	45	51	47	NA	51	48	49

A record review conducted in Spring, 2004 in five elementary schools in Marion County indicated that between 46% and 64% of children were **up-to-date for immunizations** based on the 4:3:1:3:3:1 criteria, and between 72% and 89% were up to date based on the 4:3:1 criteria. Between 57% and 72% were up to date for Varicella vaccine.⁹ The Healthy People 2010 goal is 90% vaccination coverage for these three criteria.¹⁰

A 2005 survey of third grade children in three elementary schools in Marion County revealed 25.6% were **overweight** (at the 95% or higher level for BMI), compared to 20.6% at the state level, and 17.4% were **at risk of overweight** (at the 85% - 95% BMI), compared to 17% at the state level.⁹

Data collected in 2006 from children in kindergarten through 4th grade in three elementary schools in Marion County revealed similar (though slightly lower) levels of **overweight and risk for overweight**. Among the 1,020 children, 15.6% were at risk for overweight, and 21.8% were overweight (based on levels of BMI).⁹

General Population Health. Table 1-5 (see page 19) presents tuberculosis rates for 2000-2005 and 2006 for Ohio, Marion County, and other selected counties. Due to small numbers, these data are presented for information only and not for comparison. Table 1-5 also presents data on mortality rates for Ohio and Marion County for the leading causes of death in Ohio and on mortality due to injury. The mortality rates for Marion County exceed the state rate for these four causes of death, from the leading causes of mortality in Ohio: diseases of the heart, malignant neoplasms, chronic lower respiratory diseases, and diabetes mellitus. The mortality rates for Marion County exceed the state rate for these four types of injury: motor vehicle accidents, other land transport accidents, other and unspecified non-transport accidents, and suicide.⁵

Environmental Health. Selected indicators of environmental health for Marion and seven comparison counties are presented in Table 1-6 (see page 20).

Centers for Disease Control and Prevention (CDC) 18 Consensus Indicators.¹² Table 1-7 (see page 21) presents data for Marion County for the 18 indicators identified by the Centers for Disease Control and Prevention (CDC). These indicators, which represent different aspects of health and are commonly used in public health, were formulated to assist communities in assessing their general health status and tracking their progress in meeting the Healthy People

national health objectives. Table 1-7 also presents Healthy People 2010 target rates for those indicators for which this information is available. Marion County exceeds Healthy People 2010 target rates for these indicators: adult death rate, motor vehicle traffic related deaths, lung cancer deaths, reported incidence of AIDS, and low birth weight. As previously noted, due to the relatively small size of the population of Marion County, these rates are not considered stable and should be interpreted with caution.

Table 1- 5
Health Indicators for Ohio, Marion County, and Selected Ohio Counties

TB Average Cases and Rates per 100,000 Population, 2001-2005 and 2006⁵

	Ohio	Marion	Auglaize	Crawford	Delaware	Hardin	Morrow	Seneca	Wyandot
Cases, 2001-2005	254.2	0.6	0.2	0.0	1.0	0.0	0.2	0.6	1.0
Rate, 2001-2005	2.2	0.9	0.4	0.0	0.7	0.0	0.6	1.0	4.4
Cases, 2006	239.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0
Rate, 2006	2.1	0.0	0.0	0.0	0.7	0.0	0.0	1.7	0.0

Leading Causes of Mortality, Age-Adjusted Rates, 2000-2002 unless otherwise noted⁵

	Ohio	Marion
Disease of the Heart	267.1	278.4
Malignant Neoplasms	208.0	215.0
Cerebrovascular Disease	58.8	54.0
Chronic Lower Respiratory Diseases	49.5	52.9
Diabetes Mellitus	31.3	46.8
Accidents (unintentional injuries)	32.4	30.9
Influenza & Pneumonia	20.5	12.3
Alzheimer's Disease	20.1	18.2
Nephritis, Nephrotic Syndrome & Nephrosis	16.0	16.2
Septicemia	12.7	10.6

Selected Injury Mortality Rates, Ohio and Marion County, 2000-2002⁵

	Ohio	Marion
Motor Vehicle Accidents	12.6	13.1
Other Land Transport Accidents	0.5	1.5
Water, Air & Space & Other Unspecified Transport Accidents	0.4	0.5
Falls	4.8	1.9
Accidental Drowning and Submersion	0.9	0.5
Accidental Exposure to Smoke, Fire & Flames	1.1	0.5
Accidental Poisoning	5.2	4.5
Other & Unspecified non Transport Accidents	6.7	8.4
Intentional Self-Harm (Suicide) by Firearms	5.5	8.2
Intentional Self-Harm (Suicide) by Other & Unspecified Means	4.8	4.4
Assault (homicide) by Firearms	2.7	1.0
Assault (Homicide) by Other & Unspecified Means	1.8	1.1



Table 1- 6
Health Indicators for Ohio, Marion County, and Selected Ohio Counties ¹¹

COUNTIES

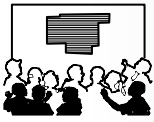
	Marion	Auglaize	Crawford	Delaware	Hardin	Morrow	Seneca	Wyandot
Facilities that produce and release air pollutants	51	32	32	27	15	4	38	28
Facilities that have reported toxic releases	23	24	23	21	12	6	27	18
Facilities that have reported hazardous waste activities	153	119	124	195	68	41	156	66
Number of Large Quantity Generators	8	9	10	10	3	1	5	8
Number of Small Quantity Generators	60	51	52	76	22	15	59	20
Number of Transporters	2	2	1	4	2	2	6	4
Number of Treatment, Storage, or Disposal Facilities	3	5	4	3	1	NA	4	1
Potential hazardous waste sites that are part of Superfund	3	0	1	2	0	2	1	2
Facilities that generate hazardous waste from large quantity generators	0	0	0	0	0	0	0	0
Facilities issued permits to discharge to waters of the United States	36	44	23	42	30	13	34	20
Community Water Systems that serve the same people year-round (e.g. in homes or businesses)	5	8	7	6	8	6	13	4
Transient Non-Community Water Systems that do not consistently serve the same people (e.g. rest stops, campgrounds, gas stations)	36	28	15	6	17	15	56	24
Non-Transient Non-Community Water Systems that serve the same people, but not year-round (e.g. schools that have their own water system)	4	3	5	3	6	3	14	8

Table 1-7
CDC 18 Consensus Indicators¹² for Marion County, with corresponding
Healthy People 2010 Objectives

	Marion County ⁵	HP2010 ¹⁰
1. Race/ethnicity-specific infant mortality as measured by the rate (per 1,000 live births) of deaths among African American infants under one year of age, 2004	0**	4.5 All infants
2. Adult (age 18 and older) Death Rate, 2004	1,228.6	1,204.8
3. Motor vehicle traffic related deaths per 100,000 population, 2004	18.8	9.2
4. Work-related injury deaths per 100,000 population.	NA	NA
5. Suicides per 100,000 population, 2004	8.8	10.4
6. Homicides per 100,000 population, 2004	3.1	3.0
7. Lung cancer deaths per 100,000 population, 2004	74	44.9
8. Female breast cancer deaths per 100,000 women, 2004	23.8	22.3
9. Heart disease deaths per 100,000 population, 2003	297.3	348.7
10. Reported 2004 incidence (per 100,000 population, 2000) of acquired immunodeficiency syndrome (AIDS), 2004	4.5	1.0
11. Reported incidence (per 100,000 population) of measles, 2005	0	NA
12. Reported incidence (per 100,000 population) of tuberculosis, 2006	0	1.0
13. Reported incidence (per 100,000 population) of primary and secondary syphilis, 2005	0	0.9
14. Prevalence of low birth weight (live born infants weighing < 2,500 grams at birth), 2005	11.6	5.0
15. Births to adolescents (ages 10-17 years) as a percentage of total live births, 2005	5.6	NA
16. Prenatal care as measured by the percentage of mothers delivering live infants who received care during the first trimester of pregnancy, 2005	83.6	90.0
17. Childhood poverty, as measured by the proportion of children under 18 year of age living in families at or below the poverty level, 2000.	11.3	NA
18. Proportion of persons living in counties exceeding U.S. Environmental Protection Agency standards for air quality during the previous years.	NA	0

Note: Due to small numbers, this is considered an unstable rate and is not considered a reliable indicator.

NA = not available



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Chapter 2

Survey of Parents of Young Children

Data Collection

Data on young children age birth through kindergarten were collected from anonymous parent surveys. Surveys were completed by parents of children enrolled in: kindergarten classes in all 14 elementary schools, eight public day care centers/preschools, the local Head Start program, and the local school operated by the Marion County Board of Mental Retardation/Developmental Disabilities. Parents of preschool age children that attended two local health fairs were also invited to participate in the survey. For more information on the data collection protocol for the Survey of Parents of Young Children, please see Appendix B - Technical Notes.

Results

A total of 388 surveys were returned. Of these 388 surveys, 367 met the criterion of residence of the target child in Marion County (determined by ZIP code). These 367 surveys comprised the analysis sample. Results are reported with rounding except for percentages that are less than 1.0% or greater than 99.0%. Therefore, percentages of responses for a question may sum to less than or greater than 100. Complete results for this survey are presented in Appendix C.

The number of respondents to each question is indicated by a lower-case "n". For example, n=326 means 326 individuals responded to this question.

About the Survey Respondents

Relationship to child: The majority (97%) of respondents were parents (mothers 91%, fathers 6%). Other respondents were grandmothers (2%), grandfathers (0.3%), and guardians (0.5%).

Respondent's health: Nineteen percent of respondents described their **health** as excellent, 42% as very good, and 32% as good; 5% reported their health as fair, and 1% as poor. Because of the risk of second hand smoke to young children, the survey included four questions about smoking:

- 36% responded that **someone living in their household used cigarettes, cigars, or pipe tobacco.**
- 24% responded that **someone smoked inside their home** in the past week.

Healthy People 2010 Objective 27-9: Reduce the proportion of children who are regularly exposed to tobacco smoke at home. Target: 10%.
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- 27% responded that **someone smoked inside their car** in the past week.

The survey included two questions about potential violence against respondents:

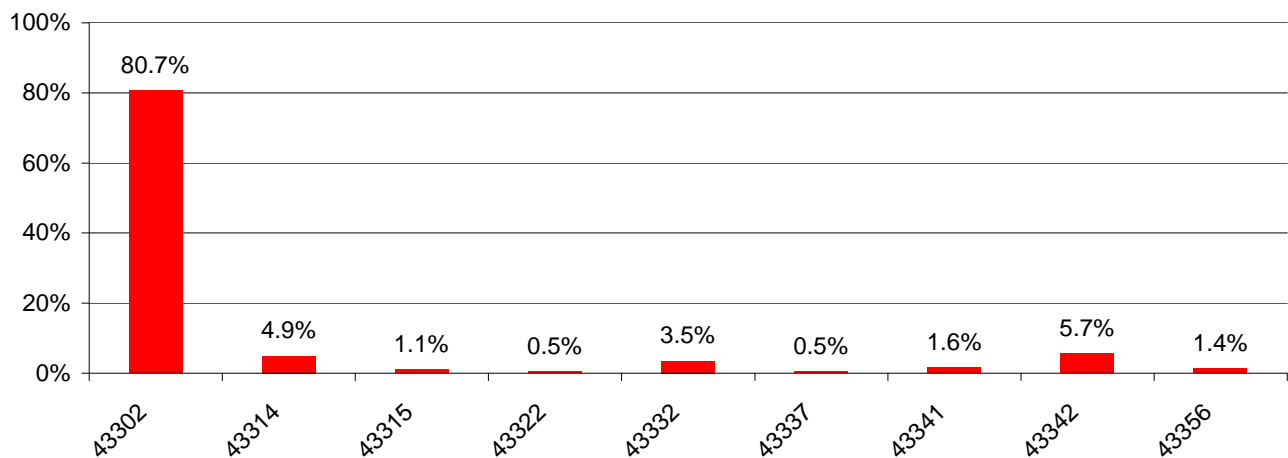
- 5% responded that, at some time during the past 30 days, **they were frightened, harassed, bullied, or abused by someone known to them.**
- In response to the question asking **whether they felt safe in their home**, results were: 75% always, 23% usually, 2% sometimes; no respondents answered hardly ever or never.



Demographics of Children. The majority (81%) of children resided in the 43302 ZIP Code. A breakdown of ZIP Code of **residence** for the sample is presented in Figure 2-1.

FIGURE 2.1

Q1. What is you child's current ZIP Code? (n=367)

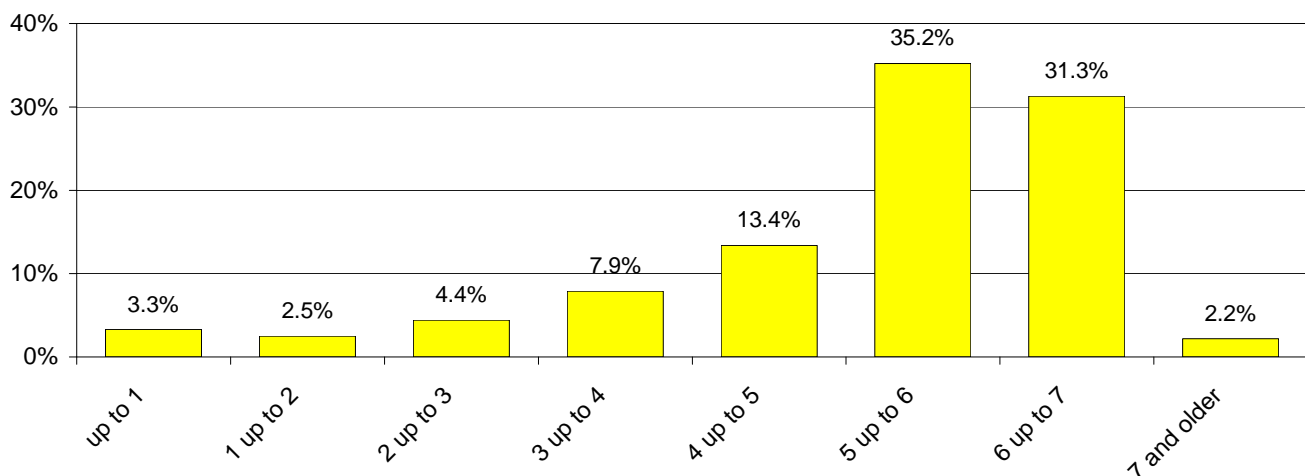


Sex: Slightly over half (53%) of the children were male. **Race of children:** The majority of the children (91%) were white, and 2% were black/African American. Representation of other racial groups was Asian, 0.8%; Native Hawaiian or Other Pacific Islander, 0.3%; Other (all mixed race), 6%.

Age distributions of the children are presented below in Figure 2-2. For comparative analysis purposes, children were grouped into three age categories: younger than 3 years (represented in this report as <3), 10%; 3 up to 5 years (represented in this report as 3-5), 21%; 5 and older (represented in this report as 5+), 69%.

FIGURE 2-2

Q3. How old is your child? (n=365)



Findings

Health Status.

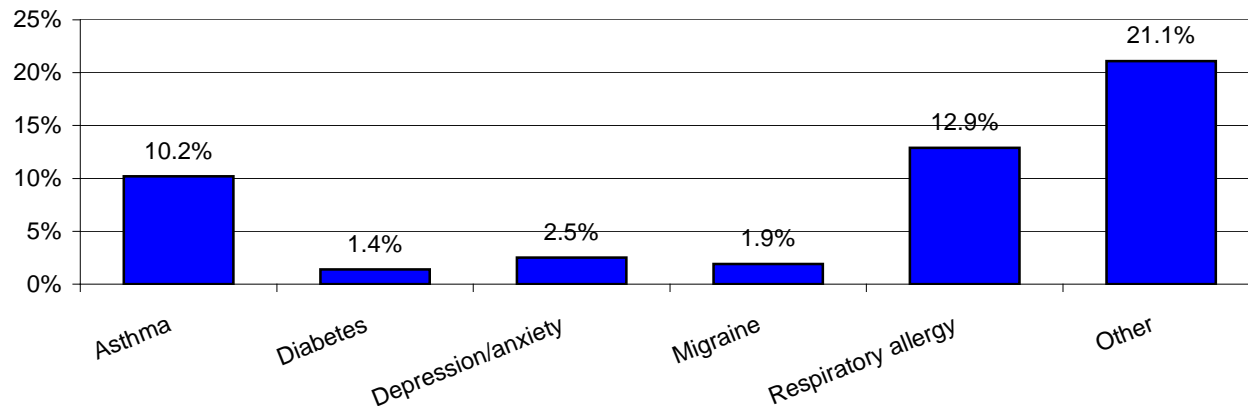
- Over three-quarters rated their **child's health** as excellent (51%) or very good (34%); 12% rated it as good, 2% as fair, and 0.8% as poor.
- Respondents reported their **child's weight** as: about the right weight, 69%; slightly underweight, 19%; very underweight, 2%; slightly overweight, 11%. None rated their child's weight as very overweight.

Healthy People 2000 Objective 19-3: Reduce the proportion of children who are overweight or obese. Target: 5%.

- Parents' reports of their children's **health conditions** are presented below in Figure 2-3. Frequencies of conditions named in the "Other" category were: allergy, 8; respiratory, 8; ear/hearing, 7; throat, 7; attention deficit/hyperactivity, 4, epilepsy, 3. Each of the following conditions were named twice: cystic fibrosis, cerebral palsy, cardiac related, reflux disease. Seventeen other various conditions were each named once.

FIGURE 2-3

Q9. Does your child have any of the following conditions? (n=360)



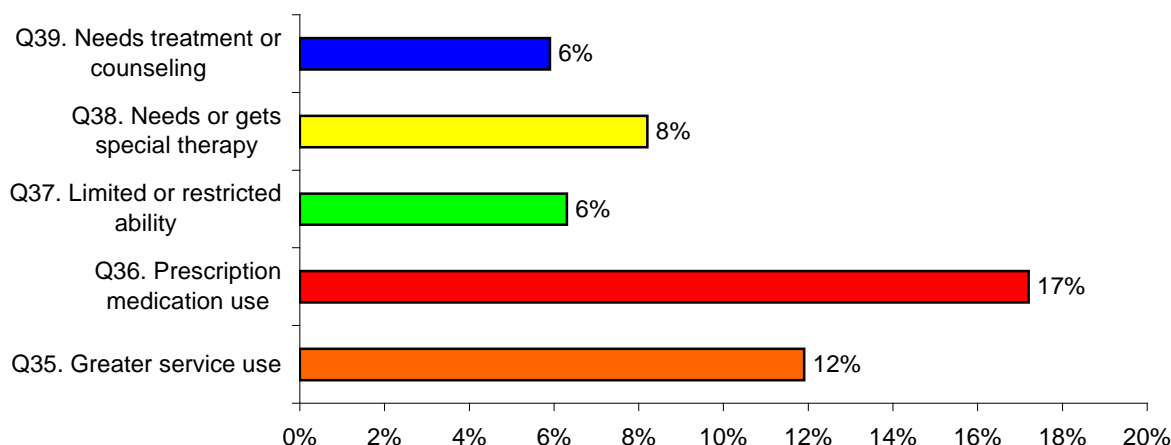
- 21% of children had **head lice** at some time. Frequencies of occurrence were: 1 time, 9%; 2 times, 7%; 3 or more times, 6%. Products that were used to treat lice were: NIX, 12%; RID, 9%; store brand/over-the-counter product, 5%; DEBUG, 3%; other 3%. Products named under "Other" were: mayonnaise, Crisco, prescription, shampoos or conditioners, olive oil, baby oil.
- Prevalence of **children with special health care needs (CSHCN)**: The survey included an established set of five questions¹³ that are used to identify CSHCN. Each of the five questions in the screener addresses a different special need area. Overall, 24% of children met at least one screening question for having a special health care need. A national survey estimated that the prevalence of CSHCN age 0 to 5 years was 8.6% in Ohio and 7.8% nationally; for children age 6 to 11, the estimated prevalence was 15.4% in Ohio and 14.6% nationally.²⁷ Respondents of this survey included parents of children who were enrolled in programs

administered by the Marion County Board of Mental Retardation/Developmental Disabilities. Therefore, the percentages of CSHCN identified by the survey may be greater than exists in the general population of children in Marion County. The survey did not identify the school or day care center in which the child was enrolled.

The percentages of children that met the screening criteria, by number of questions, were: one question, 11%; two questions, 6%; three questions, 3%; four questions, 3%; five questions, 0.8%. Figure 2-4 below presents the percentages of children that were identified as having a special care need for each of the five special need areas.

FIGURE 2-4

Frequency of children identified as having a special health care need, by screening question/criterion (n=367)



Access to Health Care.

- 97% of children **had a personal doctor or nurse**; (< 3, 95%; 3-5, 100%; 5+, 97%).
- 95% of children **saw their personal doctor or nurse in the past 12 months**; (< 3, 94%; 3-5, 97%; 5+, 95%).
- 95% of children **received all the medical care s/he needed in the past 12 months**; (< 3, 94%; 3-5, 99%; 5+, 94%). Reasons named for child not receiving needed care were: cost, 2%; no insurance, 2%; dissatisfaction with doctor, 1%; didn't know where to go for treatment or care, 1%; health plan problem, 0.9%; doctor didn't know how to provide treatment/care, 0.6%; no convenient time/couldn't get appointment, 0.6%; cannot find doctor that takes child's insurance, 0.3%.

Healthy People 2010 Objective 1-5: Increase the proportion of persons with a usual primary care provider. Target: 85%

- 20% of children **never saw a dentist for preventive dental care** (such as check-ups or sealants) (<3, 71%; 3-5, 27%; 5+, 10.%).

- 72% of children **saw a dentist within the past year for preventive dental care** (<3, 29%; 3-5, 71%; 5+, 79%).

Healthy People 2010 Objective 21-10: Increase the proportion of children who use the oral health care system each year. Target: 83%

- 8% of children **saw a dentist one year ago or longer for preventive dental care** (<3, 0%; 3-5, 3%; 5+, 11%).
- When children **saw any dental provider for treatment of a dental problem**: never, 64%; within past 6 months, 21%; 6 months to 1 year ago, 6%; one year ago or longer, 8%.
- Respondents' **ratings of their children's teeth** were: excellent or very good, 71%; good, 21%; fair or poor, 8%.
- 23% of children had a **flu shot** in the past 12 months (< 3, 43%; 3-5, 26%; 5+, 19%).
- 99% of children were **up-to-date with routine child immunizations/vaccines**; 1% of respondents did not know. Percentage of children age 19-35 months who were up-to-date with routine child immunizations / vaccinations: 95%.

Healthy People 2010 Objective 14-22: Increase and maintenance of vaccination coverage levels among children aged 19-35 months. Target: 90%.

- 45% of children had a **blood test to check for lead poisoning**; 16% of respondents did not know

Health Insurance Coverage. (Medicaid, private insurance, HMO; not including BCMH, Help Me Grow, MRDD, or special education)

- 95% of children had some kind of **health insurance** (<3, 100%; 3-5, 92%; 5+, 95%).

Healthy People 2010 Objective 1: Increase the proportion of persons with health insurance. Target: 100%.

- 83% of children had **insurance that helps pay for routine dental care** (dental exams, cleaning, x-rays; not including insurance for braces or dental surgery).
- 9% of children were **not covered by health insurance at some point** during the past 12 months (<3, 3%; 3-5, 12%; 5+, 9%).

Nutrition.

2.5% of respondents **couldn't afford to buy more food when their child was hungry** at some time during the past 12 months (< 3, 6%; 3-5, 3%; 5+, 2%).

"Food security means that people have access at all times to enough food for an active, healthy life. It implies that people have nutritionally adequate and safe foods and sufficient household resources to ensure their ability to acquire adequate, acceptable foods in socially acceptable ways—that is, through regular marketplace sources and not through severe coping strategies like emergency food sources, scavenging, and stealing." US Department Of Health & Human Services, 2000, p. 19-44.

- 9% of respondents **visited a food pantry** in the past 12 months.
- 55% of children were **breast fed or fed breast milk** at some time; Duration of breast feeding/feeding breast milk: up to 1.5 months, 20%; 2 to 3.5 months, 21%; 4 to 6 months, 26%; 7 to 12 months, 22%; 1 to 2 years, 11%. The Healthy People 2010 baseline for breast feeding at 6 months is 29%, and the target is 50%; the baseline for breast feeding at one year is 16%, and the target is 25%..

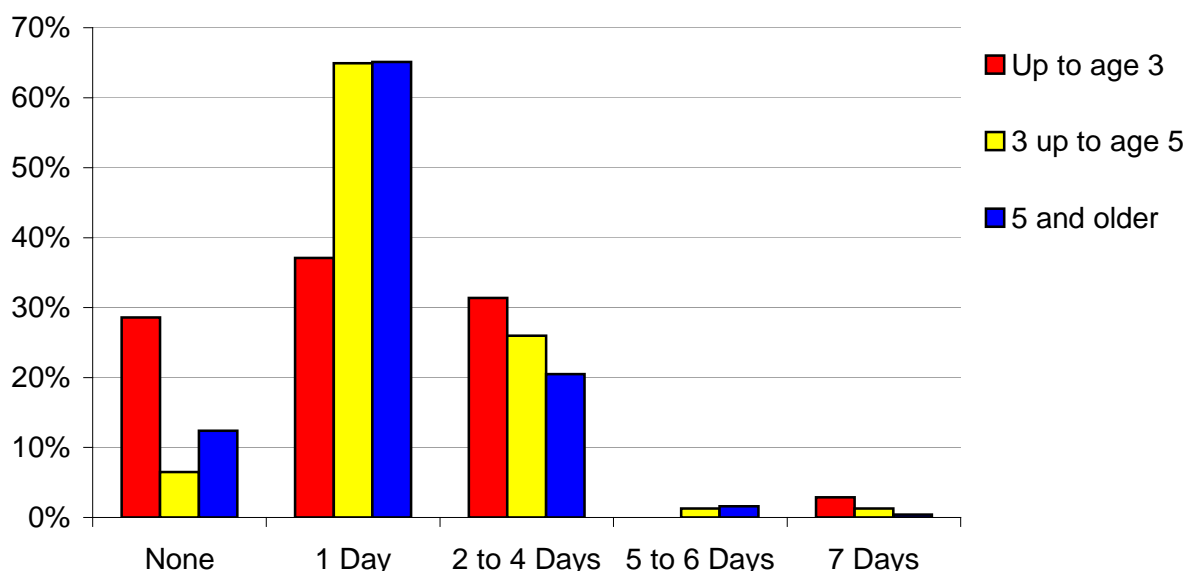
Healthy People 2010 Objective 16-19: Increase the proportion of mothers who breastfeed their babies. Targets: Early postpartum period: 75%, 6 months: 50%, 1 year: 25%.

Healthy People 2010 Objective 19-18: Increase food security among US households and in so doing reduce hunger. Target: 94%.

- Days that children **drank any type of milk** during the past 7 days, including milk added to cereal, were: none, 0.6%; 1 day, 2%; 2-4 days, 10%; 5-6 days, 13%; every day, 75%.
- Percentage of Children age 2 years and older who drank milk every day: 76%. Healthy People 2010 Objective 19-11: Increase the proportion of persons age 2 years and older who meet dietary recommendations for calcium. Target: 75%
- Times during the past week that children **ate meals from a fast food restaurant** were: never, 13%; 1 day, 62%; 2-4 days, 23%; 5-6 days, 1%; everyday, 0.8%. Responses to this question by the three age groups are presented in Figure 2-5.

FIGURE 2-5

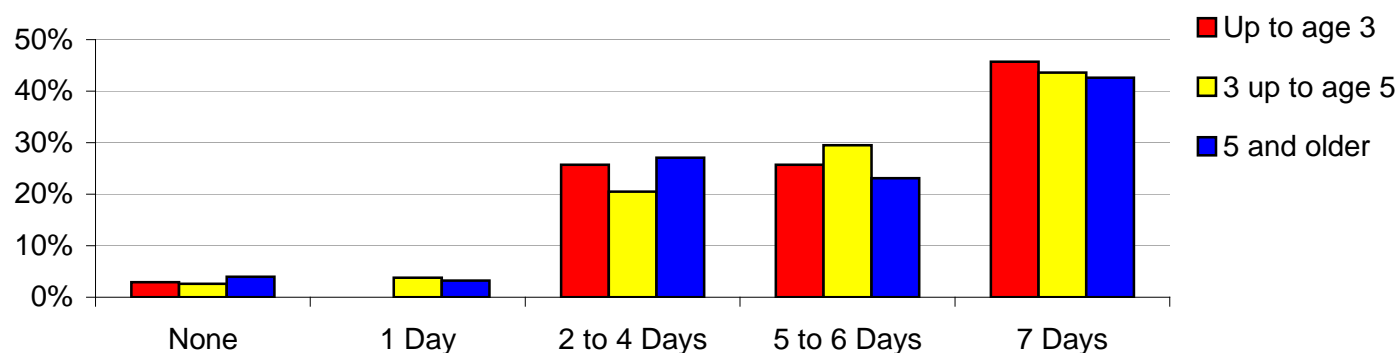
Q20. During past 7 days, how many days did your child eat meals from a fast food restaurant? (n=362)



- Times during the past week that **all family members living in the child's household ate together** were: never, 4%; 1 day, 3%; 2-4 days, 26%; 5-6 days, 25%; everyday, 43%. Responses to this question by the three age groups are presented in Figure 2-6.

FIGURE 2-6

Q21. During the past 7 days, how many days did all family members living in your household eat together? (n=365)

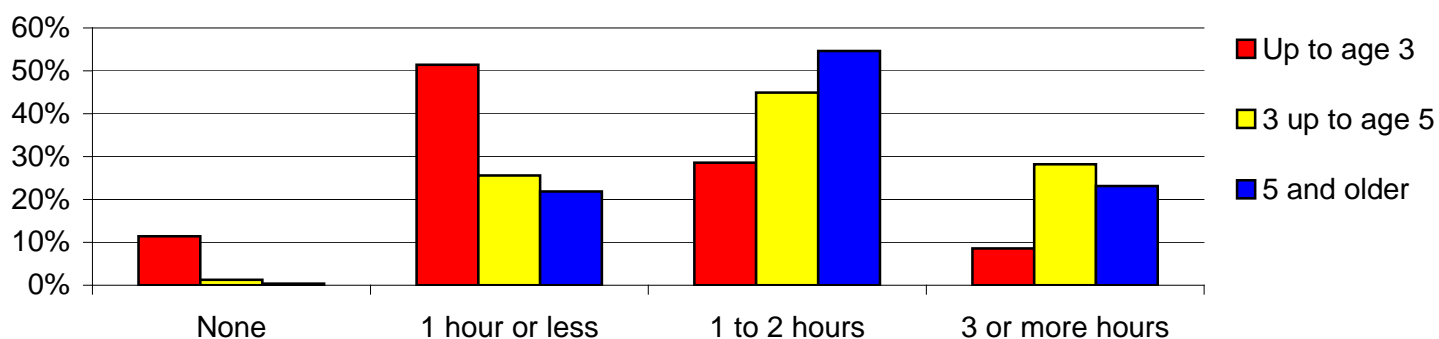


Activities & Safety.

- Hours children usually **watch TV, videos, or play video games/computer**: never, 2%; up to 1 hour, 26%; 1-2 hours, 50%; 3-4 hours, 20%; 5+ hours, 3%. Responses to this question by the three age groups are presented in Figure 2-7.

FIGURE 2-7

Q24. On average day, about how many hours does your child usually watch TV or videos, or play video games/computer? (n=365)

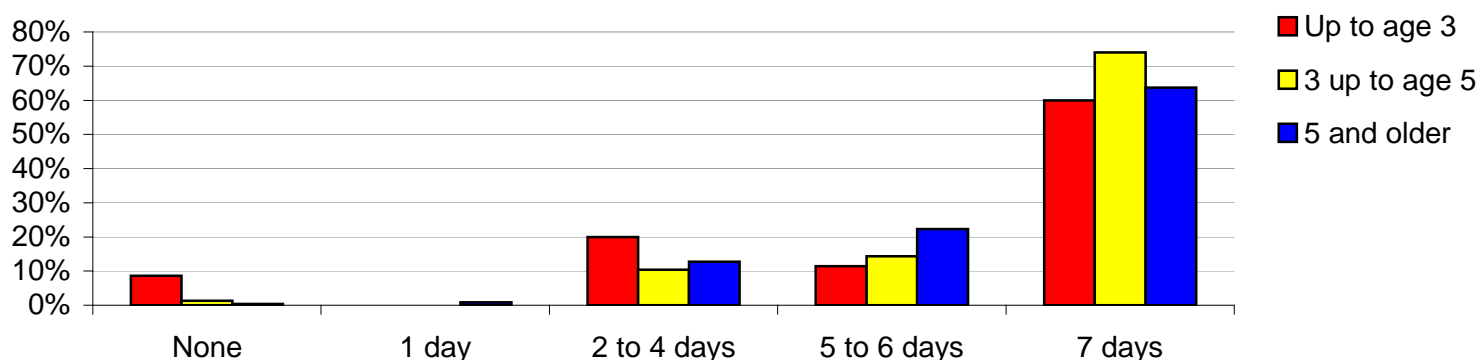


Healthy People 2010 Objective 22-11: Increase the proportion of children who view television 2 or fewer hours per day. Target: 75%.

- Days children **played actively**, e.g., running, jumping, for at least 30 minutes: never, 1%; 1 day, 0.5%; 2-4 days, 13%; 5-6 days, 20%; everyday, 65%. Responses to this question by the three age groups are presented in Figure 2-8.

FIGURE 2-8

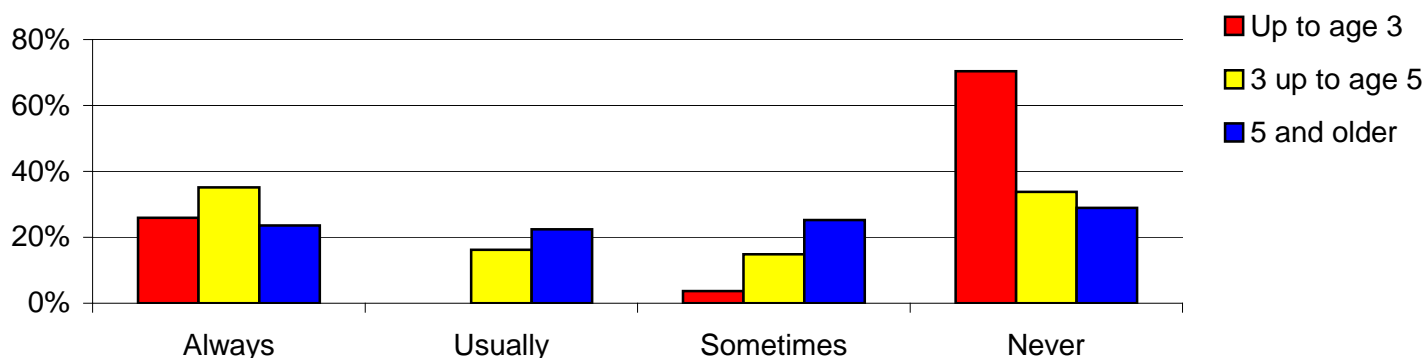
Q25. During the past 7 days, how many days did your child play actively (such as running, jumping) for at least 30 minutes? (n=364)



- How often children **wear helmet** when riding bike or scooter or using skateboard, skating, or rollerblading: never, 33%; sometimes, 22%; usually, 19%; always, 26%. Responses to this question by the three age groups are presented in Figure 2-9.

FIGURE 2-9

Q26. How often does your child wear a helmet when riding a bike or scooter, or using a skateboard, roller skates, or rollerblades? (n=348)

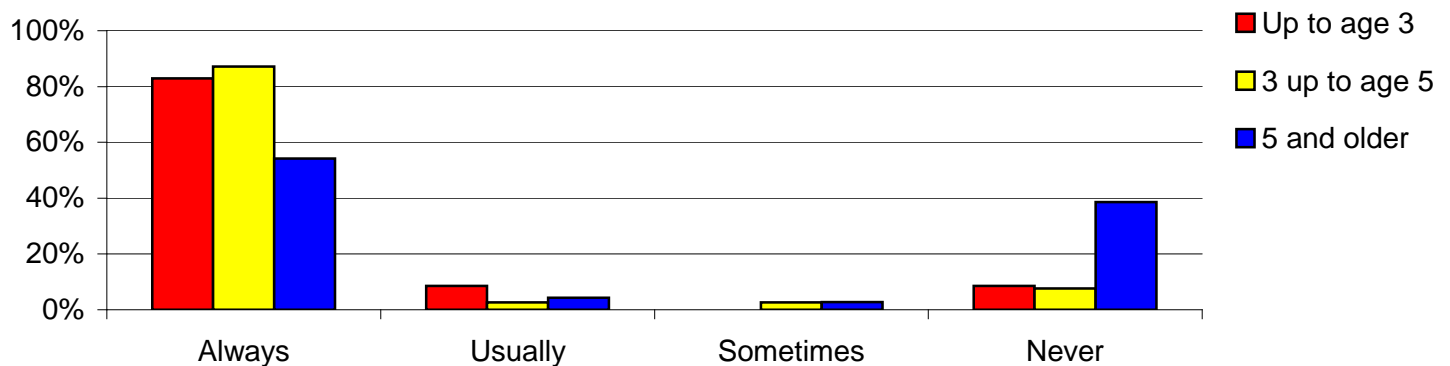




- How often children **use a car seat** when riding in a car: never, 29%; sometimes, 3%; usually, 4%; always, 64%. The Healthy People 2010 baseline for children 4 years old and under that are restrained in a safety seat is 92%, and the target is 100%. Responses to this question by the three age groups are presented in Figure 2-10.

FIGURE 2-10

Q27. When riding in a car, how often does your child use a car seat? (n=365)



Healthy People 2010 Objective 15-20: Increase use of child restraints. Target: 100%.

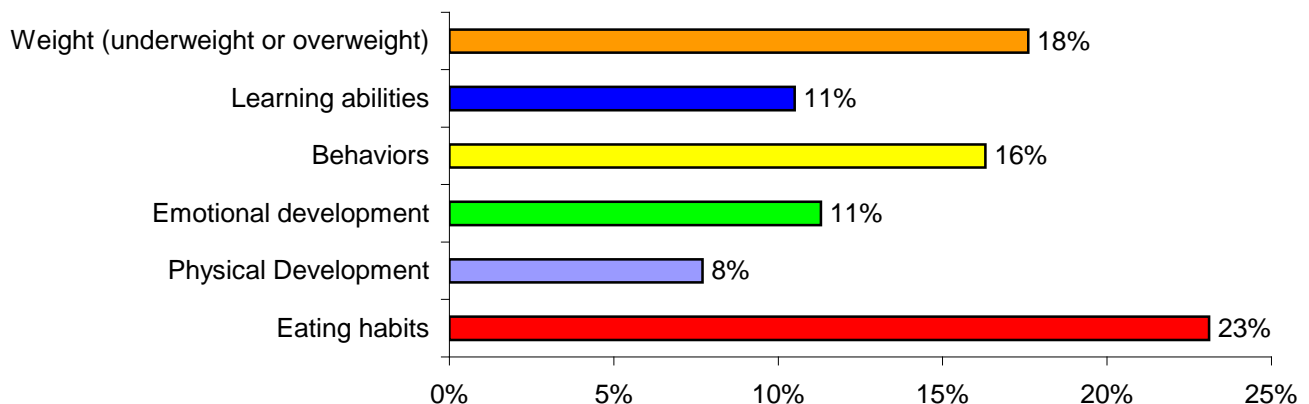
- 90% of respondents believe their **neighborhood is a safe place** for their child to grow up and play in.

Growth & Development.

- Figure 2-11 presents the percentages of respondents that had **concerns about selected areas of child growth and development.**

FIGURE 2-11

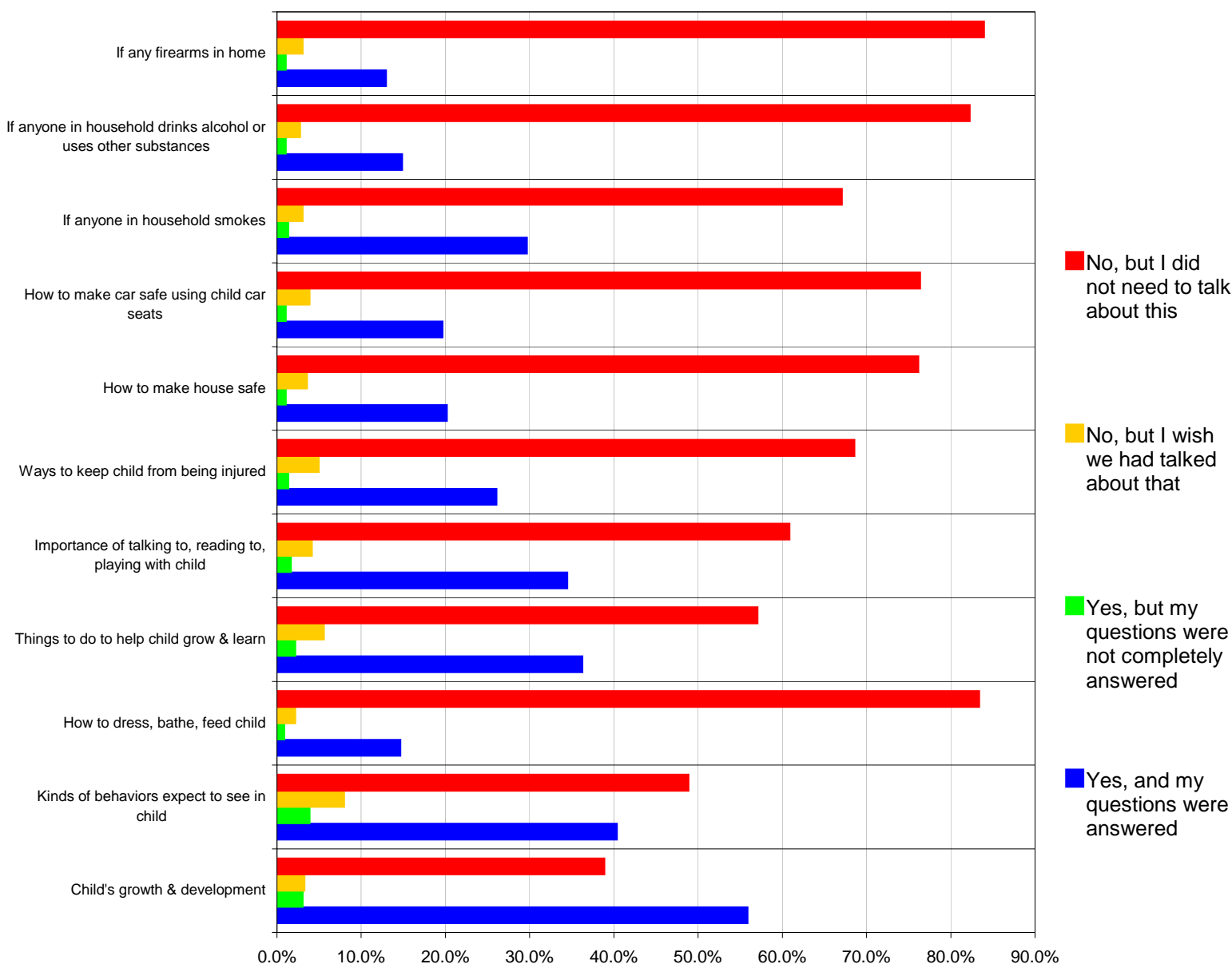
Q29. Do you have any concerns about your child's ____? (n=363)



- Figure 2-12 presents results for the survey question that asked if, during the past 12 months, their child's doctor/other health provider talked with them about selected areas related to child growth and development.

FIGURE 2-12

Q30. In the past 12 months, did your child's doctor or other health provider talk with you about the following? (n=360)



Chapter 3: Survey of Youth

Data Collection

Anonymous survey data were collected from students in 7th and 10th grades in all six schools systems within Marion County by a team of trained data collectors. See Appendix B Technical Notes for more information on the data collection protocol for the Survey of Youth.

Results

The responding sample was 1,201: 635 7th grade students and 566 10th grade students. Tests for significant differences were conducted only to enhance the descriptions of the results, not to make statistical inferences to the population. These detected differences indicate that the proportions answering a certain way differed between the groups being compared (for example, if the proportion of respondents in the 7th graders that answered “yes” to a question differed from the proportion of respondents in the 10th grade that answer “yes” to the same survey question). Comparisons were done to detect differences in responses to survey questions between the two grades and between females and males within the same grade. Differences, when detected, are noted. No comparisons were made among the different schools.

Results are reported with rounding except for percentages that are less than 1.0% or greater than 99.0%. Therefore, percentages of responses for a question may sum to less than or greater than 100. Complete results for the surveys for both grades are presented in Appendix E. For all results reported below, the specific question number is provided.

Wherever possible, comparisons are made with results to the same or similar questions from the Delaware County Youth Health Assessment (DCYHA) 2005¹⁴, the 2005 Ohio Youth Risk Behavior Survey (YRBS)¹⁵⁻¹⁷, and Healthy People 2010.¹⁰ Results from these surveys are reported using the same criteria for rounding. The DCYHA was administered to students in grades 6 through 9 in Delaware County; wherever available, DCYHA results are presented for the 7th grade. The YRBS was administered to students in grades 9 through 12 across Ohio; wherever possible, YRBS results are presented for 10th grade. Healthy People 2010 is a compilation of health promotion and disease prevention objectives for the United States with targets to be attained by the year 2010. Additional information on all comparison documents is provided in Appendix B. Note that caution must be taken when comparing results from different surveys and focus groups, due to the differences that may exist in the data collection protocols (for example, how data were collected, wording of questions, sampling, sample size, types of analyses, etc.).

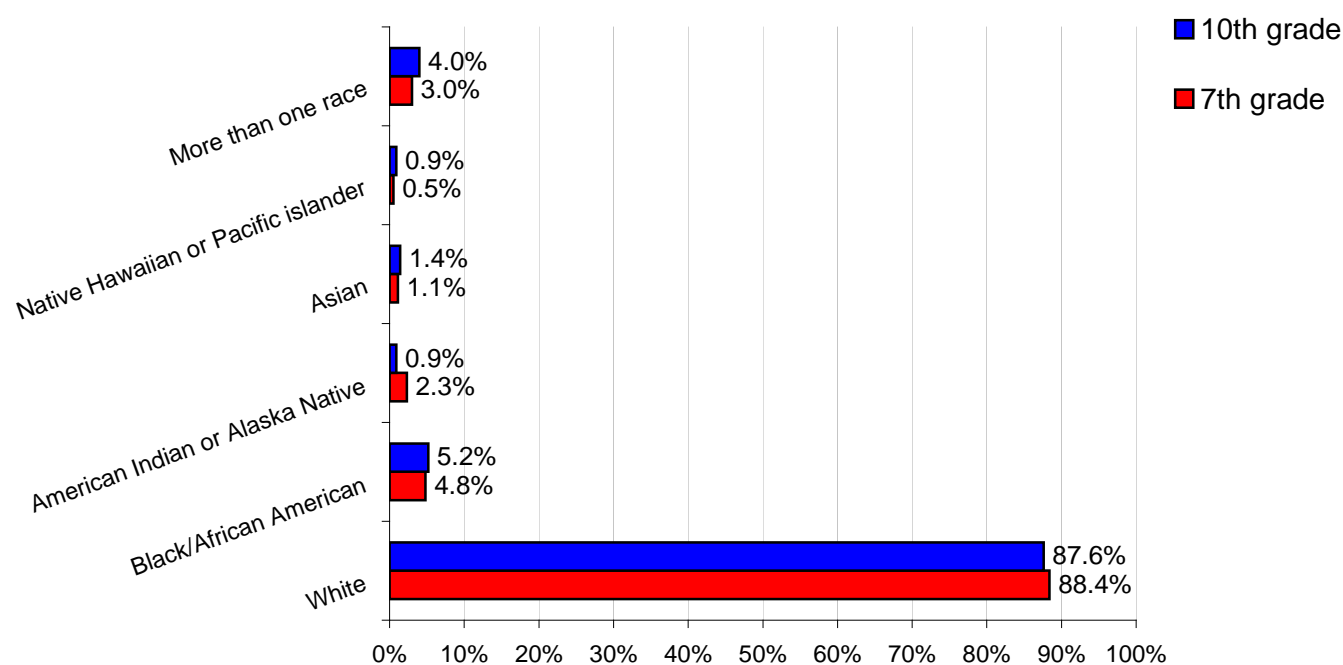
The number of respondents to each question is indicated by a lower-case “n”. For example, n=326 means 326 individuals responded to this question.

About the Survey Respondents.

Age distributions: The majority (84%) of 7th grade respondents were 12-13 years old, and 16% were 14-15 (Q1). Eighty percent of 10th grade respondents were 16 or older, and 20% were 14-15. **Sex:** Fifty-one percent of 7th grade respondents and 50% of 10th grade students were female (Q2). **Race:** The majority (88%) of respondents in both grades were white. The distribution by race for respondents in both grades is presented in Figure 3-1 (Q4). **Ethnicity:** The percentages of respondents that identified themselves as Hispanic or Latino were 4% for 7th grade and 3% for 10th grade (Q3).

FIGURE 3-1

What is your race? (7th grade n=610; 10th grade n=555)



Findings

Nutrition

- Daily intake of fruits, dairy products, vegetables, and soda, as well as eating breakfast and eating at home with one's family are presented in Figure 3-2 (Q5). Significant differences were noted between the grades for both "eating breakfast" and for "eating at home with your family," and between 7th grade males and females in responses about "drinking soda/pop" and "eating breakfast," with boys more likely to do both of these.

Q5. During the past 7 days, how many days...
(7th grade n=605; 10th grade n=548)

FIGURE 3-2a
...did you eat fruit?

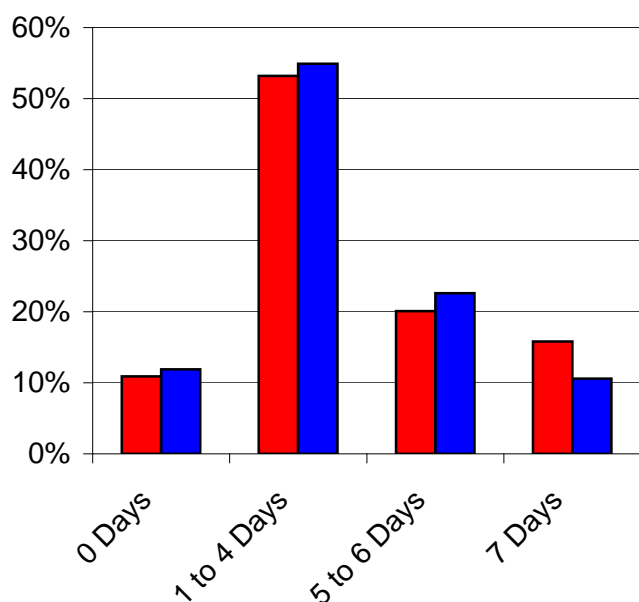


FIGURE 3-2b
...did you drink milk, eat yoghurt, or cheese?

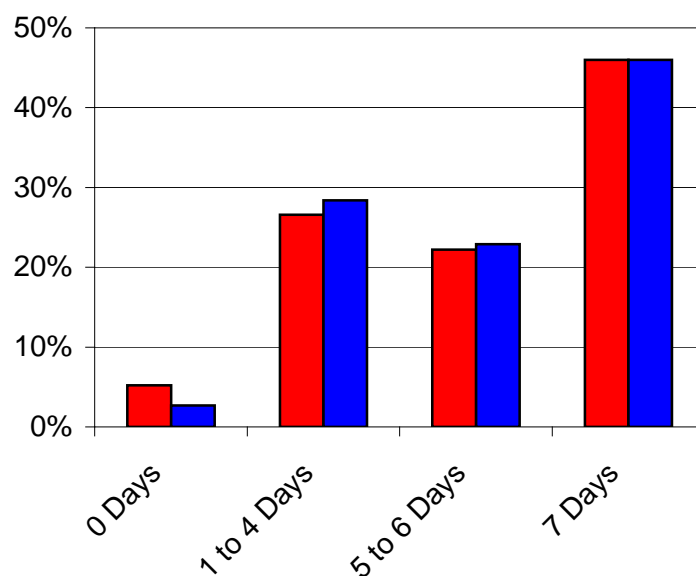


FIGURE 3-2c
...did you eat vegetables?

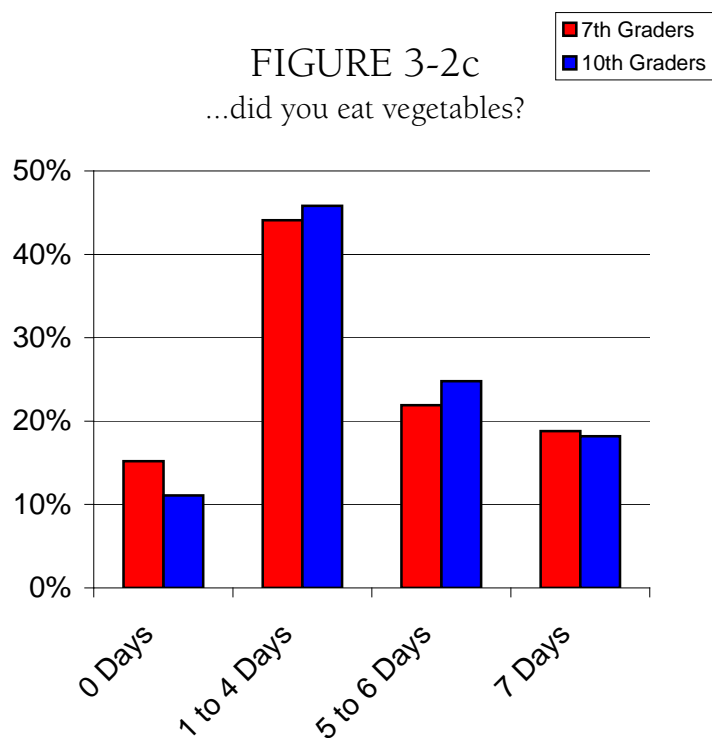


FIGURE 3-2d
...did you drink soda or pop?

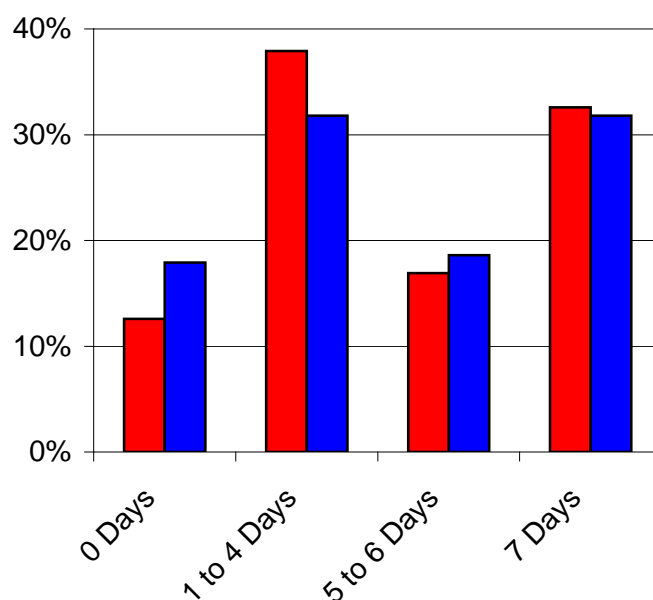


FIGURE 3-2e

...did you eat breakfast?

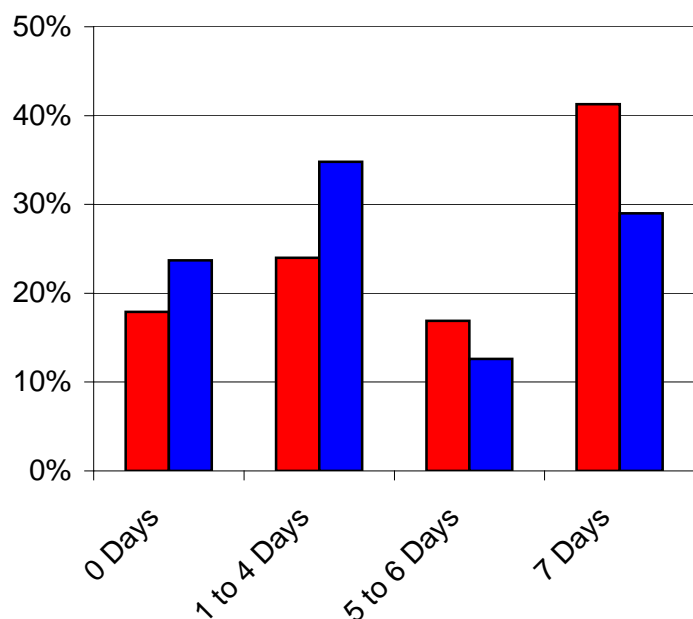
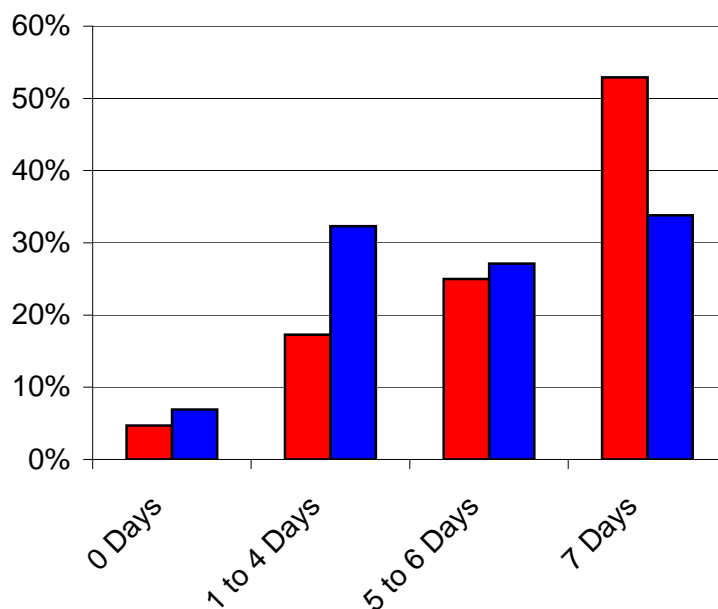


FIGURE 3-2f

...did you eat at home with family?



- The most frequently reported **reason for not eating breakfast** was not having enough time (15% of 7th graders and 21% of 10th graders) (Q6).

Results from the DCYHA: During the past 7 days, how many times did you:

- Eat fruit or drink 100% fruit juice? 0 times, 6%; 1 to 3 times, 31%; 4 to 6 times, 21%; 1 to 3 times per day, 33%; 4 or more times per day, 8%.
- Eat vegetables such as green salad, carrots or potatoes? 0 times, 5%; 1 to 3 times, 28%; 4 to 6 times, 24%; 1 to 3 times per day, 36%; 4 or more times per day, 6%.
- "During the past 7 days, how many glasses of milk did you drink?" none, 9%; 1 to 3 glasses, 16%; 4 to 6 glasses, 15%; 1 to 3 glasses per day, 45%; 4 or more glasses per day, 13%.

Healthy People 2010 Objective 19-5: Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit. Target: 75%.

Healthy People 2010 Objective 19-6: Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables. Target: 50%.

Healthy People 2010 Objective 19-11: Increase the proportion of persons aged 2 years and older who meet dietary recommendations for calcium. Target: 75%.

Results from the YRBS: “During the past 7 days, percentages saying yes to:

- Drinking 100% fruit juice one or more times per day? 79%
 - Eating fruit one or more times per day? 22%
 - Drinking three or more glasses of milk per day? 19%
 - Eating vegetables every day? 33%
 - Drinking soda one or more times per day? 40%
 - Eating breakfast every day? 27%
- Just over one-tenth (12%) of 7th graders and 13% of 10th graders reported that they did not eat a meal because they **did not have food in their house** at least 1 day in the past 30 days (Q7).

Healthy People 2010 Objective 19-18: Increase food security among U.S. households and in so doing reduce hunger. Target: 94%.

“Food security means that people have access at all times to enough food for an active, healthy life. It implies that people have nutritionally adequate and safe foods and sufficient household resources to ensure their ability to acquire adequate, acceptable foods in socially acceptable ways—that is, through regular marketplace sources and not through severe coping strategies like emergency food sources, scavenging, and stealing.” US Department of Health & Human Services, 2000, p. 19-44.

- The majority of respondents in both classes (53% of 7th grades and 58% of 10th graders) reported that they were “about the right **weight**.” Other responses were: “very underweight” or “slightly underweight”: 17% of 7th graders and 12% of 10th graders; “slightly overweight”: 25% of 7th graders and 25% of 10th graders; “very overweight”: 5% of 7th graders and 5% of 10th graders (Q8).

Results from the DCYHA: Percentages reporting their weight as: underweight, 20%; overweight, 24%; about the right weight, 54%.

Results from the YRBS: Percentages reporting their weight as slightly or very overweight, 32%.

Healthy People 2010 Objective 19-3b: Reduce the proportion of adolescents age 12 to 19 who are overweight or obese to not more than 5%.

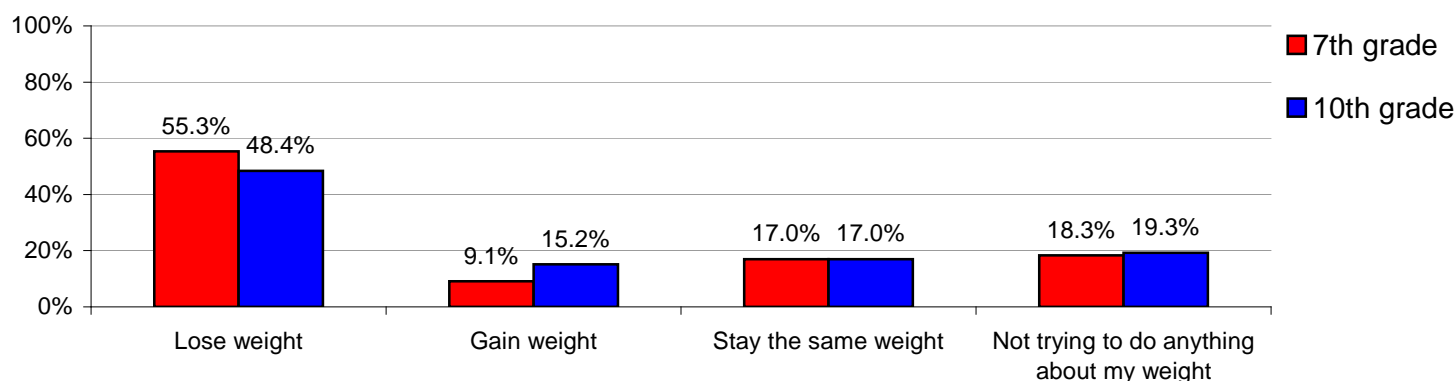
- Results for the question asking “what you are **trying to do about your weight**” are presented in Figure 3-3 (Q9). Significant differences were noted between the two grades as well as between males and females within both grades (proportionately more females in both grades responded that they were trying to lose weight) and a greater proportion of 10th grade males more likely to try to gain weight than 10th grade females.

Results from the DCYHA: Percentages trying to lose weight, 41%; gain weight, 13%; stay the same weight, 23%; not do anything about their weight, 21%.

FIGURE 3-3

Q9. Which of the following are you trying to do about your weight?

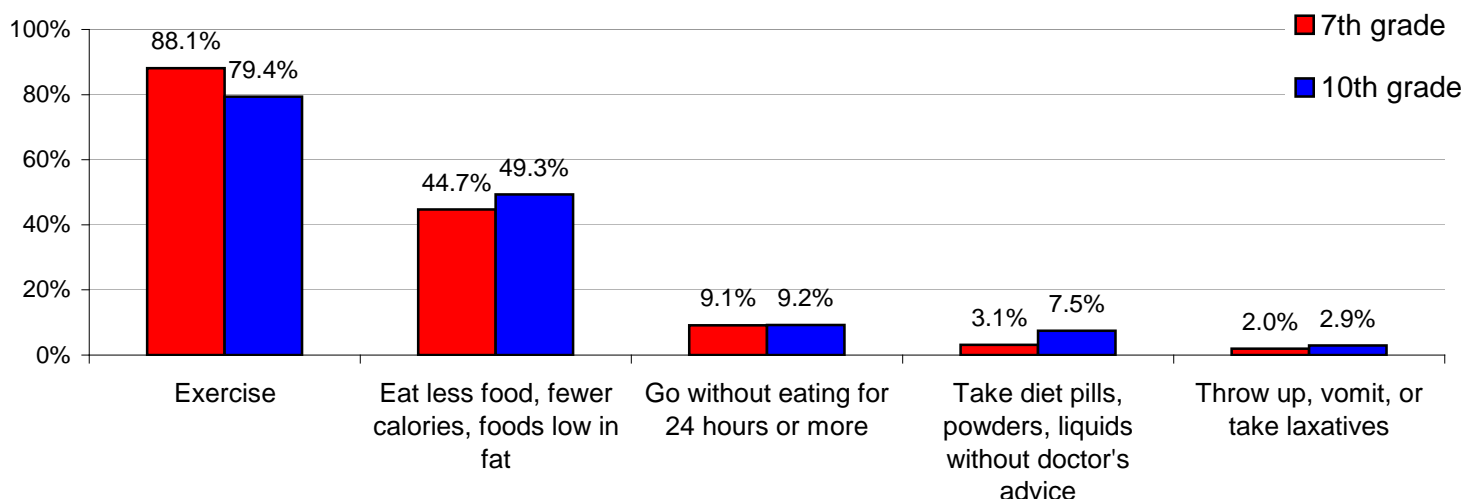
(7th grade n=624; 10th grade n=564)



- Responses to the question asking “during the past 30 days, what they **did to lose or keep from gaining weight**” are presented in Figure 3-4 (Q10). Note that students could choose more than one answer to this question. Significant differences were noted in responses between grades for “exercise,” and for “take any diet pills, powders, or liquids without a doctor’s advice.” Within both grades, there was a significant difference between males and females for “eat less food, fewer calories, and foods low in fat,” as well as “go without eating for 24 hours or more,” with greater proportions of females in both grades answering that they were more likely to do these activities than males.

FIGURE 3-4

Q10. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? (7th grade n=614; 10th grade n=545)



Results from the DCYHA: Percentage trying to lose weight by fasting, 12%.

Results from the YRBS: Percentages trying to lose weight by: Exercise, 62%; Eating foods lower in calories or fat, 42%; fasting, 13%; Vomiting, 6%; Taking pills, powders, or liquids without a doctor's advice, 7%.

- Nineteen percent of 7th graders and 15% of 10th graders responded “yes” to the question (Q42) asking **whether a doctor or nurse ever talked with you about your weight.**

Safety.

- The majority of respondents in both grades said that they always **use a seat belt** when riding in or driving a car (39% of 7th graders and 50% of 10th graders) (Q11). However, 33% of 7th graders and 24% of 10th graders answered “never” or “sometimes” to this question. There was a significant difference between the two grades.

Results from the DCYHA: Percentages reporting seat belt use when they ride in a car: always, 56%; most of the time, 27%; sometimes, 7%; rarely, 5%; never, 3%.

Results from the YRBS: Percentages reporting never or rarely using a seat belt, 17%; 10th grade, 15%.

Healthy People 2010 Objective 15-19: Increase the proportion of people using seat belts to 92%.

- Sixteen percent of 7th graders and 14% of 10th grader reported that they had **carried a weapon** such as a gun, knife, or club 1 or more days during the past 30 days (Q12). Six percent of 7th graders and 7% of 10th graders responded that they carried a weapon 4 or more days during the past 30 days. Within both grades, there was a significant difference between males (proportionately more reported that they carried a weapon) and females.

Results from the YRBS: Percentages reporting carrying a weapon such as a gun, knife, or club during the past 30 days, 9%; 10th grade, 16%.

- Nine percent of 7th graders and 8% of 10th graders reported that they were **threatened or injured with a weapon** such as a gun, knife, or club at least one time during the past 30 days (Q13). Among 7th graders, a greater proportion of males reported being threatened than girls.
- Thirty percent of 7th graders and 22% of 10th graders reported that **someone had stolen or damaged their property** such as their car, clothing, or books on purpose at least one time during the past 30 days (Q14).
- Thirty-three percent of 7th graders and 19% of 10th graders reported that they were **in a physical fight** at least one time during the past 30 days (Q15). Significant differences were detected between grades (proportionately 7th graders reported having been in a fight) and within 10th grade (proportionately males reported having been in a fight). Note: When this question was analyzed without including those students that had answered “yes” to using the fake drug, there was no difference between the two grades.

Results from the YRBS: Percentages reporting they were in a physical fight during the past 12 months, 30%; 10th grade, 33%.



Healthy People 2010 Objective 15-38: Reduce the proportion of adolescents that are in a physical fight during the past 12 months to 33%.

- Thirty-three percent of 7th graders and 17% of 10th graders said that they were **frightened, harassed, or bullied by other students** when they were at their school, on their way to or from school, or at a school activity, during the past 30 days (Q16). Responses differed significantly between the two grades for this question.
- The majority of students in both grades reported they had never been **hit, slapped, or physically hurt by their boyfriend or girlfriend** during the past 30 days (Q17). The proportion of those that answered yes to this question (2.5% of 7th graders, 6% of 10th graders) differed significantly. Note: When this question was analyzed without including those students that had answered “yes” to using the fake drug, there was no difference between the two grades.

Healthy People 2010 Objective 15-34: Reduce the rate of persons 12 and older who are assaulted physically by a current or former intimate partner to 3.6/1,000.

Healthy People 2010 Objective 15-37: Reduce the rate of persons 12 and older who are physically assaulted to 25.5/1,000.

- Significant differences were noted between the two grades and within both grades for responses to whether the student was ever physically **forced to have any form of sexual contact** when they did not want to (Q18). Five percent of 7th graders and 10% of tenth graders answered yes to this question. In both grades, proportionately more females answered yes than males.
- Significant differences were noted between the two grades and within 10th grade respondents for responses to whether, during the past year, the student ever **felt peer pressure** or pressure from others to do something that could have put them at risk or in a dangerous situation (Q19). The percentages answering yes to this question were 43% for 7th grade and 51% for 10th grade. Proportionately more 10th grade males answered “no” or “4 or more times” (rather than “1 time” or “2 to 3 times”) than 10th grade females.

Emotional Health.

- Similar percentages of 7th graders (16%) and 10th graders (17%) responded that, during the past year, they **did something to purposely hurt themselves** without wanting to die, such as cutting or burning themselves on purpose (Q20). Within both grades, proportionately more females answered that they had tried to purposely hurt themselves 1 or more times. The breakdown of responses to this question is presented in Figure 3-5.

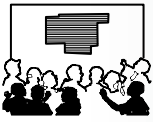
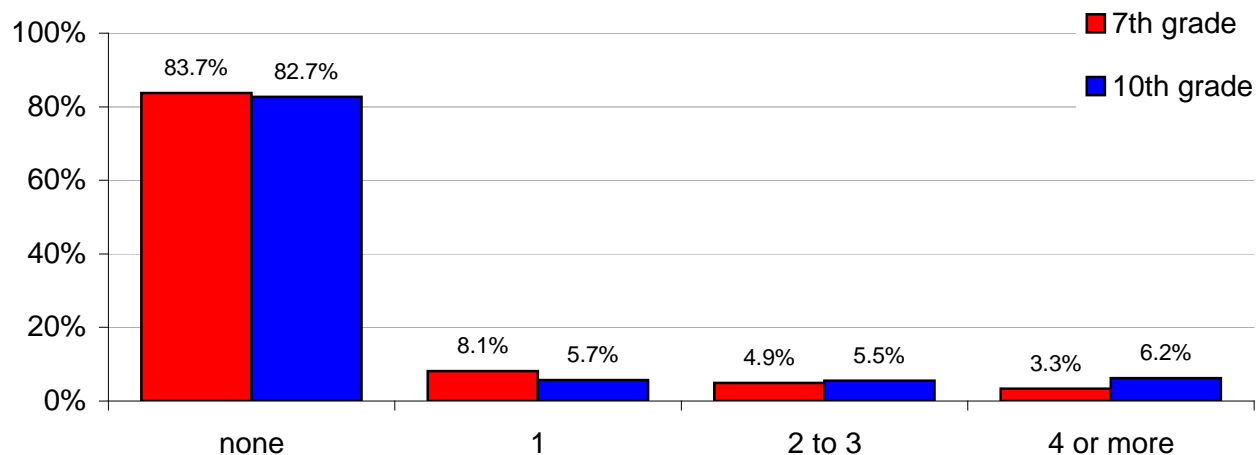


FIGURE 3-5

Q20. During the past year, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?
(7th grade n=632; 10th grade n=565)



- Questions 21 – 24 focused on **feeling sad, empty, or depressed** and about **taking some action to end one's life**. Breakdowns of responses to these questions are presented below in Figure 3-6a, 3-6b, and 3-6c for Questions 21, 22, and 23, and in Figure 3-7 for Question 24.
 - Significant differences were detected between males and females within grades for all four questions. For Question 21, “did you ever feel sad, empty, or depressed almost every day for 7 days or more in a row during the past year,” proportionately more females in both 7th and 10th grade answered yes than males. For Question 22, “did you ever think about taking some action to end your own life or attempting suicide during the past year,” proportionately more 10th grade females answered yes than 10th grade males. For Question 23, “did you ever make a plan or think about a plan about how you would take some action to end your own life or attempt suicide during the past year,” proportionately more females in 10th grade answered yes. For Question 24, “how many times did you actually take some action to end your own life or attempt suicide during the past year,” proportionately more 10th grade females answered 1 or more times than 10th grade males.

FIGURE 3-6a

Q21. Feel sad, empty, or depressed almost every day for 7 or more days in a row?

(7th Grade n=631; 10th Grade n=564)

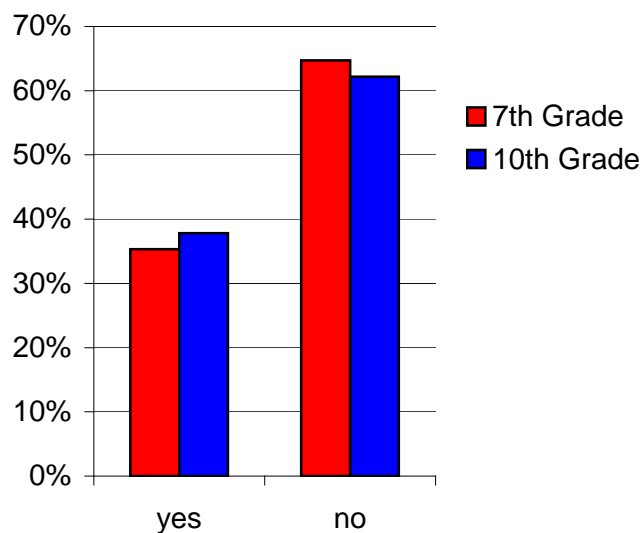


FIGURE 3-6b

Q22. Ever think about taking some action to end your own life or attempting suicide?

(7th Grade n=628; 10th Grade n=561)

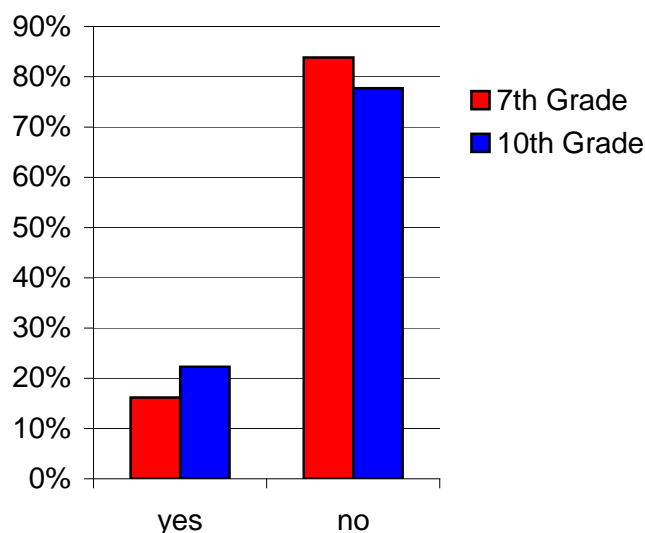


FIGURE 3-6c

Q23. Ever make a plan OR think about a plan about how you would take some action to end your own life or attempt suicide?

(7th Grade n=627; 10th Grade n=561)

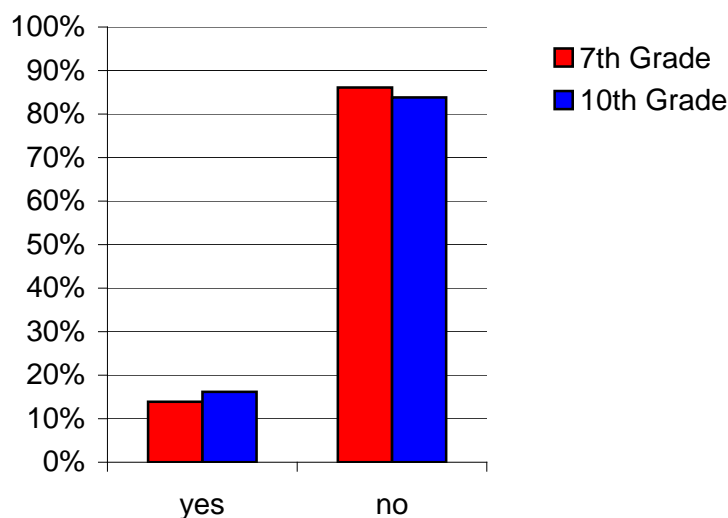
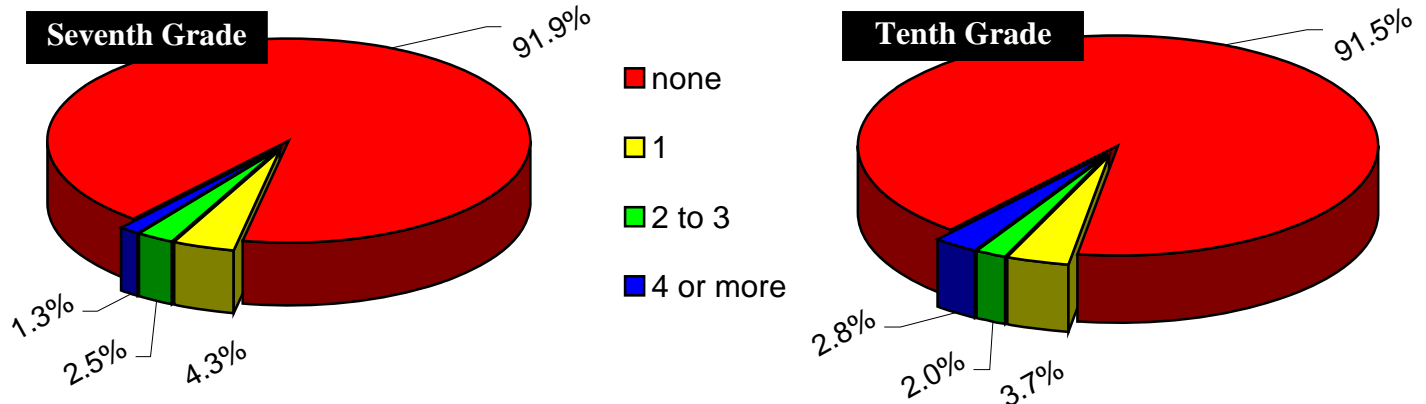


FIGURE 3-7

Q24. During the past year, how many times did you actually take some action to end your own life or attempt suicide?

(7th Grade n=630; 10th Grade n=563)



Results from the DCHYA: Percentages reporting feeling so sad or helpless almost everyday every day for two weeks or more in a row that they stopped doing some usual activities: 23%.

Results from the YBRS: Percentages that reported the following during the past 12 months:

- Ever seriously considered suicide? 18%, 10th grade: 22%.
- Made a plan about how would commit suicide? 14%; 10th grade, 19%.
- Actually attempted suicide on or more times? 9%; 10th grade, 13%.

Healthy People 2010 Objective 18-2: Reduce the rate of suicide attempts by adolescents to 1% (over 12 month average).

- Questions were included to ascertain if the respondents had **an adult (Q45) or a friend or peer (Q50) that they felt comfortable talking to or seeking help from** if they had an important issue, question, or personal problem. For question 45, 75% of 7th graders and 74% of 10th graders answered yes (had an adult they felt comfortable talking to). For Question 50, 65% of 7th graders and 85% of 10th graders answered yes (had a friend or peer that they felt comfortable talking to). There was a significant difference between the grades for Question 50.
- Similar percentages (17.5% of 7th graders and 17% of 10th graders) answered “yes” to the question that asked whether a **doctor or nurse ever talked with you about feeling sad, empty, or depressed (Q43)**.

Smoking.

- There were significant differences in the ages at which students **smoked a cigarette for the first time** (Q25). A higher percentage of 7th graders (66%) than 10th graders (52%) answered that they had never smoked a cigarette. Among 7th graders, 10% smoked a cigarette for the first time at 8 years or younger, 16% between 9 and 11 years old, and 8% between 12 and 14 years. Among 10th graders, 8% smoked a cigarette for the first time at 8 years or younger, 9% between 9 and 11 years, 20% between 12 and 14 years old, and 11% at age 15 or older.

Results from the DCYHA: Percentages reporting age when first smoked a whole cigarette: never, 88%; 8-10, 4%; 11-16, 8%; 16 and older, less than 1%.

Healthy People 2010 Objective 27-4: Increase the average age of first use of tobacco products by adolescents age 12 to 17. Target: 14%.

- When asked “during the past 30 days, **how many cigarettes they usually smoked each day** on the days they smoked” (Q26), 84% of 7th graders and 74% of 10th graders responded that they did not smoke during the past 30 days. Fourteen percent of 7th graders and 21% of 10th graders smoked 1 to 10 cigarettes per day; 2% of 7th graders and 4% of 10th graders smoked 11 to 20 cigarettes per day; 0.3% of 7th graders and 1% of 10th graders smoked more than 20 cigarettes per day. The responses between the two grades differed significantly.

Results from the DCHYA: Percentages reporting how many days they smoked in the past 30 days: don't smoke, 88%; 0 days, 5%; 1 to 5 days, 3%; 6 or more days, 4%; 3% of 7th graders had at least one cigarette in the past 30 days.

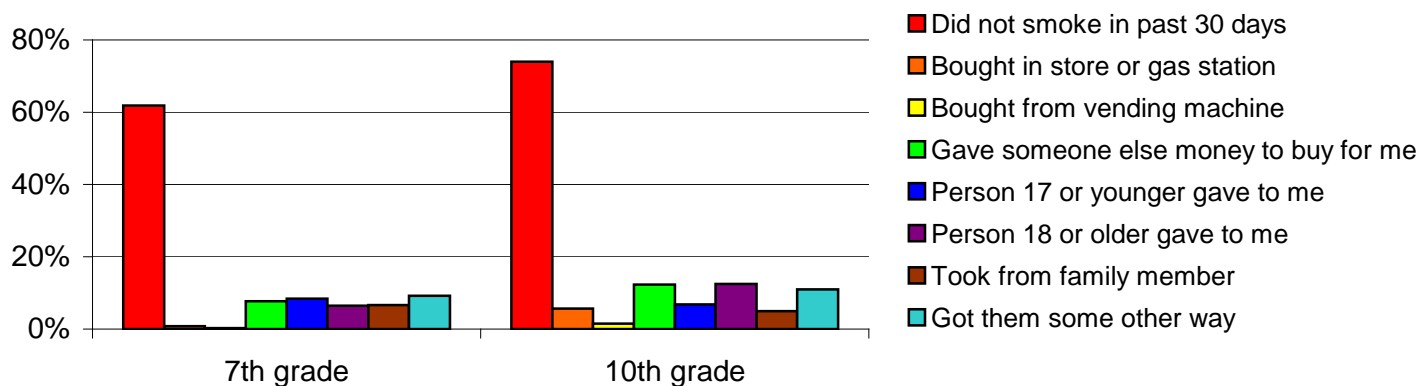
Results from the YBRS: Percentages that reported smoking cigarettes one or more days over the past 30 days: 24%; 10th grade, 22%.

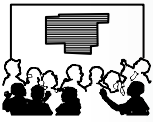
Healthy People 2010 Objective 27-2a: Reduce the proportion of adolescents that use the following in the past month: tobacco products 21%; cigarettes 16%; spit tobacco 1%; cigars 8%.

- Figure 3-8 below presents the breakdown of **how students reported usually getting their cigarettes** (Q27). Significant differences were noted between the grades in four of the eight response options (students could circle up to three answers): “did not smoke during the past 30 days,” “bought them in a store or gas station,” and “a person 18 or older gave them to me.”

FIGURE 3-8

Q27. During the past 30 days, how did you usually get your cigarettes. Circle up to three answers. (7th Grade n=620; 10th Grade n=544)





Results from the DCHYA: Percentages reporting how they obtained their tobacco products over the past 30 days: don't use tobacco products, 90%; didn't use tobacco products in past 30 days, 3%; gave someone else money to buy them for me, 2%; borrowed them from someone else, 2%.

- Figure 3-9a and 3-9b presents the breakdown of the percentages of student that reported **using chewing tobacco, snuff, or dip** (Q28) and **smoking cigars, cigarillos, or little cigars** during the past 30 days (Q29). For both questions, significant differences were noted between the two grades and between males and females within 10th grade (proportionately more males reported using chewing tobacco, snuff, or dip, as well smoking cigars, cigarillos, or little cigars). Note: When this question was analyzed without including those students that had answered "yes" to using the fake drug, there was no difference between the two grades.

FIGURE 3-9a

Days respondents used Chewing Tobacco or
Snuff in the past 30 days
(7th grade n=629; 10th Grade n=561)

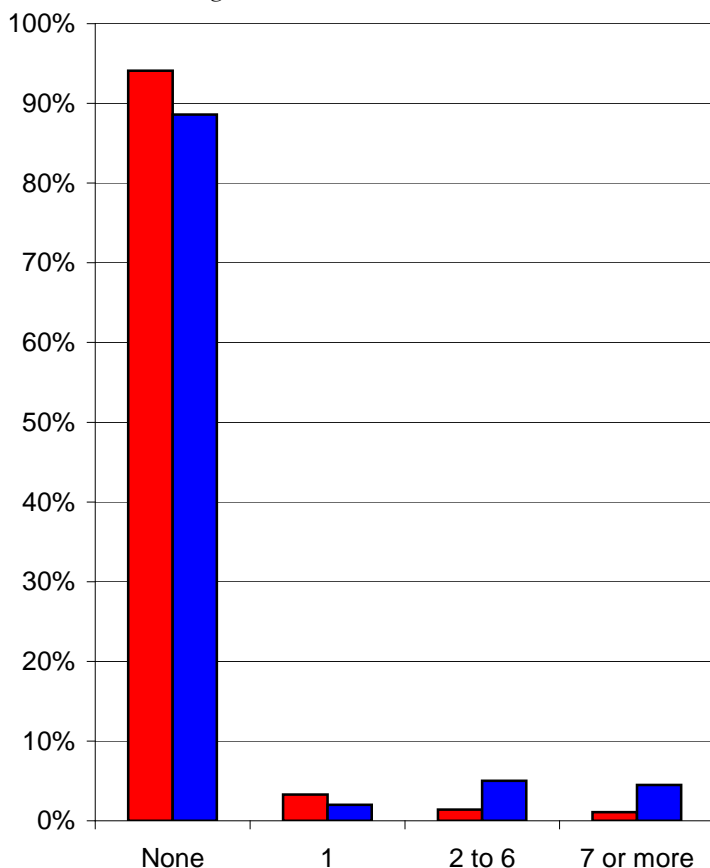
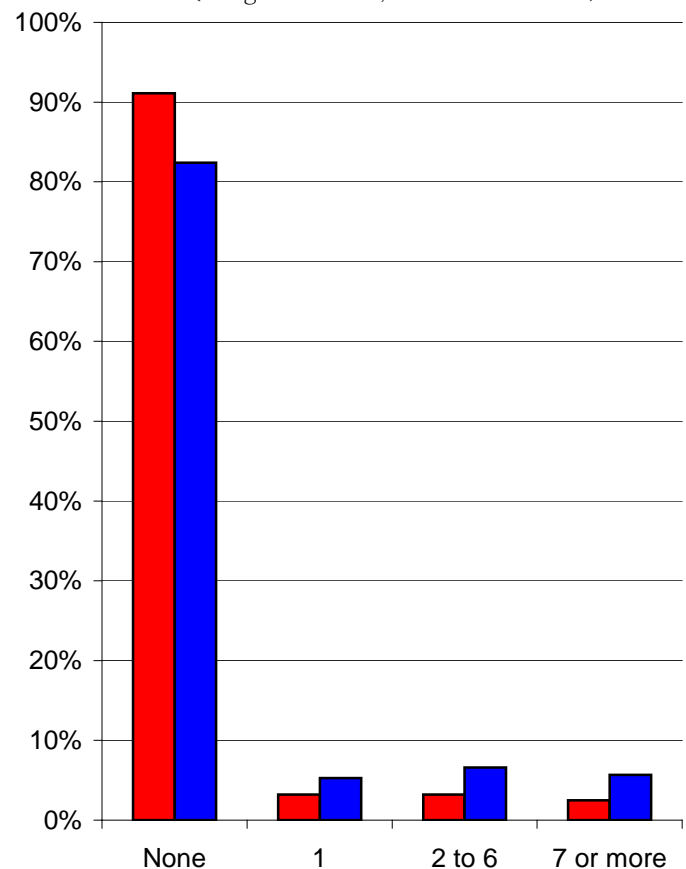


FIGURE 3-9b

Days respondents used Cigars, Cigarillos,
or little cigars in the past 30 days
(7th grade n=629; 10th Grade n=562)



■ 7th grade ■ 10th grade

Results from the DCHYA: Percentages reporting using, during the past 30 days:

- Chewing tobacco, snuff, or dip 2%.
- Cigars, cigarillos, little cigars 4%.
- When asked whether they had **ever tried to quit using any tobacco product**, 77% of 7th graders and 64% of 10th graders answered “did not use any tobacco product during the past year” (Q30). Sixteen percent of 7th graders and 19% of 10th graders answered yes (tried to quit using any tobacco product during the past year); 8% of 7th graders and 17% of 10th graders answered no. There was a significant difference in the responses between the two grades, and proportionately more 10th grade females answered they had not used any tobacco product than 10th grade males. Among those who smoked, 70% of 7th graders and 53% of 10th graders tried to quit.

Results from the DCHYA:

Percentage responding that they want to stop smoking: do not smoke now, 94%; yes, 35; no, 3%.

Percentages reporting number of times during past 12 months that they stopped smoking for 1 day or longer because they were trying to quit smoking: had not smoked in the past 12 months, 90%; had not tried to quit, 3%; 1 to 5 times, 5%; 5 or more times, 1%.

Healthy People 2010 Objective 27-7: Increase tobacco use cessation attempts by adolescents to 84%.

Alcohol Use.

- There was a significant difference in the responses to the question that asked students at what **age they had their first drink of alcohol** (Q31). Fifty-one percent of 7th graders responded that they never had a drink of alcohol, compared to 25% of 10th graders. A breakdown of the responses to this question is presented below in Figure 3-10.

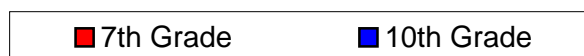
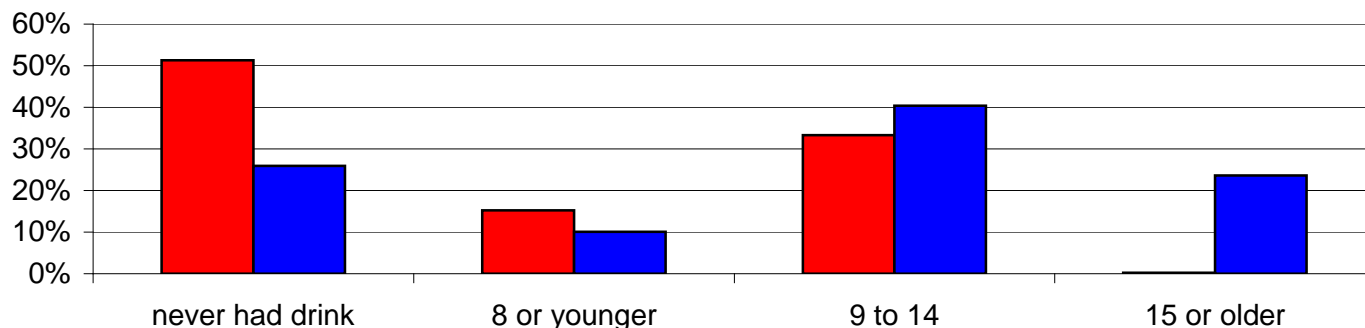


FIGURE 3-10

Q31. How old were you when you had your first drink of alcohol?

(7th Grade n=631; 10th Grade n=564)



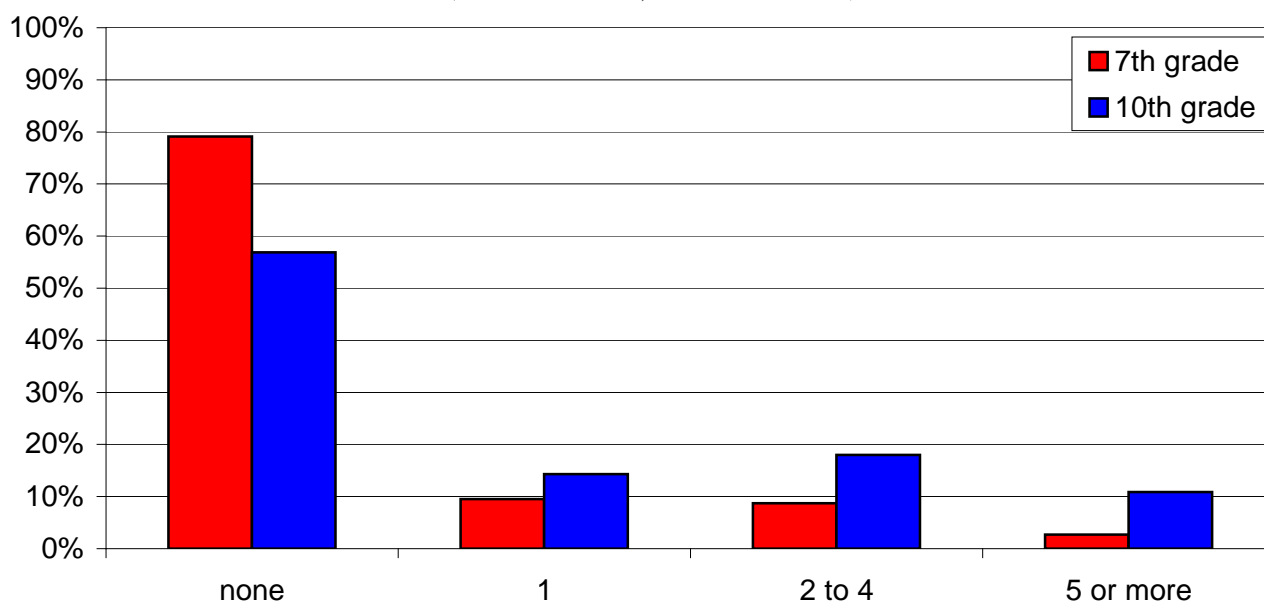
Results from the DCHYA: Percentages reporting age had first drink of alcohol: never had a drink of alcohol, 68%; less than 10, 9%; 10 to 11, 6%; 12 to 13, 10%; 14 and older, 8%. Percentage having had a drink of alcohol, other than a few sips: 31%; 7th graders, 24%.

Results from the YBRS: 23% had first drink of alcohol other than a few sips, before age 13; 76% had at last one drink of alcohol on one or more occasions during their life

- Responses to the question (Q32) asking “during the past 30 days, **how many days did you have at least one drink of alcohol**” differed significantly between the two grades and between 10th grade males and females. Greater proportions of females answered “0 days” and “1 day” compared to 10th grade males. A breakdown of the responses to this question is presented below in Figure 3-11.

FIGURE 3-11

Q32. During the past 30 days, how many days did you have at least one drink of alcohol?
(7th Grade n=633; 10th Grade n=561)



Results from the YBRS: Percentages reporting having at least one drink of alcohol in the past 30 days: 42%; 10th grade, 41%.

Healthy People 2010 Objective 26-10a: Increase the proportion of adolescents not using alcohol or illicit during the past 30 days to 89%.

- Responses to the question (Q33) asking “during the past 30 days, **how many days did you have five or more drinks of alcohol in a row on one occasion within 2 to 3 hours**” differed significantly between the two grades and between 10th grade males and females. Ninety percent of 7th graders and 73% of 10th graders answered zero days; 1 day, 6% of 7th graders and 13% of 10th graders; 2 to 4 days, 3% of 7th graders and 10% of 10th graders; 5 or more days, 1 % of 7th graders and 5% of 10th graders. Among 10th graders, proportionately more females answered zero days or 1 day, and proportionately more males answered 2 to 4 days or 5 or more days.



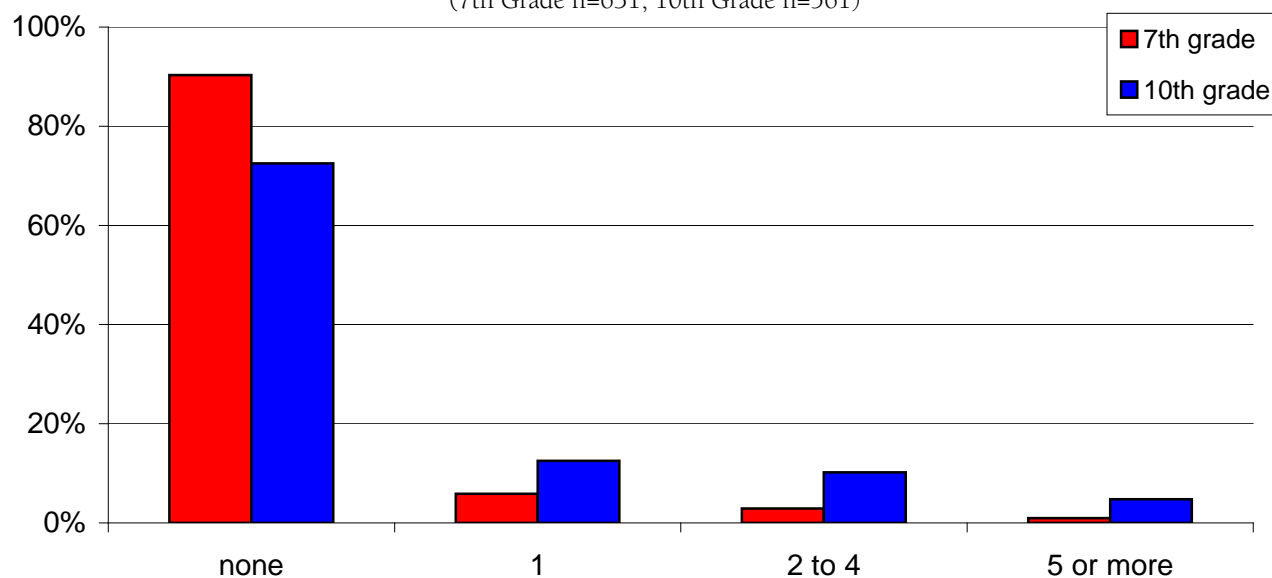
Results from the YBRS: Percentages reporting having five or more drinks of alcohol in a row in the past 30 days: 26%; 10th grade, 28%.

Healthy People 2010 Objective 26-11d: Reduce the proportion of adolescents age 12 to 17 engaging in binge drinking during the past month to less than 3%.

FIGURE 3-12

Q33. During the past 30 days, how many days did you have 5 or more drinks of alcohol in a row on one occasion within 2 to 3 hours?

(7th Grade n=631; 10th Grade n=561)



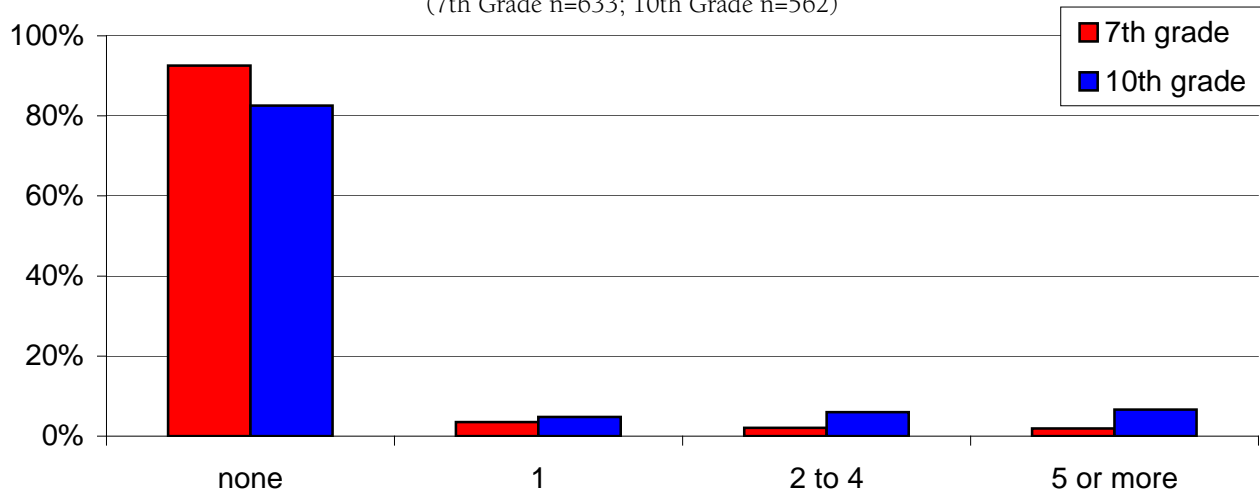
Substance Abuse.

- Figure 3-13 below presents the breakdown of response to Question 34, which asked “during the past year, to get high, how many times did you **use a prescription drug without a doctor’s prescription.**” Ninety-three percent of 7th graders and 83% of 10th graders responded “0 times” to this question. Responses to this question varied significantly between the two grades.

FIGURE 3-13

Q34. During the past year, to get high, how many times have you used a prescription drug without a doctor's prescription?

(7th Grade n=633; 10th Grade n=562)

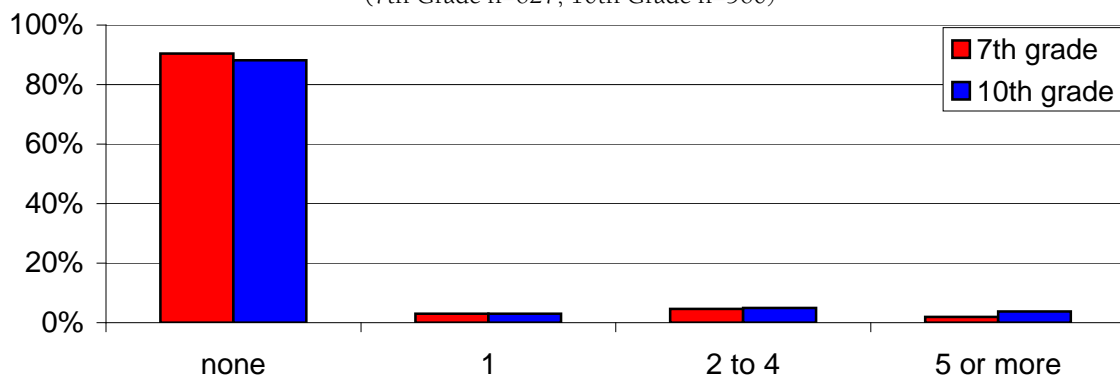


- Ninety percent of 7th graders and 88% of 10th graders responded “0 times” to the question that asked about **using over-the-counter pills or drugs** for which you do not need a doctor’s prescription (Q35). The breakdown of responses to this question is presented below in Figure 3-14.

FIGURE 3-14

Q35. During the past year, to get high, how many times have you taken any over-the-counter pills or drugs for which you do not need a doctor's prescription?

(7th Grade n=627; 10th Grade n=560)





- Figure 3-15a and 3-15b below presents the breakdown of responses to the question (Q36) that asked about use of seven different substances. Significant differences between the two grades were noted for responses about use of marijuana and ecstasy (the proportion of 10th graders was greater than the proportion of 7th graders answering affirmatively for all levels of use for both of these substances). A fake substance (methabrevital) was included as one of the substances in this question. One 7th grader (0.2%) and nine 10th graders (1.6%) answered that they had used this substance. Note: When this question was analyzed without including those students who had answered “yes” to using the fake drug, there was no difference between the two grades in use of ecstasy.

Results from the DCYHA: “During your life, have you used any of the following:

- Marijuana 8% 7th grade: 5%
- Cocaine 2%
- Heroin 1%
- Ecstasy 2%
- Methamphetamines 1%

Results from the YRBS: “During the past 30 days, have you used any of the following one or more times:

- Marijuana 21%; 10th graders, 23%
- Cocaine 3%; 10th graders, 4%

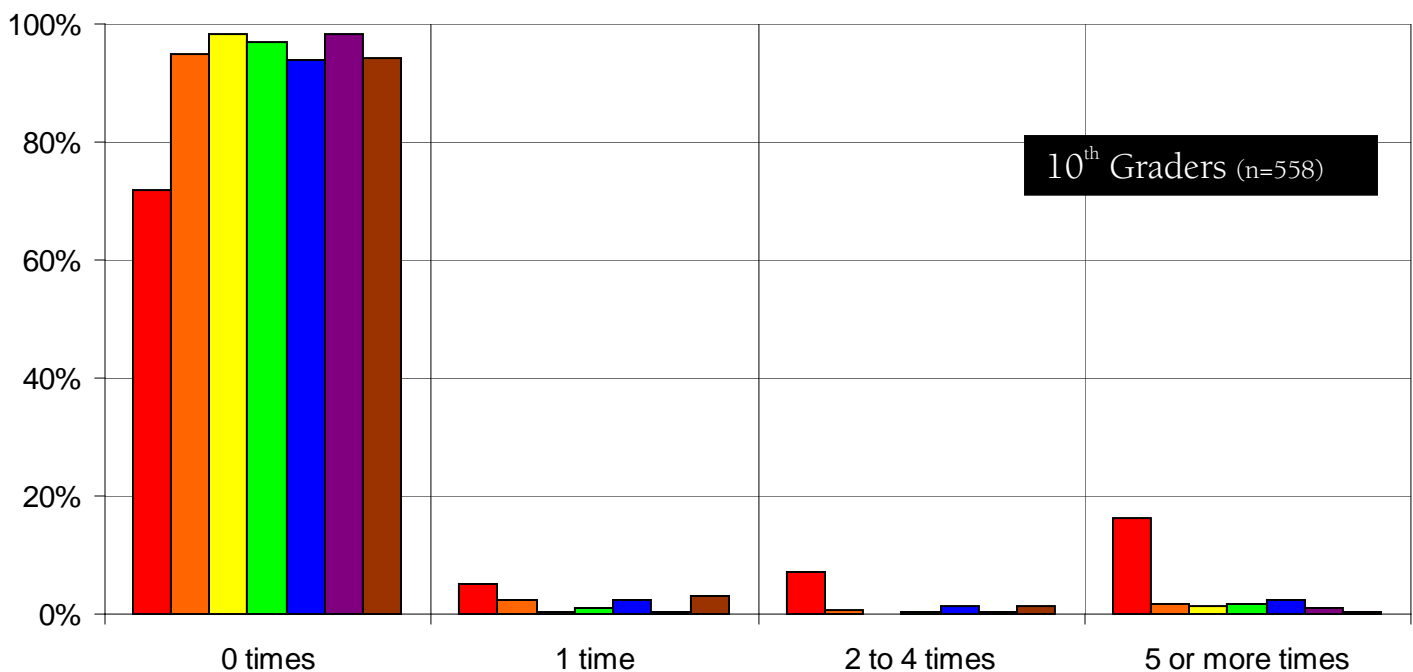
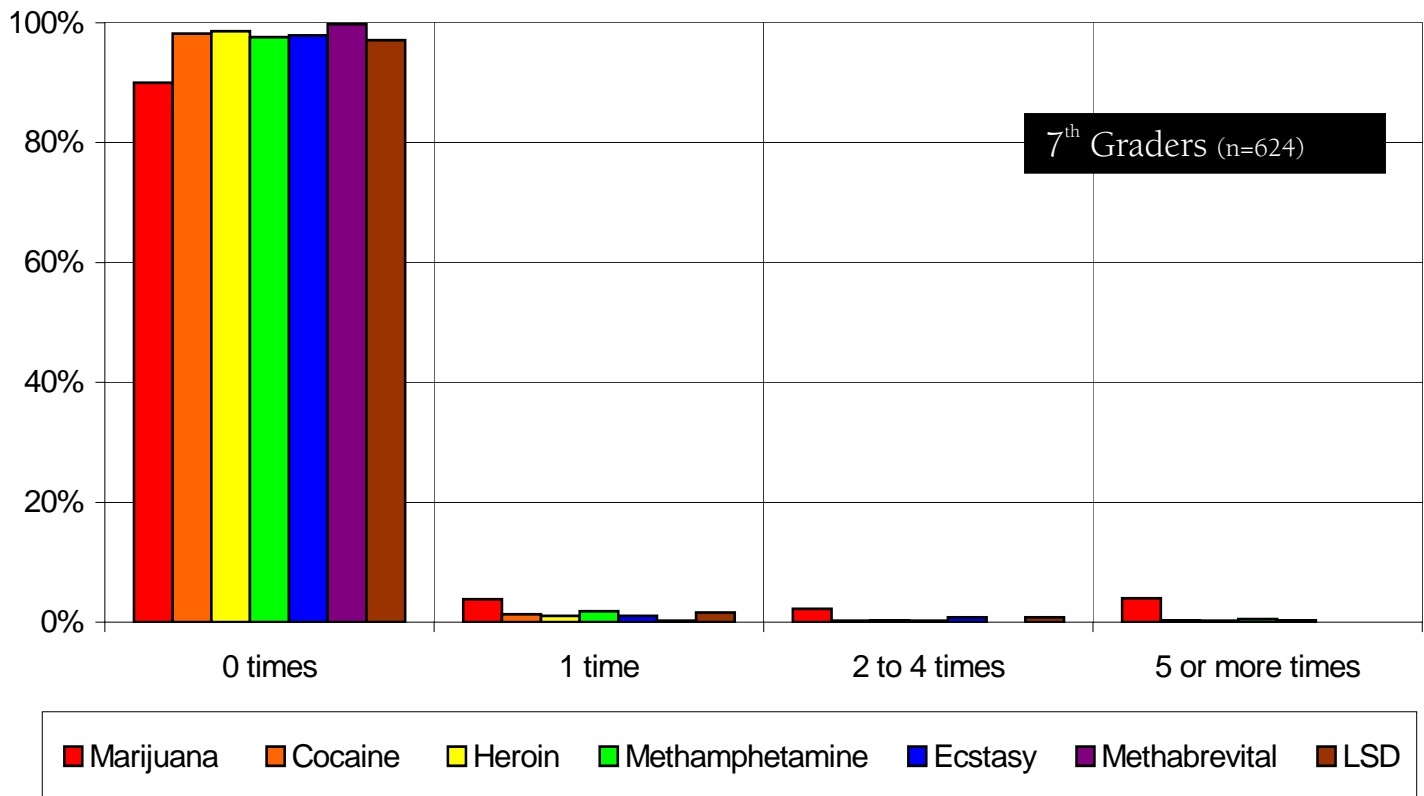
“During your life, have you used any of the following one or more times:”

- Heroin 2%
- Ecstasy 7%
- Methamphetamine 8%
- LSD or other psychedelic drug 8%
- Prescription drug without a doctor’s prescription 28%

<p>Healthy People 2010 Objective 26-10a: Increase the proportion of adolescents not using alcohol or illicit during the past 30 days to 89%.</p>

FIGURE 3-15a & b

Q35. During the past year, to get high, how many times did you use any of the following?



- An overall question was used to identify **other forms of substance abuse**. This question (Q37) asked if the respondent had ever used any other method or substance other than those mentioned above in Questions 34, 35, or 36. Nine percent of 7th graders and 17% of 10th graders answered “yes” to this question, and this was a significant difference.

Sexual activity.

- A significant difference was noted in responses to the question (Q38) that asked “how old you were when you had **intimate sexual contact or sexual intercourse for the first time.**” The proportion of 7th graders that answered “never” (80%) was greater than the proportion of 10th graders (38%), and the proportion of 10th graders that answered affirmatively across all three age options (11 or younger, 12 to 15, 16 or older) was greater than the proportion of 7th graders.

Results from the YRBS: Age at which had sexual intercourse for the first time before age 13, 5%; 10th grade 8%.

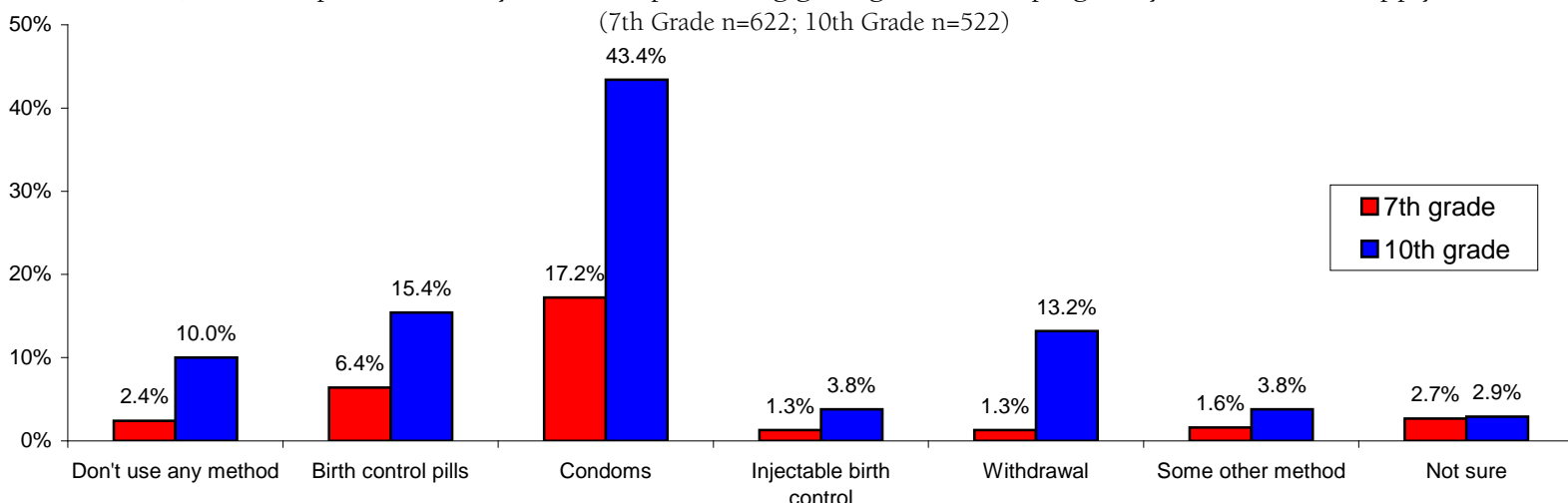
- Significant differences were noted in responses to the question (Q39) asking whether the respondent **drank alcohol or used drugs before they had intimate sexual contact/sexual intercourse** the last time; 78% of 7th graders and 40% of 10th graders answered that they had never had intimate sexual contact or sexual intercourse. The percentages of 10th graders answering “yes” and “no” to this question were greater than the proportion of 7th graders.
- After excluding respondents that never had intimate sexual contact or sexual intercourse, 19% of 7th graders and 16% of 10th graders answered yes.

Results from the YRBS: Percentage using alcohol or drugs before had sexual intercourse the last time, 23%; 10th grade 23%.

- The breakdown to the question (Q40) that asked what the respondent uses for **protection against getting a sexually transmitted disease or pregnancy** is presented below in Figure 3-16. Respondents could circle more than one method. A significantly greater proportion 10th graders circled these answers: not using any method, birth control pills, condoms, injectable birth control, and withdrawal. Within 7th graders, a significantly greater proportion of females circled birth control pills than males.

FIGURE 3-16

Q40. What protection do you use for preventing getting an STD or pregnancy? Circle all that apply.



Results from the YRBS: Percentage that answered yes to “The last time you had sexual intercourse, did you use: A condom?” 62%. Birth control pills? 20%

Healthy People 2010 Objective 25-11: Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually to 95%.

- Question 41 asked “**what the main reason was if you have never had intimate sexual contact** or sexual intercourse.” A breakdown of the responses is presented below in Figures 3-17a and 3-17b. Significant differences between the grades were detected for the proportion of respondents selecting “waiting for marriage,” “don’t feel ready,” “afraid of getting or getting someone pregnant,” and “don’t want to get a STD or HIV/AIDS” (greater proportion of 7th graders for all answers).
 - Among 10th graders, significantly greater proportions of females selected “waiting for marriage,” “sticking to my spiritual or moral values,” and “don’t feel ready.” Another area of significant difference among 10th grades was that a greater proportion of males than females selected “none of the above” as an option.
 - Among 7th graders, significantly greater proportions of females selected “waiting for marriage,” “don’t feel ready,” “don’t want to get a STD or HIV/AIDS.” Areas of significant differences where proportionately more 7th grade males selected the option were “I don’t have a partner (boyfriend or girlfriend)” and “none of the above.”

Results from the YRBS: Percentage of those that have not had sexual intercourse that name the reason as their moral/spiritual values or waiting until marriage, 42%.

FIGURE 3-17a

Q41. **Seventh Graders** - If you have never had intimate sexual contact or sexual intercourse, what is the main reason you have not? Select up to three answers. (n=134)

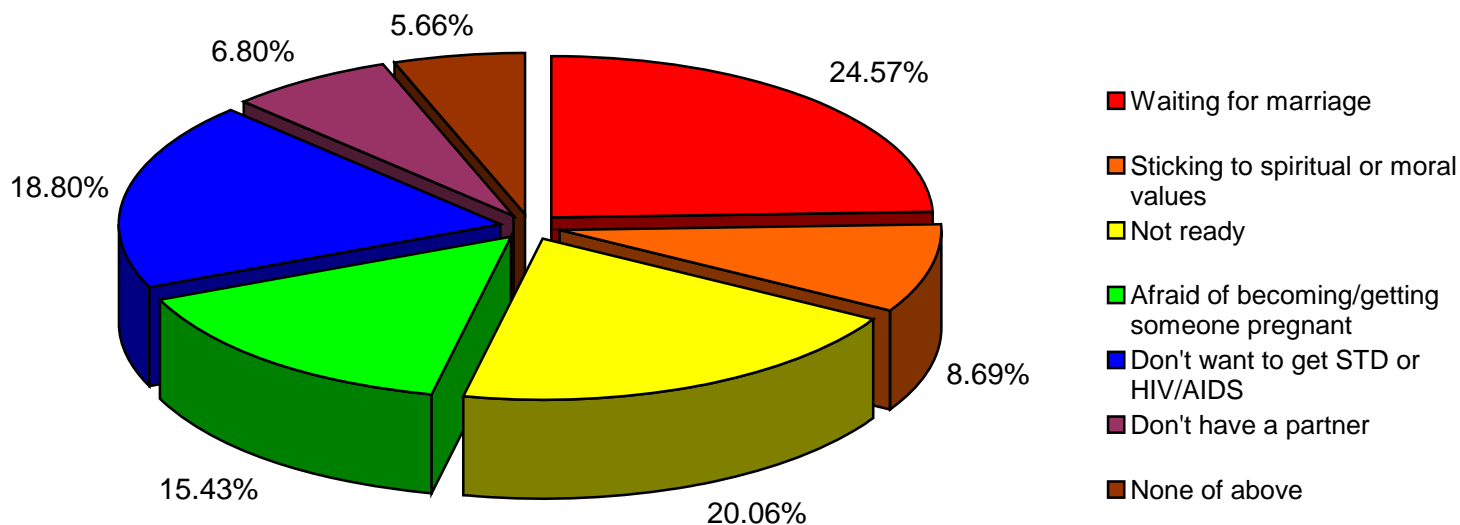
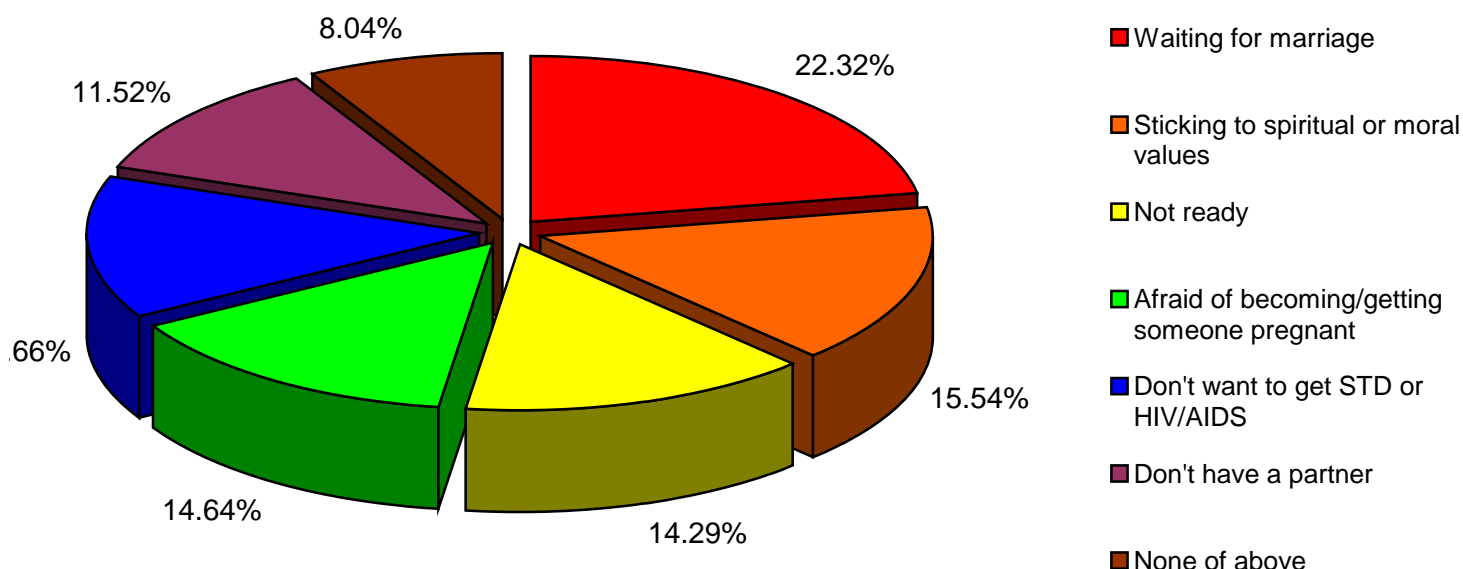


FIGURE 3-17b

Q41. **Tenth Graders** - If you have never had intimate sexual contact or sexual intercourse, what is the main reason you have not? Select up to three answers. (n=211)



Health Status, Access to Health Services.

- Prevalence (indicated by response of "yes") of five **health conditions** (asthma, diabetes, high blood pressure, sexually transmitted disease [STD], and migraine headache) was the focus of survey question 44. Breakdown of responses to this question is presented below in Figure 3-18. Of the five conditions, migraine headache had the highest overall prevalence (24%) followed by asthma (19%). However, there were significant differences between the two grades for both conditions. For asthma, the prevalence was 19% among 7th graders and 17% among 10th graders. For migraine headache, the prevalence was 24% among 7th graders and 19% among 10th graders. A significant difference was also noted between grades for prevalence of STD (0.7% overall); prevalence was 0.7% among 7th graders and 3% among 10th graders. Note: When this question was analyzed without including those students that had answered "yes" to using the fake drug, there was no difference between the two grades.
- No significant differences were detected between males and females in either grade for any of the five conditions.

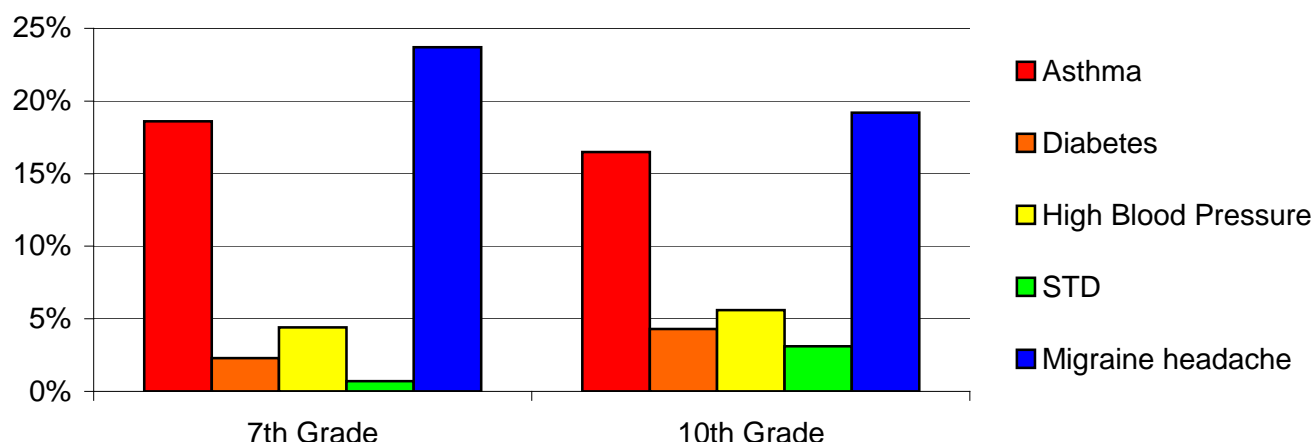
Results from the YRBS: Percentage that answered yes to having been told by a doctor or nurse that they had:

- Asthma? 18%
- Diabetes? 4%

Healthy People 20-10 Objective 5-3: Reduce the rate of diabetes that is clinically diagnosed to 25 overall cases per 1,000 population.

FIGURE 3-18

Q44. (Percentages saying yes to) "Has a doctor or nurse ever told you that you have any of the following conditions? (7th Grade n=613; 10th Grade n=552)



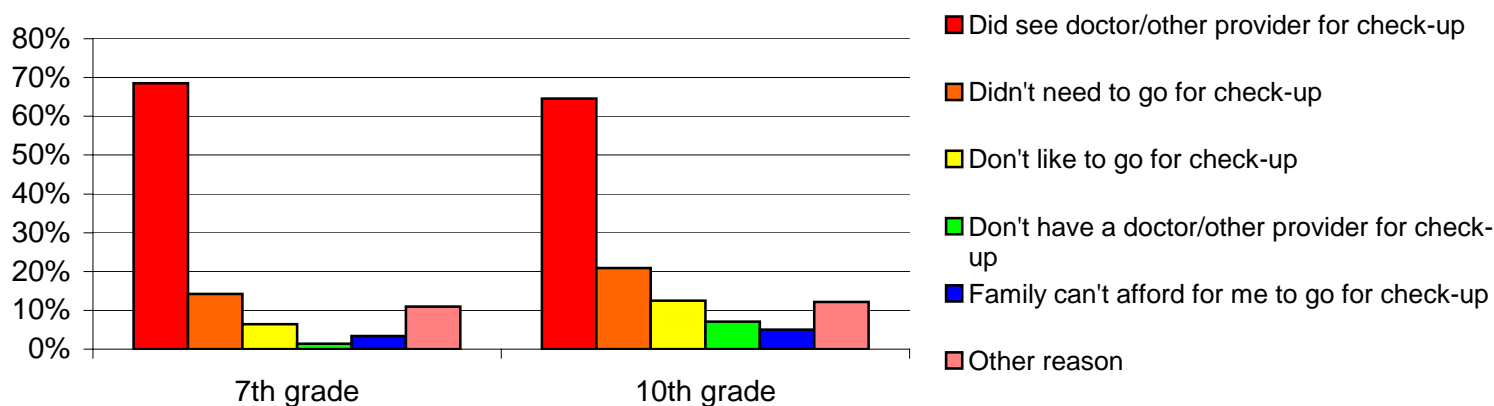
- Access to medical health care services was assessed in questions 46 and 47. The majority of respondents in both grades reported that they saw a doctor or health care provider for a **regular or routine check-up or physical exam** (that is, when they were not sick or injured) (Q46) within the last 12 months (59% of 7th graders, 62% of 10th graders). The difference between responses for the two grades was significantly different.

Results from the YRBS: Percentage that answered yes to having had a check-up or physical exam in the past 12 months when not sick,: 64%.

- Question 47 asked the why respondent **hadn't seen a provider for a regular or routine check-up or physical exam** ever or within the past year. Five reasons were presented, and respondents could circle more than one answer. Responses to this question are presented below in Figure 3-19. Significant differences were noted for three reasons: didn't need to go, don't like to go, and don't have a doctor or other health care provider for a regular check-up or physical exam.

FIGURE 3-19

Q47. If it's been more than 1 year or if you have never seen a doctor or other health care provider for a regular check-up, why? Circle all that apply. (7th Grade n=590; 10th Grade n=522)



- Access to dental health care services was assessed in questions 48 and 49. The majority of respondents in both grades reported that they saw a dentist for a **regular or routine dental check-up, exam, or teeth cleaning** within the last 12 months (74% of 7th graders and 78% of 10th graders). The difference between responses for the two grades was significantly different.

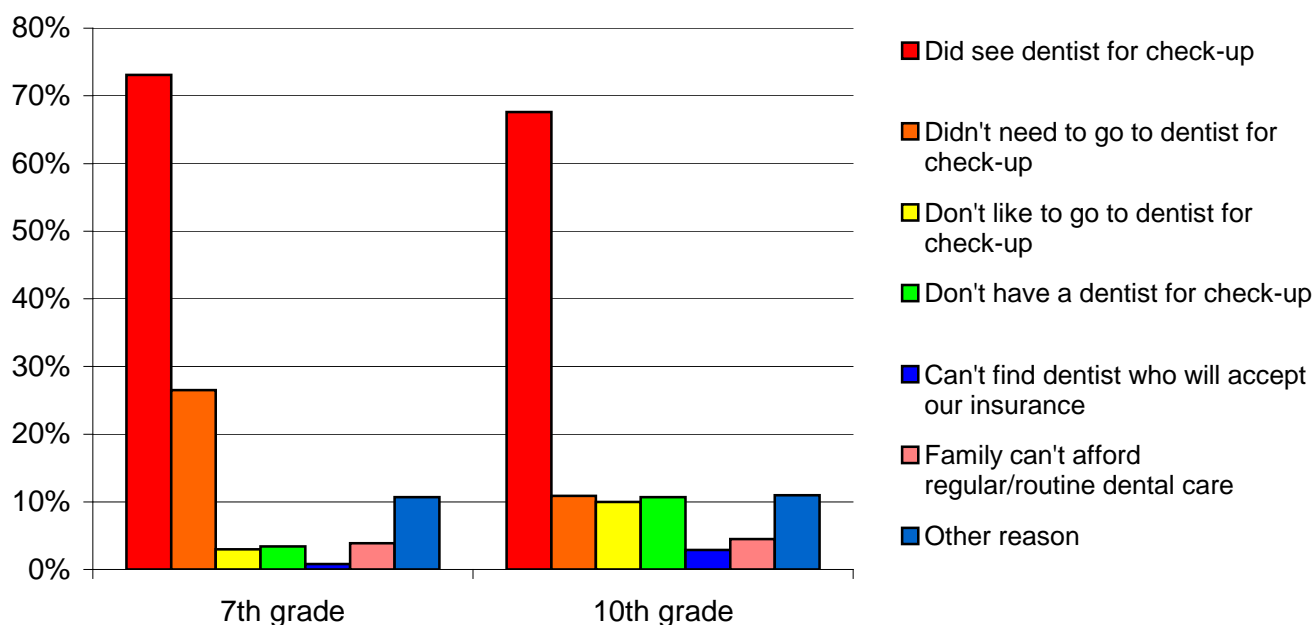
Results from the YRBS: 70% reported seeing a dentist for a check-up, exam, teeth cleaning, or other dental work during the past 12 months.

Healthy People 2010 Objective 21-10: Increase the proportion of children who use the oral health care system each year. Target: 83%.

- Question 49 asked why the respondent **hadn't seen a dentist for a regular or routine dental check-up, exam, or teeth cleaning** ever or within the past year. Six reasons were presented, and respondents could circle more than one answer. Responses to this question are presented below in Figure 3-20. Significant differences between the grades were noted for three reasons: didn't need to go, don't like to go, and don't have a dentist a regular or routine check-up or physical exam.

FIGURE 3-20

Q49. If it's been more than 1 year or if you have never seen a dentist for a regular check-up, why? Circle all that apply. (7th Grade n=580; 10th Grade n=512)

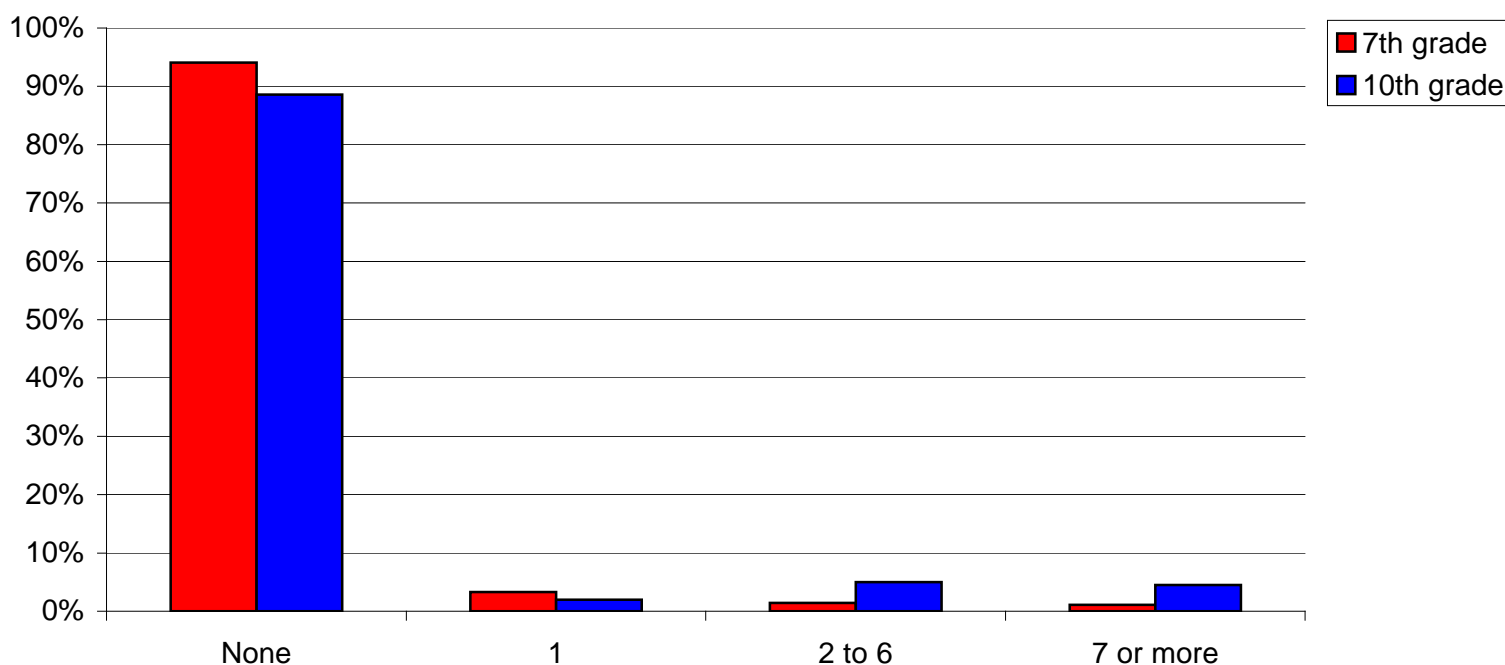


Activities.

- Responses to the question that asked **frequency of exercise** (participating in a physical activity for at least 20 minutes so that you were sweating or breathing hard) over the past 7 days differed significantly between the two grades and within 10th grade (Q51). Figure 2-11 below presents the breakdown of responses to this question. Within 10th graders, a greater proportion of females answered “0 days” or “1 to 2 days,” compared to males; a greater proportion of males answered “3 to 5 days” or “6 or more days.”

FIGURE 3-21

Q51. Over the past 7 days, how many days did you exercise or participate in a physical activity for at least 20 minutes so that you were sweating or breathing hard?
(7th Grade n=628; 10th Grade n=557)



Results from the DCYHA: Percentage that answered having exercised during the past 7 days for at least 30 minutes that made them sweat or breather hard:

- 0 days? 9%
- 1 to 2 days? 15%
- 3 to 5 days? 32%
- 6 or more days? 38%

Results from the YRBS: Percentage that answered having exercised during the past 7 days three or more days: 63%; 10th graders, 67%.

Healthy People 2010 Objective 22-07: Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion to 85%.

- Responses to Question 52 (**time spent watching TV**) and Question 53 (**time spent playing video games, text messaging, or using a computer for fun**) an average school day are presented below in Figures 3-22a and 3-22b. Responses to Question 52 (time spent watching TV) differed between the two grades. Within 7th graders, responses to Question 53 (time spent playing video games, text messaging, or using a computer for fun) differed significantly: a greater proportion of females answered “I don’t” or “less than 1 hour per day” compared to males, and a greater proportion of males answered “1 to 4 hours per day” or “5 or more hours per day.”

FIGURE 3-22a

Q52. On an average school day, not counting weekends or days off from school, how many hours do you watch TV?

(7th Grade n=628; 10th Grade n=558)

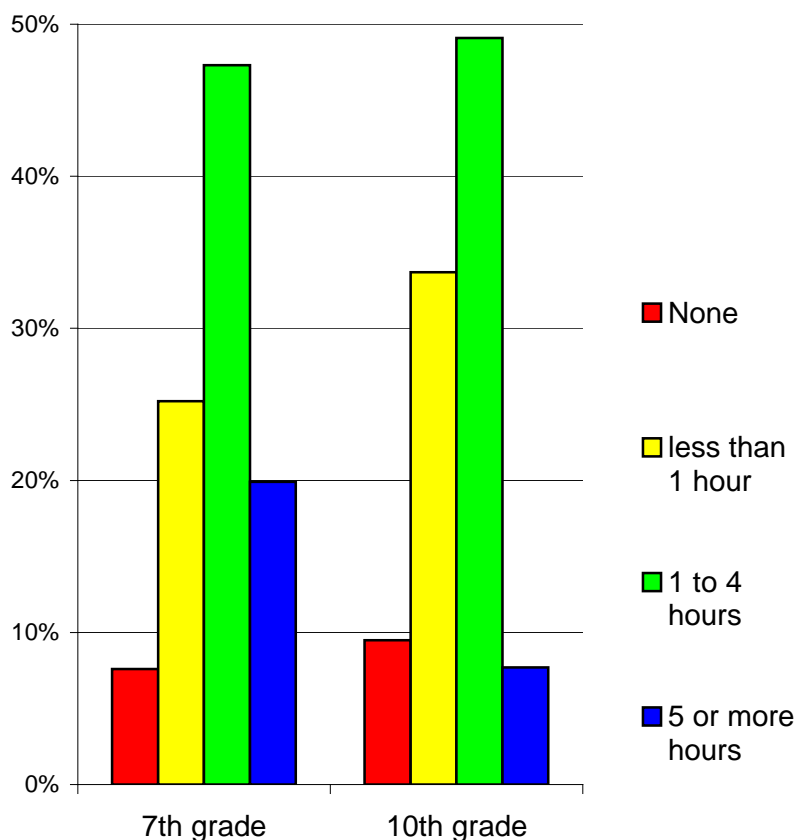
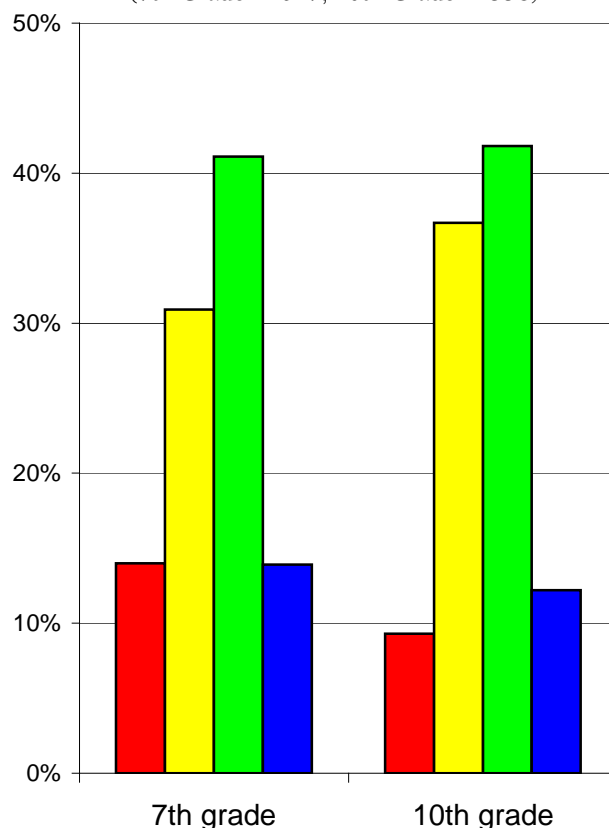


FIGURE 3-22b

Q52. On an average school day, not counting weekends or days off from school, how many hours do you play video games, text message, or use a computer for fun?

(7th Grade n=627; 10th Grade n=558)



Results from the DCYHA: “How many hours do you spend watching TV on an average school day?”

- None 3%
- Less than 1 hour 14%
- 1 to 4 hours 71%
- 5 or more hours 9%

Results from the YBRS: Percentage reporting watching: TV 3 or more hours per day, 30%; using videos or using a computer for fun for 3 or more hours per day on an average school day: 21%.

Healthy People 2010 Objective 22-11: Increase the proportion of children and adolescents who view television 2 or fewer hours per day. Target: 75%.

- Responses to the question (Q54) about **time spent on volunteer work, community service, or helping people outside the home without getting paid** differed significantly between the two grades. Forty-seven percent of 7th graders and 65% of 10th graders answered “0 hours.” A greater proportion of 7th graders answered “1 to 2 hours,” “3 to 4 hours,” or “5 hours or more.”
- Responses to the question (Q55) about **time spent on a paying job** in an average or usual school week differed significantly between the two grades. Sixty-eight percent of 7th graders and 65% of 10th graders answered “0 hours.” A greater proportion of 7th graders answered “1 to 2 hours,” and a greater proportion of 10th grades answered “5 to 8 hours” or “9 hours or more.”

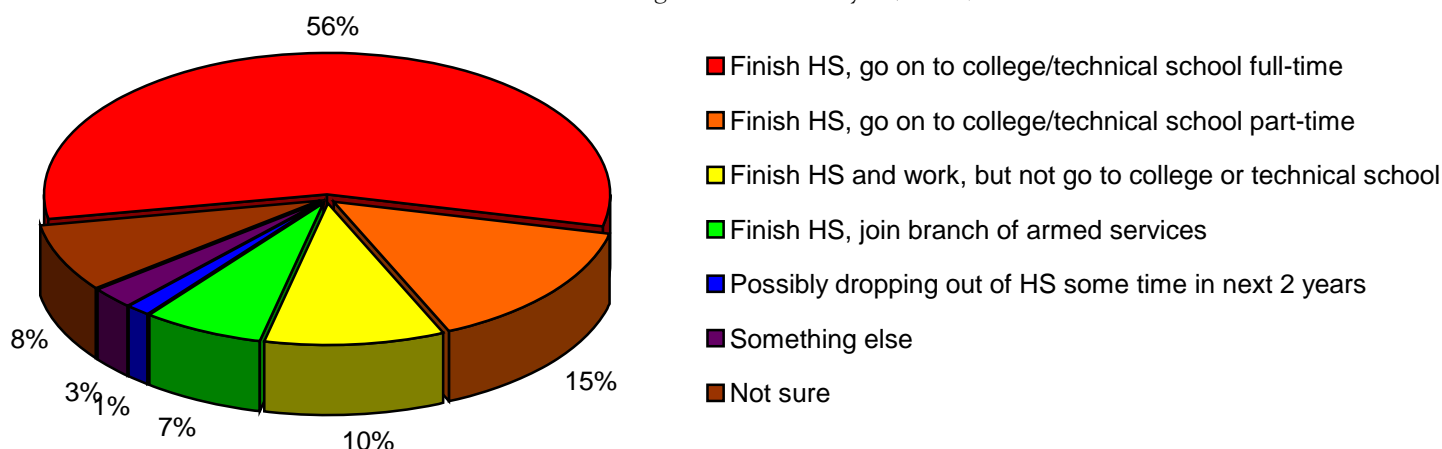
Future Plans (10th grade only).

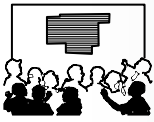
- Figure 3-23 presents percentages of responses to the question (Q56) that asked about the respondent’s **plans for the next two years**. This question was only asked of 10th graders. The majority of 10th grades answered that they planned to finish high school and go on to college or technical school full-time (56%). There was no significant difference in responses between females and males.

FIGURE 3-23

Q56. What are your plans for the next two years?

Asked of 10th grade students only. (n=546)





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Chapter 4: Survey of Adults

Data Collection

Anonymous survey data were collected by mail, from a randomly selected sample of registered voters, and in-person at four targeted locations or events. See Appendix B Technical Notes for more information on the data collection protocol for the adult survey.

Results

Of the 3,000 mailed surveys, 528 usable surveys were returned and included in the responding sample. (20.7%) Fifty-nine usable surveys were returned from the in-person data collection. The final responding sample was 587.

Tests for significant differences were conducted only to enhance the descriptions of the results, not to make statistical inferences to the population. These detected differences indicate that the proportions answering a certain way differed between the groups being compared (for example, if the proportion of respondents in age group 18 to 44 answering “yes” to a question differed from the proportion of those in the age group 65 and older that answered “yes” to the same question). For analyses, age was combined into three groups: 18 to 44, 45 to 64, and 65 and older were done to detect differences in responses to survey questions between the three age groups and between females and males across all age groups. Differences, when detected, are noted. No comparisons were made by ZIP Code of residence, marital status, age, or mailed versus in-person data collection.

Results are reported with rounding except for percentages that are less than 1.0% or greater than 99.0%. For all results reported below, the specific question number is provided. Therefore, percentages of responses for a question may sum to less than or greater than 100. A copy of the Survey of Adults, with results, is provided in Appendix E.

Wherever possible, comparisons of data from questions in this survey are made with results to the same or similar questions from the 1998 Marion County Community Health Assessment (1998 MCCHA)¹⁸, the 2005 Ohio Behavioral Risk Factor Surveillance Survey (2005 OBRFSS)¹⁹⁻²⁰, and Healthy People 2010¹⁰. Results from these surveys are reported using the same criteria for rounding. The 1998 MCCHA was administered in 1998 by telephone to 387 randomly selected residents over age 18. Comparison results from this survey are those reported for Marion County residents (including those residing in the city of Marion). The 2005 Ohio BRFSS was administered by telephone to randomly selected adults age 18 and older in Ohio. Healthy People 2010 is a compilation of health promotion and disease prevention objectives for the United States with targets to be attained by the year 2010. Comments from the last question and from the back cover of the Survey of Adults are compared with results from the 2004 Marion County Needs Assessment (2004 MCNA)²¹ and the 2005 Marion County Sustainable Comprehensive Plan²². Additional information on all comparison documents is provided in Appendix B. Caution must be taken when comparing results from different surveys and focus groups, due to the differences that may exist in the data collection protocols (for example, how data were collected, wording of questions, sampling, sample size, types of analyses, etc.).

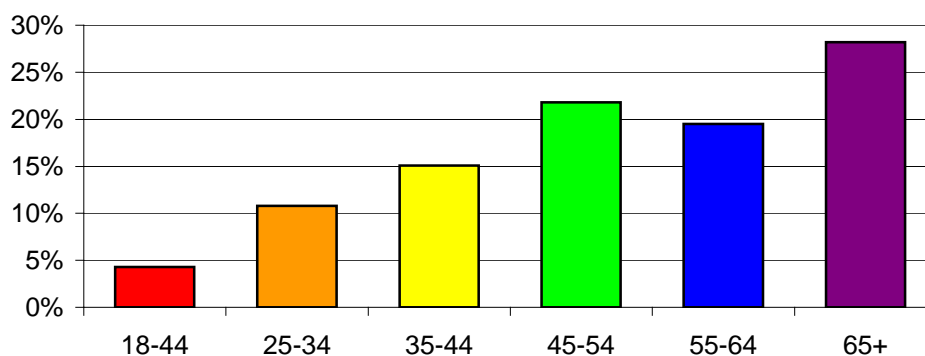
The number of respondents to each question is indicated by a lower-case "n". For example, n=326 means 326 individuals responded to this question.

About the Survey Respondents.

- **Age:** The largest percentage of respondents (28%) was age 65 and older (Q75). A breakdown of percentages for the six age groups is presented in Figure 4-1. For analysis purposes, the six age groups were combined into three, and the percentages of respondents for these three age group were: age 18 to 44, 31%; 45 to 64, 41%; 65 and older, 28%.

FIGURE 4-1

Q75. How old are you? (n=563)



- **Sex:** The majority of respondents (66%) were female (Q73).
- **Ethnicity:** Three percent were Latino, and a greater proportion of these respondents were in the 18 to 44 age group (Q77).
- **Race:** The largest percentages by racial category were white (90%), black/African American (3%), more than one race (3%) (Q78). A breakdown of responses by race is provided in Figure 4-2.

FIGURE 4-2

Q78. Which best describes your race? (n=559)

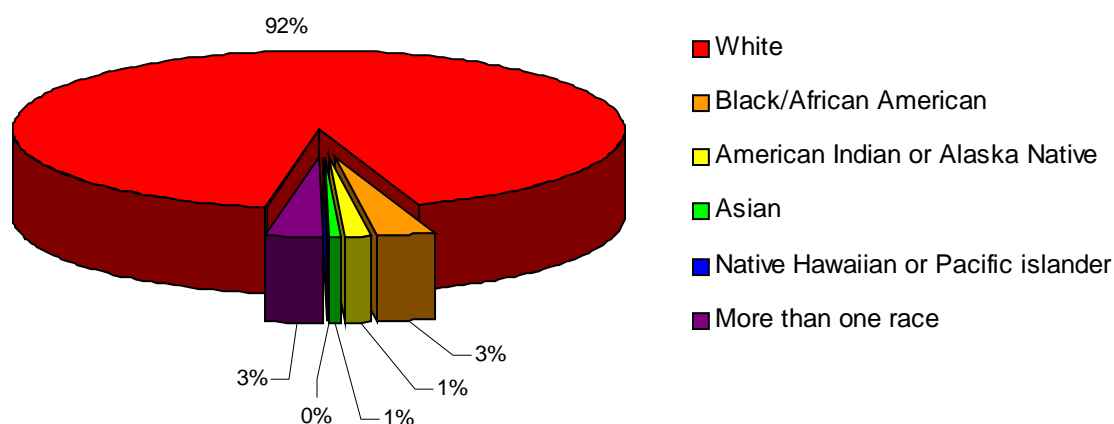
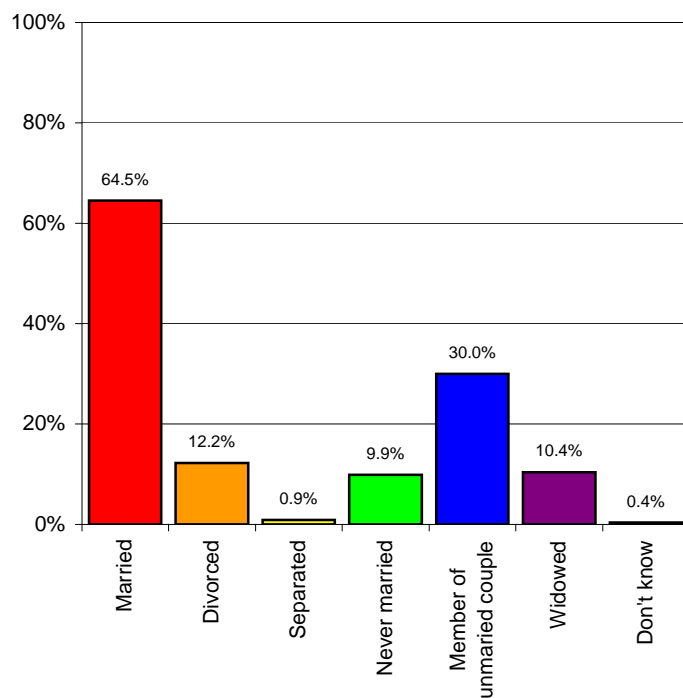


FIGURE 4-3

Q74. What is your current marital status?
(n=558)

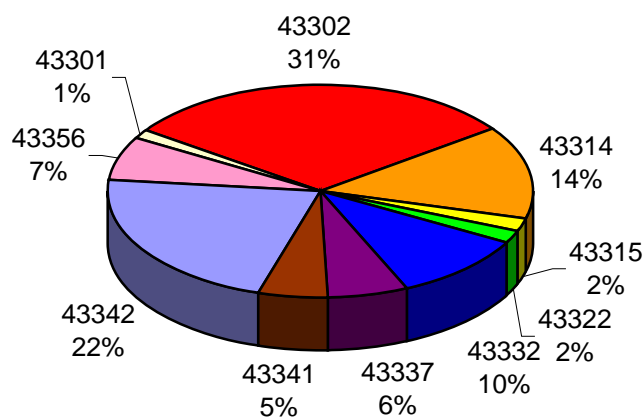
- Marital:** The majority of respondents were married (65%), followed by divorced (12%), and widowed (10%) (Q74). The following differences were noted among the age groups: a greater proportion of respondents age 45 to 64 were married to divorced, a greater proportion of respondents age 18 to 44 were never married or member of an unmarried couple, and a greater proportion of respondents age 65 and older were widowed. A breakdown of marital status is presented in Figure 4-3.



- Residence:** The majority (81%) of respondents resided in the 43302 ZIP Code (Q1). Ninety-three percent of respondents lived at their current address for 1 year or longer (Q2); 91% lived in Marion County for longer than 5 years (Q3). Two percent were homeless at some time in the last 12 months; a greater proportion of those age 18 to 44 reporting this than those in the other two age groups. Compared to adults age 18 to 44, greater proportions of respondents in the 45 to 64 and the 65 and older age groups lived at their current address for 1 year or longer and lived in Marion County longer than 5 years. A breakdown of ZIP Code of residence for the sample is presented in Figure 4-4.

FIGURE 4.4

Q1. What is your ZIP Code? (n=554)





- **Employment status:** The majority of respondents (56%) were currently working (Q4). A greater proportion of respondents in the 18 to 44 and 45 to 64 age groups were working, compared to those in the 65 and older age group. The majority (83%) of those currently employed worked in Marion (Q5). Breakdowns are presented for reasons why respondents were not currently working (Figure 4-5) and the counties where respondents' main jobs were located (Figure 4-6).

FIGURE 4-5

Q4. Not currently working - circle the main reason why. (n=558)

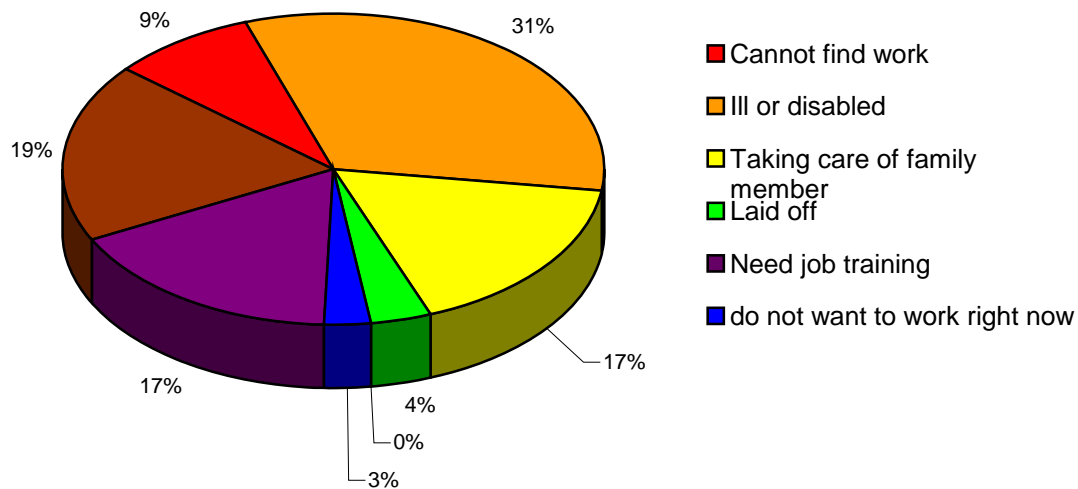
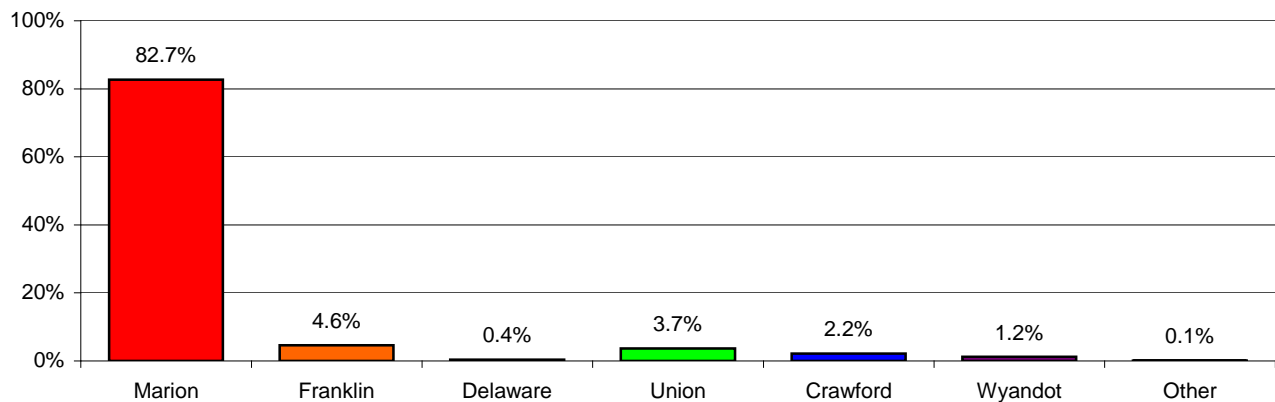


FIGURE 4-6

Q5. Please write in the county where your main job is located. (n=324)

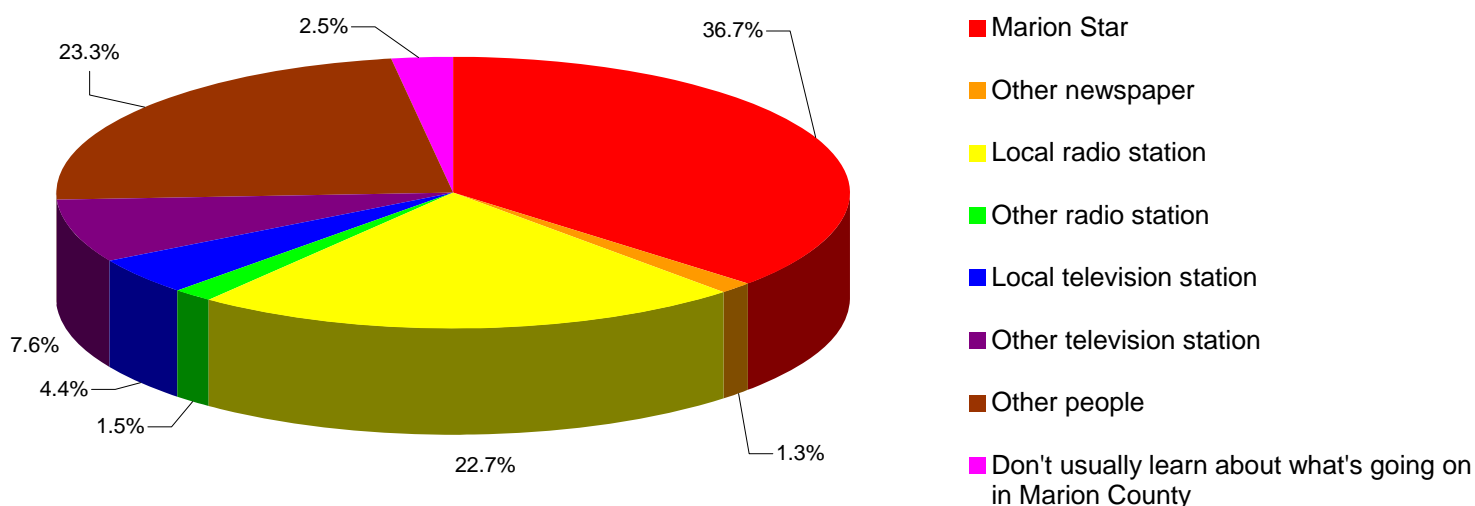


Getting information about what's going on in the community

- Slightly less than half (48%) answered that they kept informed about issues in the community (Q17l). Proportionately fewer respondents age 18 to 44 answered yes to this question.
- Respondents were asked to give the top two ways that they usually learned about what's going on in the community (Q6). The top three responses were the Marion Star, 69%; from other people (family, friends, neighbors), 44%; local radio station, 43%. A greater proportion of respondents in the 18 to 44 age group responded that they did not usually learn about what's going on in Marion County. A breakdown of responses to this question is presented in Figure 4-7.

FIGURE 4-7

Circle the top 2 ways you usually learn about what's going on in the community. (n=557)



Neighborhood living.

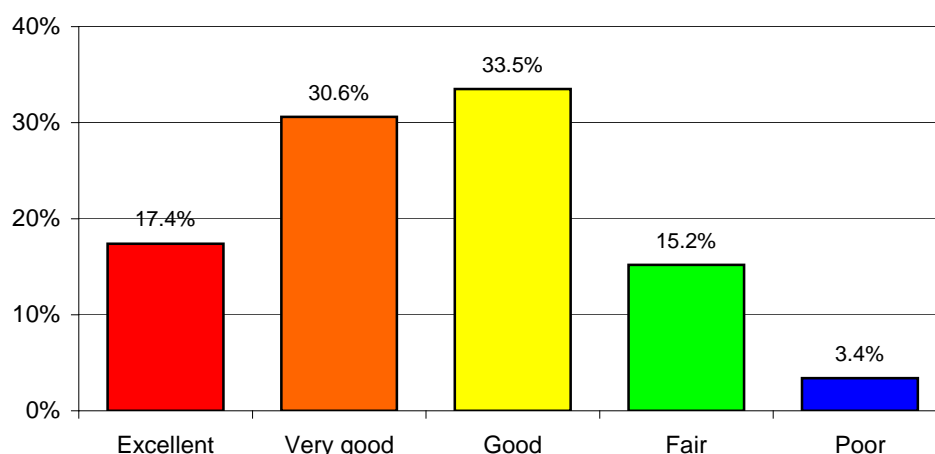
- The majority of respondents (74%) owned their residence (Q7), 15% rented, 8% lived with someone else, 2% lived in a shelter, and 0.4% had no place or shelter to live in. Greater proportions of those in the 45 to 64 and 65 and older age groups owned their residence; a greater proportion of those in the 18 to 44 age group lived with someone else who owned or rented the residence, lived in a shelter, or had not place or shelter to live in.
- The majority (84%) felt that they were part of the neighborhood where they currently lived (Q9). A greater proportion of those 65 and older felt that they were part of their neighborhood.
- The majority (80%) responded that people in their neighborhood know each other well enough to say hello and refer to one another by their names (Q10). A greater proportion of those 65 and older responded "yes" to this question.

Health and mental health status

- Less than 50% described their health as excellent or very good (Q13). A greater proportion of those age 65 or older reported their health as fair or poor. A breakdown of self-reported health status is presented in Figure 4-8.

FIGURE 4-8

Q13. How would you describe your health? (n=559)



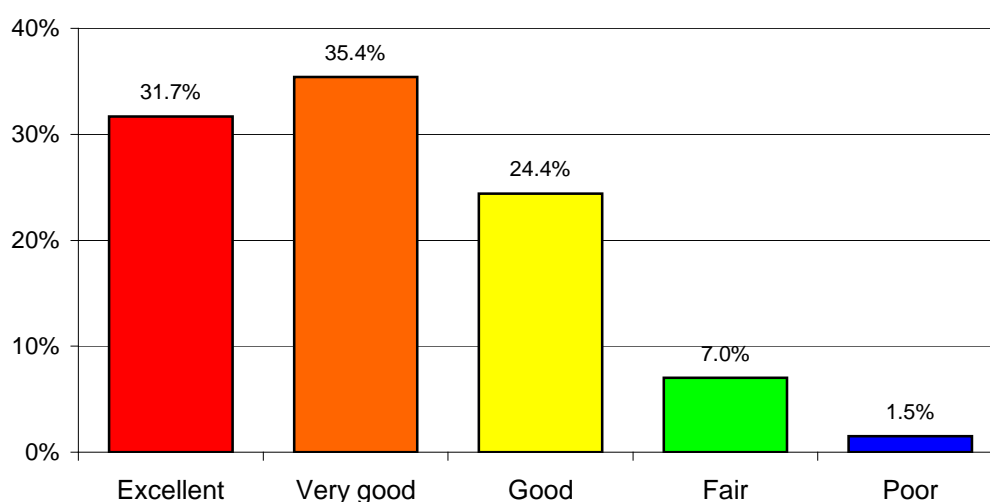
1998 MCCHA: Percentage reporting their general health as good, very good, or excellent (as opposed to fair or poor), 82%.

2005 OBRFSS: Percentage reporting their health as: excellent, very good, or good, 85%; fair or poor, 15%.

- The majority (67%) described their mental health as excellent or very good (Q31). A greater proportion of those age 18 to 44 and 45 to 64 65 or older reported their mental health as fair or poor. A breakdown of self-reported health status is presented in Figure 4-9.

FIGURE 4-9

Q13. How would you describe your mental health? (n=542)

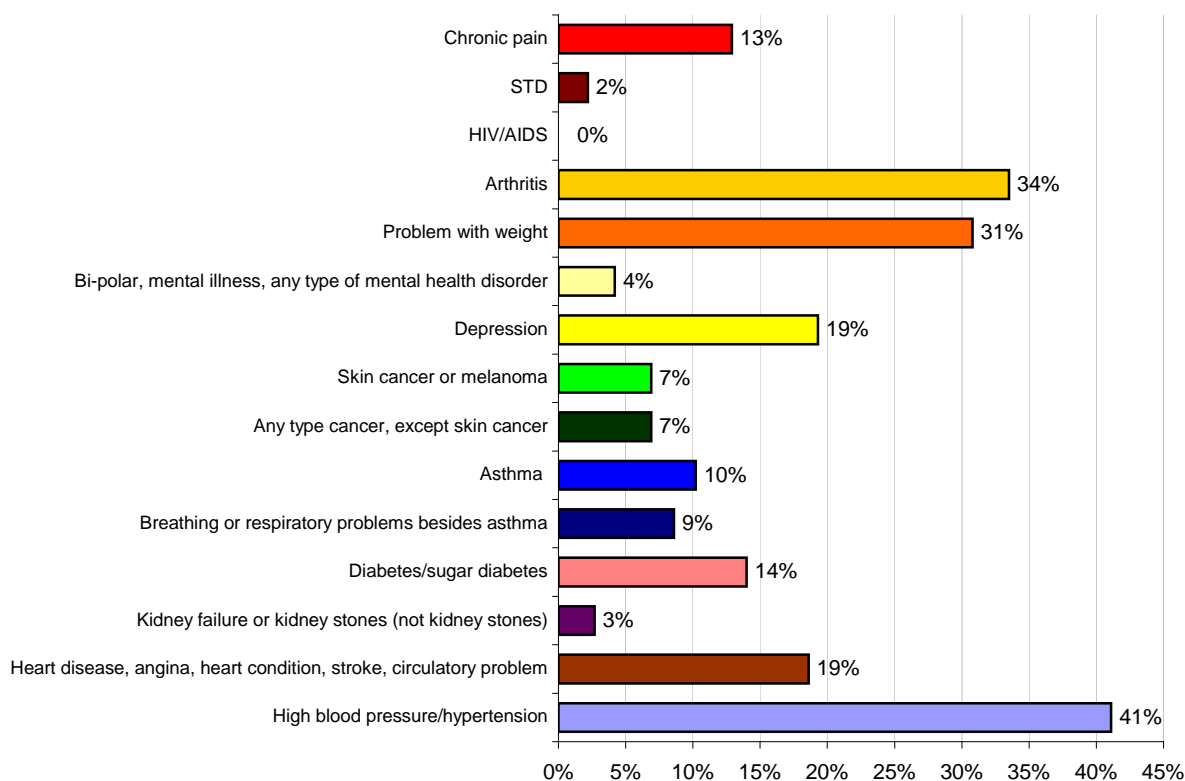




- Almost one-quarter (23%) reported feeling sad or depressed almost every day for 7 days or more in a row at some point during the past year (Q32). A greater proportion of respondents age 18 to 44 answered yes to this question.
- The majority (75%) responded that they enjoy their life (Q17j).
- Slightly more than half (54%) manage feelings of stress when they occur (Q17u).
- The majority (86%) responded that they have someone they feel comfortable talking to or seeking help from if they have an important issue or personal problem (Q61).
- Among respondents age 18 to 44, 3% were pregnant at some time during the past 12 months.
- Responses to questions about prevalence of various health conditions (Q15) are presented in Figure 4-10. A greater proportion of respondents in the age 65 and older age group answered yes to: high blood pressure or hypertension; heart disease, angina, heart condition, stroke, circulatory problem; diabetes or sugar diabetes; cancer (except skin cancer); skin cancer or melanoma; arthritis. A greater proportion of respondents age 18 to 44 and 45 to 64 answered yes to: depression; bi-polar, mental illness, any type of mental health disorder; sexually transmitted disease (STD). Proportionately more females answered “yes” to having been told they have asthma.

FIGURE 4-10

Have you ever been told by a doctor or other health care provider that you have any of the following? (n=549)



2005 OBRFSS: Percentage who have ever been told by a doctor that they have: diabetes, 8%; pregnancy-related diabetes, 0.9%.

Healthy People 2010 Objective 5-3: Reduce the overall rate of diabetes that is clinically diagnosed. Target: 25 overall cases per 1,000 population.

2005 OBRFSS: Percentage of adults who have been told they have high blood pressure, 27%.

Healthy People 2010 Objective 5-3: Reduce the proportion of adults with high blood pressure. Target 16%.

2005 OBRFSS: Percentage of adults who have been told they have arthritis, 30%.

Health insurance

- Overall, 10% reported they did not currently have any type of health insurance (Q18a). Proportionately more respondents age 18 to 44 gave this response.

2005 OBRFSS: Percentage of respondents that have any kind of health care coverage, 87%.

Healthy People 2010 Objective 1-1: Increase the proportion of persons with health insurance. Target: 100%.

- Respondents were asked what types of health insurance or health plan they currently had (Q18). As depicted below in Figure 4-11, among respondents age 45 to 64, proportionately fewer answered yes to having Medicaid/medical card or Healthy Families/Healthy Start, and proportionately more answered yes to having private insurance or insurance through their job. Proportionately more respondents age 65 and older answered yes to Medicare.
- Responses to Question 19, which asked respondents why they were without health insurance any time in the last 12 months, are presented in Figure 4-12. Respondents could circle more than one answer.

FIGURE 4-11

Q18. What types of health insurance or health plan do you currently have? Circle all that apply. (n=559)

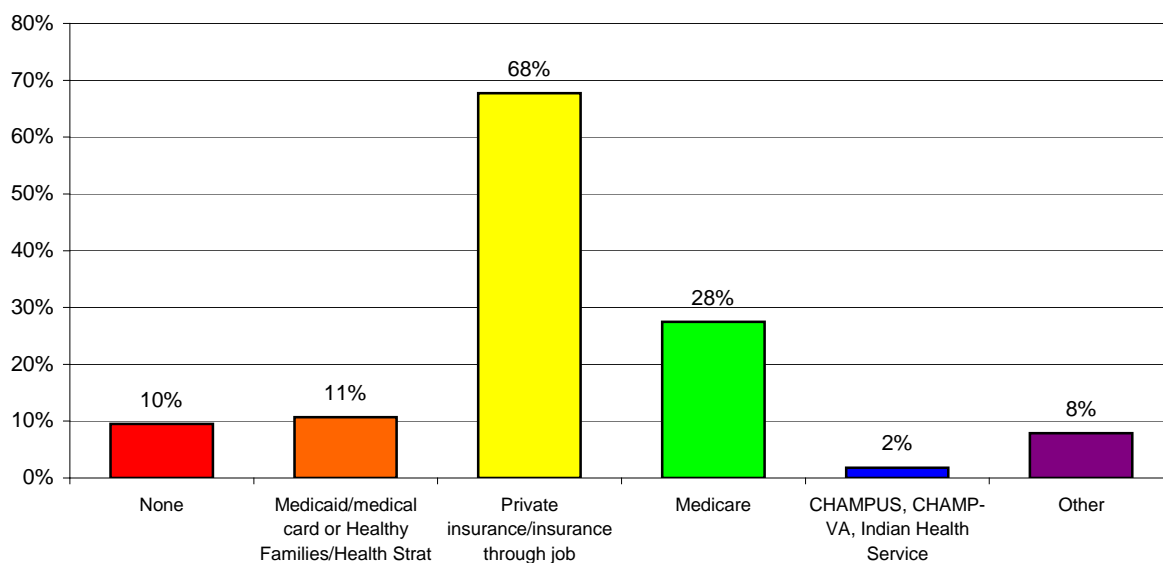
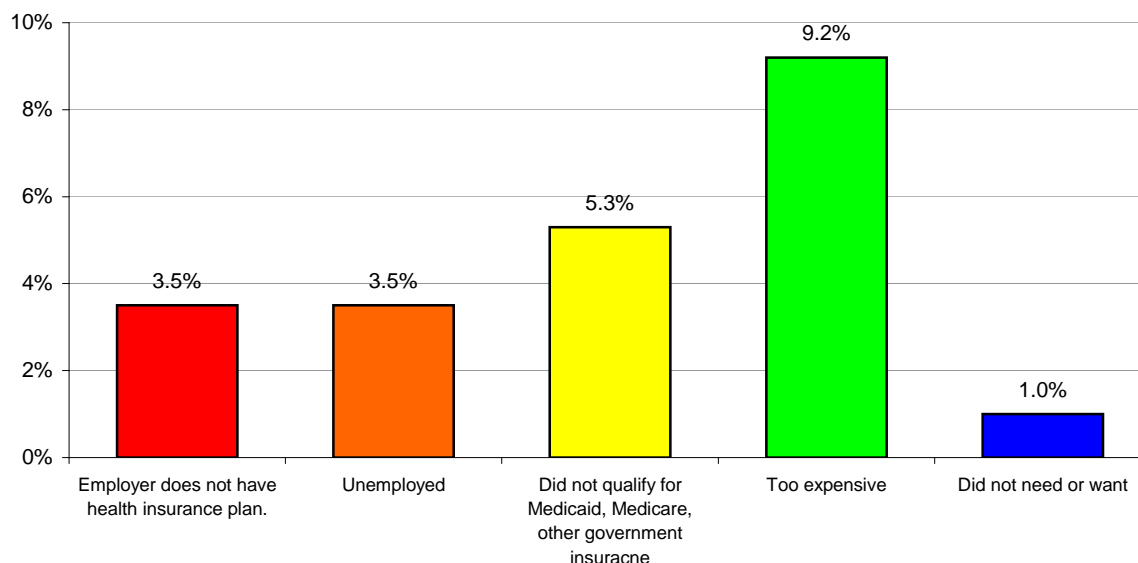


FIGURE 4-12

Q19. If you were without health insurance at any time in the last 12 months, why? Circle all that apply. (n=53)



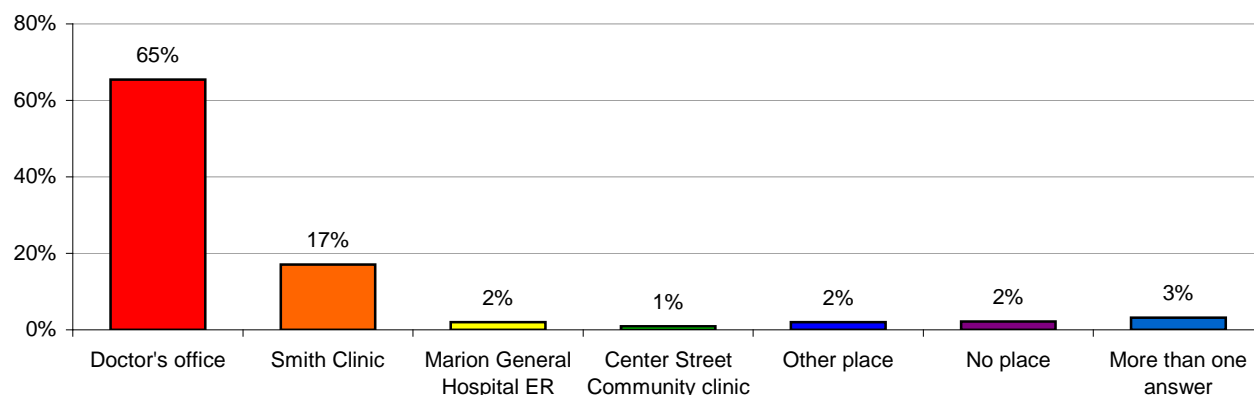
- Among those age 65 and older, fewer than half (43%) have signed up for Medicare Part D (Q23). Proportionately more females answered yes to this question.

Health service use & access to care.

- Almost one-quarter (23%) have not filled or refilled a prescription during the past 12 months because of the cost (Q22). Proportionately more respondents age 18 to 44 answered yes to this question.
- Responses to the question where do you usually go for healthcare (Q20) are presented in Figure 4-13. Respondents were asked to circle only one answer.

FIGURE 4-13

Q20. Where do you usually go for healthcare? (n=557)





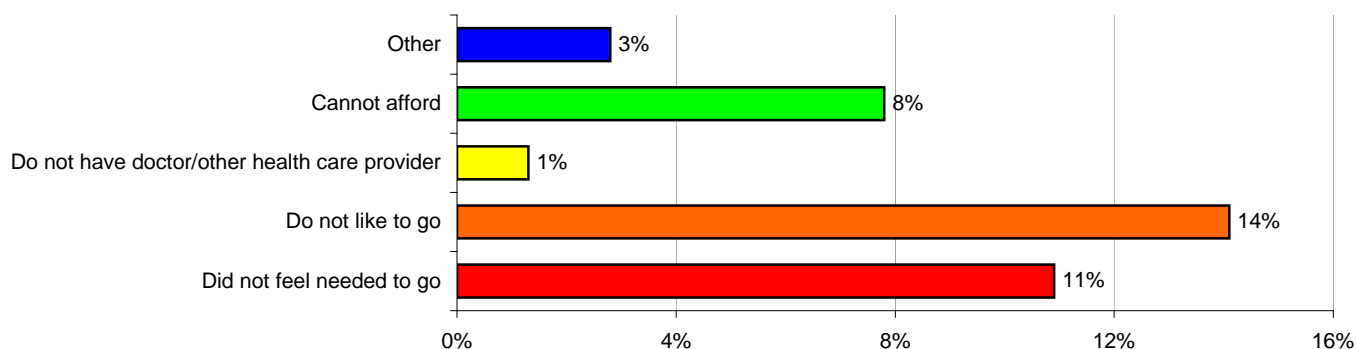
- Eight percent report having gone to a local emergency room during the past 12 months for services that could have been handled in an office visit to a doctor or dentist (Q25). Reasons given were” after hours (7), emergency (6), too long to get an appointment (3), no insurance (3), no local doctor (2), other (3).

Question 24 asked, “during the past 12 months, have you seen a doctor or other health care provide for a check-up when NOT sick or injured?” Sixty-four percent answered yes. Proportionately fewer respondents age 18 to 44 answered yes to this question. Reasons why respondents did not see have a check-up are presented in Figure 4-14.

Proportionately more respondents age 18 to 44 answered “did not feel needed to go to doctor for check-up” or “cannot afford to have these check-ups or exams.” Reasons included under the response option “Other” duplicated the response options.

FIGURE 4-14

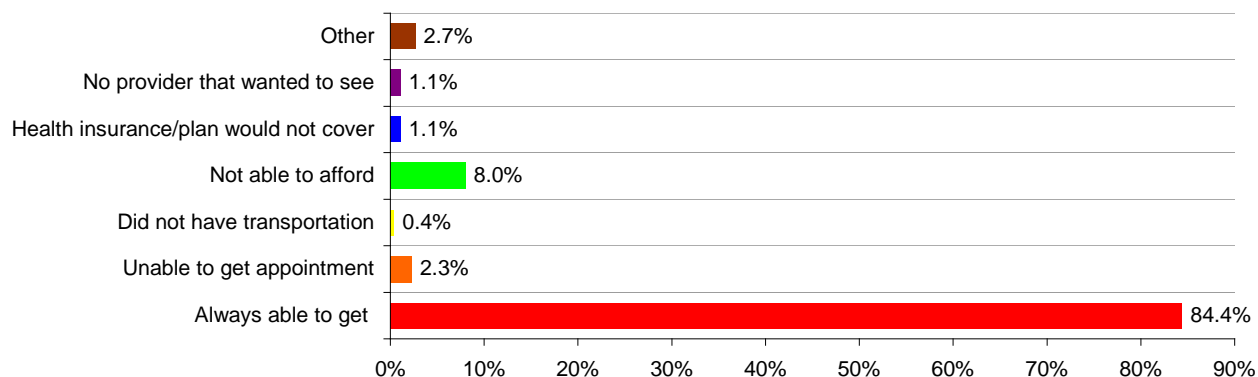
Q24. Reasons why respondent did not see a doctor or other health care provider for a check-up when they were not sick or injured during the past 12 months. (n=539)



- Question 26 asked, “during the past 12 months, was there ever a time when you needed general medical care but could not get it?” The majority (84%) responded that they were always able to get general medical care when they needed it. Reasons for not being able to get needed general medical care are presented in Figure 4-15. Reasons included under Other were: couldn’t afford (4), no insurance (3), no doctor (1), other (2). Among respondents age 18 to 44, proportionately fewer were able to get care general medical care when needed, and proportionately more were not able to afford the cost or their health insurance would not cover it.

FIGURE 4-15

Q26. During the past 12 months, was there a time when you needed general medical care but could not get it? Circle the best answer. (n=473)



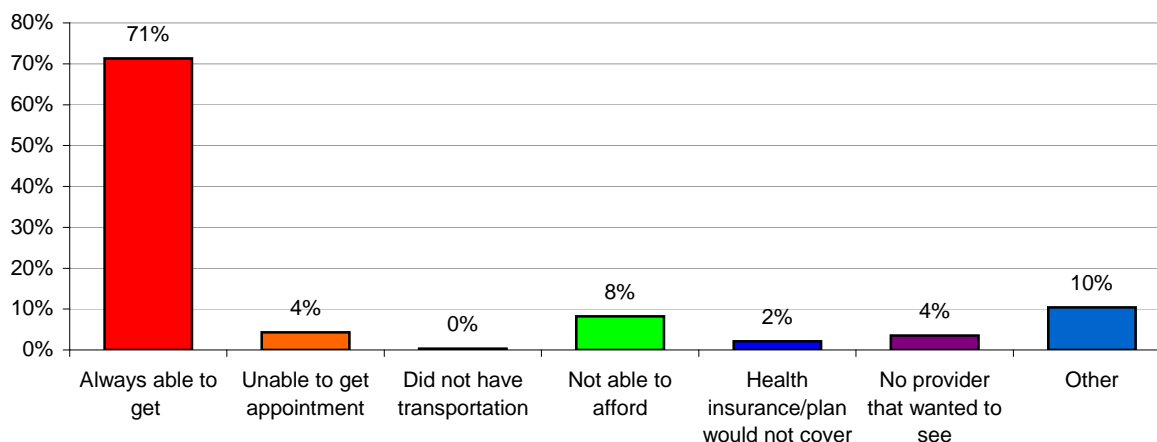
1998 MCCHA: Percentages for whom cost prevented them from visiting their physician last year, 13%.

Healthy People 2010 Objective 1-4: Increase the proportion of persons who have a specific source of ongoing care. Target for adults 18 and older: 96%

- Question 27 asked, “during the past 12 months, was there ever a time when you needed care from a specialist but could not get it?” The majority (71%) responded that they were always able to get specialty care when they needed it. Reasons for not being able to get needed general medical care are presented in Figure 4-16. Reasons included under the response option “Other” duplicated the response options.

FIGURE 4-16

Q27. During the past 12 months, was there a time when you needed care from a specialist but could not get it? Circle the best answer. (n=473)

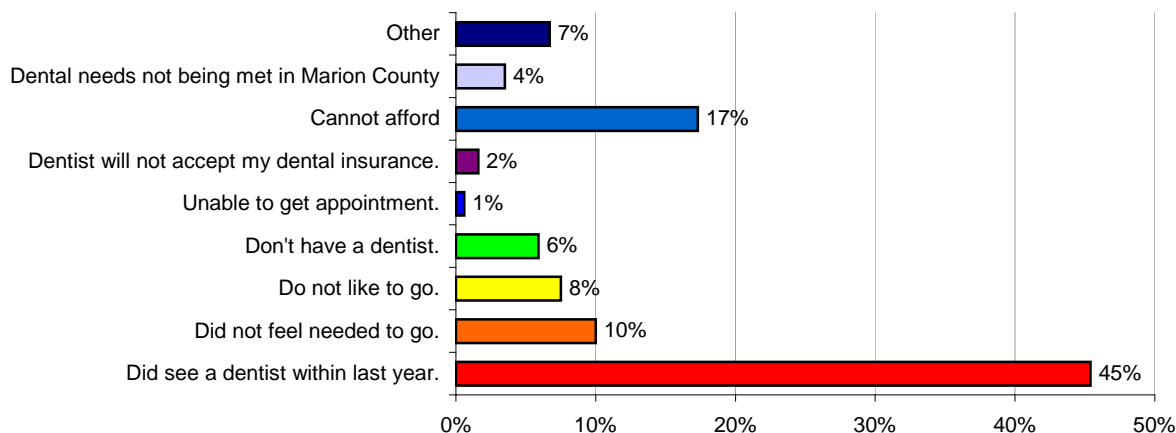


- The majority of respondents (64%) saw a dentist for a dental exam or cleaning within the previous 12 months (Q28). Thirty-four percent answered more than 1 year ago, and 3% answered never. Reasons given for not having seen a dentist within the past year for dental exam or cleaning (Q29) are presented in Figure 4-17. Greater proportions of

respondents in the 18 to 44 age group answered “do not like to go to the dentist” and “cannot afford the cost of dental care.”

FIGURE 4-17

Q29. If it's been more than one year since you saw a dentist for a dental exam or cleaning, why?



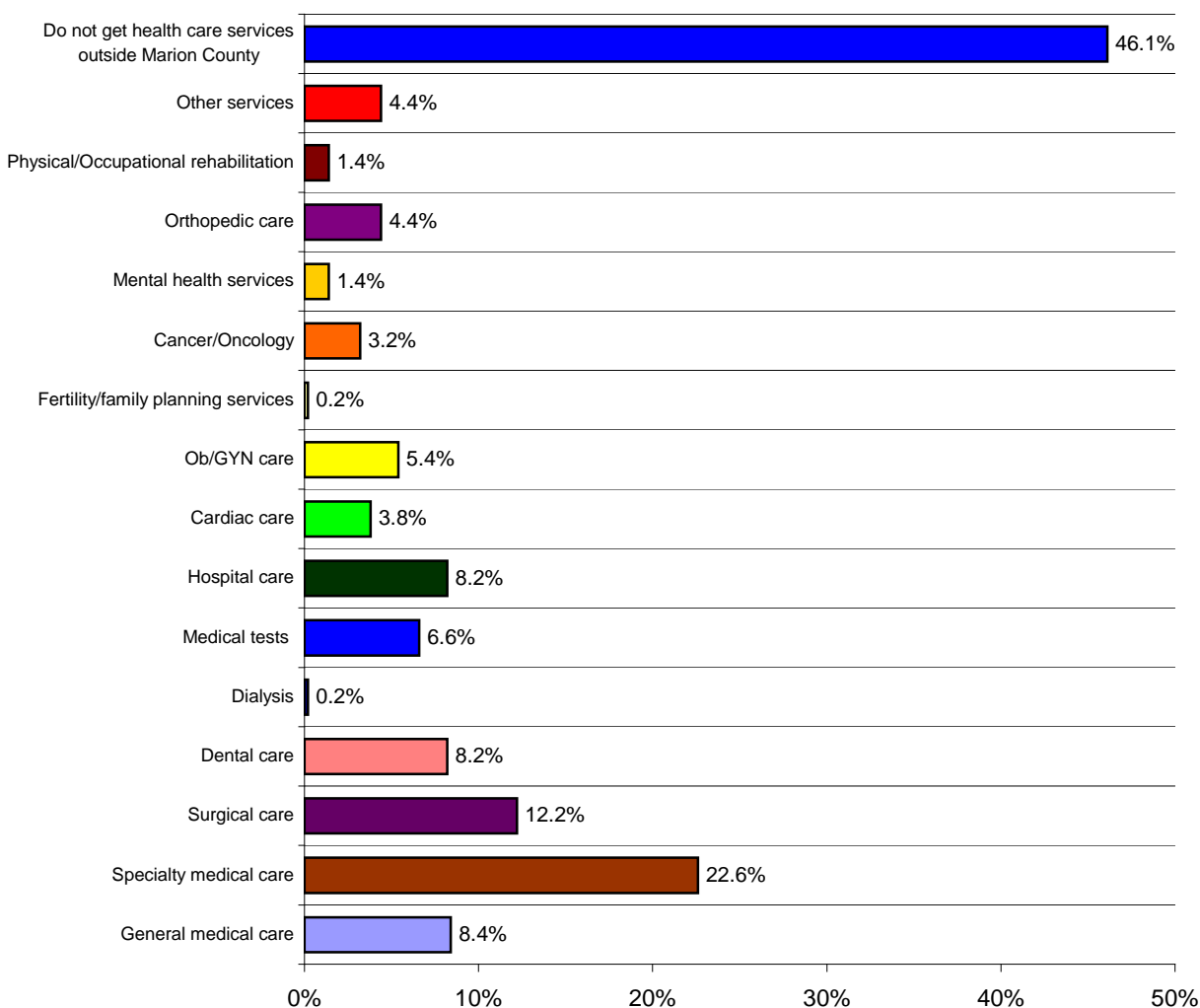
1998 MCCHA: Percentage that see their dentist yearly for regular exams, 59%.

Healthy People 2010 Objective 21-10: Increase the proportion of children and adults who use the oral health care system each year. Target: 56%.

- Responses to “what health care services do you get outside Marion County” (Q30) are presented in Figure 4-18 (see next page). A greater proportion of respondents age 18 to 44 answered dental care, and a greater proportion of respondents age 65 and older answered cardiac care. Responses in the “Other” category were: (2 each) orthopedic, eye, chiropractic, cardiac, dermatologic; (1 Each) Bureau of Worker’s Compensation, emergency care, podiatric; 3 nonspecific.

FIGURE 4-18

Q30. What health care services do you get outside Marion County? Circle all that apply. (n=501)



Health behaviors.

- The majority (55%) wears sunscreen to protect against sunburn (14a). Proportionately more females reported doing this than males.

Healthy People 2010 Objective 3-9b: Increase the proportion of adults age 18 and older who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 a.m. and 4 p.m., wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun-protective factor (SPF) of 15 or higher, and avoid artificial sources of ultraviolet light. Target: 75%.

- Fewer than half (48%) wear bug spray to protect against mosquito bites/West Nile Virus (Q14b).

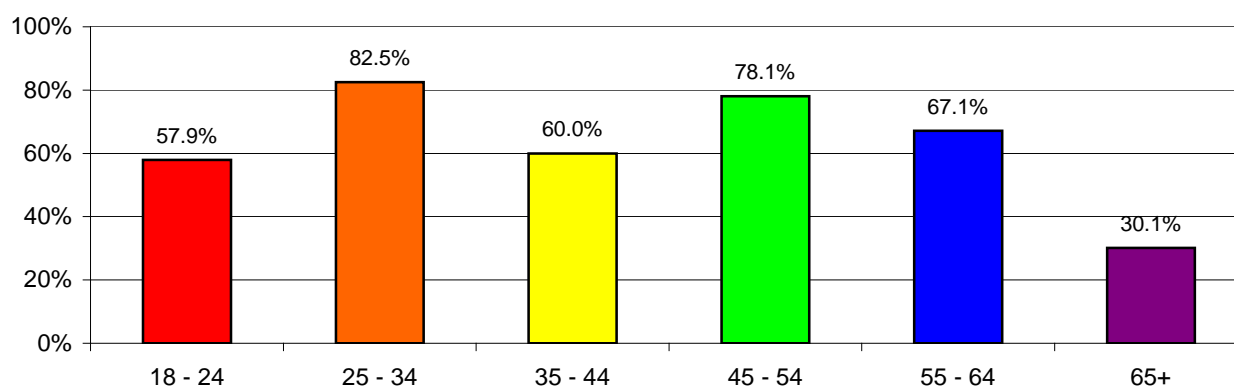
- One quarter (25%) wear a life preserver when on or near water (Q14c).
- Over one-quarter (29%) currently do not take any prescription drugs (excluding hormones or birth control pills) (Q21a). One-third take 1 to 2, 17% take 3 to 4, and 21% take 5 or more. Among those 18 to 44, proportionately more do not take any, and proportionately fewer take three or more. Among those 45 to 64, proportionately fewer take none, or 5 or more. Among those age 65 and older, proportionately fewer take none to 2, and more take 3 or more.
- Question 17 asked about various health related behaviors.
 - Over one-half (57%) got a physical exam as recommended. A lesser proportion of respondents age 18 to 44 reported doing this.
 - Over half (54%) practice safe sex or are in a long-term relationship with one person. A lesser proportion of respondents age 65 and older reported doing this.
 - Over one-third (34%) get a sigmoidoscopy/colonoscopy as recommended. A greater proportion of those in the 55 to 64 and 65 or older age groups, and greater proportion of females within these two age groups) reported getting a sigmoidoscopy/colonoscopy as recommended.

Healthy People 2010 Objective 3-12. Increase the proportion of adults age 50 and older who have ever received a sigmoidoscopy. Target: 50%.

- Differences in responses by age group were noted for females age 18 and older that get a Pap test every year (59% overall) (Figure 4-19).

FIGURE 4-19

Q17b. Percentage of females age 18 and older that get a pap test every year. (n=363)

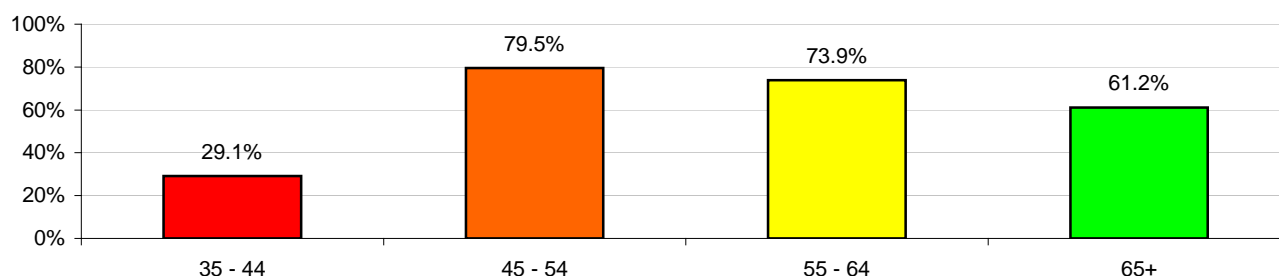


Healthy People 2010 Objective 3-11. Increase the proportion of women age 18 and older who ever received a Pap test. Target 97%. Increase the proportion of women age 18 and older who received a Pap test within the preceding 3 years. Target: 90%.

- Differences in responses by age group were noted for females age 40 and older that get a mammogram every year (62.8% overall) (Figure 4-20).

FIGURE 4-20

Q17c. Percentage of females age 40+ that get a mammogram every year. (n=363)

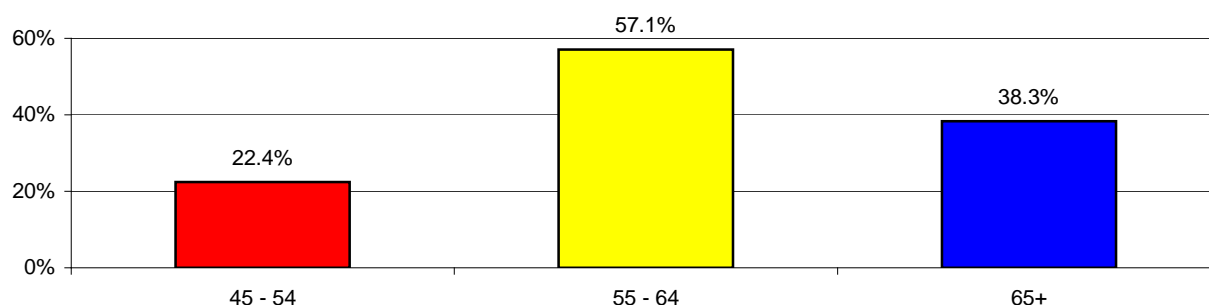


Healthy People 2010 Objective 3-13. Increase the proportion of women age 40 and older who have received a mammogram within the preceding 2 years. Target: 70%.

- Differences in responses by age group were noted for males age 50 and older that get a test for prostate cancer every year (37% overall) (Figure 4-21).

FIGURE 4-21

Q17d. Percentages of men age 50+ that get tested for prostate cancer every year. (n=131)

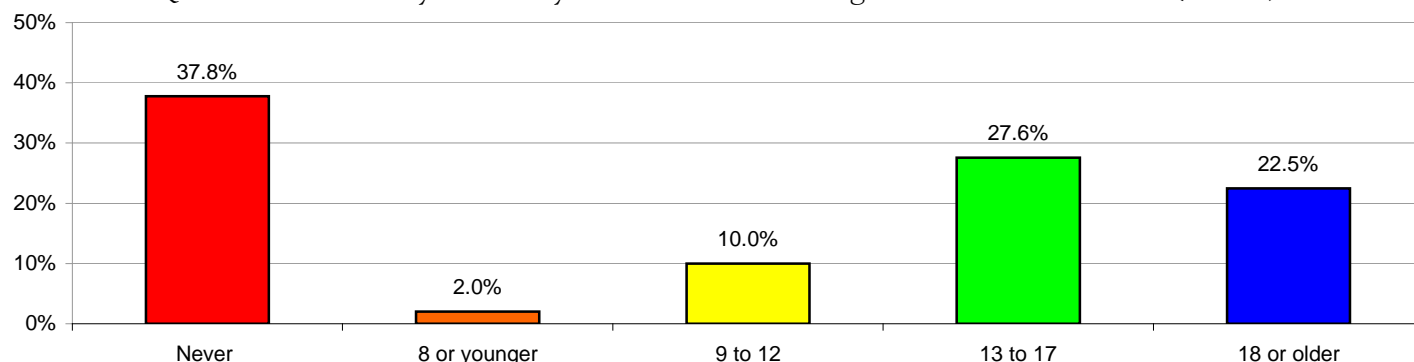


Smoking.

- Question 38 asked at what age respondents smoked a whole cigarette for the first time (Q38). Over one-third (38%) never smoked a whole cigarette. Greater proportions of females answered never and age 18 or older. Greater proportions of males answered 8 to 17 years old. A breakdown of response to Question 38 is presented in Figure 4-22.

FIGURE 4-22

Q38. How old were you when you smoked a whole cigarette for the first time? (n=550)



- Question 39 asked, “during the past 30 days, how many cigarettes do you usually smoke each day?” Over three-quarters (76%) indicated that they did not smoke any cigarettes during the past 30 days, and a greater proportion of those in the 45 to 64 and 65 and older age groups gave this answer. A greater proportion of respondents age 18 to 44 responded to the following options:
 - 1 or less: 3%
 - 2 to 10: 8%
 - 11 to 20: 10%
 - more than 20: 3%

1998 MCCHA: Percentages who: smoke every day, 44%; smoke a pack or more daily, 63%.

2005 OBRFSS: Percentages of adults who smoke: Every day, 18%; some days, 5%; former smoker, 26%; never smoked, 52%. Percentages of adults who are current smokers, 22%.

Healthy People 2010 Objective 27-1: Reduce tobacco use by adults age 18 and older. Target: Cigarettes: 12%; Spit tobacco 0.4%; Cigars 1.2%.

- Question 40 asked whether respondents had tried to quit smoking cigarettes at any time during the past 12 months. Sixteen percent responded yes and quit smoking. Twelve percent responded yes, but did not quit smoking.

Healthy People 2010 Objective 27-5: Increase smoking cessation attempts by adult smokers. Target: 75%.

- The majority (97%) did not use chewing tobacco, snuff, or dip during the past 30 days (Q41). A greater proportion of females gave this answer. Two percent reported using these products every day for the past 30 days.

Healthy People 2010 Objective 27-1: Reduce tobacco use by adults age 18 and older. Target: Spit tobacco 0.4%.

- The majority (96%) did not smoke cigars, cigarillos, or small cigars during the past 30 days (Q42). Three percent answered 1 to 5 days, 0.8% answered 6 to 29 days, and 1% answered every day.

Healthy People 2010 Objective 27-1: Reduce tobacco use by adults age 18 and older. Target: Cigars 1.2%.

Alcohol and illicit substance use.

- Question 45 asked the respondent their age at first drink of alcohol, other than a few sips for religious purposes. Ten percent responded that they never had a drink of alcohol. Greater proportions of respondents age 65 and older and female respondents gave this answer. Other answers were:
 - 12 or younger: 7% (greater proportions of 18 to 44 age group and male respondents)
 - 13 to 17: 34% (greater proportions of 18 to 44 age group and male respondents)
 - 18 to 20: 39% (greater proportions of 45 to 64 age group and female respondents)
 - 21 and older: 19% (greater proportions of 65 and older and female respondents)
- Question 46 asked, during the past 30 days, how many days did you have at least one drink of alcohol. Over half (57%) answered zero days; greater proportions of respondents age 65 and older and female respondents gave this answer. Other answers were:
 - 1 day: 13% (greater proportions of 18 to 44 age group and female respondents)
 - 2 to 4 days: 16% (greater proportions of 18 to 44 and 45 to 64 age groups)
 - 5 or more days: 14% (greater proportions of 18 to 44 and 45 to 64 age groups and male respondents)

1998 MCCHA: Percentage that drink every day, 12%.

2005 OBRFSS: Percentage of adults who have had at least one drink of alcohol within the past 30 days, 55%.

Healthy People 2010 Objective 26-12: Reduce average annual alcohol consumption. Target: 2 gallons.

- Question 47 asked, “how many drinks on average do you have per day?” The majority (83%) answered none; a greater proportion of females gave this answer. A greater proportion of male respondents gave the following answers: 1 drink, 11%; 2 to 4 drinks, 5%; 5 or more drinks, 2%.

2005 OBRFSS: Percentage of adults designated as heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day), 5%. Percentages of adults designated as binge drinkers (adults having five or more drinks on one occasion), 15%.

Healthy People 2010 Objective 26-13: Reduce the proportion of adults who exceed guidelines for low-risk drinking. Target: 50%.

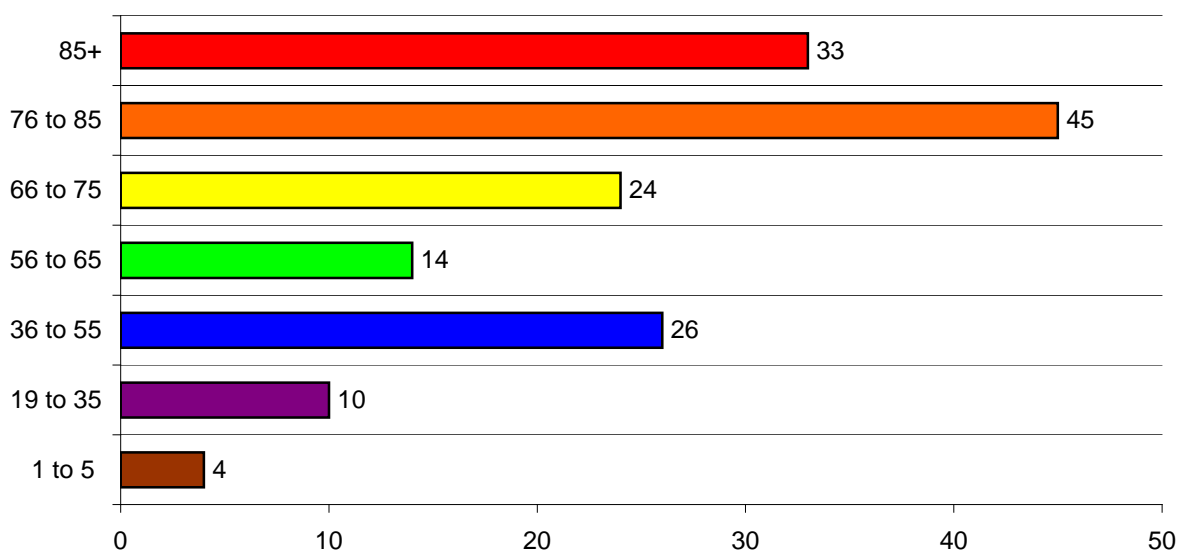
- Question 48 asked, “during the past 30 days, how many times did you use marijuana (grass or pot)?” The majority (98%) answered zero days. Fewer than 1% answered 1 time or 2 to 4 times. One percent answered 5 or more times.
- Question 49 asked, “during the past 30 days, how many times did you use drugs such as cocaine (speed, crystal, crack or ice), ecstasy (MDMA), heroin, LSD, or methamphetamines?” The majority (99%) answered zero days.

Lifestyle & activities.

- The majority (81%) spend quality time with family and/or friends (Q17o). Proportionately more females answered yes to this question.
- Less than one-third (31%) get involved in the community (Q17k).
- More than one-third (39%) perform community or volunteer service (Q17i). Proportionately more respondents age 45 to 64 answered yes to this question.
- Almost one-third (29%) indicated that they provide some type of regular help or assistance to another adult who has a health problem (Q37). A breakdown of the ages of the individuals to whom respondents provide this assistance is presented below in Figure 4-23.

FIGURE 4-23

Q37. Age of individuals to whom respondents provide some type of regular help or assistance. (n=157)



- The majority (60%) report that they practice their religion (Q17h). Proportionately more persons age 45 to 64, 65 and older, and females answered yes to this question.
- Overall responses to Question 76 “how important is religion, faith, or spirituality in your life” and age group differences were:
 - Not important: Overall, 6%. Proportionately more respondents age 18 to 44 gave this response. Proportionately fewer respondents age 65 and older gave this response.
 - Important, but do not feel the need to be part of an organized religious community: 39%. Proportionately more respondents age 18 to 44 gave this response.
 - Important, and I am a member of an organized religious community: 56%. Proportionately more respondents age 65 gave this response.

Sleep, exercise, & nutrition.

- The majority (78%) get 6 to 8 hours of sleep most nights (Q17r).
- When asked to describe their weight (Q50), over half (51%) indicated overweight, and 5% indicated very overweight. Forty percent answered about the right weight, and 3% indicated underweight.

1998 MCCCHA: Percentage that consider themselves to be overweight, 49%.

Healthy People 2010 Objective 19-1: Increase the proportion of adults who are at a healthy weight. Target: 60%.

Healthy People 2010 Objective 19-2: Reduce the proportion of adults who are obese. Target: 15%.

- Activities that have been undertaken during the past 30 days to lose weight or keep from gaining weight were: exercise, 56%; eating less food/fewer calories/food low in fat, 68% (greater proportion of females giving this answer); taking diet pills, powders, or liquids without a doctor’s advice, 7% (greater proportion of persons age 18 to 44 giving this answer); consulting with a nutritionist or dietician, 2%; participating in a weight loss program, 2%.
- Slightly over one-third (34%) exercise at least 30 minutes per day at least three times per week. In response to a similar question (Q60), 26% indicated that they exercised or participated in moderate physical activity for at least 20 minutes 3 to 5 day over the past 7 days (Q60). Twenty-nine percent answered zero days, 33% answered 1 to 2 days, and 12% answered 6 to 7 days.

2005 OBRFSS: Percentage of adults who participated in any physical activities during the past month, 74%.

Healthy People 2010 Objective 22-1: Reduce the proportion of adults who engage in no leisure-time physical activity. Target: 20%.

1998 MCCHA: Percentage that participate in moderate physical activity for at least 30 minutes on 5 or more days per week, 48%.

2005 OBRFSS: Percentage of adults with 30 or more minutes of moderate physical activity 5 or more days per week, or vigorous physical activity for 20 or more minutes 3 or more days per week, 49%.

Healthy People 2010 Objective 22-2: Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. Target: 30%.

2005 OBRFSS: Percentage of adults with 20 or more minutes of vigorous physical activity 3 or more days per week, 27%.

Healthy People 2010 Objective 22-3: Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardio-respiratory fitness 3 or more days per week for 20 or minutes per occasion. Target: 30%.

- Over one-third (37%) drink six or more glasses of water every day (Q17t).
- Questions 52, 53, and 54 asked about daily servings of: calcium-rich foods [Q52], fruit or fruit juice [Q53] (Figure 4-24), and vegetables [Q54] (Figure 4-25). Overall responses were:
 - Calcium rich foods: none, 5%; 1 to 2, 66%; 3 or more, 30%
 - Fruit/fruit juice: none, 15%; 1 to 2, 61%, 3 or more, 24%. Greater proportions of responds age 18 to 44 answered zero or 1 to 2 servings of fruit/fruit juice per day, and greater proportions of respondents age 65 and older answered 1 to 3 or 3 or more servings per day.
 - Vegetables: None, 6%; 1 to 2, 63%; 3 or more, 31%. Greater proportions of responds age 18 to 44 answered zero servings of vegetables per day, and greater proportions of respondents age 65 and older answered 1 to 2 servings per day.

Healthy People 2010 Objective 19-11: Increase the proportion of persons aged 2 years and older who meet dietary recommendations for calcium. Target: 75%.

1998 MCCHA: Percentage that eat fewer than five servings of fruit and vegetables every day, 79%.

2005 OBRFSS: Percentage of adults who have consumed fruits and vegetables five or more times per day, 23%.

Healthy People 2010 Objective 19-5: Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit. Target: 75%.

Healthy People 2010 Objective 19-6: Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, with at least one-third being dark green or orange vegetables. Target: 50%.

FIGURE 4-24

Q53. During the past 7 days, how many servings of fruit or fruit juice did you eat per day? (n=557)

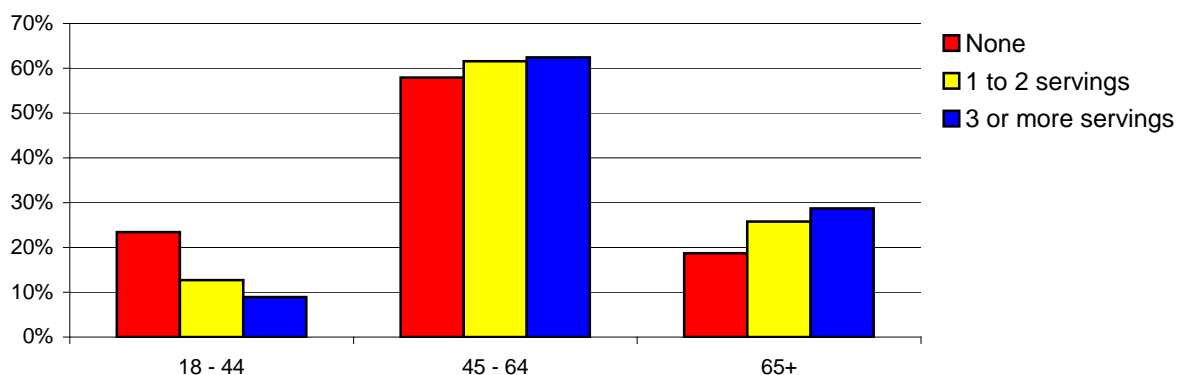
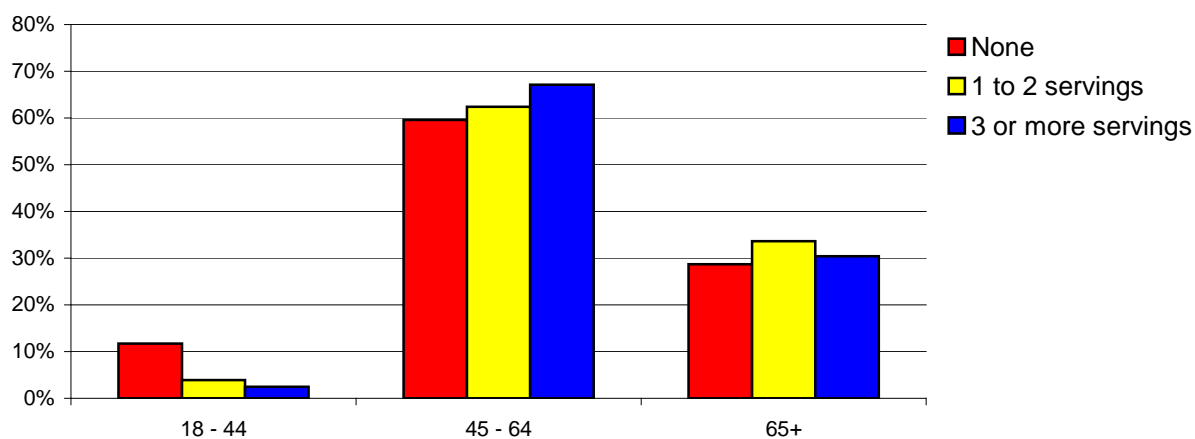


FIGURE 4-25

Q54. During the past 7 days, how many servings of vegetables did you eat per day? (n=558)





- Fewer than one-third (32%) responded that they did not drink soda/pop during the past 7 days (Q55); 38% answered one 12-ounce can, and 29% answered two or more 12 ounce cans. Greater proportions of the older two age groups answered zero days. A greater proportion of respondents in the 65 and older answered one can per day. A greater proportion of respondents in the 18 to 44 age group answered two or more cans per day.
- Nine percent indicated that they never ate breakfast over the past 7 days (Q56), 25% said some days, and 67% answered most or every day. Lesser proportions of respondents in the younger two age groups and a greater proportion of those 65 and older answered every day.
- Over one-third (34%) did not eat any fast food meals during the past 7 days (Q57); 63% answered 1 to 5 meals, and 3% answered 6 or more meals. Among those age 18 to 44, a greater proportion answered 1 to 6 meals per week, and a lesser proportion answered zero meals per week; the reverse was true for those in the 65 and older age group.
- Question 58 asked, “during the past 30 days, how many days did you not eat a meal because you could not afford to buy food?” The majority (93%) answered zero days, 4% answered 1 to 2 days, and 3% answered 3 or more days. Among those age 18 to 44, a greater proportion answered 1 to 2 days or 3 or more days, and a lesser proportion answered zero days; the reverse was true for those in the 65 and older age group.
- Question 59 asked, “during the past 30 days, how many days did you visit a food pantry?” The majority (95%) answered zero days, 4% answered 1 to 2 days, and 0.5% answered 3 or more days.

Healthy People 2010 Objective 19-18: Increase food security among U.S. households and in so doing reduce hunger. Target: 94%.

“Food security means that people have access at all times to enough food for an active, healthy life. It implies that people have nutritionally adequate and safe foods and sufficient household resources to ensure their ability to acquire adequate, acceptable foods in socially acceptable ways—that is, through regular marketplace sources and not through severe coping strategies like emergency food sources, scavenging, and stealing.” US Department of Health & Human Services, 2000, p. 19-44.

Safety.

- Forty-three percent of respondents had firearms in their homes. Of these, 58% had trigger locks or locked their firearms in storage (Q11). A greater proportion of respondents in the 18 to 44 age group and a lesser proportion of respondents in the 65 and older age group answered yes to this question. Greater proportions of persons in the 18 to 44 and 65 and older age groups did not have firearms in their home. Males were more likely to report that their firearms did not have trigger locks or were not locked in storage.

Healthy People 2010 Objective 15-4: Reduce the proportion of persons living in homes with firearms that are loaded and unlocked. Target 16%.

- The majority (93%) had working smoke detectors in their homes (Q12).



Healthy People 2010 Objective 15-26: Increase functioning residential smoke alarms. Target: Total population living in residences with functioning smoke alarm on every floor, 100%.

- The majority (90%) used a seatbelt when driving or riding in a car (Q17f).
1998 MCCCHA: Percentage that always use a seatbelt when driving or riding in a car, 79%.

Healthy People 2010 Objective 15-19: Increase use of safety belts. Target: 92%.

- Twelve percent indicated that, at some time during the past 30 days, they drove after drinking beer, wine, or alcohol, or after using illicit drugs (Q43). Greater proportions of respondents age 18 to 44, 45 to 64, and males gave this response.
1998 MCCCHA: Percentage that did not drink and drive in the last month, 96%.
- Thirteen percent indicated that, at some time during the past 30 days, they rode in a car with a driver after he/she had been drinking beer, wine, or alcohol, or had used illicit drugs (Q44). Greater proportions of respondents age 18 to 44, 45 to 64 gave this response.
1998 MCCCHA: Percentage that did not ride with someone who had too much to drink in the last month, 95%.
- Six percent wore a helmet if biking (Q17m), and 13% wore a helmet if riding on a motorcycle (Q17n). A greater proportion of those in the 18 to 44 and 45 to 64 age groups reported wearing a helmet when motorcycling.

Healthy People 2010 Objective 15-21: Increase the proportion of motorcyclists using helmets. Target: 79%.

- Seventy-three percent drive within the speed limit (Q17p). A greater proportion of females reported doing this.
- Three percent reported driving after drinking alcohol (Q17q). A greater proportion of males reported doing this.
- Nineteen percent indicated that someone had deliberately damaged their personal property at some time during the past 12 months (Q33). Greater proportions of respondents age 18 to 44 and 45 to 64 answered yes to this question.
- Three percent indicated that they were frightened, harassed, bullied, or physically abused by someone they did not know some point during the past 30 days (Q34). A greater proportion of respondents age 18 to 44 answered yes to this question.

Healthy People 2010 Objective 15-35: Reduce physical assaults. Target: 13.6 physical assaults per 1,000 persons aged 12 years older.

- Seven percent indicated that they were frightened, harassed, bullied, or physically abused by someone known to them at some point during the past 30 days (Q35). Greater proportions of respondents age 18 to 44 answered yes to this question.

Healthy People 2010 Objective 15-35: Reduce physical assaults. Target: 13.6 physical assaults per 1,000 persons aged 12 years older.

- Eight percent indicated that they were forced to engage in sexual activity against their will at some time (Q36). Greater proportions of respondents age 18 to 44 and female respondents answered yes to this question.

Healthy People 2010 Objective 15-35: Reduce the annual rate of rape or attempted rape.
Target: 0.7 rapes or attempted rapes per 1,000 persons.

Healthy People 2010 Objective 15-36: Reduce sexual assault other than rape.
Target: 0.4 sexual assaults other than rape per 1,000 persons aged 12 years and older.

Social issues.

- Percentages answering yes to whether they were ever treated unfairly by anyone in Marion County because of a specific personal characteristic (Q63) were:
 - Age: 10%
 - Sex: 9% (greater proportion of persons age 18 to 44 and females)
 - Race: 5% (greater proportion of persons age 18 to 44)
 - National origin: 2%
 - Language/accent: 1%
 - Educational level: 5%
 - Income: 11% (greater proportion of persons age 18 to 44)
 - Religion/faith: 3%
 - Disability: 6%
 - Sexual orientation: 0.7%
 - Physical appearance: 10% (greater proportion of persons age 18 to 44)
- The percentages of respondents that would be willing to live next door to the following were: individuals from a different racial, ethnic, or national background, 91% (Q64); a group home, 43%; a shelter, 35%; a halfway house, 23% (Q65).
- Questions 68 through 71 asked respondents, as residents of Marion County, to rate their level of concern about various social issues. Responses to these questions are presented in Table 4-1 (Questions 68, 69, and 70) and Table 4-2 (Question 71). All gender differences to answering “very concerned” were represented by greater proportions of females giving this answer. In Table 4-1 and Table 4-2, gender differences in answers, where detected, are indicated by the symbol *F* next to the issue. The four issues with differences in responses by age groups, as indicated by greater proportions answering that they were “very concerned,” were:
 - Traffic control/accidents (Q69h): 65 and older
 - Lack of indoor recreation areas: 18 to 44
 - Entertainment opportunities: 18 to 44
 - Outdoor recreation areas and opportunities: 18 to 44



- Preferences regarding smoking in restaurants (Q62) were: total smoke free, 63%; allowing smoking anywhere, 2%; having both smoking and non-smoking areas, 35%.
- The percentages of respondents that thought combining public services would be beneficial for Marion County (Q72) were: fire districts, 56%; health departments, 68%; sanitation, 59%; recycling, 68%.
- Twelve percent believed that Marion is prepared for a major disaster such as a natural disaster or terrorist attack (Q67).
- Responses to “whether you think the people of Marion County can make positive changes for the better in the community” (Q66) were: very much, 39%; somewhat, 49%; not much, 11%; not at all, 1%.



Table 4-1.

Q68, Q69, Q70. Percentages answering "Very concerned" to:
As a resident of Marion County, how concerned are you about the
following issues in our community? (Response options were "not
concerned," "somewhat concerned," "very concerned") (n=536)

Issue	% Responding "Very concerned"
Child abuse or neglect <i>F</i>	70.7%
Crime	64.7%
Drug abuse	64.6%
Schools/education	63.5%
Unemployment/lack of jobs	60.6%
Taxes, levies	59.5%
Alcohol abuse	55.0%
Elder abuse or neglect <i>F</i>	51.9%
Domestic violence <i>F</i>	49.5%
Adequate safe child care <i>F</i>	49.1%
Law enforcement protection	45.6%
Responsiveness of public officials	45.6%
Environmental health issues <i>F</i>	42.9%
Poverty	39.8%
Personal safety	39.0%
Services, housing for senior citizens <i>F</i>	36.9%
Housing conditions <i>F</i>	35.5%
Major natural disasters <i>F</i>	33.8%
Acts of terrorism <i>F</i>	33.0%
Traffic control/accidents	29.3%
Discrimination <i>F</i>	27.5%
Outdoor recreation areas & opportunities	26.8%
Quality of restaurants	25.3%
Shopping <i>F</i>	24.4%
Neighbors not caring about each other	23.8%
Smoking	23.2%
Downtown development	22.8%
Entertainment opportunities	22.5%
Lack of indoor recreation areas	19.6%
Public transportation <i>F</i>	18.5%

NOTE: *F* designates answers with a significant difference in the proportions of
males and females that answered "Very concerned."

Table 4-2

Table 4-2. Q71. Percentages answering "Very concerned" to:
As a resident of Marion County, how concerned are you about the
following issues in our community? (Response options were "not
concerned," "somewhat concerned," "very concerned") (n=536)

Issue	% Responding "Very concerned"
Drug abuse	60.6%
Youth crime	59.6%
Schools	58.0%
Teen pregnancy <i>F</i>	49.8%
Dropping out of high school <i>F</i>	48.7%
Gang membership	45.2%
Sexual activity <i>F</i>	40.7%
Suicide <i>F</i>	35.5%
Smoking <i>F</i>	32.3%
Bullying <i>F</i>	30.4%

*NOTE: F designates answers with a significant difference in the proportions of
males and females that answered "Very concerned."*

Respondents' comments.

Comments from respondents were obtained from two places in the survey. The final survey question was: "What do you think are the best things about living in Marion County?" The back cover of the survey had a designated space for respondents to write in comments.

- Seventy-one percent responded to the final question. Comments to the final survey question are provided in Appendix F. Table 4-3 presents the topics (all positive) that were named 10 or more times.
 - Positive comments named fewer than 10 times were (in alphabetical order): beauty of Marion County cost of living, community values, county fair, downtown, farmers' market, local library, local media, Marion County history, Marion Technical College, my job, opportunity to own your own home, OSU Extension, OSU Marion, recreation opportunities, services for seniors, roads, transportation, the YMCA.
 - Negative comments, all named fewer than five times, were (in alphabetical order): crime, economic issues, lack of attention/development on east and south sides of Marion, law enforcement/local politicians, medical care, nothing to do, restaurants, roads, schools, shopping, survey format, unemployment.
- Six percent of respondents took the opportunity to write comments on the back cover. Comments to the final survey question are provided in Appendix F.
 - Positive comments were received about 10 topics. The size of Marion County was named twice. The following comments were each named once (in alphabetical



order): close to Columbus, convenience, dental care, friends, higher education facilities, library, medical care, restaurants, schools, shopping.

- Negative comments were received about 18 topics. The following topics were named more than one time: nothing for youth to do, no economic development (four times); schools (3 times); dental care, local media, traffic flow (2 times). Topics named once were (in alphabetical order): closed-minded attitudes, downtown, inadequate parenting/supervision of youth, lack of emergency preparedness, lack of recycling in the county, lack of planning, need more medical specialists, taxes, transportation.

Table 4-3.

Final question: What do you think are the best things about living in Marion County? (n=416)

Issue	Number of Respondents
Size/rural community	77
People	53
Proximity to Columbus/location	35
Family	34
Low crime	32
Good schools	27
Lived whole life/home	25
Shopping	23
Traffic	19
Services/public services	19
Health care	18
Friends	17
Quiet	15
Palace Theatre	14
Church	14
Restaurants	13
Neighborhood	10
Convenience	10
Positive changes/growth	10

Comparison with key findings from focus groups conducted with adults and youth for the 2004 Marion County Needs Assessment (MCNA). Adult focus group participants in the 2004 MCNA identified the following:

- Priority was given to: affordability and access to medical services, workforce development, access to mental health services, and support for families;
- Programs noted as begin particularly effective were: education-based programs, the health care delivery system, case management through the mental health system;

- There is a need for a community infrastructure for service delivery with a central clearinghouse to organize and direct services.

Focus groups with youth in the 2004 MCNA revealed their concerns with:

- Having little or nothing to do in their spare time;
- Lack of resources in schools due to budget problems;
- Gaps in services related to additional recreation activities and job opportunities.

Comparison with key findings from visioning sessions conducted with adults for the 2005 Marion County Sustainable Comprehensive Plan. Participants identified the following aspirational goals that reflect the values of the Marion County community:

- Caring for and expanding existing natural resources;
- Building on existing historical facilities, especially the Harding Hotel and the Palace Theatre;
- Generating a transportation plan that builds on the benefits of proximity to Columbus;
- Creating a walkable community with bikeways, public transportation, neighborhood opportunities;
- Maintaining diverse housing alternatives as well as housing for senior citizens;
- Establishing and enforcing building and zoning codes;
- Expanding recreational opportunities while maintaining current recreational activities and quality parks;
- Expanding learning opportunities of local higher education institutions;
- Increasing support of local schools through parent involvement, efficient resource allocation, funding;
- Expanding quality of health care facilities and increasing specialized medical services;
- Establishing a coordinated safety system to assure the continuity of current quality services;
- Consolidating local government activities to improve local government leadership;
- Supporting the strength of large manufacturing facilities by supporting manufacturing opportunities;
- Building on current downtown revitalization to communicate the spirit of the community;
- Establishing an entrepreneurial economy with quality paying jobs for the future for residents and especially youth.

Chapter 5: Survey of Key Informants

Data Collection

Data from Key Informants were collected through confidential mailed surveys addressing three topics: 1) a general health and social issues survey using questions that paralleled questions asked in the 2006 Marion Community Assessment Survey of Adults, 2) 36 health and social issues and services to address these issues, and 3) unmet need related to 52 issues in the community using questions that paralleled the 1991 Marion County Community Needs Assessment. Key informants that participated represented local government, civic organizations, the faith community, and public and private providers of health, education, and social services. See Appendix B Technical Notes for more information on the data collection protocol for the Survey of Key Informants.

Results

Forty-nine surveys were returned (28.9%). Results are reported with rounding except for percentages that are less than 1.0% or greater than 99.0%. Therefore, percentages of responses for a question may sum to less than or greater than 100. Complete results for the survey, with definitions of the 36 health and social issues are presented in Appendix F.

Survey results are compared with results from the Survey of Adults (Chapter 4), the 1991 Marion County Community Needs Assessment (MCCNA)²³, and the 2004 Marion County Needs Assessment (MCNA)²¹. Data from key informants for the 1991 MCCNA were collected through mailed surveys. The 2004 MCNA included three focus groups with adult members of the community and one focus group with youth. Additional information on all comparison documents is provided in Appendix B. Caution must be taken when comparing results from different surveys and focus groups, due to the differences that may exist in the data collection protocols (for example, how data were collected, wording of questions, sampling, sample size, types of analyses, etc.).

The number of respondents to each question is indicated by a lower-case "n". For example, n=326 means 326 individuals responded to this question.

About the Survey Respondents.

- Respondents' position/job titles and the agencies represented by respondents are presented in Figures 5-1 and 5-2, respectively. The largest subgroup of agencies was Other (42%), which included agencies such as legal, civic/philanthropic organizations and service organizations. Just over one-fifth (21%) of agencies were education (primary, secondary, special education, or post-secondary), and 19% were health service organizations.

FIGURE 5-1

Key Informant Job Positions / Titles (n=36)

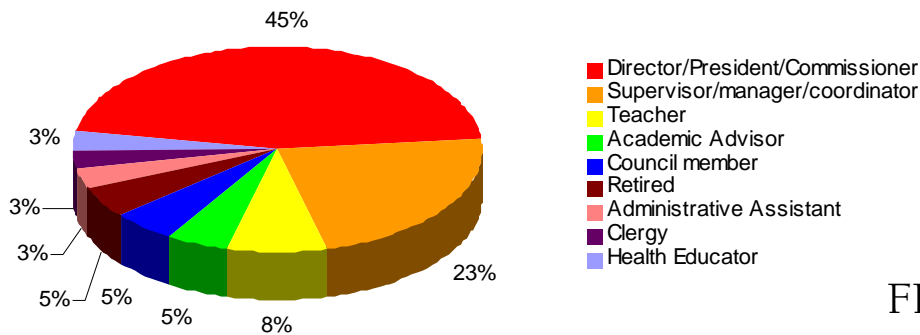
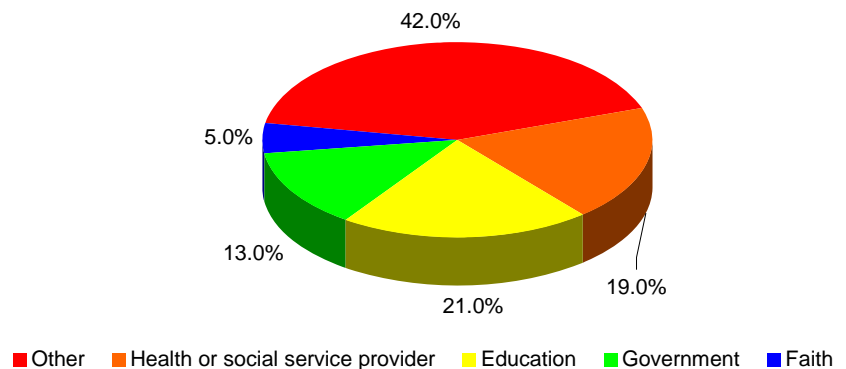


FIGURE 5-2

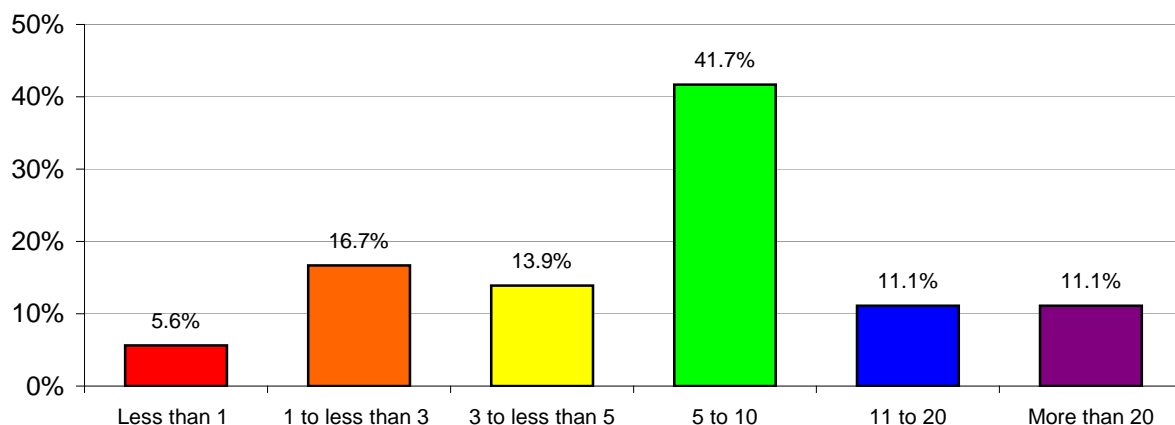
Types of Agencies (n=31)



- **Time in current position** is presented in Figure 5-3. More than one-half (64%) of the respondents were in their current position for 5 years or longer. Approximately one-third (30%) were in their current positions from 1 to less than 5 years.

FIGURE 5-3

Q2. How long have you been in your current position? (n=36)

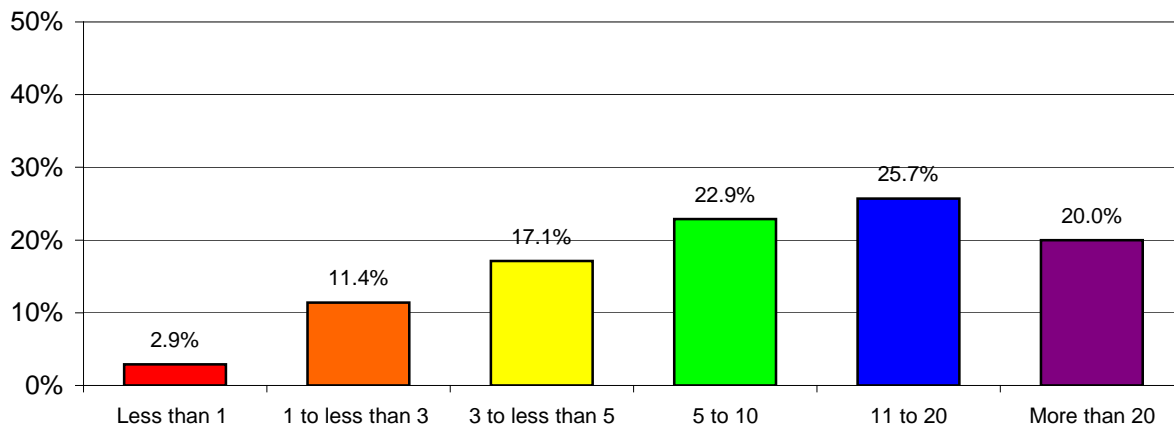




- **Time with current agency** is presented in Figure 5-4. Over one-half (68%) of the respondents were with their current agencies 5 years or longer, and 14% were with their current agency less than 3 years.

FIGURE 5-4

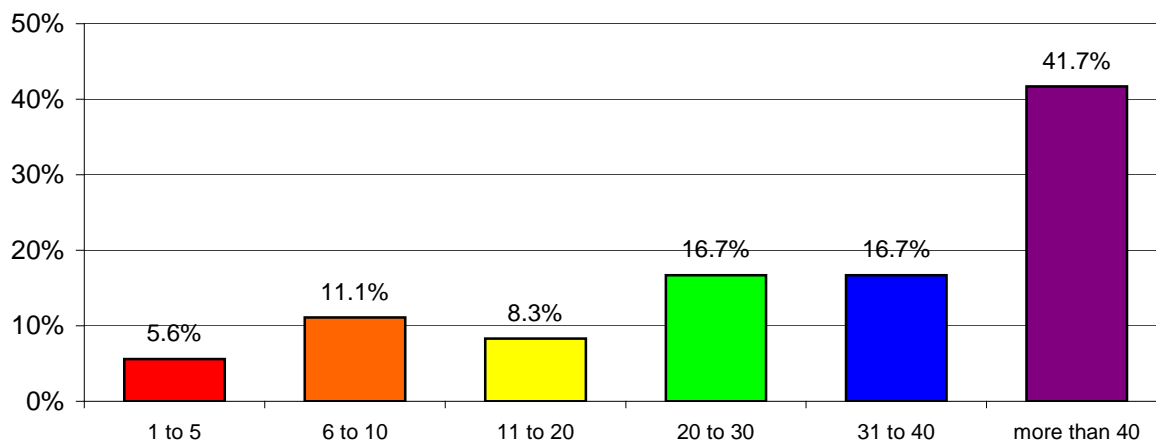
Q3. How long have you been with this agency? (n=36)

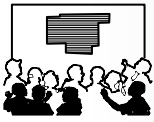


- **Time key informant has lived in Marion County** is presented in Figure 5-5. Six percent of respondents lived in Marion between 1 and 5 years, and 11% lived in Marion between 6 and 10 years. The remaining 83% lived in Marion for more than 10 years.

FIGURE 5-5

Q6. If you live in Marion County, how long have you lived in this county? (n=36)

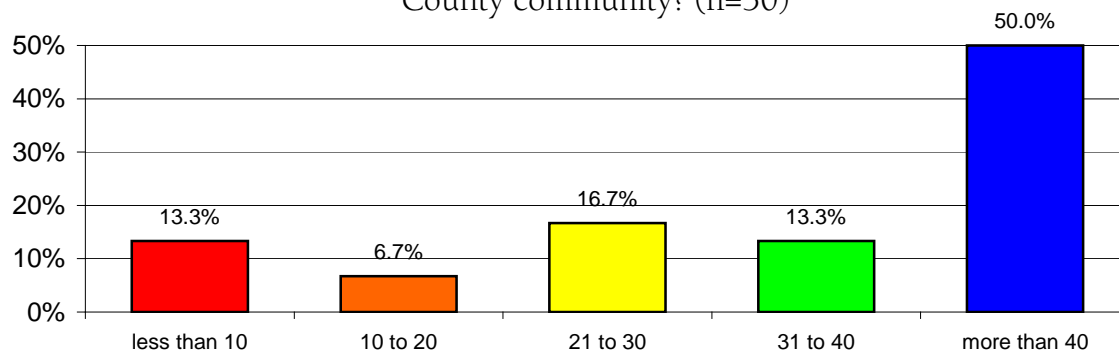




- **Clients served by agency per year:** Twenty-one individuals responded to this question: 100 up to 1,000, ten; 1,000 to 1,500, five; 6,000 to 10,000, four; over 10,000, two.
- **Time agency has been providing services in Marion County:** Twenty-nine responses were received: less than 1 year, three; 1 to less than 3 years, nine; 3 to less than 6 years, ten; 6 to less than 10 years, five; 10 to 13 years, two.

FIGURE 5-6

Q4. How long has your agency been providing services to the Marion County community? (n=30)



Findings

Ratings of Health & Social Issues and Services.

The mailed survey packet contained rating sheets for 36 defined health and social issues, and two blank sheets were included for key informants to write in any additional issues that were not included in the 36 defined issues. The cover letter also noted that respondents could make extra copies of the blank sheets if necessary. The rating sheets contained 13 statements that were grouped into four categories, focusing on 1) the level of importance of the issue, 2) the level of availability of services to meet the need related to the issue, 3) ratings of the quality of the available services. Respondents were also given space to write in assets and barriers in the community for addressing the issue. Key informants' ratings of issues in the community and the services available to address these issues are presented in Tables 5-1 through 5-13. Information on responses regarding assets and barriers to services is presented in Table 5-15.

Ratings of Health & Social Issues- Q1a-Q1e. Rating the Level of Importance of the Issue.

- **Q1a. How *concerned* are you about this issue in Marion County?** Response options were: very concerned, somewhat concerned, slightly concerned, and not at all concerned. Results in Table 5-1 are grouped by the percentages that answered "very concerned," "somewhat concerned/slightly concerned," or "not at all concerned." The services for which the greatest number of respondents answered "very concerned" (in order of decreasing percentages of respondents who answered "very concerned") were:
 - Health insurance for adults
 - Child dental care
 - Child abuse & neglect report hotline
 - Primary adult health care
 - Head Start/Other early childhood education.

The services for which the lowest number of respondents answered "very concerned" (in order of decreasing percentages of respondents who answered "very concerned") were:

- Child & adolescent day treatment; Respite care for parents; Independent living supervised apartments (tied)
- Inpatient adult mental health treatment
- Wrap-around services
- Clothing assistance
- Transportation assistance.

Table 5-1.
KI Health & Social Service Survey: How *concerned are you* about this issue?

Service	n	Not at all	Slightly or Somewhat	Very
		%	%	%
1. Community Service Information & Referral Line	39	8	56	36
2. Food Assistance	38	3	61	37
3. Clothing Assistance	37	19	62	19
4. Housing Assistance	34	0	56	44
5. Transportation Assistance	33	9	73	18
6. Crisis Stabilization Services	29	3	48	48
7. Primary Child Health Care	32	6	40	53
8. Child Dental Care	29	7	34	59
9. Primary Adult Health Care	28	10	35	55
10. Home Visits to Parents with Newborns	29	14	52	35
11. Parent Education/Parenting Classes	30	0	50	50
12. Head Start/Other Early Childhood Education	29	7	38	55
13. School-based Family Resource Workers	25	12	52	36
14. Before- & After-School Programs	32	6	43	50
15. Mentoring for Children & Youth	30	7	60	33
16. Child Abuse & Neglect Outreach/Education	28	4	43	54
17. Child abuse & neglect report hotline	27	4	41	56
18. Wrap-Around Services	28	14	64	21
19. Intensive In-home Services	25	0	68	32
20. Outpatient Substance Abuse Services	24	0	50	50
21. Outpatient Domestic Violence Services	25	0	52	48
22. Outpatient Mental Health Services	26	0	50	50
23. Child & Adolescent Day Treatment	20	10	60	30
24. Domestic Violence Shelter Care	26	4	50	46
25. Children's Health Insurance	26	8	46	46
26. Health Insurance for Adults	26	4	30	65
27. Emergency Preparedness/Response	28	4	50	46
28. Life Skills Training/Household Management	26	4	62	35
29. Respite Care for Parents	23	13	57	30
30. Inpatient Adult Mental Health Treatment	24	8	63	29
31. Inpatient Child/Adolescent Mental Health Treatment	22	9	50	41
32. Independent Living Supervised Apartments	23	17	52	30
33. Homemaker Services	24	13	54	33
34. Day Care for Children	26	12	46	42
35. Day Care for Adults (Adult Day Care)	22	9	50	41
36. Public Health Services	29	7	41	52



- **Q1b. How *knowledgeable* do you think the general public is about this issue?** Response options were: very knowledgeable, somewhat knowledgeable, slightly knowledgeable, and not at all knowledgeable. Results in Table 5-2 are grouped by the percentages that answered “very knowledgeable,” “somewhat knowledgeable/slightly knowledgeable,” or “not at all knowledgeable.”

The services for which the greatest number of respondents answered “very knowledgeable” (in order of decreasing percentages of respondents who answered “very knowledgeable”) were:

- Primary adult health care
- Domestic violence shelter care
- Transportation assistance; Primary child health care (tied)
- Child & adolescent day treatment
- Food assistance.

The services for which the lowest number of respondents answered that the public was “very knowledgeable” (in order of decreasing percentages of respondents who answered “very knowledgeable”) were:

- Clothing assistance; Crisis stabilization services; Mentoring for children and youth; Wrap around services (tied)
- Community service information& referral line
- Parent education/Parenting classes; Emergency preparedness/Response (tied).

Table 5-2.

KI Health & Social Service Survey: How knowledgeable do you think the general public is about this issue?

Service	n	Not at all	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	40	23	75	2
2. Food Assistance	37	3	84	14
3. Clothing Assistance	37	8	89	3
4. Housing Assistance	33	12	82	6
5. Transportation Assistance	32	28	56	16
6. Crisis Stabilization Services	29	21	76	3
7. Primary Child Health Care	32	9	75	16
8. Child Dental Care	29	28	66	7
9. Primary Adult Health Care	29	7	72	21
10. Home Visits to Parents with Newborns	29	21	69	10
11. Parent Education/Parenting Classes	29	17	83	0
12. Head Start/Other Early Childhood Education	28	18	75	7
13. School-based Family Resource Workers	25	24	64	12
14. Before- & After-School Programs	32	16	78	7
15. Mentoring for Children & Youth	30	20	77	3
16. Child Abuse & Neglect Outreach/Education	28	14	79	7
17. Child abuse & neglect report hotline	27	19	78	4
18. Wrap-Around Services	29	41	55	3
19. Intensive In-home Services	25	40	56	4
20. Outpatient Substance Abuse Services	26	13	79	8
21. Outpatient Domestic Violence Services	20	8	80	12
22. Outpatient Mental Health Services	26	8	89	4
23. Child & Adolescent Day Treatment	25	40	45	15
24. Domestic Violence Shelter Care	26	0	81	19
25. Children's Health Insurance	25	24	68	8
26. Health Insurance for Adults	26	23	69	8
27. Emergency Preparedness/Response	28	29	71	0
28. Life Skills Training/Household Management	25	20	72	8
29. Respite Care for Parents	22	36	55	9
30. Inpatient Adult Mental Health Treatment	23	17	78	4
31. Inpatient Child/Adolescent Mental Health Treatment	20	30	65	5
32. Independent Living Supervised Apartments	23	35	61	4
33. Homemaker Services	23	26	70	4
34. Day Care for Children	25	12	80	8
35. Day Care for Adults (Adult Day Care)	21	24	71	5
36. Public Health Services	28	7	89	4



- **Q1c. How *concerned* do you think the general public is about this issue?** Response options were: very concerned, somewhat concerned, slightly concerned, and not at all concerned. Results in Table 5-3 are grouped by the percentages that answered “very concerned,” “somewhat concerned/slightly concerned,” or “not at all concerned.”

The services for which the greatest number of respondents answered “very concerned” (in order of decreasing percentages of respondents who answered “very concerned”) were:

- Outpatient domestic violence services
- Health insurance for adults
- Child dental care
- Child abuse & neglect report hotline
- Primary adult health care; Outpatient substance abuse services (tied).

The services for which the lowest number of respondents answered that the public was “very concerned” (in order of decreasing percentages of respondents who answered “very concerned”) were:

- Clothing assistance; Primary child health care (tied)
- Community service information& referral line
- Transportation assistance; Parent education/Parenting classes (tied).

Table 5-3.

KI Health & Social Service Survey: How concerned do you think the general public is about this issue?

Service	n	Not at all	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	40	18	78	5
2. Food Assistance	36	8	81	11
3. Clothing Assistance	36	28	67	6
4. Housing Assistance	33	12	79	9
5. Transportation Assistance	32	34	63	3
6. Crisis Stabilization Services	29	17	72	10
7. Primary Child Health Care	32	16	78	6
8. Child Dental Care	29	21	55	24
9. Primary Adult Health Care	29	14	66	21
10. Home Visits to Parents with Newborns	29	35	59	7
11. Parent Education/Parenting Classes	29	14	83	3
12. Head Start/Other Early Childhood Education	28	29	64	7
13. School-based Family Resource Workers	25	28	60	12
14. Before- & After-School Programs	32	16	72	13
15. Mentoring for Children & Youth	30	30	60	10
16. Child Abuse & Neglect Outreach/Education	28	14	68	18
17. Child abuse & neglect report hotline	27	11	67	22
18. Wrap-Around Services	29	31	61	7
19. Intensive In-home Services	25	36	56	8
20. Outpatient Substance Abuse Services	24	8	71	21
21. Outpatient Domestic Violence Services	25	4	16	80
22. Outpatient Mental Health Services	26	8	84	8
23. Child & Adolescent Day Treatment	20	35	55	10
24. Domestic Violence Shelter Care	26	4	81	15
25. Children's Health Insurance	25	16	72	12
26. Health Insurance for Adults	26	8	61	31
27. Emergency Preparedness/Response	28	11	75	14
28. Life Skills Training/Household Management	25	12	80	8
29. Respite Care for Parents	22	18	68	14
30. Inpatient Adult Mental Health Treatment	23	22	69	9
31. Inpatient Child/Adolescent Mental Health Treatment	20	10	75	15
32. Independent Living Supervised Apartments	23	48	43	9
33. Homemaker Services	23	22	70	9
34. Day Care for Children	25	12	72	16
35. Day Care for Adults (Adult Day Care)	21	10	81	10
36. Public Health Services	28	7	79	14



- **Q1d. How *important* is it to address this issue?** Response options were: very important, somewhat important, slightly important, and not important. Results in Table 5-4 are grouped by the percentages that answered “very important,” “somewhat important/slightly important,” or “not important.” The services for which the greatest number of respondents answered “very important” (in order of decreasing percentages of respondents who answered “very important”) were:
 - Child abuse & neglect report hotline
 - Child abuse & neglect outreach/education
 - Crisis stabilization services; Health insurance for adults (tied)
 - Outpatient domestic violence services; Children’s health insurance; Emergency preparedness/response.

The services for which the lowest number of respondents answered that the public was “very important” (in order of decreasing percentages of respondents who answered “very important”) were:

- Wrap-around services
- Clothing assistance
- Child & adolescent day treatment
- Transportation assistance
- Independent living supervised apartments.

Table 5-4.
KI Health & Social Service Survey: How important is it to address this issue?

Service	n	Not	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	40	5	48	48
2. Food Assistance	38	0	50	50
3. Clothing Assistance	37	5	62	32
4. Housing Assistance	32	0	53	47
5. Transportation Assistance	33	9	70	21
6. Crisis Stabilization Services	29	0	28	72
7. Primary Child Health Care	32	9	37	53
8. Child Dental Care	29	3	35	62
9. Primary Adult Health Care	29	10	31	59
10. Home Visits to Parents with Newborns	29	7	41	52
11. Parent Education/Parenting Classes	29	0	41	59
12. Head Start/Other Early Childhood Education	29	3	34	62
13. School-based Family Resource Workers	24	4	58	38
14. Before- & After-School Programs	32	3	41	56
15. Mentoring for Children & Youth	30	3	57	40
16. Child Abuse & Neglect Outreach/Education	27	0	22	78
17. Child abuse & neglect report hotline	27	0	18	82
18. Wrap-Around Services	29	3	62	35
19. Intensive In-home Services	25	0	60	40
20. Outpatient Substance Abuse Services	24	0	46	54
21. Outpatient Domestic Violence Services	25	0	32	68
22. Outpatient Mental Health Services	26	0	39	62
23. Child & Adolescent Day Treatment	20	10	60	30
24. Domestic Violence Shelter Care	26	0	35	65
25. Children's Health Insurance	25	8	24	68
26. Health Insurance for Adults	25	0	28	72
27. Emergency Preparedness/Response	28	0	32	68
28. Life Skills Training/Household Management	25	4	60	36
29. Respite Care for Parents	22	0	64	36
30. Inpatient Adult Mental Health Treatment	23	4	52	44
31. Inpatient Child/Adolescent Mental Health Treatment	20	0	50	50
32. Independent Living Supervised Apartments	23	4	78	17
33. Homemaker Services	23	0	52	48
34. Day Care for Children	25	4	44	52
35. Day Care for Adults (Adult Day Care)	21	0	62	38
36. Public Health Services	28	0	46	54



- **Q1e. How *severe* are the consequences of not addressing this issue?** Response options were: major consequences, between major and minor consequences, minor consequences, no consequences. Results in Table 5-5 are grouped by the percentages that answered “major consequences,” “between major and minor consequences/minor consequences,” or “no consequences.” The services for which the greatest number of respondents answered “major consequences” (in order of decreasing percentages of respondents who answered “major consequences”) were:

- Child abuse & neglect outreach/education
- Child abuse & neglect report hotline
- Domestic violence shelter care; Health insurance for adults (tied)
- Crisis stabilization services.

The services for which the lowest number of respondents answered “major consequences” (in order of decreasing percentages of respondents who answered “major consequences”) were:

- Independent living supervised apartments; Homemaker services (tied)
- Community service information & referral line; Transportation assistance (tied)
- Clothing assistance.

Table 5-5.

KI Health & Social Service Survey: How severe are the consequences of not addressing this issue?

Service	n	No consequences	Between major & minor consequences	Major consequences
1. Community Service Information & Referral Line	40	3	83	15
2. Food Assistance	38	0	61	40
3. Clothing Assistance	37	3	84	14
4. Housing Assistance	33	0	58	42
5. Transportation Assistance	33	6	79	15
6. Crisis Stabilization Services	29	0	34	66
7. Primary Child Health Care	32	3	47	50
8. Child Dental Care	29	0	52	48
9. Primary Adult Health Care	29	3	45	52
10. Home Visits to Parents with Newborns	27	4	59	37
11. Parent Education/Parenting Classes	29	0	41	59
12. Head Start/Other Early Childhood Education	29	7	38	55
13. School-based Family Resource Workers	25	4	60	36
14. Before- & After-School Programs	32	3	44	53
15. Mentoring for Children & Youth	30	3	60	37
16. Child Abuse & Neglect Outreach/Education	27	0	19	82
17. Child abuse & neglect report hotline	27	0	30	70
18. Wrap-Around Services	27	7	67	26
19. Intensive In-home Services	25	0	64	36
20. Outpatient Substance Abuse Services	24	0	38	63
21. Outpatient Domestic Violence Services	24	0	38	63
22. Outpatient Mental Health Services	26	0	50	50
23. Child & Adolescent Day Treatment	19	5	58	37
24. Domestic Violence Shelter Care	25	0	32	68
25. Children's Health Insurance	25	8	28	64
26. Health Insurance for Adults	25	0	32	68
27. Emergency Preparedness/Response	28	0	36	64
28. Life Skills Training/Household Management	25	4	72	24
29. Respite Care for Parents	22	0	64	36
30. Inpatient Adult Mental Health Treatment	22	0	55	46
31. Inpatient Child/Adolescent Mental Health Treatment	20	0	50	50
32. Independent Living Supervised Apartments	23	4	74	22
33. Homemaker Services	23	4	74	22
34. Day Care for Children	25	4	52	44
35. Day Care for Adults (Adult Day Care)	21	0	67	33
36. Public Health Services	28	0	50	50



Ratings of Health & Social Issues- Q2a-Q2d. Rating the Level of Availability of Level of Services to Address Issues.

- Q2a. To what degree are there services *available* in Marion County to the needs related to this issue? Response options were: meet all of the needs, meet some of the needs, meet very little of the needs, and meet none of the needs. Results in Table 5-6 are grouped by the percentages that answered “meet all of the needs,” “meet some of the needs,” or “meet very little/meet none of the needs.” The services for which the greatest number of respondents answered “meet all of the needs” (in order of decreasing percentages of respondents who answered “meet all of the needs”) were:
 - Domestic violence shelter care
 - Home visits to parents with newborns
 - Head Start/Other early childhood education
 - Primary child health care
 - Outpatient domestic violence services.

There were nine services for which no respondents answered “meet all of the needs.” The nine services for which no respondents answered “meet all of the needs” were:

- Housing assistance; Mentoring for children & youth; Intensive in-home services; Health insurance for adults; Respite care for parents; Inpatient adult mental health treatment; Inpatient child/adolescent mental health treatment; Homemaker services; Day care for adults (Adult Day Care).

Table 5-6.

KI Health & Social Service Survey: To what degree are there services available in Marion County to meet the needs related to this issue?

Service	n	None / Very little need	Some need	All of need
		met	met	met
1. Community Service Information & Referral Line	40	18	68	15
2. Food Assistance	37	14	70	16
3. Clothing Assistance	35	26	66	9
4. Housing Assistance	32	44	56	0
5. Transportation Assistance	34	38	53	9
6. Crisis Stabilization Services	25	28	64	8
7. Primary Child Health Care	32	19	63	19
8. Child Dental Care	29	55	38	7
9. Primary Adult Health Care	29	28	62	10
10. Home Visits to Parents with Newborns	26	19	54	27
11. Parent Education/Parenting Classes	27	44	52	4
12. Head Start/Other Early Childhood Education	28	25	54	21
13. School-based Family Resource Workers	25	32	60	8
14. Before- & After-School Programs	32	50	47	3
15. Mentoring for Children & Youth	30	53	47	0
16. Child Abuse & Neglect Outreach/Education	27	22	74	4
17. Child abuse & neglect report hotline	25	32	64	4
18. Wrap-Around Services	28	43	54	4
19. Intensive In-home Services	23	57	44	0
20. Outpatient Substance Abuse Services	22	27	68	5
21. Outpatient Domestic Violence Services	24	13	71	17
22. Outpatient Mental Health Services	25	28	60	12
23. Child & Adolescent Day Treatment	18	50	39	11
24. Domestic Violence Shelter Care	25	0	68	32
25. Children's Health Insurance	23	35	57	9
26. Health Insurance for Adults	23	52	48	0
27. Emergency Preparedness/Response	26	23	73	4
28. Life Skills Training/Household Management	21	52	43	5
29. Respite Care for Parents	20	35	65	0
30. Inpatient Adult Mental Health Treatment	21	24	76	0
31. Inpatient Child/Adolescent Mental Health Treatment	18	61	39	0
32. Independent Living Supervised Apartments	21	29	67	5
33. Homemaker Services	21	33	67	0
34. Day Care for Children	25	20	72	8
35. Day Care for Adults (Adult Day Care)	16	44	56	0
36. Public Health Services	28	11	78	11



- **Q2b. To what degree are people in the Marion County community *aware* of services to address this issue?** Response options were: very aware of services, somewhat aware of services, slightly aware of services, and not aware of services. Results in Table 5-7 are grouped by the percentages that answered “very aware of services,” “somewhat aware/slightly aware of services,” and “not aware of services.” The services for which the greatest number of respondents answered “very aware of services” (in order of decreasing percentages of respondents who answered “very aware of services”) were:
 - Outpatient domestic violence services
 - Domestic violence shelter care
 - Day care for children
 - Home visits to parents with newborns
 - Primary adult health care; Head Start/Other early childhood education (tied).

There were 15 services for which no respondents answered “very aware of services.” The 15 services for which no respondents answered “very aware of services” were:

- Parent education/parenting classes; Before- & After-school programs; Mentoring for children & youth; Child abuse & neglect outreach/education; Wrap-around services; Intensive in-home services; Outpatient substance abuse services; Outpatient mental health services; Life skills training/household management; Respite care for parents; Inpatient adult mental health treatment; Inpatient child/adolescent mental health treatment; Independent living supervised apartments; Homemaker services; Day care for adults (Adult Day Care).

Table 5-7.

KI Health & Social Service Survey: To what degree are people in the Marion County community aware of services to address this issue?

Service	n	Not aware	Slightly or Somewhat	Very aware
1. Community Service Information & Referral Line	40	10	88	3
2. Food Assistance	37	5	84	11
3. Clothing Assistance	36	0	92	8
4. Housing Assistance	33	9	88	3
5. Transportation Assistance	34	18	73	9
6. Crisis Stabilization Services	28	4	93	4
7. Primary Child Health Care	32	0	94	6
8. Child Dental Care	29	10	79	10
9. Primary Adult Health Care	29	3	83	14
10. Home Visits to Parents with Newborns	26	12	73	15
11. Parent Education/Parenting Classes	27	15	85	0
12. Head Start/Other Early Childhood Education	28	0	86	14
13. School-based Family Resource Workers	25	16	80	4
14. Before- & After-School Programs	32	16	84	0
15. Mentoring for Children & Youth	30	7	93	0
16. Child Abuse & Neglect Outreach/Education	27	4	96	0
17. Child abuse & neglect report hotline	25	16	76	8
18. Wrap-Around Services	28	21	79	0
19. Intensive In-home Services	24	25	75	0
20. Outpatient Substance Abuse Services	23	9	91	0
21. Outpatient Domestic Violence Services	24	0	71	29
22. Outpatient Mental Health Services	26	8	92	0
23. Child & Adolescent Day Treatment	18	22	72	6
24. Domestic Violence Shelter Care	25	0	72	28
25. Children's Health Insurance	23	22	74	4
26. Health Insurance for Adults	24	17	79	4
27. Emergency Preparedness/Response	26	19	73	8
28. Life Skills Training/Household Management	21	19	81	0
29. Respite Care for Parents	19	21	79	0
30. Inpatient Adult Mental Health Treatment	21	5	95	0
31. Inpatient Child/Adolescent Mental Health Treatment	18	28	72	0
32. Independent Living Supervised Apartments	21	29	71	0
33. Homemaker Services	21	10	91	0
34. Day Care for Children	25	4	80	16
35. Day Care for Adults (Adult Day Care)	16	13	88	0
36. Public Health Services	28	0	96	4



- **Q2c. How often do you think individuals in the community *use* the available services?**
Response options were: use very often, use somewhat, use very little, and use hardly/not at all. Results in Table 5-8 are grouped by the percentages that answered “use very often,” “use somewhat,” and “use very little/use hardly/not at all.” The five services for which the greatest number of respondents answered “use very often” (in order of decreasing percentages of respondents who answered “use very often”) were:

- Food assistance
- Primary adult health care
- Head start/Other early childhood education
- Day care for children
- Housing assistance.

There were six services for which no respondents answered “use very often.” The six services for which no respondents answered “use very often” were:

- Parent education/parenting classes; Outpatient substance abuse services; Life skills training/household management; Respite care for parents; Inpatient child/adolescent mental health treatment; Day care for adults (Adult Day Care).

Table 5-8.

KI Health & Social Service Survey: How often do you think individuals in the community use the available services?

Service	n	Very little/ Hardly/ Not at all	Slightly or Somewhat	Very often
1. Community Service Information & Referral Line	39	46	39	15
2. Food Assistance	37	19	35	46
3. Clothing Assistance	35	26	60	14
4. Housing Assistance	33	27	46	27
5. Transportation Assistance	32	28	53	19
6. Crisis Stabilization Services	28	46	46	7
7. Primary Child Health Care	31	26	48	26
8. Child Dental Care	28	46	36	18
9. Primary Adult Health Care	29	21	48	31
10. Home Visits to Parents with Newborns	26	27	58	15
11. Parent Education/Parenting Classes	27	70	30	0
12. Head Start/Other Early Childhood Education	28	14	57	29
13. School-based Family Resource Workers	25	44	52	4
14. Before- & After-School Programs	32	38	53	9
15. Mentoring for Children & Youth	29	52	41	7
16. Child Abuse & Neglect Outreach/Education	27	30	67	4
17. Child abuse & neglect report hotline	25	40	56	4
18. Wrap-Around Services	28	68	29	4
19. Intensive In-home Services	24	67	29	4
20. Outpatient Substance Abuse Services	23	44	57	0
21. Outpatient Domestic Violence Services	24	42	38	21
22. Outpatient Mental Health Services	26	31	58	12
23. Child & Adolescent Day Treatment	16	56	38	6
24. Domestic Violence Shelter Care	25	20	68	12
25. Children's Health Insurance	23	34	57	9
26. Health Insurance for Adults	23	48	39	13
27. Emergency Preparedness/Response	25	56	32	12
28. Life Skills Training/Household Management	21	62	38	0
29. Respite Care for Parents	19	58	42	0
30. Inpatient Adult Mental Health Treatment	20	30	55	15
31. Inpatient Child/Adolescent Mental Health Treatment	18	67	33	0
32. Independent Living Supervised Apartments	21	43	48	10
33. Homemaker Services	21	33	57	10
34. Day Care for Children	25	16	56	28
35. Day Care for Adults (Adult Day Care)	16	44	56	0
36. Public Health Services	28	21	68	11



- Q2d. How *comfortable* do you think individuals in the community are with using these services? Response options were: very comfortable, somewhat comfortable, slightly comfortable, and not at all comfortable. Results in Table 5-9 are grouped by the percentages that answered “very comfortable,” “somewhat comfortable/slightly comfortable” and “not at all comfortable.” The services for which the greatest number of respondents answered “very comfortable” (in order of decreasing percentages of respondents who answered “very comfortable”) were:

- Head Start/Other early childhood education
- Food assistance
- Primary child health care
- Transportation
- Child dental care; Outpatient domestic violence services; Day care for children (tied)

The services for which the lowest number of respondents answered “very comfortable” (in order of decreasing percentages of respondents who answered “very comfortable”) were:

- Inpatient adult mental health treatment; Homemaker services (tied)
- School-based family resource workers; Child abuse & neglect report hotline (tied)
- Inpatient child/adolescent mental health treatment; Day care for adults (Adult Day Care) (tied; no respondents answered “very comfortable” for these two services).

Table 5-9.

KI Health & Social Service Survey: How comfortable do you think individuals in the community are with using these services?

Service	n	Not at all	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	39	8	77	15
2. Food Assistance	37	8	59	32
3. Clothing Assistance	34	6	79	15
4. Housing Assistance	32	3	78	19
5. Transportation Assistance	32	3	69	28
6. Crisis Stabilization Services	28	11	79	11
7. Primary Child Health Care	31	3	68	29
8. Child Dental Care	28	4	71	25
9. Primary Adult Health Care	29	7	72	21
10. Home Visits to Parents with Newborns	25	4	72	24
11. Parent Education/Parenting Classes	26	23	69	8
12. Head Start/Other Early Childhood Education	28	4	53	43
13. School-based Family Resource Workers	25	12	84	4
14. Before- & After-School Programs	32	9	75	16
15. Mentoring for Children & Youth	28	14	68	18
16. Child Abuse & Neglect Outreach/Education	27	15	78	7
17. Child abuse & neglect report hotline	24	25	71	4
18. Wrap-Around Services	28	18	71	11
19. Intensive In-home Services	23	17	74	9
20. Outpatient Substance Abuse Services	22	14	77	9
21. Outpatient Domestic Violence Services	24	8	67	25
22. Outpatient Mental Health Services	25	0	92	8
23. Child & Adolescent Day Treatment	16	6	75	19
24. Domestic Violence Shelter Care	25	0	88	12
25. Children's Health Insurance	23	9	83	9
26. Health Insurance for Adults	22	14	68	18
27. Emergency Preparedness/Response	24	13	71	17
28. Life Skills Training/Household Management	21	5	86	10
29. Respite Care for Parents	19	16	74	11
30. Inpatient Adult Mental Health Treatment	20	5	90	5
31. Inpatient Child/Adolescent Mental Health Treatment	18	28	72	0
32. Independent Living Supervised Apartments	21	14	76	10
33. Homemaker Services	21	43	52	5
34. Day Care for Children	24	4	71	25
35. Day Care for Adults (Adult Day Care)	16	6	94	0
36. Public Health Services	28	0	79	21



Ratings of Health & Social Issues- Q3a-Q3d. Rating the Quality of the Available Services to Address Issues.

- **Q3a. How *effective* are the available services to address this issue?** Response options were: very effective, somewhat effective, slightly effective, and not effective. Results in Table 5-10 are grouped by the percentages that answered “very effective,” “somewhat effective/slightly effective” and “not effective.” The services for which the greatest number of respondents answered “very effective” (in order of decreasing percentages of respondents who answered “very effective”) were:

- Head Start/Other early childhood education
- Primary child health care
- Day care for children
- Home visits to parents with newborns
- Domestic violence shelter care

The services for which the lowest number of respondents answered “very effective” (in order of decreasing percentages of respondents who answered “very effective”) were:

- Respite care for parents; Inpatient child/adolescent mental health treatment; Day care for adults (Adult Day Care) (tied)
- Child abuse & neglect report hotline; Outpatient substance abuse services; Health insurance for adults (tied).

Table 5-10.

KI Health & Social Service Survey: How effective are these services?

Service	n	Not	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	37	8	84	8
2. Food Assistance	37	3	76	22
3. Clothing Assistance	35	0	80	20
4. Housing Assistance	32	9	75	16
5. Transportation Assistance	32	13	66	22
6. Crisis Stabilization Services	27	7	78	15
7. Primary Child Health Care	29	3	59	38
8. Child Dental Care	28	25	61	14
9. Primary Adult Health Care	28	0	75	25
10. Home Visits to Parents with Newborns	26	4	65	31
11. Parent Education/Parenting Classes	27	11	63	26
12. Head Start/Other Early Childhood Education	27	4	56	41
13. School-based Family Resource Workers	24	8	79	13
14. Before- & After-School Programs	30	13	63	23
15. Mentoring for Children & Youth	27	7	70	22
16. Child Abuse & Neglect Outreach/Education	25	8	76	16
17. Child abuse & neglect report hotline	23	26	70	4
18. Wrap-Around Services	24	13	79	8
19. Intensive In-home Services	19	26	53	21
20. Outpatient Substance Abuse Services	23	13	83	4
21. Outpatient Domestic Violence Services	23	0	83	17
22. Outpatient Mental Health Services	26	4	81	15
23. Child & Adolescent Day Treatment	14	7	72	21
24. Domestic Violence Shelter Care	24	0	71	29
25. Children's Health Insurance	22	18	68	14
26. Health Insurance for Adults	23	13	83	4
27. Emergency Preparedness/Response	27	4	84	12
28. Life Skills Training/Household Management	21	14	81	5
29. Respite Care for Parents	18	6	94	0
30. Inpatient Adult Mental Health Treatment	21	0	91	10
31. Inpatient Child/Adolescent Mental Health Treatment	15	20	80	0
32. Independent Living Supervised Apartments	20	10	70	20
33. Homemaker Services	20	15	80	5
34. Day Care for Children	23	4	61	35
35. Day Care for Adults (Adult Day Care)	13	8	92	0



- **Q3b. How *family-centered* do you think these services are?** Response options were: very family-centered, somewhat family-centered, slightly family-centered, and not family-centered. Results in Table 5-11 are grouped by the percentages that answered “very family-centered,” “somewhat family-centered/slightly family-centered” and “not family-centered.” The services for which the greatest number of respondents answered “very family-centered” (in order of decreasing percentages of respondents who answered “very family-centered”) were:

- Domestic violence shelter care
- Home visits to parents with newborns
- Head Start/Other early childhood education
- Primary child health care; Parent education/Parenting classes; Outpatient domestic violence services (tied)

The services for which the lowest number of respondents answered “very family-centered” (in order of decreasing percentages of respondents who answered “very family-centered”) were:

- Community service information & referral line
- Inpatient child/adolescent mental health treatment; Independent living supervised apartments; Homemaker services; Day care for adults (tied).

Table 5-11.

KI Health & Social Service Survey: How family-centered are these services?

Service	n	Not at all	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	29	8	84	8
2. Food Assistance	34	3	59	38
3. Clothing Assistance	34	3	71	27
4. Housing Assistance	27	7	59	33
5. Transportation Assistance	28	11	64	25
6. Crisis Stabilization Services	25	4	68	28
7. Primary Child Health Care	28	0	61	39
8. Child Dental Care	27	19	56	26
9. Primary Adult Health Care	27	11	70	19
10. Home Visits to Parents with Newborns	26	0	54	46
11. Parent Education/Parenting Classes	26	4	58	39
12. Head Start/Other Early Childhood Education	27	0	56	44
13. School-based Family Resource Workers	24	0	79	21
14. Before- & After-School Programs	29	10	59	31
15. Mentoring for Children & Youth	26	12	62	27
16. Child Abuse & Neglect Outreach/Education	24	8	66	25
17. Child abuse & neglect report hotline	22	14	73	14
18. Wrap-Around Services	23	4	87	9
19. Intensive In-home Services	18	11	55	33
20. Outpatient Substance Abuse Services	22	14	77	9
21. Outpatient Domestic Violence Services	23	4	56	39
22. Outpatient Mental Health Services	24	0	88	13
23. Child & Adolescent Day Treatment	14	7	71	21
24. Domestic Violence Shelter Care	25	0	44	56
25. Children's Health Insurance	22	9	77	14
26. Health Insurance for Adults	22	14	77	9
27. Emergency Preparedness/Response	22	5	77	18
28. Life Skills Training/Household Management	21	10	67	24
29. Respite Care for Parents	18	6	72	22
30. Inpatient Adult Mental Health Treatment	21	10	76	14
31. Inpatient Child/Adolescent Mental Health Treatment	15	20	80	0
32. Independent Living Supervised Apartments	20	10	90	0
33. Homemaker Services	19	11	90	0
34. Day Care for Children	22	0	73	27
35. Day Care for Adults (Adult Day Care)	13	8	92	0



- Q3c. How *culturally appropriate* do you think these services are? Response options were: very culturally appropriate, somewhat culturally appropriate, slightly culturally appropriate, and not culturally appropriate. Results in Table 5-12 are grouped by the percentages that answered “very culturally appropriate,” “somewhat culturally appropriate /slightly culturally appropriate” and “not culturally appropriate.” The services for which the greatest number of respondents answered “very culturally appropriate” (in order of decreasing percentages of respondents who answered “very culturally appropriate”) were:

- Home visits to parents with newborns
- Domestic violence shelter care
- Clothing assistance
- Head Start/Other early childhood education; Outpatient domestic violence services (tied)

The services for which the lowest number of respondents answered “very culturally appropriate” (in order of decreasing percentages of respondents who answered “very culturally appropriate”) were:

- Child dental care; Wrap-around services; Day care for adults (Adult Day Care) (tied)
- Community service information & referral line
- Independent living supervised apartments
- Parent education/Parenting classes.

Table 5-12.

KI Health & Social Service Survey: How culturally appropriate are these services?

Service	n	Not Very	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	32	22	72	6
2. Food Assistance	24	12	79	9
3. Clothing Assistance	31	10	68	23
4. Housing Assistance	40	13	67	20
5. Transportation Assistance	29	10	69	21
6. Crisis Stabilization Services	26	8	77	15
7. Primary Child Health Care	28	7	72	21
8. Child Dental Care	26	27	65	8
9. Primary Adult Health Care	28	11	72	18
10. Home Visits to Parents with Newborns	26	8	65	27
11. Parent Education/Parenting Classes	26	15	81	4
12. Head Start/Other Early Childhood Education	27	0	78	22
13. School-based Family Resource Workers	23	0	91	9
14. Before- & After-School Programs	29	7	83	10
15. Mentoring for Children & Youth	26	12	77	12
16. Child Abuse & Neglect Outreach/Education	24	8	75	17
17. Child abuse & neglect report hotline	22	14	77	9
18. Wrap-Around Services	24	13	79	8
19. Intensive In-home Services	18	17	72	11
20. Outpatient Substance Abuse Services	22	9	82	9
21. Outpatient Domestic Violence Services	23	9	70	22
22. Outpatient Mental Health Services	24	4	79	17
23. Child & Adolescent Day Treatment	14	7	71	21
24. Domestic Violence Shelter Care	24	4	71	25
25. Children's Health Insurance	22	9	77	14
26. Health Insurance for Adults	23	17	74	9
27. Emergency Preparedness/Response	22	9	77	14
28. Life Skills Training/Household Management	21	10	81	10
29. Respite Care for Parents	18	6	83	11
30. Inpatient Adult Mental Health Treatment	21	5	81	14
31. Inpatient Child/Adolescent Mental Health Treatment	15	20	67	13
32. Independent Living Supervised Apartments	20	10	85	5
33. Homemaker Services	19	11	78	11
34. Day Care for Children	22	5	82	14
35. Day Care for Adults (Adult Day Care)	13	8	84	8



- Q3d. How *accessible* do you think these services are? Response options were: very accessible, somewhat accessible, slightly accessible, and not accessible. Results in Table 5-13 are grouped by the percentages that answered “very accessible,” “somewhat accessible/slightly accessible” and “not accessible.” The services for which the greatest number of respondents answered “very accessible” (in order of decreasing percentages of respondents who answered “very accessible”) were:
 - Food assistance
 - Outpatient domestic violence services
 - Domestic violence shelter care
 - Head Start/Other early childhood education
 - Primary child health care

The services for which the lowest number of respondents answered “very accessible” (in order of decreasing percentages of respondents who answered “very accessible”) were:

- Inpatient child/adolescent mental health treatment
- Intensive in-home services; Independent living supervised apartments (tied)
- Respite care for parents; Inpatient adult mental health treatment.

Table 5-13.

KI Health & Social Service Survey: How accessible are these services?

Service	n	Not Very	Slightly or Somewhat	Very
1. Community Service Information & Referral Line	36	3	78	19
2. Food Assistance	37	3	70	27
3. Clothing Assistance	34	0	79	21
4. Housing Assistance	31	10	77	13
5. Transportation Assistance	31	10	71	19
6. Crisis Stabilization Services	27	0	82	19
7. Primary Child Health Care	29	0	66	35
8. Child Dental Care	28	21	64	14
9. Primary Adult Health Care	28	4	75	21
10. Home Visits to Parents with Newborns	26	4	69	27
11. Parent Education/Parenting Classes	27	11	74	15
12. Head Start/Other Early Childhood Education	12	0	63	37
13. School-based Family Resource Workers	24	0	83	17
14. Before- & After-School Programs	30	3	80	17
15. Mentoring for Children & Youth	27	11	74	15
16. Child Abuse & Neglect Outreach/Education	25	4	80	16
17. Child abuse & neglect report hotline	23	17	65	17
18. Wrap-Around Services	24	8	79	13
19. Intensive In-home Services	19	21	73	5
20. Outpatient Substance Abuse Services	23	13	69	17
21. Outpatient Domestic Violence Services	23	0	52	48
22. Outpatient Mental Health Services	25	4	76	20
23. Child & Adolescent Day Treatment	15	20	60	20
24. Domestic Violence Shelter Care	25	0	52	48
25. Children's Health Insurance	22	18	64	18
26. Health Insurance for Adults	23	13	78	9
27. Emergency Preparedness/Response	23	4	74	22
28. Life Skills Training/Household Management	21	14	76	10
29. Respite Care for Parents	18	5	95	0
30. Inpatient Adult Mental Health Treatment	21	0	100	0
31. Inpatient Child/Adolescent Mental Health Treatment	16	25	69	6
32. Independent Living Supervised Apartments	20	10	85	5
33. Homemaker Services	20	15	75	10
34. Day Care for Children	23	9	65	26
35. Day Care for Adults (Adult Day Care)	14	0	92	7



Ratings of Health & Social Issues – Other Issues.

Respondents were provided extra sheets for rating services that were not included in the list of 36 defined services. Other services that were rated were: homelessness, teen pregnancy, and family planning.

Ratings of Health & Social Issues – Assets & Barriers

Respondents were given space to write in assets and barriers for each of the 36 defined health and social services. A list of identified assets and barriers, for each of the 36 defined services and for three additional services that were written in, is presented in Table 5-14.

Table 5-14

KI Health & Social Service Survey: Assets and barriers identified for issues.

Service

1. Community Service Information & Referral Line

Assets: Volunteers (7); interest groups (3); agencies (5); pantries; resources (4); CAC; health departments (2); Salvation Army (3); Goodwill; Love Inc.; CareLine (4); Legal Aid; Help Me Grow; WIC(2); Marion Area Counseling Center; Children Service Board; Marion General Hospital (MGH); telephone book; Community Action; MHA; WMRN; United Way (UW) (2); government; Job & Family Services (JFS) (5); Can-Do (2); Homeless shelter; communication; collaboration

Barriers: Funding (11); community apathy (9); awareness (5); language barriers (3); culture barriers (2); lack of leadership (2); denial; lack of information; denial; lack of expertise (3); no access without phone (2); lack of information; overuse; turf issues; hoops to get to services; lack of volunteers; no coordination (2); no referral agency; limited providers

2. Food Assistance

Assets: Volunteers (4); interest groups (2); agencies (2); pantries (2); WIC (3); JFS (3); Red Cross; home less shelter; women's & children's shelter; Turning Point; church groups; PTOs; St. Vincent dePaul; government; shelters; St. Paul's; schools (2); Salvation Army (6)

Barriers: funding (5); lack of leadership (2); lack of expertise (2); apathy (3); duplication; turf issues; income eligibility; language barriers (2); culture barriers; space for services; lack of specificity; location to get information; lack of information; stigma; lack of coordination; limited donations

3. Clothing Assistance

Assets: volunteers (4); agencies (3); interest groups; Junior Service Guild (JSG); clothing lockers (2); giving people in the community; Christmas Clearing House (CCH) (2); Salvation Army (5); Goodwill (3); publicity (2); churches (3); welfare; clothing drives; JFS; shelters; St. Vincent dePaul; CSB

Barriers: Funding (4); apathy (3); lack of knowledge of problem (3); lack of leadership (3); language barriers; lack of donations (2); need to clean clothes; communication; lack of volunteers; knowledge of service

4. Housing Assistance

Assets: volunteers (3); agencies (2); interest groups; homeless shelter (2); Habitat for humanity (2); UW; social workers; Goodwill; churches (2); lumber companies; St. Vincent dePaul; Turning Point; Love Inc.; MET housing (4); HUD housing; CSV

Barriers: Funding (10); apathy (2); lack of knowledge of services (2); high rents; space; stigma; language barriers; transportation; lack of code enforcement; landlords (2); lack of consequences to landlords; housing stock; do day shelter for elderly or children; no housing; public **knowledge; few developments in HUD**

5. Transportation Assistance

Assets: Volunteers; interest groups; agencies (2); Marion Area Transportation (MAT) (8); Taxis (5); gas vouchers (3); senior citizen transportation (2); government support for MAT (2); nursing home transportation; JFS (2); shelters

Barriers: funding (10); apathy (3); lack of leadership (2); drivers' attitudes to homeless people; knowledge of services; limited programs/services; fuel cost (2); no buses (2); location; cost of service; wait time

6. Crisis Stabilization Services

Assets: volunteers; interest groups; agencies; schools; Marion Area Counseling Center (MACC) (1); Alcohol, Drug Abuse, & Mental Health Board (ADAMH) ; CSV (2); Family & Children First Council (FCFC) (2); police (2); ADAMH levy & support; Care Line; WIC; UW; victims' services

Barriers: funding (6); apathy (2); trust lacking (2); lack of leadership; lack of education; system barriers; culture barriers; lack of knowledge of services (3); fear; volunteer skills

7. Primary Child Health Care

Assets: volunteers (3); interest groups; agencies (4); JFS; WIC (4); Child & Family Health Services (CFHS); well baby clinic (7); local physicians; lead, smoking, & nutrition education; SCHIP; Center Street Community Clinic (CSCC) (3); health departments (HDs) (3); buses; bicycles; English Center; Smith Clinic (2)

Barriers: Funding (6); gap in-services for children under 5; lack of health insurance; apathy (2); lack of leadership (3); fragmented services; lack of lead education; lack of speech therapists; lack of parental education; parental apathy; lack of dentists' support; lack of community awareness of problem (2)

8. Child Dental Care

Assets: volunteers; interest groups; agencies; community addressing the needs; CSCC (4); UW (2); SCHIP; dentists/orthodontists; dental coalition (2); OSU cooperation; adequate services for the insured

Barriers: funding (6); apathy (2); lack of leadership (3); dentists not taking Medicaid; no dental clinics; no provision for persons with low income; government apathy; parental ignorance and apathy; lack of support of dentists; long drive to Columbus for services' community awareness lacking; lack of information

9. Primary Adult Health Care

Assets: volunteers; interest groups; agencies; MACC: ADAMH; CMCC; UW; Marion Community Foundation; CSCC (7); MGH (2); JFS (2); physicians (2); ethnic groups in medical staff; Smith Clinic (2)

Barriers: funding (2); public knowledge (2); cultural barriers (2); language barriers (2); lack of health insurance (3); client education; apathy; lack of leadership (2); funding (4); poverty; travel to Columbus for services; availability of quality physicians; physician not taking Medicaid; no program for single persons 18 to 65; lack of physician time

10. Home Visits to Parents with Newborns

Assets: volunteers; interest groups; agencies; Help Me Grow (3); well baby clinic; MARCA; MAPP (2); FSFS support of Help Me Grow: WIC; HDs (3); CSV; hospital social workers; Newborn Home visiting Program (2); nurses; MGH, UW; WIC

Barriers: Funding (7); apathy (2); buy-in by elected officials; cultural barriers; language barriers; lack of awareness (2); lack of interventions; acceptance of young mothers; hospital policy inconsistency; politics; lack of law enforcement; lack of drug watch; abuse; school not accepting parental involvement

11. Parent Education/Parenting Classes

Assets: volunteers; interest groups; agencies; FCFC (2); schools; churches (2); strengthening families; Tri-Rivers GRAD program; language classes; HDs; Head Start; CSV; OSU Extension; YMCA; skate park

Barriers: funding (5); lack of expertise; apathy (2); linked education; lack of leadership; transportation; language barriers; lack of information; no jobs; acceptance of poor parenting; fear of going to parenting classes; parental attendance

12. Head Start/Other Early Childhood Education

Assets: volunteers; interest groups; agencies; Head Start (5); MARCA; Help Me Grow; plenty of preschools (3); JFS; HDs; free day care; baby sitters

Barriers: funding (4); cannot ge baby sitters; cannot get children to schools; apathy; lack of leadership; cultural barriers; language barriers; staff skills; poor transition to kindergarten; public knowledge; politics

13. School-based Family Resource Workers

Assets: volunteers; interest groups; agencies (2); FCFC; schools (2); Boys & Girls Clubs; some preventive care; some preventive care to Head Start; government; CSV; MACC: Smith Clinic

Barriers: funding (4); lack of leadership (2); apathy; program administration; too much focus on numbers; not enough focus on programs; transportation; only intervene when kids ar ein trouble; parental apathy

14. Before- & After-School Programs

Assets: volunteers (2); interest groups; agencies (2); YMCA; Boys & Girls Clubs (3); Big Brothers/Big Sisters (2); schools (2); Salvation Army

Barriers: funding (6); lack of leadership (2); apathy; awareness; locations; support

15. Mentoring for Children & Youth

Assets: volunteers (2); interest groups; agencies (2); FCFC; Big Brothers/Big Sisters (3); CSV; Boys & Girls Clubs (2)

Barriers: funding (5); scattered focus; lack of leadership (2); apathy; volunteers; lack of knowledge (2)

16. Child Abuse & Neglect Outreach/Education

Assets: volunteers; interest groups; agencies; FCFC; law enforcement; CSV (2); social services; JFS

Barriers: funding(3); apathy; lack of leadership; pay levels; not enough case workers; fear by agencies

17. Community Service Information & Referral Line

Assets: volunteers; interest groups; agencies; CSV; MACC

Barriers: apathy; funding; lack of leadership

18. Wrap-Around Services

Assets: volunteers; interest groups; agencies; FCFC (3); schools; collaboration

Barriers: funding (3); lack of leadership; apathy 2); abuse of system; system varies

19. Intensive In-home Services

Assets: volunteers; interest groups; agencies; CSV

Barriers: lack of funding (4); apathy; lack of leadership; sick children; lack of parenting; knowledge

20. Outpatient Substance Abuse Services

Assets: agencies; interest groups; government; ADAMH(2); CSCC; MACC; urgent care

Barriers: apathy; lack of leadership; funding (4); no services; problem itself; increasing drug use; lack of insurance coverage

21. Outpatient Domestic Violence Services

Assets: volunteers; interest groups; agencies (2); Turning Point (4); long standing programs; ADAMH; law enforcement (2); government; families; MACC

Barriers: apathy (2); lack of leadership; lack of expertise; funding (4); cultural acceptance of problem; lack of collaboration; only have a domestic violence shelter; public knowledge

22. Outpatient Mental Health Services

Assets: volunteers; interest groups; agencies; MACC (3); ADAMH (2); hospital

Barriers: funding (4); apathy; problem is difficult; lack of psychiatrists

23. Child & Adolescent Day Treatment

Assets: agencies; government; interest groups; MARCA; MACC

Barriers: funding (3); apathy; lack of expertise; services

24. Domestic Violence Shelter Care

Assets: volunteers; interest groups (2); agencies (2); new shelter; Turning Point (3); law enforcement; domestic violence task force; governmental shelter

Barriers: Funding (5); only have a domestic violence shelter; difficult problem; no training for judges or law enforcement; public education; stigma; difficult problem; apathy

25. Children's Health Insurance

Assets: agencies (2); government; interest groups; Child & Family Health Services; WIC; well baby clinic (2); volunteers (2); HDs

Barriers: funding (3); apathy; lack of leadership (2); volunteers; Latinos fear the system/services; no case managers; intimidating process; parental lack of understanding of need

26. Health Insurance for Adults

Assets: agencies; government; interest groups; CSCC (3); JFS

Barriers: funding (5); no funding for physician bills; lack of leadership; lack of expertise; lack programs an capacity; dental care; eligibility restrictions

27. Emergency Preparedness/Response

Assets: agencies; government (2); leaders; Ohio Department of Health; HDs; law enforcement (2); FBI; fire (3); EMA (3); plans underway; Red Cross (2); money spent; collaboration; community awareness

Barriers: high need; coordination; planning; public awareness; no memory of past pandemics or disasters; denial; apathy (2); lack of expertise; funding (6); lack of leadership; language barriers; people

28. Life Skills Training/Household Management

Assets: OSU Extension; awareness; agencies; churches; JFS; CSV

Barriers: poor social skills; funding; lack of leadership; government apathy; lack of need; apathy; lack of enjoyment, necessity, accessibility of services

29. Respite Care for Parents

Assets: volunteers; interest groups (2); agencies; local nursing homes; comfort; similar people

Barriers: funding (2); lack of expertise; lack of programs; lack of leadership; not fun; safety; programs; apathy; volunteer; training

30. Inpatient Adult Mental Health Treatment

Assets: volunteers; interest groups; agencies; MACC (5); mental health unit/hospital (3); clinic; good local facility

Barriers: funding (6); lack of leadership; apathy; stigma; limited services/limited beds' no care funding for uninsured; few psychiatrists

31. Inpatient Child/Adolescent Mental Health Treatment

Assets: agencies; government; interest groups

Barriers: funding; lack of leadership; apathy; no local services (3); knowledge

32. Independent Living Supervised Apartments

Assets: government; agencies; volunteers; ADAMH; long history of success; RAM (2)

Barriers: lack of leadership; funding; apathy; lack of understanding of services; "not in my backyard" attitude; nolventters; knowledge

33. Homemaker Services

Assets: agencies; government; interest groups; older adult services; levy; older adult population; JFS; services

Barriers: funding (3); lack of leadership; apathy; volunteers

34. Day Care for Children

Assts: government; businesses; agencies; Epworth (2); Emanuel Lutheran; Salvation Army; JFS; Head Start; churches (2); Amerikid

Barriers: funding (4); low wages; lack of leadership; cost; no services for 2nd or 3rd shift workers; lack of quality day care programs; volunteers; trust; knowledge

35. Day Care for Adults (Adult Day Care)

Assets: government; agencies; volunteers

Barriers: apathy; funding(2); lack of leadership (2); no programs



36. Public Health Services

Assets: agencies; government; interest groups; HDs (5); interest; Marion is coneter; WIC; Medicaid/Medicare; flu shots; emergency services

Barriers: lack of leadership (2)' funding (5); lack of expertise; wages; WIC; fragmented services; politics (2); HDs not consolidated (3); flu shot availability; services hard to get; bureaucracy; board knowledge;

Written - in services:

Homelessness.

Assets: shelter program

Barriers: refusal to acknowledge the problem; lack of funding; "not in my backyard" attitude

Teen Pregnancy.

Assets: (no assets identified)

Barriers: lack of funding; political issue; apathy

Family Planning.

Assets: Available organizers; OB/GYN physicians

Barriers: lack of funding; Planned Parenthood moved; no addressing of STDs; lack of HD leadership; population against sex education

General Health & Social Issues Survey – Comparisons With Responses from the Survey of Adults

Parallel questions (Q66 – Q72) from the Survey of Adults were included in the General Health and Social Issues Survey as Questions 7-13. Comparisons of responses by key informants and adults to these parallel questions in the 2006 Marion Community Assessment are presented below.

- Parallel Question 7 from the Key Informant General Health & Social Issues Survey and Question 66 from the Survey of Adults were: **Do you think the people of Marion County can make positive changes for the better in the community?** Responses were:

Response	Responses from Survey of Adults (n=535)	Responses from Survey of Key Informants (n=39)
Very much	39%	56%
Somewhat	49%	41%
Not much	11%	3%
Not at all	1%	0%

- Parallel Questions 8 from the Key Informant General Health & Social Issues Survey and Question 67 from the Survey of Adults were: **Do you Marion County is prepared for a major disaster such as a natural disaster or a terrorist attack?** Twelve percent of the 522 adults and 9% of the 34 key informant respondents answered yes to this question.
- Parallel Questions 9-11 from the Key Informant General Health & Social Issues Survey and Questions 68-70 from the Survey of Adults were: **As a [key informant who/whose agency provides health or social services in Marion County] [resident of Marion County], how concerned are you about each of the following issues in the community?** Comparisons of responses for these questions in the survey of key informants (n=34) with responses to the survey of adults (n=536) are presented in Table 5-15. Eight of the ten issues to which the highest percentages of key informant respondents answered that they were “very concerned” were among the ten highest as rated by the respondents to the Survey of Adults.
 - The two issues that were in the top 10 issues rated “very concerned” by Key Informants that were not in the top 10 by respondents to the Survey of Adults were “Responsiveness of Public Officials” and “Poverty” (ranked 13 and 18 by respondents to the Survey of Adults, respectively).

- The two issues that were in the top 10 issues rated “very concerned” by respondents to the Survey of Adults that were not in the top 10 by Key Informants were “Elder abuse and neglect” and “Adequate and safe child care” (ranked 13 and 18 in responses by Key Informants respectively).

Table 5-15.

Comparison of Key Informant General Health & Social Issues Survey Questions 9-11 with Survey of Adults Questions 68-70: How concerned are you about each of the following issues in the community?

Issue	Adult (n=536)		Key Informant (n=34)	
	%	Rank	%	Rank
Child abuse or neglect	0.707	1	0.743	3 tie
Crime	0.647	2	0.514	9 tie
Drug abuse	0.646	3	0.857	2
Schools/education	0.635	4	0.912	1
Unemployment/lack of jobs	0.606	5	0.706	5
Taxes, levies	0.595	6	0.618	7
Alcohol abuse	0.550	7	0.657	6
Elder abuse or neglect	0.519	8	0.343	13
Domestic violence	0.495	9	0.514	9 tie
Adequate safe child care	0.491	10	0.286	18
Law enforcement protection	0.456	11	0.171	27
Responsiveness of public officials	0.456	12	0.529	8
Environmental health issues	0.429	13	0.324	14 tie
Poverty	0.398	14	0.743	3 tie
Personal safety	0.390	15	0.229	21 tie
Services, housing for senior citizens	0.369	16	0.294	16 tie
Housing conditions	0.355	17	0.441	12
Major natural disasters	0.338	18	0.294	16 tie
Acts of terrorism	0.330	19	0.235	20
Traffic control/accidents	0.293	20	0.147	28
Discrimination	0.275	21	0.257	19
Outdoor recreation areas & opportunities	0.268	22	0.176	24 tie
Quality of restaurants	0.253	23	0.176	24 tie
Shopping	0.244	24	0.206	23
Neighbors not caring about each other	0.238	25	0.229	21 tie
Smoking	0.232	26	0.486	11
Downtown development	0.228	27	0.324	14 tie
Entertainment opportunities	0.225	28	0.176	24 tie
Lack of indoor recreation areas	0.196	29	0.088	30
Public transportation	0.185	30	0.118	29

- Parallel Question 12 from the Key Informant General Health & Social Issues Survey and Question 71 from the Survey of Adults were: **As a [key informant who/whose agency provides health or social services in Marion County] [resident of Marion County], how concerned are you about each of the following issues in the community?** Comparisons of responses for these questions in the survey of key informants (n=34) with responses to the survey of adults (n=536) are presented in Table 5-16.

Table 5-16.

Comparison of Key Informant General Health & Social Issues Survey Question 12 with Survey of Adults Question 71: Percentages responding "Very concerned" to: How concerned are you about each of the following issues in the community?

Issue	Adults (n=536)		Key Informants (n=34)	
	%	Rank	%	Rank
Drug abuse	0.606	1	0.706	2 tie
Youth crime	0.596	2	0.588	6
Schools	0.580	3	0.824	1
Teen pregnancy	0.498	4	0.706	2 tie
Dropping out of high school	0.487	5	0.647	4
Gang membership	0.452	6	0.529	7 tie
Sexual activity	0.407	7	0.618	5
Suicide	0.355	8	0.412	10
Smoking	0.323	9	0.471	9
Bullying	0.304	10	0.529	7 tie

- Parallel Question 13 from the Key Informant General Health & Social Issues Survey and Question 72 from the Survey of Adults were: **[As a key informant who/whose agency provides health or social services in Marion County], do you think combining the following services would be beneficial for Marion County?** Between 29 and 32 key informants responded to the components of this question in their survey, and between 487 and 501 adults responded to the components of this question in their survey. The percentages responding yes to this question in the Survey of Adults and to the Survey of Key Informants were:

Service	Percentages of Yes responses from Survey of Adults	Percentages of Yes responses from Survey of Key Informants
Fire districts	56%	75%
Health departments	68%	91%
Sanitation	59%	69%
Recycling	68%	73%

Comparison of Responses to 2006 Key Informant Survey with Responses to the 1991 Marion County Community Needs Assessment regarding Perceptions of Unmet Need.

- A parallel question related to perceived seriousness of unmet needs from the key informant survey component of the 1991 Marion County Community Needs Assessment (MCCNA) was included in the key informant survey. Twenty-one key informants responded to this component of the survey and 81 key informants responded to the question in the 1991 survey. The question asked respondents to **evaluate the seriousness of unmet needs in Marion County**, using a scale of 1 to 4 with, 4=very serious, 3=somewhat serious, 2=not very serious, 1=not at all serious, and 81 Key Informants responded to this question in the 1991 survey. Comparisons of responses and rankings by 1991 MCCNA key informant survey respondents with respondents to the 2006 Key Informant Survey are presented in Table 5-17.

Table 5-17.

Comparison of 2006 Marion Community Assessment Key Informant Responses (n=21) with 1991 Marion Community Needs Assessment Key Informant Survey²³ (n=81). Percentages responding "Very serious" to: Rate these needs as Very serious, Somewhat serious, Slightly serious, or Not at all serious.

	Percent answering "Very serious"			
	1991 %	1991 Rank	2006 %	2006 Rank
1. Financial assistance	0.162	33 tie	0.455	11 tie
2. Food	0.750	1	0.409	17 tie
3. Short-term shelter	0.198	22	0.227	33 tie
4. Clothing or furniture	0.062	49 tie	0.091	53 tie
5. Utility bill assistance	0.175	26 tie	0.476	10
6. Long-term housing assistance	0.462	2	0.455	11 tie
7. Housing rehabilitation or repair	0.438	3	0.571	2 tie
8. Employment counseling/placement	0.203	19 tie	0.500	5 tie
9. Employment training	0.212	17 tie	0.500	5 tie
10. Sheltered workshops	0.063	47 tie	0.091	53 tie
11. Vocational rehabilitation	0.165	32	0.095	49 tie
12. Child care	0.287	9 tie	0.500	5 tie
13. Recreation and cultural services	0.150	35 tie	0.167	42
14. Literacy training and educational programs	0.275	11 tie	0.409	17 tie
15. English language training	0.025	54 tie	0.455	11 tie
16. Dental care	0.173	30 tie	0.545	4
17. Outpatient medical care-physical illness	0.173	30 tie	0.409	17 tie
18. Short-term in-patient treatment/physical illness	0.086	43	0.318	22 tie
19. Long-term hospitalization-physical illness	0.175	26 tie	0.273	28 tie
20. Home health care (skilled)	0.188	23 tie	0.227	33 tie
21. Homemaker and chore services	0.175	26 tie	0.273	28 tie
22. Congregate or home delivered meals	0.025	54 tie	0.182	40 tie

(continued on next page)



	1991 %	1991 Rank	2006 %	2006 Rank
23. Nutrition counseling	0.062	49 tie	0.136	46 tie
24. Friendly visiting/telephone reassurance	0.139	37	0.091	53 tie
25. Respite care for physically disabled	0.137	38	0.136	46 tie
26. Adult daycare for physically disabled	0.212	17 tie	0.182	40 tie
27. Family planning	0.237	15	0.571	2 tie
28. Outpatient counseling-mental illness	0.101	40 tie	0.409	17 tie
29. Parenting education	0.337	5	0.500	5 tie
30. Short-term in-patient treatment/mental illness	0.127	39	0.227	33 tie
31. Long-term hospital/care mentally disabled	0.275	11 tie	0.286	24 tie
32. Respite care for mentally disabled	0.200	21	0.227	33 tie
33. Adult daycare for mentally disabled	0.188	23 tie	0.273	28 tie
34. Alcohol abuse prevention/outpatient treatment	0.275	11 tie	0.500	5 tie
35. Drug abuse prevention/outpatient treatment	0.362	4	0.591	1
36. In-patient treatment for alcohol abuse	0.287	9 tie	0.455	11 tie
37. In-patient treatment for drug abuse	0.325	8	0.455	11 tie
38. Child protective services	0.262	14	0.364	21
39. Adult protective services	0.150	35 tie	0.227	33 tie
40. Services for victims rape/domestic assault	0.188	23 tie	0.273	28 tie
41. Foster care for children and adolescents	0.175	26 tie	0.318	22 tie
42. Adoption	0.063	47 tie	0.136	46 tie
43. Delinquency prevention	0.329	6 tie	0.286	24 tie
44. Crime Prevention	0.329	6 tie	0.286	24 tie
45. Rescue services	0.037	53	0.095	49 tie
46. Fire or disaster relief	0.050	52	0.143	43 tie
47. Probation or parole services	0.051	51	0.095	49 tie
48. Legal services	0.089	42	0.095	49 tie
49. Tax preparation assistance	0.012	56	0	56
50. Budget and credit counseling	0.162	33 tie	0.238	32
51. Consumer protection	0.101	40 tie	0.143	43 tie
52. Transportation	0.076	44 tie	0.429	16
53. Information& referral	0.076	44 tie	0.190	38 tie
54. Interpretation & translation	0.064	46	0.143	43 tie
55. Planning and coordination	0.228	16	0.190	38 tie
56. Community organizing	0.203	19 tie	0.286	24 tie



- The four of the ten issues to which the highest percentages of key informant respondents in both the 2006 Survey of Key Informants and the 1991 MCCNA key informant survey answered that they were “very concerned” were:

Issue	Rating by 2006 Key Informants	Rating by 1991 Key Informants
Drug abuse prevention/outpatient treatment	1	4
Housing rehabilitation/repair	2 (tie)	3
Child care	5 (tie)	9 (tie)
Parent education	5 (tie)	5

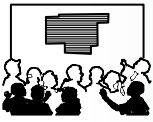
- The six issues in the top 10 rated “very concerned” by 2006 key informants that were not in the top 10 rated by respondents to the 1991 MCCNA key informant survey were:

Issue	Rating by 2006 Key Informants	Rating by 1991 Key Informants
Family planning	2 (tie)	15
Dental	4	30 (tie)
Employment training	5 (tie)	17
Employment counseling/placement	5 (tie)	19 (tie)
Alcohol abuse prevention/outpatient treatment	5 (tie)	11 (tie)
Utility bill assistance	10	26 (tie)



- The six issues in the top 10 rated “very concerned” by 1991 MCCNA key informants that were not in the top 10 rated by respondents to the 2006 Survey of Key Informants were:

Issue	Rating by 2006 Key Informants	Rating by 1991 Key Informants
Food	17 (tie)	1
Long-term housing assistance	11 (tie)	2
Crime prevention	24 (tie)	6 (tie)
Delinquency prevention	24 (tie)	6 (tie)
In-patient treatment for drug abuse	11 (tie)	8
In-patient treatment for alcohol abuse	11 (tie)	9 (tie)



General Health & Social Issues- Comparison with Focus Group Results from the 2004 Marion County Needs Assessment.

- Sixteen individuals responded to the key informant survey component of the 2004 Marion County Needs Assessment (MCNA).
 - Respondents to the 2004 MCNA believed that both prevention-oriented and intervention-oriented programs were somewhat underused, and that both types of programs were very under funded.
 - In the 2006 Survey of Key Informants, less than one-third rated 35 of the 36 defined health or social services as used “very often.”
- Fifteen individuals responded to the provider key informant survey component of the 2004 Marion County Needs Assessment (MCNA).
 - Key findings of the 2004 MCNA provider key informant survey included perceptions that: access to public sector services was decreasing due to budget cuts; there was denial within the community about the widespread use and abuse of substances; there were issues with affordability of and accessibility to medical services and prescriptions; workforce issues included dislocated workers lacking appropriate skills or education, underemployment; a wide range of prevention and intervention programs were available in the community. Provider key informants also indicated that there was a need to strengthen nontraditional family units, address funding issues for services for the most needy members in the community, and extend asset-building program for at-risk youth.
 - In the 2006 Survey of Key Informants, drug abuse prevention/outpatient treatment, alcohol abuse prevention/outpatient treatment, employment counseling and placement, and employment training were included in the 10 issues rated “very concerned” by respondents. For all 36 defined services, less than one-third of respondents indicated that the available services “met all of the need” in the community; for nine of the services, no respondents indicated that the services met all of the need. Funding of services was a frequently named barrier to addressing health and social issues.

Chapter 6: Recommendations

The 2006 Marion Community Assessment, which was based on a public health model of a healthy community, was undertaken to determine the health and social needs of the Marion County community. The guiding model for this assessment was the Mobilizing for Action through Planning and Partnerships (MAPP) model.¹ Assessment, which is the second phase of the MAPP model, follows the first phase of visioning. Visioning for the Marion County community was conducted through EnVISIONing Marion.²² Information gathered through this 2006 community assessment supports the next two steps in the MAPP model, namely the identification of strategic issues (MAPP Step 3) and the formulation of goals and strategies to address the identified issues (MAPP Step 4).

Although the 2006 Marion Community Assessment was comprehensive in scope, the results do not provide a complete picture of the health and social needs and the assets in Marion County. Rather, the results provide one component of a “point in time” picture that reflects the questions that were asked, the issues that were explored, and the individuals that responded to the four surveys conducted as part of the assessment. Rather than existing in isolation, these results add to the knowledge about Marion County. For example, the 2006 assessment of the local public health system in Marion County provides information on the network of all public, private, and voluntary entities that contribute to public health and the health and well-being of the Marion County community. Information from these two assessments as well as other assessments provide a more complete picture of the community and support the identification of strategic issues as well as goals and strategies to address those issues.

The MAPP model¹ is based on seven principles of community action: systems thinking, dialogue, shared vision, data, partnerships and collaboration, strategic thinking, and celebration of successes. In an effort to provide information that would be useful in identifying the strategic health and social issues in Marion County, the Community Assessment Advisory Committee reviewed the assessment results and prioritized the issues or needs that emerged from the results. Prioritization was accomplished through discussion, voting, and consensus. The priorities areas represent the consensus of the Community Advisory Committee with input from the assessment project director. These prioritized areas are listed below in the hopes that they will support the community in moving forward to execute the principles and process of the MAPP model in making the Marion County community a health community for everyone.

2006 Marion Community Assessment – Priority Areas

Priority areas were identified through a process that included discussion, voting, and consensus. (Please note: Items that were tied as priority areas are listed by alphabetical order.)

Priority areas regarding youth (7th and 10th grades)

1. Sexual activity and teen pregnancy; Sexually transmitted infections (ties)
2. Alcohol use; Bullying (ties)
3. Overweight and safe weight loss; Smoking (ties)
4. Emotional health; Personal safety (weapons, assault, forced sex, fighting); Substance use (ties)
5. Dental care; Peer pressure (ties)
6. Chronic illness (asthma, diabetes, hypertension, migraine headache); Well (medical) care
7. Physical activity and exercise
8. Seatbelt use

Priority areas regarding young children (birth through kindergarten)

1. Dental care
2. Overweight
3. Exposure to second-hand smoke; Health insurance; Nutrition-fast food (ties)
4. Lead poisoning testing; Nutrition- poverty/food insecurity; Well (medical) child care (ties)
5. Treating head lice (product use)
6. Safe neighborhoods
7. Watching television
8. Having a personal doctor or nurse; Nutrition- breast feeding; Prevalence of Children with Special Health Care Needs; Safety in the home (parents and children) (ties)

Priority areas regarding adults (age 18 and older)

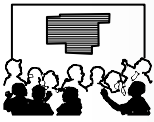
1. Birth outcomes
2. Health Insurance; Overweight (ties)
3. Seat belt use; Smoking and smoking cessation (ties)
4. Chronic illnesses: cancer, diabetes, hypertension
5. Mortality and morbidity from suicide and injury (including motor vehicle accidents)
6. Safe neighborhoods
7. Firearm safety; Helmet use (ties)



Other important areas discussed but not ranked: different types of discrimination, smoke alarms, sunscreen.

Priority areas from Survey of Key Informants (based on responses to “How important is it to address this issue?” with over 60% of respondents answering “very important” to each area)

1. Child abuse & neglect (report hotline, outreach/education)
2. Crisis stabilization services; Health insurance for adults (ties)
3. Children’s health insurance; Emergency preparedness/response; Outpatient domestic violence services (ties)
4. Domestic violence shelter care
5. Child dental care; Head Start/other early childhood education; Outpatient mental health services (ties)



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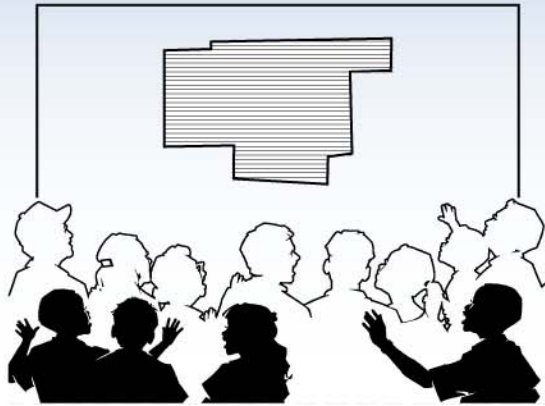
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2006 Marion Community Assessment

Appendix A

Community Assessment
Advisory Committee Membership

Name

Ms. Roselynn Fullmer
 Ms. Marilyn Rostel
 Ms. Beth E. Babich
 Ms. Mary Antjas
 Mr. Doug Ute
 Mrs. Nancy Wright, RN
 Reverend John Mayes
 Ms. Lucy Wood
 Ms. Jo-Ann Radwin-Zimmerman
 Mr. Mitchell Libster
 Ms. Lori Wilber
 Ms. Pam Hall
 Ms. Beverly Young
 Ms. Martha Voll
 Mayor Jack Kellogg
 Ms. Deb French
 Dr. Fritz Winegarner
 Mr. Roger George
 Ms. Alice Bailey
 Ms. Jody Demo-Hodgins
 Ms. Dena Hook
 Dr. Henry Heinzmann
 Mr. Bradley Bebout
 Mr. Andy Appelfeller
 Ms. Ann Bristol
 Ms. Roxane Somerlot
 Ms. Amy Gorenflo
 Ms. Joyce Richmond
 Ms. Jessica Trainer
 Mr. Robert Columber
 Mr. Dan Dreher
 Mr. Michael Weir
 Rev. Dan Kiger
 Mr. Mark A. Rose
 Ms. Bede Agner
 Ms. Jan Harbin

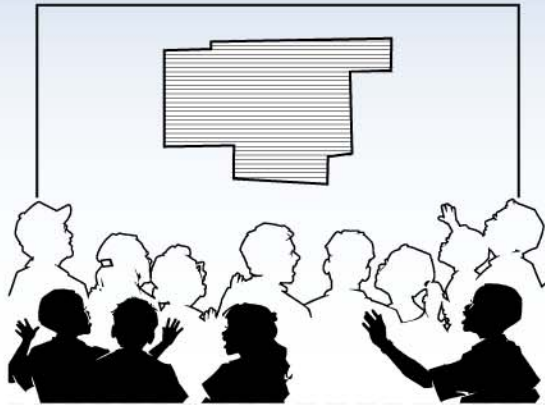
Agency

Altrusa
 American Cancer Society
 Marketing Consultant
 Center Street Community Clinic
 Elgin Local Schools
 Junior Service Guild
 Interdenominational Ministerial Alliance of Marion County
 League of Women Voters
 League of Women Voters
 Legal Aid Society
 LOVE, Inc.
 Marion Area Chamber of Commerce
 Marion Area Counseling Center, Inc.
 Marion Catholic High School
 Marion City Hall
 Marion City Health Department
 Marion City Health Department
 Marion City Schools
 Marion City & County Schools Career Development Coordinator
 Marion County ADAMH Board
 Marion County Family & Children First Council
 Marion Community Foundation
 Marion Community Foundation
 Marion County Commissioner
 Marion County Children Services
 Marion County Dept. of Job & Family Services
 Marion County Health Department
 Marion County Health Department
 Marion County Board of Mental Retardation & Developmental Disabilities
 Marion General Hospital Foundation
 Marion General Hospital
 Marion Independent Physicians Association
 Marion Ministerial Association
 Marion Public Library
 Marion Senior Center
 Marion Shelter Program

Ms. Alice Piacentini	Marion Technical College
Ms. Cheryl White	Marion WIC
Ms. Hazel Blankenship	OH Heartland Community Action
Ms. Linda Millington	OH Heartland Head Start
Ms. Mary Longo	Ohio State University Extension - Marion
Mr. Shawn Jackson	Ohio State Marion Office of Diversity
Dean Gregory S. Rose	Ohio State Marion
Mr. David Bradford	Ohio State Marion
Mr. Brian Sparling	Pleasant High School
Mr. Eric Hoffman	Ridgedale Local Schools
Mr. Tom Shade	River Valley Schools
Mr. Larry Hodge	River Valley Schools
Sister Virginia Bruen	St. Mary Church
Ms. Chantelle Blackburn	St. Mary Church
Mr. Robert Rush	St. Mary School
Ms. Connie Horne	Sims Brothers, Inc.
Ms. Doneta Jenner	Smith Clinic
Ms. Paula Roller	Turning Point
Ms. Pamela Stone	United Way of Marion County
Mr. Ben Morris	Vets for Vets - VFW Post 3313
Ms. Diane Moore	Vets for Vets - VFW Post 3313
Ms. Elizabeth Camacho	Translator
Ms. Anne Davy, RN, MS	Marion Community Foundation
Dr. Thomas F. Wagner, DDS	Dentist
Dr. Joseph Stanko, DDS	Dentist



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2006 Marion Community Assessment

Appendix B

Technical Notes

This appendix provides the following information related to the 2006 Marion Community Assessment project: background of the project, how the project was conducted (methods, including data collection and analysis protocols), and supporting documents (other assessments and documents that were incorporated into the project).

Background of the 2006 Marion Community Assessment Project

The purpose of this project was to determine the health and social needs of the Marion County community by conducting a comprehensive community needs assessment. The assessment was based on a public health model of a “healthy community.” A healthy community is one that: is inclusive; recognizes multiple determinants of health; has a broad definition of health and a shared vision of community values, focuses on health and quality of life for all of its residents; fosters diverse citizen participation, community ownership, and community partnerships to address community needs; identifies and develops the community’s assets and strengths; and measures the outcomes of the community’s efforts to “be healthy.” Healthy communities aim to: provide clean, safe environment that meets all of its residents’ basic needs, have accessible health services; be strong, mutually supportive, and integrated; and involve a high degree of public participation in its activities.²⁴

The 2006 Marion Community Assessment was based on a model developed between 1997 and 2000 by the National Association of County and City Health Officials in cooperation with the Centers for Disease Control and Prevention (CDC). The model, “Mobilizing for Action through Planning and Partnerships (MAPP)¹” has four phases: 1) visioning, 2) assessment, 3) identification of strategic issues, and 4) formulation of goals and strategies to address the identified issues. Seven principles guide the implementation of MAPP: systems thinking, dialogue, shared vision, data, partnerships and collaboration, strategic thinking, and celebration of successes. The MAPP model is displayed in Figure ES- 1 (page 10).

Visioning, the first phase of the MAPP Model¹ has been conducted through the 2005 Marion County Sustainable Comprehensive Plan²² 2005 MCSCP, described below). Results from the 2005 MCSCP were used for comparison to topics included in the 2006 Marion Community Assessment adult survey, and these comparisons are presented in Chapter 4: Survey of Adults. The 2006 Marion Community Assessment is part of the second phase of the MAPP model. The assessment phase of MAPP also includes assessment of the local public health system. In autumn 2006, the two public health departments collaborated with representatives of agencies in the community that comprise the local “public health system” and completed the National Public Health Performance Standards.²⁵ In 2007, both health departments are engaged in a strategic planning project, working with faculty from the Ohio State University. (For more information on these projects, contact the Marion City Health Department or the Marion County Health Department). Another component of the assessment phase is the Forces of Change Assessment, which focuses on contextual issues (e.g., legislation, technology, etc.) that affect the community, its health, and its opportunities for the future.

As previously noted, the MAPP model is based on principles that include systems thinking, dialogue, shared vision, and partnerships and collaboration. These principles reflect the fact that community assessment must be “community” focused, and the success of a community assessment depends heavily on the leadership and participation of a community-based coalition that represents the community interest. The 2006 Marion Community Assessment Advisory Committee (CAC) was formed for this purpose. The CAC or subgroups of the CAC met several times throughout the course of this project and provided input into all phases of the assessment project. A list of committee members is provided in Appendix A.

2006 Marion Community Assessment - Methods

Because the most recent community initiatives (the 2005 Marion County Sustainable Comprehensive Plan²² and the 2004 Marion County Needs Assessment²¹, both described below) involved community focus groups, it was decided to use surveys to gather information on both residents’ and key informants’ perceptions of the Marion County community’s health status and to identify health and social needs. The initial proposal was to include surveys of adults and youth, but the CAC approved expansion of the data collection plan to address gaps that these two surveys might leave (information on health of young children, and information from individuals with particular expertise regarding health and social issues in the community) through a survey of parents of young children and a survey of key informants.

All surveys were assigned created identification numbers and were coded and entered into SPSS version 14 by the project director or student research assistants (graduate and undergraduate) for the project. None of the survey data were weighted. Data verification was done using a randomly selected sample of 10% of each survey type (adult, youth, parent, and key informant) that was re-entered into a separate database and compared with the original data entry file. The project director compared the original file and the 10% sample to detect discrepancies. The criterion for re-entry of the complete data file was errors in more than 10% of all variables entered into the re-entry file. All verification files had fewer than 10 % errors, and there fore no re-entry of original data was necessary.

After a survey data file was verified, the project director conducted all analyses of quantitative data using SPSS version 14. All quantitative survey data were analyzed using frequencies, percentages, and cross-tabulations. The youth and adult survey data were also analyzed using chi square, with a criterion of a probability of less or equal to 0.01 to establish a difference between compared groups. As noted throughout this report, chi square analyses were conducted only to describe differences between groups. These comparisons are provided for descriptive purposes only and are not meant to infer statistically significant differences between groups responding to the surveys conducted for this project or between groups responding to surveys for this project and groups responding to previous surveys conducted in Marion County or other localities.

Text data from the Survey of Adults and the Survey of Key Informants were analyzed by open coding of words, phrases, and sentences. Data from the Survey of Adults were coded by the project director and the health educator at the Marion County Health Department. Data from the Survey of Key Informants were coded by the project director. Text data for both surveys are reported by code category and by frequencies.

Specific information on the development and administration of the surveys for the 2006 Marion Community Assessment is provided below. Surveys, like other data collection methods, have associated strengths and limitations that must be considering when interpreting the results they generate. No statistics on reliability or validity were calculated for the surveys. Some strengths and limitations for the each of the surveys used in this project are also provided below.

Data collection procedures.

The Survey of Parents of Young Children (Chapter 2). The Survey of Parents of Young Children was developed by the project director with input from staff at the Marion City Health Department and the Marion County Health Department. Questions were adapted from a review of the literature and from numerous other surveys. Questions used to identify the prevalence of children with special health care needs were taken directly from a screening tool developed by the Child and Adolescent Health Measurement initiative sponsored by the Foundation for Accountability (described in the next section of this appendix).

After the Survey of Parents of Young Children was finalized in English, it was translated into Spanish. The translation procedure was a translation/back translation protocol. Two native speakers of Spanish who were also fluent in English (one from Central America and one from South America) did the translations. First, the English version (directions and all questions) was translated into Spanish by one of the two native speakers. After this first translation was complete, the second native speaker independently translated the Spanish version into English. After the back-translation was complete, the two translators and the project director (who has basic skill in conversational Spanish) met to review the translations question by question. Discrepancies were resolved by consensus.

The Survey of Young Children was disseminated to parents of children enrolled in all commercial day care centers and preschools in Marion County, the local Head Start program, the school operated by the Marion County Board of Mental Retardation / Developmental Disabilities, and all kindergarten classes in the six school systems (five public, one private) in the county. Surveys were also distributed at two health fairs (one targeting Latinos and one targeting African Americans). The project director delivered the number needed specified by school, preschool, or day care administrators along with several additional copies. Administrators supported the data collection by sending the surveys home with children and collecting them until the project coordinator collected them after a 2 to 3 week period. Surveys were distributed with cover letters and sealable envelopes. The cover letter explained the purpose of the survey, gave the name and phone number of the project director (no calls were received), the anonymous nature of the survey, and specified that surveys were to be returned in envelope that was provided and sealed without names or any identifying information. There was no incentive to parents or schools/day care centers for completing or administering the survey. Because of the nature of the data collection procedure, a response rate was not calculated. Some strengths of this survey are that it allowed parents to complete the survey in private and at their convenience. Some limitations of the survey are: the survey was not pilot tested and no reliability or validity statistics were calculated for the survey, inability to verify who was answering the survey, convenience sampling, inability to address any question that respondents may have had about the survey, potential bias due to differences between those that chose to respond and those that did not choose to respond to the survey, differences in when the surveys were distributed to and completed by parents across the different schools, possible recall bias in answering certain

questions, and that only English versions of the survey were distributed to parents through schools.

The Survey of Youth (Chapter 3). The majority of questions for the Survey of Youth were drawn (whenever possible) or adapted from the Youth Behavior Risk Survey¹⁶ and the 2005 Delaware County Youth Health Assessment¹⁴ (both are in the next section of this appendix). Some questions were created specifically to address potential issues in the Marion County community. At the initial CAC meeting, a subgroup of attendees with particular interest or expertise in the youth survey reviewed the format and structure of selected questions and gave recommendations for next steps in developing the survey. After this initial CAC meeting, some members of this initial subgroup participated in the detailed work of developing the actual survey (questions, directions, parental information and permission forms). This working group included representatives from: four school systems in Marion County (Marion Catholic Schools, Marion City Schools, Pleasant Local Schools, River Valley Schools), Marion Area Counseling Center, United Way of Marion County, an independent school evaluation consultant, Marion Community Foundation, staff from the Marion City Health Department and Marion County Health Department, the project coordinator, and the Marion Crawford Alcohol, Drug Abuse and Mental Health Board. Group members and other CAC members provided input into successive iterations of the instrument.

The Survey of Youth was administered to students in 7th and 10th grades in all junior/middle and high schools in Marion County. School administrators or their designees were critical in the successful administration of the survey. Each school system distributed the explanatory letter and parental permission form to students and followed parental permission procedures as necessary. Parental slips were collected by each school, and survey data collectors verified the procedure that only eligible children were allowed to complete the survey in each school before beginning survey administration. Copies of the survey were available in each school, and the explanatory letter stated that parents that the survey was available to them if they wished to view it before deciding if their child might take the survey. The letter and parent permission form also had the name and phone number of the project director. (No calls were received.)

The survey data collectors, who were oriented to the project and the survey protocol by the project, were all female adults age 25 and older and were from Marion Catholic High School, Marion Community Foundation, Marion County Health Department, Marion County Schools, Ohio State University, and the project director. A minimum of two data collectors were present for distribution of the survey in each setting. The majority of schools opted to conduct the survey in language or social studies classes. Other settings were the cafeteria and the gymnasium. One survey data collector read the survey (the entire survey including instructions) and the second (and third if present) circulated in the setting to answer questions and maintain order. The instructions included wording that clearly stated that the survey was only to be taken in compliance with parental permission (verified by forms), that the survey was optional and anonymous, that no comparison would be made between school systems, and that students could choose to not answer any or all questions at any time without any penalty. Students were asked to maintain quiet and appropriate conduct. In almost all school settings, school staff members were present to assist with maintaining order, but they had no role in administering the survey or answering questions. After data collection was complete, the data collectors gathered all surveys. Before leaving the building, the data collector gave the schools principal or

their designee a copy of the crude frequencies (hand counts) of the number of students that answered 'yes' to selected questions related to feeling sad or related to harming oneself. There were no incentives for students or school administrators for completing or assisting with conducting the surveys.

Data from the Survey of Youth were analyzed by comparisons between grades (7th and 10th) and between males and females within each grade. No comparisons were made between schools or school systems, and the assigned identification numbers did not designate the school of the respondent. Although a response rate was calculated, it was not always possible to obtain exact enrollment numbers for each school for the day the survey was administered. For this reason, the response rate was calculated using the median of all response rates. Response rates for the Survey of Youth are estimated to be: 57.9% for 7th grade, 60.5% for 10th grade, and 60% overall.

Some strengths of the youth survey are: pilot testing with three high school students, anonymity of the survey administration, inclusion of standardized questions from established surveys, surveys were read aloud by trained data collectors, respondents had the opportunity to seek clarification on any questions they had from data collectors, population-based survey administration (all 7th and 10th grade classes in Marion County), and favorable response rate. Some limitations of the survey are: potential bias (differences between students that were permitted to and chose to answer the survey and students who were not permitted to answer the survey or did not choose to answer the survey), no reliability or validity statistics were calculated for the survey; the survey was only available in English, potential respondent fatigue, potential bias from respondents that selected the false drug name (and differences noted in certain results when these respondents' answers were deleted. for analysis).

The Survey of Adults (Chapter 4). The majority of questions for the Survey of Adults were drawn (whenever possible) or adapted from the Behavioral Risk Factor Surveillance Survey¹⁹ (described in the next section of this Appendix). Some questions were created specifically to address issues in the Marion County community. At the initial CAC meeting, a subgroup of attendees with particular interest or expertise in the adult survey reviewed the format and structure of selected questions and gave recommendations for next steps in developing the survey. After this initial CAC meeting, the project director worked primarily with staff from the Marion City Health Department and the Marion County Health Department to continue revising the survey and the cover letter. Successive iterations of the survey were disseminated to CAC members for review, and several members gave suggestions for revisions. These revisions were incorporated into the final version of the instrument. Most of the survey questions were structured, closed-ended with multiple response options, although there were some that included options for writing in responses. Respondents were asked to write in responses to the last survey question and were invited to write in comments on the back of the survey. The survey was translated into Spanish following the same procedure as described above for the Survey of Parents of Young Children.

The Survey of Adults was administered through two methods: direct mailing and at four community venues. The survey, along with a cover letter, was mailed to a sample of 3,000 individuals (only one individual per household address) that were randomly selected by computer from a list of Marion County registered voters (2005 election). The sample was selected in proportion to the number of registered voters in the voter list based on voters' ZIP

Codes. The cover letter gave instructions for completing and returning the survey, and noted that the survey was anonymous. The cover letter also stated that respondents could return a post card with their name and contact information if they wished to be entered into a drawing for a \$25 gift certificate to a local store. (Respondents did not need to complete the survey to be entered into the drawing.) Twelve \$25 gift cards were sent to individuals who were picked at random by a staff member at the Ohio State University College of Nursing, and gift cards were mailed to these individuals by the Marion Community Foundation.

Respondents had the option of returning their surveys in pre-addressed, pre-stamped envelopes that were included in the survey packet or by taking them in the sealed envelope to the main branch or a local branch of the Marion Public Library. Library administration and staff supported the survey data collection by collecting returned surveys until they were staff collected by the project director. The Library did not receive an incentive for this assistance.

The adult survey was also available for completion at four selected community venues: a health fair targeting Latinos, a health fair targeting African Americans, the Marion Senior Center, and the local shelter for individuals who were homeless. These venues were specifically targeted because of the concern that these groups are often under-represented in mailed surveys. No incentives were provided to individuals who completed surveys at any of these four community venues. The project director supervised survey data collection at the African American health fair and the Latino health fair. The health educator from the Marion County Health Department supervised data collection at the Marion Senior Center and also at the African American Health Fair. With assistance from administrative staff at the shelter for individuals that were homeless, the project director delivered surveys (with envelopes and cover letters) and returned to collect completed surveys two weeks later.

Data from the Survey of Adults were analyzed by comparisons between age groups and between males and females. No comparisons were made between groups by race, ZIP Code of residence, marital status, or mailed versus in-person data collection. The response rate for the mailed survey was 20.7%. (No response rate was calculated for surveys completed through the four community venues.) The response rate was calculated as the number of usable surveys returned (528) divided by the number of surveys mailed (3,000) minus those returned as undeliverable (445) or unusable (1). This response rate is not surprising given that the survey consisted of only one mailing (that is, no advance letter, thank you or reminder cards, or second survey mailings were used), there was no incentive for all respondents (a drawing for one of 12 gift cards), and only one method of data collection was used (mail, rather than mail and telephone). Table B-1 below presents the percentages of registered voters in the sample frame and in the survey, by ZIP Code).

Table B-1.

Percentages of Registered Voters in Survey Frame (N=3,000) for Survey of Adults and Responding Sample (n=528).

	43302	43314	43315	43322	43332	43337	43341	43342	43356
Frame	80.1	5.7	0.5	0.6	3.3	1.8	1.6	5.7	1.7
Responses	85.0	3.9	0.6	0.6	3.0	1.7	1.5	6.3	1.9

Some strengths of the adult survey are: random sampling, survey was pilot tested with three adults; proportion of respondents by ZIP Codes of residence are equivalent the proportion in the sample frame, use of Spanish language version, targeted sampling for traditionally underrepresented groups, and the survey could be completed at location and time of respondent's choosing. Some limitations of the survey are: no reliability or validity statistics were calculated for the survey instrument, bias due to using a survey frame that only included registered voters, inability to compare respondents to nonrespondents on key characteristics (information not available in survey frame), inability to address respondents' question about the survey, inability to verify that respondent to whom the survey was mailed was the individual that completed the survey, convenience sampling at community venue sites, and although the response rate is comparable to those of other community assessment surveys, it is still relatively low.

The Survey of Key Informants (Chapter 5). The protocol for administering the key informant survey and the development of the survey were done collaboratively by the project director and a staff member from Marion County Children Services. The key informant survey tool had three components: a general health and social issues survey, a survey of services (36 pre-defined service areas), and a general survey of unmet needs. The general health and issues survey included classification questions and question that paralleled questions that were used in the adult survey. The survey of services and the accompanying list of 36 pre-defined service areas were adapted from an existing tool developed by the National Child Welfare Resource Center for Organizational Improvement²⁶ (described in the next section of this appendix). Additional service sheets were included so that respondents could write in any other service areas that were not included in the list of 36 pre-defined service areas. These parallel questions were used to ascertain how key informants' perceptions of health and social issues in the community compared with perceptions expressed by respondents to the adult survey. Questions in the general survey of unmet needs paralleled question used in the 1991 Marion County Community Needs Assessment²³ (described below). The key informant survey was confidential, so that the types of agencies or groups represented in the responding sample could be described. However, after surveys were returned, unique identifiers were created for the surveys, and the list linking respondents' names or organizations with survey identification was destroyed. Therefore, the final results are reported anonymously in aggregate form.

The Survey of Key Informants was mailed to individuals that were identified as "key informants" by virtue of the job/occupation, their employing agency, their membership in a particular service organization, or their membership in the CAC. No incentives were used for the key informant survey. The response rate differed for the three components of the survey, because respondents did not necessarily return all three components. The response rate was 28.9%, computed as the number of surveys returned (49) divided by the number of surveys mailed (170) minus the number returned as undeliverable (1). Some strengths of the key informant survey are: incorporation of components of a standardized tool, respondents could complete survey at time and location of their choice, replication of survey used in earlier community assessment. Some limitations are: no pilot testing or statistics on reliability or validity, non-probability sample, relatively low response rate, inability to address respondents' questions.

Supporting documents

This section of the Technical Notes provides information on supporting documents that were used in developing and reporting the 2006 Marion Community Assessment. Full citations for these documents are included in the reference section. Supporting documents include: various sources of objective health data from local Marion, state, and national sources; community assessments and a strategic planning project conducted in Marion County as well as other Ohio counties; two statewide Ohio health surveys; key informant survey tools; a set of questions developed to identify children with special health care needs; and national health objectives from Healthy People 2010¹⁰. Data from most of these documents were used for comparison to results from the four surveys conducted for the 2006 Marion Community Assessment. As previously noted, and as noted throughout this report, data for these documents were collected at various times, using various protocols and modes of data collection and analyses. Therefore, these comparisons are provided for descriptive purposes only and are not meant to infer statistically significant differences within the Marion County currently, within Marion County over time, or between Marion County and other localities.

Objective Health data

Objective data are included in community assessments to supplement subjective data that are based on perceptions. Objective data that were used to describe the health and social status of the Marion County community (presented in Chapter1: Marion County at a Glance) were obtained from several sources, and all sources are included in the reference list.

Previous Community Assessments in the Marion Community.

Three most recent community assessments conducted in the Marion community are: the 1991 Marion County Community Needs Assessment²³, the 1998 Marion County Community Health Assessment¹⁸, and the 2004 Marion County Needs Assessment.²¹ Information on these community assessments and how they were integrated into the 2006 Marion Community Assessment is provided below.

The 1991 Marion County Community Needs Assessment (1991 MCCNA).²³ This project was a county-wide social service needs assessment that was conducted to identify: basic health and social service needs, the extent to which these needs were being met, and barriers that residents might experience in accessing services. The project analyst was Terry F. Pettijohn, Ph.D., The Ohio State University - Marion, who co-authored the May, 1991 final report with Chris Smith, the project coordinator. The steering committee was comprised of representatives from five community agencies: GTE, Marion County Cooperative Extension Service, Marion County Department of Human Services, United Way of Marion County, and Marion County Board of Alcohol, Drug Abuse and Mental Health Services. Data for the 1991 MCCNA were collected in autumn 1990 and spring 1991 through: a general community telephone survey, a key informant survey, an agency service provider survey, and focus groups on five identified areas of need. The general community survey asked respondents about their perceptions regarding neighborhood issues, household issues, and barriers to local services. The agency service provider survey asked about the type of agency, services offered, and number and type of persons served. The 2006 Marion Community Assessment incorporated components of the 1991 MCCNA key informant survey, which is described briefly below.

The 1991 MCCNA key informant data were collected in October 1990 from 81 individuals through a mailed survey (no information on response rate was not available in the final report). Key informants were asked to rate their seriousness of 56 defined unmet needs in Marion County using a scale of 1 to 4, with 1 = not at all serious, 2 = not very serious, 3 = somewhat serious, and 4 = very serious (a no opinion/don't know option was included). Demographic characteristics of key informants that responded to the survey were (percentages are rounded): 32% female, 95% white, 4% Black, 1% Hispanic, 4%. Occupational characteristics were: 72% executives, administrators, or managers; 20% professionals; 4% homemakers; 3% sales; 1% administrative support. Selected questions from the 1991 MCCNA were incorporated into the for the 2006 Marion Community Assessment key informant survey, and comparison of responses to these questions are presented Chapter 5: Survey of Key Informants.

The 1998 Marion County Community Health Assessment (1998 MCCHA).¹⁸ This project was conducted by the Ohio State University School of Public Health (OSU SOPH) "Community Health Assessment in Health Behavior and Health Promotion" class at the request of the Marion County Health Department. Staff members from the Ohio Department of Health and the Marion County Health Department provided advisory assistance. Technical assistance was provided by OSU faculty, students, and staff. The final report was written by Moon S. Chen., Jr., Ph.D., M.P.H., from the OSU SOPH. Data were collected from residents of Marion County (including the City of Marion) through a random digit dialed telephone survey. Objectives for the 1998 MCCHA were to: 1) collect data on core indicators required by the 2000 Child and Family Health Services 2000 grant, 2) collect data on the key public health focus areas, 23) use health status data to prioritize areas of need in Marion County, 4) establish a database to promote networking and collaboration among health agencies in Marion County, and 4) to compare resulting and existing data with objectives in Healthy People 2000.

The 1998 MCCHA survey questions were modeled after a survey conducted in 1997 for the Child and Family Health Services program. The 1998 MCCHA survey addressed these public health focus areas: demographics, perceptive health status, health insurance coverage, access to health care, barriers to health care, physical activity, nutrition, injury prevention and traffic safety, tobacco and alcohol use, immunizations, and awareness and utilization of local health departments. Telephone calls were made from the OSU SOPH. Results from the 1998 MCCHA were used for comparison to comparable questions from the 2006 Marion Community Assessment adult survey, and these comparisons are presented in Chapter 5: Survey of Adults.

The 2004 Marion County Needs Assessment (2004 MCNA).²¹ Dr. Stephen M. Gavazzi, Ph.D. was the needs assessment consultant and author of the final report. Steering committee members were representatives from four community agencies): Marion County Department of Job and Family Services, the Marion Community Foundation, United Way of Marion County, and the Marion Crawford Alcohol, Drug and Mental Health Services Board. Each steering committee member identified one focus areas for the assessment. The four focus areas for the assessment were: self-sufficiency, mental health, workforce development, and health care. Data were collected in the summer and autumn of 2003 through a key informant survey, a key informant service provider survey, and through four focus groups with community residents (three with adults and one with youth). Each of the steering committee members generated identified the top five issues in their identified focus area, five individuals as potential

participants for the key informant survey, and five individuals as potential participants for the key service provider survey.

The two surveys were conducted to provide information that could be used by agencies and organizations to 1) guide decision making regarding activities and services to meet needs in the Marion County community, and 2) to enhance current approaches and stimulate new strategies for systematic evaluation of activities and services to meet these same needs. Results from the 2004 MCNA²³ survey were used for comparison to responses to questions that addressed similar topics in the 2006 Marion Community Assessment key informant survey, and these comparisons are presented in Chapter 5: Survey of Key Informants. The focus groups were conducted to gain an understanding of residents' perceptions regarding issues that residents face in each of the four identified focus areas, currently available services and gaps in services to address needs in these four areas. Results from the 2004 MCNA focus groups with adults and youth were used for comparison to responses to questions that addressed similar topics included in the 2006 Marion Community Assessment adult survey, and these comparisons are presented in Chapter 4: Survey of Adults.

Other Local Level Community Projects. Information on two other community projects and how they were integrated into the 2006 Marion Community Assessment are described below.

The 2005 Delaware County Youth Health Assessment (2005 DCYHA).¹⁴ This survey project was conducted by the Delaware (Ohio) General Health District to evaluate the impact of the District's tobacco prevention programs for youth. The project was conducted with funding support from the Ohio Tobacco Use Prevention & Control Foundation. Data were collected in the winter and spring of 2005 from youth in the 13 public and six private schools within the District's jurisdiction. Respondents were in the sixth through ninth grades. The self-administered surveys were distributed to classrooms or groups of students in general subjects such as physical education or health, following parental permission policies as necessary. The responding sample was 1,754 (26% of total enrollment). Data were weighted to reflect the population proportions by school and grade level. Survey questions that were modeled after the Youth Behavior Surveillance Survey. Results from the 2005 DCYHA were used for comparison to comparable questions from the 2006 Marion Community Assessment youth survey, and these comparisons are presented in Chapter 3: Survey of Youth.

The 2005 Marion County Sustainable Comprehensive Plan (2005 MCSCP).²² Leaders in the Marion County community initiated a comprehensive process of building a sustainable community, and the goal of the 2005 MCSCP was to create a framework and focus for that building process using input from community residents. Input was gathered from over 1,600 residents of Marion County through 53 vision sessions conducted over one year between September, 2004 and September 2005. The residents that participated in the vision sessions represented a broad spectrum of ages, racial and ethnic groups, and backgrounds. Resident input was classified into three major components for sustainable comprehensive planning: environmental sustainability, economic sustainability, and social sustainability. Results from the 2005 MCSCP were used for comparison to topics included in the 2006 Marion Community Assessment adult survey, and these comparisons are presented in Chapter 4: Survey of Adults.

Statewide Ohio Health Surveys

Two statewide Ohio health surveys were incorporated into the 2006 Marion Community Assessment: the 2005 Behavioral Risk Factor Surveillance Survey (2005 BRFSS)¹⁹⁻²⁰ and the 2005 Youth Risk Behavior Survey (2005 YRBS).¹⁵⁻¹⁷

The 2005 Ohio Behavioral Risk Factor Surveillance Survey (2005 BRFSS).¹⁹⁻²⁰ The Behavioral Risk Factor Surveillance Survey (BRFSS) is a national telephone survey that was developed by the US Centers for Disease Control and Prevention (CDC) to determine the prevalence of risk factors in the adult (age 18 and older) population in the US and territories. To ensure standardized data collection, states and territories conduct the survey under the direction of the CDC. The questions in the BRFSS were constructed to provide information on risk behaviors in these areas: tobacco use, health care coverage, HIV/AIDS knowledge and prevention, physical activity, nutrition. The selected adult risk behaviors are linked to chronic diseases, injuries, and preventable infectious diseases. BRFSS questionnaires have three parts: a core component, optional modules, and questions that states may add at their discretion. In Ohio, the BRFSS is coordinated by the Ohio Department of Health and one conducted by a contractor. The 2005 Ohio BRFSS was integrated into the 2006 Marion Community Assessment adult survey in two ways. First, whenever possible, questions in the adult survey were drawn from the 2005 BRFSS. Second, results from the Ohio 2005 BRFSS were used for comparison responses to comparable questions in the 2006 Marion Community Assessment adult survey. These comparisons are presented in Chapter 4: Survey of Adults.

The 2005 Ohio Youth Risk Surveillance Survey (2005 YRBS).¹⁵⁻¹⁷ The Youth Risk Behavior Survey (YRBS) is a national survey that was developed by the US Centers for Disease Control and Prevention (CDC). YRBS are conducted every two years using representative samples of students in grades 9 through 12. To ensure standardized data collection, states conduct the survey under the direction of the CDC. The questions in the YRBS were constructed to provide information on the prevalence of risk behaviors in areas that have been identified by the CDC as leading causes of morbidity and mortality among US youth.

The 2005 Ohio YRBS was conducted between February and May, 2005 in randomly selected classes in randomly selected public and private high school across the state. The school response rate was 73% (n=49 schools), and the student response rate was 86% (n=1,411 students). Questions in the 2005 Ohio YRBS addressed these topic areas: injury, violence, mental health, sexual behaviors, youth development, nutrition, physical activity, preventive health care, tobacco use, alcohol use, and drug (illegal and prescription) abuse. YRBS data are reported by grade level, gender, and race, with trend information for selected questions. The 2005 Ohio YRBS was integrated into the 2006 Marion Community Assessment youth survey in two ways. First, whenever possible, questions in the youth survey were drawn from the YRBS. Second, results from the Ohio 2005 YRBS were used for comparison responses to comparable questions in the 2006 Marion Community Assessment youth survey. These comparisons are presented in Chapter 3: Survey of Youth.

Key Informant Survey Tool. The National Child Welfare Resource Center for Organizational Improvement (NCWROI) Service Array Instrument.²⁵ The NCWROI Service Array Instrument (SAI) was developed as a tool to be used in assessing the current status of services for children

and families that are in the welfare system. The complete array of services includes more than 90 services. The tool is intended to be completed by key informants in a group process, so that final ratings are assigned by consensus among the group members. After this rating phase is complete, the process moves to clarifying the strengths and gaps in the available service array and developing a plan to improve services.

Screening Tool to Identify Children with Special Health Care Needs- The CSHCN Screener¹³

The Children with Special Health Care Needs (CSHCN)¹³ Screener was developed by the Child and Adolescent Health Measurement Initiative (CAHMI), which was coordinated by the Foundation for Accountability (FACCT). The CSHCN screener, which is based on the US Maternal and Child Health Bureau's 1998 definition of CSHCN is a 5-item survey tool designed to be answer by parents. The survey is not specific to any particular health condition. Rather, it focuses on identifying CSHCN based on existing functional limitation or need for health or health related services due to any on-going condition that is physical, developmental, emotional, behavioral, or other health condition. The CSHCN Screener is used widely in national surveys.

National Health Objectives- Healthy People 2010¹⁰

Healthy People 2010 is a set of national health objectives to be attained by the year 2010. Healthy People 2010 was developed by a consortium of government, public, and private organizations whose representatives had expertise in areas of health, mental health, substance abuse, and environmental health. Healthy People 2010 built on Healthy People 2000. The two goals of Healthy People 2010 are to increase both the quality and years of healthy life, and to eliminate health disparities among subgroups in the population. There are 28 focus area chapters, each with its own specific goal and set of measurable objectives with baseline data and targets to be attained by the year 2010. sectors.

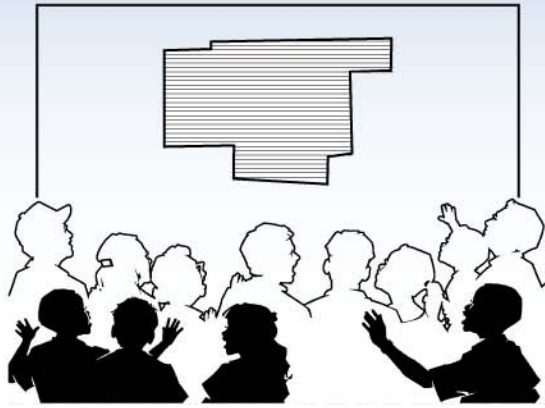
Healthy People 2010 was developed with the expectation that it would be integrated into activities related to health, in various ways. The framework upon which Healthy People is based, which acknowledges the multiple factors that determine health, is used to guide interventions, program, and research. Baseline data and targets are used for comparing current health status and for setting goals for the future. Many government and private funding agencies require that Healthy Pole be incorporated into proposals for grant funding of programs. The federal government requires that Healthy People objectives be used to assess progress of several health projectors, and private organizations require the use of Healthy People 2010 to assess performance in health initiatives.

Healthy People 2010 is integrated into public health activities at the federal , sate, and local levels. Communities incorporate Healthy People 2010 objectives into their agenda for promoting health among their residents and in building a healthy community. For this project, Healthy People 2010 objectives and targets are included whenever possible for comparison with results to related questions in Chapter 2: Survey of Parents of Young Children, Chapter 3: Survey of Youth, and Chapter 4: Survey of Adults.



Special Mention

[The 2002 Allen County Community Needs Assessment.](#)²⁷ The 2006 Marion Community Assessment Community Advisory Committee (CAC) and project coordinator believed that the report of the 2002 Allen county community needs assessment was an example of how they wanted the final report of this project to appear. They believed that the report was well organized, easily navigable, and provided clear information on what the assessment was and the information that it revealed about the community's health status. It was decided at the first full meeting of the CAC to adopt the format of The Allen County Community Needs Assessment 2002 for the final report of this project.



2006 Marion Community Assessment

Appendix C

The Survey of Parents

2006 Marion County Community Needs Assessment Child Health Survey

This survey asks your opinions on your child's health and safety. The survey is part of a project to learn about the health and social needs of residents of Marion County. Information from this and other surveys will be used by local agencies and public officials to develop programs to meet these needs.

This is an anonymous survey. Please **DO NOT** write your child's name, your name, or your child's school or day care center on this survey! Your answers will be combined with other surveys, so no one will know your individual answers. This is a voluntary survey, and you can choose not to answer any questions. Whether or not you answer the questions will not affect your child's schooling.

Answer the questions based on what you really think. If you do not want to answer a question, just leave it blank. After you complete your survey, please place it in this envelope, seal the envelope, and return it to your child's school. Please return the survey to your child's school within **two school days** of when your child brings it home. Please note that there is no information on the envelope that identifies your name, your child's name, or your child's school. This way the survey remains anonymous.

Survey results will be available in the fall of 2006 at the Marion Public Library or on the internet at www.marioncommunityfoundation.org.

Please make sure you read every question and circle the answer that best describes your child.

Thank you very much for your help!



The first set of questions asks general information about your child.

1. What is your child's current ZIP Code?

43302 **80.7%** 43314 **4.9%** 43315 **1.1%** 43322 **0.5%**
43332 **3.5%** 43337 **0.5%** 43341 **1.6%** 43342 **5.7%** 43356 **1.4%**

2. Is your child male or female?

A. Female **47.3%** B. Male **52.7%**

3. How old is your child? _____ Years _____ Months

Age	%
Up to 1	3.3
1 up to 2	2.5
2 up to 3	4.4
3 up to 4	7.9
4 up to 5	13.4
5 up to 6	35.2
6 up to 7	31.1
7 and older	2.2

4. Is your child of Hispanic or Latino origin?

A. Yes **6.8%** B. No

5. Which of these groups best represents your child's race? Circle all that apply.

A. White **91.3%** D. Native Hawaiian or other Pacific Islander **0.3%**
B. Black or African American **1.6%** E. Native American, American Indian, Alaska Native **0**
C. Asian **0.8%** F. Other (mixed) **6%**

6. What is your relationship to your child?

A. Mother (biological, step, foster, adoptive) **91.3%**
B. Father (biological, step, foster, adoptive) **5.7%**
C. Other - please specify: **3%**
(Grandmother **2.2%** Grandfather **0.3%** Guardian **0.5%**)

The next set of questions asks about your child's overall health and health care.

7. In general, how would you describe your child's health?

A. Excellent **51.1%** B. Very good **34.3%** C. Good **12.1%** D. Fair **1.6%** E. Poor **0.8%**

8. How would you describe your child's weight?

- A. Very underweight **1.4%**
- B. Slightly underweight **19%**
- C. Slightly overweight **10.7%**
- D. Very overweight **0%**
- E. About the right weight **69.0%**

9. Does your child have any of the following health conditions? Check the box to indicate Yes or No. If YES, please write in the number of days your child missed school in the past 3 months because of the condition.

Condition	Yes	School Days missed in last 3 months
A. Asthma	10.2%	None- 95.4%; range 1-10
B. Diabetes	1.4%	None
C. Depression or anxiety problem	2.5%	98.9; range 4-7
D. Migraine headache	1.9%	None
E. Respiratory Allergy	12.9%	None 95.1; range 1-15
F. Other	21.1%	None 8815; range 1-15

Other conditions: none indicated 11 allergy 8 respiratory 8 ear/hearing 7
 (with number Throat related 7 ADHD 4 Cystic fibrosis 2 Cerebral Palsy 2
 of answers) Epilepsy 3 GERD/reflux 2 Cardiac 2 Growth problem 2
 Others named <1 time 17

10. Do you have a person you think of as your child's personal doctor or nurse, such as a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician assistant?

- A. Yes **97%** 0 to <3 **94.6%** 3 to < 5 **100%** 5+ **96.7%** B. No

10a. If YES, has your child visited this person for a regular check-up or for sickness/injury in the past 12 months?

- A. Yes **95.2%** 0<3 **94.1%** 3<5 **97.4%** 5+ **95.1%** B. No

11. During the past 12 months, did your child receive all the medical care he/she needed?

- A. Yes **94.7%** 0 to <3 **94.4%** 3 to <5 **98.7%** 5+ **93.9%** B. No

11a. If no, why? Check all that apply

- A. Cost too much **2.3%**
- B. No insurance **1.7%**
- C. Health plan problem **0.9%**
- D. Can't find doctor who accepts child's insurance **0.3%**
- E. No doctor available in area **0**
- F. No convenient times/could not get appointment **0.6%**
- G. Doctor did not know how to treat or provide care **0.6%**
- H. Dissatisfaction with doctor **1.2%**
- I. Did not know where to go for treatment or care **1.2%**
- J. Transportation problems **0.3%**
- K. Other reason: Please write in. **0.9%**

12. Does your child have any kind of health insurance or health plan, such as private health insurance, HMO, or government plan such as Medicaid, Healthy Families, or Healthy Start? Do not include BCMH, Help Me Grow, MRDD, or special education.

A. Yes **94.7%** 0 to <3 **100%** 3 to <5 **92.3%** 5+ **94.8%** B. No

13. During the past 12 months, was there ever a time when your child was not covered by ANY health insurance or health plan?

A. Yes **9.2%** 0 to <3 **2.9%** 3 to <5 **11.5%** 5+ **9.3%** B. No

14. Does your child have insurance that helps pay for routine dental care including dental exams, cleanings, or X-rays? Do not include insurance for braces or dental surgery.

A. Yes **83%** B. No

15. How would you describe the condition of your child's teeth?

A. Excellent **36.1%** B. Very good **34.7%** C. Good **20.9%** D. Fair **5.8%** E. Poor **1.9%** F. My child has no natural teeth. **0.6%**

16. About how long has it been since your child last saw a dentist for preventive dental care, such as check-ups or sealants? Do not include orthodontists, oral surgeons, and other dental specialists.

A. Never **20.1%** D. Between 1 year and 2 years ago **7.3%**
B. Within the past 6 months **56.7%** E. More than 2 years ago **0.6%**
C. Between 6 month and 1 year ago **15.4%**

	Up to 3 (%)	3 up to 5 (%)	5 and older (%)
Never	71.4	26.9	10.6
Within past year	28.6	70.5	78.8
More than 1 year ago	0	2.6	10.6

17. How long has it been since your child last saw any dental care provider for treatment of a dental problem?

A. Never **64.1%** D. Between 1 year and 2 years ago **6.4%**
B. Within the past 6 months **21.2%** E. More than 2 years ago **1.9%**
C. Between 6 month and 1 year ago **6.4%**

The next set of questions asks about your child's nutrition.

18. Was your child ever breast-fed or fed breast milk?

A. Yes **54.5%** B. No

18a. If YES, how many months?

Months	(%)
0 to 1.5	20.4
2 to 3.5	20.9
4 to 6	25.5
7 to 12	22.4
13 to 24	10.7

19. During the past 7 days, how many days did your child drink any type of milk, including milk added to cereal?

A. Never **0.6%** B. 1 day **1.9%** C. 2-4 days **10.2%** D. 5-6 days **12.7%** E. Every day **74.7%**

20. During the past 7 days, how many times per week does your child eat meals from a fast food restaurant?

A. Never **12.7%** B. 1 day **62.3%** C. 2-4 days **22.7%** D. 5-6 days **1.4%** E. Every day **0.8%**

	Up to age 3 (%)	3 up to age 5 (%)	5 and older (%)
Never	28.6	6.5	12.4
1 day	37.1	64.9	65.1
2 – 4 days	31.4	26	20.5
5 – 6 days	0	1.3	1.6
Every day	2.9	1.3	0.4

21. During the past 7 days, how many days did all family members living in your household eat together?

A. Never **3.6%** B. 1 day **3%** C. 2-4 days **25.5%** D. 5-6 days **24.7%** E. Every day **43.3%**

	Up to age 3 (%)	3 up to age 5 (%)	5 and older (%)
Never	2.9	2.6	4
1 day	0	3.8	3.2
2 – 4 days	25.7	20.5	27.1
5 – 6 days	25.7	29.5	23.1
Every day	45.7	43.6	42.6

22. During the past 12 months, was your child ever hungry but you couldn't afford to buy more food?

A. Yes 2.5% 0 to <3 5.7% 3 to <5 2.6% 5+ 2% B. No

23. During the past 12 months, did you ever need to go to a food pantry?

A. Yes 9.4% B. No

The next four questions ask about your child's physical activity and safety.

24. On an average day, about how many hours does your child usually watch TV or videos, or play video games/computer?

A. Never 1.6% B. 1 hour or less 25.5% C. 1-2 hours 50% D. 3-4 hours 19.8% E. 5 hours or more 3.0%

	Up to age 3 (%)	3 up to age 5 (%)	5 and older (%)
Never	11.4	1.3	0.4
Less than 1	51.4	25.6	21.9
1 – 2	28.6	44.9	54.6
3 or more	8.6	28.2	23.1

25. During the past 7 days, how many days did your child play actively (such as running, jumping) for at least 30 minutes?

A. Never 1.4% B. 1 day 0.6% C. 2-4 days 12.9% D. 5-6 days 19.6% E. Every day 65.6%

	Up to age 3 (%)	3 up to age 5 (%)	5 and older (%)
Never	8.6	1.3	0.4
1 day	0	0	0.8
2 to 4 days	20	10.4	12.7
5 to 6 days	11.4	14.3	22.3
Every day	60	74.0	63.7

26. How often does your child wear a helmet when riding a bike or a scooter, or using a skateboard, roller skates, or rollerblades?

A. Never 33.1% B. Sometimes 21.3% C. Usually 19.3% D. Always 26.2%

	Up to age 3 (%)	3 up to age 5 (%)	5 and older (%)
Always	25.9	35.1	23.6
Usually	0	16.2	22.4
Sometimes	3.7	14.9	25.2
Never	70.4	33.8	28.9



27. When riding in a car, how often does your child use a child car seat?

A. Never 29.3% B. Sometimes 2.5% C. Usually 4.4% D. Always 63.8%

	Up to age 3 (%)	3 up to age 5 (%)	5 and older (%)
Always	82.9	87.2	54.2
Usually	8.6	2.6	4.4
Sometimes	0	2.6	2.8
Never	8.6	7.7	38.6

28. Do you think your neighborhood is a safe place for your child to play and grow up in?

A. Yes 90.1% B. No

The next two questions ask about your child's growth and development.

29. Do you have any concerns about your child's: Check Yes or NO for topics A – F below.

	%Yes
A. Eating habits	23.1%
B. Physical development	7.7%
C. Emotional development	11.3%
D. Behaviors	16.3%
E. Learning abilities	10.5%
F. Weight (underweight or overweight)	17.6%

30. In the past 12 months, did your child's doctor or other health provider talk with you about the following? Please check the correct box for each topic A – K below.

Topic	Yes, and my questions were answered	Yes, but my questions were not answered completely	No, but I wish we had talked about that	No, but I did not need to talk about this
A. Your child's growth and development	55.6	2.8	3.0	38.6
B. The kinds of behaviors you can expect to see in your child	40.1	3.6	7.7	48.6
C. How to dress, bathe, and feed your child	14.4	0.6	1.9	83.1
D. Things you can do to help your child grow and learn	36.0	1.9	5.3	56.8
E. The importance of talking to, reading to, playing with your child	34.2	1.4	3.9	60.6
F. Ways to keep your child from being injured	25.8	1.1	4.7	68.3
G. How to make your house safe	19.9	0.8	3.3	75.9
H. How to make your car safe by using child car seats	19.4	0.8	3.6	76.1
I. If anyone in your household smokes	29.4	1.1	2.8	66.8
J. If anyone in your household drinks alcohol or uses other substances	14.6	0.8	2.5	82.0
K. If there are any firearms in your home	12.7	0.8	2.8	83.7

The next set of questions asks about general topics for children.

31. During the past 12 months, has your child had a flu shot?

A. Yes 22.7% 0 to < 3 42.9% 3 to < 5 25.6% 5+ 18.9 B. No

32. Is your child up-to-date with the routine child immunizations or vaccines, such as Polio, Measles, D-P-T (Diphtheria-Pertussis-Tetanus)?

A. Yes 98.6% B. No 0.3% C. Don't know 1.1%

33. Has your child ever had a blood test to check for lead poisoning?

A. Yes 45.2% B. No 39.1% C. Don't know 17.7%

34. Has your child ever had head lice?

A. Yes 21.0% B. No

34a. If YES, how many times?

A. 1 time 9.3% B. 2 times 6.5% C. 3 or more times 5.9%



34b. Which product(s) if any did you use to treat the head lice?

Check all that apply.

A. NIX **12%**

B. RID **9.4%**

C. Store brand, over-the counter product **4.6%**

D. DEBUG Shampoo **3.1%**

E. Lice-Away **0**

F. I did not use any **0**

G. Other: Please write in. **3.1%**

Mayonnaise 6 Crisco 3 Prescription 2 Suave conditioner 2

1 each: olive oil, baby oil, Tea Tree shampoo, Suave shampoo, Nix, Lice Free

(Note: Questions 35 through 39 are taken from a tool developed by the Foundation for Accountability http://www.markle.org/resources/facct/doclibFiles/documentFile_446.pdf) to screen for children that have special health care needs. To be identified as having a special health care need, must have yes answer for the main question and the two sub-questions under (for Questions 35 – 38) or to the main question and the one sub-question under it (for Question 39).

35. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age? CSN:

A. Yes **14.2%**

B. No

35a. If YES, is your child's need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

A. Yes **13.9%**

B. No

35b. Is this a condition that has lasted or is expected to last 12 months or longer?

A. Yes **13%**

B. No

36. Does your child currently need or use medicine prescribed by a doctor, other than vitamins?

A. Yes **23%**

B. No

36a. If YES, is your child's need for prescription medicine because of ANY medical, behavioral, or other health condition?

A. Yes **20.8%**

B. No

36b. Is this a condition that has lasted or is expected to last 12 months or longer?

A. Yes **20.6%**

B. No



37. Is your child limited or prevented in any way in his/her ability to do the things most children of the same age can do?

A. Yes 7.1% B. No

37a. If YES, is your child's limitation in abilities because of ANY medical, behavioral, or other health condition?

A. Yes 7.4% B. No

37b. Is this a condition that has lasted or is expected to last 12 months or longer?

A. Yes 6.9% B. No

38. Does your child need or get special therapy, such as physical, occupational, or speech therapy?

A. Yes 15.7% B. No

38a. If YES, is your child's need for special therapy because of ANY medical, behavioral, or other health condition?

A. Yes 10.6% B. No

38b. Is this a condition that has lasted or is expected to last 12 months or longer?

A. Yes 12.6% B. No

39. Does your child have any kind of emotional, developmental, or behavioral problem for which he/she needs treatment or counseling?

A. Yes 6.6% B. No

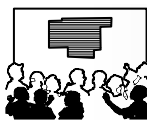
39a. If YES, has your child's emotional, developmental, or behavioral problem lasted or is it expected to last 12 months or longer?

A. Yes 6.3% B. No

Note: Tables below are summary of results for Questions 35 – 39.

Question/Criterion	% meeting criterion (n=367)
Q35. Using more services	11.9
Q36. Using prescribed medication	17.2
Q37. Having limited ability	6.3
Q 38. Needing or getting special therapy	8.2
Q39. Having condition needing treatment or counseling	5.9
Total meeting at least one question/criterion	24.3

Number of screening questions (criteria) met	% meeting (n=367)
One	10.9
Two	6.3
Three	2.9
Four	3.3
Five	0.8



The last few questions are about *you and your home*.

40. How would you describe your health?

A. Excellent	B. Very good	C. Good	D. Fair	E. Poor
19.2%	42.3%	32.4%	4.7%	1.4%

41. During the past 30 days, have you ever been frightened, harassed, or bullied, or abused by someone known to you?

A. Yes 5.2%	B. No
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42. Does anyone living in your household use cigarettes, cigars, or pipe tobacco?

A. Yes 36.4%	B. No
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43. In the past week, has anyone smoked inside your home?

A. Yes 23.8%	B. No
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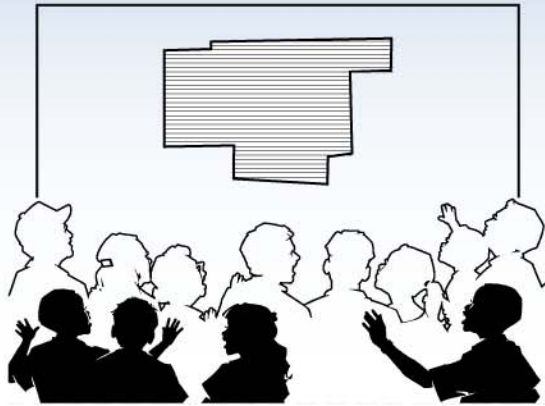
44. In the past week, has anyone smoked inside your car?

A. Yes 27.4%	B. No
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45. Do you feel safe in your home?

A. Always	B. Usually	C. Sometimes	D. Hardly ever	E. Never
74.8%	23%	2.2%	0	0

This is the end of the survey. Thank you very much for your help!



2006 Marion Community Assessment

Appendix D

The Survey of Youth

2006 Marion County Community Needs Assessment Youth Survey

This survey asks your opinions about your health and safety and your community. The survey is part of a project to identify health and social needs in Marion County. The information you give will be used to develop programs for young people in Marion County.

DO NOT write your name on this survey! The answers you give will be kept private and anonymous. This means that no one will know your own individual answers. 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.

Answer the questions based on what you really do and really think. You do not have to complete this survey, and you can skip any questions on the survey or stop answering the survey at any time. Whether or not you answer the questions will not affect your grade in this class or any other class. If you do not want to answer a question, leave it blank.

Follow the directions given by the person reading the survey, and follow along with the person as they read the survey questions. Do not talk while the survey is being conducted. You may raise your hand if you have a question.

Thank you very much for your help!

Directions: Answer the questions as they are read out loud. Use a pen or pencil. To change your answer, put an X through the answer you want to change and circle the new answer.

The first set of questions ask general information about you.

1. How old are you?	7	10
A. 11 years old or younger	0	0.2
B. 12 -13 years old	84.4	0
C. 14 -15 years old	15.6	20.4
D. 16 or older	0	79.5

2. Are you:	7	10
A. Female	51.3	50.4
B. Male	48.7	49.6

3. Are you Hispanic or Latino?	7	10
A. Yes	3.7	3.0
B. No	96.3	97.0

4. What is your race? (Select one or more responses.)

	7	10
A. American Indian or Alaska Native	2.3	0.9
B. Asian	1.1	1.4
C. Black or African American	4.8	5.2
D. Native Hawaiian or Other Pacific Islander	0.5	0.9
E. White or Caucasian	88.4	87.6
Multiple responses	3.0	4.0

The next set of questions asks about your health and nutrition habits.

5. During the past 7 days, how many days did you do the following?

Check the correct box to indicate the number of days for activity A through F in the table below. For each activity, be sure to include while at home, at school, at restaurants, or anywhere else.

	0 Days		1-4 Days		5-6 Days		7 Days	
	7	10	7	10	7	10	7	10
A. Eat fruit (Do not include fruit juice.)	10.9	11.9	53.2	54.9	20.1	22.6	15.8	10.6
B. Drink milk, eat yogurt or cheese	5.2	2.7	26.6	28.4	22.2	22.9	46.0	46.0
C. Eat vegetables	15.2	11.1	44.1	45.8	21.9	24.8	18.8	18.2
D. Drink soda/pop	12.6	17.9	37.9	31.8	16.9	18.6	32.6	31.8
E. Eat breakfast	17.9	23.7	24.0	34.8	16.9	12.6	41.3	29.0
F. Eat at home with your family	4.7	6.9	17.3	32.3	25.0	27.1	52.9	33.8

6. If you did NOT eat breakfast any day over the past 7 days, why? Select up to three answers.

	7	10
A. I did eat breakfast at least one day over the past 7 days.	35.6	34.1
B. I don't like to eat breakfast.	9.5	7.9
C. I don't have enough time in the morning to eat breakfast.	15.0	21.3
D. We don't have food for breakfast at my house.	0.6	0.6
E. I don't like to eat the school breakfast.	2.3	0.2
F. Some other reason that I don't eat breakfast.	37.0	35.8

7. During the past 30 days, how many days did you not eat a meal because you did not have food in your house?

	7	10
A. 0 days	88.5	87.2
B. 1 day	5.2	6.1
C. 2-3 days	3.7	4.3
D. 4 or more days	2.6	2.5

8. How do you describe your weight?

	7	10
A. Very underweight	3.2	0.9
B. Slightly underweight	13.3	11.0
C. About the right weight	53.4	58.3
D. Slightly overweight	25.4	25.2
E. Very overweight	4.8	4.6

9. Which of the following are you trying to do about your weight?

	7	10
A. Lose weight	55.3	48.4
B. Gain weight	9.1	15.2
C. Stay the same weight	17.3	17.0
D. I am not trying to do anything about my weight.	18.3	19.3

10. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? Check yes or no for each activity A through E in the table below.

	Yes (%)	
	7	10
A. Exercise	88.1	79.4
B. Eat less food, fewer calories, or eat foods low in fat	44.7	49.3
C. Go without eating for 24 hours or more (also called fasting)	9.1	9.2
D. Take any diet pills, powders, or liquids without doctor's advice	3.1	7.5
E. Make yourself throw up, vomit, or take laxatives	2.0	2.9

The next set of questions asks about your personal safety.

11. How often do you wear a seat belt when you ride in or drive a car?

	7	10
A. Never	7.7	4.4
B. Sometimes	25.1	20.0
C. Usually	27.9	26.0
D. Always	39.3	49.6

12. During the past 30 days, how many days did you carry a weapon such as a gun, a knife, or a club?

	7	10
A. 0 days	84.3	85.7
B. 1 day	5.2	3.4
C. 2-3 days	4.1	3.9
D. 4 or more days	6.3	7.0

13. During the past 30 days, how many times has someone threatened OR injured you with a weapon such as a gun, a knife, or a club?

	7	10
A. 0 times	90.4	92.2
B. 1 times	5.0	3.9
C. 2-3 times	2.7	1.9
D. 4 or more times	1.9	1.9

14. During the past 30 days, how many times has someone stolen or damaged your property such as your car, clothing, or books on purpose?

	7	10
A. 0 times	69.9	78.0
B. 1 times	17.6	12.9
C. 2-3 times	8.5	5.9
D. 4 or more times	4.0	3.2

15. During the past 30 days, how many times were you in a physical fight?

	7	10
A. 0 times	66.9	80.5
B. 1 time	18.6	10.1
C. 2-3 times	9.9	6.4
D. 4 or more times	4.6	3.0

16. During the past 30 days, how many times have you been frightened, harassed, or bullied by other students when you were at your school, on your way to or from school, or at a school activity

	7	10
A. 0 times	67.2	82.8
B. 1 time	14.4	8.3
C. 2 -3 times	9.7	3.9
D. 4 or more times	8.7	5.0

17. During the past 30 days, did your boyfriend or girlfriend ever hit, slap, or physically hurt you?

	7	10
A. I have not had a boyfriend or girlfriend during the past 30 days.	48.6	44.8
B. Yes	2.5	6.0
C. No	48.9	49.2

18. Have you ever been physically forced to have any form of sexual contact when you did not want to?

	7	10
A. Yes	5.3	9.9
B. No	94.7	90.1

19. During the past year, how many times have you felt peer pressure or pressure from others to do something that could have put you at risk or in a dangerous situation?

	7	10
A. 0 times	56.7	49.3
B. 1 time	19.3	14.8
C. 2 -3 times	11.7	17.6
D. 4 or more times	12.2	18.3

20. During the past year, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?

	7	10
A. 0 times	83.7	82.7
B. 1 time	8.1	5.7
C. 2 -3 times	4.9	5.5
D. 4 or more times	3.3	6.2

The next set of questions asks about feeling sad, empty, or depressed and about when people consider taking some action to end their own life or attempt suicide.

21. During the past year, did you ever feel sad, empty, or depressed almost every day for 7 days or more in a row?

	7	10
A. Yes	35.3	37.8
B. No	64.7	62.2

22. During the past year, did you ever think about taking some action to end your own life or attempting suicide?

	7	10
A. Yes	16.2	22.3
B. No	83.8	77.7

23. During the past year, did you ever make a plan OR think about a plan about how you would take some action to end your own life or attempt suicide?

	7	10
A. Yes	13.9	16.2
B. No	86.1	83.8

24. During the past year, how many times did you actually take some action to end your own life or attempt suicide?

	7	10
A. 0 times	91.9	91.5
B. 1 time	4.3	3.7
C. 2-3 times	2.5	2.0
D. 4 or more times	1.3	2.8

The next set of questions asks about using tobacco products.

25. How old were you when you smoked a cigarette for the first time?

	7	10
A. I have never smoked a cigarette.	66.0	51.8
B. 8 years old or younger	10.2	7.8
C. 9-11 years old	15.7	9.3
D. 12-14 years old	8.1	19.8
E. 15 or older	0.0	11.4

26. During the past 30 days, on the days you smoked, how many cigarettes did you usually smoke each day?

	7	10
A. I did not smoke cigarettes during the past 30 days.	83.7	73.6
B. 1-10 cigarettes per day	14.2	21.3
C. 11-20 cigarettes per day	1.8	3.6
D. More than 20 cigarettes per day	0.3	1.4

27. During the past 30 days, how did you usually get your cigarettes?

	7	10
Circle up to 3 answers.		
A. I did not smoke cigarettes during the past 30 days.	61.9	74.0
B. I bought them in a store or gas station.	0.8	5.7
C. I bought them from a vending machine.	0.3	1.5
D. I gave someone else money to buy them for me.	7.7	12.3
E. A person age 17 or younger gave them to me.	8.4	6.8
F. A person 18 years old or older gave them to me.	6.5	12.5
G. I took them from a family member.	6.6	5.0
H. I got them some other way.	9.2	11.0

28. During the past 30 days, how many days did you use chewing tobacco, snuff, or dip?

	7	10
A. 0 days	94.1	88.6
B. 1 day	3.3	2.0
C. 2-6 days	1.4	5.0
D. 7 or more days	1.1	4.5

29. During the past 30 days, how many days did you smoke cigars, cigarillos, or little cigars?

	7	10
A. 0 days	91.1	82.4
B. 1 day	3.2	5.3
C. 2-6 days	3.2	6.6
D. 7 or more days	2.5	5.7

30. During the past year, did you ever try to quit using any tobacco product?

	7	10
A. I did not use any tobacco product during the past year.	76.9	63.6
B. Yes	15.5	19.4
C. No	7.6	17.1

The next set of questions asks about drinking alcohol including beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, a drink of alcohol is considered to be 1 can or 1 bottle of beer, 1 wine cooler or alco-pop, 1 glass of wine, or 1 shot of other liquor such as vodka, gin, rum, scotch, or whisky. For these questions, drinking alcohol does not include drinking wine for religious purposes.

31. How old were you when you had your first drink of alcohol?

	7	10
A. I have never had a drink of alcohol.	51.3	25.9
B. 8 years old or younger	15.2	10.1
C. 9 -14 years old	33.3	40.4
D. 15 years or older	0.2	23.6

32. During the past 30 days, on how many days did you have at least one drink of alcohol?

	7	10
A. 0 days	79.1	56.9
B. 1 day	9.5	14.3
C. 2-4 days	8.7	18.0
D. 5 or more days	2.7	10.9

33. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row on one occasion within 2 to 3 hours?

	7	10
A. 0 days	90.3	72.5
B. 1 day	5.9	12.5
C. 2-4 days	2.9	10.2
D. 5 or more days	1.0	4.8

The next set of questions asks about using illegal substances.

34. During the past year, to get high, how many times have you used a prescription drug without a doctor's prescription?

	7	10
A. 0 times	92.6	82.6
B. 1 time	3.5	4.8
C. 2-4 times	2.1	6.0
D. 5 or more times	1.9	6.6

35. During the past year, to get high, how many times have you taken any over-the-counter pills or drugs for which you do not need a doctor's prescription?

	7	10
A. 0 times	90.4	88.2
B. 1 time	3.0	3.0
C. 2-4 times	4.6	5.0
D. 5 or more times	1.9	3.8

36. During the past year, to get high, how many times did you use any of the following?

Check the box for the correct number of times for each substance A through G in the table below.

	0 Times		1 Time		2-4 Times		5+ Times	
	7	10	7	10	7	10	7	10
A. Marijuana (grass/pot)	90.0	71.7	3.8	5.0	2.2	7.1	4.0	16.2
B. Cocaine (including powder, crack or freebase)	98.2	95.0	1.3	2.5	0.2	0.7	0.3	1.8
C. Heroin (smack, junk, China White)	98.6	98.4	1.0	0.4	0.3	0.0	0.2	1.3
D. Methamphetamine (speed, crystal meth, crank or ice)	97.6	97.0	1.8	1.1	0.2	0.2	0.5	1.8
E. Ecstasy (MDMA)	97.9	93.8	1.0	2.5	0.8	1.4	0.3	2.3
F. Methabrevital	99.8	98.4	0.2 (n=1)	0.5 (n=3)	0.0 (n=1)	0.2 (n=1)	0.0 (n=5)	0.9 (n=5)
G. LSD (acid, PCP, angel dust, mescaline, magic mushrooms)	97.1	94.1	1.6	3.0	0.8	1.3	0.0	0.4

37. During the past year, to get high, have you ever used any method or substance other than those mentioned above in questions 34, 35, or 36?

	7	10
A. Yes	8.6	17.3
B. No	91.4	82.7

The next set of questions asks about intimate sexual contact or sexual intercourse with a BOY OR GIRL. For these questions, intimate sexual contact or sexual intercourse does NOT include holding hands, mouth-to-mouth kissing, or touching a clothed body part.

38. How old were you when you had intimate sexual contact or sexual intercourse for the first time?

	7	10
A. I have never had intimate sexual contact or sexual intercourse.	80.3	37.7
B. 11 years old or younger	8.2	13.6
C. 12 -15 years old	11.5	38.9
D. 16 years or older	0.0	9.8

39. Did you drink alcohol or use drugs before you had intimate sexual contact or sexual intercourse the last time?

	7	10
A. I have never had intimate sexual contact or sexual intercourse	78.3	40.2
B. Yes	4.0	10.5
C. No	17.7	49.3

40. What protection do you use for preventing getting a sexually transmitted disease (STD) or pregnancy? Select all that apply.

	7	10
A. I have never had intimate sexual contact or sexual intercourse.	---	---
B. I don't use any method of protection against sexually transmitted diseases (STDs) or pregnancy.	2.4	10.0
C. Birth control pills	6.4	15.4
D. Condoms	17.2	43.4
E. Depo-Provera (injectable birth control)	1.3	3.8
F. Withdrawal	1.3	13.2
G. Some other method	1.6	3.8
H. Not sure	2.7	2.9

41. If you have never had intimate sexual contact or sexual intercourse, what is the main reason you have not? Select up to 3 answers.

	7	10
A. I have had intimate sexual contact or sexual intercourse.	---	---
B. I am waiting for marriage.	43.0	25.0
C. I am sticking to my spiritual or moral values.	15.2	17.4
D. I don't feel ready for intimate sexual contact or sexual intercourse.	35.1	16.0
E. I'm afraid of becoming pregnant or getting someone pregnant.	27.0	16.4
F. I don't want to get a sexually transmitted disease (STD) or HIV/AIDS.	32.9	15.3
G. I do not have a partner (a boyfriend or a girlfriend).	11.9	12.9
H. None of the above	9.9	9.0

The next set of questions asks about health related topics.

42. Has a doctor or nurse ever talked with you about your weight?

	7	10
A. Yes	19.2	15.4
B. No	80.8	84.6

43. Has a doctor or nurse ever talked with you about feeling sad, empty, or depressed?

	7	10
A. Yes	17.5	17.0
B. No	82.5	83.0

44. Has a doctor or nurse ever told you that you have any of the following conditions?

Check yes, no, or not sure for each condition A through E in the table below.

	Yes		No		Not Sure	
	7	10	7	10	7	10
A. Asthma	18.6	16.5	71.9	78.3	9.5	5.3
B. Diabetes or Sugar Diabetes	2.3	4.3	92.7	92.4	5.0	3.2
C. High Blood Pressure	4.4	5.6	88.6	88.8	7.0	5.6
D. Sexually Transmitted Disease (STD)	0.7	3.1	97.1	95.3	2.3	1.6
E. Migraine Headaches	23.7	19.2	65.0	77.7	11.3	3.1

45. Is there an adult that you feel comfortable talking to or seeking help from if you have an important issue, question, or a personal problem?

	7	10
A. Yes	75.5	73.9
B. No	24.5	26.1

46. When was the last time you saw a doctor or health care provider for a regular or routine check-up or physical exam (that is, when you were NOT sick or injured)?

	7	10
A. Within the last 12 months	59.1	62.2
B. More than one year ago	9.2	21.1
C. Never	7.3	6.0
D. Not sure	24.4	10.7

47. If it's been more than one year OR if you have never seen a doctor or health care provider for a regular check-up or physical exam when you were NOT sick or injured, why? Circle all that apply.

	7	10
A. I did see a doctor or other health care provider for a regular check-up or physical exam.	68.5	64.6
B. I didn't need to go to the doctor for a regular check-up or physical exam.	14.2	20.9
C. I don't like to go to the doctor for a regular check-up or physical exam.	6.4	12.5
D. I don't have a doctor or other health care provider for a regular check-up or physical exam.	1.4	7.1
E. My family can't afford for me to go to the doctor for a regular check-up or physical exam.	3.9	4.5
F. Other reason	11.0	12.1

48. When was the last time you saw a dentist for a regular or routine dental check-up, exam, or teeth cleaning? Do not include a dental visit for a toothache, braces, or other dental problem.

	7	10
A. Within the last 6 months	42.6	51.1
B. 6 months to 12 months ago	31.2	26.4
C. More than 12 months ago	9.5	14.8
D. Never	3.8	3.4
E. Not sure	12.9	4.3

49. If it's been more than one year OR if you have never seen a dentist for a regular or routine check-up, exam, or teeth cleaning, why? Circle all that apply.

	7	10
A. I did see a dentist within the last year.	73.1	67.6
B. I didn't need to go to the dentist for a regular or routine dental check-up, exam, or teeth cleaning.	26.5	10.9
C. I don't like to go to the dentist for a regular or routine dental check-up, exam, or teeth cleaning.	3.0	10.0
D. I don't have a dentist or other dental health care provider for regular or routine dental check-up, exam, or teeth cleaning.	3.4	10.7
E. We can't find a dentist who will accept our dental insurance.	0.8	2.9
F. My family can't afford to pay for regular or routine dental care.	3.9	4.5
G. Other reason	10.7	11.0

50. Do you have a friend or peer that you feel comfortable talking to or seeking help from if you have an important issue, question, or a personal problem?

	7	10
A. Yes	64.8	84.6
B. No	35.2	15.4

51. Over the past 7 days, how many days did you exercise or participate in a physical activity for at least 20 minutes so that you were sweating and breathing hard?

	7	10
A. 0 days	25.5	10.6
B. 1-2 days	14.6	27.1
C. 3-5 days	23.4	29.1
D. 6 or more days	36.5	33.2

52. On an average school day, not counting weekends or days off from school, how many hours do you watch TV?

	7	10
A. I don't watch TV on an average school day.	7.6	9.5
B. Less than 1 hour per day	25.2	33.7
C. 1-4 hours per day	47.3	49.1
D. 5 or more hours per day	19.9	7.7

53. On an average school day, not counting weekends or days off from school, how many hours do you play video games, text message, or use a computer for fun?

	7	10
A. I don't play video games, text message, or use a computer for fun on an average school day.	14.0	9.3
B. Less than 1 hour per day	30.9	36.7
C. 1-4 hours per day	41.1	41.8
D. 5 or more hours per day	13.9	12.2



54. In an average or usual week, how many hours do you spend on volunteer work, community service, or helping people outside of your home WITHOUT getting paid?

	7	10
A. 0 hours	46.5	64.8
B. 1 to 2 hours	34.0	28.4
C. 3 to 4 hours	12.2	4.3
D. 5 hours or more	7.2	2.5

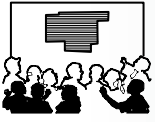
55. In an average or usual school week (NOT during school vacation or days off from school), how many hours do you work at a paying job outside of your home?

	7	10
A. 0 hours	68.2	64.9
B. 1 to 4 hours	23.4	10.5
C. 5 to 8 hours	5.9	11.6
D. 9 hours or more	2.4	13.0

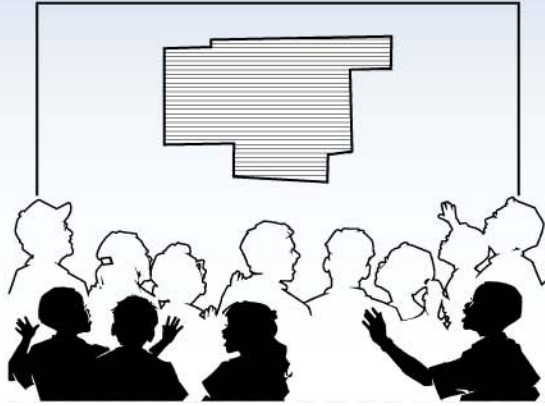
56. What are your plans for the next two years? (not asked of 7th grade; asked only with 10th grade)

	10
A. Finish high school and go on to college or technical school full-time.	56.4
B. Finish high school and go on to college or technical school part-time.	14.7
C. Finish high school and work, but not go on to college or technical school.	10.4
D. Finish high school and join a branch of the armed services.	7.0
E. Possibly dropping out of high school some time in the next two years.	1.3
F. Something else	2.6
G. Not sure	7.7

This is the end of the survey. Thank you very much for your help!



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2006 Marion Community Assessment

Appendix E

The Survey of Adults



ADULT Survey

This survey is part of a county-wide project to discover what Marion County residents think about their community and about their health and social needs. The information will be used to learn what issues need to be addressed to better serve the citizens of Marion County.

This is an anonymous survey, so DO NOT write your name anywhere on the survey! Your answers will be combined with surveys from other Marion County residents, so no one will know your own individual answers.

DIRECTIONS: You may use pen or pencil to answer the survey. Answer the questions based on what you really do or think. Circle only one answer unless the question states otherwise. If you do not want to answer a question, just leave it blank. Please mail your completed survey in the enclosed pre-addressed postage-paid envelope as soon as possible, but no later than Monday May 15, 2006.

Anyone who receives a survey is eligible to be in drawings for gift certificates from local Marion area merchants. A small yellow card is enclosed for this purpose. Please follow the directions on the enclosed yellow card if you wish to be entered in the drawings.

Thank you very much for sharing your opinions, and for helping to make Marion a healthier community for everyone.



NOTE: A = 18-44 B = 45-64 C = 65+

The first group of questions asks about you.

1. What is your ZIP Code?

43301 – 2 43302 – 449 43314 – 21 43315 – 3 43322 – 3
43332 – 16 43337 – 9 43341 – 8 43342 – 33 43356 – 10

2. How long have you lived at your current address?

A. Less than 1 year **7%** B. 1 year or longer **93%**

3. How long have you lived in Marion County? (Please only answer about the present away for a while.)

A. Less than 1 yr **2.2%** B. 1 to 5 yrs **7.7%** C. Longer than 5 yrs. **91%**
 >5 yrs. **A: 77.6% B: 96.5% C: 10.2%**

4. What is your current employment status?

A. Currently working full-time, part-time, temporary, or when called.

55.7% A:77.1% B:71% C:10.2%

A. Not currently working. Circle the main reason why:

a. Cannot find work **1.6%**

b. Ill or disabled **5.9%**

c. Taking care of family member (child, parent, spouse, etc.) **3.1%**

d. Laid off **0.7%**

e. Need job training **0**

f. Do not want to work right now **0.5%**

g. Retired **31% A:0.6% B:16% C:86%**

h. Other reason **3.4%**

5. Please write in the county where your main job is located:

Marion 82.7% Franklin 4.6% Delaware 4% Union 3.7% Crawford 2.2% Wyandot 1.2%
<1: Adams, Hancock, Hardin, Portage

6. Circle the top 2 ways you usually learn about what's going on in the community:

A. The Marion Star **69.3% A:50.3% B:75.1% C:81.5%**

B. Other newspaper **2.5%**

C. Local radio station (Marion County) **42.9%**

D. Other radio station (outside Marion County) **2.9%**

E. Local television station **8.3% A: 7% B:5.2% C:14%**

F. Other television station (outside Marion County) **14.4%**

G. From other people (family, friends, neighbors) **44%**

A:56.7% B:44.1% C:29.9%

H. I don't usually learn about what's going on in Marion County **4.7%**

A:9.4% B:2.6% C:2.5%

The next set of questions asks about your neighborhood.

7. Which of the following best describes your current residence?

- A. I own my residence. **74.5%** A:54.7% B:84.9% C: 80.5%
- B. I rent my residence. **15.2%**
- C. I live with someone else who owns or rents the residence. **8%**
- D. I currently live in a shelter. **2%** A:3.7% B:1.7% C:0.6%
- E. I currently have no place or shelter to live in. **0.4%** A:1.2% B,C:0

8. Was there ever a time in the last 12 months that you didn't have a place to live and were homeless?

- A. Yes **2.3%** B. No A: 5.3% B:1.7% C:0

9. Do you feel you are a part of the neighborhood where you currently live?

- A. Yes **84.1%** B. No A:75% B:83.6% C:94.3%

10. Do people in your neighborhood know each other well enough to say hello and refer to one another by their names?

- A. Yes **79.5%** B. No A:72.8% B:78.5% C:88.4%

11. If you currently have any type of firearms in your home, do they all have trigger locks or are locked in storage? 43% had firearms

- A. Yes **58.3% (of those that have)** B. No C. I do not have firearms in my home
- A:37.2% B:39.4% C:23.4%

12. Do you currently have any working smoke detectors in your home?

- A. Yes **92.9%** B. No

The next set of questions asks about your health.

13. How would you describe your health?

- A. Excellent **17.4%** B. Very good **30.6%** C. Good **33.5%** D. Fair **15.2%** E. Poor **3.4%**
- Fair/Poor: A:14.7% B:14.2% C:29.3%

14. Circle any of the following that apply to you.

- A. I wear sunscreen to protect against sunburn. **55.2%**
- B. I wear bug spray to protect against mosquito bites/West Nile Virus. **48%**
- A:57.9% B:47% C:38.9%
- A. I wear a life preserver when on or near water. **25%**



15. Have you ever been told by a doctor or other health care provider that you have any of the following? Circle all that apply.

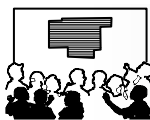
- A. High blood pressure or hypertension **41.1%** **A:17.7%** **B:41.9%** **C:64.2%**
- B. Heart disease, angina, heart condition, stroke, or circulatory problem
18.6% **A: 7.9%** **B: 16.4%** **C: 32.7%**
- C. Kidney failure or kidney disease (NOT kidney stones) **2.7%**
- D. Diabetes or sugar diabetes **14%** **A:4.3%** **B:11.5%** **C:27.7%**
- E. Breathing or respiratory problems besides asthma **8.6%**
- F. Asthma **10.2%**
- G. Any type of cancer, except skin cancer **6.9%** **A:1.8%** **B:6.2%** **C:13.2%**
- H. Skin cancer or melanoma **6.9%** **A:1.2%** **B:5.8%** **C:14.5%**
- I. Depression **19.3%** **A:28.7%** **B:18.1%** **C:11.3%**
- J. Bi-polar, mental illness, or any type of mental health disorder
4.2% **A:9.1%** **B:2.7%** **C:1.3%**
- K. A problem with your weight- overweight, or underweight **30.8%**
- L. Arthritis **33.5%** **A:11%** **B:33.6%** **C:56.6%**
- M. HIV/AIDS **0**
- N. A sexually transmitted disease (STD) **2.2%** **A:6.1%** **B:0.9%** **C:0**
- O. Chronic pain **12.9%**

16. If you are a female, were you pregnant any time during the last 12 months? (age 18-44)

- A. Yes **2.5%**
- B. No

17. Circle any of the following that you do.

- A. Get a physical exam as recommended **57.3%** **A: 39.2%** **B: 65.2%** **C: 65.6%**
- B. If female age 18 or older, get a PAP test every year
59% **1: 57.9%** **2: 82.5%** **3: 60%** **4: 78.1%** **5: 67.1%** **6: 30.1%**
- C. If female age 40 or older, get a mammogram every year (35 and older)
62.8% **3: 29.1%** **4: 79.5%** **5: 74%** **6: 61.2%**
- D. If male over age 50, get tested for prostate cancer every year (45 and older)
37.4% **4: 22.4%** **5: 57.1%** **6: 38.3%**
- E. If age 50 or older, get a sigmoidoscopy or colonoscopy as recommended **34.2%**
Female: 35.3% **4:19.2%** **5:43.8%** **6:40.8%**
Male: 33.3% **4:14.3%** **5:54.3%** **6:38.3%**
- F. Use a seatbelt when driving or riding in a car **90.2%**
- G. Practice safe-sex or are in a long-term relationship with one person
54.2% **A: 73.1%** **B:59.3%** **C:26.1%**
- H. Practice your religion **59.6%** **A: 44.4%** **B: 66.2%** **C: 66.2%**
- I. Perform community or volunteer service **38.5%** **A: 32.7%** **B: 46.3%** **C: 33.3%**
- J. Enjoy your life **74.8%**
- K. Get involved in your community **31.1%**
- L. Keep informed about issues in your community **47.9%** **A: 31.6%** **B: 56.7%** **C: 52.9%**
- M. Wear a helmet if riding on a motorcycle **12.5%** **A: 16.4%** **B: 15.6%** **C: 3.8%**
- N. Wear a helmet if biking **5.9%**
- O. Spend quality time with your family and/or friends **81.4%**
- P. Drive within the speed limit **73%**
- Q. Drive after drinking alcohol **3.4%**
- R. Get 6-8 hours of sleep most nights **78.3%**
- S. Exercise at least 30 minutes per day, at least 3 times a week **34.2%**
- T. Drink six or more glasses of water every day **36.6%**
- U. Manage feelings of stress when they occur **54%**



The next set of questions asks about your healthcare and healthcare insurance.

18. What types of health insurance or health plan do you currently have? Circle all that apply.

A. None- I do not currently have any type of health insurance or health plan.

9.5% A:18.2% B:7.8% C:2.5%

B. Medicaid/medical card or Healthy Families-Healthy Start. 10.7% A:14.7% B:4.3% C:15.7%

C. Private insurance or insurance through my job. 67.7% A:66.5% B:79.7% C:51.6%

E. Medicare-insurance for 65+ or with certain disabilities 27.5% A:3.5% B:6.1% C:84.3%

F. CHAMPUS, CHAMP-VA, or Indian Health Service 1.8%

G. Other: Please write in 7.9% A:3.6% B:6.1% C:4.3%

Supplemental 11 Other ins. 13 Parents 3 Spouse 2 Retirement 4 VA 2
COBRA 1

19. If you were without health insurance at any time in the last 12 months, why? Circle all that apply.

A. I did have health insurance in the last 12 months. 58.6%

B. My employer does not have a health insurance plan. 3.5%

C. I was unemployed. 3.5%

D. I did not qualify for Medicaid, Medicare, or other govt. insurance. 5.3%

E. Health insurance coverage is too expensive. 9.2%

F. I did not need or want health insurance coverage. 1%

20. Where do you usually go for healthcare?

A. Doctor's office 65.4%

D. Center St. Community Clinic 0.9%

B. Smith Clinic 17.1%

E. Some other place 2%

C. Marion General Hospital

F. There is no place I go to for health care. 2.2%

Emergency Room 2%

G. Other Answer 10.4%

21. How many prescription drugs do you currently take? Do not include hormones or birth control pills.

A. None 28.5% B. 1-2 33.4% C. 3-4 16.6% D. 5 or more 21.2%

None: A:52.8% B:26.4% C:8.2%

22. In the past 12 months, have you ever NOT filled or refilled a prescription because of the cost?

A. Yes 23.9% B. No A:34.9% B:20.3% C:17.5%

23. If you are over 65, have you signed up for Medicare Part D prescription drug coverage?

A. Yes 42.5% B. No

24. During the past 12 months, have you seen a doctor or other health care provider for a check-up when you were NOT sick or injured?

A. Yes 63.9% A:42.2% B:67% C:83.3%

B. No. Please circle the main reason why:

1. I did not feel I needed to go to the doctor for a check-up. 10.9% A:16.3% B:11.2% C:4.7%

2. I do not like to go to the doctor if I'm not sick or injured. 14.1%

3. I do not have a doctor or other health care provider. 1.3%

4. I cannot afford to have these check-ups or exams. 7.8% A:15.7% B:5.4% C:2.7%

5. Other: 2.8 nonspecific, as above

25. During the past 12 months, have you gone to a local emergency room for services that could have been handled in an office visit to a doctor or dentist?

A. Yes. 8.1% Why? After hrs. 7 Emergency 6 Too long appt. 3

B. No No ins. 3 No local dr. 2 Other 3



26. During the past 12 months, was there a time when you needed general medical care but **COULD NOT get it?** General medical care means care by a doctor, chiropractor, physician's assistant, or nurse practitioner. Circle the best answer.

- A. I was always able to get general medical care when I needed it. **84.4%**
- B. I was unable to get an appointment for general medical care. **2.3%**
- C. I did not have transportation to the general med. provider's office. **0.4%**
- D. I was not able to afford the cost of general medical care. **8.0%**
- E. My health insurance/health plan would not cover the general medical care I needed. **1.1%**
- F. There were no gen. medical. care providers that I wanted to see. **1.1%**
- G. Other **2.3%** **Afford 4 No dental ins. 2 No ins. 1 No dr. 1 Other 2**

27. During the past 12 months, was there a time when you needed care from a specialist, but **COULD NOT get it?** A specialist is a doctor that treats mainly one type of health problem. Examples of specialists are surgeons, allergists, obstetricians, gynecologists, orthopedists, cardiologists, or dermatologists. Circle the best answer.

- A. I did not need to see a specialist. **71.3%**
- B. I was unable to get an appointment with a specialist. **4.3%**
- C. I did not have transportation to the specialist's office. **0.3%**
- D. I was not able to afford the cost of the specialist. **8.3%**
- E. My health ins./health plan wouldn't cover the specialist care. **2.1%**
- F. There were no specialists that I wanted to see. **3.5%**
- G. Other: **10.2%** **nonspecific, as above**

28. When was the last time you saw a dentist for a dental exam or cleaning? Do not include a visit to a dentist for a toothache, braces, or other dental problem.

- A. Within last 6 months **47.3%**
- C. More than one year ago **33.5%**
- B. 6 to 12 months ago **16.4%**
- D. Never **2.8%**

29. If it's been more than one year since you saw a dentist for a dental exam or cleaning, why?
Circle all that apply.

- A. I did see a dentist within the last year. **45.4%**
- B. I did not feel I needed to go to the dentist **10%**
- C. I do not like to go to the dentist **7.5%** **A:14% B:5.7% C:2.8%**
- D. I don't have a dentist **5.9%**
- E. I was unable to get an appointment **0.6%**
- F. Dentist(s) will not accept my dental insurance **1.6%**
- G. I cannot afford the cost of dental care **17.3%** **A: 28.7% B: 13.8% C: 9.9%**
- H. My dental needs are not being met in Marion County **3.5%**
- I. Other: **6.7%** **nonspecific, as above**



30. What health care services do you get outside Marion County? Circle all that apply.

- A. General medical care **8.4%**
- B. Specialty medical care **22.6%**
- C. Surgical care **12.2%**
- D. Dental care **8.2%** **A:16% B:5.3% C:4.2%**
- E. Dialysis **0.2%**
- F. Medical tests (x-rays, lab tests, etc.) **6.6%**
- G. Hospital care **8.2%**
- H. Cardiac care **3.8%** **A:1.3% B:2.4% C:8.5%**
- I. OB/GYN care **5.4%**
- J. Fertility/family planning services **0.2%**
- K. Cancer/Oncology care **3.2%**
- L. Mental Health services **1.4%**
- M. Orthopedic care **4.4%**
- N. Physical or Occupational rehabilitation **1.4%**
- O. I do not get healthcare services outside of Marion County. **46.1%**
- P. Other: **4.4%** 2 each: Ortho, Eye, Chiropractor, cardiology, Dermatology
1 each: BWC, ER, Podiatry 3 nonspecific

31. How would you describe your mental health?

- | | | | | |
|--|--------------|--------------|-----------|-------------|
| A. Excellent | B. Very good | C. Good | D. Fair | E. Poor |
| 31.7% | 35.4% | 24.4% | 7% | 1.5% |
| Fair/Poor A:16.8% B:4.9% C:4.7% | | | | |

32. During the past year, did you ever feel sad or depressed almost every day for 7 days or more in a row?

- A. Yes **23%** B. No **A:33.1% B:22.3% C:12.8%**

The next set of questions asks about living in Marion County

33. During the past 12 months, has someone ever deliberately damaged your personal property such as your car, your home, or other possessions?

- A. Yes **18.8%** B. No **A: 24.1% B: 20.8% C: 10.2%**

34. During the past 30 days, have you ever been frightened, harassed, bullied, or physically abused by someone you did not know?

- A. Yes **3.2%** B. No **A: 6.4% B: 2.6% C: 0.6%**

35. During the past 30 days, have you ever been frightened, harassed, bullied, or abused by someone known to you?

- A. Yes **6.5%** B. No **A: 11.2% B: 6.1% C: 1.9%**

36. Have you ever been forced to engage in sexual activity against your will?

- A. Yes **7.8%** B. No **A: 13.6% B: 6.1% C: 3.8%**

The next set of questions asks about your activities.

37. Do you currently provide some type of regular help or assistance to another adult who has a health problem such as a physical, emotional, or developmental problem? By regular help or assistance, we mean personal care, household maintenance, social or emotional support, coordinating health care, or helping with financial affairs. Do not include paid work.

- A. Yes. How old is the adult that you help? **29.7%**
 B. No **1-5: 5 19-35: 10 36-55: 26 56-65: 14 66-75: 24 76-85: 45 85+: 33**

38. How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette **37.8%**
 B. 8 years old or younger **2%**
 C. 9-12 years old **10%**
 D. 13-17 years old **27.6%**
 E. 18 years old or older **22.5%**

39. During the past 30 days, on the days you smoked, how many cigarettes did you usually smoke each day?

- A. I did not smoke any cigarettes during the past 30 days.
76.3% A: 63.8% B: 80.1% C: 86.7%
 B. 1 cigarette or less per day **2.9% A: 5.6% B: 1% C: 2.5%**
 C. 2 to 10 cigarettes per day **8% A: 13.8% B: 6.3% C: 3.3%**
 D. 11 to 20 cigarettes per day **9.7% A: 13.1% B: 10.2% C: 4.2%**
 E. More than 20 cigarettes per day **3.1% A: 3.8% B: 2.4% C: 3.3%**

40. During the past 12 months, did you ever try to quit smoking cigarettes?

- A. Yes, and I quit smoking. **15.6%**
 B. Yes, but I did not quit smoking. **11.5%**
 C. No **73%**

41. During the past 30 days, how many days did you use chewing tobacco (pouches, long cut or short cut), snuff, or dip?

- A. 0 days **97.2%** B. 1 to 5 days **0.4%** C. 6 to 29 days **0.8%** D. Every day for the last 30 days. **1.6%**

42. During the past 30 days, how many days did you smoke cigars, cigarillos, or small cigars?

- A. 0 days **95.7%** B. 1 to 5 days **2.5%** C. 6 to 29 days **0.8%** D. Every day for the last 30 days. **1%**

43. During the past 30 days, did you ever drive after drinking beer, wine, or alcohol, or after using illicit drugs?

- A. Yes **12.3%** B. No **A: 14.7% B: 16.2% C: 3.4%**

44. During the past 30 days, did you ever ride in a car with a driver after he/she had been drinking beer, wine, or alcohol, or had used illicit drugs?

- A. Yes **13.4%** B. No **A: 18.1% B: 16.5% C: 3.3%**



For questions 45-47, a drink of alcohol is considered to be 12 oz. of beer, 6 oz. of wine or wine cooler, or one shot of liquor such as gin, rye, rum, bourbon, whiskey, or other liquor. A drink of alcohol does NOT include a few sips of wine for religious purposes.

45. How old were you when you had your first drink of alcohol, other than a few sips for religious purposes?

- | | | | | |
|--|-------|----------|----------|----------|
| A. I have never had a drink of alcohol or have never had any alcohol other than a few sips of wine for religious purposes. | 9.9% | A: 5.3% | B: 7% | C: 19.5% |
| B. 12 years old or younger | 6.9% | A: 8.8% | B: 6.6% | C: 5.2% |
| C. 13 - 17 years old | 33.9% | A: 50.3% | B: 34.9% | C: 14.3% |
| D. 18 - 20 years old | 30.1% | A: 22.8% | B: 35.8% | C: 29.9% |
| E. 21 years old or older | 19.1% | A: 12.9% | B: 15.7% | C: 31.2% |

46. During the past 30 days, how many days did you have at least one drink of alcohol?

- | | | | |
|-------------|----------|----------------|-------------------|
| A. 0 days | B. 1 day | C. 2 to 4 days | D. 5 or more days |
| 57% | 13.4% | 16% | 13.6% |
| 0 A:43.2% | B:53.9% | C:76.6% | 1 A: 19.5% |
| 2-4 A:21.3% | B:17.5% | C:7.8% | 5+ A: 16% |
| | | | B:12.3% |
| | | | C:8.4% |
| | | | B:16.2% |
| | | | C:7.1% |

47. On average, how many drinks of alcohol do you have per day?

- | | | | |
|-------------|------------|------------------|---------------------|
| A. 0 drinks | B. 1 drink | C. 2 to 4 drinks | D. 5 or more drinks |
| 82.9% | 10.5% | 5.1% | 1.5% |

48. During the past 30 days, how many times did you use marijuana (grass or pot)?

- | | | | |
|------------|-----------|-----------------|--------------------|
| A. 0 times | B. 1 time | C. 2 to 4 times | D. 5 or more times |
| 97.8% | 0.4% | 0.7% | 1.1% |

49. During the past 30 days, how many times did you use drugs such as cocaine (speed, crystal, crack, or ice), ecstasy (MDMA), heroin, LSD, or methamphetamines?

- | | | | |
|------------|-----------|-----------------|--------------------|
| A. 0 times | B. 1 time | C. 2 to 4 times | D. 5 or more times |
| 98.6% | 0.9% | 0.4% | 0.2% |

The next set of questions asks about health habits.

50. How do you describe your weight?

- | | |
|---------------------------------|-----------------------------|
| A. Underweight 3.2% | C. Overweight 51.3% |
| B. About the right weight 40.4% | D. Very overweight/obese 5% |

51. During the past 30 days, have you done any of the following to lose weight or keep from gaining weight? Circle all that apply.

- | | | | |
|---|---------|--------|-----|
| A. Exercise 55.7% | | | |
| B. Eat less food, fewer calories, or eat foods low in fat 67.6% | | | |
| C. Take diet pills, powders, or liquids without a doctor's advice 7% | A:15.1% | B:5.9% | C:0 |
| D. Consult with a nutritionist or dietician 2.1% | | | |
| E. Participate in weight loss program such as Weight Watchers or Jenny Craig 2.3% | | | |



52. During the past 7 days, how many servings of calcium-rich foods (milk, yogurt, cheese) did you eat or drink per day? Include milk you drank alone or with cereal.

- A. 0 servings 4.8% B. 1 to 2 servings 65.6% C. 3 or more servings 29.6%

53. During the past 7 days, how many servings of fruit or fruit juice did you consume per day? Include only 100% fruit juice.

- A. 0 14.9% B. 1 to 2 60.7% C. 3 or more 24.4%
0 A:23.4% B:12.7% C:8.9% 1-2 A:57.9% B:61.6% C:62.4%
3+ A:18.7% B:25.8% C:28.7%

54. During the past 7 days, how many servings of vegetables did you eat per day?

- A. 0 5.9% B. 1 to 2 62.9% C. 3 or more 31.2%
0 A: 11.7% B:3.9% C:2.5% 1-2 A:59.6% B:62.4% C:67.1%
3+ A: 28.7% B:33.6% C:30.4%

55. During the past 7 days, how much soda/pop did you drink per day?

- A. None 32.3% B. One 12oz. can 38.3% C. 2 or more 29.4%
0 A:16.4% B:37.3% C:42.6% 1 A: 37.4% B:36% C:42.6%
2+ A:46.2% B:26.8% C:14.8%

56. Over the past 7 days, how many days did you eat breakfast?

- A. Never 8.8% B. Some 24.6% C. Most 20.6% D. Every 46%
None A: 14.7% B:8.3% C:3.2% Some A: 33.5% B:27.1% C:11.4%
Most A: 21.8% B:24% C:14.6% Every A: 30% B:40.6% C:70.9%

57. During the past 7 days, how many fast food meals did you eat?

- A. 0 meals 34.4% B. 1-5 meals 62.8% C. 6 or more 2.9%
0 A:24% B:33.2% C:47.4% 1-6 A:72.5% B: 64.2% C:50%
6+ A:3.5% B: 2.6% C:2.6%

58. During the past 30 days, how many days did you not eat a meal because you could not afford to buy food?

- A. 0 days 92.6% B. 1 - 2 days 4.3% C. 3 or more 3.1%
0 A: 84.7% B:93.8% C:99.4 % 1-2 A: 8.8% B: 3.5% C:0.6%
3+ A: 6.5% B: 2.7% C:0

59. During the past 30 days, how many days did you visit a food pantry?

- A. 0 days 95.3% B. 1 - 2 days 4.1% C. 3 or more 0.5%

60. Over the past 7 days, how many days did you exercise or participate in moderate physical activity for at least 20 minutes?

- A. 0 days 29.4% B. 1-2 32.8% C. 3-5 25.6% D. 6-7 12.3%

The next set of questions asks about other social issues.

61. Do you have someone you feel comfortable talking to or seeking help from if you have an important issue or personal problem? Yes 85.7% B. No

62. Which do you prefer? Circle only one answer.

- A. Total smoke free restaurants **62.8%**
- B. Restaurants that allow smoking anywhere **2.3%**
- C. Restaurants that have both smoking and non-smoking areas **34.8%**

63. Have you ever been treated unfairly by anyone in Marion County because of any of the following? Circle all that apply.

- A. Age **10.1%**
- B. Sex **8.5%** A:13.7% B:7.8% C:3.8%
- C. Race **4.9%** A:9.5% B:3.9% C:1.3%
- D. National origin **2%**
- E. Language/accent **1.4%**
- F. Educational level **5%**
- G. Income **11%** A:18.5% B:10.8% C:3.2%
- H. Religion/faith **3.1%**
- I. Disability **5.6%**
- J. Sexual orientation **0.7%**
- K. Physical appearance **9.5%**
A:16.1% B:9.5% C:2.5%

64. Would you be willing to live next door to individuals from a different racial, ethnic, or national background?

- A. Yes **90.8%**
- B. No

65. Would you be willing to live next door to a:

Check Yes or No.

	YES
A. Group Home	43.3%
B. Shelter	35.1%
C. Halfway House	22.8%

66. Do you think the people of Marion County can make positive changes for the better in the community?

- A. Very much so **38.9%**
- B. Somewhat **49.3%**
- C. Not much **10.7%**
- D. Not at all **1.1%**

67. Do you think Marion is prepared for a major disaster such as a natural disaster or terrorist attack?

- A. Yes **11.9%**
- B. No

68. As a resident of Marion County, how concerned are you about each of the following issues in our community? Check the correct box for “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned (%)	Somewhat Concerned (%)	Very Concerned (%)
A. Poverty	8.3	51.9	39.8
B. Child abuse or neglect	2.2	27.1	70.7
C. Drug abuse	3.6	32.0	64.4
D. Alcohol abuse	7.1	37.8	55.0
E. Elder abuse or neglect	8.9	39.2	51.9
F. Crime (e.g., mugging, rape, robberies)	3.9	31.4	64.7
G. Smoking	35.6	41.1	23.2
H. Domestic violence	7.3	43.1	49.5
I. Personal safety	18.4	42.6	39.0
J. Discrimination	27.4	45.1	27.5
K. Neighbors not caring about each other	33.1	43.1	23.8
L. Adequate, safe child care	13.2	37.7	49.1
M. Law enforcement protection	17.8	36.6	45.6

69. As a resident of Marion County, how concerned are you about each of the following issues in our community? Check the correct box “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned (%)	Somewhat Concerned (%)	Very Concerned (%)
A. Services and housing for senior citizens	19.5	43.6	36.9
B. Unemployment, lack of jobs	7.3	32.7	60.0
C. Schools/Education	8.0	28.5	63.5
D. Responsiveness of public officials	11.7	42.7	45.6
E. Public transportation	41.1	40.4	18.5
F. Taxes and levies	6.8	33.7	59.5
G. Environmental health issues (e.g., air/water pollution, waste disposal)	13.2	43.9	42.9
H. Traffic control/accidents VERY A:22.6% B:26.5% C:40.9%	21.9	48.9	29.3
I. Housing conditions – available housing, affordable housing, current condition of housing	22.1	42.4	35.5
J. Major natural disasters VERY A:32.4% B: 28.4% C:43.6%	26.5	39.7	33.8
K. Acts of terrorism	27.7	39.3	33.0

70. As a resident of Marion County, how concerned are you about each of the following issues in our community? Check the correct box for “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned (%)	Somewhat Concerned (%)	Very Concerned (%)
A. Lack of indoor recreation areas VERY A: 32.5% B:16.6% C:9.1%	39.9	40.5	19.6
B. Quality of restaurants	29.8	44.9	25.3
C. Entertainment opportunities VERY A:36.5% B: 19.4% C: 11%	32.8	44.6	22.5
D. Downtown development	34.1	43	22.8
E. Shopping (stores, mall)	32.3	43.3	24.4
F. Outdoor recreation areas & Opportunities VERY A:35.1 B:25.4% C:19.3%	28.7	44.5	26.8

71. As a resident of Marion County, how concerned are you about each of the following issues in our community? Check the correct box for “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned (%)	Somewhat Concerned (%)	Very Concerned (%)
A. Bullying	27.1	42.5	30.4
B. Drug abuse	6.0	33.3	60.6
C. Youth crime	4.6	35.8	59.6
D. Gang membership	17.0	37.8	45.2
E. Sexual activity	19.1	40.2	40.7
F. Teen pregnancy	10.8	39.3	49.8
G. Smoking	26.8	40.9	32.3
H. Schools	8.8	33.2	58.0
I. Suicide	20.8	43.7	35.5
J. Dropping out of high school	11.6	39.7	48.7

72. Do you think combining the following public services would be beneficial for Marion County?
Check Yes or No.

	Yes (%)
A. Fire Districts	56.3
B. Health Departments	67.7
C. Sanitation	59.3
D. Recycling	68.0

The last set of questions asks some basic information about you, for classification purposes only.

73. Are you: A. Female **65.5%** B. Male **34.5%**

74. What is your current marital status?

- A. Married **64.4%**
B. Divorced **12.2%**
C. Separated **0.9%**
D. Never married **8.6%**
E. Member of an unmarried couple **3.0%**
F. Widowed **10.4%**
G. Don't know **0.4%**

75. How old are you?

- A. 18 - 24 years old **4.3%** E. 55 - 64 years old **19.5%**
 B. 25 - 34 years old **10.8%** F. 65 years old or older **28.2%**
 C. 35 - 44 years old **15.3%** G. Don't know **0.1%**
 A. 45 - 54 years old **21.8%**
 Age Groups: A (18-44): **30.4%** B(45-64): **41.4%** C(65+): **28.2%**

76. How important is religion, faith, or spirituality in your life?

- | | | | | |
|---|--------------|----------------|----------------|----------------|
| A. Not important | 5.6% | A:8.9% | B:5.2% | C:2.5% |
| B. Important, but I don't feel the need to be part of an organized religious community. | 38.5% | A:46.4% | B:39.2% | C:29.1% |
| C. Important, and I am a member of an organized religious community (such as a church, synagogue, or mosque). | 55.9% | A:44.6% | B:55.6% | C:68.4% |

77. Are you Hispanic or Latino? A. Yes 2.7% B. No
A: 6.5% B: 1.3% C: 0.6%

78. Which of the following best describes your race? You may circle more than one answer.

- A. American Indian, Native American, or Alaska Native **1.4%**
 B. Asian **0.5%**
 C. Black or African American **2.9%**
 D. Native Hawaiian or Other Pacific Islander **0**
 E. White **89.8%**
 F. Other **2.3% (Mixed 2.8%)**



Final Question:

What do you think are the best things about living in Marion County? 70.9% responded

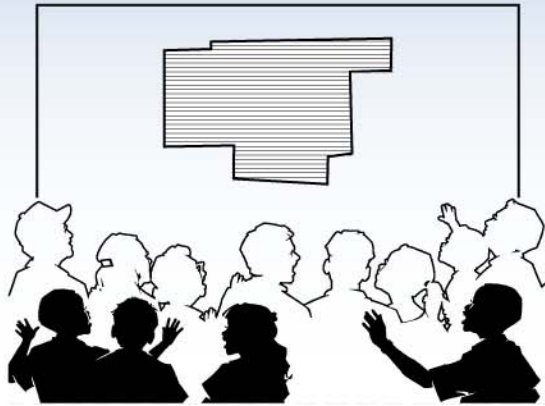
Back cover comments: 5.6% responded

**This the end of the survey.
Thank you very much for your help!**

Results of the survey will be available in the fall of 2006 through the newspaper, on the internet at www.marioncommunityfoundation.org, or at the Marion Public Library and other community organizations.

If you have any comments you would like to add about this survey or health or social issues affecting the residents of Marion County, please write on the back of this survey.

As a way of saying thank you for taking the time to complete this survey and sharing your opinions with us, we invite you to enter drawings for a gift certificate from a local Marion area merchant. If you would like to be entered in the drawings, which will be held the week of May 15, 2006, please follow the directions on the enclosed yellow card.



2006 Marion Community Assessment

Appendix F

The Survey of Key Informants



2006 Community Needs Assessment Key Informant Survey

This key informant survey asks your opinions about key issues in the community and the assets or resources that the community has to address these issues. A list of 36 health or social service areas is enclosed, and a separate survey page is provided for each service area. Although we ask that you definitely answer the survey for the health or social needs that fall under your/your agency's area of service, special knowledge, or expertise, you may also answer the survey for any of the other areas. Two additional sheets are included for your use if you would like to answer the survey for any services that are not included in the 36 identified services. Please feel free to make additional copies of these sheets if needed, or contact me (Rosemary Chaudry; contact information below) and I will provide additional copies.

We ask that you also complete the General Health & Social Issues Survey that is located on the back of this page and on the attached page. Part B of this survey contains questions that parallel those asked in the Community Assessment adult surveys.

Please return your completed surveys (both the attached questionnaire and your health or service area sheets) in the enclosed stamped, pre-addressed envelope. We ask that you please mail your surveys back no later than **Friday September 29, 2006**.

The goal of this community assessment project is to provide a comprehensive picture of the health and social service needs of the people who live in the Marion County community. As a key informant, your opinions are especially important to the success of this project. We hope you will return your completed surveys as soon as possible.

If you have any questions about the survey or the assessment project, please contact me – Rosemary Chaudry, Assistant Professor of Clinical Nursing at The Ohio State University College of Nursing, 1585 Neil Avenue, Columbus OH 43210 at any time by email at chaudry.1@osu.edu, by phone at either work 614-247-7211 or home at 740-244-8121, or by fax at 614-292-4948. This community assessment key informant survey was approved by the Ohio State University Institutional Review Board. Surveys are recorded by anonymous survey identification numbers. Although the names of all agencies that responded will be listed in the final report of the community assessment, results will be reported in only aggregate format so that no individual's or agency's responses are identifiable. If you have questions or concerns about your rights as a participant in the key informant survey, please contact Sandra Meadows at The Office of Responsible Research Practices at 1-800-678-6251.

Thank you for your help with this community project.

General Health & Social Issues Survey

A. Please provide some basic information about you and your agency, for classification purposes only. If these questions are not applicable to you or your agency, please write in "NA" or "Not applicable."

1. Please write in your position/job title: _____

2. How long have you been in your current position? _____ years _____ months

3. How long have you been with this agency? _____ years _____ months

4. How long has your agency been providing services to the Marion County community?
_____ years _____ months

5. On average, how many clients does your agency serve per year? _____

6. If you live in Marion County, how long have you lived in this county?
_____ years _____ months

B. Please answer the following questions about issues facing the Marion County Community. These questions parallel those asked in the Community Assessment Adult Survey.

7. Do you think the people of Marion County can make positive changes for the better in the community?

A. Very much so B. Somewhat C. Not much D. Not at all

8. Do you think Marion County is prepared for a major disaster such as a natural disaster or terrorist attack?

A. Yes B. No

9. As a key informant who/whose agency provides health or social services in Marion County, how concerned are you about each of the following issues in the community?
Check the correct box for “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned	Somewhat Concerned	Very Concerned
A. Poverty			
B. Child abuse or neglect			
C. Drug abuse			
D. Alcohol abuse			
E. Elder abuse or neglect			
F. Crime (e.g., mugging, rape, robberies)			
G. Smoking			
H. Domestic violence			
I. Personal safety			
J. Discrimination			
K. Neighbors not caring about each other			
L. Adequate, sage child care			
M. Law enforcement protection			

10. As a key informant who/whose agency provides health or social services in Marion County, how concerned are you about each of the following issues in the community?
Check the correct box for “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned	Somewhat Concerned	Very Concerned
A. Services and housing for senior citizens			
B. Unemployment			
C. Schools/Education			
D. Responsiveness of public officials			
E. Public transportation			
F. Taxes and levies			
G. Environmental health issues (e.g., air/water pollution, waste disposal)			
H. Traffic control/accidents			
I. Housing conditions- available housing, affordable housing, current condition of housing			
J. Major natural disasters			
K. Acts of terrorism			

11. As a key informant who/whose agency provides health or social services in Marion County, how concerned are you about each of the following issues in the community?

Check the correct box for “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned	Somewhat Concerned	Very Concerned
A. Lack of indoor recreation areas			
B. Quality of restaurants			
C. Entertainment opportunities			
D. Downtown development			
E. Shopping (stores, malls)			
F. Outdoor recreation areas and opportunities			

12. As a key informant who/whose agency provides health or social services in Marion County, how concerned are you about each of the following issues in the community?

Check the correct box for “Not concerned”, “Somewhat concerned”, or “Very concerned”.

	Not Concerned	Somewhat Concerned	Very Concerned
A. Bullying			
B. Drug abuse			
C. Youth crime			
D. Gang membership			
E. Sexual activity			
F. Teen pregnancy			
G. Smoking			
H. Schools			
I. Suicide			
J. Dropping out of high school			

13. As a key informant who/whose agency provides health or social services in Marion County, do you think combining the following public services would be beneficial for County? Check Yes or “No.”

	Yes	No
A. Fire districts		
B. Health departments		
C. Sanitation		
D. Recycling		

This is the end of the Health and Social Issues Survey.

Please proceed to the list of 36 health and social needs and answer the survey for any of the health and social needs that apply to you/your agency.

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Key Informant Survey Tracking Number:

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Page 1 of 1

Service 1: Community Service Information and Referral Line

Description of this service: A center and/or telephone line where community residents can find out about existing benefits, services, and programs and the procedures for obtaining or using them, and that helps people find other appropriate resources and sources of help.

6.26

1. Please circle the appropriate box to **rate the level of importance of this issue** in the Marion County community.

About this issue				
a. How <i>concerned</i> are <u>you</u> about this issue in Marion County?	Very concerned 4	Somewhat concerned 3	Slightly concerned 2	Not at all concerned 1
b. How <i>knowledgeable</i> do you think the <u>general public</u> is about this issue?	Very knowledgeable 4	Somewhat knowledgeable 3	Slightly knowledgeable 2	Not at all knowledgeable 1
c. How <i>concerned</i> do you think the <u>general public</u> is about this issue?	Very concerned 4	Somewhat concerned 3	Slightly concerned 2	Not at all concerned 1
d. How <i>important</i> is it to address this issue?	Very important 4	Somewhat important 3	Slightly important 2	Not important 1
e. How <i>severe are the consequences</i> of not addressing this issue?	Major consequences 4	Between major & minor consequences 3	Minor consequences 2	No consequences 1

2. Please circle the appropriate box to **rate the level of availability of services** to meet this need in the Marion County community.

About available services				
a. To what degree are there services <i>available</i> in Marion County to meet the needs related to this issue?	Meet all of the needs 4	Meet some of the needs 3	Meet very little of the needs 2	Meet none of the needs 1
b. To what degree are people in the Marion County community <i>aware</i> of services to address this issue?	Very aware of services 4	Somewhat aware of services 3	Slightly aware of services 1	Not aware of services 1
c. How often do you think individuals in the community <i>use</i> the available services?	Use very often 4	Use somewhat 3	Use very little 2	Use hardly/ not at all 1
d. How <i>comfortable</i> do you think individuals in the community are with using these services?	Very comfortable 4	Somewhat comfortable 3	Slightly comfortable 2	Not at all comfortable 1

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3. Please circle the appropriate box to **rate the quality of available services** to meet this need in the Marion County community.

About the available services				
a. How <i>effective</i> are the available services to address this issue?	Very effective 4	Somewhat effective 3	Slightly effective 2	Not effective 1
b. How <i>family-centered</i> are the available services to address this issue?	Very family-centered 4	Somewhat family-centered 3	Slightly family-centered 1	Not family-centered 1
c. How <i>culturally appropriate</i> are the available services to address this issue?	Very culturally appropriate 4	Somewhat culturally appropriate 3	Slightly culturally appropriate 1	Not culturally appropriate 1
d. How <i>accessible</i> are the available services to individuals in the community?	Very accessible 4	Somewhat accessible 3	Slightly accessible 2	Not accessible 1

4. Community assets. Identify **3 assets** that the community has to deal with this issue.
Assets can be interest groups, resources, leaders, agencies, government, volunteers, etc.

1. _____
2. _____
3. _____

5. Community barriers. Identify **3 barriers** that the community faces in dealing with this issue.
Barriers can be community apathy, lack of leadership, lacking expertise, lack of funds, etc.

1. _____
2. _____
3. _____

6. Any other comments? _____

Complete List of 36 Health and Social Service Needs
For the 2006 Marion Community Key Informant Survey

1. Community Services Information & Referral Line
2. Food Assistance
3. Clothing Assistance
4. Housing Assistance
5. Transportation Assistance
6. Crisis Stabilization Services
7. Primary Child Health Care
8. Child Dental Care
9. Primary Adult Health Care
10. Home Visits to Parents with Newborns
11. Parent Education (or Parenting Classes)
12. Head Start or Other Early Childhood Education
13. School-Based Family Resource Workers
14. Before- and/or After-School Programs
15. Mentoring for Children and Youth
16. Child Abuse and Neglect Outreach/Education
17. Community Service Information & Referral Line
18. Wrap-Around Services
20. Outpatient Substance Abuse Services
21. Outpatient Domestic Violence Services
22. Outpatient Mental Health Services
23. Child and Adolescent Day Treatment
24. Domestic Violence Shelter Care
25. Children's Health Insurance
26. Health Insurance for Adults
27. Emergency Preparedness/Response
28. Life Skills Training/Household Management
29. Respite Care for Parents
30. Inpatient Adult Mental Health Treatment
31. Inpatient Child/Adolescent Mental Health Treatment
32. Independent Living Supervised Apartments
33. Homemaker Services
34. Day Care for Children
35. Day Care for Adults (Adult Day Care)
36. Public Health Services

Optional Attachment- Replication of 1991 Key Informant Survey

Dear Key Informant: This attachment is an exact copy of a section of the key informant survey that was used in the 1991 Marion Community Needs Assessment. We are not using this survey as the primary means of collecting data for the 2006 community assessment because we believe the other survey, which was developed from the most current literature on health and social service evaluation, will provide more comprehensive service-specific data. Although it would be helpful to have data that is exactly comparable to that obtained from the 1991 needs assessment, for comparison, our priority is to obtain data using the enclosed primary survey materials. There fore, we are asking that you complete this optional attachment if you have time and are willing to do so only after you answer the enclosed surveys for the 36 health and social service needs. Please note, although there is some overlap, these are totally separate surveys! There is no tracking number for this survey, we will not be comparing your answers to the two surveys, and will only use information from this attachment for comparison with the 1991 data. Thank you!

A. Needs. Keeping in mind both the need itself and the degree to which that need is being met, please indicate how serious you feel each unmet need for service is in the community. (CIRCLE ONE NUMBER IN EACH ROW.)

	Not at all serious	Not very serious	Somewhat serious	Very serious	No opinion/ don't know
<u>Financial Hardship and Basic Material Needs</u>					
1. Financial assistance	1	2	3	4	5
2. Food	1	2	3	4	5
3. Short-term shelter	1	2	3	4	5
4. Clothing or furniture	1	2	3	4	5
5. Utility-bill assistance	1	2	3	4	5
<u>Housing</u>					
6. Housing assistance (long term)	1	2	3	4	5
7. Housing rehabilitation or repair	1	2	3	4	5
<u>Employment</u>					
8. Employment counseling or placement	1	2	3	4	5
9. Employment training	1	2	3	4	5
10. Sheltered workshops	1	2	3	4	5
11. Vocational rehabilitation	1	2	3	4	5
<u>Child Care</u>					
12. Child care	1	2	3	4	5
<u>Recreation & Culture</u>					
13. Recreation or cultural services					
<u>Education</u>					
14. Literacy training and other educational programs	1	2	3	4	5
15. English-language training	1	2	3	4	5

	Not at all serious	Not very serious	Somewhat serious	Very serious	No opinion/ don't know
<u>Physical Health</u>					
16. Dental care	1	2	3	4	5
17. Outpatient medical care	1	2	3	4	5
18. Short-term inpatient treatment for physical illness	1	2	3	4	5
19. Long-term hospitalization or nursing-home care	1	2	3	4	5
20. Home health care (skilled)	1	2	3	4	5
21. Homemaker or chore services	1	2	3	4	5
22. Congregate or home-delivered meals	1	2	3	4	5
23. Nutrition counseling	1	2	3	4	5
24. Friendly visiting or telephone reassurance	1	2	3	4	5
25. Respite care for the physically disabled	1	2	3	4	5
26. Adult day care for the physically disabled	1	2	3	4	5
27. Family planning	1	2	3	4	5
<u>Mental Health</u>					
28. Outpatient counseling	1	2	3	4	5
29. Parenting education	1	2	3	4	5
30. Short-term inpatient treatment for mental illness	1	2	3	4	5
31. Long-term hospitalization, residential care, group home, or nursing-home care for the mentally disabled	1	2	3	4	5
32. Respite care for the mentally disabled	1	2	3	4	5
33. Adult day care for the mentally disabled	1	2	3	4	5
<u>Substance Abuse</u>					
34. Alcohol-abuse prevention and outpatient treatment	1	2	3	4	5
35. Drug-abuse prevention and outpatient treatment	1	2	3	4	5
36. Inpatient treatment for alcohol abuse	1	2	3	4	5
37. Inpatient treatment for drug abuse	1	2	3	4	5
<u>Household Violence and Related Issues</u>					
38. Child protective services	1	2	3	4	5
39. Adult protective services	1	2	3	4	5
40. Services for victims of rape and domestic assault	1	2	3	4	5
41. Foster care for children and adolescents	1	2	3	4	5
42. Adoption	1	2	3	4	5

	Not at all serious	Not very serious	Somewhat serious	Very serious	No opinion/ don't know
<u>Public Safety, Legal Services, and Consumer Protection</u>					
43. Delinquency prevention or diversion	1	2	3	4	5
44. Crime prevention	1	2	3	4	5
45. Rescue services	1	2	3	4	5
46. Fire & disaster relief	1	2	3	4	5
47. Probation or parole services	1	2	3	4	5
48. Legal services	1	2	3	4	5
49. Tax-preparation assistance	1	2	3	4	5
50. Budget and credit counseling	1	2	3	4	5
51. Consumer protection	1	2	3	4	5
<u>Transportation</u>					
52. Transportation	1	2	3	4	5
<u>System-wide Issues</u>					
53. Information and referral	1	2	3	4	5
54. Interpretation and translation	1	2	3	4	5
55. Planning and coordination of services	1	2	3	4	5
56. Community organizing	1	2	3	4	5
<u>Other Services:</u>					
57. _____	1	2	3	4	5
58. _____	1	2	3	4	5
59. _____	1	2	3	4	5
60. _____	1	2	3	4	5

B. Priorities. (WRITE IN THE APPLICABLE ITEM NUMBER FROM THE LEFT MARGIN ABOVE.)

1. Which of the unmet needs do you believe is the *most* serious in our community? _____

2. Which of the above unmet needs do you believe is the *second* most serious? _____

3. Which of the above unmet needs do you believe is the *third* most serious? _____

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C. Barriers to Services. For each of the following barriers that might prevent people from using existing services, please indicate your view of how serious this barrier is for people in our community. (CIRCLE ONE NUMBER IN EACH ROW.)

	Not at all serious 1	Not very serious 2	Somewhat serious 3	Very serious 4	No opinion/ don't know 5
1. People's dislike of services	1	2	3	4	5
2. Eligibility restrictions	1	2	3	4	5
3. Cost of services	1	2	3	4	5
4. Lack of information about available services	1	2	3	4	5
5. Lack of transportation	1	2	3	4	5
6. Inconvenient locations	1	2	3	4	5
7. Lack of child care	1	2	3	4	5
8. Language barriers	1	2	3	4	5
9. Perception of costs as excessive	1	2	3	4	5
10. Inconvenient hours or days	1	2	3	4	5
11. Concerns about confidentiality	1	2	3	4	5
12. Perceptions concerning quality of services	1	2	3	4	5
13. Prior bad experience	1	2	3	4	5
14. Reluctance to go outside family and friends for help	1	2	3	4	5
15. Wait for service too long	1	2	3	4	
16. Lack of handicap access	1	2	3	4	5
17. Other: _____	1	2	3	4	5