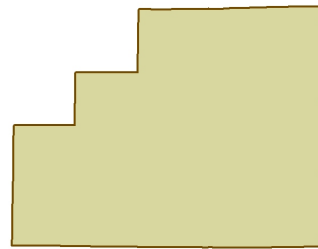

Medina County Needs Assessment 2006



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INTRODUCTION

The 2006 Medina County Needs Assessment was conducted for the Medina County Family First Council by the Center for Policy Studies, a division of the Institute for Health and Social Policy at The University of Akron.

The 2006 Medina County Needs Assessment was a household survey of 1,074 adults within the county. Respondents were selected at random and the survey was conducted by telephone by professional interviewers employed by the Center for Policy Studies. Survey questions addressed a variety of topics including quality of life, household employment and financial status, family composition, child care, elder care, education, use of social services, health and wellness, health care and insurance coverage, dental care, mental health care, and tobacco use and substance abuse. The interviewing process lasted about nine weeks, starting in early February and ending in early April 2006.

Sections I through IX outline the results of the household survey. Appendix A discusses survey methodology, while Appendix B lists the interview questions asked of respondents, and Appendix C outlines the demographics of respondents.

SECTION I EXECUTIVE SUMMARY

Quality of Life – The results of the 2006 Medina County Needs Assessment indicate that residents are generally content with the quality of life in the county. An overwhelming majority of respondents, 90.3%, rated the county favorably, either good or excellent, as a place to live (see Table 1.1). Less than eight percent of respondents rated the county as a fair place to live, while less than two percent rated the county unfavorably, either poor or very poor, as a place to live.

Important Issues – Medina County residents tend to feel that issues related to growth and development are the most important problems for the county. For instance, over one-fifth, 21.2%, of issue-naming respondents indicating that over development or traffic congestion was the most important problem for the county. Another 19.6% of issue-naming respondents asserted that over population or rapid population growth was the most important issue. The leading problem indicated for the county not directly related to growth and development issues was lack of funding for public schools.

When asked to indicate the most important issue facing health care and social service organizations, the leading response was the affordability of health care and prescriptions, with over one-fifth, 21.0%, of issue-naming respondents indicating this was the case. Respondents were also particularly concerned with services for senior citizens, with 19.6% of issue-naming respondents indicating a need for more health care and other services for seniors. Respondents were also concerned that health care facilities in general should be improved and expanded in the county.

When asked to indicate the most important issue facing their household or family, the leading response was the cost of living or making ends meet, with over one-quarter, 27.4%, of issue-naming respondents indicating this was the case. Other leading issues facing families included,

in order of importance, quality public education, high taxes, personal health issues, and the rising cost of health care and prescriptions. When asked to name the most important issue specifically facing the children in the household, the leading response was peer pressure, with 18.8% of issue-naming respondents indicating this was the case. Other leading issues cited facing children included, in order of importance, getting a quality or affordable education, an uncertain employment outlook, safety concerns, and developing appropriate social skills.

Table 1.1 Quality of Life and Important Issues				
Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Quality of Life (Medina County)	Excellent/Good	968	90.3%	(n=1,072)
	Fair	85	7.9%	
	Poor/Very Poor	19	1.8%	
Most Important Problem (Medina County)	Over Development/Congestion	201	21.2%	(n=947)
	Population Growth	186	19.6%	
	Public Schools Funding	84	8.9%	
	Something Else	476	50.3%	
Most Important Health or Social Services Issue (Medina County)	Affordable Health Care/Rx	153	21.0%	(n=729)
	Services & HC for Seniors	143	19.6%	
	Improve/Expand HC Facilities	57	7.8%	
	Something Else	376	51.6%	
Most Important Family/Household Issue	Cost of Living	246	27.4%	(n=899)
	Schooling/Public Education	110	12.2%	
	High Taxes	73	8.1%	
	Something Else	470	52.3%	
Most Important Issue For Children Within Household	Peer Pressure	56	18.8%	(n=298)
	Education/Quality Education	46	15.4%	
	Future Employment	25	8.4%	
	Something Else	171	57.4%	

Household Finances – Households participating in the Needs Assessment were roughly split between those with less than \$68,000 in annual income and those with more than \$68,000 in annual income (see Table 1.2). Nearly one-third, 31.5%, of respondents reported their household was worse off financially from a few years ago, while roughly another one-third, 31.2%, indicated their household was about the same financially. Only 37.4% of respondents reported their household was better off financially from a few years ago.

Over half, 55.3%, of respondents indicated it was not difficult to make ends meet financially. On the other hand, over one-third, 36.6%, of respondents said it was difficult to make ends meet financially and another eight percent asserted it was very difficult to make ends meet. Just over ten percent of respondents indicated they have had to make a choice during the past year between buying food, paying rent or utilities, or purchasing medication for themselves or someone in their household.

Employment – The majority of respondents surveyed were employed either on a full-time or part-time basis. Roughly another one-quarter of respondents noted they were retired, while just under three percent indicated they were unemployed. Those persons who were employed indicated they had been in their currently employment for a relatively long time. For instance, 43.2% of employed respondents had a tenure of more than ten years. Well over half, 60.4%, of respondents reported someone else in the household works outside the home for pay. The majority of respondents, 62.4%, felt that employment opportunities for teenagers were adequate within Medina County. Over two-thirds, 69.0%, of respondents said they were not at all familiar with the services available in the county for getting assistance with finding a job.

The respondents participating in the Needs Assessment survey were relatively well educated. Over one-third, 36.2%, of respondents said they had a college degree, while another 29.4% of respondents indicated they had some college or trade school education. Those persons who had earned a high school diploma or less formal education, amounted to just over one-third, 34.5%, of respondents.

**Table 1.2
Household Finances and Employment**

Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Household Income	Under \$68,000	525	53.7%	(n=978)
	Over \$68,000	453	46.3%	
Financial Status Compared To A Few Years Ago	Better Off Financially	399	37.4%	(n=1,068)
	About The Same	333	31.2%	
	Worse Off Financially	336	31.5%	
Difficulty In Making Ends Meet	Not Difficult	592	55.3%	(n=1,070)
	Difficult	392	36.6%	
	Very Difficult	86	8.0%	
Choice Between Food, Rent/Utilities, & Medication	Choice Was Not Necessary	960	89.7%	(n=1,070)
	Choice Was Necessary	110	10.3%	
Employment Status	Employed (Full or Part Time)	645	60.1%	(n=1,073)
	Retired	274	25.5%	
	Other	154	14.4%	
Tenure In Current Employment	Less Than Two Years	126	19.6%	(n=644)
	Two to Ten Years	240	37.3%	
	More Than Ten Years	278	43.2%	
Educational Attainment	H.S. Grad or Less Education	370	34.5%	(n=1,073)
	Some College/Trade School	315	29.4%	
	College Graduate	388	36.2%	
Familiarity With County Employment Services	Very Familiar	85	8.0%	(n=1,065)
	Somewhat Familiar	245	23.0%	
	Not At All Familiar	735	69.0%	
Job Opportunities For Teenagers	Opportunities Adequate	669	62.4%	(n=1,072)
	Opportunities Not Adequate	216	20.1%	
	Not Sure	187	17.4%	

Residence – Just over half, 51.0%, of respondents indicated they resided in one of the three cities within the county – Medina, Brunswick or Wadsworth (see Table 1.3). The leading reason given for living in the county was its rural atmosphere, followed by closeness to family and friends. Not surprisingly, most respondents indicated they lived in a house and owned their own home. When asked if they or their family had ever had difficulty obtaining affordable housing, only six percent of respondents said they have had difficulty. Just over one-third of respondents said they did not have a house payment. For those with a mortgage payment, the average monthly house payment was \$1,042, while the average rent payment amounted to \$580.

Most respondents were long time residents of Medina County. For instance, nearly half, 48.0%, of respondents noted they had lived in the county for over 20 years. When asked if they were likely to change their residence during the next two years, the majority of respondents indicated they would not move or were likely to remain in Medina County if they did secure new housing. Just under seven percent of respondents noted they would likely leave the county within the next few years. The leading reason cited for changing residence was to upgrade to better housing.

Family Unit – An average of three people resided in the households surveyed. Over one-third, 36.5%, of respondents indicated there were children under the age of 18 residing in their household. Similarly, over one-third, 36.4%, of respondents indicated there was at least one person over the age of 60 residing in the household. Of the households with children, the majority, 86.4%, were two parent families. Roughly ten percent were single parent families, while 3.6% of the households with children had a grandparent as the head of the home. All of the latter households indicated the biological parents had a role in their children’s lives. Of the single parent households, over one-quarter, 27.5%, noted the other biological parent was not involved in their children’s lives.

Connectivity – The majority of households, 84.0%, involved in the Needs Assessment indicated they had a personal computer in their household. Most such households had just one computer. When asked if they had internet access, the majority of respondents, 78.9%, indicated they did have internet access.

**Table 1.3
Household Dynamics**

Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Location	Medina/Brunswick/Wadsworth	546	51.0%	(n=1,070)
	Other Communities	524	49.0%	
Length of Residence In Medina County	10 Years or Less	354	33.0%	(n=1,074)
	11 to 20 Years	204	19.0%	
	Over 20 Years	516	48.0%	
Likelihood of Leaving Medina County	Stay/Move Inside County	954	89.7%	(n=1,063)
	Leaving the County	73	6.9%	
	Unsure	36	3.4%	
Type of Residence	House	924	86.0%	(n=1,074)
	Something Else	150	14.0%	
Home Ownership	Own Home	940	87.7%	(n=1,072)
	Rent/Other Arrangements	132	12.3%	
Difficulty In Obtaining Affordable Housing	Never	1,005	94.0%	(n=1,069)
	Yes - At Least Once	64	6.0%	
Monthly Housing Payment	No Payment	312	33.9%	(n=919)
	\$25 to \$750	224	24.4%	
	\$751 to \$1000	179	19.5%	
	\$1001 and Over	204	22.2%	
Number of People In Household	One	181	16.9%	(n=1,071)
	Two	391	36.5%	
	Three or More	499	46.6%	
Children In Household	Children In Household	392	36.5%	(n=1,073)
	Children Not In Household	681	63.5%	
Home Computer Ownership	Computers In Home	899	84.0%	(n=1,070)
	No Computers In Home	171	16.0%	
Internet Access	Have Internet Access	846	78.9%	(n=1,072)
	Do Not Have Internet Access	226	21.1%	

Health Care Availability – Respondents were generally satisfied with the availability of health care in Medina County. Nearly half, 49.4%, were somewhat satisfied while another 45.6% were very satisfied (see Table 1.4). On the other hand, five percent of respondents were not satisfied with the availability of health care. Over three-quarters, 77.3%, of respondents favorably rated the quality of health care in the county, either as being good or excellent. Another 19.4% rated the quality of health care as fair, while only 3.3% of respondents rated the quality unfavorably, either as poor or very poor. The primary source of health care for respondents was a primary care doctor. The primary concern for respondents regarding health care was the cost or affordability of such care. Over one-third of respondents indicated affordability was their primary concern. The next leading concern on the part of respondents was the lack of health care or health care insurance in general, followed by the availability of quality health care.

Health Care Insurance – Just under six percent of respondents indicated they were not currently covered by a health insurance or health care plan. Those persons without prescription assistance amounted to 17.7% of respondents. Of those respondents with health care insurance, most were satisfied with their coverage. Nearly half, 48.5%, were somewhat satisfied with their plan, while another 45.8% were very satisfied. Just under six percent of those with health care coverage were not satisfied with their plan. Of those households with children present in the home, most had health care coverage for the children. Nevertheless, nearly five percent of households indicated the children residing in that home did not have health care coverage.

Children Issues – The lack of health care for children impacted whether or not a parent was able to provide health care for a child. For instance, while nearly five percent of households with children did not have health care coverage for the children, roughly five percent of households also reported that they had to wait to seek health care for a child during the past year due to the lack of money. Services that were particularly difficult to obtain included, in order of importance, school nursing services, mental health services, and developmental screenings. The majority, 79.8%, of households with children indicated they were willing to support children being able to access preventive medical care in a school setting. The primary reason cited for not supporting this idea was that the respondent preferred their primary care physician.

**Table 1.4
Health Care and Health Insurance**

Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Satisfaction With Availability of Health Care	Very Satisfied	474	45.6%	(n=1,039)
	Somewhat Satisfied	513	49.4%	
	Not At All Satisfied	52	5.0%	
Quality of Health Care	Excellent/Good	785	77.3%	(n=1,015)
	Fair	197	19.4%	
	Poor/Very Poor	33	3.3%	
Primary Health Care Concern	High Cost/Affordability	324	34.1%	(n=950)
	Lack of Health Care/Insurance	158	16.6%	
	Availability of Quality HC	106	11.2%	
	Something Else	261	27.5%	
	No Concerns	101	10.6%	
Health Care Coverage	Has HC Insurance Coverage	1,009	94.1%	(n=1,072)
	Does Not Have HC Coverage	63	5.9%	
Prescription Assistance	Prescription Plan	870	82.3%	(n=1,057)
	No Prescription Plan	187	17.7%	
Satisfaction With Health Care Plan	Very Satisfied	460	45.8%	(n=1,005)
	Somewhat Satisfied	487	48.5%	
	Not At All Satisfied	58	5.8%	
Recently Denied Medical/Dental Care	Yes	37	3.5%	(n=1,067)
	No	1,030	96.5%	
Health Insurance For Children	Children Have Private Coverage	339	88.1%	(n=385)
	Medicaid or Healthy Start	28	7.3%	
	Children Do Not Have Coverage	18	4.7%	
Wait for Child's Medical Care	Yes - During the Past Year	18	4.6%	(n=389)
	No	371	95.4%	
Support Preventative HC In School Setting	Yes - Support	301	79.8%	(n=377)
	No - Do Not Support	76	20.2%	

Dental Activity – Those families without dental insurance amounted to only 30.2% of households (see Table 1.5). Of those with dental insurance, 69.8% of all households, most had coverage for the entire family. Adults tended to visit the dentist frequently. For instance, nearly two-thirds, 63.6%, of respondents indicated they had been to a dentist within the past six months. Children were even more likely to have recently been to a dentist. Over three-quarters, 77.9%, of households with children reported those children had been to a dentist within the past six months. The primary reason for not taking a child to the dentist was simply that the child was presently too young. The majority, 79.4%, of households with children stated they would support their children being able to access preventative dental care in a school setting. The leading reason cited for opposing such a plan was that the respondent prefers their own dentist.

Mental Health Activity – Just under seven percent of respondents reported that someone from their household had sought mental health or counseling services during the past year within Medina County. Nearly three-quarters, 72.2%, of respondents rated the response to the request for such services favorably, either as good or excellent. On the other hand, 12.5% rated the response unfavorably, either as poor or very poor. Most respondents believed that the household member's mental health issue interfered with that person's work or school responsibilities. When asked where they would go for mental health services, the leading response was a medical doctor. The majority of respondents felt that mental health services were accessible in the county for those in need. The main barrier to obtaining mental health services was affordability, followed by lack of information on such services. The majority of respondents also agreed that there is a stigma attached to mental illness that prevents people from seeking treatment.

Social Services – During the past year, 11.4% of respondents indicated that they or someone in their household had tried to obtain assistance from a social services agency in Medina County. Leading services requested included food stamps, medical assistance, mental health services, and unemployment assistance. Respondents were generally satisfied with social service agency responses to requests for assistance, but 29.3% rated such service responses unfavorably, either as being poor or very poor. Another 14.7% of responses were rated as being fair.

**Table 1.5
Other Health and Social Service Issues**

Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Family Dental Insurance	Have Access	738	69.8%	(n=1,057)
	Do Not Have Access	319	30.2%	
Personal Visit to Dentist	Within the Past Six Months	682	63.6%	(n=1,073)
	Longer Than Six Months	391	36.4%	
Children's Visit to Dentist	Within the Past Six Months	304	77.9%	(n=390)
	Longer Than Six Months	86	22.1%	
Support Preventative DC In School Setting	Yes - Support	305	79.4%	(n=384)
	No - Do Not Support	79	20.6%	
Family Member Sought MH Service	Yes - During the Past Year	74	6.9%	(n=1,070)
	No	996	93.1%	
Response To Request For MH Assistance	Excellent/Good	52	72.2%	(n=72)
	Fair	11	15.3%	
	Poor/Very Poor	9	12.5%	
MH Problem Interfered With Responsibilities	Yes - MH Interfered	47	63.5%	(n=74)
	No - It Did Not Interfere	27	36.5%	
MH Services Accessible In Medina County	Agree/Strongly Agree	692	75.3%	(n=919)
	Neither Agree/Disagree	142	15.5%	
	Disagree/Strongly Disagree	85	9.2%	
MH Stigma Discourages Treatment	Agree/Strongly Agree	587	60.0%	(n=979)
	Neither Agree/Disagree	116	11.8%	
	Disagree/Strongly Disagree	276	28.2%	
Recently Sought Social Services Assistance	Yes - During the Past Year	122	11.4%	(n=1,071)
	No	949	88.6%	
Response to Request For Social Service Assistance	Excellent/Good	84	56.0%	(n=150)
	Fair	22	14.7%	
	Poor/Very Poor	44	29.3%	

Public Schools – Regardless of whether they had children in public schools, all survey respondents were asked to give a grade to their local school system. Respondents tended to be somewhat satisfied with their local school system. Just under half, 49.9%, gave their local school system a grade of ‘B’ while just over another one-quarter, 25.2%, gave their local schools an ‘A’ (see Table 1.6). Only four percent of respondents gave their public school system a ‘D’ or ‘F’. The school systems with the best grade point averages included, in order of highest grade point average, Highland Local, Wadsworth City, Medina City, Brunswick City, Buckeye Local, Cloverleaf Local, and Black River.

Children’s Schooling – Those respondents with school-age children in the household were asked what type of school their children attend. Just under three-quarters, 74.6%, said their children only attend public schools, while 19.2% said other schools (e.g., private, parochial schools). Some households used both public schools and non-public schools. When asked if they were satisfied with their children’s educational progress, most were satisfied – nearly two-thirds were very satisfied and another one-third were somewhat satisfied. Over one-third, 39.1%, of respondents stated they interact with their children’s teachers or attend school activities on a weekly basis, while nearly half noted they engage in such activities on a monthly basis.

With respect to preparing their children for their future beyond high school, over two-thirds, 68.2%, stated it was more important that their children be ready to attend college, while just over one-quarter, 25.9%, asserted it was more important for them to have career and job training. Six percent stated both college preparation and job training were equally important.

After-School Programs – When asked if they had a need for an after-school or latchkey program for their school-age children, only 13.0% of respondents indicated they have a need for such a program. Of those persons who indicated a need for an after school program, just over half said they were aware of such programs within the county. Of those persons with a child currently in an after-school program, most were satisfied with that program.

Of those respondents from households with teenage children, nearly two-thirds, 65.5%, saw a need for an after-school and weekend hours activity center for preteens and teens. Over half,

58.8%, of respondents indicated that someone in their household would actually use a preteen or teen center program, if it were available in Medina County.

Table 1.6 Education Issues				
Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Grade Given To Local School System	A	250	25.2%	(n=991)
	B	495	49.9%	
	C	205	20.7%	
	D or F	41	4.1%	
Type of School Of Household Children	Public Only	256	74.6%	(n=343)
	Something Else	66	19.2%	
	Both Public/Something Else	21	6.1%	
Satisfaction With Child/Children's Educational Progress	Very Satisfied	219	65.0%	(n=337)
	Somewhat Satisfied	110	32.6%	
	Not At All Satisfied	8	2.4%	
Interaction With Teachers or School Activities	Weekly	131	39.1%	(n=335)
	Once A Month	149	44.5%	
	Once A Year	44	13.1%	
	Never	11	3.3%	
Readiness For College Versus Career & Job Training	College Prep More Important	229	68.2%	(n=336)
	Job Training More Important	87	25.9%	
	Both Equally Important	20	6.0%	
Need For After School Program	Yes	44	13.0%	(n=339)
	No	295	87.0%	
Need for Activity Center	Yes	129	65.5%	(n=197)
	No	68	34.5%	
Family Would Use Activity Center	Yes	114	58.8%	(n=194)
	No	80	41.2%	

Elder Care – Less than ten percent of respondents indicated they were responsible for the daily care of someone over the age of 60 (see Table 1.7). When asked if they were able to provide this person with all the care and services that they needed without outside assistance, over one-quarter, 28.3%, said they were not able to provide all care. The leading reason cited for not being able to provide all care was financial issues, followed by time constraints and not being qualified to provide the necessary care. Over two-thirds of those caring for an elderly person noted the future care arrangements would continue to be in their home or the home of a relative.

Respondents were also asked if they were familiar with any community services available to assist them with elder care giving. Over one-third, 38.0%, indicated they were not at all familiar with such elder care services. Of those persons familiar with elder care services, less than half had actually used such services. The leading reason given for not using the available elder care services was that there was simply no need. Of those respondents who had actually used elder care services, most were satisfied with those services. Respondents responsible for caring for an elderly person were asked to indicate what barriers to independence exist for that person. The leading barriers mentioned included, in order of importance, health issues, medication assistance, financial reasons, safety risk, the elderly person cannot perform the activities of daily life, mental health issues, and lack of a support system for that person.

Child Care – Of those households with children ages five and under in the home, less than one-third, 30.8%, had children in child care. The primary reason for having children in child care was so that an adult could work or attend school. The leading child care arrangement utilized were child care centers, with for-profit centers accounting for half of such arrangements and non-profit and public child care centers accounting for the other half of such arrangements. The next leading source of child care utilized was a relative or neighbor, followed by a home child care provider. When asked to indicate their satisfaction with their child care arrangements, 81.4% were very satisfied with the remainder being somewhat satisfied. No users of child care were dissatisfied with their current arrangements.

**Table 1.7
Elder and Child Care Issues**

Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Responsible for Daily Care of 60+ Person	Yes - Responsible for Elder	100	9.3%	(n=1,073)
	No	973	90.7%	
Ability to Provide The Needed Elder Care	Yes - All Care	71	71.7%	(n=99)
	No	28	28.3%	
Familiarity With Elder Care Services	Yes - Familiar With Services	62	62.0%	(n=100)
	No	38	38.0%	
Have Used Elder Care Services	Yes - Have Used	28	28.0%	(n=100)
	No	72	72.0%	
Satisfaction With Elder Care Services	Very Satisfied	20	71.4%	(n=28)
	Somewhat Satisfied	7	25.0%	
	Not At All Satisfied	1	3.6%	
Future Elder Care Arrangements	Own Home/Family Member	68	69.4%	(n=98)
	Nursing/Group/AssistLiv/Other	20	20.4%	
	No Plans	10	10.2%	
Children In Child Care	Yes - Children In Child Care	44	30.8%	(n=143)
	No	99	69.2%	
Reason For Using Child Care	Employment/Adult Education	27	61.4%	(n=44)
	Preschool Enrichment	8	18.2%	
	Both	9	20.5%	
Child Care Arrangements	Child Care Center	34	39.1%	(n=87)
	Relative/Neighbor	22	25.3%	
	Home Child Care Provider	21	24.1%	
	Something Else	10	11.5%	
Satisfaction With Child Care	Very Satisfied	35	81.4%	(n=43)
	Somewhat Satisfied	8	18.6%	
	Not At All Satisfied	--	--	

2-1-1 First Call – Regardless of whether they have recently sought social services assistance, all respondents were asked if they were familiar with the services provided by 2-1-1 First Call For Help. Respondents were not generally familiar with this service. Only 3.5% of respondents said they were very familiar with 2-1-1, while another 13.3% indicated they were somewhat familiar with this service (see Table 1.8). Because of the general lack of knowledge on 2-1-1, most respondents had no opinion regarding the services provided by 2-1-1. Nevertheless, the majority of respondents with an opinion had a favorable view, either good or excellent of the service. The leading source of information on health care and social services for respondents was local newspapers, followed by doctors and other health care providers.

Health & Fitness – The majority of respondents, 86.9%, gave a favorable rating, either good or excellent, to their personal health. Over half rated their present health as being good while nearly another one-third rated their health as excellent. However, when asked how many times per week they exercise for at least 20 minutes per day, 17.3% of respondents noted they do not exercise at all. Those persons who exercise only one or two times per week amounted to 44.3% of respondents, while 38.5% of respondents exercise four or more times per week. All respondents were also asked if they would be interested in participating in an exercise or wellness program if one were available and affordable in Medina County. Over half, 59.2%, of respondents stated that they would be interested in such a program.

Tobacco Use – All respondents were asked whether or not someone in their household smokes or uses other tobacco products. Nearly three-quarters, 73.2%, of respondents indicated that no one used tobacco products in their household. On the other hand, 21.3% of respondents said that someone in their household uses tobacco products on a daily basis, while another 5.5% noted that tobacco products are used on less than a daily basis. All respondents were also asked how frequently someone smokes tobacco in their home. The majority of respondents indicated smoking does not occur in their home. Those persons who indicated tobacco smoking occurs everyday within their household amounted to 14.7% of the respondents, while just under five percent indicated smoking occurs on some days.

When asked if they would support legislation that would make restaurants completely tobacco smoke-free, the majority of respondents, 68.9%, stated they would support such legislation (see Table 1.8). On the other hand, nearly one-third, 31.1%, of respondents asserted they would oppose smoke-free legislation. Not surprisingly, respondents from households with a cigarette smoking person, were more likely to oppose such legislation.

Substance Abuse – All respondents were asked to indicate how difficult they thought it was for someone to obtain illegal drugs in Medina County. Over three-quarters, 78.3%, of respondents with an opinion on the issue believed it was either very or somewhat easy to obtain illegal drugs in the county. Less than nine percent of respondents with an opinion on this issue felt it was very or somewhat difficult to obtain illegal drugs. A relatively large portion of respondents did not have any idea as to whether or not illegal drugs were easy or difficult to obtain within the county.

Respondents were also asked how tolerant they thought Medina County, as a community, was of substance abuse. Nearly two-thirds, 64.9%, of respondents felt that Medina County was either very or somewhat intolerant of substance abuse. Less than one-quarter, 22.5%, of respondents believed Medina County to be very or somewhat tolerant of substance abuse.

Table 1.8
Miscellaneous Issues

Subject	Response	Number of Respondents	Proportion of Respondents	Valid Responses
Familiarity With 2-1-1 First Call	Very Familiar	37	3.5%	(n=1,058)
	Somewhat Familiar	141	13.3%	
	Not At All Familiar	880	83.2%	
Opinion of 2-1-1 First Call	Good/Very Good	113	10.5%	(n=1,073)
	Fair/Poor	20	1.9%	
	No Opinion	940	87.6%	
Personal Health	Excellent/Good	930	86.9%	(n=1,070)
	Fair	106	9.9%	
	Poor/Very Poor	34	3.2%	
Frequency of Exercise	More Than 6 Times Per Week	197	18.4%	(n=1,072)
	4 to 6 Times Per Week	215	20.1%	
	1 to 3 Times Per Week	475	44.3%	
	Not At All	185	17.3%	
Interest in Exercise Program	Yes	628	59.2%	(n=1,061)
	No	433	40.8%	
Household Use of Tobacco Products	Never	784	73.2%	(n=1,071)
	Some Days	59	5.5%	
	Every Days	228	21.3%	
Support For Smoke-Free Legislation	Support	725	68.9%	(n=1,052)
	Oppose	327	31.1%	
Difficulty of Obtaining Illegal Drugs	Very/Somewhat Easy	673	78.3%	(n=859)
	Neither Easy/Difficult	112	13.0%	
	Very/Somewhat Difficult	74	8.6%	
Community Tolerance Of Substance Abuse	Very/Somewhat Tolerant	220	22.5%	(n=977)
	Neither Tolerant/Intolerant	123	12.6%	
	Very/Somewhat Intolerant	634	64.9%	

SECTION II

MEDINA COUNTY QUALITY OF LIFE

Summary

Residents are generally content with the quality of life in Medina County. The primary reason given for living in the county is its rural atmosphere. Nine out of ten respondents indicated they would continue to reside in Medina County in the near future. The most important problems for the county cited by respondents was over population and over development, while the leading health and social services issues were more assistance for the elderly and health care for the uninsured and low-income population.

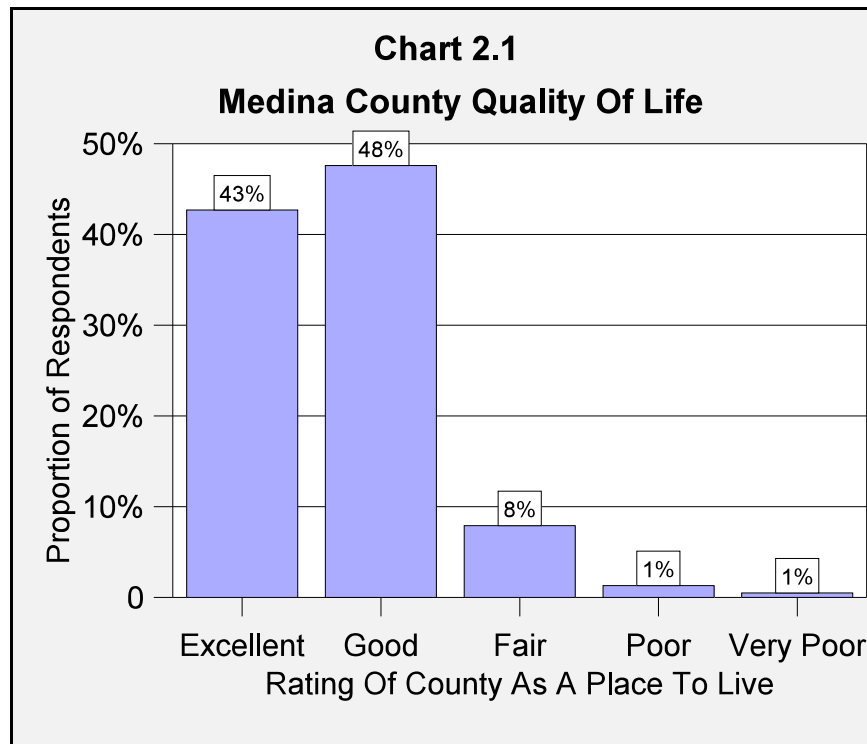
Quality of Life

Survey respondents were first asked to rate Medina County as a place to live, either as excellent, good, fair, poor or very poor. People were generally satisfied with the quality of life in the county. Just over 90% of respondents rated the county favorably as a place to live. Nearly half, 47.6%, of respondents rated Medina County as a *good* place to live, while another 42.7% rated the county as an *excellent* place to live (see Chart 2.1). Those persons who rated Medina County as a *fair* place to live amounted to 7.9% of respondents. Less than two percent of survey participants rated the county unfavorably, either *poor* or *very poor*, as a place to live.

Personal economic status impacted respondent attitudes toward the quality of life in Medina County. For instance, respondents from households with annual income in excess of \$68,000, or that were better off or about the same financially from a few years ago, were more likely to rate the county favorably as a place to live. Likewise, persons who had health insurance coverage or who indicated it was not difficult to make ends meet financially were more likely to rate the county favorably. In addition, respondents who owned their home, or that indicated they would not move away from Medina County during the next few years, were more likely to rate the county favorably as a place to live. Other groups that were more likely to give favorable ratings to the quality of life in the county included registered voters, Christians,

persons who rated their personal health favorably, individuals with home computers, persons with Internet access, individuals with relatively more educational attainment, especially college graduates, and married or widowed persons.

On the other hand, some demographic groups were more likely to give fair or unfavorable ratings to the quality of life in Medina County. For instance, persons who reported their household was worse off financially from a few years ago, or that it was very difficult to make ends meet, were more likely to rate the county either as fair or as unfavorable as a place to live, as were persons who were not registered to vote or that rated their personal health unfavorably. Not surprisingly, persons who rated the county unfavorable as a place to live were more likely to indicate they would move outside of Medina County during the next few years. Examples of groups that were particularly more likely to rate the quality of life in the county as fair included those who rent their home or with relatively less annual income, persons with relatively less educational attainment, and in terms of marital status, single or separated persons.



All survey respondents were asked to indicate their primary reason for living in Medina County. This was an open-ended question where respondents could give an answer in their own words. These responses were then recoded into general categories.

The leading response given for living in the county was its rural or small town atmosphere, with 16.4% of respondents indicating this was the case (see Table 2.1, Column #3). Similarly, 11.5% of respondents said they liked the location, area or community in general. Another 3.6% stated that Medina County was a convenient location or centrally located. A small portion of respondents, 1.2%, indicated the reason they live in the county is that it “used to” be a rural area or small town, suggesting somewhat that they were content with the area at one time but may have recently changed their opinion.

The second leading reason for living in Medina County was simply to be close to friends and family, with 13.0% of respondents indicating this was the case. Similarly, another 3.1% of respondents stated they live in the county because of their spouse, e.g., it is where their spouse grew up or is currently employed. Those respondents who indicated they now live in Medina County because it is where they were born or grew up amounted to 9.6% of respondents.

Those persons who indicated they reside in Medina County because of employment reasons, e.g., job opportunities or job transfer, amounted to 10.6% of respondents. Six percent of respondents said they lived in the county because of the quality of the schools or public school district, while 5.6% indicated because of the availability or affordability of housing. Other reasons mentioned for residing in Medina County included, in order of importance, that property taxes or the cost of living is lower, they simply like their home or land, it is a nice or great place to live, it is family oriented or a good place to raise children, it is peaceful and quite, quality of life in general, and it is a safe community.

**Table 2.1
Primary Reason For Living In Medina County**

Reason	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Reason-Naming Respondents
Rural/Small Town Area/Atmosphere	174	16.2%	16.4%
Closeness to Family/Friends	138	12.9%	13.0%
Like Location/Area/Community	122	11.4%	11.5%
Job Transfer/Opportunities	112	10.4%	10.6%
Born/Grew Up Here	102	9.5%	9.6%
Like Schools/School District	64	6.0%	6.0%
Available/Affordable Housing	59	5.5%	5.6%
Centrally Located/Convenient	38	3.5%	3.6%
Lower Property Taxes/Cost of Living	35	3.3%	3.3%
Like Our Home/Land	33	3.1%	3.1%
Spouse Likes Area/Lived Here	33	3.1%	3.1%
Great/Nice Place to Live	20	1.9%	1.9%
Family Oriented/Good Place for Children	16	1.5%	1.5%
Its Peaceful/Quiet	14	1.3%	1.3%
Used to be Rural/Small Town	13	1.2%	1.2%
Quality of Life	11	1.0%	1.0%
Safety of Community	11	1.0%	1.0%
Miscellaneous Reasons	65	6.1%	6.1%
Total Responses	1,060	98.8%	
Undecided Respondents	13	1.2%	
Total Respondents	1,073		

⁽¹⁾Number of responses: 1,060 valid responses.

⁽²⁾Proportion of all survey respondents (n=1,073) not including question refusals.

⁽³⁾Proportion of valid responses (n=1,060).

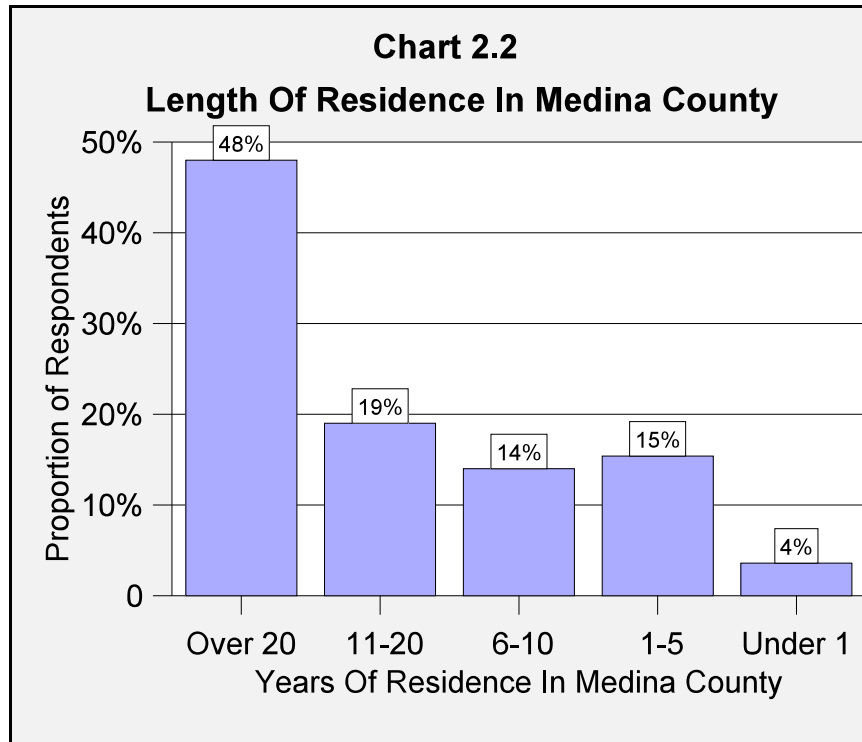
Tenure of Residence and Likelihood of Moving

All respondents were asked how long they have lived in Medina County. This was a close-ended question where the interviewer automatically entered the response into six predetermined categories: under one year, one to five years, six to ten years, eleven to 15 years, 16 to 20 years, and over 20 years.

Most respondents have lived in Medina County for a relatively long time. The majority of respondents had lived over 15 years in the county. Nearly half, 48.0%, stated they had lived in the county for more than 20 years (see Chart 2.2). Another 10.1% of respondents said they had lived in Medina County for 16 to 20 years, while 8.9% indicated they had resided in the county for eleven to 15 years. People who had lived in the county six to ten years amounted to 14.0% of respondents, while 15.4% of respondents had lived in the county from one to five years. Those persons who had lived in the county for less than one year amounted to 3.6% of respondents.

Examples of demographic groups that were more likely to have lived over 20 years in Medina County included home owners, progressively older or widowed individuals, retirees or disabled persons, those with generally less educational attainment, and residents of villages townships. In addition, respondents from households with relatively less annual income, or that reported being worse off or about the same financially from a few years ago, were more likely to have lived in the county for over 20 years.

Examples of groups that were more likely to have lived in the county for five or fewer years included generally home renters, younger individuals, the unemployed or full-time students, individuals with no health care insurance, persons with relatively more educational attainment, residents of the three cities within Medina County, persons not registered to vote, and respondents from households with relatively more annual income or that reported being better off financially from a few years ago.



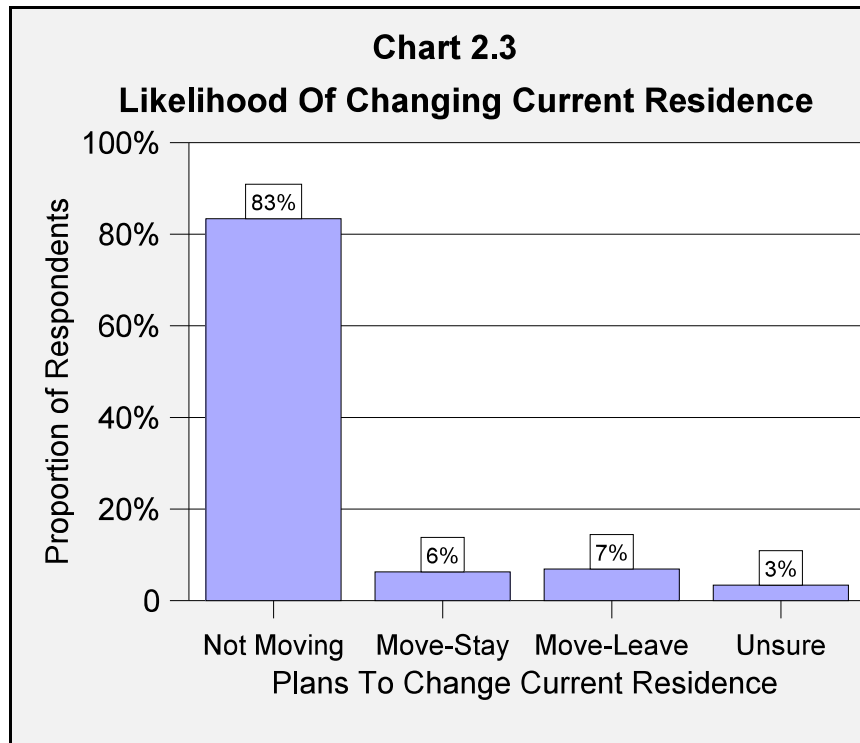
Regardless of how long they had lived in Medina County, all respondents were asked whether or not they plan to change their residence during the next few years, and if so, whether or not they plan to remain in Medina County. The majority of respondents, 83.4%, stated they plan to remain in their current residence for the next two years (see Chart 2.3). Another 6.3% of respondents said they plan to move, but would likely remain in Medina County. On the other hand, 6.9% of respondents indicated they would likely leave the county. Those persons who were unsure if they would change their residence, or were unsure about where they would move, amounted to 3.4% of respondents.

The likelihood of moving outside of Medina County hinged on economic and quality of life considerations. For instance, respondents who rated Medina County favorably as a place to live

were more likely to state they would remain in the county, while persons who unfavorably rated the quality of life were more likely to say they would leave the county. In terms of finances, respondents from households that were worse off financially from a few years ago, or that found it very difficult to make ends meet, were more likely to state they would leave the county. Similarly, unemployed or disabled persons and those without health care insurance were more likely to indicate they would leave the county. Those employed, especially those with six years tenure on their current job, or those without financial difficulties were more likely to say they would remain in Medina County.

Satisfaction with local institutions also influenced whether or not someone planned to move outside of Medina County. For instance, persons who rated the quality of health care in the county unfavorably, or that were not satisfied with the availability of health care, were more likely to state they would leave the county. Likewise, persons who graded their local school district unfavorably were more likely to say they would move outside the county. In addition, home renters and persons who had indicated they had difficulty finding affordable housing were more likely to leave.

Various demographic considerations also influenced whether or not someone planned to move from Medina County. People of color were more likely to indicate they would leave, while Caucasians were more likely to stay. Persons with a Christian religious affiliation were more likely to stay, while those with other or no religious affiliations were more likely to leave. Married or widowed persons were more likely to remain in the county, while single, divorced and separated persons were more likely to leave. In terms of age, those 65 years of age and older were more likely to stay, while those ages 18 to 24 were more likely to leave. Registered voters were more likely to stay, while those not registered to vote were more likely to leave. There was also evidence of so-called brain-drain, that is, college graduates or persons with at least some college education were more likely to leave the county, while those with a high school diploma or less education were more likely to remain in the county.



Those persons who indicated they planned to change residence during the next two years (13.2% of respondents), or who indicated they were unsure of where to move (1.4% of respondents), were subsequently asked to indicate their primary reason for likely changing their residence. This was an open-ended question for which respondents could give a response in their own words.

One of the leading reasons cited for changing their residence was to upgrade their housing, with 11.7% of likely-moving respondents indicating this was the case (see Table 2.2, Column #3). The other leading reason given for changing their residence was high local taxes, or being unable to afford local taxes, with another 11.7% of likely-moving respondents indicating this was the case. Other reasons mentioned for likely changing their residence included, in order of

importance, a need for more room or space, to be closer to place of employment or school, to move to a smaller house, to be closer to family, to change residence due to a marriage or divorce, to move to better climate or weather, moving due to a job transfer, and to simply move from their parent's home.

With respect to those persons who indicated they plan to leave Medina County, the leading reason cited was high local taxes, or the inability to pay current taxes, with 19.2% of county-leaving respondents indicating this was the case (see Table 2.2, Column #4). Other leading reasons given for moving outside of Medina County included, in order of importance, to be closer to work or school, to be closer to family, to move someplace with better weather or climate, to move to a smaller house, because of a job transfer, they do not like the area or are not happy with the area, and to move out-of-state. A few county-leaving respondents said they were not originally from the area and wanted to move back home. A few others said they would leave the county due to lack of job opportunities. One person said they plan to leave the county because they do not like the county government, while another person stated they would leave due to the lack of diversity in the area.

**Table 2.2
Primary Reason For Planning To Change Residence**

	(1)	(2)	(3)	(4)
Reason	Number of Responses	Proportion of All Survey Respondents	Proportion of Moving Respondents	Proportion of County-Leaving Respondents
To Upgrade Housing	18	1.7%	11.7%	1.4%
High Taxes/Cannot Afford Taxes	18	1.7%	11.7%	19.2%
More Room/Space	17	1.6%	11.0%	--
To Be Closer to Work/School	15	1.4%	9.7%	16.4%
Move to a Smaller House	14	1.3%	9.1%	6.8%
To Be Closer to Family	8	0.7%	5.2%	9.6%
Marriage/Divorce	7	0.7%	4.5%	1.4%
Better Weather/Climate	7	0.7%	4.5%	9.6%
Desire Different Home/Location	6	0.6%	3.9%	1.4%
Job Transfer	6	0.6%	3.9%	6.8%
Move Out of Parents House	6	0.6%	3.9%	2.7%
Do Not Like Area/Not Happy	4	0.4%	2.6%	4.1%
Want to Move Out-of-State	3	0.3%	1.9%	4.1%
Miscellaneous Reasons	25	2.3%	16.2%	16.4%
Total Responses	154	14.3%		
Undecided Respondents	1	0.1%		
Question Not Asked (Not Moving)	919	85.6%		
Total Respondents	1,074			

⁽¹⁾Number of responses: 154 valid responses.

⁽²⁾Proportion of all survey respondents (n=1,074) not including question refusals.

⁽³⁾Proportion of valid responses (n=124).

⁽⁴⁾Proportion of those respondents indicating they would move outside Medina County (n=73).

Community and Household Issues

All respondents were asked to indicate the most important issue or problem facing Medina County, as well as the most important issue specifically with respect to health and social services. Likewise, respondents were asked to indicate the most important issue facing their family or household, and respondents from households with non-adult children were asked the most important issue or challenge facing their children. Respondents tended to differentiate between what was an important issue at the different levels of consideration.

County Issues – Respondents were asked to indicate the most important problem facing Medina County. This was an open-ended question where the respondent could give one response in their own words. For this question, a significant portion of respondents, 11.6%, could not think of a problem or were undecided in their response (see Table 2.3, Column #2).

For those respondents that named a problem facing Medina County, the leading responses were related to over population and over development. Nearly one-fifth, 19.6%, of issue-naming respondents said that over population or rapid population growth was the most important problem facing the county (see Table 2.3, Column #3). Similarly, 11.6% of issue-naming respondents stated that over development or urban sprawl was the most important issue, while another 9.6% said too much traffic or congestion was the main problem. Other respondents cited related issues such as poorly planned growth, over development of housing, shortage of water, and loss of farm land, open spaces and green areas.

Other key themes mentioned were related to public grade-school education. For instance, 8.9% of issue-naming respondents said that the lack of funding for public education was the most important issue facing Medina County. Other problems related to education cited included, in order of importance, over crowded schools, poor quality of schools and teachers, and too many school levies. Other key themes involved economics, including taxes are too high in Medina County, high local unemployment or lack of jobs, and recruiting and retaining businesses. Miscellaneous leading problems cited by respondents included poorly maintained roads, substance abuse, lack of public transportation, and poor political leadership.

Table 2.3
Most Important Issue Facing Medina County

Issue	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Issue-Naming Respondents
Rapid Population Growth/Overpopulation	186	17.4%	19.6%
Over Development/Urban Sprawl (General)	110	10.3%	11.6%
Too Much Traffic/Congestion	91	8.5%	9.6%
Lacking of Funding for Public Education	84	7.8%	8.9%
Taxes Are Too High (General)	63	5.9%	6.7%
Poorly Planned Growth	57	5.3%	6.0%
Over Development of Housing	42	3.9%	4.4%
High Unemployment/Lack of Jobs	35	3.3%	3.7%
Overcrowded Schools	23	2.1%	2.4%
Poorly Maintained Roads	20	1.9%	2.1%
Poor Quality of Public Schools/Teachers	18	1.7%	1.9%
Shortage of Water	15	1.4%	1.6%
Drug Abuse	15	1.4%	1.6%
Too Many School Levies	15	1.4%	1.6%
Loss of Farmland/Open Areas/Green Areas	13	1.2%	1.4%
Retaining/Recruiting Businesses	13	1.2%	1.4%
Lack of Transportation	12	1.1%	1.3%
Poor Political Leadership	11	1.0%	1.2%
Miscellaneous	124	11.6%	13.1%
Total Responses	947	88.4%	
Undecided Respondents	124	11.6%	
Total Respondents	1,071		

⁽¹⁾Number of responses: 947 valid responses.
⁽²⁾Proportion of all survey respondents (n=1,071) not including question refusals.
⁽³⁾Proportion of valid responses (n=947).

Health and Social Services Issues – Respondents were also asked to indicate the most important issue that Medina County health care and social service organizations should focus on for future planning. Again, this was an open-ended question where the respondent could give one response in their own words. As with general countywide issues, a significant portion of respondents, nearly one-third or 31.9%, could not think of a health or social services issue or were undecided in their response (see Table 2.4, Column #2).

Leading health and social service issues cited for Medina County revolved around health care in general or social services specifically for the elderly or children. For instance, 11.9% of issue-naming respondents said that assistance, in general, for the elderly or senior citizens was the most important health or social services issue facing the county (see Table 2.4, Column #3). Another 5.5% of issue-naming respondents specifically said health care and prescriptions for the elderly was the most important issue, while other specifically said housing and transportation for the elderly was needed.

Over one-fifth of health and social service issue-naming respondents were concerned with health care in general. For instance, 10.7% of issue-naming respondents said providing health care and prescriptions for the uninsured and low income persons was the most important problem. Similarly, another 10.3% stated that ensuring affordable health care and prescriptions for all was the most important health and social services issue. Another related theme was that the availability of local health care services had not kept pace with the rapid population growth within the county. For example, some respondents noted expanding and improving health care facilities was the most important issue, while others specifically said providing more health care staff or specialists was the most important issue.

Miscellaneous other important health and social service issues cited for Medina County included, in order of importance, a need for more affordable housing, helping people in poverty or on welfare, planning and keeping up with the rapid growth and development in the county, a need for public transportation, and providing information on the available services in the county.

Table 2.4
Most Important Health and Social Services Issue For Medina County

Issue	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Issue-Naming Respondents
Assistance for Elderly (General)	87	8.1%	11.9%
Health Care/Rx for Uninsured/Poor/Children	78	7.3%	10.7%
Ensuring Affordable Health Care/Rx (General)	75	7.0%	10.3%
Expand/Improve Health Care Facilities	57	5.3%	7.8%
Health Care/Prescriptions for Elderly	40	3.7%	5.5%
More Affordable Housing	18	1.7%	2.5%
Helping People in Poverty/On Welfare	15	1.4%	2.1%
Keeping Up With Rapid Growth	15	1.4%	2.1%
More Health Care Staff/Specialists	14	1.3%	1.9%
Need Public Transportation	10	0.9%	1.4%
Information on Available Services	10	0.9%	1.4%
Housing for the Elderly	10	0.9%	1.4%
Caring for Children (General)	9	0.8%	1.2%
Need for Homeless Shelters	8	0.7%	1.1%
Assistance for Single Parent Households	8	0.7%	1.1%
Health/Wellness Education	7	0.7%	1.0%
Transportation for Elderly	6	0.6%	0.8%
Influenza Shots/Immunizations	5	0.5%	0.7%
Miscellaneous Issues	257	24.0%	35.3%
Total Responses	729	68.1%	
Undecided Respondents	342	31.9%	
Total Respondents	1,071		

⁽¹⁾Number of responses: 729 valid responses.

⁽²⁾Proportion of all survey respondents (n=1,071) not including question refusals.

⁽³⁾Proportion of valid responses (n=729).

Household Issues – All respondents were also asked to indicate the most important issue or problem facing their household or family. Again, this was an open-ended question where respondents could give one response in their own words. As with general countywide and health and social services issues, a significant portion of respondents, 16.1%, could not think of an important issue facing their household or were undecided in their response (see Table 2.5, Column #2). Those respondents citing an important problem facing their family indicated a variety of issues.

Many of the primary family issues or problems cited were related to employment or household finances. For instance, over one-quarter, 27.4%, of issue-naming respondents indicated that the cost of living or making ends meet financially was the most important issue facing their household (see Table 2.5, Column #3). Another 8.1% of issue-naming respondents specifically said that taxes are too high, while 6.2% stated that the cost of health care and prescriptions was too high. Other financial related household issues cited included, in order of importance, unemployment or the availability of good jobs, the lack of job security or stability, the affordability of housing, the lack of health care or health insurance, the price of gasoline, and the unstable economy in general.

Another theme was education. For instance, 12.2% of issue-naming respondents indicated that funding or the quality of public education was the most important issue facing their household. Another 4.4% of respondents stated higher education issues, such as paying for college, was the most important issue facing their household. Miscellaneous other important issues facing households included, in order of importance, personal health and wellness, security and safety concerns, lack of morality and religion, community growth and over development, not having enough free time or quality time with family, and getting along or communicating with other family members.

Table 2.5
Most Important Issue Facing Family Or Household

Issue	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Issue-Naming Respondents
Cost of Living/Making Ends Meet	246	22.9%	27.4%
Funding/Quality of Education	110	10.3%	12.2%
Taxes Are Too High	73	6.8%	8.1%
Personal Health & Wellness	60	5.6%	6.7%
Cost/Quality of Health Care/Rx	56	5.2%	6.2%
Unemployment/Availability of Good Jobs	53	4.9%	5.9%
Higher Education Issues	40	3.7%	4.4%
Lack of Job Security/Stability	21	2.0%	2.3%
Security and Safety Concerns	17	1.6%	1.9%
Affordability of Housing	15	1.4%	1.7%
Lack of Health Care/Health Insurance	15	1.4%	1.7%
Lack of Morality/Religion	12	1.1%	1.3%
Price of Gasoline	11	1.0%	1.2%
Unstable Economy	10	0.9%	1.1%
Community Growth/Over Development	10	0.9%	1.1%
Not Enough Time	9	0.8%	1.0%
High Cost of Education	7	0.7%	0.8%
Getting Along/Communicating	7	0.7%	0.8%
Miscellaneous Issues	127	11.8%	14.1%
Total Responses	899	83.9%	
Undecided Respondents	173	16.1%	
Total Respondents	1,072		

⁽¹⁾Number of responses: 899 valid responses.

⁽²⁾Proportion of all survey respondents (n=1,072) not including question refusals.

⁽³⁾Proportion of valid responses (n=899).

Youth Issues – Those respondents who indicated there were non-adult children residing in the household, 36.5% of all respondents, were asked to indicate the most important issue currently facing the children in home. As with the previous similar questions, this was an open-ended question where respondents could give one response. Those persons who could not identify an important issue facing children in the household amounted to 8.7% of persons asked this question (see Table 2.6, Column #2).

The issues given facing children were generally different from those cited facing the family or household in general. Still, some of the themes appearing in the results from the family issues question also appeared in child issues results. For instance, 11.7% of issue-naming respondents said that getting a good or quality education was the most important issue facing the children in the household (see Table 2.6, Column #3), while 3.7% indicated the high cost of education. Another 8.4% of issue-naming respondents asserted that an uncertain future or employment considerations were the primary concern for children.

The leading problem cited facing children in their household was peer pressure with nearly one-fifth, 18.8%, of issue-naming respondents indicating this was the case. Similarly, 4.4% of issue-naming respondents specifically said that social skills or getting along with peers was the most important issue. Health and safety concerns was another theme. For instance, 8.1% of issue-naming respondents said safety issues were the primary concern, while 3.4% indicated alcohol and substance abuse, and 2.3% general health care concerns.

Miscellaneous other problems indicated by respondents facing the children in their household included, in order of importance, keeping up with school work, lack of recreation and entertainment opportunities, poor morals in society, divorced or broken families, not having enough free time, lack of punishment and discipline, learning responsibility and decision making, learning time management and organization, and too much media exposure.

Table 2.6			
Most Important Issue Facing Children In Household			
Issue	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Issue-Naming Respondents
Peer Pressure	56	5.2%	18.8%
Getting A Good/Quality Education	35	3.3%	11.7%
Uncertain Future/Employment	25	2.3%	8.4%
Safety Issues	24	2.2%	8.1%
Keeping Up With Schoolwork	14	1.3%	4.7%
Social Skills/Getting Along With Peers	13	1.2%	4.4%
High Cost Of Education	11	1.0%	3.7%
Alcohol/Substance Abuse In Community	10	0.9%	3.4%
Lack of Entertainment/Recreation	9	0.8%	3.0%
Health Care Concerns	7	0.7%	2.3%
Poor Morals In Society	6	0.6%	2.0%
Divorce/Broken Families	6	0.6%	2.0%
Not Enough Free Time	6	0.6%	2.0%
Lack of Punishment/Discipline	5	0.5%	1.7%
Learn Responsibility/Decision-making	5	0.5%	1.7%
Time Management/Organization	4	0.4%	1.3%
Too Much Media Exposure	4	0.4%	1.3%
Miscellaneous Issues	58	5.4%	19.5%
Total Responses	298	27.8%	
Undecided Respondents	93	8.7%	
Question Not Asked (No Children)	681	63.5%	
Total Respondents	1,072		
⁽¹⁾ Number of responses: 298 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,072) not including question refusals. ⁽³⁾ Proportion of valid responses (n=298).			

SECTION III

EMPLOYMENT AND HOUSEHOLD FINANCES

Summary

Over half of surveyed Medina County households had annual income of less than \$68,000 per year. Nearly one-third reported their household was worse off financially from a few years ago, while nearly half reported it was either difficult or very difficult to make ends meet financially. Three-quarters of households indicated that at least one person was employed in the household. Over one-third of respondents reported they had earned a college degree. Most respondents were not familiar with the various employment and job training services available in Medina County.

Household Finances

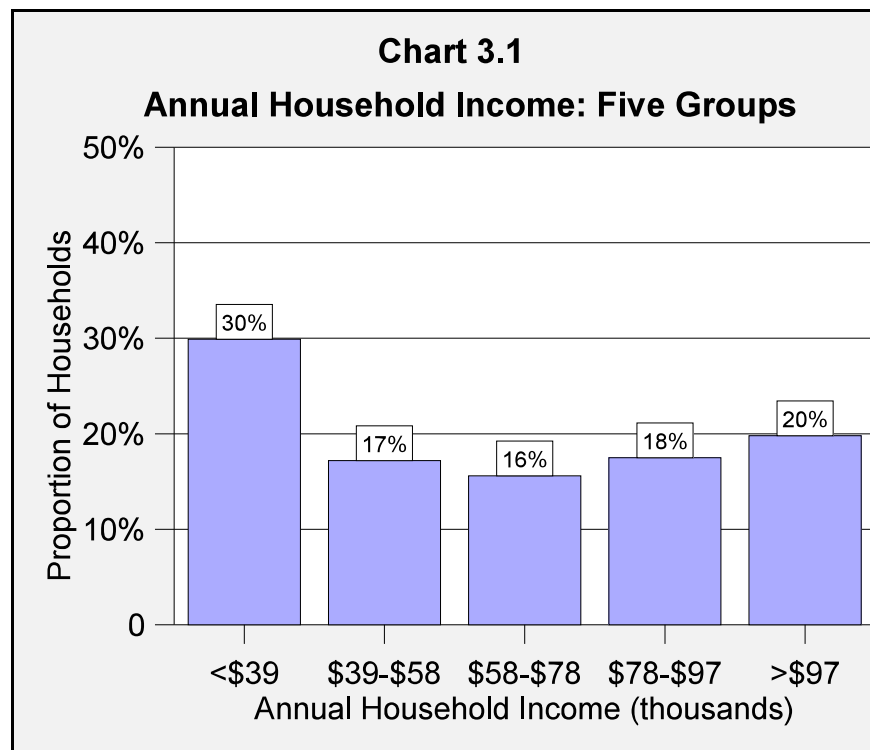
All respondents were asked to indicate their yearly **household income**. This was a branching question that allowed respondents to eventually choose between ten income levels. These categories are outlined in the next table. Because of the sensitivity of this particular question, 9.3% of survey respondents refused to answer the question (see Table 3.1, Column #2). Another 3.8% of survey respondents were unsure of their household income.

For analytical purposes the ten income levels are condensed into five groups in the following chart (Chart 3.1). What is noticeable in the chart is the high concentration of households in the lower income group, i.e., annual income less than \$39,000. In addition, there is a concentration of households in the upper income group, resulting in a chart that bows downward. This somewhat indicates the population tends to be oriented toward lower-income and higher-income groups with middle income groups not being as prominent.

Of the ten income levels, the one with the largest proportion of respondents was the lowest income group, i.e., annual income less than \$29,000, with 17.0% of question respondents indicating their household fell into this category (see Table 3.1, Column #3). Another 12.9% of responding households indicated their income falls within the \$29,000 to \$38,999 income group.

Of the ten income levels, the second largest group of responding households fell within the highest category, i.e., annual income of \$107,000 or more.

Not surprisingly, respondents from households with lower income levels were more likely to report it was difficult or very difficult to make ends meet financially, while higher income households said it was not difficult to make ends meet. Unfortunately, respondents from lower income households were also more likely to report they were worse off financially from a few years ago, while higher income households were more likely to be better off financially (see Table 3.1, Column #4). Likewise, respondents from higher income households were more likely to indicate they had health care insurance, prescriptions and dental coverage, while lower income households were more likely to not have such insurance coverage.



Respondents also tended to be from lower income households if they were female, not married, not registered to vote, had progressively less educational attainment, were retired or

unemployed, were 65 years of age and older, rated their current personal health unfavorably, rented their home, and that indicated tobacco use occurs everyday in their household. On the other hand, respondents were more likely to be from higher income households if they were male, married, had progressively more educational attainment, owned their home, were gainfully employed, were ages 35 to 54. In addition, higher income households were more likely to have home computers and Internet access.

**Table 3.1
Annual Household Income: Ten Groups**

Income Group	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Valid Responses	Proportion Better Off Financially
Less Than \$29,000	159	14.8%	17.0%	19.1%
\$29,000 to \$38,999	120	11.2%	12.9%	13.4%
\$39,000 to \$47,999	93	8.7%	10.0%	29.0%
\$48,000 to \$57,999	67	6.2%	7.2%	40.3%
\$58,000 to \$67,999	58	5.4%	6.2%	40.4%
\$68,000 to \$77,999	88	8.2%	9.4%	47.7%
\$78,000 to \$86,999	86	8.0%	9.2%	55.8%
\$87,000 to \$96,999	77	7.2%	8.3%	42.9%
\$97,000 to \$106,999	58	5.4%	6.2%	46.6%
Over \$107,000	127	11.8%	13.6%	66.9%
Total Responses	933	86.9%		
Undecided Respondents	41	3.8%		
Question Refusals	100	9.3%		
Total Respondents	1,074			
⁽¹⁾ Number of responses: 933 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,074) including refusals in this case. ⁽³⁾ Proportion of valid responses (n=933). ⁽⁴⁾ Proportion of associated respondents better off financially from a few years ago.				

Financial Status – Besides annual income, all respondents were asked about their financial status, that is, whether or not they were better off, worse off or about the same financially compared to a few years ago. Nearly one-third, 31.5%, of all respondents stated their household was *worse off* financially from a few years ago (see Chart 3.2). Roughly another one-third, 31.2% of respondents indicated their household was *about the same* financially compared to a few years ago. On the positive side, over one-third, 37.4%, of respondents reported their household was *better off* financially.

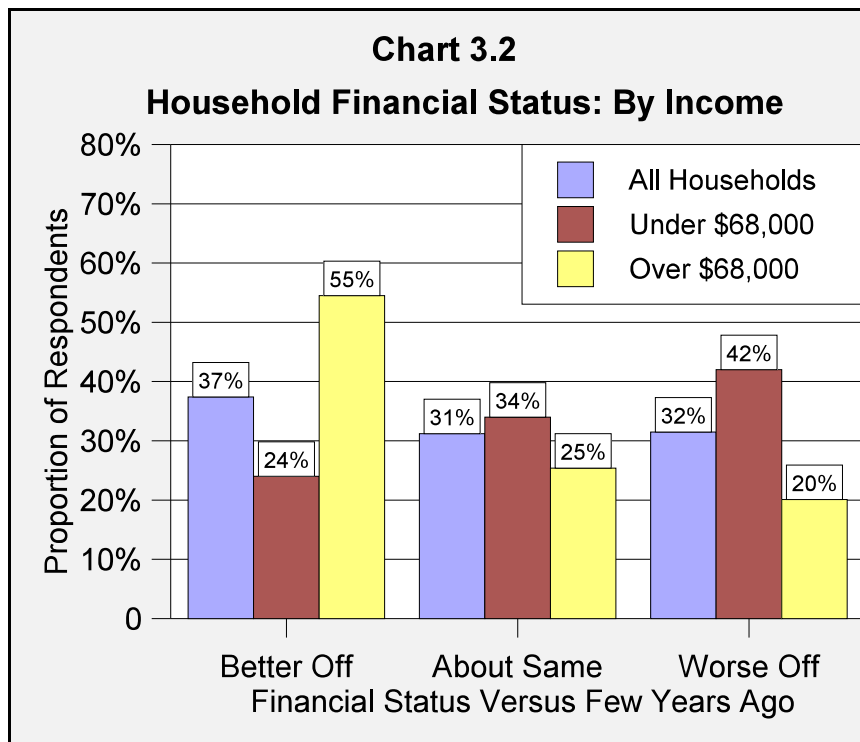
Household financial status was generally linked to household income. Higher income households were more likely to be *better off* financially from a few years ago, while lower income households were more likely to be *worse off*. For instance, over half, 54.5%, of households with annual income over \$68,000 reported being *better off* financially compared to less than one-quarter, 24.0%, of households with less than \$68,000 income (see Chart 3.2). Similarly, the latter households were twice as likely to be *worse off* financially compared to the former. Households with less than \$29,000 in annual income were particularly more likely to be *worse off* financially. These results seem to support the general notion that the rich are getting richer, and the poor are getting poorer.

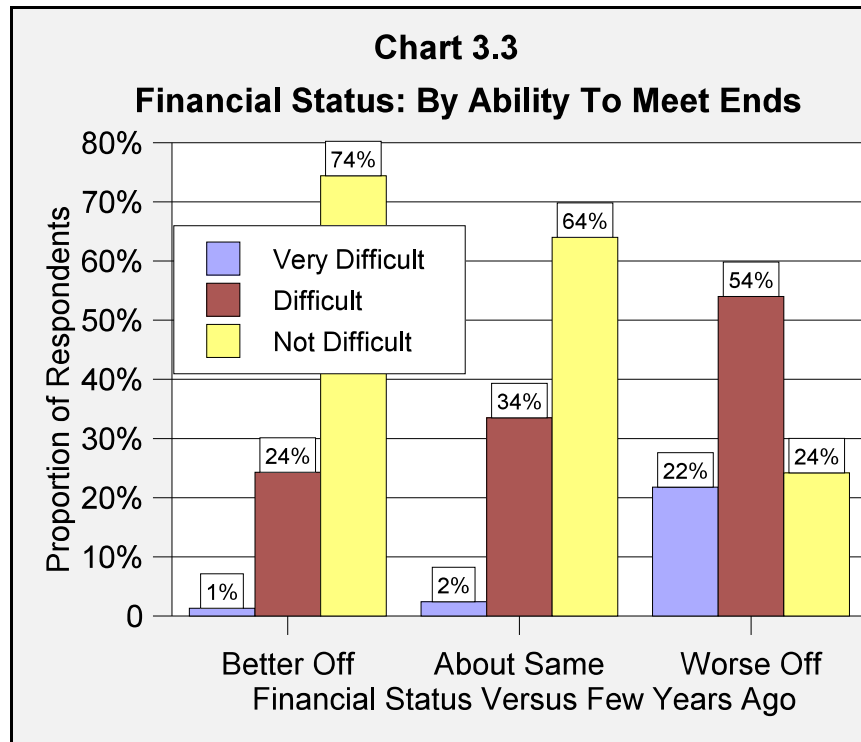
Not surprisingly, household financial status was also inextricably linked to the ability to meet financial requirements. In general, households that were *better off* financially did not have difficulties making ends meet, while households that were *worse off* were more likely to find it either difficult or very difficult to make ends meet financially. For instance, just over three-quarters, 75.8%, of those *worse off* found it difficult or very difficult to make ends meet, compared to just over one-third, 35.9%, of those *about the same* financially and just over one-quarter, 25.6%, of those *better off* financially (see Chart 3.3).

Respondents from households *worse off* financially from a few years ago were also more likely to have indicated they did not currently have health care insurance, prescriptions coverage, and dental coverage. Such respondents were also more likely to unfavorably rate the quality and

availability of health care in Medina County. In addition, those households *worse off* financially were also more likely to have indicated that someone in their household had recently sought general social services or mental health services. Moreover, such respondents were more likely to indicate they had been denied medical or dental services during the past year due to lack of money, and to state they have had to recently make a choice between buying food, medications, and paying the rent or utilities.

To the benefit of some youth, households with non-adult children were more likely to report being *better off* financially compared to a few years ago. Other demographic groups more likely to indicate their household was *better off* financially included males, those ages 35 to 54, married individuals, college graduates, home owners, and full-time employees. On the other hand, examples of groups that were more likely to be *worse off* financially included females, those ages 55 and older, divorced or widowed persons, persons without a college degree, and, in terms of employment status, part-time employees, retirees and the unemployed. Households that reported tobacco use in the home were also more likely to be *worse off* financially.





Financial Difficulties – All respondents were also asked how difficult it is for their household to meet its financial requirements, i.e., to make ends meet financially. Respondents could select from three answers: very difficult, difficult, or not at all difficult to make ends meet. Nearly half, 44.7% of all respondents indicated in was either difficult or very difficult for their household to make ends meet financially-- over one-third, 36.6%, stated it was *difficult* to make ends meet, while 8.0% asserted it was *very difficult* to meet their financial responsibilities (see Chart 3.4). On a positive note, over half, 55.3%, of all respondents said it was *not at all difficult* for their household to make ends meet financially.

Ability to makes ends meet financially was of course linked to household income. That is, the less income a household made per year, the more likely they found it difficult or very difficult to make ends meet. Conversely, the more income a household made, the more likely they were to indicated they did not have difficulties meeting their financial requirements. For instance,

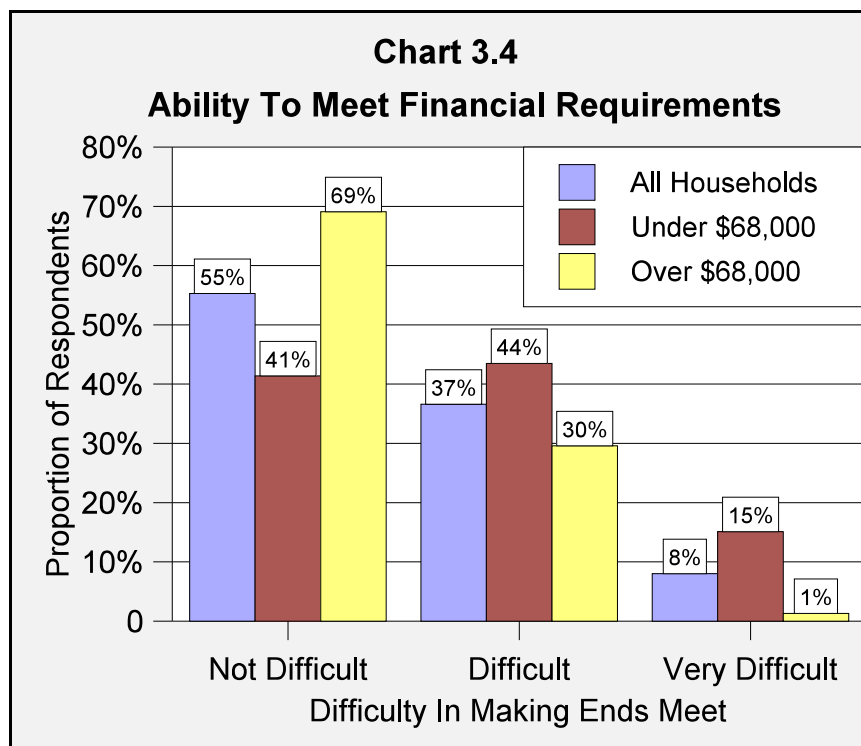
higher income households were more likely to find it *not at all difficult* to make ends meet. For instance, less than one-thirds, 30.9%, of households with annual income in excess of \$68,000 said it was either difficult or very difficult to make ends meet, compared to over half, 58.6%, of households with annual income less than \$68,000 (see Chart 3.4), and over two-thirds, 69.0%, of households with annual income less than \$29,000.

As mentioned previously, there is a strong relationship between household financial status, i.e., being worse off or better off financially, and the ability to make ends meet financially. In general, households that found it difficult or very difficult to meet their financial requirements tended to be households that were worse off financially from a few years ago. Likewise, households that did not have difficulties making ends meet tended to be ones that were better off or about the same financially from a few years ago.

Respondents from households that found it difficult to make ends meet were also more likely to have indicated they did not currently have health care insurance, prescriptions coverage, and dental coverage. Such respondents were also more likely to unfavorably rate the quality and availability of health care in Medina County. Moreover, those households finding it difficult to meet their financial requirements were also more likely to have indicated that someone in their household had recently sought general social services or mental health services. In addition, such respondents were more likely to indicate they had been denied medical or dental services during the past year due to lack of money, and to state they had made a choice between buying food, medications, and paying the rent or utilities during the past year.

Although households with non-adult children tended to be better off financially, such households were more likely to find it difficult to make ends meet financially. Other demographic groups more likely to indicate their household found it difficult to meet its financial responsibilities included females, individuals not registered to vote, divorced or separated persons, those who rent their home or reside in multi-unit housing, persons with generally less educational attainment, and, in terms of employment status, the unemployed, disabled, full-time students and those employed on a part-time basis. In addition, households

that reported tobacco use in the home were also more likely to have difficulties making ends meet. On the other hand, households that were more likely to not have difficulties making ends meet included those where the respondents were male, home owners, registered voters, full-time employees or retirees, those ages 65 and older, persons with generally more educational attainment, especially college graduates, and, in terms of marital status, those married, single or widowed. Households that reported no tobacco use in the home were more likely to not have difficulties making ends meet financially.



Those persons indicating it was difficult or very difficult for their household to meet its financial requirements (44.1% of respondents) were subsequently asked to indicate the primary reason for having financial difficulties. This was an open-ended question for which respondents could name a reason in their own words. Most respondents finding it difficult to make ends meet were able to give a reason. Less than one percent of such respondents could not give a response or were undecided (see Table 3.2, Column #2).

The leading response given by respondents for their household not meeting their financial requirements was the cost of living in general, or their wages not keeping up with inflation, with over one-fifth, 21.6% of respondents finding it difficult or very difficult to make ends meet indicating this was the case (see Table 3.2, Column #3). This amounted to 9.5% of all survey respondents (see Table 3.2, Column #2). Similarly, another 15.4% of respondents from households having financial difficulties said that the lack of income in general or not being paid enough was the primary reason for not making ends meet. This amounted to 6.8% of all respondents.

Some respondents said the loss of employment or the loss of work hours was the primary reason for their household not making ends meet financially. This amounted to 13.1% respondents from households with financial difficulties and 5.8% of all respondents. At a more global view, some respondents specifically said a poor economy was the main reason for their household having financial difficulties.

Another theme regarding the responses given for households finding it difficult or very difficult to make ends meet financially involved fixed income or single income issues. For instance, 9.7% of respondents from households having financial difficulties indicated they were retired or otherwise on a fixed income. Another 7.0% of respondents stated that their family was a one income household. Similarly, other respondents indicated they were divorced or a single parent, and thus found it difficult to make ends meet. Other respondents specifically said that having a new child or having too many children led to their financial difficulties. Some respondents noted they were widowed or a recent death in the family led to their financial difficulties.

Still another theme regarding reasons for households finding it difficult to meet their financial requirements involved costs or rising costs for specific expenses. These included, in order of importance, the rising cost of energy or utilities, taxes are too high, having too much debt or outstanding balances, the high cost of health care or health insurance, paying for children's college education, and paying for their own college education or student loans.

**Table 3.2
Primary Reason For Not Meeting Financial Requirements**

Primary Reason	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Reason-Listing Respondents
Wages Not Keeping Pace w/Cost of Living	102	9.5%	21.6%
Lack of Income/Not Paid Enough	73	6.8%	15.4%
Loss of Employment/Hours	62	5.8%	13.1%
On Fixed Income/Retired	46	4.3%	9.7%
One Income Household	33	3.1%	7.0%
Rising Cost of Utilities/Energy	26	2.4%	5.5%
Taxes Are Too High	19	1.8%	4.0%
Too Much Debt/Outstanding Expenses	17	1.6%	3.6%
New Child/Many Children	14	1.3%	3.0%
High Cost of Health Care/Insurance	11	1.0%	2.3%
Poor Economy	8	0.7%	1.7%
Like To Live Beyond My Means	8	0.7%	1.7%
Paying for Children's College Education	8	0.7%	1.7%
Widowed/Death in Family	7	0.7%	1.5%
Paying for Own College/Student Loans	6	0.6%	1.3%
Divorced/Single Parent	6	0.6%	1.3%
Miscellaneous Reasons	27	2.5%	5.7%
Total Responses	473	44.1%	
Undecided Respondents	4	0.4%	
Question Not Asked (Making Ends Meet)	596	55.5%	
Total Respondents	1,073		

⁽¹⁾Number of responses: 473 valid responses.

⁽²⁾Proportion of all survey respondents (n=1,073) not including question refusals.

⁽³⁾Proportion of valid responses (n=473).

Sacrifice of Basic Needs – All respondents were also asked if there has been any occasion during the past year where they had to make a choice between buying food, paying rent and utilities, or getting prescription medication for themselves or members of their household. The majority, 89.7%, of respondents indicated they did not have to make a choice between these items due to a lack of income (see Table 3.3, Column #3). Not surprisingly, respondents from households with relatively more annual income, that were better off or about the same financially from a few years ago, or did not have financial difficulties, were more likely to indicate they did not have to make a choice between buying food or prescriptions or paying for rent and utilities. Examples of other groups more likely to not have had to make a choice included males, married persons, full-time employees or retirees, those ages 65 and older, and respondents with progressively more educational attainment.

On the other hand, roughly one out of ten respondents, 10.3%, indicated that their household had to make a choice between food, prescriptions, or rent and utilities during the past twelve months. Of the three selection options, respondents were more likely to indicate they chose to pay for rent and utilities rather than food and prescriptions. These persons amounted to roughly one-third, 33.6%, of respondents that had to choose among the three options (see Table 3.3, Column #4). These persons amounted to 3.5% of all survey respondents (see Table 3.3, Column #3). Over one-quarter, 27.3%, of choosing respondents chose to buy food rather than prescriptions or pay for rent and utilities. Nearly, one-quarter, 23.6%, of choosing respondents chose to purchase medication rather than food or pay for rent and utilities. Although not specifically asked, 15.5% of choosing respondents indicated they chose to pay for two of the basic needs while forgoing a third option.

Respondents from households with relatively less annual income or that reported being worse off financially, or finding it difficult to make ends meet financially, were more likely to state they had made a choice between the three basic needs. Likewise, respondents without health care insurance or dental coverage were more likely to say they had to choose among basic needs. In addition, respondents who indicated they were unable to obtain health and dental services due

to lack of income were more likely to have to make a basic needs selection, as were respondents from households where someone had recently sought social services or mental health services during the past year. Other groups that were more likely to have stated they had to choose among basic needs included females, those who rent their home, persons 18 to 24 years of age, individuals with progressively less educational attainment, persons not married such as those widowed or separated, and, in terms of employment status, the unemployed, disabled, part-time employees, and full-time students. In addition, respondents who indicated tobacco use occurs in their household were more likely to say they had to choose among basic needs.

Table 3.3 Selection Between Food, Medication, and Rent or Utilities				
Selection	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Valid Responses	Proportion of Choosing Respondents
Chose Rent/Utilities	37	3.5%	3.5%	33.6%
Chose Food	30	2.8%	2.8%	27.3%
Chose Medication	26	2.4%	2.4%	23.6%
Chose Food & Medication	8	0.7%	0.7%	7.3%
Chose Food & Rent/Utilities	8	0.7%	0.7%	7.3%
Chose Medication & Rent/Utilities	1	0.1%	0.1%	0.9%
Did Not Have to Make Choice	960	89.6%	89.7%	
Total Responses	1,070	99.8%		
Undecided Respondents	2	0.2%		
Total Respondents	1,072			
⁽¹⁾ Number of responses: 1,070 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,072) not including question refusals. ⁽³⁾ Proportion of valid responses (n=1,070). ⁽⁴⁾ Proportion of respondents indicating they had made a choice between food, medication, and rent or utilities during the past year (n=110).				

Household Employment

All survey respondents were asked to indicate their current employment status. This was a closed-ended response question with the following selections: employed on a full-time basis, employed on a part-time basis, retired, unemployed, homemaker not employed outside the home, not working due to a disability, full-time student not working, and all other.

Nearly half, 49.4%, of respondents reported they were employed on a full-time basis (see Table 3.4, Column #2). Full-time employees were more likely to be male and have obtained a college degree. In addition, full-time employees were more likely to be associated with households with relatively more annual income and better finances, and to have health insurance, dental and prescriptions coverage. Another 10.7% of respondents noted they were employed on a part-time basis. Part-time employees were more likely to be female and have relatively less educational attainment. Moreover, such employees were more likely to come from households with relatively less annual income or that reported being worse off or finding it difficult to make ends meet financially. Part-time employees were also less likely to have health insurance, dental and prescriptions coverage.

Just over one-quarter, 25.6%, of respondents indicated they were retired. Retirees tended to have health insurance coverage but not dental and prescriptions coverage. Another 6.1% of respondents noted they were homemakers. Most all of these persons were female and came from households that tended to have relatively higher levels of income and better finances. Just over two percent of respondents said they were full-time students. Such individuals tended to come from households with relatively less income and difficult finances. In addition, such persons were more likely not to have health insurance, dental and prescriptions coverage.

Just under three percent of employees indicated they were unemployed. Considering only those respondents that were a component of the official workforce, i.e., those employed or officially unemployed, the unemployed rate amounted to 4.6%. Another 2.8% of respondents reported they had a disability and thus were not employed. The unemployed and disabled were much

more likely to be from households with relatively less annual income, worse off financially from a few years ago, and finding it difficult to make ends meet financially. Such persons were also more likely to not have health insurance, dental or prescriptions coverage. In addition, these respondents were more likely to indicate that someone in their household had sought social services or mental health services during the past year. The unemployed and disabled were also more likely to have relatively less educational attainment, especially no college education, and to not be registered to vote.

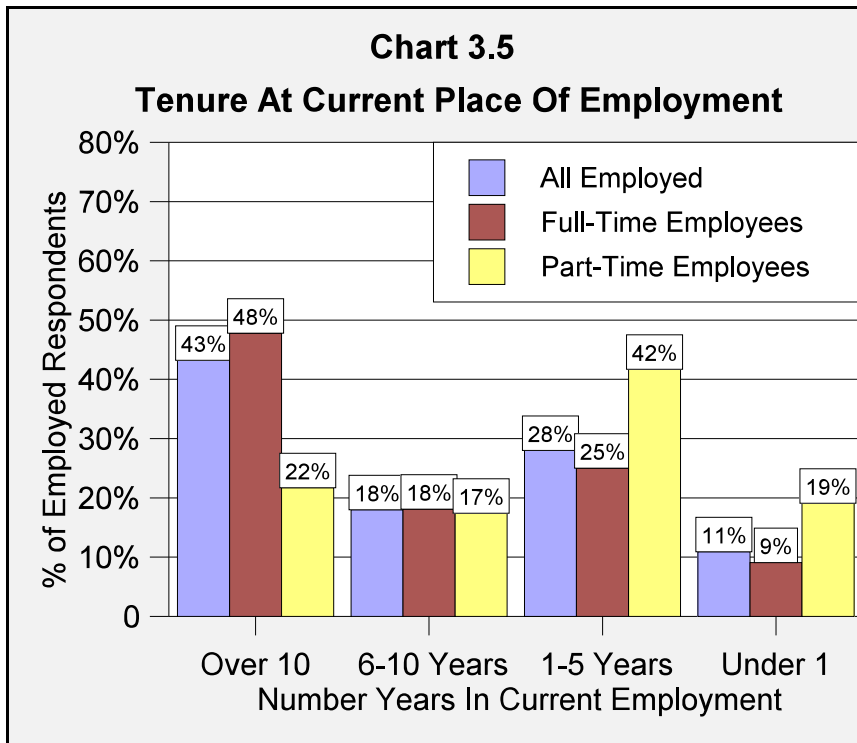
Table 3.4 Respondent's Employment Status				
Employment Status	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion Worse Off Financially	Proportion Financial Difficulties
Employed Full-Time	530	49.4%	26.3%	44.2%
Employed Part-Time	115	10.7%	40.9%	49.6%
Retired	274	25.6%	33.7%	36.5%
Homemaker	65	6.1%	21.9%	43.3%
Unemployed*	31	2.9%	64.5%	67.7%
Disability	30	2.8%	46.7%	80.0%
Student (Not Working)	22	2.1%	36.4%	50.0%
Something Else	6	0.6%	33.3%	50.0%
Total Responses	1,073	100.3%		
Undecided Respondents	--	--		
Total Respondents	1,073			
<p>⁽¹⁾Number of responses: 1,073 valid responses. ⁽²⁾Proportion of all survey respondents (n=1,073) not including question refusals. ⁽³⁾Proportion of associated respondents worse off financially from a few years ago. ⁽⁴⁾Proportion of associated respondents finding it difficult to make ends meet financially. ^(*)Excluding those respondents not in the workforce, the unemployment rate amounted to 4.6%.</p>				

Those respondents who said they were employed either on a full-time or part-time basis, 60.1% of all survey respondents, were subsequently asked to indicate the length of time employed at their current place of employment. This was a closed-ended response question with the following selections: under one year, one year but less than two years, two to five years, six to ten years, and more than ten years.

Most employed respondents noted they had been on the job for a relatively long time. Those persons stating they had been in their current place of employment for over ten years amounted to 43.2% of employed respondents (see Chart 3.5). Another 18.0% of employed respondents on been on the job for six to ten years, while 19.3% had been at their current place of employment from two to five years. Roughly one-fifth of employed respondents had been on the job less than two years – 8.7% had been at their current place of employment from one to two years while 10.9% had been on the job for less than one year.

Full-time employees were more likely to have a longer tenure at their current place of employment while part-time employees were more likely to have a shorter tenure. For instance, full-time employees were twice as likely as part-time employees to be on the job for over ten years. Nearly half, 47.8%, of full-time employees had been at their current place of employment for over ten years, compared to less than one-quarter, 21.7%, of part-time employees. Likewise, part-time employees were twice as likely as full-time employees to be on the job for less than two years. Over one-third, 35.6%, of part-time employees had been on the job for less than two years, compared to 16.1% of full-time employees.

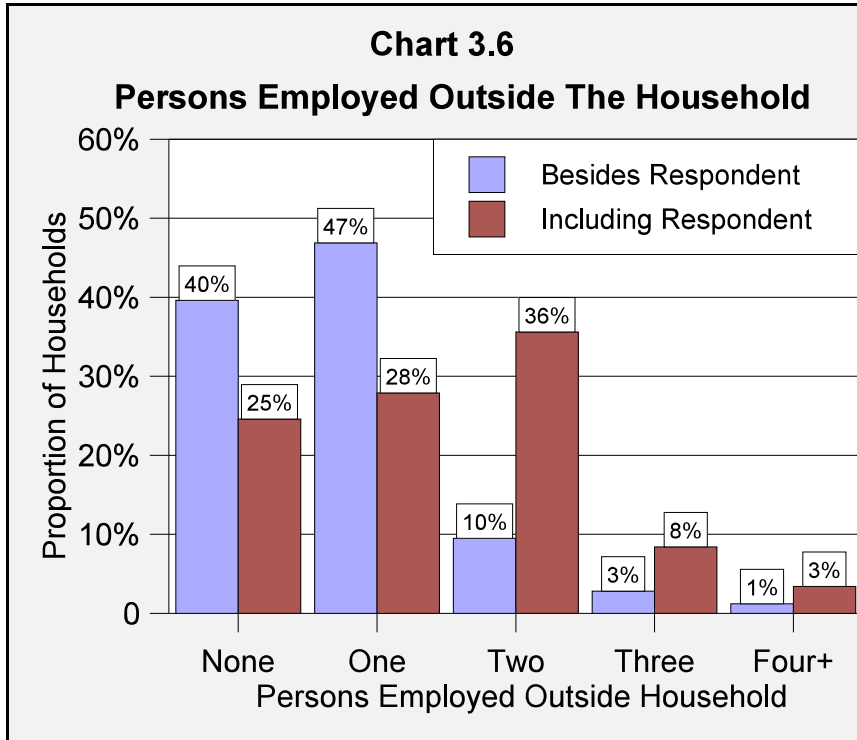
Demographic groups more likely to be at their current place of employment for a relatively long time, i.e., over ten years, included males, widowed or married persons, home owners, and persons who have lived in the county relatively longer periods of time. Such respondents were also more likely to be from households with relatively higher levels of income and to not have financial difficulties. On the other hand, groups that were more likely to have shorter tenures at their current place of employment included females, singles, and respondents from households with relatively less annual income.



Regardless of whether or not they were employed, all survey respondents were also asked how many people, besides themselves, work outside the home for pay. Roughly two-fifths, 39.6% of respondents indicated that no one else in the household works outside the home (see Chart 3.6). Factoring in those respondents who previously indicated they were not employed, just under one-quarter, 24.6%, of households surveyed had no one working outside the home. Examples of groups that were more likely to have no household members employed included those where the respondent was retired, widowed, or ages 65 and over.

Nearly half, 46.9%, of all respondents stated that one other person, not including themselves, works outside the home. Adjusting for those respondents actually employed, over one-quarter, 27.9%, of surveyed household had one person employed. Not surprisingly, households with one

resident or one adult present were more likely to indicate only one person was employed from the household. Another 9.5% of respondents noted that two persons, not including themselves, worked outside the home. Adjusting for those respondents currently employed, over one-third, 35.6%, of surveyed households indicated that two persons were employed within the household. Those respondents who indicated that three persons, not including themselves, were employed outside the home amounted to 2.8% of all respondents. Adjusting for those respondents presently employed, 8.4% of surveyed households had at least three persons employed. In general, households with more adult residents were more likely to have more than one person employed outside the home.



Educational Attainment

All respondents were asked to indicate the highest level of formal education they have attained. This was a closed-ended question with six response categories including grade school education only (one to eight years); some high school (nine to eleven years); high school graduate; some college, trade school training or a two-year degree; college graduate; and post graduate education.

Over one-third, 36.1%, of respondents said they had college degree – 22.9% noted they were a college graduate while 13.2% indicated they had post graduate education (see Table 3.5, Column #2). Another 29.4% of respondents noted they had some college or trade school education or obtained a two-year degree. On the other hand, over one-third, 34.5%, of all respondents indicated they had no formal education beyond a high school diploma – over one-quarter, 28.5%, of respondents said they had graduated from high school, while another 5.9% of respondents had not attained a high school diploma.

In general, persons with relatively higher levels of educational attainment, especially college graduates, were more likely to be respondents from households with greater annual income, better off financially from a few years ago, or who did not find it difficult to make ends meet financially (see Table 3.5, Columns #3 and #4). In addition, persons with relatively more formal education were more likely to be employed and have health insurance, prescriptions and dental coverage. Other demographic groups that were more likely to have more formal education included males, registered voters, home owners, married or divorced persons, individuals 24 to 64 years of age, and in terms of employment status, retirees or those employed. Those with relatively more education also were more likely to have at least one home computer and access to the Internet.

On the other hand, persons with relatively less educational attainment, especially those with no formal education beyond a high school diploma, were more likely to be respondents from households with relatively less annual income, that were worse off financially from a few years

ago, or found it difficult to make ends meet. Moreover, persons with relatively less formal education tended to not have health insurance, prescriptions and dental coverage. Other groups that were more likely to have relatively less educational attainment included females, persons not registered to vote, home renters, single or widowed persons, those ages 18 to 24 or 65 years of age and older, and in terms of employment status, the unemployed, disabled or full-time students. Persons with relatively less education were less likely to have a home computer or access to the Internet.

**Table 3.5
Respondent's Educational Attainment**

Educational Attainment	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion Income > \$68,000	Proportion Difficult Finances
Grade School (1 to 8 Years)	12	1.1%	18.2%	58.3%
Some High School (9 to 11 Years)	52	4.8%	26.2%	57.7%
High School Graduate	306	28.5%	28.2%	51.0%
Some College/Trade/Two-Year Grad	315	29.4%	41.9%	50.3%
College Graduate	246	22.9%	66.4%	31.8%
Post Graduate	142	13.2%	70.5%	34.5%
Total Responses	1,073	100.0%		
Undecided Respondents	--	--		
Total Respondents	1,073			

⁽¹⁾Number of responses: 1,073 valid responses.

⁽²⁾Proportion of all survey respondents (n=1,073) not including question refusals. .

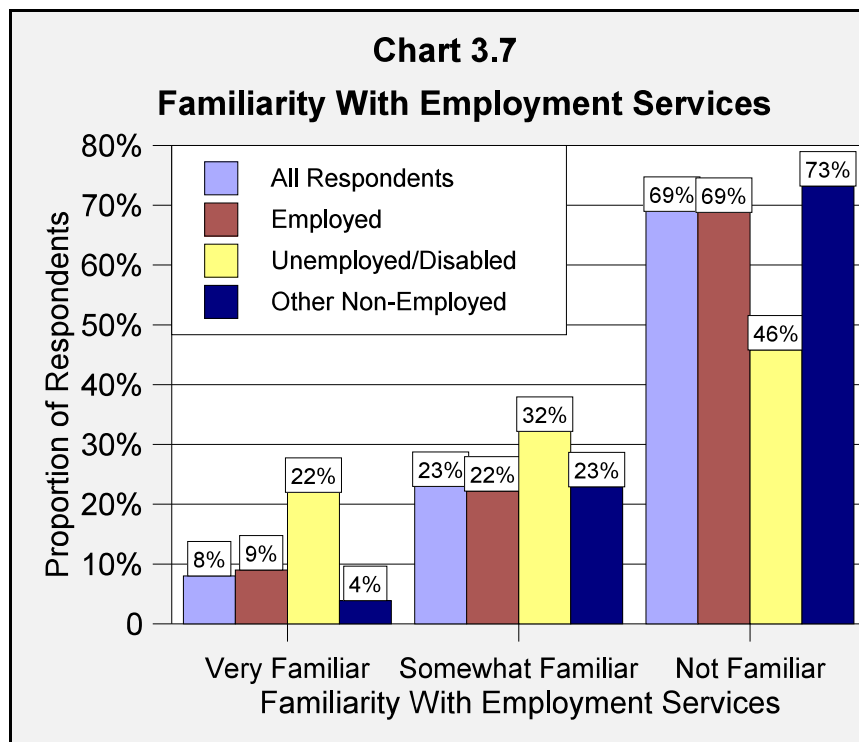
⁽³⁾Proportion of associated respondents with annual household income greater than \$68,000.

⁽⁴⁾Proportion of associated respondents finding it difficult to make ends meet financially.

Miscellaneous Employment Issues

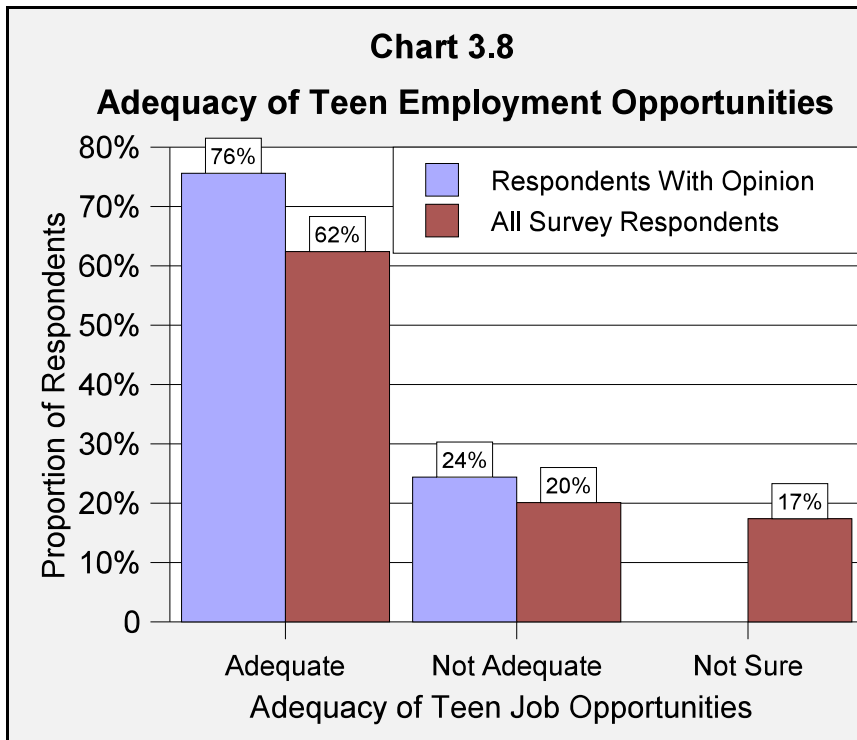
All respondents were asked how familiar they were with the services available in Medina County for getting assistance with finding a job. This was a close-ended question with three possible responses: very familiar, somewhat familiar, or not at all familiar. In general, respondents were not familiar with the services available in Medina County for finding employment. Over two-thirds, 69.0%, of respondents indicated they *were not at all familiar* with local employment services (see Chart 3.7). On the other hand, nearly one-quarter, 23.0%, of respondents said they were *somewhat familiar* with Medina County employment services, while another 8.0% noted they were *very familiar* with such services.

In terms of employment status, the unemployed and disabled tended to be more familiar with job services in the county compared to those currently employed, retired, homemakers, or full-time students. Other groups that were more likely to be familiar with local employment services included people of color, those ages 18 to 24, single or divorced persons, and respondents from households that found it difficult to make ends meet financially.



All respondents were also asked whether or not they thought there were adequate employment opportunities for teenagers in Medina County. This was a yes-no response question, but a significant proportion of respondents, 17.4%, indicated they did not know whether or not such employment opportunities were adequate (see Chart 3.8). Many of such households that were undecided did not have non-adult children residing in their home.

Nearly two-thirds, 62.4%, of all respondents indicated they employment opportunities for teenagers in Medina County were adequate. This amounted to just over three-quarters, 75.6%, of respondents with an opinion on the issue. On the other hand, 20.1% of all respondents asserted that employment opportunities were not adequate for teenagers. This amounted to nearly one-quarter, 24.4%, of those respondents with an opinion on the issue.



SECTION IV HOUSING AND HOUSEHOLD DYNAMICS

Summary

Most respondents of the 2006 Medina Needs Assessment own their own home and reside in single-family housing units. Most respondents have never had difficulties in obtaining affordable housing. Most respondents also had a personal computer in the household as well as access to the Internet. Of those households with a monthly housing payment, the median mortgage payment amounted to \$1,000 while the median rental payment was \$580. An average of 2.8 persons resided in the surveyed households. For those households with non-adult children, an average of 1.9 children resided in those households.

Housing and Home Ownership

The first question of this group involved **home ownership**, that is, all respondents were asked whether or not they owned their home or rent their home. The majority of respondents, 87.7%, indicated they own their home (see Table 4.1, Column #2). Those who rent their home amounted to 11.3% of respondents. Another one percent of respondents noted they did not own or rent their home. Such respondents likely included adult children living at home or persons residing in nursing homes or assisted living facilities.

Respondents who rent their home were more likely to have relatively lower levels of income (see Table 4.1, Column #3) and find it difficult or very difficult to make ends meet financially. In terms of employment status, renters were more likely to be unemployed, disabled or full-time students. Renters were also more likely to not have health insurance, prescriptions or dental coverage. Persons who rent their home had progressively less educational attainment (see Table 4.1, Column #4). Other groups more likely to rent their home included those ages 18 to 34, households without non-adult children present in the home, persons not registered to vote, residents of the three cities within the county, and, in terms of marital status, single, divorced, separated or widowed persons. Renters were more likely to report that tobacco use occurs within

their home, especially on a daily basis. Those who rent their home were also more likely to rate the quality of life in Medina County as fair or unfavorable, and less likely to have a home computer and Internet access.

Respondents from households with relatively more annual income were more likely to own their home. Respondents who owned their home were also more likely to be employed, have health insurance, prescriptions and dental coverage. Persons who rent their home had progressively more educational attainment. Other groups more likely to own their home included those over 35 years of age, married individuals, households with non-adult children present in the home, persons registered to vote, and residents of villages and townships within the county. Those who own their home were less likely to report tobacco usage occurs within their household. Home owners were more likely to rate the quality of life in Medina County favorably, either as good or excellent, and to own a home computer and to have access to the Internet.

Table 4.1 Home Ownership				
Home Ownership Status	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion Income < \$68,000	Proportion College Graduates
Own Home	940	87.7%	49.1%	39.0%
Rent Home	121	11.3%	90.1%	16.5%
Something Else	11	1.0%	33.3%	9.1%
Total Responses	1,072	100.0%		
Undecided Respondents	--	--		
Total Respondents	1,072			
⁽¹⁾ Number of responses: 1,072 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,072) not including question refusals. ⁽³⁾ Proportion of associated respondents with annual household income less than \$68,000. ⁽⁴⁾ Proportion of associated respondents attaining a four-year college degree or more education.				

Home Type – Besides home ownership, all respondents were asked what type of home they currently live in. This was a closed-ended question with six possible responses, which included a house, apartment, condominium, town house, duplex or two-family unit, or something else.

The majority of respondents, 86.0%, indicated they reside in a single-family house (see Table 4.2, Column #2). Most of such persons, 95.2%, also said they owned their home (see Table 4.2, Column #3). Other than those persons residing in houses, the remainder of respondents generally resided in multiple-unit housing. For instance, 5.6% of respondents noted they currently live in an apartment. Most all of these individuals rent their home. Another 3.9% of respondents said they reside in a condominium. Most of the individuals own their home. Another 1.7% of respondents said they live in a town house, just over half also own their home. Another 1.4% of respondents said they reside in a duplex or another type of two-family housing unit, two-thirds of which rent their home. Lastly 1.4% of respondents noted they reside in something other than the five aforementioned housing types. Examples of such domiciles might include assisted living facilities and trailer homes.

In general, the same groups that were more likely to own their home were also more likely to reside in a single-family house. For instance, respondents from households with relatively more annual income were more likely to reside in a home, while respondents from households with relatively less income were more likely to reside in a multi-family housing unit. Residents of multi-family housing units were also more likely to have financial difficulties and to lack health care insurance, prescriptions and dental coverage.

Persons with relatively more educational attainment were more likely to reside in a house, while individuals with relatively less education were more likely to live in multi-family housing units. Married persons and households with children were more likely to reside in houses, while those not married or without children were more likely to live in multi-family housing units. In terms of employment status, those employed and homemakers were more likely to reside in houses, while retirees, the disabled, unemployed and full-time students were more likely to live in multi-

family housing units. Other respondents more likely to reside in houses included males, registered voters, those ages 35 to 64, and residents of townships and villages. On the other hand, groups more likely to reside in multi-family housing units included females, persons not registered to vote, those ages 18 to 34 or 65 years of age and older, and residents of the three cities within the county.

Table 4.2 Home Type				
Home Type	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion Own Home	Proportion Rent Home
House	924	86.0%	95.2%	3.8%
Apartment	60	5.6%	0.0%	98.3%
Condominium	42	3.9%	90.5%	9.5%
Town House	18	1.7%	55.6%	44.4%
Duplex or Two-Family Unit	15	1.4%	33.3%	66.7%
Something Else	15	1.4%	60.0%	33.3%
Total Responses	1,074	100.0%		
Undecided Respondents	--	--		
Total Respondents	1,074			
<p>⁽¹⁾Number of responses: 1,074 valid responses. ⁽²⁾Proportion of all survey respondents (n=1,074). ⁽³⁾Proportion of associated respondents indicating they own their home. ⁽⁴⁾Proportion of associated respondents indicating they rent their home.</p>				

Housing Payment – Those persons who indicated they own or rent their home, 98.8% of all respondents, were subsequently asked approximately how much per month they pay for their housing. Homeowners were specifically asked how much their monthly mortgage payment was, while renters were asked how much they pay in rent each month. This was an open-ended

question where respondents could state any amount. A significant portion of respondents, 12.7%, did not know the amount of their monthly housing payment or were undecided (see Table 4.3, Column #2).

Of those respondents answering this question, just over one-third, 34.4%, stated they had no monthly housing payment (see Table 4.3, Column #3). This amounted to 38.2% of home owners (see Table 4.3, Column #4) and 5.6% of renters (see Table 4.3, Column #5). Households with no monthly housing payment were generally more likely to state that it was not difficult to make ends meet financially. Relatively older persons were more likely to not have a monthly housing payment. For instance, those ages 65 and older were more likely not to have a payment, as were retirees, widowers and households with no children. Similarly, relatively young people, namely those 18 to 24 years of age or full-time students, were also more likely not to have a monthly housing payment. Reflecting the historical development of the county, households in villages and townships were more likely to not have a monthly housing payment, as were Caucasians and persons not of Hispanic descent.

Examples of groups that were more likely to have a monthly housing payment included those ages 25 to 54, people of color and persons of Hispanic descent, full-time employees and the unemployed, households with children or relatively more annual income, and residents of the three cities within the county. Households with a monthly housing payment were more likely to indicate it was difficult or very difficult to make ends meet financially, however such households were more likely to report being better off financially from a few years ago.

For those who own their home, or have a mortgage, the range of mortgage payments spanned from zero or no payment to a high of \$4,000 per month. The average monthly mortgage payment for home owners amounted to \$637 with a median payment of \$650. However, adjusting for those respondents with an actual mortgage payment, i.e., excluding those home owners without a mortgage, the average mortgage payment amounted to \$1,043 and a median mortgage payment of \$1,000.

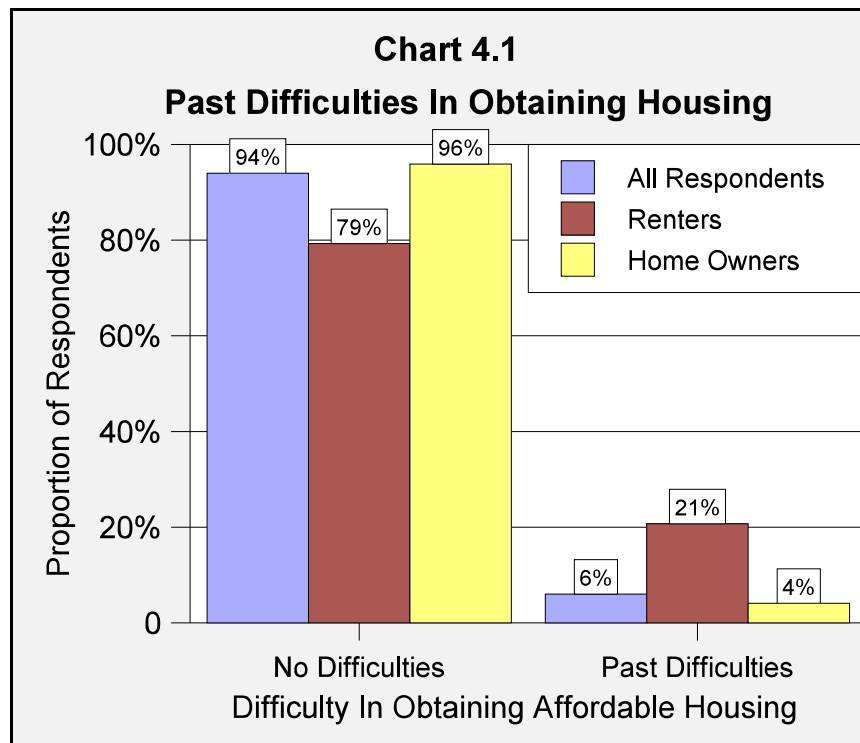
For those who rent their home, the range of monthly rental payments spanned from zero or no payment to a high of \$1,900. The average monthly rental payment for renting households amounted to \$547 with a median payment of \$575. However, adjusting for those respondents with an actual rental payment, i.e., excluding those renters who indicated they pay nothing in rent, both the average and median rental payment amounted to \$580.

Table 4.3 Monthly Housing Payment					
Payment Grouping	(1)	(2)	(3)	(4)	(5)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Valid Responses	Home Owners	Home Renters
No Payment	318	29.6%	34.4%	38.2%	5.6%
\$25 to \$500	76	7.1%	8.2%	5.1%	31.5%
\$501 to \$750	148	13.8%	16.0%	11.4%	50.9%
\$751 to \$1,000	179	16.7%	19.4%	20.6%	10.2%
\$1,001 to \$1,250	84	7.8%	9.1%	10.3%	0.0%
\$1,251 to \$1,500	70	6.5%	7.6%	8.6%	0.0%
Over \$1,500	50	4.7%	5.4%	5.9%	1.9%
Total Responses	925	86.1%			
Undecided Respondents	136	12.7%			
Not Asked	13	1.2%			
Total Respondents	1,074				
⁽¹⁾ Number of responses: 925 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,074). ⁽³⁾ Proportion of valid responses (n=925). ^(4,5) Proportion of home owners and renters with the associated payment.					

Housing Difficulties – All respondents were asked whether or not they or anyone in their family has ever experienced difficulty in obtaining affordable housing. The overwhelming majority of respondents, 94.0%, stated that no one in their family had ever experience difficulties in obtaining affordable housing (see Chart 4.1). On the other hand, six percent of respondents did indicate that they, or someone in their family, had experienced difficulties finding affordable housing at some time.

Persons who currently rent their home were five times more likely to state that they or someone in their family had experienced difficulties in obtaining affordable housing at some time. The likelihood of experiencing housing difficulties was inextricably linked to household finances. For instance, persons from low-income households, namely less than \$29,000 annual income, were more likely to indicate that they or someone in their family had experienced difficulties in obtaining affordable housing. Similarly, respondents that reported being worse off financially from a few years ago or that found it difficult or very difficult to make ends meet financially, were more likely to indicate their family had experienced housing difficulties, as were respondents without health care insurance. Likewise respondents who indicated that someone in their family had sought mental health or social services during the past year were more likely to report difficulties in obtaining affordable housing.

In terms of employment status, the unemployed, disabled, full-time students and homemakers were more likely to report that someone in their family had experienced difficulties in obtaining affordable housing, while full-time employees and those retired were less likely to indicate housing difficulties. Education also played a role. In general, persons with relatively less educational attainment, especially those without a high school diploma, were more likely to indicate someone in their family had experienced housing difficulties. Other groups that were more likely to report that they or someone in their family had previous difficulties securing affordable housing included people of color, divorced or separated persons, those ages 18 to 24, and households with non-adult children residing in the home.



Household Connectivity

All survey respondents were asked how many computers were in their household as well as whether or not they had access to the Internet.

The majority of respondents, 84.0%, indicated there was at least one computer within their household (see Table 4.4, Column #2). Considering all households, the average number of computers per household amounted to 1.6 computers. Of those households with a home computer, nearly half, 48.7%, had only one computer (see Table 4.4, Column #3) while over half of such households had two or more computers. Within the households that had computers, the average number of units per household amounted to 1.9 computers. Most all, 93.0%, of households with home computers reported having access to the Internet. Households with more

than one home computer were more likely to also have access to the Internet compared to households with only one computer (see Table 4.4, Column #4).

Home computer ownership was strongly influenced by household finances. For instance, households with relatively more annual income were more likely to have a greater number of computers in their household, while household with relatively less income were more likely to not have a computer. In addition, households that reported being better off financially or that did not have financial difficulties were more likely to indicate they had a computer in their home. On the other hand, households that were worse off financially or that were experiencing financial difficulties were more likely to not have a home computer.

Home computer ownership was also influenced by educational attainment and respondent age. In general, respondents with progressively more formal education, especially those with at least some college education, were more likely to indicate there were greater numbers of computers in their home (see Table 4.4, Column #5). On the other hand, persons with relatively less educational attainment were more likely to not have a home computer. In addition, persons 55 years of age and older, especially those 65 and over, were less likely to have a home computer, as were young people just starting out, i.e., those 18 to 24 years of age.

Employment status also played a role in home computer ownership. In general, those who were employed, full-time students or homemakers were more likely to have a home computer. On the other hand, retirees, the unemployed and disabled were less likely to have a home computer. Other groups that were more likely to have at least one computer in their household included married or single persons, registered voters, home owners, and households with non-adult children residing in the home. On the other hand, persons who rent their home, individuals not registered to vote, households without children, and widowed, divorced or separated persons were less likely to have a home computer. Respondents with a home computer were more likely to rate the quality of life in Medina County favorably, while persons who did not have a home computer were more likely to rate the quality of life as fair or unfavorable.

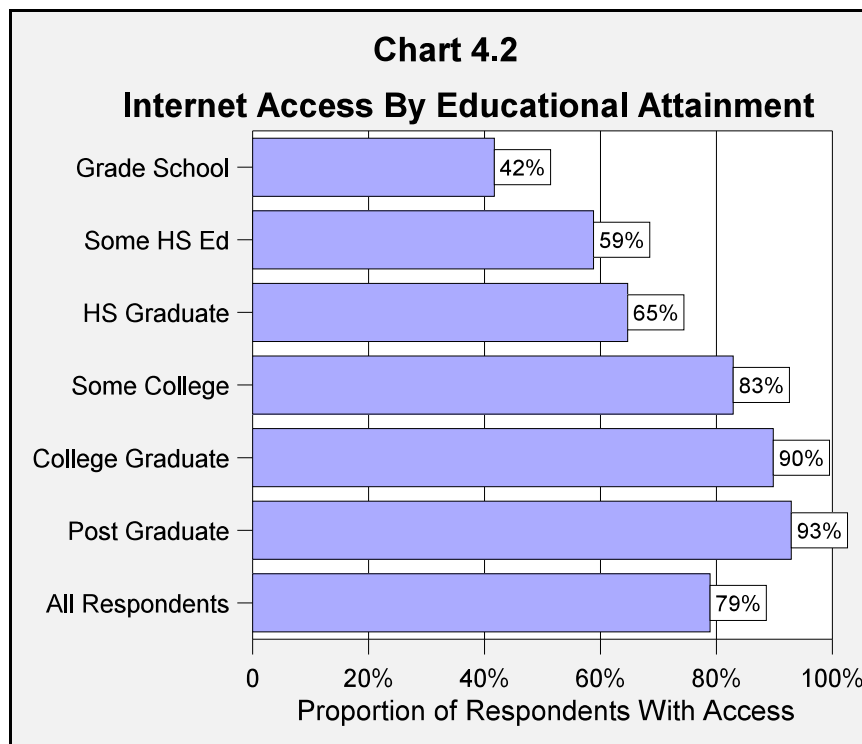
Table 4.4 Number of Computers In Household					
	(1)	(2)	(3)	(4)	(5)
Home Computers	Number of Responses	Proportion of All Survey Respondents	Proportion of Computer Owners	Proportion Internet Access	Proportion Post HS Education
One	438	40.9%	48.7%	87.4%	66.4%
Two	269	25.1%	29.9%	98.5%	75.1%
Three	106	9.9%	11.8%	99.1%	78.3%
Four	57	5.3%	6.3%	98.2%	78.9%
Five or More	29	2.7%	3.2%	100.0%	79.3%
None	171	16.0%	--	5.3%	33.5%
Total Responses	1,070	100.0%			
Undecided Respondents	--	--			
Total Respondents	1,070				
⁽¹⁾ Number of responses: 1,070 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,070) not including refusals. ⁽³⁾ Proportion of associated respondents indicating that have access to the Internet. ⁽⁴⁾ Proportion of associated respondents indicating education beyond a high school diploma.					

Regardless of home computer ownership, all respondents were asked whether or not they had access to the Internet. Over three-quarters, 78.9%, of respondents indicated they did indeed have access to the Internet (see Chart 4.2). On the other hand, just over one-fifth, 21.1%, of respondents said they did not have Internet access. Some households did not have a home computer but had Internet access through another location such as a library or school. These persons amounted to 5.3% of respondents without a home computer (see Table 4.4).

As with home computer ownership, Internet access was strongly influenced by educational attainment and household finances. In general, the higher the degree of educational attainment,

the more likely a given respondent had access to the Internet. For instance, only 41.7% of respondents with only a grade school education had Internet access, compared to 92.9% of respondents with post-graduate college education (see Chart 4.2). In addition, respondents from households with relatively higher levels of income were more likely to have Internet access, while relatively lower income households were less likely to have Internet access. Moreover, respondents from households that were better off financially from a few years ago or that did not have financial difficulties were more likely to have Internet access, while respondents from households that were worse off or about the same financially, or facing financial difficulties, were less likely to have access.

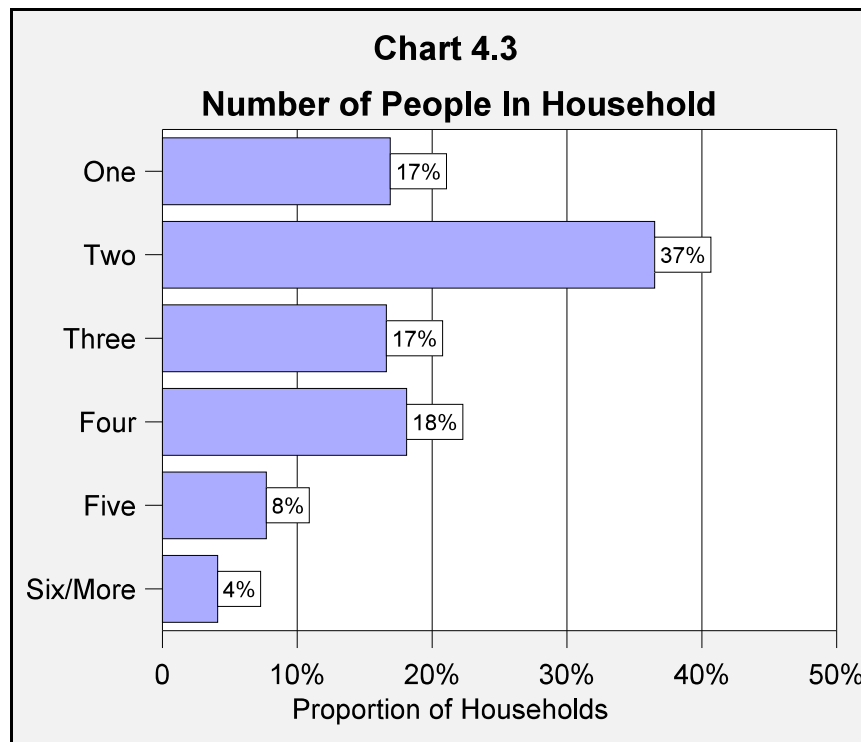
Many of the demographic groups that were less likely to have a home computer were also more likely to not have Internet access. Examples of such groups include females, widowed or divorced persons, households with no children residing in the home, those ages 65 and older, persons not registered to vote, individuals who rent their home or reside in multi-family housing units, and in terms of employment status, retirees, the unemployed and disabled.



Family Dynamics

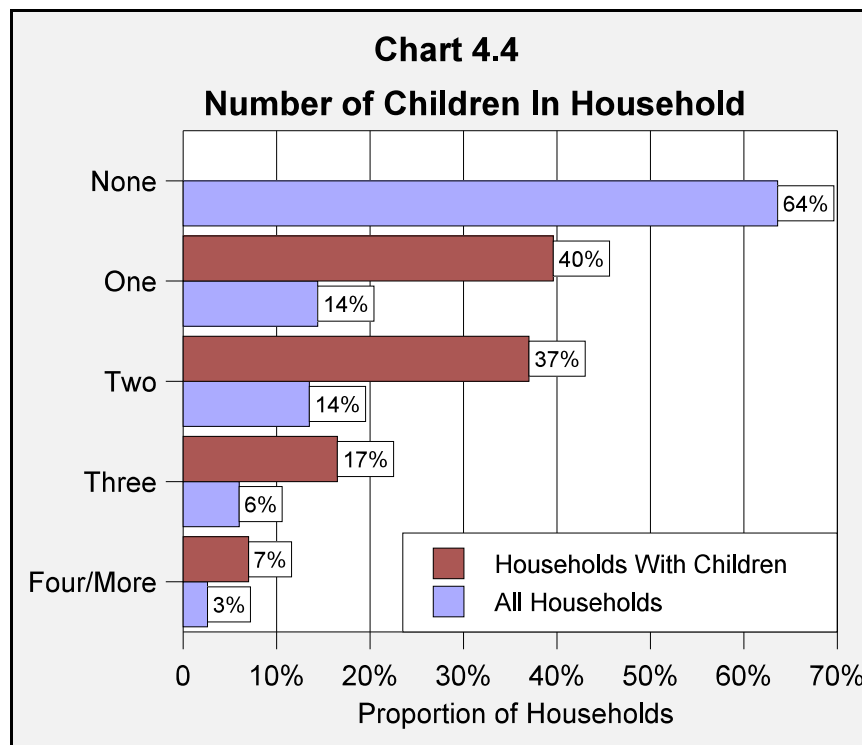
Besides housing and connectivity, respondents were also asked questions regarding family dynamics, such as how many people reside in the household, how many children reside in the household, and how many parents reside in households with children.

Respondents were first asked how many people resided in their household, including the respondent. Those households where the respondent was the only one living in the household amounted to 16.9% of surveyed households (see Chart 4.3). Over one-third, 36.5%, of respondents said two people resided in their household. Another 16.6% of respondents said three people lived in their home, while 18.1% stated four people resided in their household. Those persons who indicated five people lived in their home amounted to 7.7% of respondents, while 2.8% said six people and 1.3% noted seven or more people reside in their home. Overall for those households surveyed, an average of 2.8 people resided in those home. Households with more people tended to have married respondents and children residing in the home, while retirees and relatively older persons characterized smaller households.

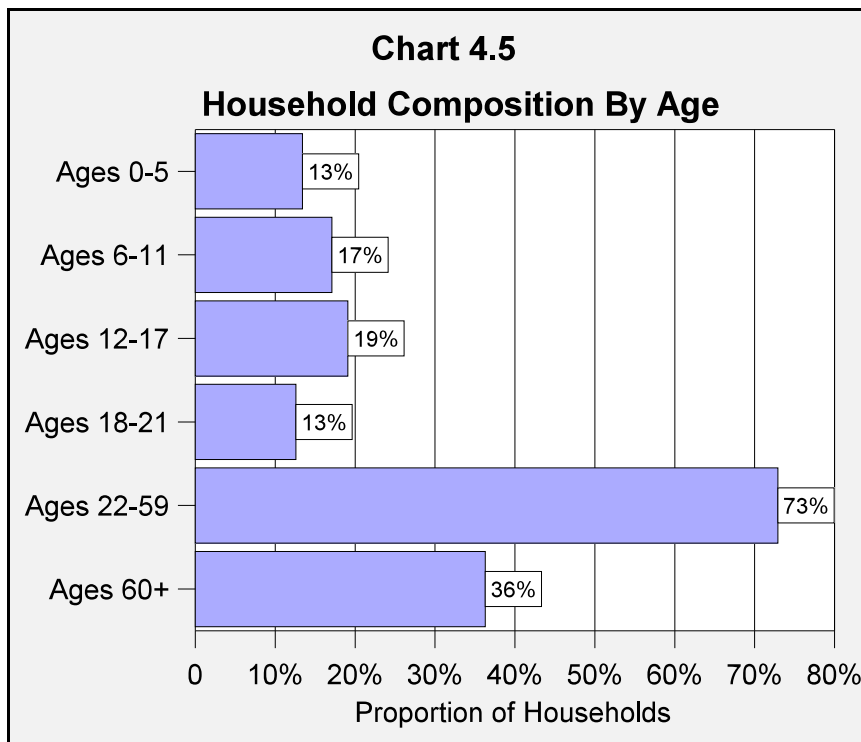


All respondents were also asked whether or not any children under the age of 18 lived in their household. Over one-third, 36.5%, of respondents indicated that there were children residing in the household. Those respondents with children were subsequently asked how many children resided in the home that were ages birth to five years, six to eleven years old, and twelve to 17 years old. This data was used to derive the total number of children in the associated households. Over three-quarters of households with children had just one or two children (see Chart 4.4). An average of 1.9 children resided in those households with children, and an average of 0.7 children resided in all surveyed households.

Over one-third, 36.5%, of households with children indicated that children ages birth to five years lived in the home. This amounted to 13.4% of all surveyed households (see Chart 4.5). Nearly half, 46.7%, of households with children noted there were children ages six to eleven residing in the home. This amounted to 17.1% of all surveyed households. In addition, just over half, 52.3%, of households with children said that children ages twelve to 17 lived in their home. This amounted to 19.1% of all households surveyed.



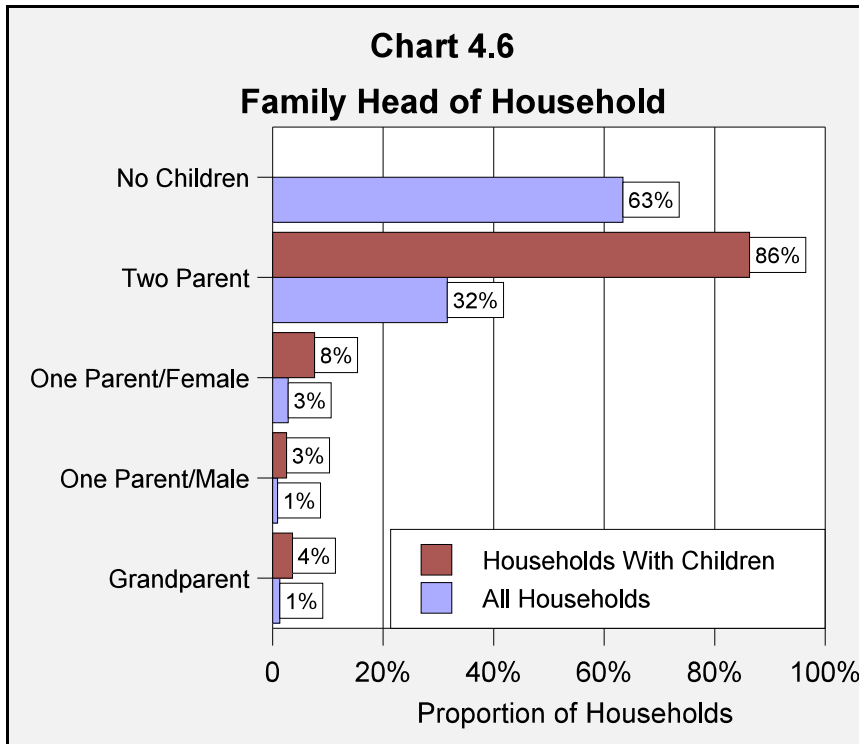
Besides the ages of children in the household, all respondents were also asked how many persons within their household were ages 18 to 21, ages 22 to 59, and ages 60 and over. Those households with adults ages 18 to 21 years of age amounted to 12.6% of all surveyed households (see Chart 4.5). Those households with persons ages 22 to 59 years old residing in the home amounted to nearly three-quarters, 72.9%, of all surveyed households. Lastly, those households with persons ages 60 and over residing in the home amounted to over one-third, 36.3%, of all households surveyed.



Those households with non-adult children, 36.5%, of all households surveyed, were subsequently asked whether their household was one of four types, including a two-parent family, one-parent male head of household, one-parent female head of household, or a grandparent head of household.

The majority of households with children, 86.3%, were two parent family households. These homes amounted to 31.6% of all households surveyed (see Chart 4.6). The remainder of the households with children were non-traditional households, i.e., homes with a single parent or a grandparent as the head of the household. Female single-parent households outnumbered male single-parent households by three to one. Single-parent female head of households amounted to 7.6% of homes with children, or 2.8% of all surveyed households. One-parent male head of households amounted to 2.5% of homes with children, or less than one percent of all households surveyed. Those homes with a grandparent head of household amounted to 3.6% of families with children, or 1.3% of all surveyed households.

Non-traditional families were more likely to have relatively lower levels of annual income, to be worse off or about the same financially from a few years ago, and to find it difficult or very difficult to make ends meet financially. In addition, respondents from non-traditional families were more likely to report that someone in their family had sought mental health or social services during the past year. In terms of employment status, respondents from non-traditional households were more likely to be unemployed, disabled, retired or full-time students. Not surprisingly, in terms of marital status, respondents from non-traditional households were more likely to be separated or divorced, single or widowed. Other groups that were more likely to be respondents from non-traditional households included people of color, persons of Hispanic descent, individuals not registered to vote, and persons who rent their home or reside in multi-family housing units. Respondents from non-traditional households were also more likely to rate the quality of life in the county as fair or unfavorable.



Those households with a single-parent head of household, 10.3% of households with children or less than four percent of all households surveyed, were asked whether or not the other biological parent had a role in their children’s lives. Nearly three-quarters, 72.5%, of respondents from single-parent households stated that the biological parent did have a role in their children’s lives. On the other hand, over one-quarter, 27.5%, of respondents from single parent households indicated the other parent did not have a role in their children’s lives. Female respondents were just as likely as male respondents to say the other biological parent was involved in their children’s lives.

Those households with a grandparent head of household, 3.6% of households with children or less than two percent of all households surveyed, were asked whether or not the biological parents had a role in their children’s lives. All of the respondents from these households stated the biological parents did indeed have a role in their children’s lives.

SECTION V

HEALTH AND WELLNESS ISSUES

Summary

The majority of respondents, 87%, rated their personal health as being good or excellent. However, just over three-fifths of respondents noted they exercise three or less times per week. Over half of survey respondents stated they would be interested in participating in an exercise or wellness program in Medina County, if one was available and affordable. Just over one-quarter of respondents indicated that tobacco use occurs within their household. Just over two-thirds of respondents asserted they would support a law banning cigarette smoking in restaurants. Over three-quarters of respondents believed it was easy to obtain illegal drugs in the county, while nearly two-thirds felt their local community was intolerant of substance abuse.

Exercise and Wellness

All respondents were asked to rate their **personal health**. This was a closed-ended question with five possible responses. These included excellent, good, fair, poor or very poor personal health. For the most part, respondents were content with their personal health. Most respondents rated their personal health favorably – over half, 55.0%, rated their personal health as being *good*, while nearly another one-third, 31.9%, rated their health as being *excellent* (see Chart 5.1). Another 9.9% of respondents rated their personal health as being *fair*. Only 3.2% of respondents rated their health unfavorably, either as being *poor* or *very poor*.

A respondent's rating of their personal health was closely tied to income and economic considerations. For instance, respondents from households with relatively higher levels of income were more likely to rate their personal health favorably, either as excellent or good, while respondents from lower income households, especially those with less than \$39,000 in annual income, were more likely to rate their health unfavorably, either as poor or very poor, or as fair. In addition, respondents from households that were better off financially from a few years ago were more likely to rate their personal health favorably, while those from households

that were worse off or about the same financially were more likely to rate their health unfavorably or as being fair. Similarly, respondents who indicated they had a difficult or very difficult time making ends meet financially were more likely to rate their personal health unfavorably or as fair, while respondents from households not having financial difficulties were more likely to rate their health favorably. Moreover, respondents who rent their home or reside in multi-family housing units were more likely to rate their health unfavorably or as being fair, while home owners were more likely to rate their health favorably.

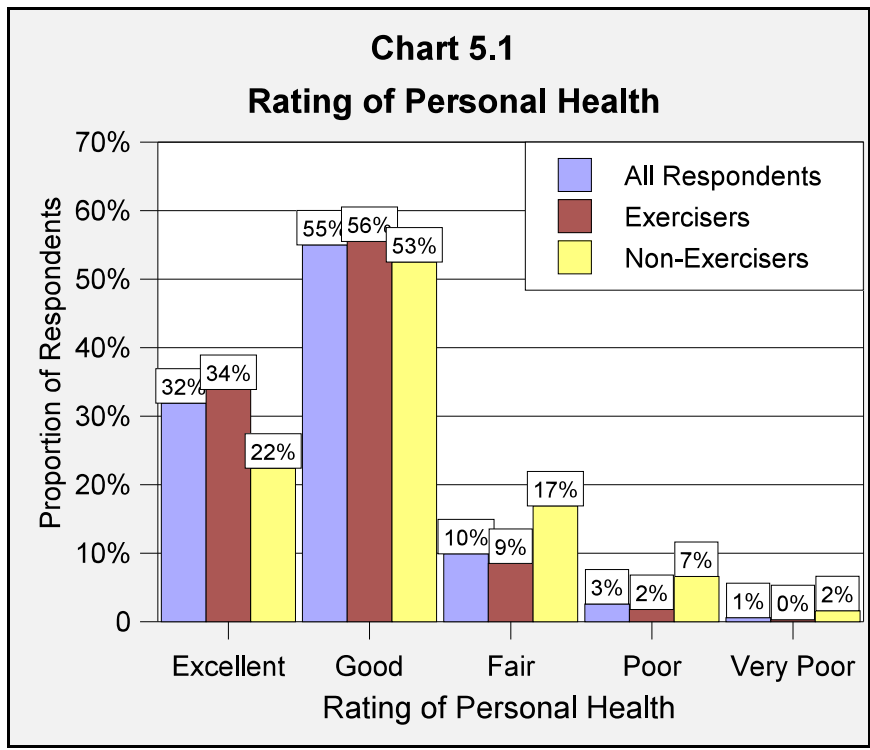
Respondent education and employment status also played a role in ratings of personal health. For instance, persons with progressively more educational attainment were more likely to rate their health favorably, while persons with relatively less education were more likely to rate their health unfavorably or as being fair. Respondents with no college education, especially those with only a grade school education, were particularly more likely to rate their health unfavorably. In terms of employment status, disabled or retired persons were more likely to rate their health as fair or unfavorable, while full-time employees, the unemployed and full-time students were more likely to rate their health favorably.

Ratings of personal health were also tied to wellness and health insurance coverage. For instance, respondents who exercised on a regular basis were more likely to rate their health favorably, while persons who did not exercise at all were more likely to rate their health unfavorably. In addition, persons who had health and dental insurance coverage were more likely to rate their personal health favorably, while persons without such coverage were more likely to rate their health as fair or unfavorably. For those persons with health insurance coverage, those who were satisfied with their coverage were more likely to rate their personal health favorably, while those who were not satisfied with their coverage were more likely to either rate their personal health as fair or unfavorably.

There was also a connection between attitudes toward local quality of life and ratings given to personal health. For instance, persons who rated the Medina County favorably as a place to live were also more likely to rate their personal health favorably, while persons who rated the quality

of life in the county as being fair or unfavorable were more likely to rate their personal health as fair or unfavorable.

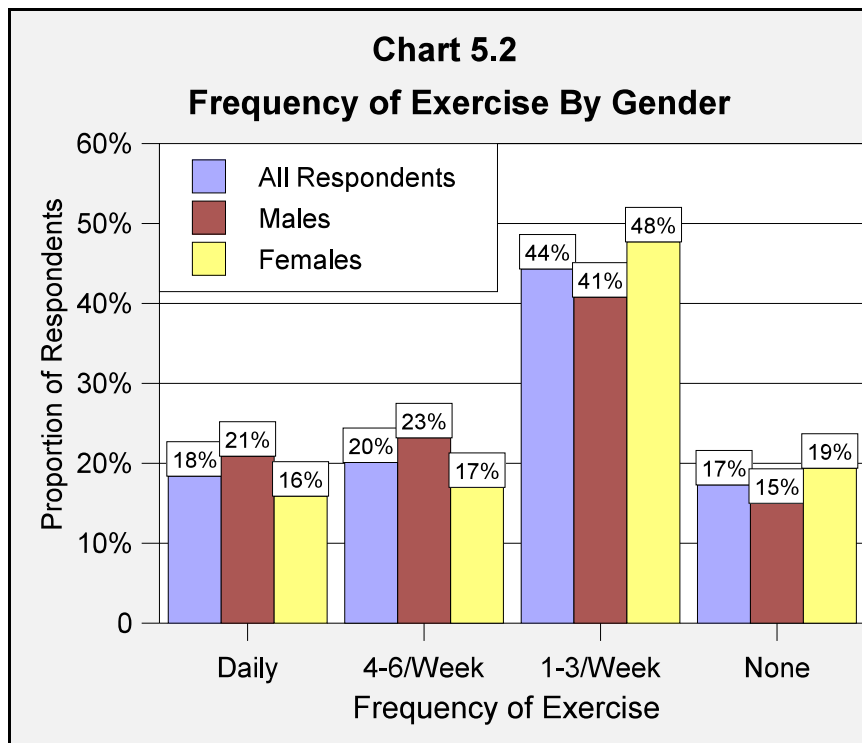
Other groups that were more likely to rate their personal health as fair or unfavorable included people of color, those ages 65 and over, widowed or divorced persons, individuals not registered to vote, and respondents from households with no children residing in the home. On the other hand, groups that were more likely to rate their personal health favorably included Caucasians, those ages 25 to 54, married or single persons, individuals registered to vote, and respondents from households with children living in the home. In addition, respondents who indicated that cigarette smoking occurs everyday in their household were more likely to rate their personal health unfavorably, while persons from households with no smoking activity, or less than daily smoking activity, were more likely to rate their health favorably.



Exercise – All respondents were asked how many times per week they exercise at least 20 minutes per day, noting that such activity may include walking, cycling, gardening, dancing,

swimming, sports, weight training. This was a closed-ended question with five possible responses. These included exercising daily, more than six times per week, four to six times per week, one to three times per week, and no weekly exercise at all. To simplify the data analysis, the first two categories were combined.

Those persons who exercise on a daily basis, or more than six times per week, amounted to 18.4% of all respondents (see Chart 5.2), while those persons who exercise four to six times per week amounted to just over one-fifth, 20.1%, of respondents. Over half of all respondents exercise less frequently. For instance, those individuals who exercise one to three times per week amounted to 44.3% of respondents. Another 17.3% of respondents noted they did not exercise at all. Exercise activity generally varied by gender. Male respondents were more likely to exercise on a regular basis than females. Males were especially more likely to exercise four or more times per week (also see Chart 5.2)



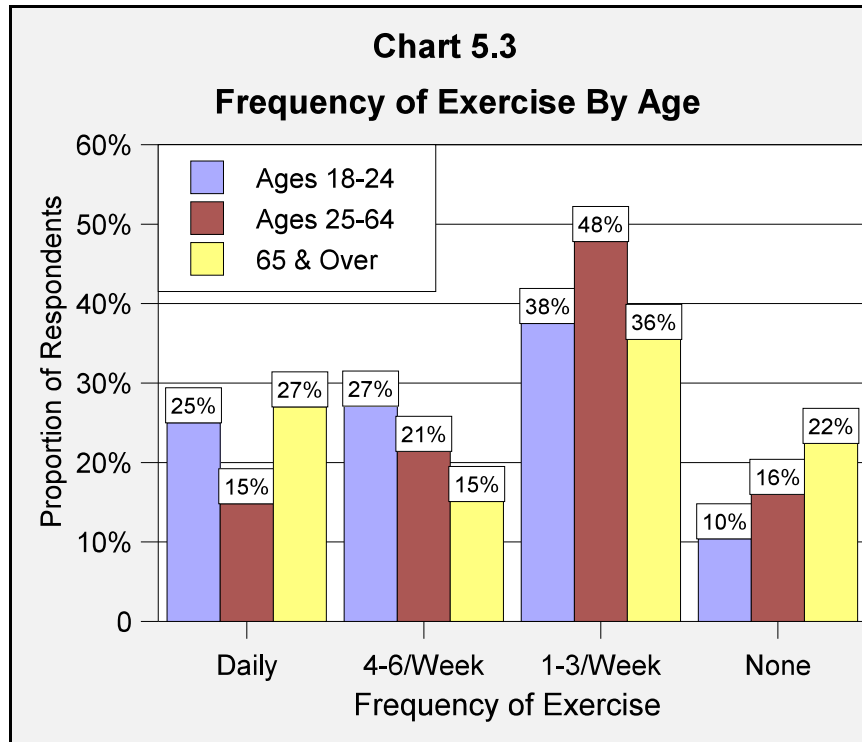
Exercising activity also varied by age. Those ages 65 and over were more likely than those ages 25 to 64 to exercise on a daily basis, but were less likely than 25 and 64 year olds to exercise in general (see Chart 5.3). This is because the latter were more likely to exercise from one to six times per week. Those ages 18 to 24 years of age were more likely than 25 to 64 year olds to exercise on a more regularly basis, namely four or more times per week.

Finances and employment also influenced whether or not someone exercised on a regular basis or did not exercise. For instance, respondents from households with relatively more annual income were more likely to exercise compared to respondents from households with generally less income, especially those with less than \$39,000 in annual income. Moreover, respondents from households that were better off or about the same financially from a few years ago were more likely to exercise, while respondents from households that were worse off financially were less likely to exercise. In addition, respondents from households that found it difficult to make ends meet financially were less likely to exercise, while respondents from households with no financial difficulties were more likely to exercise.

In terms of employment status, full-time employees, homemakers and the unemployed were more likely to exercise on a regular basis, while part-time employees, full-time students, the disabled and retirees were less likely to exercise. With respect to educational attainment, persons with relatively more formal education were more likely to exercise, while persons with relatively less education, especially those without any post high school education, were less likely to exercise. Registered voters were more likely than those not registered to vote to exercise, while single and divorced persons were more likely to exercise compared to married and widowed persons.

In general, respondents with health care, prescriptions and dental coverage were more likely to say they exercised on a regular basis, while persons without such coverage were less likely to exercise. Similarly, respondents with health care coverage who were satisfied with their health plan were more likely to exercise compared to those not satisfied with their coverage. Respondents from households with no tobacco use were more likely to exercise compared to

those from households with tobacco use in the home. Respondents who indicated that someone in their households had sought mental health services during the past year were more likely to exercise compared to those who stated nobody in their household had tried to obtain such services.



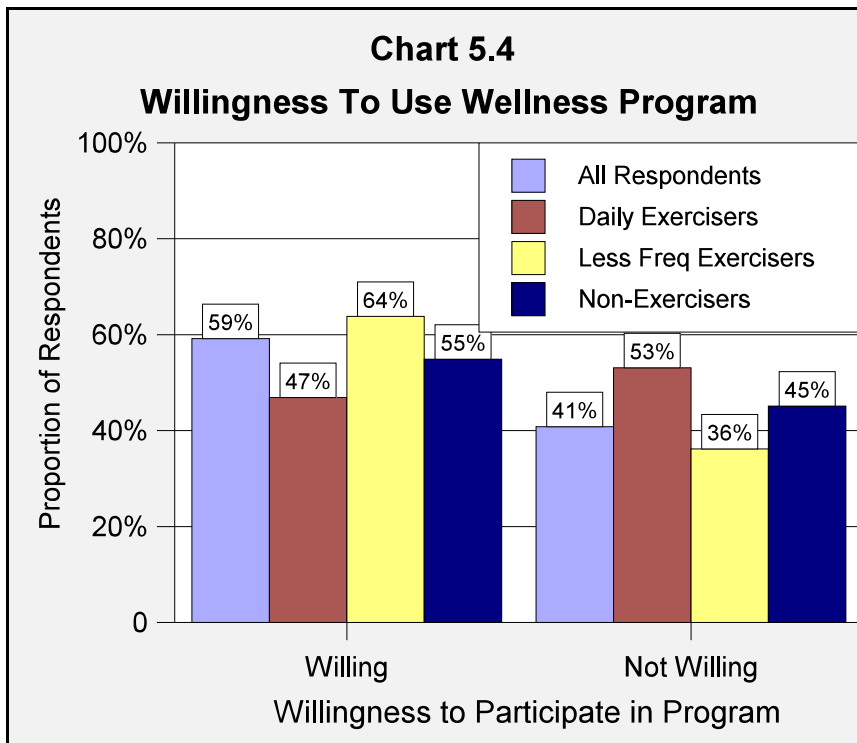
Wellness Programs – Regardless of whether or not they exercised on a regular basis, all respondents were asked if they would be interested in participating in an exercise or wellness program if one were available and affordable in Medina County. The majority of respondents, 59.2%, said they would be willing to participate in such a program (see Chart 5.4). On the other hand, 40.8% of respondents stated they would not be willing to participate in an exercise or wellness program in the county.

Willingness to participate in a local exercise or wellness program was influenced to some degree by respondent’s frequency of exercise. On a positive note, over half, 54.9%, of persons who did

not exercise at all stated they would be interested in participating in an exercise or wellness program if one was available and affordable (see also Chart 5.4), indicating perhaps there is an unmet demand for such programs. In addition, nearly two-thirds, 63.8%, of persons who exercise one to six times per week also indicated they would be interested in participating in an exercise or wellness program. Daily exercisers were less likely to say they would participate in an exercise or wellness program, perhaps reflecting that these exercisers already generally have established routines. Nevertheless, nearly half, 46.9%, of daily exercisers stated they would be interested in participating in an exercise or wellness program if one was available and affordable in the county.

Willingness to participate in a local exercise or wellness program was influenced by financial considerations. For instance, households that were worse off financially or having financial difficulties were more likely to indicate a willingness to participate in such programs. In addition, the unemployed and persons without health care insurance or not satisfied with their health coverage were more likely to indicate a willingness to participate in local exercise and wellness programs. Moreover, respondents who indicated that someone in their household had sought mental health or social services during the past year were more likely to indicate interest in participating in exercise and wellness programs.

In general, relatively older persons were less likely to indicate they were interested in participating in a local exercise or wellness program. For instance, such groups included retirees, widowers, and those ages 65 and older. Other groups that were less likely to be interested in participating in an exercise or wellness program included males, persons with relatively less educational attainment, especially those without any college education, individuals not registered to vote, and respondents from households with no children present in the home. On the other hand, groups that were more likely to be interested in participating in a local exercise and wellness program included females, those ages 25 to 34, persons with relatively more educational attainment, especially those with at least some college education, registered voters, and respondents from households with children present in the home.



Tobacco Issues

All respondents were asked if they or someone in their household smokes or uses tobacco products everyday, some days or never. Nearly three-quarters, 73.2%, of respondents indicated that no one in their household uses tobacco products (see Chart 5.5). On the other hand, over one-fifth, 21.3%, of respondents stated someone in their household uses tobacco products everyday, while another 5.5% of respondents said someone in their household uses tobacco products only some days.

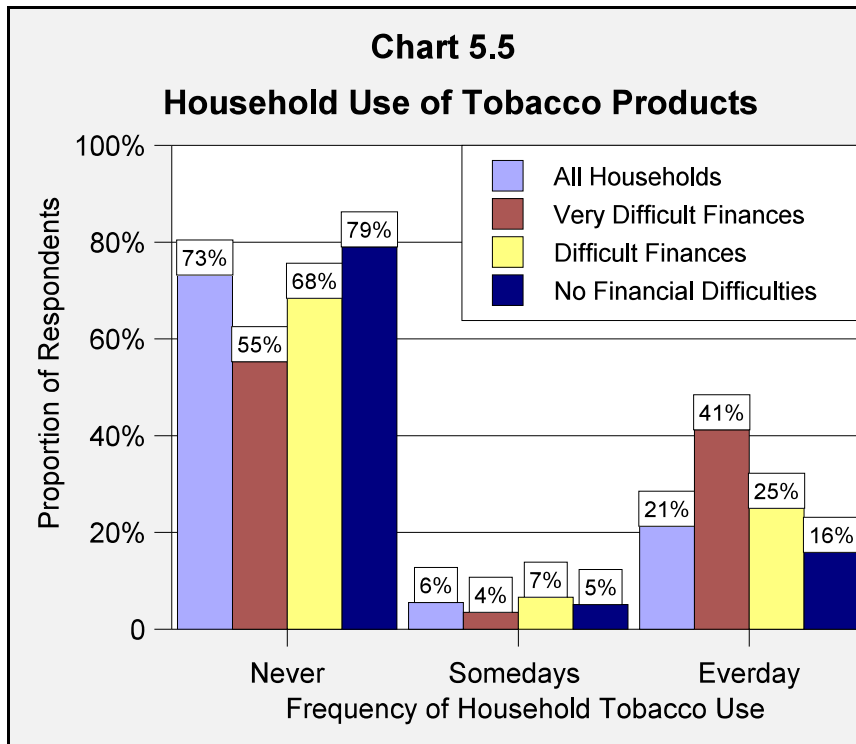
Use of tobacco products was strongly linked to household finances. Although the use of tobacco products can be an expensive endeavor, households with relatively less income were more likely to use tobacco products, while households with relatively higher levels of income were less likely to use such products. Similarly, households that were worse off financially from a few

years ago were more likely to report tobacco use, while households that were better off or about the same financially were less likely to report tobacco use. In addition, households reporting tobacco use were more likely to find it difficult or very difficult to make ends meet financially, while households not using tobacco products were less likely to have difficulties meeting their financial requirements (see Chart 5.5). Households using tobacco products were also more likely to report they had to make a sacrifice between buying food, buying prescriptions, or paying rent and utilities during the past year.

Besides financial difficulties, households using tobacco products were more likely to indicate that some one in their household had sought mental health or social services during the past year. Households using tobacco products were also more likely to report that someone in their household had previously experienced difficulties in finding affordable housing. Respondents from households reporting tobacco use were also more likely to indicate that they did not have health care insurance, and such respondents were also more likely to report that someone in their household had been denied medical or dental services during the past year because of the inability to pay for these services.

Respondents indicating that someone uses tobacco products in the home were more likely to rate their personal health as fair or unfavorable. Moreover, respondents from household using tobacco were less likely to indicate they exercise, especially on a daily basis. Tobacco use, however, did not influence a respondent's willingness to participate in an exercise or wellness program. Respondents from tobacco-using households were also more likely to rate the quality and availability of health care in Medina County unfavorably.

Other demographic groups that were more likely to indicate that someone in their household uses tobacco products included persons with generally less educational attainment, especially those without any college education, single or separated persons in terms of marital status, individuals who rent their home, relatively younger persons, especially those ages 18 to 34, and, in terms of employment status, part-time employees, full-time students, the unemployed, and those disabled.



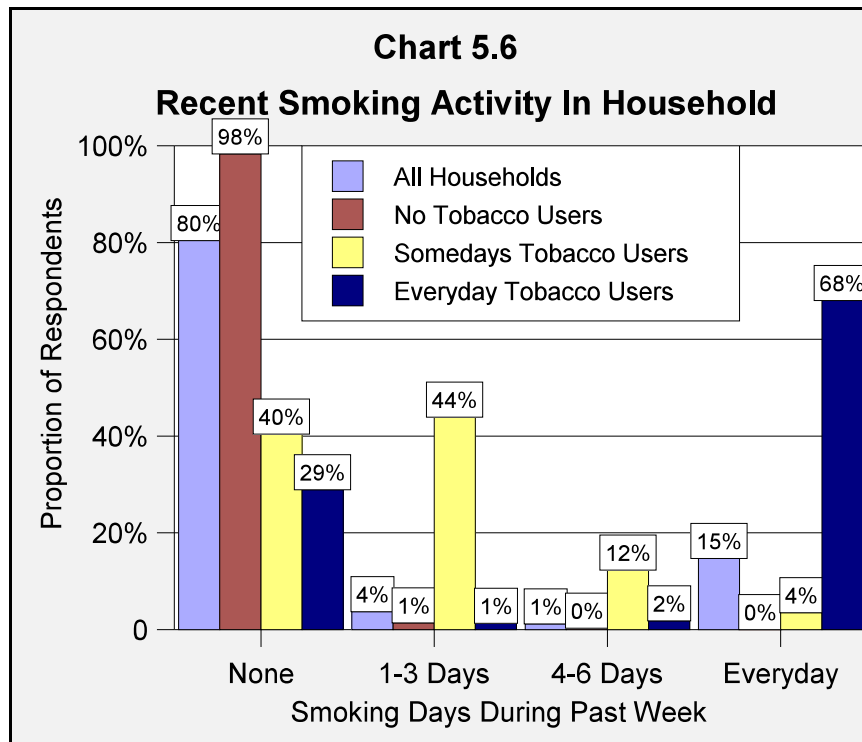
Besides the general use of tobacco products, all respondents were also asked specifically how many days during the past week that someone in their household smoked tobacco – cigarettes, pipes or cigars. This was a closed-ended question with four possible responses, including one to three days, four to six days, every day or no days.

Roughly four-fifths, 80.4%, of respondents noted that no smoking activity occurred in their household during the past week (see Chart 5.6). Those persons who indicated that smoking occurred every day during the past week in their home amounted to 14.7% of respondents. In addition, 3.7% of respondents said smoking occurred in their household one to three days during the past week, while 1.2% said smoking occurred in their home four to six days.

The results regarding recent smoking activity in the home were well correlated with the results from the previous question regarding general tobacco use. For instance, most all, 98.3%, of

respondents previously reporting no household use of tobacco said there had been no smoking activity in their home during the past week (see Chart 5.6). The small difference is likely attributable to friends and other relatives being allowed to smoke in the home when household members do not use tobacco products. A significant proportion of households indicating daily use of tobacco products stated that no smoking activity had occurred in their home during the past week. For instance, 40.4% of someday tobacco-using households and 28.9% of everyday tobacco-using households indicated that no smoking activity had recently occurred in their home. These results likely reflect that some tobacco-using household members go outdoors to smoke so as not to expose others to this activity.

Most all of the groups that were more likely to report that someone in their household uses tobacco products were also more likely to indicate that smoking activity occurred in their home during the past week. For instance, respondents from lower income households and homes experiencing financial difficulties were more likely to report recent tobacco smoking in their home.



All respondents were told that some cities and towns are considering laws that would make restaurants completely smoke free, i.e., eliminating tobacco smoke from these establishments. Respondents were then asked whether they would support or oppose such legislation in Medina County. Over two-thirds, 67.5%, of respondents said they would support such legislation, while less than one-third, 30.4%, stated they would oppose such legislation. Only 1.4% of respondents were undecided regarding their support. Considering only those respondents with an opinion, 68.9% said they would support smoke-free legislation for restaurants, while 31.1% stated they would oppose such legislation (see Chart 5.7).

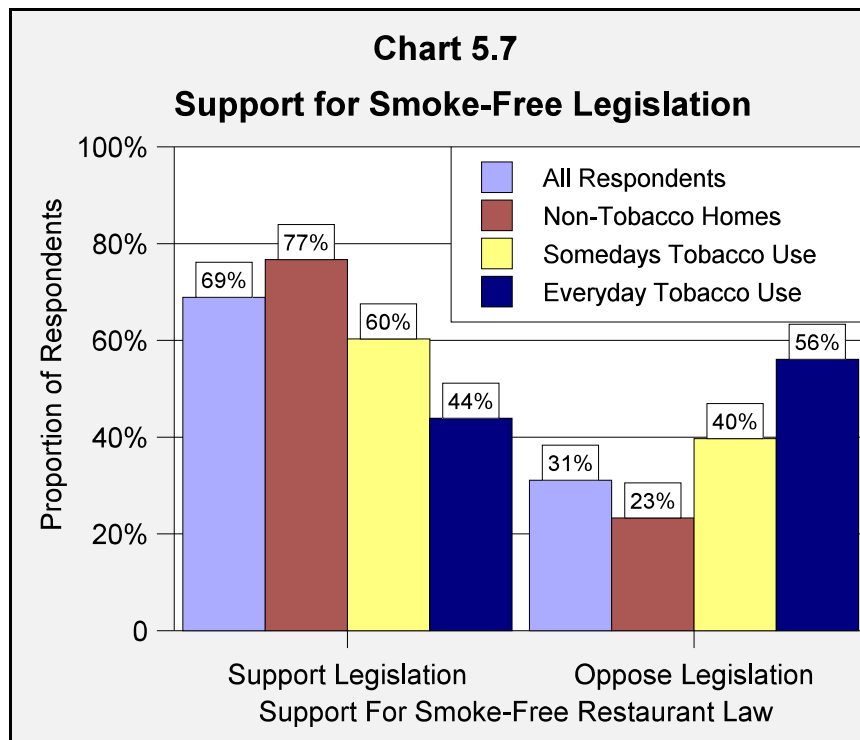
Support or opposition to smoke-free restaurant legislation was strongly influenced by whether or not tobacco use occurred in the household. For instance, over three-quarters, 76.7%, of respondents who indicated that no household members use tobacco also asserted they would support smoke-free legislation (also see Chart 5.7). Still, over half, 60.3%, of respondents from someday tobacco-using households stated they would support smoke-free legislation, while less than half, 43.9%, of respondents from everyday tobacco-using households said they would support such a law. Similarly, respondents that reported recent tobacco smoking activity in their household were less likely to support smoke-free legislation, while respondents who reported no recent smoking activity in their home were more likely to support such a law for restaurants.

Support or opposition to smoke-free restaurant legislation was also linked to household finances. Respondents from households with relatively more income were more likely to support smoke-free legislation, while respondents from households with relatively less income were more likely to oppose such legislation. Likewise, respondents from households that were worse off financially or that found it difficult to make ends meet financially were more likely to oppose smoke-free legislation, while respondents from households that were better off or about the same financially or that found it not difficult to meet their financial requirements were more likely to support such legislation.

Respondents who rated their personal health unfavorably or as fair were more likely to oppose smoke-free restaurant legislation, as were persons who do not exercise or do not have health

care or dental coverage. On the other hand, individuals who rated their personal health favorably, exercise or have health and dental coverage were more likely to support such legislation. In addition, persons who rated the quality and availability of health care in Medina County unfavorably were more likely to oppose smoke-free legislation, while those who rated health care quality and availability favorably were more likely to support such legislation. Moreover, respondents who rated the quality of life in Medina County unfavorably were more likely to oppose smoke-free legislation, while those who rated the local quality of life favorably were more likely to support such legislation.

Other demographic groups that were more likely to oppose smoke-free restaurant legislation include males, home renters, those ages 18 to 24, the unemployed or disabled, single or separated persons, individuals with generally less formal education, and respondents from households with no children. On the other hand, examples of groups that were more likely to support such legislation included females, home owners, persons ages 25 and over, especially those 25 to 44, married or widowed persons, individuals with relatively more formal education, especially college graduates, and persons from households with children present in the home.



Substance Abuse Issues

All respondents were asked how easy or difficult they thought it is to obtain illegal drugs in Medina County. This was a close-ended question with five possible response categories, including very easy, somewhat easy, neither easy or difficult, somewhat difficult, and very difficult. A significant number of persons, one-fifth or 19.9% of all respondents, were not sure or undecided in their response (see Table 5.1, Column #2).

Persons generally believed obtaining illegal drugs in Medina County was not difficult. Nearly two-thirds, 62.8%, of all respondents felt it was easy, either somewhat easy or very easy, to obtain illegal drugs in the county (see Table 5.1, Column #2). These persons amounted to over three-quarters, 78.4%, of respondents with an opinion regarding this issue (see Table 5.1, Column #3) – nearly half, 43.2%, of respondents stated it was *somewhat easy* to obtain illegal drugs, while over another one-third, 35.2%, asserted it was *very easy* to procure such drugs.

Examples of groups that were more likely to believe it was easy to obtain illegal drugs in Medina County included females, relatively older persons especially those over 65 years of age, individuals who identified their religious affiliation as being Christian, and respondents from households with relatively less income, that were worse off financially from a few years ago, or that did not have children residing in their household. In addition, retirees, homemakers and disabled were more likely to feel it was easy to obtain illegal drugs, as were widowed, divorced and separated persons. Persons who felt the local community was tolerant toward substance abuse were also more likely to think it was easy to obtain illegal drugs.

Those individuals who believed it was difficult, either somewhat or very difficult, to obtain illegal drugs in Medina County amounted to only 6.9% of all respondents. These individuals amounted to 8.6% of those respondents with an opinion on the issue – 5.9% of respondents felt it was *somewhat difficult* to obtain illegal drugs while 2.7% thought it was *very difficult* to obtain illegal drugs.

Examples of groups that thought it was difficult to obtain illegal drugs in Medina County included males, those 18 to 44 years of age, persons who identified their religious affiliation as something other than Christian, individuals without a college degree, residents of multi-family housing units or those who rent their home, and persons with a marital status of being single.

Those individuals who felt it was *neither easy or difficult* to obtain illegal drugs in Medina County amounted to 10.4% of all respondents and 13.0% of those respondents with an opinion on the issue. Examples of groups that believed it was neither easy nor difficult to procure illegal drugs locally included home owners, those employed, and respondents from households with relatively more annual income, that were better off or about the same financially from a few years ago, and that had children residing in the home.

Table 5.1 Perceived Difficulty In Obtaining Illegal Drugs					
Perceived Difficulty	(1)	(2)	(3)	(4)	(5)
	Number of Responses	Proportion of All Survey Respondents	Proportion With An Opinion	Proportion Ages 18-44	Proportion Ages 45 & Over
Very Easy	302	28.2%	35.2%	29.4%	37.6%
Somewhat Easy	371	34.6%	43.2%	36.4%	46.8%
Neither Easy/Difficult	112	10.4%	13.0%	22.4%	8.5%
Somewhat Difficult	51	4.8%	5.9%	6.6%	5.5%
Very Difficult	23	2.1%	2.7%	5.1%	1.6%
Total Responses	859	80.1%			
Undecided Respondents	213	19.9%			
Total Respondents	1,072				
⁽¹⁾ Number of responses: 859 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,072) not including refusals. ⁽³⁾ Proportion of valid responses (n=859). ^(4,5) Proportion of respondents 18 to 44 years old, or over 45 years of age, with the associated opinion.					

All respondents were also asked how tolerant they thought Medina County as a community is of substance abuse. This was a close-ended question with five possible response categories, including very tolerant, somewhat tolerant, neither tolerant or intolerant, somewhat intolerant, and very intolerant. Similar to the previous question, a significant number of persons, 8.9% of all respondents, were not sure or undecided in their response (see Table 5.2, Column #2).

Persons generally thought Medina County as a community was intolerant toward substance abuse. Over half, 59.2%, of all respondents felt the county-wide community was intolerant, either somewhat intolerant or very intolerant, towards substance abuse (see Table 5.2, Column #2). These persons amounted to nearly two-thirds, 64.9%, of respondents with an opinion regarding this issue (see Table 5.2, Column #3) – over one-third, 34.1%, of respondents stated the community was *somewhat intolerant* towards substance abuse, while another 30.8% of respondents asserted the community was *very intolerant* of substance abuse.

Examples of groups that were more likely to think the Medina County community was intolerant towards substance abuse included those ages 25 to 64, the unemployed or disabled, and persons who identified their religious affiliation as being Christian. Perhaps reflecting public sentiment towards tobacco use, respondents from tobacco-using households were more likely to feel the county-wide community was intolerant towards substance abuse. Those who opposed smoke-free restaurant legislation were also more likely to feel the community was intolerant towards substance abuse.

Those individuals who believed the Medina County community was tolerant of substance abuse, either somewhat tolerant or very tolerant, amounted to over one-fifth, 20.5%, of all respondents. These individuals amounted to 22.5% of those respondents with an opinion on the issue – 17.0% of respondents felt the county-wide community was *somewhat tolerant* of substance abuse while 5.5% thought the community was *very tolerant* of substance abuse.

Examples of groups that were more likely to think the county-wide community was tolerant of substance abuse included those ages 18 to 24 or 65 years of age and older, widowers, retirees

or full-time students, persons with relatively less educational attainment, especially those with no college education, and respondents from households with relatively less annual income. In addition respondents from non tobacco-using households and supporters of smoke-free restaurant legislation were more likely to feel the local community was tolerant towards substance abuse.

Those individuals who felt the Medina County community was *neither tolerant or intolerant* towards substance abuse amounted to 11.5% of all respondents and 12.6% of those respondents with an opinion on the issue. Examples of groups that were more likely to say the community was neither tolerant nor intolerant towards substance included those with relatively more formal education, persons who did not identify themselves as Christians, single, married or divorced persons, and respondents from households with relatively more annual income.

Table 5.2 Perceived Community Tolerance of Substance Abuse					
Perceived Tolerance	(1)	(2)	(3)	(4)	(5)
	Number of Responses	Proportion of All Survey Respondents	Proportion With An Opinion	Proportion Ages 18-44	Proportion Ages 45 & Over
Very Tolerant	54	5.0%	5.5%	5.0%	5.6%
Somewhat Tolerant	166	15.5%	17.0%	12.0%	19.1%
Neither Tolerant/Intolerant	123	11.5%	12.6%	14.3%	11.7%
Somewhat Intolerant	333	31.1%	34.1%	35.5%	33.6%
Very Intolerant	301	28.1%	30.8%	33.2%	30.0%
Total Responses	977	91.1%			
Undecided Respondents	95	8.9%			
Total Respondents	1,072				
<p>⁽¹⁾Number of responses: 977 valid responses. ⁽²⁾Proportion of all survey respondents (n=1,072) not including refusals. ⁽³⁾Proportion of valid responses (n=977). ⁽⁴⁾Proportion of respondents 18 to 44 years old with the associated opinion. ⁽⁵⁾Proportion of respondents ages 45 and older with the associated opinion.</p>					

SECTION VI

HEALTH AND DENTAL CARE ISSUES

Summary

The main source of health care for most respondents is a primary care doctor. Those persons with health insurance amounted to 94% of respondents, 81% had prescription coverage for medicine and just under two-thirds of respondents had dental coverage. Most all respondents with health insurance were satisfied with their health care plan. Roughly five percent of households with non-adult children reported their children did not have health care coverage. Those persons who were satisfied with the availability of health care in Medina County amounted to 95% of respondents, while just over three-quarters rated the quality of health care services in the county favorably.

Health Care

All respondents were asked to indicate their primary source of health care services. This was a close-ended question with eight response categories, including primary care doctor, emergency room, urgent care center, hospital clinic, public health department, VA hospital or clinic, free clinic, and something else.

The leading source of health care in Medina County was a primary care doctor with 85.1% of respondents indicating primary care physicians are where they receive their care most often (see Table 6.1, Column #2). Respondents with health insurance were more likely than persons without health insurance to use a primary care doctor as their primary source of health care (see Table 6.1, Columns #3 and #4).

The next leading source of health care in the county was hospital emergency rooms, with 5.4% of respondents noting they use such facilities as their primary source of health care services. Other leading sources of health care included, in order of importance, urgent care centers, hospital clinics, VA hospitals or clinics, free clinics and public health department. In general,

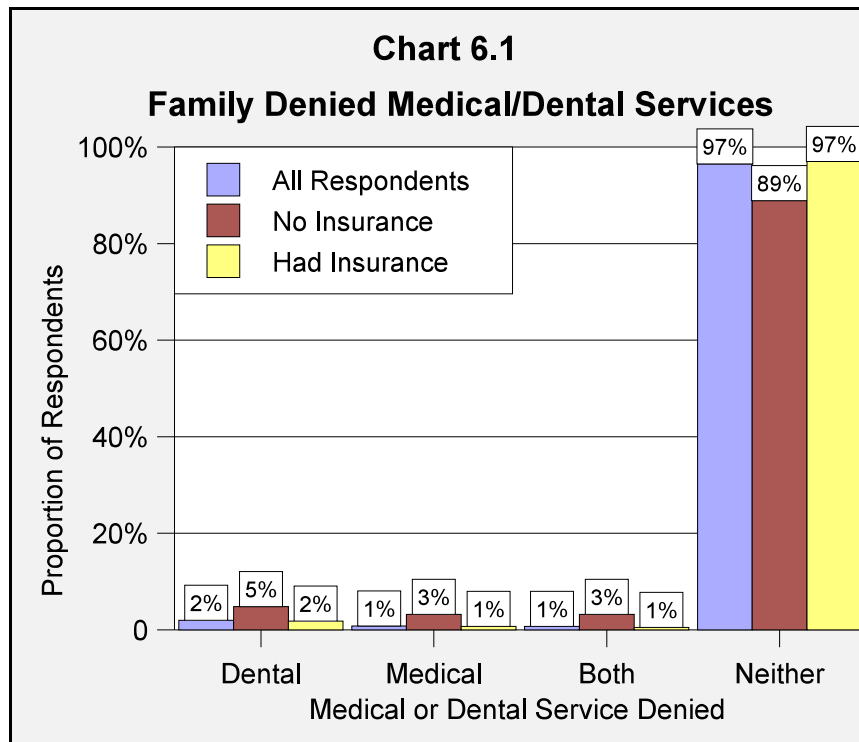
respondents without health insurance were more likely to use these other sources of health care, while those with health insurance were less likely to use these facilities. One-half of one percent of all respondents indicated they do not receive or try to obtain health care services, even if they would become ill. Most of these respondents had also indicated they did not have health care insurance.

Table 6.1 Source of Most Health Care				
Main HC Source	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of Decided Respondents	Respondents With HC Coverage	Respondents Without HC Coverage
Primary Care Doctor	911	85.1%	86.7%	58.7%
Emergency Room	58	5.4%	5.2%	9.5%
Urgent Care Center	39	3.6%	3.5%	6.3%
Hospital Clinic	29	2.7%	2.5%	6.3%
VA Hospital or Clinic	12	1.1%	0.8%	6.3%
Free Clinic	2	0.2%	--	3.2%
Public Health Department	1	0.1%	--	1.6%
Something Else	14	1.3%	1.1%	4.8%
Do Not Receive Health Care	5	0.5%	0.3%	3.2%
Total Responses	1,071	100.0%		
Undecided Respondents	2			
Total Respondents	1,073			
⁽¹⁾ Number of responses: 1,071 valid responses. ⁽²⁾ Proportion of valid responses (n=1,071). ⁽³⁾ Proportion of respondents with health care coverage indicating the associated care provider. ⁽⁴⁾ Proportion of respondents without health care coverage indicating the associated care provider.				

Denial of Health Services

All respondents were asked whether or not they or any member of their family had been denied medical or dental services for any reason during the past year. Most all persons, 96.5% of respondents, indicated their household had not been denied medical or dental services (see Chart 6.1). On the other hand, 3.5% of respondents stated their household had been denied medical or dental services during the past year. Those households who were denied dental services amounted to 2.7% of all surveyed households while those who were denied medical services amounted to 1.5% of surveyed households. Some respondents, 0.7%, indicated their household had been denied both medical and dental services during the past year.

Households that were denied medical or dental services tended to be ones without health care and dental insurance. In addition, they tended to have relatively lower levels of annual income and to be experiencing financial difficulties.



Those persons who indicated that someone in their household had been denied medical or dental services during the past year, 3.5% of all respondents, were subsequently asked what was the main reason given for being denied such services. Nearly half of these respondents stated they were denied medical or dental services because they did not have insurance or the ability to pay for such services. Other reasons given for being denied medical or dental services included, in order of importance, denial of the service by the insurance provider, the health care provider did not accept the householder's insurance coverage, the given householder was put on a waiting list for the service, and the medical or dental service was not available.

Health Insurance Coverage

All respondents were asked whether or not they were covered by any type of health insurance or health care plan, including Medicaid or Medicare. Most persons, 94.1% of respondents, indicated they were covered by health insurance (see Table 6.2, Column #1). On the other hand, 5.9% of respondents stated they were not covered by any type of health insurance (see Table 6.2, Column #2).

Whether or not someone had health insurance coverage was strongly linked to household finances. For instance, Respondents from households with relatively more annual income were more likely to have health insurance, while respondents from households with relatively less income, especially those with less than \$39,000 in annual income, were less likely to have health coverage (see Table 6.2). In addition, respondents from households that reported being worse off financially from a few years ago were less likely to have health insurance, while respondents from households that were better off or about the same financially were more likely to have health care coverage. Similarly, respondents from households that found it difficult or very difficult to make ends meet financially were less likely to have health insurance, while respondents from households that did not have difficulty meeting their financial requirements were more likely to have health care coverage.

In terms of employment status, full-time employees and retirees were more likely to have health insurance coverage, while part-time employees, full-time students and the unemployed were less

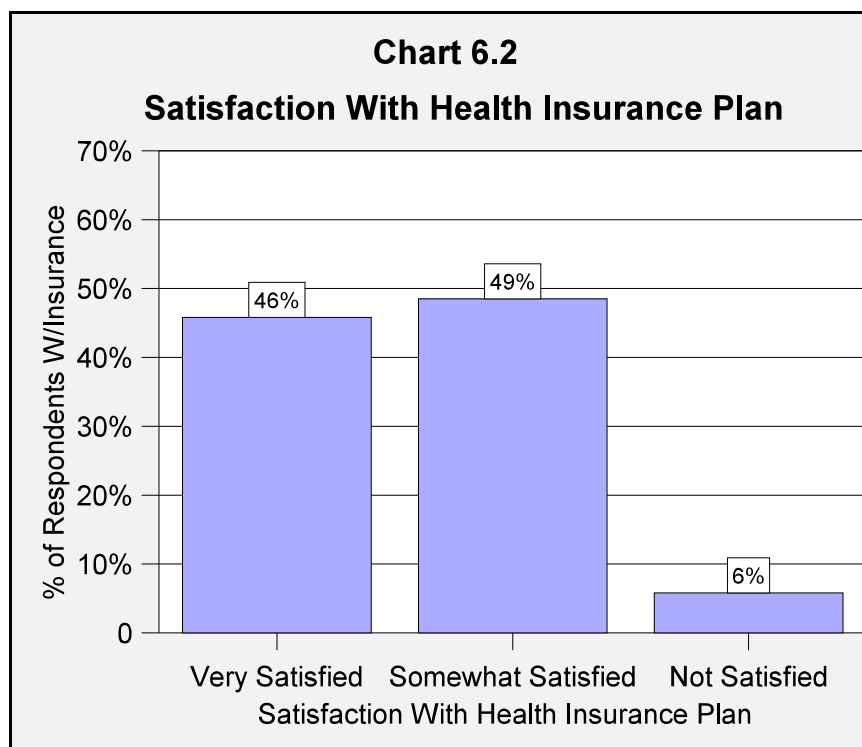
likely to have health care coverage. In addition, those employed at the same establishment for relatively longer were more likely to have health insurance coverage compared those with less tenure on the job. Education also played a role. Respondents with relatively less educational attainment, especially those without a high school diploma, were less likely to have health care coverage. Persons with a college degree were especially more likely to have health insurance.

In terms of marital status, widowers and those married were more likely to have health insurance, while singles and those divorced or separated were less likely to have health care coverage. Other groups that were more likely to not have health insurance coverage included relatively younger persons, especially those 18 to 34 years of age, persons of Hispanic descent, individuals not registered to vote, persons who rent their home or reside in multi-family housing units such as apartments, and persons who did not identify their religion affiliation as being Christian. In addition, respondents who indicated that someone in their household had sought mental health or social services during the past year were more likely to not have health care coverage. Respondents without health insurance coverage were also more likely to unfavorably rate the availability and quality of health care services in Medina County.

Table 6.2 Health Insurance Coverage			
		(1)	(2)
		Proportion of With Health Insurance	Proportion of Without Health Insurance
Overall Survey Population		94.1%	5.9%
Demographic	Group		
Household Income	Under \$68,000	91.4%	8.6%
	Over \$68,000	97.1%	2.9%
Financial Status	Worse Off Financially	91.0%	9.0%
	About the Same	95.8%	4.2%
	Better Off Financially	95.5%	4.5%
Financial Difficulties	Very Difficult	83.7%	16.3%
	Difficult	92.6%	7.4%
	Not Difficult	96.6%	3.4%
Educational Attainment	HS Grad or Less	91.6%	8.4%
	Some College	93.0%	7.0%
	College Graduate	97.4%	2.6%

Those respondents with health care coverage were subsequently asked to rate their overall satisfaction with their health care plan in terms of being very satisfied, somewhat satisfied, or not at all satisfied. Most persons were satisfied with their health care coverage. Nearly half, 48.5%, of respondents with health insurance were *somewhat satisfied*, while another 45.8% were *very satisfied* with their health care plan (see Chart 6.2). On the other hand, 5.8% of respondents with health insurance were *not at all satisfied* with their coverage.

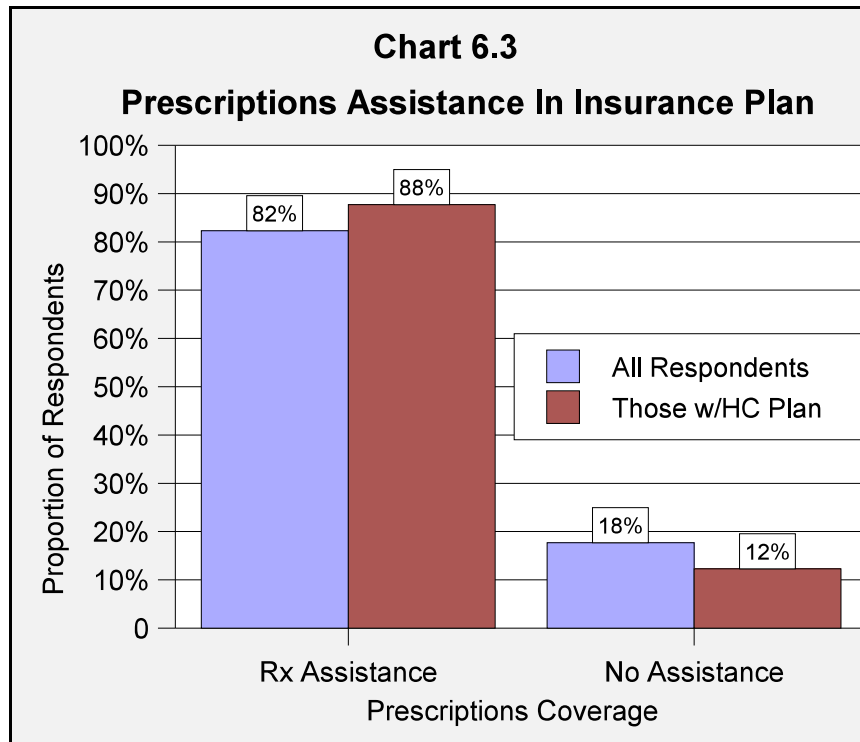
Respondents who were from households that were worse off financially from a few years ago, or that found it very difficult to make ends meet financially, were more likely to not be satisfied with their health insurance. Persons not satisfied with the availability and quality of health care in the county were also more likely to not be satisfied with their health care plan. Other groups more likely to not be satisfied with their health insurance coverage included people of color, Latinos or Hispanics, the unemployed or disabled, widowed or separated persons, and individuals not registered to vote.



Those respondents with health insurance were also asked if prescription assistance programs were part of their coverage. Most persons, 87.7% of respondents with health insurance, said they had prescriptions assistance for medication (see Chart 6.3). This amounted to 82.3% of all survey respondents. On the other hand, 12.3% of respondents with health insurance coverage indicated that prescriptions assistance was not part of their health care plan. This amounted to 17.7% of all respondents.

As with health insurance coverage in general, whether or not someone had prescriptions assistance was strongly linked to household finances. For instance, respondents from households with relatively less income, especially those with less than \$39,000 in annual income, were less likely to have prescriptions coverage. In addition, respondents from households that reported being worse off or about the same financially from a few years ago were less likely to have prescriptions assistance, as were respondents from households that found it difficult or very difficult to make ends meet financially. In addition, respondents who indicated someone from their household had recently sought social services were less likely to have prescriptions assistance.

In terms of employment status, those employed were more likely to have prescriptions assistance, while retirees, homemakers, the unemployed, disabled and full-time students were less likely to have prescriptions coverage. Educational attainment also had an influence. Respondents with relatively less formal education were less likely to have prescriptions assistance. Other groups that were less likely to have prescriptions assistance included those ages 18 to 24 or 65 years of age and older, widowers or respondents from households with no adult children, and persons who rent their home or reside in multi-family housing units. Respondents without prescriptions assistance were more likely to rate the quality of health care in the county as being unfavorable.

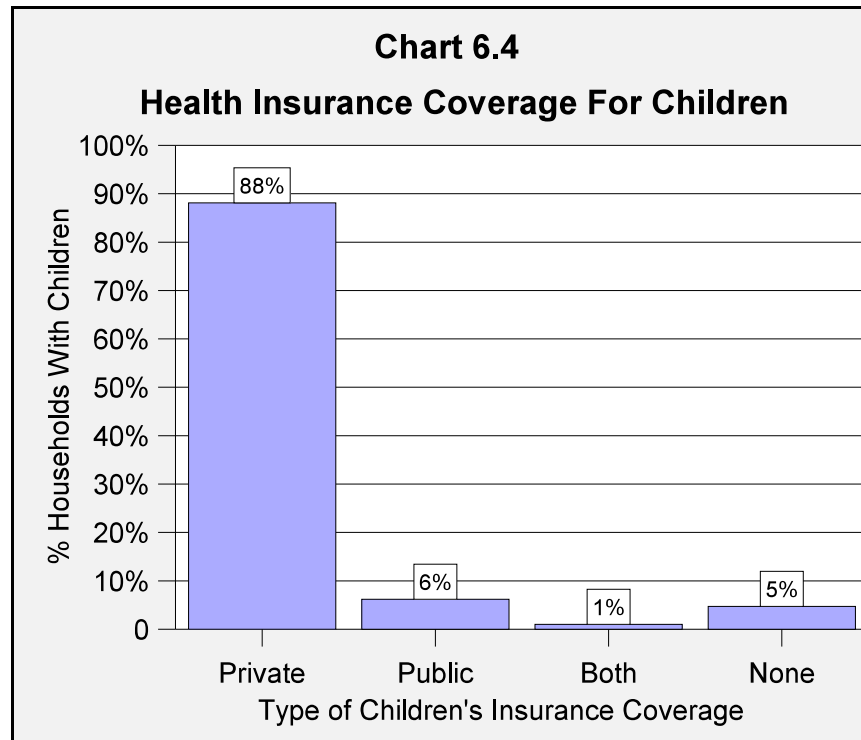


Health Insurance Coverage For Children

Those respondents from households with non-adult children, 36.5% of surveyed households, were asked whether or not the children in the household had health insurance coverage. If the respondent said their children had health insurance coverage they were also whether the children were covered by private insurance or public insurance such as Medicaid and Healthy Start.

Most children from the surveyed households were covered by health insurance. Those households where the children were covered by private insurance amounted to 88.1% of homes with children (see Chart 6.4). Those households where the children were covered by public health care, such as Medicaid and Healthy Start, amounted to 6.2% of homes with children. The children in one percent of households were covered by both private and public insurance. However, 4.7% of households with children said their children did not have health care insurance.

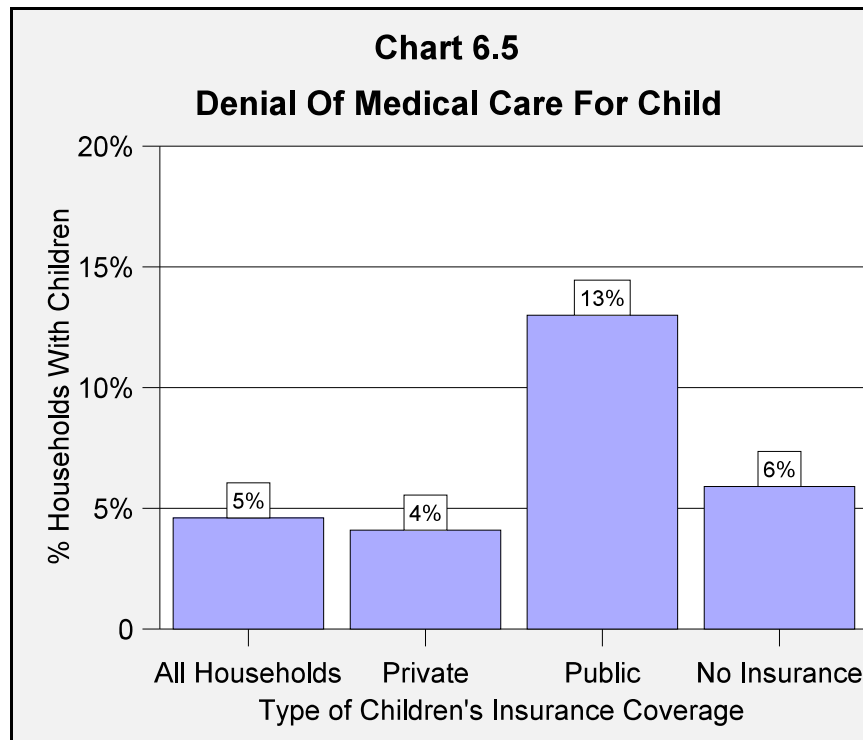
Children with private health insurance tend to have been from households with relatively more income, were better off or about the same financially from a few years ago, and did not have difficulties making ends meet financially. Conversely, children with public health insurance or no insurance tended to be from homes with relatively less annual income, that were worse off financially, and experienced difficulties making ends meet.



Respondents from households with children were also asked if there had been a time during the past year when they had to wait to get medical care for their children due to the lack of money. Those households that had to wait to get medical care for their children because of the inability to pay amounted to 4.6% of households with children (see Chart 6.5). This amounted to 1.7% of all households surveyed. On the positive side, 95.4% of households with children reported that they did not have to wait to get medical services for their children due to the inability to pay.

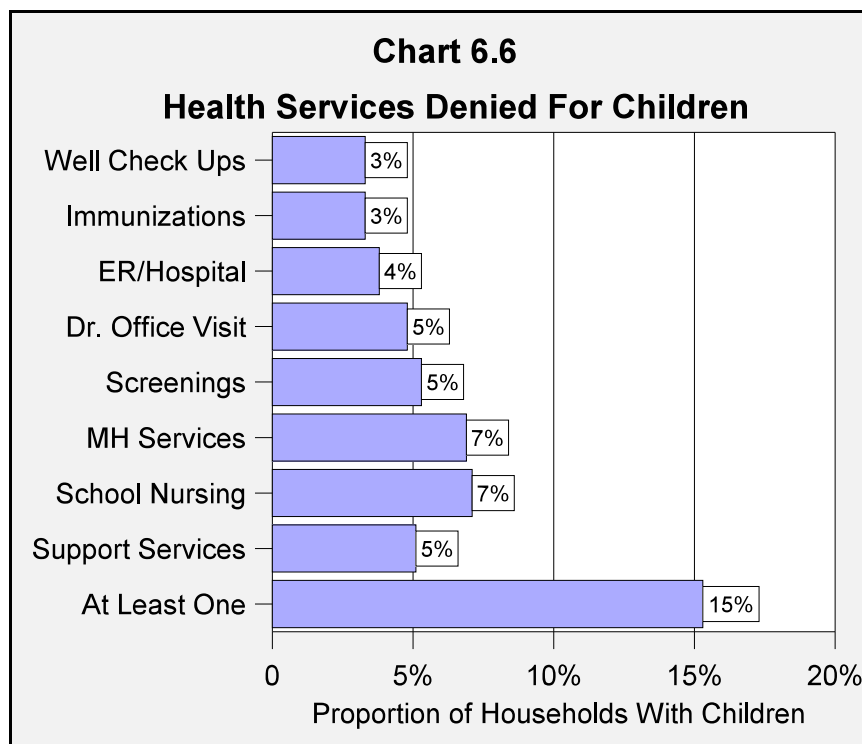
Children with public health insurance coverage— Medicaid or Healthy Start — were more likely to have to wait to get medical care due to the inability to pay for such services. Thirteen percent of households with children covered with public health insurance had to wait to receive medical care for those children. In addition, 5.9% of households where the children did not have any health insurance had to wait to get medical care. Even households with children covered by private health insurance had to wait for medical care. These amounted to 4.1% of households with children covered by private insurance.

Not surprisingly, households that reported they had to wait to get medical care for their children due to the inability to pay were households that had relatively less annual income, that reported being worse off financially from a few years ago, and that found it difficult or very difficult to make ends meet financially.



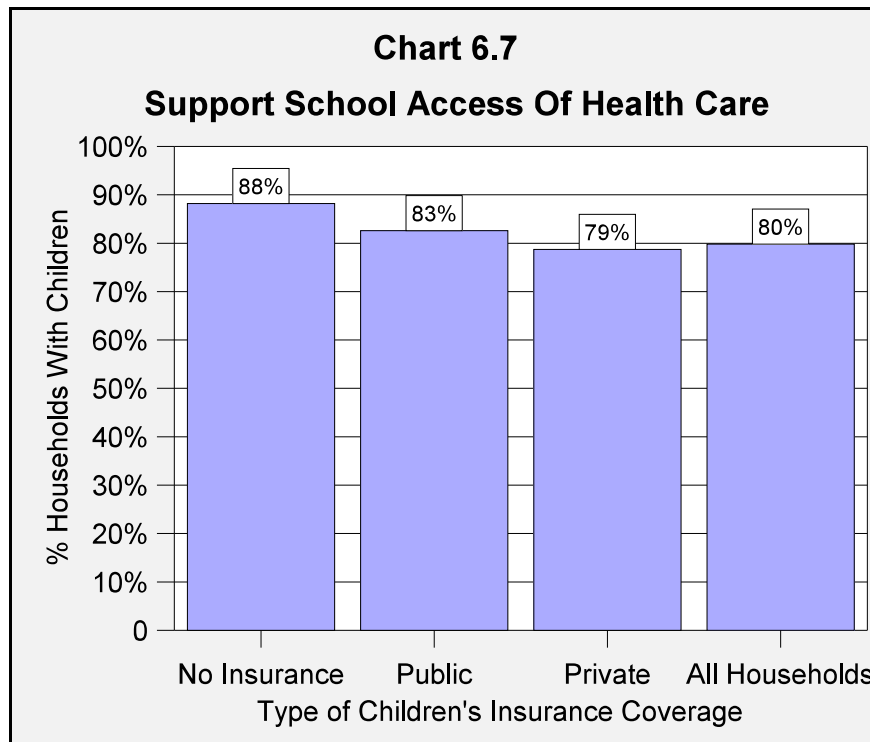
Those respondents from households with children were also asked if they were unable to get eight different types of health care services for their children, including well check ups, immunizations, emergency room or hospital care, sick care at a doctor’s office, developmental screenings, mental health services, school nursing services, and family or social support services. Those households that were denied at least one of these services amounted to 15.3% of all households with children (see Chart 6.6).

Those households that were unable to get school nursing services for their children amounted to 7.1% of homes with children, while 6.9% of households reported not being able to get mental health services for their children. Those households unable to get developmental screenings for their children, such as hearing, vision, speech and growth screenings, amounted to 5.3% of home with children. Another 5.1% of households reported not being able to get family and social support services such as transportation, medication and specialist care, while 4.8% reported not being able to get doctor’s office care for a sick child. Another 3.8% of households indicated not being able to obtain emergency room or hospital care for their children, while 3.3% of homes reported not being able to get immunizations or well check ups.



All respondents from households with children were also asked whether or not they would support their children being able to access well medical prevention care in a school setting. Over three-quarters, 79.8%, of respondents with children stated they would support their children being able to secure such care (see Chart 6.7). Households with children covered by public health insurance, or that had children with no health insurance coverage, were more likely to support prevention care in school settings.

On the other hand, over one-fifth, 20.2%, of respondents from households with children stated they would not support their children being able to access well medical prevention care in school settings. These respondents were subsequently asked why they did not support their children being able to access such care. The leading response was that they preferred their own primary care physician. Other leading reasons for not supporting preventative care in school settings included, in order of importance, the parent wanted to have control over their children's care, the respondent would need more information before they could decide, there is no need for such care, the respondent was concerned with the quality of such care, schools should not be responsible for such care, and the parent wants to be present during any exams.



Dental Coverage

Regardless of whether or not they had health insurance coverage, all respondents were asked if their family had access to dental insurance. Over two-thirds, 69.8%, of all respondents said their family does have access to dental insurance (see Table 6.3, Column #1). On the other hand, 30.2% of respondents indicated their family did not have access to dental insurance (see Table 6.3, Column #2). Households with health insurance coverage were more likely to have access to dental insurance compared to households without health insurance.

As with health insurance in general, whether or not someone had access to dental insurance was strongly linked to household finances. For instance, households with relatively more annual income were more likely to have access to dental insurance, while households with relatively less income, especially those with less than \$39,000 in annual income, were less likely to have dental insurance (see Table 6.3). In addition, households that reported being worse off or about the same financially from a few years ago were less likely to have dental insurance, while households that were better off financially were more likely to have dental coverage. Similarly, households that found it difficult or very difficult to make ends meet financially were less likely to have dental insurance, while households that did not have difficulty meeting their financial requirements were more likely to have dental coverage.

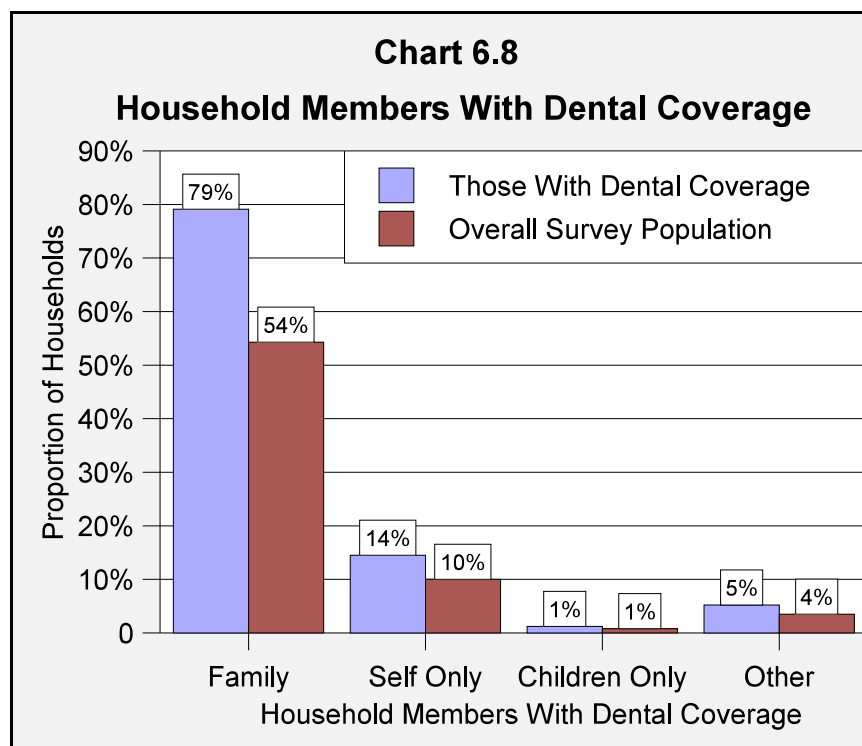
In terms of employment status, full-time employees were more likely to have access to dental insurance, while part-time employees, retirees, full-time students, disabled and the unemployed were less likely to have dental insurance. Educational attainment also played a role. Respondents with progressively less formal education were less likely to have dental insurance. In terms of marital status, singles and those married were more likely to have access to dental insurance, while widowers, divorced or separated persons were less likely to have access to dental coverage. Other groups that were more likely to not have access to dental insurance included relatively older persons, especially those 55 years of age and older, and individuals who rent their home or reside in multi-family housing units such as apartments.

Table 6.3 Access To Dental Insurance			
		(1)	(2)
		Proportion With Dental Insurance	Proportion Without Dental Insurance
Overall Survey Population		69.8%	30.2%
Demographic	Group		
Dental Insurance Coverage	Has Dental Insurance	71.4%	28.6%
	Does Not Have Dental Insurance	43.5%	56.5%
Household Income	Under \$68,000	56.8%	43.2%
	Over \$68,000	87.1%	12.9%
Financial Status	Worse Off Financially	61.5%	38.5%
	About the Same	61.7%	38.3%
	Better Off Financially	83.9%	16.1%
Financial Difficulties	Very Difficult	47.7%	52.3%
	Difficult	69.1%	30.9%
	Not Difficult	74.1%	25.9%

Those respondents who indicated their family had access to dental insurance were subsequently asked to indicate who in their family was covered by dental insurance. This was a close-ended question with four response categories including the respondent only, children only, the whole family, or other persons.

Nearly three-quarters, 79.1%, of respondents who indicated their family had access to dental insurance said their whole family was covered by such insurance (see Chart 6.8). This amounted

to just over half, 54.3%, of all households surveyed. Those respondents who indicated only they had dental insurance amounted to 14.5% of households with dental coverage and 10.0% of all households surveyed. Those respondents who stated only the children in the household had dental insurance amounted to 1.2% of households with dental coverage and less than one percent of all households. Another 5.2% of respondents from households with dental coverage indicated that other persons – other than the respondent, children or the whole family – had dental insurance.



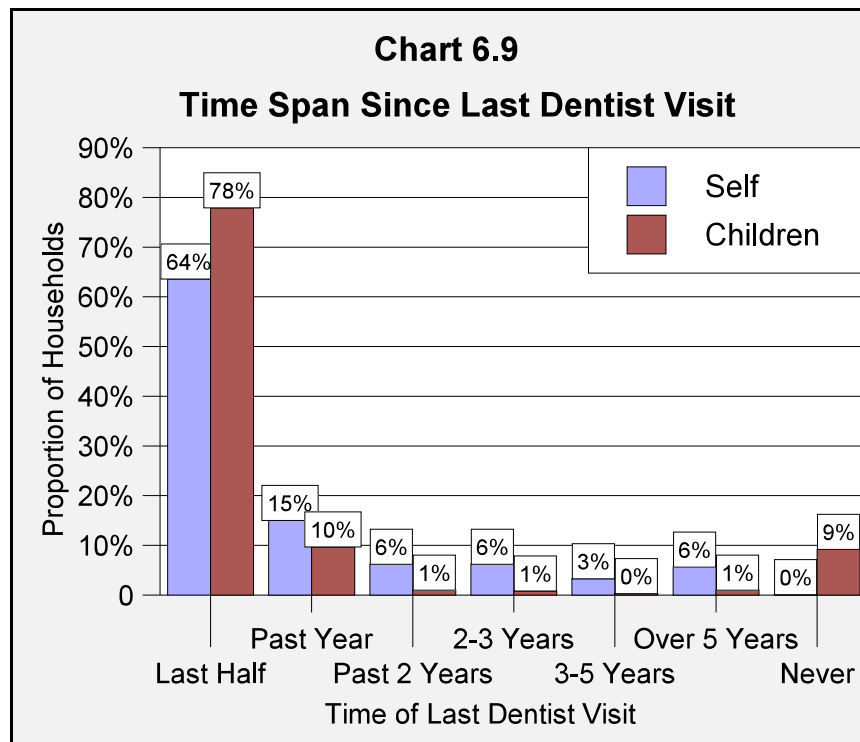
Regardless of whether or not they had dental insurance, all respondents were asked how long it had been since their last visit to a dentist for any reason. This was a close-ended question with seven response categories including within the past six months, within the past twelve months, within the past two years, two to three years ago, three to five years ago, more than five years ago, and never.

Nearly two-thirds, 63.6%, of respondents noted they had been to a dentist within the past six months (see Chart 6.9). Another 15.0% of respondents said they had last been to a dentist between six months and a year ago. Those persons who had last been to the dentist between one and two years ago amounted to 6.2% of respondents, while the same proportion said they had last been to the dentist between two and three years ago. Those individuals who had been to the dentist between three and five years ago amounted to 3.3% of respondents, while 5.6% noted they had last been to a dentist over five years ago. Only one respondent said they had never been to a dentist.

Those respondents from households with children residing in the home were asked when was the last time their children had seen a dentist for any reason. This was also a close-ended question with the same response categories as the previous question.

Children were more likely to have been to a dentist more recently than survey respondents in general. Over three-quarters, 77.9%, of respondents from household with children stated their children had been to a dentist within the past six months (see Chart 6.9). Another 9.7% of respondents from households with children said their children had last been to the dentist between six months and one year ago. Those persons who indicated the children in their household had last been to the dentist between one and three years ago amounted to 1.8% of respondents, while 1.3% said over three years ago.

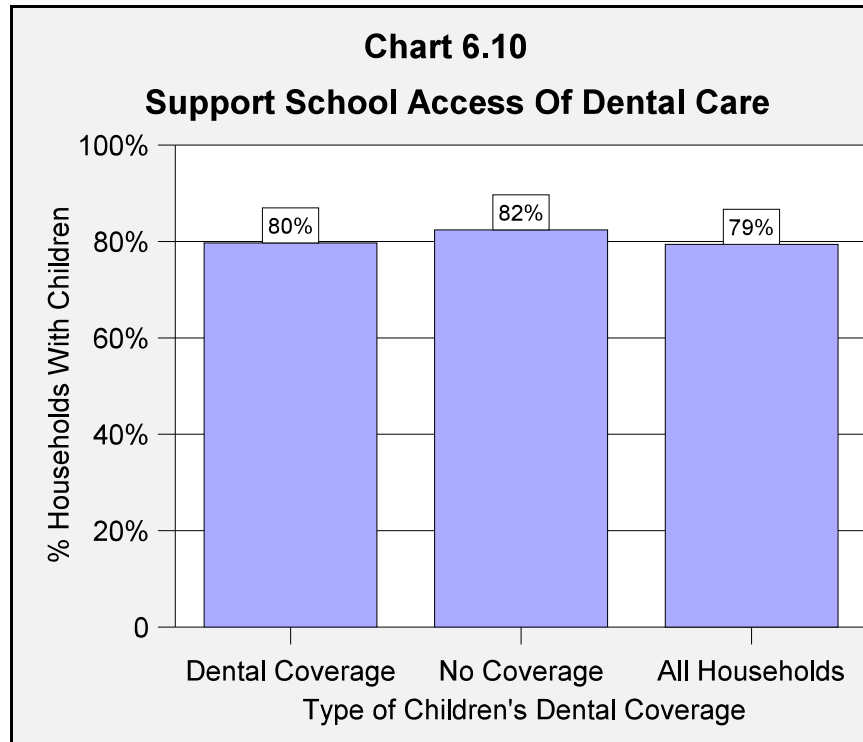
Roughly one out of ten, 9.2%, respondents from households with children said their children had never been to the dentist. These persons were subsequently asked why their children had never been to a dentist. Over three-quarters of these persons said their children were too young or there was no need for their children to see a dentist. Other leading reasons given for children to have never been to a dentist included, in order of importance, that the parent had no insurance to cover dental costs, the children fear dentists and thus refuse to go, and their dentist does not accept Medicaid payments.



All respondents from households with children were also asked whether or not they would support their children being able to access preventative dental care in a school setting. Over three-quarters, 79.4%, of respondents with children stated they would support their children being able to obtain such care (see Chart 6.10). Households with children not covered by dental insurance were more likely to support preventative dental care in school settings.

On the other hand, over one-fifth, 20.6%, of respondents from households with children stated they would not support their children being able to access preventative dental care in school settings. These respondents were subsequently asked why they did not support their children being able to access such care. The leading response was that they preferred their own dentist. Other leading reasons for not supporting preventative dental care for children in school settings included, in order of importance, schools should not be responsible for such care, the parent wanted to have control over their children’s dental care, there is no need for such services, the

respondent was concerned with the quality of such care, the parent only wants a dentist to examine their children, such services would be too costly for schools to provide, the respondent would need more information before they could decide, the respondent is not interested in such care for their children, and schools already have enough issues to deal with.



Satisfaction With Health Care

Regardless of whether or not they had health insurance, all respondents were asked to rate the quality of health care services available in Medina County. This was a close-ended question where respondents were asked to rate the quality of these services as either excellent, good, fair, poor or very poor. A significant portion of respondents were unsure or undecided in their response. These persons amounted to 5.1% of all respondents.

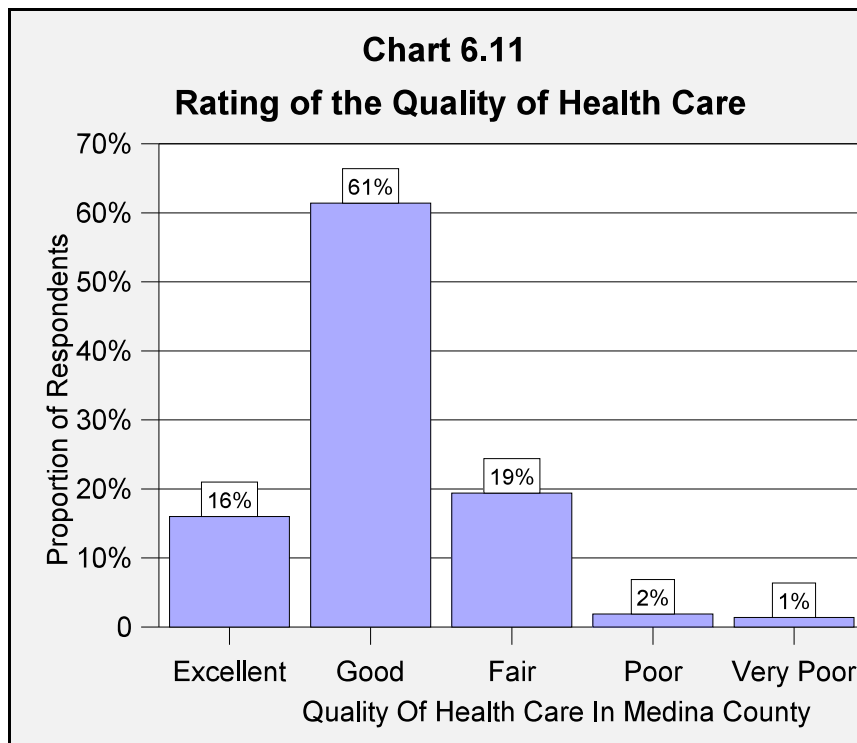
Respondents were generally satisfied with the quality of health care services in Medina County. Over three-quarters, 77.4%, of respondents with an opinion rated the quality of health care

services favorably – 61.4% rated the quality of such services as *good*, while 16.0% rated the quality as *excellent* (see Chart 6.11). Another 19.4% of respondents rated the quality of health care in the county as *fair*. Only 3.3% of respondents rated the quality of health care services unfavorably, either as *poor* or *very poor*.

Persons who were currently covered by health insurance or that had prescriptions assistance were more likely to favorably rate the quality of health care in Medina County as excellent or good. On the other hand, individuals who did not have health insurance coverage or prescriptions assistance were more likely to rate the quality of local health care as poor or very poor. In addition, persons who were not satisfied with the availability of health care in Medina County were more likely to rate the quality of health care poorly, while individuals who were very satisfied with the availability of health care were more likely to rate the quality of such care favorably. Likewise, persons who were somewhat satisfied with the availability of health care were more likely to rate the quality of such care as being fair.

The primary source of health care also influenced whether or not someone was satisfied with the quality of health care in Medina County. For instance, persons who indicated they receive their health care most often from a primary care doctor were more likely to rate the quality of health care in the county favorably. On the other hand, individuals who relied on other sources for health care, such as emergency rooms and clinics, were more likely to rate the quality of health care unfavorably.

Educational attainment also played a role in satisfaction with the quality of health care in Medina County. Persons with relatively more formal education were more likely to favorably rate the quality of health care, while persons with relatively less education, especially those without a high school diploma, were more likely to rate the quality unfavorably. Other groups who were more likely to unfavorably rate the quality of health care included the unemployed and full-time students and respondents from villages and townships within the county. In addition, persons who rated the quality of life in Medina County as being unfavorable were more likely to rate the quality of health care in the county unfavorably.

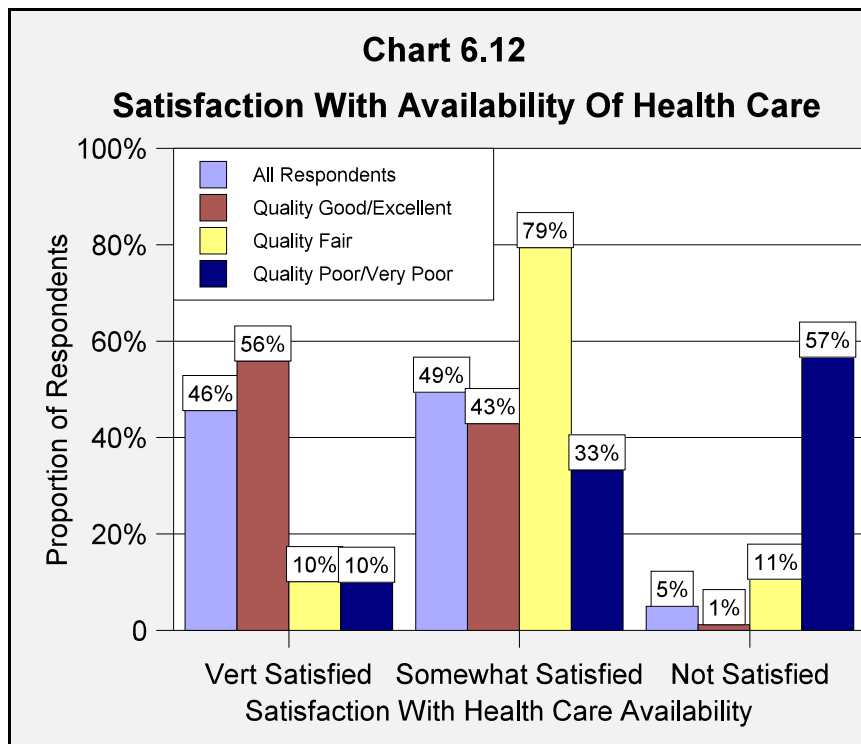


Respondents were also asked to indicate their satisfaction level with the availability of health care when they need it. This was a closed-ended question with three possible responses including very satisfied, somewhat satisfied, or not at all satisfied. A significant portion of respondents were unsure or undecided in their response. These persons amounted to 3.1% of all respondents.

Most all respondents were satisfied with the availability of health care services in the county. Nearly half, 49.4%, of respondents with an opinion on the issue stated they were *somewhat satisfied* with the availability of health care, while another 45.6% were *very satisfied* (see Chart 6.12). On the other hand, 5.0% of respondents indicated they were *not at all satisfied* with the availability of health care when they need it.

As with the quality of health care, respondents who were covered by health insurance were more likely to be satisfied with the availability of health care in Medina County. In addition, persons who had previously rated the quality of health care favorably were more likely to be very satisfied with the availability of health care, while persons who rated the quality as fair were more likely to be somewhat satisfied and persons who rated the quality unfavorably were more likely to not be satisfied with the availability of health care (see Chart 6.12). In addition, persons who relied on other sources of health care than primary care doctors were more likely to be not satisfied with the availability of health care in the county.

Respondents who were from households that were worse off financially from a few years ago, or that found it difficult or very difficult to make ends meet financially, were more likely to not be satisfied with the availability of health care in Medina County. Other groups not satisfied with the availability of health care included persons with relatively less educational attainment, those ages 18 to 24, the unemployed or full-time students, and respondents who had indicated someone in their household had recently sought social services.



Lastly, all respondents were asked to indicate their primary concern about health care in Medina County. This was an open-ended question where the respondent could state one concern in their own words. A significant proportion of respondents, 11.4%, were undecided or could not think of a concern (see Table 6.4, Column #2).

Of those individuals who gave a response to the particular question, 88.6% of all respondents, some stated they had no concerns regarding health care. These persons amounted to 10.6% of respondents of the question (see Table 6.4, Column #3) and 9.4% of all survey respondents. Persons stating they had no concerns regarding health care tended to be from households with relatively more annual income, that were better off financially, or that did not have financial difficulties.

Of those respondents who named a health care concern, 89.4% of question respondents and 79.2% of all respondents, the leading concern was the affordability or high cost of health care. Over one-third, 38.2%, of concerned respondents indicated this was the case (see Table 6.4, Column #4). Persons indicating they were concerned with affordability tended to be from households with relatively less annual income, that were worse off financially, or that found it difficult to make ends meet financially.

The second leading health care concern was the lack health insurance or health care in general, with 18.6% of concerned respondents indicating this issue, followed by the availability of quality health care providers. Other primary concerns regarding health care included, in order of importance, the high cost of prescriptions, the poor quality of hospitals, lack of care for the elderly, the cost of health care after retirement, distance to the nearest hospital, the lack of choice or options regarding health care service providers, lack of emergency room care, lack of retirement homes, lack of transportation to health care providers, and not enough local health care specialists.

Table 6.4 Primary Concern About Health Care In Medina County				
Main Concern	(1)	(2)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Valid Responses	Proportion of Concerned Respondents
High Cost/Affordability	324	30.2%	34.1%	38.2%
Lack of Health Care/Insurance	158	14.7%	16.6%	18.6%
Availability of Quality Providers	106	9.9%	11.2%	12.5%
High Cost of Prescriptions	30	2.8%	3.2%	3.5%
Poor Quality of Hospitals	30	2.8%	3.2%	3.5%
Lack of Care for Elderly	25	2.3%	2.6%	2.9%
Cost of Care After Retirement	11	1.0%	1.2%	1.3%
Distance to Nearest Hospital	11	1.0%	1.2%	1.3%
Lack of Choice/Options	11	1.0%	1.2%	1.3%
Need Improved Emergency Care	9	0.8%	0.9%	1.1%
Need More Retirement Homes	9	0.8%	0.9%	1.1%
Lack of Transportation to Care	8	0.7%	0.8%	0.9%
Not Enough Specialists	8	0.7%	0.8%	0.9%
Miscellaneous Concerns	109	10.2%	11.5%	12.8%
No Concerns	101	9.4%	10.6%	
Total Responses	950	88.6%		
Undecided Respondents	122	11.4%		
Total Respondents	1,072			
⁽¹⁾ Number of responses: 950 valid responses. ⁽²⁾ Proportion of all survey respondents (n=1,072) not including refusals. ⁽³⁾ Proportion of valid responses (n=950).				

SECTION VII EDUCATIONAL ISSUES

Introduction

Respondents tended to give above average grades to their local public school district. The most important issue cited by respondents for local public schools was the lack of funding. Of those respondents with school-age children, most all were satisfied with their children's educational progress. Most respondents noted they interact with their children's school on a monthly basis or more frequently, and most respondents had no need for an after-school or latch-key program. The majority of respondents with children felt that college preparation was more important than employment and career training.

Public Schools Issues and Evaluation

All respondents were first asked to evaluate their local school system in terms of the quality of its performance. Each respondent was asked to give a letter grade to their school system on the traditional grading scale of A, B, C, D or F. A significant number of respondents, 7.3%, were unsure or did not know how to rate their school system.

For the most part, respondents were somewhat satisfied with their local school system. Most grades fell in the average to above average range. For instance, just over one-quarter, 25.2% of grading respondents gave their local school district an A grade, while roughly another half, 49.9%, of respondents gave their local public schools a B grade (see Chart 7.1). Those respondents who gave their local school system a C grade amounted to about one-fifth, 20.7%, of respondents. At the below average end, 2.9% of grading respondents gave their school system a D grade, while another 1.2% gave their school system a F grade.

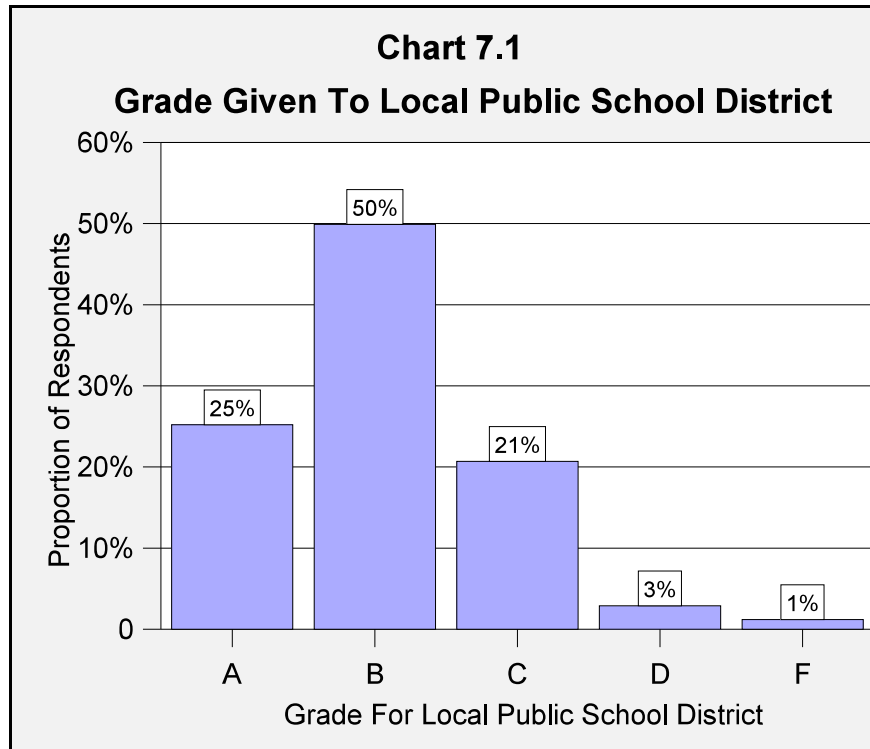
Respondent grading of their local public school district was related to how they rated other issues. For instance, persons who were very satisfied with the availability of health care and the quality of such care were more likely to give their school system a better grade, while individuals not satisfied with the availability of health care or the quality of such care were more

likely to give poorer grades to their school system. Similarly, persons who gave favorable ratings to the local quality of life were more likely to give better grades to their local school system, while persons who rated the quality of life as fair or unfavorable were more likely to give poorer grades to their public school district.

Respondents from households with children were more likely to give favorable grades to their local school system compared to respondents from households without children. Of those respondents with school-age children, those who were satisfied with their children's educational progress were more likely to give favorable ratings to their public school system, while those who were not satisfied with educational progress were more likely to give average or below average grades to their school system. Persons who send their children to private or other non-public schools were more likely to give unfavorable grades to their local public school system, but the statistical relationship was weak.

Household finances also influenced respondent grading of their local public school district. For instance, respondents from households that were worse off financially from a few years ago, or that found it very difficult to make ends meet, were more likely give average or below average grades to their school district. On the other hand, respondents from households that better off or about the same financially, or that did not find it difficult to make ends meet financially, were more likely to give favorable grades to their local school system. Similarly, respondents who indicated that someone in their household had recently sought social services, or that had to make recent sacrifices regarding purchasing basic needs, were more likely to give below average grades to their local school system.

The level of educational attainment achieved by respondents also influenced their evaluation of the local public school district. College graduates were more likely to give above average grades to their local school system, while persons without a college degree were more likely to give average or below average grades to their local school system. Age also played a role. Those ages 25 to 44 were more likely to give above average grades, while those ages 45 and older were more likely to give average grades to their local school system.



Grades for individual school districts were calculated on a traditional 4.0 scale (see Table 7.1). Grade point average ranged from a low of 2.40 or C+ to a high of 3.50 or B+. The Black River Local Schools had the lowest grade point average but these results should be viewed cautiously due to a small sample size for that school district. The school systems receiving the high grade point average were Highland Local Schools (3.50) and Wadsworth City Schools (3.24). Both of these school systems were more likely to get an A grade compared to the other public school systems. The other city school systems – Medina City Schools and Brunswick City Schools – earned roughly the same grade point average and were more likely to get a B grade compared to the other school systems.

The overall grade point average for public school districts in Medina County amounted to an above average 3.00 or a solid B.

Table 7.1 Grade Given To Individual School Districts				
School District	(1)	(2)	(3)	(4)
	Number of Responses	Grade Point Average		
		Combined	Those With Children	Those Without Children
Medina City Schools	248	2.91	2.97	2.87
Brunswick City Schools	240	2.90	2.91	2.89
Wadsworth City Schools	176	3.24	3.39	3.15
Cloverleaf Local Schools	113	2.61	2.76	2.53
Highland Local Schools	88	3.50	3.61	3.42
Buckeye Local Schools	78	2.63	2.77	2.57
Black River Local Schools	5	2.40	--	2.40
Something Else	11	2.45	3.00	2.40
Overall	959	3.00	3.06	2.89
⁽¹⁾ Number of valid responses. ⁽²⁾ Grade point average on a four point scale: A=4.0, B=3.0, C=2.0, D=1.0, F=0.0. ^(3,4) GPA given by respondents from households with and without children, respectively.				

All respondents were asked to indicate the most important issue facing the public schools in their local school district. This was an open-ended question where the respondent could give one answer in their own words. A significant proportion of persons, 14.8% of all respondents, were undecided or could not think of an important issue facing their local school system (see Table 7.2, Column #2). Such respondents tended to be relatively older, come from lower income households or households with no children residing in the home, and had relatively less formal education.

The leading most important issue facing local public school districts, cited by respondents, was the general lack of funding. Nearly one-quarter, 23.4%, of concerned respondents indicated this was the case (see Table 7.2, Column #3). This amounted to just under one-fifth, 19.9%, of all respondents (see Table 7.2, Column #2). Other respondents indicated specific funding problems, rather than general funding problems. For instance, 9.8% of concerned respondents stated that public school systems need to find funding streams other than local property tax levies, while 6.7% of concerned respondents noted the most important issue is getting property tax levies passed. Another 1.6% of concerned respondents specifically said that funding extracurricular activities such as sports was the most important issue facing their local public school system.

On the other hand, some respondents noted funding issues were the most important issue facing their local school district, but from a different or negative perspective. For example, 5.0% of concerned respondents asserted that the mismanagement of tax dollars is the most important issue. Another 3.2% of concerned respondents stated that there are too many levies or taxes already and 1.4% noted that public schools need to get by on existing funding.

Beyond funding issues, 11.8% of concerned respondents said that overcrowded schools and classrooms was the most important issue facing their local school district. Another 4.3% of concerned respondents stated that poor quality schools or education was the most important issue facing their local school district.

Some respondents indicated that students were the main problem. For instance, 3.7% of concerned respondents stated the lack of discipline or respect was the most important issue facing their local school system. Other important issues cited, in order of importance, included finding and keeping quality teachers, meeting testing or proficiency mandates, keeping academic standards high, and focusing on the basics of education.

Table 7.2			
Most Important Issue Facing Local Public Schools			
Main Concern	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Concerned Respondents
Lack of Funding	214	19.9%	23.4%
Overcrowded Schools/Classrooms	108	10.1%	11.8%
Finding Funding Other Than Levies	90	8.4%	9.8%
Difficulty Passing Levies	61	5.7%	6.7%
Mismanagement of Tax Dollars	46	4.3%	5.0%
Poor Quality Schools/Education	39	3.6%	4.3%
Lack of Discipline/Respect	34	3.2%	3.7%
Too Many Levies/Taxes	29	2.7%	3.2%
Finding/Keeping Quality Teachers	24	2.2%	2.6%
Funding Extracurriculars	15	1.4%	1.6%
Meeting Testing Mandates	14	1.3%	1.5%
Schools Need to Run on Existing Funding	13	1.2%	1.4%
Keeping Academic Standards High	10	0.9%	1.1%
Focus on Basics	10	0.9%	1.1%
Miscellaneous Concerns	208	19.4%	22.7%
Total Responses	915	85.2%	
Undecided Respondents	159	14.8%	
Total Respondents	1,074		
⁽¹⁾ Number of valid responses. ⁽²⁾ Proportion of all survey respondents not including refusals. ⁽³⁾ Proportion of valid responses.			

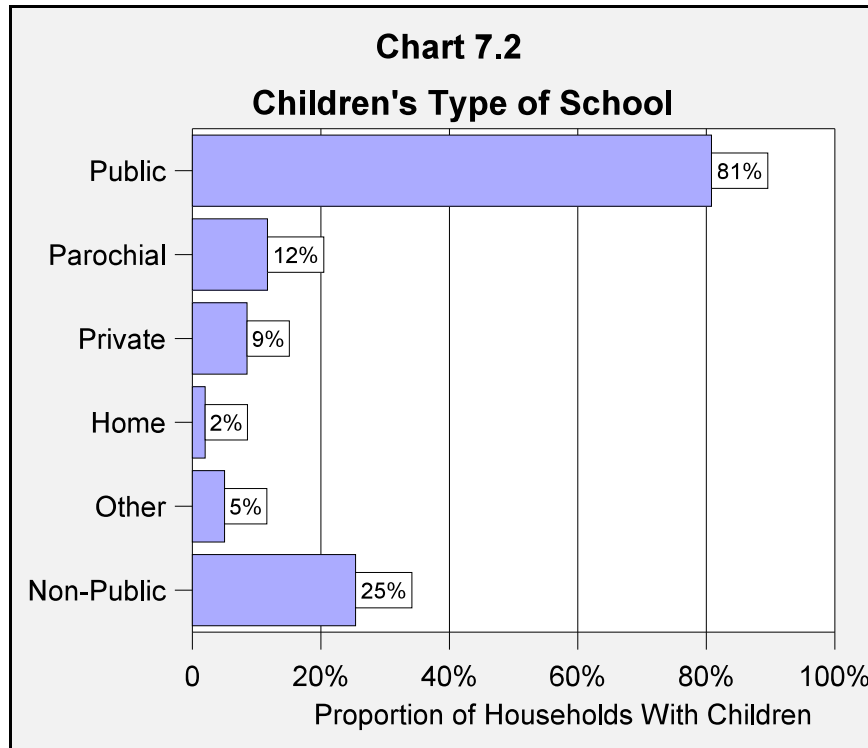
Type of Schools Used and Educational Progress

Those respondents from households with school-age children, less than one-third or 31.9% of all households surveyed, were asked what type of schools their children attend. This was a closed-ended question with five possible responses including public schools, private schools, parochial or church-affiliated schools, home schooling, or something else. Respondents could select more than one type of school.

Those households sending their children to public schools amounted to 80.8% of households with school-age children (see Chart 7.2). Of these households, roughly eight percent also used schools other than public schools. Adjusting for these households, nearly three-quarters, 74.6%, of households with school-age used only public schools to educate their children. Respondents with less formal education were more likely to send their children to public schools as were residents of the Cloverleaf Local School District.

Those households using institutions other than public schools to education their children amounted to just over one-quarter, 25.3%, of households with school-age children. Of these households, roughly one-quarter also used public schools. Adjusting for these households, 19.2% of households with school-age used only non-public schools to educate their children. Parochial or church-affiliated schools were widely used with 11.7% of households with school-age children using these institutions. Another 8.5% of households with school-age children said they used private schools. Two percent of households with school-age children said they engaged in home schooling, while five percent of households indicated they used other means to educate their children besides public, private, parochial and home schooling.

Residents of the Buckeye Local, Medina City and Wadsworth City School Districts were more likely to use non-public schooling to educate their children, as were respondents with relatively more educational attainment, especially those with a college degree. In addition, households with relatively more income, especially those with annual income of more than \$97,000, were more likely to use non-public means to educate their children.

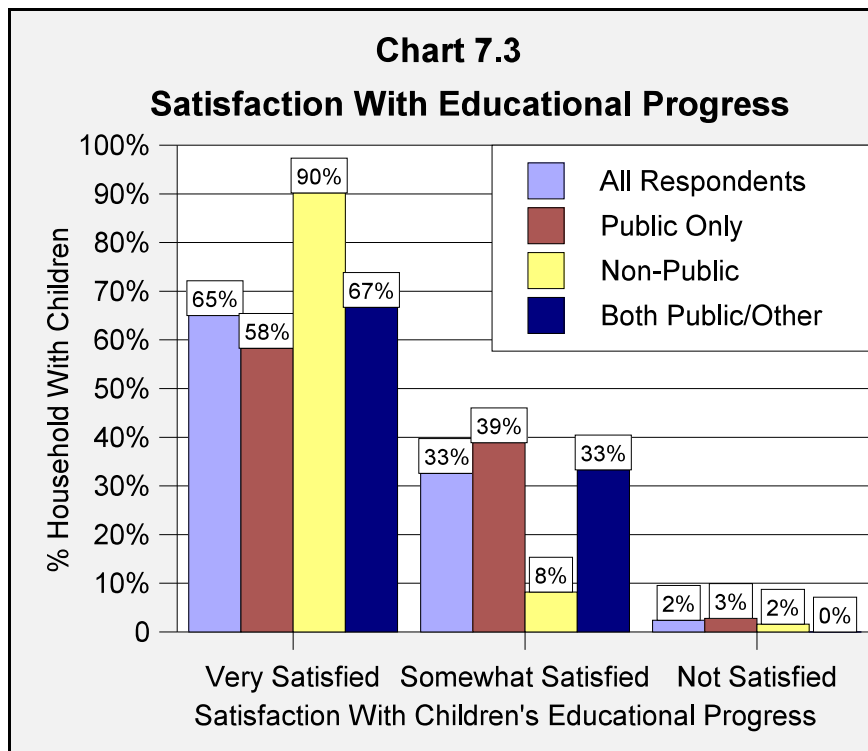


Those respondents from households with school-age children were asked whether or not they were satisfied with their children’s educational progress. This was a closed-ended question with three response categories including very satisfied, somewhat satisfied, and not at all satisfied. Respondents were generally satisfied with the educational progress of the children in the household. For instance, nearly two-thirds, 65.0%, of respondents were *very satisfied* with their children’s educational progress, while roughly another one-third, 32.6%, were *somewhat satisfied* with their children’s educational progress (see Chart 7.3). Only 2.4% of respondents were *not at all satisfied* with their children’s educational progress.

Respondents who used public schools to educate their children tended to be less satisfied or somewhat satisfied with their children’s educational progress, while those using other means to educate their children, such as private, parochial and home schooling, were generally more

satisfied, especially very satisfied, with their children’s educational progress. In addition, respondents who interacted with their children’s school on a more than weekly basis were more likely to be satisfied with their children’s educational progress compared to respondents who interacted less frequently with their children’s school.

Residents of the Highland Local, Medina City and Wadsworth City School Districts were more likely to be very satisfied with their children’s educational progress, while residents of the Cloverleaf Local and Brunswick City School Districts were less satisfied with their children’s progress. Other groups that were more likely to be very satisfied with the children’s educational progress included married respondents, those not of Hispanic descent, Christians, persons rating the quality of life in the county favorably, and respondents from households with relatively more income, especially those with more than \$58,000 in annual income. Examples of groups that were more likely to be less satisfied with their children’s progress included single or divorced persons and those unemployed.

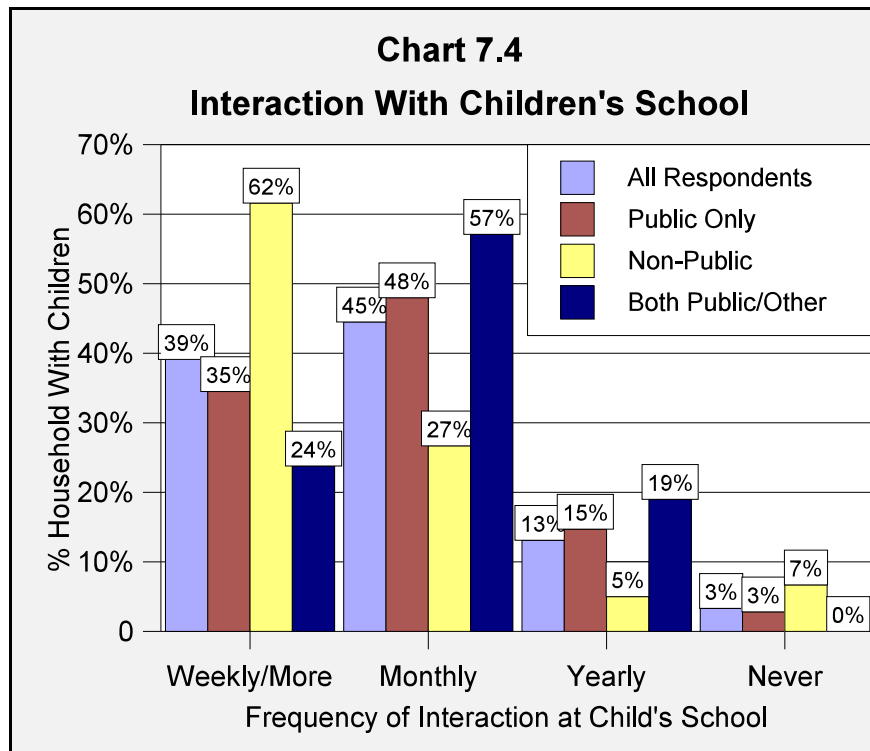


All respondents from households with school-age children were also asked how frequently they interact with their children's teacher, classroom or school activities. This was a close-ended questions with five response categories including once per year, once per month, once per week, more than once per week, and never.

Over one-third, 39.1%, of respondents with school-age children stated they interact with their children's school on a weekly basis (see Chart 7.4) – nearly one-quarter, 22.7%, of respondents said once per week on average, while another 16.4% said more than once per week. Nearly half, 44.5%, of respondents with school-age children said they interact with their children's school on a monthly basis, while 13.1% said their interaction is limited to about once per year. Those persons who indicated they never interact with their children's school amounted to 3.3% of all respondents with school-age children.

Respondents sending their children to private or parochial schools were more likely to interact with their children's school on a more frequent basis. On the other hand, respondents relying on public schools were less likely to interact with their children's school on a frequent basis, especially less likely to interact on a weekly basis.

Examples of other groups that were more likely to interact with their children's school on a frequent basis included females, persons with relatively more educational attainment, residents of the Buckeye Local, Highland Local and Wadsworth City School Districts, and in terms of employment status, part-time employees, retirees, the disabled, and homemakers. Examples of groups that were less likely to interact with their children's school on a frequent basis included males, residents of the Cloverleaf Local and Brunswick City School Districts, and respondents from households that were worse off financially from a few years ago or that found it difficult or very difficult to make ends meet financially.



Educational Preferences

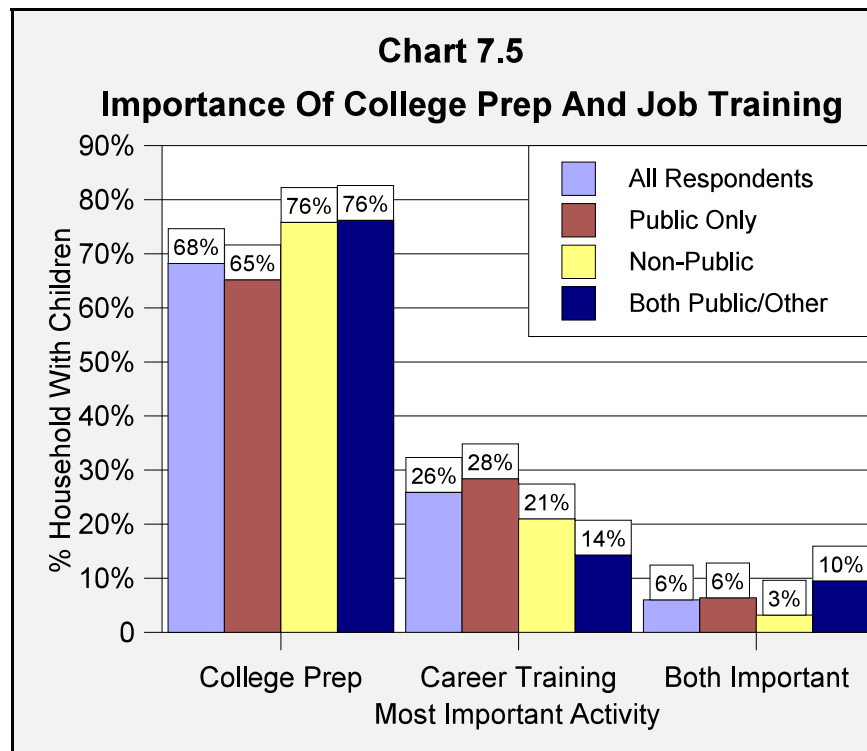
Those respondents from households with school-age children were asked, for their family, if they believed more importance should be placed by high schools on readiness for students to attend a college or university, or should more importance be placed on career and job training for transition into work.

Over two-thirds, 68.2%, of respondents from households with school-age children asserted that readiness to attend colleges and universities was more important than job training (see Chart 7.5). On the other hand, just over one-quarter, 25.9%, of respondents with school-age children stated that career and job training was more important than college preparation. Although not given the choice, six percent of respondents with school-age children said that both college preparation and career or job training are equally important.

Respondents who educate their children with their local public school system were more likely to say that job training was more important for high school students, while persons educating their children through other means, such as private or parochial schools, were more likely to feel college preparation was more important. Residents of the Cloverleaf Local and Brunswick City School Districts were more likely to state job training was more important, while residents of the Buckeye Local, Medina City and Wadsworth City School Districts were more likely to feel college preparation was more important. In addition, respondents who were not satisfied with their children's educational progress were more likely to believe job training was more important, while those satisfied with their children's progress, or were more frequently involved in their children's school, were more likely to feel college preparation was more important.

Respondents with relatively more educational attainment, especially those with at least some college education, were more likely to feel college preparation was more important for high school students. Conversely, respondents with relatively less formal education were more likely to believe career and job training was more important. Also of note, respondents from households with home computers or Internet access were more likely to say college preparation was more importance, while those persons without home computers and Internet access favored job training.

Household finances also influenced respondent attitudes toward the importance of college preparation or job training. For instance, respondents from households with relatively higher levels of income were more likely to feel college preparation was more important, while respondents from lower income households were more likely to favor job training. In addition, persons from households that were better off financially or not experiencing financial difficulties were more likely to assert college preparation was more important, while those from households that were worse off financially or experiencing financial difficulties were more likely to favor job training. In terms of employment status, the unemployed and retired felt job training was more important, while those employed, full-time students and disabled believed college preparation was more important. Lastly, relatively younger persons favored college preparation, while relatively older persons felt that job training was more important.



After-School Activities

Those respondents from households with school-age children were asked if they had a need for an after-school or latch-key child care program for those school-age children. Most, 87.0%, of respondents stated they had no need for an after-school or latch-key program for their school-age children (see Table 7.3).

On the other hand, 13.0% of respondents with school-age children indicated they had a need for such programs. Of these respondents, 43.2% indicated they had a need for an after-school or latch-key program and were currently using such programs. This amounted to 5.6% of respondents with school-age children. The remaining 56.8% of respondents in need of latch-key or after-school programs said they were not currently using such programs. This amounted to 7.4% of respondents with school-age children.

Those respondents in need of an after-school or latch-key program but not currently using such programs, 7.4% of respondents with school-age children, were subsequently asked if they were aware of any after-school or latch-key programs in Medina County. Just over half, 52.0%, stated they were aware of such programs, while the remaining 48.0% said they were not aware of any such programs.

Those persons who indicated they currently had children in after-school or latch-key programs were asked to rate their satisfaction with these programs. Most all were either satisfied or very satisfied – half, 50.0%, were very satisfied while another 44.4% were satisfied with these programs. Only one persons – 5.6% of respondents using these programs – was not at all satisfied with their after-school or latch-key program.

Respondents from households with teenagers, roughly one-fifth of all households surveyed, were asked if they saw a need for an after-school and weekend hours activity center for preteens and teens. Nearly two-thirds, 65.5%, of these respondents asserted there was a need for such a facility in Medina County. This amounted to about twelve percent of all survey respondents. On the other hand, just over one-third, 34.5%, of respondents from households with teens and preteens said there was no need for such an activity center.

Regardless of whether or not they saw a need for an after-school and weekend hours activity center for preteens and teens, all respondents with teenagers in their home were asked if anyone in their home would use such a program if it were available in Medina County. Although nearly two-thirds of respondents with teens in the household believed there was a general need for such a facility, a smaller proportion said someone from their household would actually use a youth activity center. Still, those households who said that someone from their household would possibly use a youth activity facility amounted to over half, 58.8%, of homes with teenagers. This amounted to roughly eleven percent of all households. On the other hand, 41.2% of households with teenagers indicated that no one from their family would likely use such a facility.

Table 7.3 Likely Use of After-School Programs and Youth Center			
Issue	Response	Proportion of Responses	Number of Responses
Need For After-School/ Latch-Key Program	No Need	87.0%	(n=339)
	Need – Currently Use	7.4%	
	Need – Don't Currently Use	5.6%	
Know of After-School/ Latch-Key Programs ⁽¹⁾	Familiar	52.0%	(n=25)
	Not Familiar	48.0%	
Satisfaction With After-School/Latch-Key Program ⁽²⁾	Very Satisfied	50.0%	(n=18)
	Satisfied	44.4%	
	Not Satisfied	5.6%	
Need for Youth Activity Center ⁽³⁾	Yes	65.5%	(n=197)
	No	34.5%	
Likely Household Use of Youth Center ⁽³⁾	Yes	58.8%	(n=194)
	No	41.2%	
⁽¹⁾ Question asked of those indicating they needed but did not currently use an after-school or latch-key program. ⁽²⁾ Question asked of those indicating they currently use an after-school or latch-key program. ⁽³⁾ Question asked of those respondents with appropriately aged children in household.			

SECTION VIII

MENTAL HEALTH & SOCIAL SERVICES ISSUES

Introduction

Roughly one out of ten respondents indicated someone in their household had tried to obtain assistance from a social service agency during the past year in Medina County. The leading type of service requested revolved around health care or medical assistance. Most respondents were satisfied with the response to their requests for assistance. Most respondents were not familiar with 2-1-1 First Call For Help and, as such, most persons did not have an opinion regarding this service. Roughly seven percent of respondents indicated someone in their household had sought mental health assistance during the past year. Most respondents were satisfied with the response to mental health assistance. The majority of respondents agreed that mental health services are accessible for those who need such services, but also felt there is a stigma associated with mental illness that prevents people from seeking the services they need.

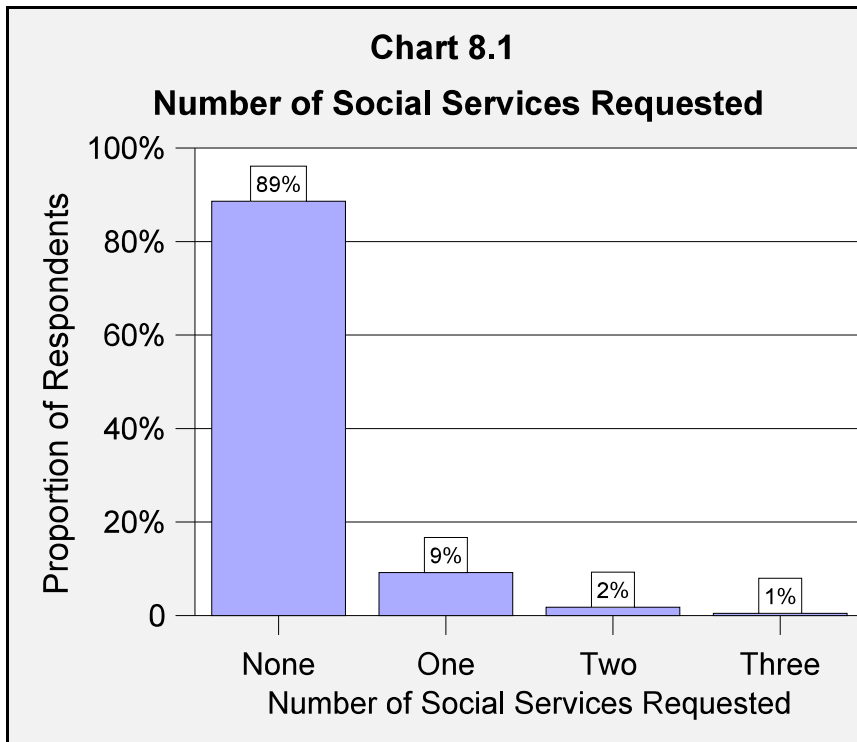
Social Services Requested

All respondents were asked if they or any members from their household had tried to obtain assistance with a problem of any kind from a social service agency in Medina County during the past year. Those persons who indicated that someone in their home had recently sought social services amounted to 11.4% of all respondents – 9.2% of households had sought one social service during the past year, 1.8% had sought two services, and 0.5% had sought three services (see Chart 8.1).

Households with progressively less income were more likely to have tried to obtain social services, as were households that were worse off financially from a few year ago or that found it very difficult to make ends meet financially. In addition, households that had recently been denied medical or dental services during the past year, had sought mental health services, or that had to wait to get medical treatment for children due to the inability to pay, were more likely to also have sought social services during the past year.

Respondents without health insurance or prescriptions assistance were also more likely to state someone in their household had sought social services during the past year. Moreover, respondents who rated the quality of health care in the county unfavorably, or that were not satisfied with the availability of health care, were more likely to say a household member had recently sought social services. Persons who rated their personal health as fair or poor were also more likely to indicate someone in their household had sought social services, as were respondents from homes where tobacco use occurs on a daily basis.

In terms of employment status, respondents that were full-time students, unemployed or disabled were more likely to state someone in their household had recently sought social services. Other groups more likely to indicate a household member had sought social services included females, divorced or separated persons, individuals not registered to vote, persons who rent their home or that reside in multi-family housing units, residents of the city of Medina, and those who rated the quality of life in the county unfavorably.



Those respondents who indicated that someone in their household had tried to obtain social services in Medina County during the past year, 11.4% of all respondents, were subsequently asked to name those services. This was an open-ended question and respondents could name up to three responses. However, most named just one social service. There were 151 social services named by 122 service-naming respondents (see Table 8.1, Column #2). Again, 9.2% of households had sought one social service during the past year, 1.8% had sought two services, and 0.5% had sought three services (see Chart 8.1).

The leading type of social service requested was health care or medical assistance, with 10.7% of social service-listing respondents (see Table 8.1, Column #4) and 1.2% of all respondents (see Column #3) indicating this was the case. The next leading type of social service requested was a tie between food stamps and mental health assistance, with 8.2% of service-listing respondents indicating someone from their household had tried to obtain such services, respectively. Less than one percent of all respondents noted someone in their home had sought such services.

Other types of social services requested by surveyed households during the past year included, in order of importance, nursing services or a home health aide, Medicaid services, social security requests, unemployment assistance, assistance regarding a disability, financial assistance in paying bills, help regarding a person with mental retardation or developmental disabilities, WIC program services, job training or job finding assistance, help from a social worker in general, influenza shots or immunizations, dental assistance, HEAP program services, and home delivered meals.

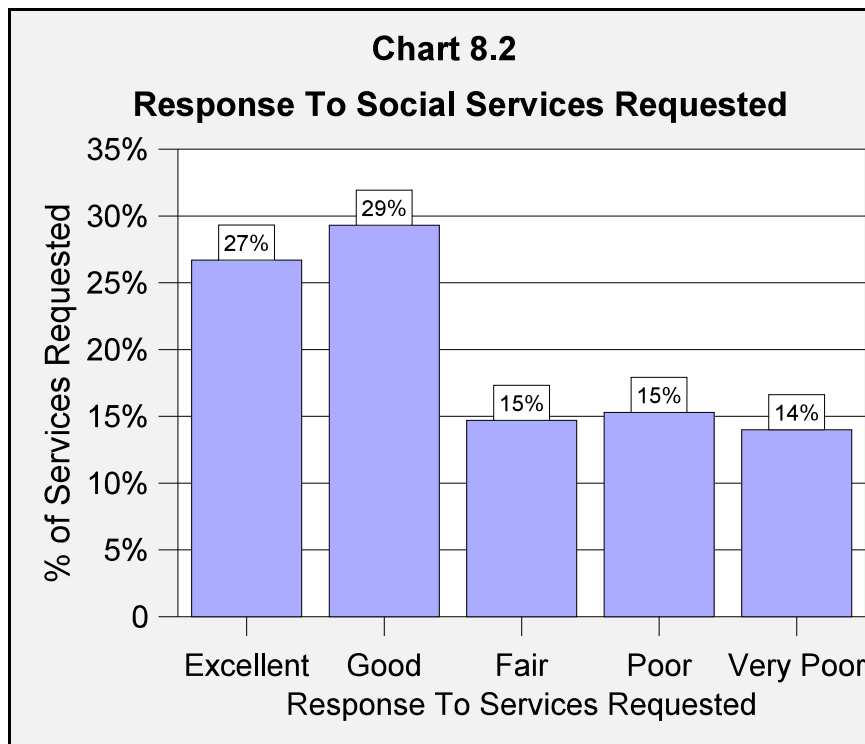
Table 8.1
Types of Social Services Requested

	(1)	(2)	(3)	(4)
	Number of First Responses	Number of Total Responses	Proportion of All Survey Respondents	Proportion of Service-Listing Respondents
Medical/HC Assistance	10	13	1.2%	10.7%
Food Stamps	8	10	0.9%	8.2%
Mental Health/Counseling	9	10	0.9%	8.2%
Home Health Aid/Nursing	9	9	0.8%	7.4%
Medicaid	6	7	0.7%	5.7%
Social Security	6	7	0.7%	5.7%
Unemployment Assistance	6	6	0.6%	4.9%
Disability	5	6	0.6%	4.9%
Help With Bills	4	6	0.6%	4.9%
MRDD	4	5	0.5%	4.1%
WIC	4	4	0.4%	3.3%
Job/Employment Assistance	3	5	0.5%	4.1%
Social Worker	3	4	0.4%	3.3%
Flu Shots/Immunizations	3	4	0.4%	3.3%
Dental Assistance	3	3	0.3%	2.5%
HEAP Program	2	3	0.3%	2.5%
Home Delivered Meals	1	4	0.4%	3.3%
Miscellaneous	36	45	4.2%	36.9%
Total Responses	122	151	(n=1,071)	(n=122)
Not Asked	949			
Total Respondents	1,071			
⁽¹⁾ Number of first responses: 122 service-listing respondents. ⁽²⁾ Number of total responses: 151 responses for 122 service-listing respondents.				

Those respondents who indicated someone in their household had sought social services during the past year in Medina County were also asked to rate the response to the requests for assistance. This was a closed-ended question with five possible responses, including that the response for a given service was excellent, good, fair, poor or very poor. Respondents were asked to rate each of the social services previously listed with which household members had sought during the past year.

Those seeking social services were generally satisfied with the responses to the requests for assistance with over half of such responses rated favorably. Nearly one-quarter, 26.7%, of responses for social services assistance were rated as *excellent*, while another 29.1% of responses were rated as *good* (see Chart 8.2). Another 14.7% of social service responses were rated as *fair*. On the other hand, over one-quarter of responses to social services requests were rated unfavorably – 15.3% of requests were rated as *poor* while another 14.0% of requests were rated as *very poor*.

Those respondents who rated the requests for social services assistance as poor or very poor, less than one-third of requests, were subsequently asked why they rated the responses to assistance requests unfavorably. The leading response given for rating responses to requests poorly was that the social service seeker did not receive the assistance requested. The reason accounted for about one-fifth of poorly rated service requests. Other leading reasons cited for rating social service requests unfavorably included, in order of importance, the seeker was told they have too much income to receive the assistance requested, poor quality regarding the assistance, the seeker's claim was denied, it took too long to receive assistance, the seeker could not reach the desired agency, and it took too long for the seeker's inquiry to be returned. Miscellaneous other reasons for rating service requests poorly included that attaining the needed assistance was confusing, poorly trained workers, no help with completing paperwork, lack of interest, and it's difficult to find the appropriate staff.



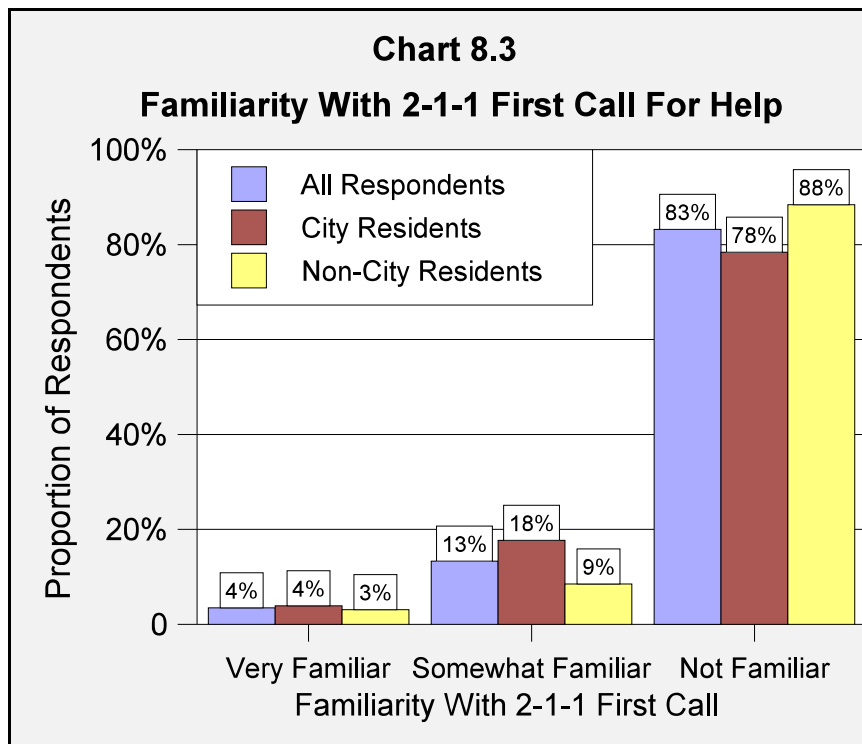
2-1-1 First Call

All respondents were asked how familiar they are with the services provided by 2-1-1 First Call For Help. This was a closed-ended question with three possible responses, including very familiar, somewhat familiar and not at all familiar. The results indicate that this service is relatively unknown. Most respondents, 83.2%, *were not at all familiar* with the services regarding 2-1-1 (see Chart 8.3). Those persons who were *somewhat familiar* with 2-1-1 amounted to 13.3% of respondents, while only 3.5% of respondents stated they *were very familiar* with the services of 2-1-1.

Respondents who indicated someone in their household had been denied medical or dental services during the past year, or had to wait to get treatment for a child, were more likely to be familiar with 2-1-1 First Call. However, households that had tried to obtain mental health or social services during the past year were no more likely than non-seekers of these services to be familiar with 2-1-1.

Persons who had positive attitudes regarding the availability and quality of health care in Medina County were more likely to be familiar with the services of 2-1-1 First Call. For instance, respondents who were very satisfied with the availability of health care in Medina County were more likely to be familiar with 2-1-1 First Call compared to persons somewhat satisfied or not satisfied with the local availability of health care. Similarly, respondents who rated the quality of health care in the county as favorable or fair were more likely to be familiar with 2-1-1 compared to persons not satisfied with the quality of local health care.

Residents of the three cities in Medina County, especially Brunswick and Medina, were more likely to be familiar with 2-1-1 First Call compared to residents of villages and townships in the county (see Chart 8.3). Other groups who were more likely to be familiar with the services of 2-1-1 included females, registered voters, those ages 18 to 34 or 65 years of age and older, respondents from households with relatively less annual income, persons who rent their home, and, in terms of employment status, full-time students, retirees and those disabled.

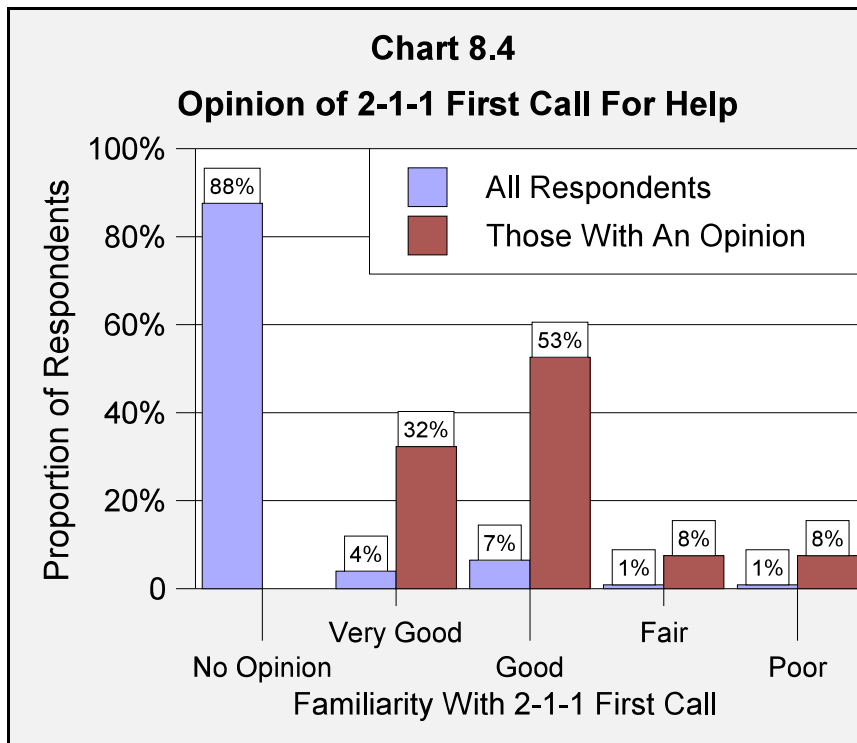


All respondents were also asked to provide their overall opinion, given all they know, of the services provided by 2-1-1 First Call For Help. This was a close-ended questions with five possible responses, including very good, good, fair, poor or no opinion. Because of the high degree of unfamiliarity with 2-1-1 First Call, many respondents appropriately had no opinion regarding the services provided by 2-1-1.

Those persons with no opinion regarding the services offered by 2-1-1 First Call amounted to 87.6% of all respondents (see Chart 8.4). Examples of groups that were more likely to have no opinion included homeowners, those less than 65 years of age, respondents with health insurance, and residents of villages and townships within the county. In addition, respondents who indicated nobody in their household had tried to obtain social services during the past year were more likely to have no opinion regarding 2-1-1.

Of those respondents with an opinion of the services of 2-1-1 First Call For Help, most had a favorable opinion of these services. For instance, nearly one-third, 32.3%, of respondents with an opinion said the services of 2-1-1 First Call were *very good*. However, this amounted to only 4.0% of all respondents. Over another half, 52.6%, of respondents with an opinion rated the services of 2-1-1 as *good*. However, these persons amounted to only 6.5% of all respondents. Examples of groups that were more likely to have a favorable opinion of 2-1-1 included those ages 65 and older, residents of the three cities within the county, and respondents from lower-income households.

Those individuals who rated the services of 2-1-1 First call as being *fair* or *poor* amounted to 7.5% of respondents with an opinion, each. These persons amounted for just under one percent of all respondents, respectively. Examples of groups that were more likely to rate the services of 2-1-1 unfavorably included respondents without health insurance, those from households experiencing financial difficulties, persons who rent their homes, those disabled, and persons rating the availability and quality of local health care unfavorably.



Source of Most Information

Regardless of their familiarity with 2-1-1 First Call For Help, all respondents were asked to indicate their primary source of information on local health care and social services. This was an open-ended question where respondents could give one response in their own words. A significant number of respondents were undecided or could not name their primary source of information on such services. These persons amounted to 7.5% of all respondents (see Table 8.2, Column #2).

The leading source of information on local health and social services in Medina County was newspapers, with just over one-quarter, 25.8%, of information source-listing respondents indicating this was the case (see Table 8.2, Column #3). These persons amounted to 23.9% of all respondents (see Table 8.2, Column #2).

The second leading source of information on local health and social services for respondents was a primary care doctor or other health care provider. Just over one-fifth, 21.9%, of information source-listing respondents indicated these professionals as being their primary source of information on local health and social services. These persons amounted to 20.2% of all survey respondents.

Other leading sources that respondents used to find information on local health care and social services in Medina County included family and friends, 8.4% of information source-listing respondents; local hospital mailings, 6.5%; Internet web sites, 6.5%; employer or place of employment, 6.0%; telephone books, 3.5%; the respondent's health insurance provider, 3.1%; and miscellaneous county government agencies, 2.8%, such as the Medina County Health Department, Board of Mental Retardation and Developmental Disabilities, and Department of Jobs and Family Services.

Lesser sources of information on local health and social services included, in order of importance, television, senior citizen centers or senior citizen groups, general mailings, physician referral services, magazines, the library or books in general. Only one-half of one percent of all respondents stated their primary source on local health and social services was a health information line such as the 2-1-1 First Call For Help.

Table 8.2
Source of Most Information On Health and Social Services

	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Source-Naming Respondents
Newspapers	256	23.9%	25.8%
Doctor/Health Care Provider	217	20.2%	21.9%
Family/Friends	83	7.7%	8.4%
Local Hospital Mailings	65	6.1%	6.5%
Internet Websites	65	6.1%	6.5%
Place of Employment	60	5.6%	6.0%
Telephone Book	35	3.3%	3.5%
Health Insurance Company	31	2.9%	3.1%
Medina County Government Agencies	28	2.6%	2.8%
Television	23	2.1%	2.3%
Senior Center/Senior Group/AARP	20	1.9%	2.0%
General Mailings	13	1.2%	1.3%
Physician Referral Service	12	1.1%	1.2%
Magazines	7	0.7%	0.7%
Library/Books	6	0.6%	0.6%
Health Info Line	5	0.5%	0.5%
Miscellaneous	67	6.2%	6.7%
Total Responses	993	92.5%	
Undecided Respondents	80	7.5%	
Total Respondents	1,073		

⁽¹⁾Number of responses: 993 valid responses.

⁽²⁾Proportion of all survey respondents (n=1,073) not including question refusals.

⁽³⁾Proportion of valid responses (n=993).

Mental Health Services

All respondents were also specifically asked if anyone in their household had sought mental health services or counseling assistance in Medina County during the past year. Those persons who indicated a household member had sought such services amounted to 6.9% of all respondents (see Table 8.3, Row #1).

Households that were worse off financially from a few years ago, or that found it difficult or very difficult to make ends meet financially, were more likely to report that someone had sought mental health services during the past year. In addition, households that had to recently sacrifice basic needs due to a lack of income, or that were recently denied medical or dental services, were more likely to report the seeking of mental health assistance. However, the level of annual household income did not influence the need for mental health services.

Respondents who stated someone in their household had recently sought social services were more likely to report a household member had sought mental health assistance during the past year. In addition, physical health considerations also played a role. For instance, respondents who did not exercise, that did not have health insurance, or that rated their personal health unfavorably were more likely to indicate someone from their household was in need of mental health services. In addition, respondents who indicated tobacco use or smoking occurs everyday in their home were also more likely to indicate someone from their household had recently sought mental health services.

In terms of marital status, single, divorced or separated persons were more likely to indicate a household member was in need of mental health services. Other groups that were more likely to say someone from their household had recently sought mental health services included females, people of color, those ages 18 to 24 or 33 to 44, full-time students or those disabled, respondents from households with children present in the home, and residents of multi-family housing units. In addition, respondents from households where someone had recently sought mental health services were more likely to disagree that mental health services are readily accessible for those in need.

Those respondents indicating someone from their household had tried to obtain mental health assistance during the past year were asked to indicate the age of the person seeking services. The ages of mental health assistance seekers ranged from eight to 88 years of age. Nearly one-third, 32.4%, were children under the age of 18 (see Table 8.3, Row#2). Those persons who were 18 to 29 years of age amounted to 13.5% of mental health seekers, while 28.4% were ages 30 to 49. Roughly one-quarter, 25.7%, of mental health assistance seekers were 50 years of age and older. Most of these however, were in the 50 to 64 age range.

Those persons indicating someone from their household had tried to obtain mental health services during the past year were also asked to rate the response to the request for such services. This was a close-ended question with five possible responses, including excellent, good, fair, poor or very poor. For the most part, respondents were satisfied to the response to mental health service requests. Nearly three-quarters, 72.2%, of respondents indicated responses to requests were either *excellent* or *good* (see Table 8.3, Row #3). Another 15.3% of respondents rated responses to mental health service requests as *fair*. On the other hand, 5.6% of respondents rated the responses as *poor* while another 6.9% rated the responses to requests as *very poor*.

Lastly, those respondents indicating someone from their household had tried to obtain mental health assistance during the past year were asked whether or not they believed the mental health issues of the assistance seeker interfered with their employment or school responsibilities. Nearly two-thirds, 63.5%, of respondents asserted that the mental health issues of the assistance seeker did interfere with that person's job and educational responsibilities (see Table 8.3, Row #4). This amounted to roughly four percent of all surveyed households. On the other hand, over one-third, 36.5%, of respondents noted mental health issues did not interfere with the assistance seeker's employment and school responsibilities.

Table 8.3				
Mental Health Service Issues				
Issue		Response	Proportion of Respondents	Valid Responses
(1)	Someone Sought MH Services	Someone Sought MH Services	6.9%	(n=1,070)
		Someone Did Not Seek MH	93.1%	
(2)	Age of Person Seeking MH Services	8 to 17	32.4%	(n=74)
		18 to 29	13.5%	
		30 to 49	28.4%	
		50 to 64	20.3%	
		65 & Older	5.4%	
(3)	Rating of MH Services	Excellent	37.5%	(n=72)
		Good	34.7%	
		Fair	15.3%	
		Poor	5.6%	
		Very Poor	6.9%	
(4)	MH Issues Interfere With Person's Life	Illness Interferes	63.5%	(n=74)
		Does Not Interfere	36.5%	
^(2,3,4) These questions only asked of those respondents indicating someone in their household had recently sought mental health services.				

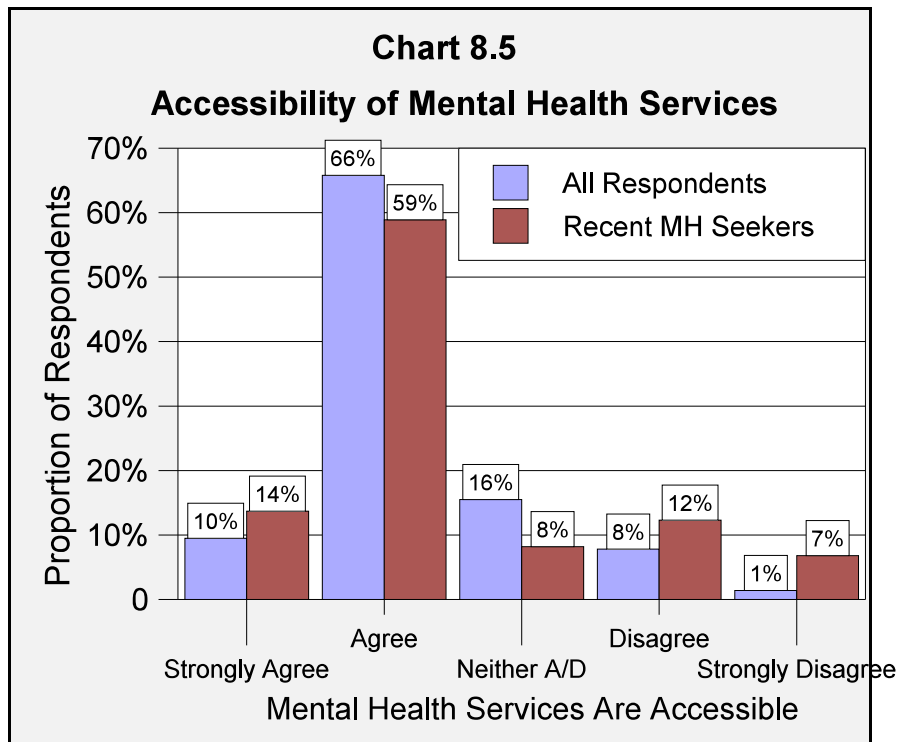
Regardless of whether or not someone in their household had tried to obtain mental health assistance during the past year, all respondents were asked if they agreed or disagreed with the assertion that mental health services are accessible in Medina County for those who need such services. This was a closed-ended question with five possible responses, including strongly agree with the assertion, agree, neither agree nor disagree, disagree or strongly disagree.

However, a significant proportion of respondents, 14.1%, were undecided or did not know how to respond to this question.

Of those persons with an opinion regarding the accessibility of mental health services in Medina County, most agreed that mental health services were accessible. Nearly two-thirds, 65.8%, of respondents with an opinion *agreed* that such services were accessible in the county, while another 9.5% *strongly agreed* with the assertion (see Chart 8.5). On the other hand, 7.8% of respondents with an opinion on the issue said they *disagreed* that mental health services are accessible, while 1.4% *strongly disagreed* with the assertion. Those persons *who neither agreed nor disagreed* that mental health services are readily accessible to those in need amounted to 15.5% of respondents with an opinion on the issue.

Respondents who indicated someone in their household had tried to obtain mental health assistance during the past year were more likely to disagree with the assertion that such services are available to those in need, as were households that sought social services in general. For instance, 19.1% of such respondents disagreed or strongly disagreed that mental health services were readily accessible, compared to 8.4% of households that did not seek such services and 9.2% of all respondents (see Chart 8.5). Likewise, respondents who were not satisfied with the availability of health care in general within the county, or that were not satisfied with their health insurance coverage, were also more likely to disagree that mental health services were readily accessible. In addition, respondents who had indicated their household had recently been denied medical or dental services, or that were specifically denied treatment for a child, were more likely to feel that mental health services were not accessible to those in need.

Other groups that were more likely to disagree that mental health services are readily accessible in Medina County for those in need included females, those ages 45 to 64, divorced persons, and respondents from households that were worse off financially from a few years ago, that found it very difficult to make ends meet financially, or that had to recently sacrifice basic needs due to the lack of income.



Regardless of whether or not someone in their household had tried to obtain mental health assistance during the past year, all respondents were also asked if they agreed or disagreed with the assertion that there is a stigma attached to mental illness in the community and schools that prevents people with mental illness from seeking treatment. As with the previous question, this was a closed-ended inquiry with five possible responses, including strongly agree with the assertion, agree, neither agree nor disagree, disagree or strongly disagree. As with the question regarding accessibility of mental health services, a significant proportion of respondents, 8.8%, were undecided or did not know how to respond to this question.

Of those persons with an opinion regarding mental illness stigmas, most agreed that there is a stigma in the community that prevents those with mental illness from seeking assistance. Three-fifths of respondents with an opinion either agreed or strongly agreed with the stigma assertion. Nearly half, 46.0%, of respondents with an opinion *agreed* that there was a stigma attached to

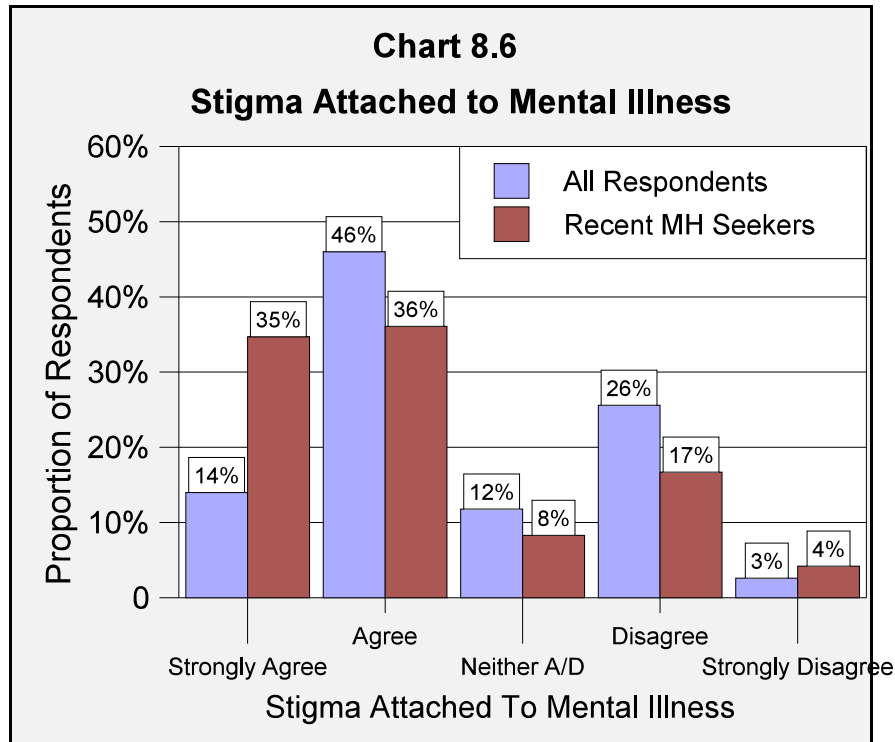
mental illness, while another 14.0% *strongly agreed* with the assertion (see Chart 8.6). On the other hand, just over one-quarter, 25.6%, of respondents with an opinion on the issue said they *disagreed* that there is a mental illness stigma, while 2.6% *strongly disagreed* with the stigma assertion. Those persons *who neither agreed nor disagreed* that there is a mental illness stigma in the community that prevents those in need of assistance from seeking treatment amounted to 11.8% of respondents with an opinion on the issue.

Respondents who indicated someone in their household had tried to obtain mental health assistance during the past year were more likely to strongly agree with the assertion that there is a stigma attached to mental illness that discourages those in need from seeking assistance. Over one-third, 34.7% of such respondents strongly agreed with mental illness stigma assertion, compared to 12.3% of households where someone had not sought mental health services, and 14.0% of all respondents (see Chart 8.6).

There was also a strong relationship between how persons responded to this question and the inquiry regarding mental health services accessibility. For instance, respondents who agreed that mental health services were readily accessible were more likely to disagree that there was a stigma attached to mental illness that prevents those in need from seeking assistance. Conversely, respondents who disagreed that mental health services were readily accessible were more likely to agree that there was a stigma attached to mental illness. In addition, respondents who neither agreed nor disagreed that local mental health services were readily accessible were also more likely to neither agree nor disagree regarding the stigma assertion.

Examples of other groups that were more likely to disagree with the assertion that a stigma exists in the community regarding mental illness included those ages 18 to 24, individuals with relatively less educational attainment, respondents from households not in need of social services or that use tobacco products, and residents of Brunswick and villages and townships in general. Examples of groups that were more likely to agree with that there is a stigma attached to mental illness included those ages 35 and older, divorced or widowed persons, respondents from households that do not use tobacco products, residents of the cities of Medina

and Wadsworth, respondents who feel the local community is tolerant towards substance abuse, and respondents who believe it is relatively easy to obtain illegal drugs in Medina County.



All survey respondents were also asked where they would go for counseling and mental health services if someone in their family needed such services. This was an open-ended question and respondents could give one response in their own words. The results yield three general findings, including that respondents generally did not know where to obtain mental health services, those respondents that could identify a service provider often did not name a professional or appropriate service provider, and many respondents noted they would turn to resources outside of the Medina County community.

When asked where they would go if someone in their family needed counseling or mental health treatment, nearly one-quarter, 24.5%, of all respondents were unsure or could not otherwise name a source of mental health services (see Table 8.4, Column #2). Persons from households where no one had recently sought mental health treatment were more likely to be undecided, as

were respondents with no health insurance coverage. Examples of other groups who were more likely to be undecided in their response to this question included males, those ages 18 to 24, persons with relatively less educational attainment, the unemployed and those disabled, persons not registered to vote, and respondents from households with relatively less annual income.

Of those persons that named a likely source of counseling or mental health treatment, the leading response was a medical doctor, with nearly half, 47.9%, of source-naming respondents indicating this was the case (see Table 8.4, Column #3). This amounted to 36.2% of all survey respondents (see Table 8.4, Column #2).

Besides medical doctors, many respondents noted they would turn to hospitals for mental health treatment, especially hospitals and clinics located outside of Medina County. For instance, 5.3% of source-naming respondents named specific hospitals in Cuyahoga County, such as the Cleveland Clinic and University Hospitals, while another 3.1% named specific hospitals and other facilities in Summit County. Rather than name specific facilities, some respondents explicitly asserted they would leave the county for such services.

The second leading likely source of counseling and mental health treatment was more appropriately identified as psychiatrists, psychologists or counselors. However, only 8.5% of source-listing respondents, or 6.4% of all respondents, indicated these professionals. Some respondents named specific mental health organizations within Medina County, such as Alternative Paths and Cornerstone. Some respondents said they would turn to clergy or churches for counseling and mental health treatment.

Another theme in the results was that some respondents cited information sources or possible referral sources for mental health services. For instance, some respondents noted they would turn to their insurance company or family doctor for a referral. Others said they would reference the telephone book or the Internet. Only 1.7% of source-listing respondents said they would use a health information phone line such as 2-1-1 First Call For Help.

Table 8.4			
Likely Source of Mental Health Treatment			
Source	(1)	(2)	(3)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Source-Naming Respondents
Medical Doctor	387	36.2%	47.9%
Psychiatrist/Psychologist/Counselor	69	6.4%	8.5%
Cuyahoga County Hospitals	43	4.0%	5.3%
Referral From Insurance	42	3.9%	5.2%
Church/Clergy	26	2.4%	3.2%
Summit County Hospitals/Facilities	25	2.3%	3.1%
Hospitals (General)	23	2.2%	2.8%
Medina County Health Dept	19	1.8%	2.4%
Telephone Book	17	1.6%	2.1%
Medina General/Wadsworth-Rittman	16	1.5%	2.0%
Referral From Family Doctor	16	1.5%	2.0%
Health Info Line	14	1.3%	1.7%
Place of Employment	13	1.2%	1.6%
Alternative Paths	10	0.9%	1.2%
Cornerstone Services	9	0.8%	1.1%
Outside County (General)	9	0.8%	1.1%
Internet	3	0.3%	0.4%
Miscellaneous Sources	65	6.1%	8.0%
Nowhere: Intra-familial Care	2	0.2%	0.2%
Total Responses	808	75.5%	
Undecided Respondents	262	24.5%	
Total Respondents	1,070		
⁽¹⁾ Number of responses: 808 valid responses. ⁽²⁾ Proportion of survey respondents (n=1,070) not including question refusals. ⁽³⁾ Proportion of valid responses (n=808).			

Lastly, regardless of whether or not someone from their household had sought counseling or mental health treatment during the past year, all respondents were asked to indicate what they thought was the main barrier to obtaining mental health care in Medina County. This was an open-ended question and respondents could give one response in their own words.

The majority or over half, 52.6%, of all respondents were undecided, or could not identify an issue, when asked to identify the main barrier to obtaining mental health care in Medina County (see Table 8.5, Column #2). Respondents who could not identify a potential source for counseling or mental health treatment were more likely to also be undecided when asked to identify a barrier to accessing such services. In addition, respondents who indicated nobody in their household had a recent need for mental health or social services were more likely to be undecided. Examples of other groups that were more likely to be undecided in their response included males, those ages 65 and older, persons with progressively less educational attainment, individuals not registered to vote, and respondents from households with relatively less annual income or that were worse off financially compared to a few years ago.

Of those respondents with an opinion, the leading barrier cited for accessing mental health services was the general lack of knowledge or information regarding the available services, with 29.8% of barrier-listing respondents indicating this was the case (see Table 8.2, Column #3). This amounted to 14.1% of all respondents (see Table 8.5, Column #2). The second leading barrier, cited by respondents, to accessing mental health services in the county was affordability, or the high cost of such services, with over one-fifth, 21.1%, of barrier-listing respondents indicating this selection with their response. Other respondents cited similar issues such as the lack of insurance coverage, insurance restrictions, and lack of financial assistance.

Other barriers to obtaining mental health services offered by respondents included, in order of importance, beliefs and stigmas attached to mental illness, such as persons being ashamed to seek treatment, not enough qualified treatment staff, lack of facilities and services in general, some persons are not aware of their own problems or are unwilling to seek help, and red tape is too cumbersome or waiting times are too long.

**Table 8.5
Primary Barrier to Mental Health Treatment**

Primary Barrier	(1)	(3)	(4)
	Number of Responses	Proportion of All Survey Respondents	Proportion of Barrier-Naming Respondents
Lack of Knowledge/Information	151	14.1%	29.8%
Affordability/High Cost	107	10.0%	21.1%
Stigmas/Beliefs/Shame	43	4.0%	8.5%
Lack of Insurance Coverage	38	3.6%	7.5%
Not Enough Qualified/Quality Doctors	35	3.3%	6.9%
Lack of Facilities/Providers/Care	25	2.3%	4.9%
Person Not Aware of Problem/Unwilling	21	2.0%	4.1%
Insurance Restrictions/Requirements	16	1.5%	3.2%
Treatment Waiting Times/Red Tape	13	1.2%	2.6%
Lack of Assistance/Free Care	10	0.9%	2.0%
Lack of Advertising/Education/Awareness	7	0.7%	1.4%
Community Does Not See Need	5	0.5%	1.0%
Limited Access	4	0.4%	0.8%
Miscellaneous Barriers	14	1.3%	2.8%
No Barriers/Issues	18	1.7%	3.6%
Total Responses	507	47.4%	
Undecided Respondents	563	52.6%	
Total Respondents	1,070		

⁽¹⁾Number of responses: 507 valid responses.

⁽²⁾Proportion of survey respondents (n=1,070) not including question refusals.

⁽³⁾Proportion of valid responses (n=507).

SECTION IX

ELDER AND CHILD CARE ISSUES

Introduction

Less than one-third of surveyed households with children five years and younger had children in child care. The primary reason for using child care was so that an adult could pursue employment or education. The leading type of child care used was a neighbor or relative followed by a home child care provider. Most all users of child care were satisfied with their provider. Roughly one out of ten respondents were responsible for the daily care of someone over the age of 60. Nearly three-quarters said they were able to provide the necessary care. The primary reason for not being able to provide the necessary care involved financial issues followed by time constraints. Roughly one-quarter of elder-caring respondents said they had used associated community services. Those persons who had used elder care services were generally satisfied with those services.

Child Care

Respondents from households with children ages five and younger, 13.3% of all surveyed households, were asked of any if these children were currently enrolled in child care. Nearly one-third, 30.8%, of households with children ages five and younger had children in child care (see Table 9.1, Row #2). Households with relatively more annual income or that did not have financial difficulties were more likely to have children in child care. Other groups that were more likely to have children in child care included households where the respondent was 24 to 44 years of age, married, separated or divorced, those who own their home, and, in terms of employment status, full-time employees, full-time students and the unemployed.

Those persons with children in child care were asked their primary reason for having their children in such care. This was a closed-ended question with two general responses, including preschool enrichment or readiness to enter school, and so an adult can go to work, find a job or pursue an education. The leading reason given for using child care was so an adult could work

or pursue an education, with 61.4% of childcare-using respondents indicating this was the case (see Table 9.1, Row #3). Those persons who indicated child care was used for preschool enrichment amounted to 18.2% of childcare-using respondents. Just over one-fifth, 20.5%, of childcare-using respondents said they used such care for both purposes, preschool enrichment for the child and so that an adult can pursue their livelihood.

Those individuals with children in child care were also asked what type of provider they use. This was a close-ended question with seven possible responses, including a relative or neighbor, someone that comes to the parent's home, a child care provider using their own home, a for-profit child care center, a non-profit child care center, a public child care center, or something else. Respondents had the option of indicating more than one type of provider. There were 87 total responses for 44 provider-listing respondents. As such, these respondents listed an average of two different types of child care providers.

The leading type of child care provider used was simply a neighbor or relative with half, 50.0%, of childcare-using respondents stating they use such providers (see Table 9.1, Row #4). Nearly another half, 47.7%, of childcare-using respondents noted they use a home child care provider. Those persons who utilized for-profit child care centers amounted to over one-third, 38.6%, of childcare-using respondents, while those individuals using non-profit centers amounted to 29.5% of childcare-using respondents. Another 9.1% of respondents used public child care centers. Just over one-fifth, 20.5%, of childcare-using respondents indicated someone comes to their home to provide child care.

Those respondents with children in child care were also asked how satisfied they were with their childcare arrangements. This was a close-ended question with three possible response categories, including very satisfied, somewhat satisfied, and not at all satisfied. All childcare-using respondents were satisfied with their child care arrangements. The majority, 81.4%, stated they were *very satisfied* with their providers, while the remainder, 18.6%, said they were *somewhat satisfied* with their child care arrangements (see Table 9.1, Row #5).

Table 9.1 Child Care Issues				
Issue		Response	Proportion of Responses	Valid Responses
(1)	Households With Preschool Children	No Preschool Children	86.7%	(n=1,073)
		Preschool Children	13.3%	
(2)	Children In Day Care	Children In Day Care	30.8%	(n=143)
		No Children In Day Care	69.2%	
(3)	Purpose of Day Care	Adult Employment/Education	61.4%	(n=44)
		Preschool Enrichment	18.2%	
		Both	20.5%	
(4)	Type of Day Care*	Relative or Neighbor	50.0%	(n=44)
		Home Child Care Provider	47.7%	
		For-Profit Child Care Center	38.6%	
		Non-Profit Child Care Center	29.5%	
		Someone Comes to Home	20.5%	
		Public Child Care Center	9.1%	
		Something Else	2.3%	
(5)	Satisfaction With Day Care Provider	Very Satisfied	81.4%	(n=43)
		Somewhat Satisfied	18.6%	
		Not Satisfied	--	
<p>⁽²⁾Question asked of those indicating they had children in the household ages five or younger. ^(3,4,5)Question asked only of those indicating they had children in child care. ^(*)Respondents could choose more than one selection: 87 total responses for 44 respondents.</p>				

Elder Care

Regardless of whether senior citizens resided in their household, all respondents were asked whether or not they were responsible for the day-to-day care of anyone over the age of 60 besides themselves. Those persons who were responsible for the daily care of a senior citizen amounted to 9.3% of all respondents (see Table 9.2, Row #2).

Day-to-day care for a senior citizen possibly caused some financial difficulties. For instance, respondents caring for an elderly person were more likely to be from households that were worse off financially from a few years ago, or that found it difficult or very difficult to make ends meet financially. In addition, elder-caring respondents were more likely to report someone from their household had been denied medical or dental services during the past year, or to have requested assistance regarding social services.

Not surprisingly, respondents from households with senior citizens were more likely to indicate that they were responsible for the day-to-day care of someone over the age of 60. Other groups that were more likely to be responsible for the daily care of an elderly persons included people of color, married or single persons, those ages 45 and older, especially those 55 years of age and older, residents of villages and townships within the county in general, individuals with relatively less education, especially those without a college degree, and, in terms of employment status, retirees, homemakers, and those disabled.

Those persons responsible for the day-to-day care for someone over the age of 60, 9.3% of all respondents, were subsequently asked if they were able to provide the elder with all the care and services that they needed without outside assistance. The majority of elder-caring respondents, nearly three-quarters or 71.7%, noted they were able to provide all the necessary care themselves (see Table 9.2, Row #3). On the other hand, over one-quarter, 28.3%, of elder-caring respondents stated they could not provide all the necessary care. Persons who were from households that were worse off financially from a few years ago, or that found it difficult or very difficult to make ends meet financially, were particularly more likely to not be able to provide the necessary elder care, as were respondents who indicated their household had to sacrifice

basics needs due to the lack of income. In addition, relatively younger persons or respondents from households with non-adult children residing in the home were more likely to say they were not able to provide the necessary elder care.

Those respondents who were not able to provide all the necessary care and services to the elder were subsequently asked to indicate the main reason they were unable to provide all the necessary care. The leading reason cited for not being able to provide all the necessary care involved financial issues, such as the high cost of care and prescriptions, with 40.7% of elder-caring respondents not able to provide all care indicating this was the case (see Table 9.2, Row #4). This amounted to roughly eleven percent of elder-caring respondents. Other leading reasons for not being able to provide the necessary elder care included, in order of importance, time constraints including working full-time, the respondent not being qualified to provide all the necessary care, and not living with the elder.

All elder-caring respondents were asked if they were familiar with any community services available to assist you with the elder care. Nearly two-thirds, 62.0%, of elder-caring respondents indicated they were familiar with such services, while the remainder, 38.0% were not familiar with such services (see Table 9.2, Row #5).

Those respondents who indicated they were familiar with elder care community services were subsequently asked if they had used any of these services. Less than half, 45.2%, of services-familiar respondents said they had used such services (see Table 9.2, Row #6). This amounted to 28.0% of all elder-caring respondents.

Those elder-caring respondents familiar with community services, but not utilizing such services, were asked why they did not use the available elder care services. The leading response was that there was simply no need with over three-quarters of services-familiar, non-using respondents indicating this was the case (see Table 9.2, Row #7). The next leading response was that the elder did not qualify for such services.

Those elder-caring respondents familiar with associated community services, and utilizing these services, were asked to rate their satisfaction with these services. Such respondents were generally satisfied. Nearly three-quarters, 71.4%, of services-familiar, services-using respondents stated they were *very satisfied* with the elder care services, while another 25.0% were *somewhat satisfied* (see Table 9.2, Row #8). Only one person or 3.6% of services-using respondents were *not at all satisfied* with the elder care services used.

All elder-caring respondents were asked to indicate whether or not each of nine different potential barriers to independence pertain to the senior citizen for which they are responsible for day-to-day care (see Table 9.3, Row #9). Those respondents who did not select any of the barriers amounted to 17.5% of elder-caring respondents. One person selected all nine. An average of 2.7 selections were noted by elder-caring respondents.

The leading barrier to elder independence was health issues, with 64.9% of elder-caring respondents indicating this was the case. Other barriers to elder independence cited by elder-caring respondents included, in order of importance, a need for medication assistance, 41.2%; financial considerations, 36.1%; safety risks, 35.1%; an inability to perform daily activities, 33.0%; mental health issues, 21.6%; having no support system, 14.4%; living in a two-story home, 11.3%; and substance abuse issues, 3.3%.

Lastly, all elder-caring respondents were asked what plans, if any, they had made for the future living arrangements for the senior citizen for which they are responsible for day-to-day care. This was a closed-ended question with six possible responses. The leading response was that the elder would continue to live in their own home, with 44.0% of elder-caring respondents indicating this was the case (see Table 9.3, Row #10). Other future arrangements named by the elder-caring respondents included, in order of importance, the senior citizen would live with a family member, an assisted living facility, nursing homes, and group homes. Twelve percent of elder-caring respondents said they had no plans regarding the future living arrangements for their elder.

Table 9.2
Elder Care Issues: Part 1

Issue		Response	Proportion of Responses	Valid Responses
(1)	Households With Senior Citizens	No Senior Citizens	63.6%	(n=1,068)
		Senior Citizens Present	36.4%	
(2)	Responsible for Care of Someone Over 60	Responsible for Care 60+	9.3%	(n=1,073)
		Not Responsible for Care	90.7%	
(3)	Able to Provide All Care	Able to Provide All Care	71.7%	(n=99)
		Not Able	28.3%	
(4)	Primary Reason for Not Being Able to Provide All Care	Financial Issues	40.7%	(n=27)
		Time Constraints	25.9%	
		Not Qualified	14.8%	
		Something Else	18.5%	
(5)	Familiarity With Community Services	Familiar With Services	62.0%	(n=100)
		Not Familiar	38.0%	
(6)	Use of Community Services	Have Used Services	45.2%	(n=62)
		Have Not Used Services	54.8%	
(7)	Reason for Not Using Services	No Need	79.4%	(n=34)
		Elder Does Not Qualify	8.8%	
		Something Else	11.8%	
(8)	Satisfaction With Services	Very Satisfied	71.4%	(n=28)
		Somewhat Satisfied	25.0%	
		Not Satisfied	3.6%	

^(1,2)Question asked of all survey respondents.

^(3,5)Question only asked of those persons responsible for the care for someone over 60 years old.

⁽⁴⁾Question asked of those respondents not being able to provide all elder care.

⁽⁶⁾Question asked of those respondents familiar with community elder care services.

⁽⁷⁾Question asked of respondents aware of community services but not using such services.

⁽⁸⁾Question asked of those respondents using community elder care services.

Table 9.3
Elder Care Issues: Part 2

Issue		Response	Proportion of Respondents	Valid Responses
(9)	Barriers to Elder Independence*	Health Issues	64.9%	(n=97)
		Medication Assistance	41.2%	
		Financial Considerations	36.1%	
		Safety Risk	35.1%	
		Inability to Perform Daily Activities	33.0%	
		Mental Health Issues	21.6%	
		No Support System	14.4%	
		Two-Story Home	11.3%	
		Substance Abuse Issues	3.3%	
		None of the Above	17.5%	
(10)	Future Living Arrangements For Elder	Remain In Own Home	44.0%	(n=100)
		Live With Family Member	24.0%	
		Assisted Living	12.0%	
		Nursing Home	5.0%	
		Group Home/Other	3.0%	
		No Plans/Not Sure	12.0%	

^(9,10)Question only asked of those persons responsible for the care for someone over 60 years old.

^(*)Respondents could choose more than one selection: 264 total responses for 97 respondents.

APPENDIX A

RESEARCH METHODOLOGY

Introduction

This 2006 Needs Assessment conducted for the Medina County Family First Council was implemented by the research services division of the Center for Policy Studies (CPS), utilizing its Computer Assisted Telephone Interviewing facility. This facility is maintained by CPS for use in public opinion research. The mission of the Center for Policy Studies is to serve the needs of government and nonprofit organizations as well as academic researchers by providing high quality research and analysis services. The Center for Policy Studies has been in operation since 1982 and is a division of the Institute for Health and Social Policy at the University of Akron.

This 2006 Household Survey was sponsored, in part, by the Ohio Urban University Program (UUP). The Center for Policy Studies coordinates University of Akron participation in the Ohio Board of Regents Urban University Program. Utilizing UUP funds allowed the Center for Policy Studies the opportunity to provide this quality research at a reduced cost to the Medina County Family First Council.

Survey Methodology

The 2006 Medina County Needs Assessment was a large-scale, non-partisan survey of adults, ages 18 or older, residing in Medina County. Households were selected at random from a database of all working telephone numbers, including both listed and unlisted numbers. The respondent from each household was chosen at random using the ‘most recent birthday’ approach, ensuring a representative sample of the overall population.

The final survey sample for the Medina County Needs Assessment consisted of 1,074 respondents or survey completions. The general population statistics derived from this sample size provided a precision level of plus or minus three percentage points at a confidence interval

of 95%. Allowing for 3,251 participation refusals, a total of 4,325 persons were contacted in this endeavor, resulting in a survey response rate of 24.8%.

The random samples for the research were generated by a nationally known supplier: Survey Sampling, Incorporated of Fairfield, Connecticut. Using a Random Digit Dialing protocol, the initial sampling procedures generated a representative sample of households. In addition, further sample screening for disconnects was pursued in order to provide more accurate and efficient samples. Each household was given an introduction explaining the purpose of the survey. Non-Medina County residents were screened out.

The survey questions were prepared by the Medina County Family First Council with assistance from the Center for Policy Studies. The survey instrument was tested on February 6, 2006 and fielding began on the same date. The interviewing process took roughly two months and ended on April 9, 2006. Most calling took place between the evening hours of 5:15 pm and 9:30 pm. Still, some interviews took place during daytime hours to accommodate respondent schedules. The interviews lasted 19.6 minutes on average.

Quality Control

Interviewers at the Center for Policy Studies are professionally trained personnel who have completed a comprehensive training program, which concludes with both a skills assessment and screening exam. A quality control system, consisting of silent monitoring protocols and dedicated monitors, ensures the collection of high quality data.

Interviewing was conducted using Computer Assisted Telephone Interviewing technology, which improves the context of the interviewing process itself. In addition, by virtue of the use of computers, data is captured immediately. This facility offers the opportunity to carefully monitor all aspects of the data collection process. Since the technology itself permits evaluation of the validity of incoming data and reflects in literal format the selected responses entered by the interviewer, there is rigorous quality control and data validation immediately upon entry.

APPENDIX B

SURVEY QUESTIONS

General

The 2006 Medina County Needs Assessment contained modules of questions on several different topics including education, social services, health and wellness, employment, and housing. Within the Needs Assessment survey, the questions were administered to respondents in the following sequence.

Question #1:

“Overall, how would you rate Medina County as a place to live, would you say excellent, good, fair, poor, or very poor?”

Question #2:

“What would you say is the most important problem facing Medina County today?”

Question #3:

“Thinking now about your family... What would you say is the most important issue facing your household or family today?”

Question #4:

“This next set of questions deals with issues regarding human services and programs in Medina County... Thinking about the community in which you and your family live and the need for health care and social service programs, I would like you to tell me the most important issue that you think Medina County health care and social service organizations should focus on for future planning?”

Question #5:

“During the past twelve months have you or any members of your household tried to obtain assistance with a problem of any kind from a social service agency in Medina County?”

Question #5a: If Question #5 was answered *yes*, then the respondent was asked: *“What type of assistance was requested most recently?”*

Question #5b: If Question #5 was answered *yes*, then the respondent was asked: *“Would you say the response to this request for assistance was excellent, good, fair, poor, or very poor?”*

Question #5c: If Question #5b was answered *poor* or *very poor*, then the respondent was asked: *“Why is that?”*

Question #6:

If Question #5 was answered *yes*, then the respondent was asked: ***“Did you or any member of your family request any other type of assistance?”***

Question #6a: If Question #6 was answered *yes*, then the respondent was asked: ***“What type of assistance was requested?”***

Question #6b: If Question #6 was answered *yes*, then the respondent was asked: ***“Would you say the response to this request for assistance was excellent, good, fair, poor, or very poor?”***

Question #6c: If Question #6b was answered *poor* or *very poor*, then the respondent was asked: ***“Why is that?”***

Question #7:

If Question #6 was answered *yes*, then the respondent was asked: ***“Did you or any member of your family request any other type of assistance?”***

Question #7a: If Question #7 was answered *yes*, then the respondent was asked: ***“What type of assistance was requested?”***

Question #7b: If Question #7 was answered *yes*, then the respondent was asked: ***“Would you say the response to this request for assistance was excellent, good, fair, poor, or very poor?”***

Question #7c: If Question #7b was answered *poor* or *very poor*, then the respondent was asked: ***“Why is that?”***

Question #8:

“How familiar are you with the services provided by 2-1-1 First Call For Help? Would you say very familiar, somewhat familiar, or not at all familiar?”

Question #8a: If Question #8 was answered *very familiar* or *somewhat familiar*, then the respondent was asked: ***“Given what you know, what is your opinion of the services provided by 2-1-1 First Call For Help? Would you say they are very good, good, fair, poor or do you not have an opinion on that?”***

Question #9:

“Now I would like to ask you some questions about education in Medina County... What do you think is the most important issue facing the public schools in your local school district?”

Question #10:

“Students are given grades of A, B, C, D, or F for failure, to indicate the quality of their performance. What grade would you give your local school system?”

Question #11:

“Next I would like to ask you some questions about your household. How many people total live in this residence?”

Question #12:

“Are there any children under the age of 18 residing in your home?”

Question #12a: If Question #12, was answered yes, then the respondent was asked: ***“How many children are ages five years and younger?”***

Question #12b: If Question #12, was answered yes, then the respondent was asked: ***“How many children are ages six to eleven?”***

Question #12c: If Question #12, was answered yes, then the respondent was asked: ***“How many children are ages twelve to 17?”***

Question #13:

“How many people in your household are ages 18 to 21? ... 22 to 59? ... Ages 60 and over?”

Question #14:

If Question #12 was answered yes, then the respondent was asked: ***“What would you say is the most important problem the children in your household face today?”***

Question #15:

If Question #12 was answered yes, then the respondent was asked: ***“Would you consider your household to be a Two parent family; One parent, male head of household; One parent, female head of household; or grandparent head of household?”***

Question #15a: If Question #15 was answered *one parent*, then the respondent was asked: ***“Does the other biological parent have a role in your child’s life?”***

Question #15b: If Question #15 was answered *grandparent*, then the respondent was asked: ***“Do the biological parents have a role in their children’s life?”***

Question #16:

If one or more children were indicated in Question #12a, then the respondent was asked: ***“Are any of your children, ages five and under, currently in child care?”***

Question #16a: If Question #16 was answered yes, then the respondent was asked: ***“What is your primary reason for enrolling your child {children} in child care? Is it so that an adult can go to a job, find a job, or pursue an education, or for the purpose of preschool enrichment or readiness to enter school?”***

Question #17:

“I am going to read you a list of child care arrangements. Please indicate after each option if you use that arrangement. Non-profit child care center such as a church affiliated center, Public child care center such as Head Start, For-profit child care center such as Kids Play, Home child care provider, Relative’s or neighbor’s home, Someone comes to my home.”

Question #18:

“How would you rate your satisfaction with your child care arrangements... Would you say very satisfied, somewhat satisfied, or not at all satisfied?”

Question #19:

“What type of school do the children in your household attend... public schools, private schools, parochial or church affiliated schools, are they home schooled or something else?”

Question #20:

“Do you have a need for an after-school or latchkey childcare program for your schoolage children?”

Question #20a: If Question #20 was answered yes, then the respondent was asked: ***“Do you currently use an after-school or latchkey child care program for your children during the school year?”***

Question #21:

“Are you aware of any after-school or latchkey programs available in Medina County?”

Question #22:

“How would you rate your satisfaction with the after school program you use? Would you say you are very satisfied, satisfied, or not at all satisfied?”

Question #23:

“Do you see a need for an after-school and weekend hours activity center for preteen and teens?”

Question #24:

“Would anyone in your family use a preteen or teen center program if it was available in Medina County?”

Question #25:

“How satisfied are you with your child’s {children’s} educational progress? Would you say very satisfied, somewhat satisfied, or not at all satisfied?”

Question #26:

“How often do you interact with your child’s teacher, classroom, or school activity? Would you say you interact: once a year, once a month, once a week, or more than once a week?”

Question #27:

“There is much discussion these days on preparing children for their future beyond High School... For your family, do you think more importance should be placed on readiness in attending a college or university or should more importance be placed on career and job training in high school to prepare for transition to work?”

Question #27a: If Question #27 was answered *both*, then the respondent was asked: ***“If you had to choose one, which would it be—readiness in attending college or career and job training?”***

Question #28:

“The number of people over 60 years of age living in Medina County will double by the year 2020. We are interested in learning about caregiving and safe living arrangements for people who are elderly and in need of assistance. ... Are you responsible for the day-to-day care of anyone over the age of 60, other than yourself?”

Question #29: If Question #28 was answered *Yes*, then the respondent was asked: ***“Are you able to provide this person with all the care and services that he or she needs, without outside assistance?”***

Question #29a: If Question #28a was answered *No*, then the respondent was asked: ***“What is the main reason you are unable to provide this person with all the care and services he or she needs?”***

Question #30:

“Are you familiar with any community services available to assist you with this caregiving?”

Question #30a: If Question #30 was answered *Yes*, then the respondent was asked: ***“Have you used any of these services?”***

Question #30b: If Question #30a was answered *No*, then the respondent was asked: ***“Why have you chosen not to use these services?”***

Question #30c: If Question #30a was answered *Yes*, then the respondent was asked: ***“How would you rate your satisfaction with the services that you have used? Would you say very satisfied, somewhat satisfied, or not at all satisfied?”***

Question #31:

“I am going to read you a list of barriers to independence that some people face. Please let me know which barriers exist for the person over 60 you are caring for... ”

Question #32:

“What plans, if any, have you made for future living arrangements for the person over 60 you are caring for?”

Question #33:

“What would you say is your main concern about health care?”

Question #34:

“Overall, how would you rate the quality of healthcare services available in Medina County? Would you say excellent, good, fair, poor, or very poor?”

Question #35:

“How satisfied are you with the availability of health care when you need it... Would you say very satisfied, somewhat satisfied or not at all satisfied?”

Question #36:

“When you are in need of health care, where do you receive it most often... Primary care doctor, Emergency room, Urgent care center, Hospital Clinic, Public health department clinic, VA hospital or clinic, Free clinic?”

Question #37:

“Right now, Are you covered by any type of health insurance or health care plan, including Medicare or Medicaid?”

Question #37a: If Question 37 was answered *Yes*, then the respondent was asked: ***“Overall, how would you rate your satisfaction with your health care plan... would you say very satisfied, somewhat satisfied, or not at all satisfied?”***

Question #37b: If Question 37 was answered *Yes*, then the respondent was asked: ***“Are prescription assistance programs part of your insurance program?”***

Question #38:

“Do you have medical insurance for your children and teens?”

Question #38a: If Question #38 was answered *yes*, then the respondent was asked: ***“Do you have Medicaid or Healthy Start or do you have private insurance?”***

Question #39:

“I am going to read you a list of services. For each service, please tell me if you have been unable to get these services for your child{ren}... Well checkups... Immunizations... Emergency Room or hospital care... Sick Care in a doctors office... Developmental screening such as hearing, vision, speech, or growth... Mental Health services such as counseling... School nursing services... Family/social support services such as transportation, medications, specialist care.”

Question #40:

“Has there been any time in the past 12 months when you had to wait to get medical care for your child due to lack of money?”

Question #41:

“Would you support your child being able to access well medical prevention care in the school setting if available?”

Question #41a: If Question #41 was answered *No*, then the respondent was asked: ***“Why is that?”***

Question #42:

“Does your family have access to dental insurance?”

Question #42a: If Question # 42 was answered *Yes*, then the respondent was asked: ***“Who is covered through this dental insurance... .. Self only, Children only, Whole family?”***

Question #43:

“When was the last time you saw a dentist for any reason... Within the past 6 months, Within the past 12 months, 2-3 years ago, 3-5 years ago, More than 5 years ago, Never?”

Question #44:

“When was the last time your children saw a dentist for any reason... Within the past 6 months, Within the past 12 months, 2-3 years ago, 3-5 years ago, More than 5 years ago, Never?”

Question #44a: If Question #44 is answered *2-3 years ago* or more, then the respondent is asked: ***“What is the main reason your children have not seen a dentist in the last 12 months?”***

Question #45:

“Would you support your child being able to access preventative dental care in the school setting if available?”

Question #45a: If Question #45 was answered *No*, then the respondent was asked: ***“Why is that?”***

Question #46:

“In the past twelve months, have you or any member of your household been denied medical or dental services for any reason?”

Question #46a: If Question #46 was answered *Yes*, then the respondent was asked: ***“What was the reason given? No Insurance or source of payment, Not accepting new patients, Services not available, Put on a waiting list, or something else?”***

Question #47:

“During the past 12 months has anyone in your household sought a mental health service or counseling assistance in Medina County?”

Question #47a: If Question #47 was answered *Yes*, then the respondent was asked: ***“How old was that person?”***

Question #47b: If Question #47 was answered *Yes*, then the respondent was asked: ***“Would you say that the response to that request for assistance was excellent, good, fair, poor or very poor?”***

Question #47c: If Question #47 was answered *Yes*, then the respondent was asked: ***“Do you believe that the mental health problem in that person interfered with his or her work or school responsibilities?”***

Question #48:

“If someone in your family needs counseling or mental health treatment, where would you go for care?”

Question #49:

“What do you think is the main barrier to obtaining mental health care in Medina County?”

Question #50:

“Please tell me if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statements...”

Mental Health Services are accessible in Medina County for those who need it.”

Question #51:

“There is a stigma attached to mental illness in the community and schools that prevents people with mental illness from seeking treatment.”

Question #52:

“How many times per week do you exercise at least 20 minutes per day... such as walking, cycling, gardening, dancing, swimming, sports, weight training?”

Question #53:

“Would you be interested in participating in an exercise or wellness program if one were available and affordable in Medina County?”

Question #54:

“Do you or someone in your household smoke or use tobacco products everyday, some days, or not at all?”

Question #55:

“In the past week how many days did someone smoke tobacco in your home {cigarettes, pipes, or cigars}?”

Question #56:

“Some cities and towns are considering laws that would make restaurants completely smoke free- that is eliminating tobacco smoke from restaurants. Would you support or oppose such a law in Medina County?”

Question #57:

“How easy or difficult do you think it is to obtain illegal drugs in Medina County? Would you say it is very easy, somewhat easy, neither easy nor difficult, somewhat difficult, or very difficult?”

Question #58:

“How tolerant do you think Medina County, as a community, is of Substance Abuse? Would you say very tolerant, somewhat tolerant, neither tolerant nor intolerant, somewhat intolerant, or very intolerant?”

Question #59:

“Would you say that your household is better off financially, about the same, or worse off financially than a few years ago?”

Question #60:

“How difficult is it for your household to 'make ends meet?' Would you say it is very difficult, difficult, or not at all difficult?”

Question #60a: If Question #60 was answered *difficult* or *very difficult*, then the respondent was asked: ***“Why is that?”***

Question #61:

“Has there been any occasion in the past twelve months where you have had to make a choice between buying food, paying rent and utilities, or a getting prescription medication for yourself or members of your household?”

Question #61a: If Question #61 was answered *Yes*, then the respondent was asked: ***“Which choice did you make?”***

Question #62:

“Have you or your family ever experienced difficulty obtaining affordable housing?”

Question #63:

“Are you currently employed full time - 35 hours or more per week, employed part-time - 34 or fewer hours per week, retired, homemaker-not employed outside the home, student not working or unemployed?”

Question #63a: If Question #63 was answered *full time* or *part time*, then the respondent was asked: ***“How long have you worked at your current position?”***

Question #64:

“Besides yourself, how many people work outside the house for pay?”

Question #65:

“How familiar are you with the services available in Medina County for getting assistance with finding a new job?”

Question #66:

“Do you think that Medina County has adequate employment opportunities for teens?”

Question #67:

“Thinking now about information on issues regarding health care and social services, from where do you get most of your local health care and social services information?”

Question #68:

“Would you describe your current residence asHouse, Town House, Apartment, Duplex or two family home, Assisted living facility, Condominium?”

Question #69:

“Do you rent or own your current residence?”

Question #69a: If Question #69 was answered *Own*, then the respondent was asked:

“Approximately how much a month do you pay as a mortgage payment?”

Question #69b: If Question #69 was answered *Rent*, then the respondent was asked:

“Approximately how much a month do you pay in rent?”

Question #70:

“What city or township in Medina County do you live in?”

Question #71:

“How long have you lived in Medina County... Under a Year, 1 to 5 years, 6-10 years, 11-15 years, 16-20 years, Over 20 years?”

Question #72:

“What is your main reason for living in Medina County?”

Question #73:

“Do you expect to stay in your current place of residence for the next two years, or do you think you might move by then?”

Question #73a: If Question #73 was answered *move*, then the respondent was asked: ***“Do you plan on staying in Medina County?”***

Question #73b: If Questions #73a was answered *No*, then the respondent was asked: ***“What is the main reason you are expecting to move?”***

Question #74:

“In what year were you born?”

Question #75:

“Overall, how would you rate your health? Would you say it is excellent, good, fair, poor, or very poor?”

Question #76:

“What is the highest grade of school or year of college you have completed?”

Question #77:

“Is the total yearly income for your family... before taxes, under... or over \$68,000?”

Question #77a: If Question #77 was answered *Under*, then the respondent was asked: ***“Is it under or over \$39,000?”***

Question #77b: If Question #77a was answered *Under*, then the respondent was asked: ***“Is it under or over \$29,000?”***

Question #77c: If Question #77a was answered *Over*, then the respondent was asked: ***“Is it under or over \$48,000?”***

Question #77d: If Question #77c was answered *Over*, then the respondent was asked: ***“Is it under or over \$58,000?”***

Question #77e: If Question #77 was answered *Over*, then the respondent was asked: ***“Is it under or over \$87,000?”***

Question #77f: If Question #77e was answered *Under*, then the respondent was asked: ***“Is it under or over \$78,000?”***

Question #77g: If Question #77e was answered *Over*, then the respondent was asked: ***“Is it under or over \$97,000?”***

Question #77h: If Question #77g was answered *Over*, then the respondent was asked: ***“Is it under or over \$107,000?”***

Question #78:

“And, what is your race, how would you classify yourself... White, Black/African-American, American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, Multi-racial, Something that was not already mentioned?”

Question #79:

“Are you Latino or of Hispanic origin?”

Question #80:

“What is your present marital status... Single- never married, divorced, separated, widowed, or married?”

Question #81:

“What is your Zip code?”

Question #82:

“What is your religious preference... are you Protestant, Catholic, Jewish, Muslim, or something else?”

Question #83:

“Right now, are you registered to vote in Ohio, if you want to?”

Question #84:

“What school system do you live in?”

Question #85:

“How many computers do you have in your household?”

Question #86:

“Do you have internet access?”

Question #87:

The interviewer recorded the respondent’s gender as male or female.

APPENDIX C:
DEMOGRAPHIC CHARACTERISTICS OF SURVEY RESPONDENTS

The following tables depict the general response frequencies for the demographic questions of the 2006 Medina County Needs Assessment. Where appropriate, cross-tabulations between demographic questions and core survey questions of the Needs Assessment are provided in the main body of the report.

Table C.1 Respondent's Age				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	18 to 24 years old	48	4.5%	4.5%
	25 to 34 years old	92	8.6%	8.7%
	35 to 44 years old	188	17.5%	17.8%
	45 to 54 years old	258	24.0%	24.4%
	55 to 64 years old	214	19.9%	20.2%
	65 and Older	259	24.1%	24.5%
	Total Valid Responses		1,059	98.6%
Omitted	Refused (15)/Don't Know (0)	15	1.4%	
Total Survey Respondents		1,074		
Question: In what year were you born? (This variable was recoded into age.)				

Table C.2 Respondent's Gender				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Male	526	49.0%	49.0%
	Female	548	51.0%	51.0%
	Total Valid Responses	1,074	100.0%	
Omitted	Refused (0)/Don't Know (0)	--	--	
Total Survey Respondents		1,074		
Note: Interviewer recorded respondent gender based on observation.				

Table C.3 Respondent's Marital Status				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Married	733	68.2%	68.4%
	Widowed	118	11.0%	11.0%
	Single, Never Married	108	10.1%	10.1%
	Divorced	103	9.6%	9.6%
	Separated	10	0.9%	0.9%
	Total Valid Responses	1,072	99.8%	
Omitted	Refused (2)/Don't Know (0)	2	0.2%	
Total Survey Respondents		1,074		
Question: What is your current marital status, single-never married, divorced, separated, widowed, or married?				

Table C.4 Respondent's Race				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	White or Caucasian	1,020	95.0%	95.5%
	Black or African-American	16	1.5%	1.5%
	Asian	6	0.6%	0.6%
	American Indian or Alaskan	6	0.6%	0.6%
	Hawaiian or Pacific Islander	1	0.1%	0.1%
	Other	13	1.2%	1.2%
	Multi-Racial	6	0.6%	0.6%
	Total Valid Responses		1,068	99.4%
Omitted	Refused (6)/Don't Know (0)	6	0.6%	
Total Survey Respondents		1,074		
Question: What is your race, how would you classify yourself?				

Table C.5 Respondent's Origin				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Latino or Hispanic	15	1.4%	1.4%
	Not of Hispanic Origin	1,047	97.5%	98.6%
	Total Valid Responses		1,062	98.9%
Omitted	Refused (7)/Don't Know (5)	12	1.1%	
Total Survey Respondents		1,074		
Question: Are you Latino or of Hispanic origin?				

Table C.6				
Respondent's Voter Registration Status				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Registered to Vote	975	90.8%	90.9%
	Not Registered to Vote	98	9.1%	9.1%
	Total Valid Responses	1,073	99.9%	
Omitted	Refused (0)/Don't Know (1)	1	0.1%	
Total Survey Respondents		1,074		
Question: Right now, are you registered to vote in Ohio if your want to?				

Table C.7				
Respondent's Religious Preference				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Protestant	429	39.9%	40.5%
	Catholic	358	33.3%	33.8%
	Jewish	4	0.4%	0.4%
	Muslim	1	0.1%	0.1%
	Something Else	234	21.8%	22.1%
	No Preference	34	3.2%	3.2%
	Total Valid Responses	1,060	98.7%	
Omitted	Refused (13)/Don't Know (1)	14	1.3%	
Total Survey Respondents		1,074		
Question: What is your religious preference, are you Protestant, Catholic, Jewish, Muslim, or something else?				

Table C.8 Number of People in Respondent's Household				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	One Person	181	16.9%	16.9%
	Two Persons	391	36.4%	36.5%
	Three Persons	178	16.6%	16.6%
	Four Persons	194	18.1%	18.1%
	Five Persons	83	7.7%	7.7%
	Six or More Persons	44	4.1%	4.1%
	Total Valid Responses		1,071	99.7%
Omitted	Refused (0)/Don't Know (3)	3	0.3%	
Total Survey Respondents		1,074		
Question: How many people live in your current residence?				

Table C.9 Number of Children in Respondent's Household				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	No Children	681	63.4%	63.6%
	One Child	154	14.3%	14.4%
	Two Children	144	13.4%	13.4%
	Three Children	64	6.0%	6.0%
	Four or More Children	27	2.5%	2.5%
	Total Valid Responses		1,071	99.7%
Omitted	Refused (1)/Don't Know (2)	3	0.3%	
Total Survey Respondents		1,074		
Question: How many children in your household are under 18 years of age?				

Table C.10 Respondent's Community of Residence				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Brunswick (City)	224	20.9%	20.9%
	Medina (City)	174	16.2%	16.3%
	Wadsworth (City)	148	13.8%	13.8%
	Medina Township	66	6.1%	6.2%
	Montville Township	57	5.3%	5.3%
	Brunswick Hills	54	5.0%	5.0%
	Hinkley Township	39	3.6%	3.6%
	Lafayette Township	38	3.5%	3.6%
	Wadsworth Township	31	2.9%	2.9%
	Liverpool Township	28	2.6%	2.6%
	Sharon Township	28	2.6%	2.6%
	Granger Township	25	2.3%	2.3%
	Litchfield Township	22	2.0%	2.1%
	Guilford Township	20	1.9%	1.9%
	York Township	19	1.8%	1.8%
	Westfield Township	16	1.5%	1.5%
	Chatham Township	15	1.4%	1.4%
	Harrisville Township	15	1.4%	1.4%
	Lodi Village	15	1.4%	1.4%
	Seville Village	14	1.3%	1.3%
Something Else	22	2.0%	2.1%	
Total Valid Responses		1,070	99.6%	
Omitted	Refused (4)/Don't Know (0)	4	0.4%	
Total Survey Respondents		1,074		
Question: What city or township in Medina County do you live in?				

Table C.11 Respondent's Zip Code of Residence				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	44212	275	25.6%	25.7%
	44215	11	1.0%	1.0%
	44233	40	3.7%	3.7%
	44251	8	0.7%	0.7%
	44253	20	1.9%	1.9%
	44254	38	3.5%	3.6%
	44256	379	35.3%	35.5%
	44273	37	3.4%	3.5%
	44274	4	0.4%	0.4%
	44275	13	1.2%	1.2%
	44280	30	2.8%	2.8%
	44281	199	18.5%	18.6%
	Something Else	14	1.3%	1.3%
	Total Valid Responses		1,068	99.4%
Omitted	Refused (0)/Don't Know (6)	6	0.6%	
Total Survey Respondents		1,074		
Question: What is your zip code?				

Table C.12 Respondent's Public School District				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Medina City Schools	267	24.9%	26.0%
	Brunswick City Schools	260	24.2%	25.3%
	Wadsworth City Schools	183	17.0%	17.8%
	Cloverleaf Local Schools	125	11.6%	12.2%
	Highland Local Schools	92	8.6%	9.0%
	Buckeye Local Schools	81	7.5%	7.9%
	Black River Local Schools	8	0.7%	0.8%
	Something Else	11	1.0%	1.1%
	Total Valid Responses		1,027	95.6%
Omitted	Refused (5)/Don't Know (42)	47	4.4%	
Total Survey Respondents		1,074		
Question: What school system do you live in?				

Table C.13				
Length of Residence in Medina County				
Responses		Frequency	Percentage of Sample	Percentage (valid)
Valid	Under One Year	39	3.6%	3.6%
	One to Five Years	165	15.4%	15.4%
	Six to Ten Years	150	14.0%	14.0%
	Eleven to 15 Years	96	8.9%	8.9%
	16 to 20 Years	108	10.1%	10.1%
	Over 20 Years	516	48.0%	48.0%
	Total Valid Responses		1,074	100.0%
Omitted	Refused (0)/Don't Know (0)	--	--	
Total Survey Respondents		1,074		
Question: How long have you lived in Medina County?				