

Community Themes and Strengths Assessment **Geauga County, Ohio**

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Master of Public Health Capstone Project
Cleveland State University
Consortium of Eastern Ohio Master of Public Health Program

May 12, 2011

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All my fellow staff members for their assistance and patience throughout this project

Project Approval

This project was approved and funded by the Geauga County Board of Health at its regular meeting on September 20, 2010.

This project was approved as a capstone project for Daniel Mix by the Consortium of Eastern Ohio MPH Curriculum Committee on December 2, 2010

Institutional Review Board (IRB) Approval:

Office of Grants & Sponsored Programs, Youngstown State University, IRB Protocol #073-11

IRB for Human Subjects in Research, Cleveland State University, #29282-PAT-HS

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EXECUTIVE SUMMARY

This report summarizes an assessment conducted in Geauga County, Ohio called the Community Themes and Strengths Assessment (CTSA), which is one of four assessments in the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP is a strategic planning process that helps public health leaders identify and prioritize community health issues. The CTSA identifies perceptions in the community regarding the most important health issues, the quality of life, and assets to improve community health.

For the CTSA, two methodologies were used to collect community input. These included a survey that was mailed to a random sample of residents and focus group discussions targeting four populations groups.

The survey questionnaire was mailed to a random sample of 1,000 adult Geauga County residents selected from current registered voters. The survey consisted of 26-questions divided into three sections. The first section posed ten questions that gathered perceptions about the quality of life in Geauga County using anchored Likert scale questions. The second section asked participants to rank the three most important factors for a healthy community, health problems in the community, risk behaviors, and community assets from lists provided. Respondents could add their own response to the list provided. The third section gathered demographic information of respondents.

A total of 384 surveys (38.4%), sufficient to generalize the results, were returned and analyzed. While the demographics indicated that the sample was largely representative of the population based on US Census Bureau estimates, nearly two times as many women participated than men. Overall, the respondents were favorable about the quality of life in Geauga County. The strongest indications were that Geauga County is a safe place to live. The weakest indications were that Geauga County may not be the best place to grow old, with an expressed need for better housing and shopping choices and an inadequate public transportation system. Overall, respondents felt strongly that they alone or with others can make Geauga County a better place to live.

Survey respondents identified good schools, safe neighborhoods, and good jobs and economy as the most important factors for a healthy community. Respondents identified obesity and overweight, cancer, and aging as the most important health problems in the community. Alcohol and drug use were by far the highest risk behaviors, followed by poor eating habits and lack of exercise. Respondents identified safe neighborhoods, Geauga County's rural atmosphere, churches, and its people as its most important assets.

Resident views were also gathered from 26 people at four different focus group discussions. Focus groups targeted adult Geauga County residents that were Amish, Hispanic, African American, and 65-years or older. Participants spent about 90 minutes discussing similar questions, including defining a healthy community, discussing and prioritizing health problems experienced by these groups, identifying the most important community assets, and describing needs.

For residents 65-years and older, discussion centered on health issues related to aging and the importance of community centers, such as the Department on Aging senior centers, as important gathering places. Seniors expressed the need for affordable senior housing and better public transportation.

Amish residents focused on the need for better road safety and improved access to oral health care, while listing the Bookmobile and neighbors as the most important assets in the community. Participants discussed the importance of access to affordable healthy food and preventive healthcare as vital to improving health outcomes.

Hispanic residents identified the need for improved access through the provision of translation services or English as a Second Language (ESL) classes. Participants recognized that their small numbers in Geauga County resulted in less visibility to community agencies.

African American residents discussed the importance of personal responsibility in health issues, including diet, exercise, and parenting. Participants identified the Chagrin Falls Park Community Center as invaluable to improving the health of the community through its educational and economic outreach programs.

One common theme that emerged from the survey and focus groups was that the quality of life in Geauga is associated with safe neighborhoods and low crime, and

the weakest quality of life indicator was Geauga County as a place to grow old. However, both the survey respondents and focus group participants felt empowered to improve the quality of life and thus the health of the community.

INTRODUCTION

Public health officials are faced with increasing prevalence of chronic disease, an aging population, emerging and reemerging infectious diseases, and the ongoing threat of natural and manmade disasters. These issues often disproportionately affect segments of the population. At the same time, public health has been historically challenged with insufficient resources to meet needs, compounded by the current economic conditions.

To address inadequate resources, public health has relied on the community as a partner when addressing threats through community mobilization, such as mass vaccination, sanitation, and hygiene programs. While the community as a whole has long been a partner in public health, it is only recently that the community has been invited to the planning table. To address complex issues today, public health professionals are using new strategies that rely on the community as an equal partner in the planning process.

In its 1988 report on the *Future of Public Health*, the Institute of Medicine (IOM) defined public health as “what we as society do collectively to assure the conditions in which people can be healthy.” In its 2002 follow-up report, *The Future of Public Health in the 21st Century*, the IOM suggested that “community organizations are close to the populations they serve and are therefore a crucial part of the public health system for identifying needs and responses and evaluating results.” The Ten Essential Public Health Services, adopted by the Public Health Functions Steering Committee in 1994, define the responsibilities of local public health systems (1995). Essential service four states: “Mobilize community partnerships and actions to identify and solve health problems.” This is a call for public health agencies to develop partnerships to identify health issues in the community and develop plans to address these health issues.

Public health benefits from community engagement in program planning by reducing duplication of services, identification of resources and resource sharing, capacity building, empowerment, and participation. It has enabled program planners to develop programs that address the needs identified by the community itself, rather than relying solely on subject matter experts. This is called evidenced-based practice.

To model community engagement in the planning process, the Centers for Disease Control and Prevention (CDC) published its *Principles of Community Engagement*, which outlined the concepts, principles, and methods for partnerships (1997). This early model led to the development of the National Association of County and City Health Officials' (NACCHO) Assessment Protocol for Excellence in Public Health (APEXPH), a process used by local health departments to examine and improve their ability to meet the health needs of their communities. In 2001, the APEXPH planning model was replaced with Mobilizing for Action through Planning and Partnerships (MAPP), developed by NACCHO and CDC.

MAPP is a hybrid-planning model that incorporates community-organizing components that redefine local public health from a “department” to a “system” by involving many private and public agencies and community-based organizations. Together, the MAPP partnership defines, prioritizes, and addresses health issues identified by a series of six phases, including organizing, visioning, assessing, strategic planning, goal setting, and action. The plan incorporates the community organizing constructs of participation, empowerment, community capacity, relevance, community consciousness, and issue selection. These MAPP phases mimic the community organizing stages outlined by Glanz et al in *Theory At A Glance*, which includes recognizing a problem, making entry into the community, organizing people, assessing the community, determining priorities and setting goals, and selecting a solution to the problem (2008).



From the outset of the MAPP planning cycle, local public health takes a leadership role in initiating the program and engaging community partners. In the first phase of MAPP, Organize for Success and Partnership Development, the organizations are identified and recognized as equal partners, reinforcing the concept that success is contingent on participation of all partners.

In the second phase of MAPP, Visioning, a creative process is used to identify community values and shape a community vision, which serves as the overarching goal

of the process or, as NACCHO suggests, “a statement of what the future looks like” (2010). The vision process incorporates community values and beliefs as principles in the planning process. This is accomplished through open dialogue of the partners in visioning session(s). This phase of MAPP relates closely to the community-organizing process of community relevance, or community building, which allows the community to create their own agenda based on local needs.

In the third phase of MAPP, Assessments, four assessments of the community are conducted, including Community Themes and Strengths Assessment, the Local Public Health System Assessment, the Community Health Assessment, and the Forces of Change Assessment. The assessments produce important information for improving the health of the community and its capacity to do so. All the assessments are completed in order to provide a complete snapshot of the health of the community.

The Community Themes and Strengths Assessment is a grassroots level survey of the community that allows their voice be heard on important health concerns. Using a variety of methods, the community identifies the most important health issues, describes the quality of life in the community, and identifies community assets to improve community health. This assessment includes the community organizing constructs of participation, empowerment, and community capacity.

The Local Public Health System Assessment brings residents, community leaders, and private and public organizations involved in public health together. Through a series of forums, participants identify activities, components, and capacities of the current public health system. Participants examine to what degree the Ten Essential Public Health Services are being carried out. This assessment incorporates the community organizing constructs of participation and community capacity, as well as highlighting the services in the community to address health problems, some of which may not be transparent.

The Community Health Status Assessment is used to identify the health of the community and quality of life that residents experience. Conducted as grassroots surveys or forums, participants answer basic health questions that create the snapshot of community health, which are analyzed and evaluated to identify priorities. This assessment incorporates the community organizing constructs of participation,

relevance, and issue selection. Community members provide information that is used to create a summary of the health of the community. In an analysis phase, relevant issues are identified that serve as a foundation for strategies to address them.

The final assessment, Forces of Change Assessment, identifies the forces and threats that affect community health. The MAPP core committee identifies the root causes of health issues and determines how they might be addressed. This assessment incorporates the community-organizing construct of critical consciousness. Here, the awareness of social, political, and economic forces that contribute to community health problems and solutions are identified.

At the conclusion of the four assessments, MAPP moves to the fourth phase, Strategic Issues, where the core MAPP committee identifies strategic issues from the visioning process and the assessments. During this evaluation step, the committee considers the consequences of not taking action while trimming the issues down to a manageable list of prioritized issues. This phase incorporates the community-organizing constructs of relevance, critical consciousness, and issue selection. The MAPP committee will select strategies that address relevant community health issues, consider the forces that are available to promote or impede success, and identify the most important issues.

The fifth phase of MAPP, Formulate Goals and Strategies, involves a process of developing goal statements that relate to the community vision and strategies identified in the previous phase. The goals take into consideration the barriers to implementation, such as insufficient resources, lack of support, and legal or technological difficulties. These goals are translated into actions steps, identification of the key organizations involved and the resources needed, and creation of a implementation timeline. A report is produced that reflects consensus among participating partners. This phase incorporates community-organizing constructs of community capacity, relevance, and issue selection. During goal setting, issues and needs that are relevant to the community are selected and prioritized, strategies and actions are selected based on the current infrastructure's ability to perform the actions.

The sixth phase of MAPP, Action Cycle, is not an end of a process, rather the beginning of an ongoing cycle of planning, implementation and evaluation. During

planning, participants develop measurable objectives related to strategic goals and create action plans. These plans are implemented and evaluated to determine if the actions are fulfilling the objectives, and modified accordingly. During the planning, implementation, and evaluation cycle, it is important that all constructs of community organizing continue to be access by engaging participation, empowering individuals and organizations to act, and enhancing the capacity of the community to act.

MAPP is a credible community organizing and engagement model available to local public health planners to improve their program planning process by designing and implementing program that are relevant to the community and the issues they face. The process requires a commitment by all partners to an ongoing process of improvement. As of 2011, NACCHO reports moderate usage of MAPP nationally. In Ohio, only a few of the 127 local health departments (LHD) have implemented the entire MAPP model. Many more LHDs have implemented the National Public Health Performance Standards Program (NPHPSP) since the Ohio Department of Health tied the CDC instrument to its local health district improvement standards (2006).

The following is a report of the MAPP Community Themes and Strengths Assessment in Geauga County conducted in March and April 2011.



FIGURE 1: MAPP Cycle

Source: National Association of County and City Health Officials (NACCHO) <http://www.naccho.org/mapp>

SURVEY

METHODOLOGY

A 26-question self-administered paper questionnaire was mailed to a random sample of 1,000 Geauga County residents in order to measure community perceptions centered on three themes:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

INSTRUMENT DEVELOPMENT

The questionnaire was developed by reviewing a variety of MAPP Community Themes and Strengths Assessment surveys administered throughout the United States. The National Association of County and City Health Officials (NACCHO) provides several examples on their website (2010). Others were obtained by visiting a variety of local health department websites. An exhaustive examination of CTSA surveys revealed that simplicity was the optimal approach when preparing a survey.

The questionnaire was divided into three sections, including quality of life indicators (QOL), “three most important” choices, and respondent demographics.

In the quality of life indicators section, Likert scale were used to query respondents about their perceptions of the community through a series of ten indicators, including “a place to raise a family”, “a place to grow old”, community safety, physical environment, community support, civic responsibility, and empowerment. Each question posed several sub questions including an overall rating in order to explore the dynamic nature of each QOL indicator. This differed greatly from the samples administered by other local health departments, which generally posed one question about each QOL indicator.

In the “three most important” choice section, respondents selected the three most important factors for a healthy community, health problems in the community, risk

behaviors in the community, and community assets from lists. Respondents were given the opportunity to add to the list.

The demographics section collected demographic and socioeconomic information, which resembled the 2010 US Census collection forms. Doing so allows comparisons to data collected by the US Census Bureau to determine representativeness of the sample to the population. For example, Hispanic or Latino was removed from race choices and posed as an independent question, because people of Hispanic origin may identify with one or more races. One local demographic was added to identify Amish residents participating in the survey.

SAMPLE

The CTSA survey is a self-administered survey of Geauga County residents that are 18-years of age or older. According to the US Census Bureau 2005 – 2009 American Community Survey 5-Year Estimates, there are 72,568 people 18-years or older living in Geauga County (2010). [NOTE: The total population of Geauga County is 93,389]. A sample size of at least 383 responding adults is needed to ensure a 95% confidence level with a 5% margin of error and 50% response distribution, i.e. we can be 95% sure within a 5% margin of error that the survey findings will be representative of the population (Raosoft, 2004).

The original project plan was to obtain a mailing list from the Geauga County Auditor's office of property owner mailing addresses. However, a major drawback of this plan was that based on US Census Bureau ACS 5-year estimates, only 29,326 of 35,458 (82%) housing units in Geauga County are owner occupied (2010), which means 18% of the surveys would either fail to reach the occupant, arrive at vacant homes, or arrive in the hands of property owners residing outside of Geauga County. Surveying people residing elsewhere could skew results because their perception of community needs, quality of life issues, and community assets would be based on their experience elsewhere, not in Geauga County.

On the other hand, according to the Geauga County Board of Election, 66,718 of 72,568 (92%) eligible adults were registered voters as of February 2011 (2011). A

mailing list obtained from the Board of Elections would only reach Geauga County residents 18-years and older who were registered as of February 2011. While 8% of the adult population is not registered to vote and cannot be included in the study results, this is an improvement over other readily available mailing lists. Accommodations for the potential missing adults have been made through focus groups targeting population sub groups.

PROCEDURE

To build community buy-in to the survey, many private and public agencies were advised of the survey in conjunction with a comprehensive community health assessment that will be conducted in 2011-2012. During January to March 2011, presentations were made to the Geauga County Family First Council, United Way Services of Geauga County, Geauga County Mental Health Board and Recovery Services, the Department on Aging, and the Geauga County Board of Health. The project was also outlined at the annual Health District Advisory Council (HDAC), the appointing authority of Geauga County Board of Health members. The HDAC is composed of 22 representatives, including township trustees, mayors of villages and cities, and a Geauga County Commissioner.

On March 15, 2011, the Geauga County Health District posted information about the CTSA survey in the news section of its Web site.

On March 15, 2011, surveys were mailed to 1,000 residents with a request to return the completed survey by April 15, 2011. The contents included an informed consent cover letter on health district letterhead (see Appendix #2), the survey instrument (see Appendix #3), and a stamped return envelope. Other than providing a stamped envelope, no inducements were used to increase participation.

DATA ANALYSIS

Individual responses were anonymous and confidential. Only aggregate group data will be reported from the survey results. All data was analyzed by the student

project director, with the assistance of the staff epidemiologist and health commissioner at the Geauga County Health District.

Data was recorded in Microsoft Excel and imported into SPSS v 17.0. Cross tabulations were used to calculate descriptive statistics for the data presented in this report.

RESULTS

Of the 1,000 surveys mailed, 38.4% (n=384) were completed and returned, which was one survey more than needed to generalize to the County level (Raosoft, 2004).

DEMOGRAPHICS SECTION

The demographics of the survey respondents are tabulated in Table 1 – Demographics (Gender, Age, Race, Ethnicity, Education), Table 2 - Demographics (Income, Marital Status, Employment Status, Healthcare, Years Residence), and Table 3 – Demographics (Township of Residence).

**TABLE 1: Demographics (Gender, Age, Race, Ethnicity, Education)
2011 Geauga County Community Themes & Strengths Assessment**

	Responses	% of total responses	ACS 2009 ¹ estimates
Gender n=384 for all rates			
Female	253	65.9%	50.4%
Male	131	34.1%	49.6%
Age			
18 – 24 years	25	6.5%	8.0 %
25 – 34 years	47	12.2%	6.6 %
35 – 44 years	71	18.5%	13.4 %
45 – 54 years	72	18.8%	17.6 %
55 – 64 years	85	22.1%	13.4 %
65 – 74 years	59	15.4%	8.0 %
75 – 84 years	22	5.7%	4.7 %
85 years or older	3	0.8%	2.0 %
Race			
White	380	98.4%	96.7%
Black, African American or Negro	2	0.5%	1.5 %
American Indian or Alaska Native	1	0.3%	0.1 %
Asian or Pacific Islander	2	0.5%	0.5 %
Other	0	-	0.1 %
Two or more races	1	0.3%	1.1 %
Ethnicity			
Hispanic, Latino or Spanish (of any race)	3	0.8%	0.9 %
Non-Hispanic, Latino or Spanish	381	99.2%	99.1 %
Amish			
Yes	32	8.3%	12.8% ²
No	352	91.7%	-
Education			
Less than 9 th grade	30	7.9%	11 %
9 th to 12 th grade (no diploma)	6	1.6%	
High School diploma or GED	58	15.2%	28 %
Vocational or technical school	22	5.8%	-
Some college (no degree)	64	16.8%	20 %
Associate's or 2-year degree	39	10.2%	7 %
Bachelor's or 4-year degree	90	23.6%	21 %
Graduate or professional degree	73	19.1%	13 %
No answer	2	-	-

¹ US Census Bureau, 2005 – 2009 American Community Survey 5-Year Estimates

² Amish Studies, Young Center for Anabaptist & Pietist Studies, Elizabethtown College. The Twelve Largest Amish Settlements (2010)

**TABLE 2: Demographics (Income, Marital Status, Employment Status, Healthcare, Years Residence)
2011 Geauga County Community Themes & Strengths Assessment**

	Responses	% of total responses	ACS 2009 ¹ estimates
Annual Household Income			
Less than \$ 24,999	38	11.2%	14.8 %
\$ 25,000 - \$34,999	42	12.4%	7.0 %
\$ 35,000 - \$ 49,999 Geauga Per Capita \$ 32,554	45	13.3%	13.1 %
\$ 50,000 - \$ 74,999 Geauga Median \$ 67,596	64	18.9%	20.5 %
\$ 75,000 - \$ 99,999 Geauga Mean \$ 91,099	73	21.6%	13.8 %
\$100,000 or more	76	22.5%	30.8 %
No answer	46	-	-
Marital Status			
Single	29	7.6%	24.9 % *
Married or domestic partner	309	80.5%	58.9 % *
Divorced	21	5.5%	6.5 % *
Widowed	25	6.5%	8.8 % *
Employment Status			
Employed	234	60.9%	66.2 %
Unemployed (out of work)	11	2.9%	4.0 %
Unable to work	7	1.8%	-
Homemaker	44	11.5%	-
Student	9	2.3%	-
Retired	79	20.6%	28.2 %
Other	0	-	-
How pay for health care (all that apply) n=384 ← multiple choices allowed			
Pay cash (no insurance)	46	12.0%	(X)
Pay cash (co pays, deductible)	106	27.6%	(X)
Health Insurance or HMO	286	74.5%	(X)
Medicaid	15	3.9%	(X)
Medicare	77	20.1%	(X)
Veteran's Administration	7	1.8%	(X)
Other	7	1.8%	(X)
More than one method of payment	-	-	(X)
Years of residence in Geauga County			
Less than 1 year	7	1.8%	16.6 %
1 to 5 years	35	9.1%	
6 to 10 years	44	11.5%	24.0 %
Over 10 years	298	77.6%	59.7 %
Never	0	-	-

¹ US Census Bureau, 2005 – 2009 American Community Survey 5-Year Estimates

* NOTE: ACS provides separate Male and Female marital status; these were combined and recalculated

**TABLE 3: Demographics (Township of Residence)
2011 Geauga County Community Themes & Strengths Assessment**

	Responses	% of total responses	ODoD ² estimates
Township (City or Village) of residence			
Aquilla Village	0	-	0.38 %
Auburn Township	16	4.2%	6.29 %
Bainbridge Township	20	5.2%	11.77%
Burton Township	13	3.4%	3.23 %
Burton Village	5	1.3%	1.50 %
Chardon Township	39	10.2%	5.17 %
Chardon City	40	10.4%	5.49 %
Chester Township	31	8.1%	11.51 %
Claridon Township	8	2.1%	3.13 %
Hambden Township	25	6.5%	4.81 %
Hunting Valley Village (Cuyahoga)	0	-	0.15 %
Huntsburg Township	15	3.9%	3.84 %
Middlefield Township	31	8.1%	4.89 %
Middlefield Village	12	3.1%	2.52 %
Montville Township	6	1.6%	2.29 %
Munson Township	30	7.8%	7.05 %
Newbury Township	18	4.7%	6.26 %
Parkman Township	17	4.4%	4.14 %
Russell Township	22	5.7%	5.88 %
South Russell Village	14	3.6%	4.10 %
Thompson Township	9	2.3%	2.69 %
Troy Township	13	3.4%	2.92 %
Other	-	-	-

² Ohio Dept of Development, 2009 Population Estimates by County, City, Village and Township: July, 2010 Revised

Nearly two-thirds (n=253) of survey respondents were female, nearly twice as many as male respondents (n=131). Studies of non-response rates have found certain population characteristics are associated with the likelihood to participate in surveys, including age, gender, and socioeconomic status (Groves, Cialdini, & Couper, 1992; Groves & Couper, 1998; Porter & Whitcomb, 2005).

One method to compensate for non-response bias is population weighting, which is used to adjust the respondent sample so it mimics the known population distribution. According to the US Census Bureau 2005 – 2009 American Community Survey 5-Year

Estimates, the male and female population are almost identical at 49.6% male and 50.4% female (2010). In the CTSA study, we will not be comparing male and female responses, but using an aggregate of the population.

The balance of demographics factors, including age and socio-economic status, were closely representative of the population.

The greatest disparity was observed in responses from two of the sixteen townships, based on population estimates provided by the Ohio Department of Development 2009 Population Estimates by County, City, Village and Township (2010). The highest observed discrepancies in responses by political subdivision were Bainbridge Township, Chardon Townships and Chardon City. With only 5.2% (n=20) of survey participants from Bainbridge Township compared to it being home to 11.77% of the population, the response rate in was less than half of what would be expected. At the same time, two times as many people participated in the City of Chardon and Chardon Township as compared to their population distribution. This fact might be attributed to Chardon being the county seat and Bainbridge Township, despite being the largest population, it is geographically located far from the county seat and participation in other governmental activities mimics our results.

A map of the sixteen townships, four villages and one city in Geauga County is shown in Figure 2.

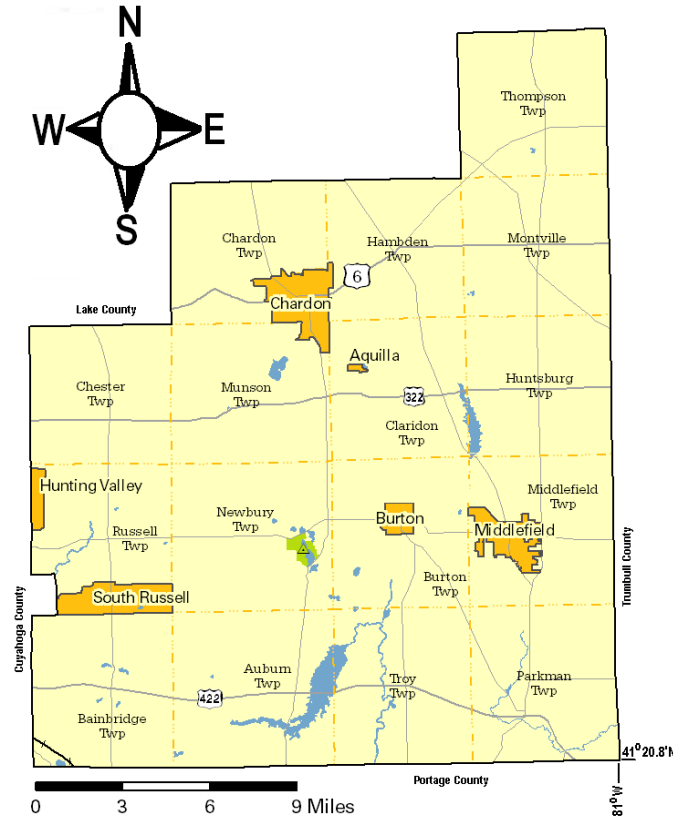


FIGURE 2: Map of 16 townships and 5 municipalities in Geauga County, Ohio

QUALITY OF LIFE RANKINGS SECTION

The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of “Very Satisfied” = 5, “Satisfied” = 4, “Neither Satisfied or Dissatisfied” = 3, “Dissatisfied” = 2, and “Very Dissatisfied” = 1. For all responses of “Don’t Know,” or when a respondent left a response blank, the choice was a non-response, was assigned a value of 0 (zero) and the response was not used in averaging response or calculating descriptive statistics.

Figures #3 to #12 graphically illustrate the average scores of all responses to the quality of life questions on the survey.

FIGURE 3: How satisfied are you with the quality of life in Geauga County?



FIGURE 4: How satisfied are you with the economic opportunity in Geauga County?

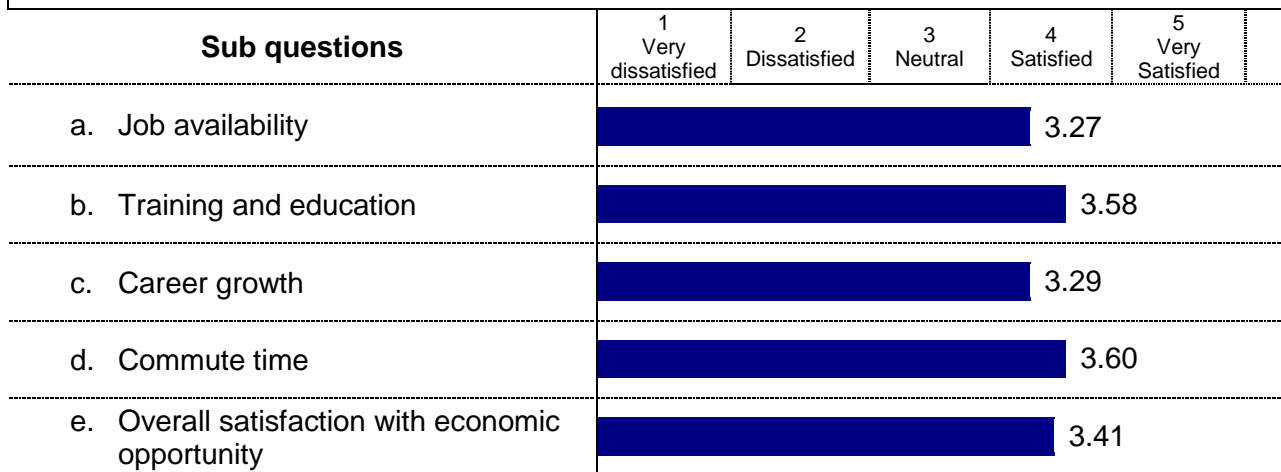


FIGURE 5: How satisfied are you with the healthcare resources in Geauga County?

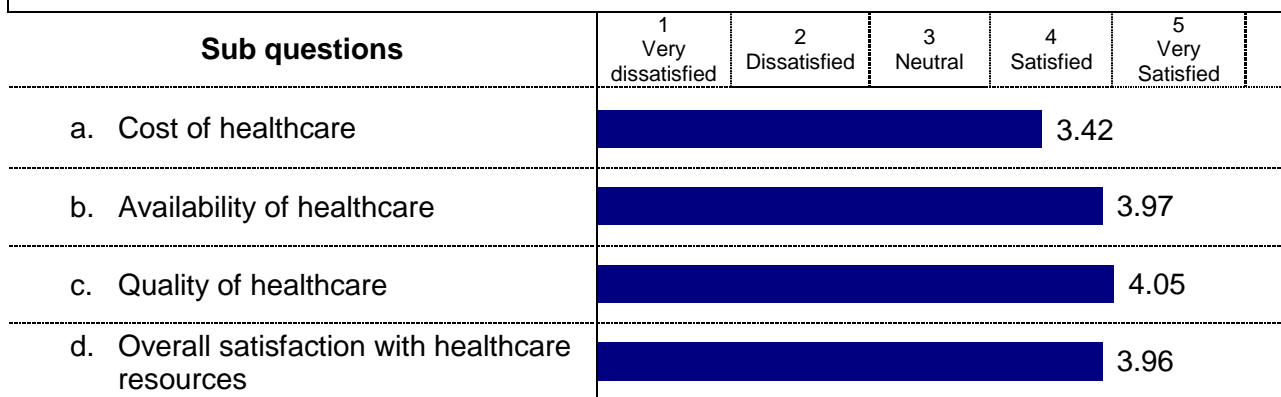


FIGURE 6: How would you rate Geauga County as a place to raise a family?

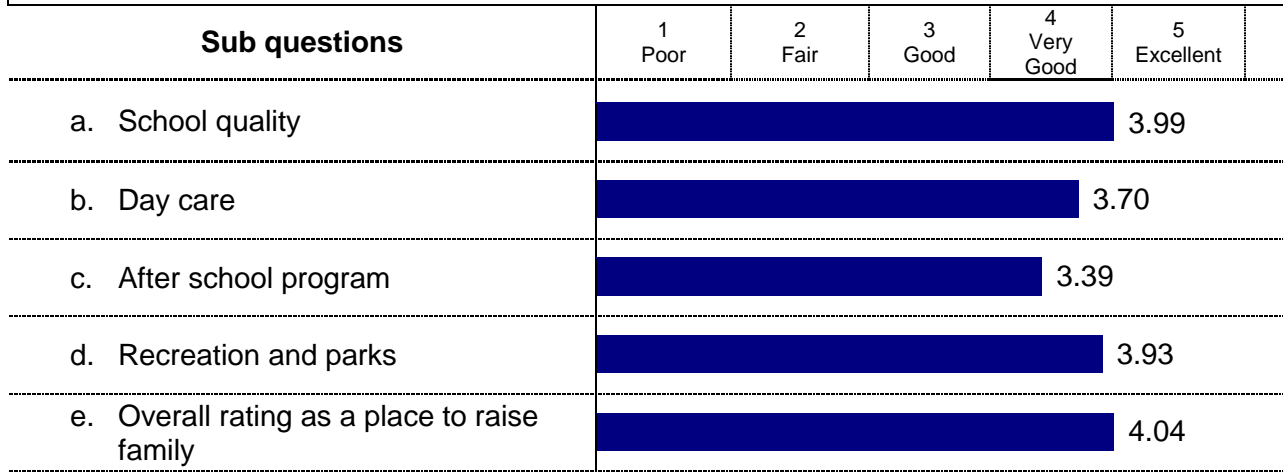


FIGURE 7: How would you rate Geauga County as a place to grow old?

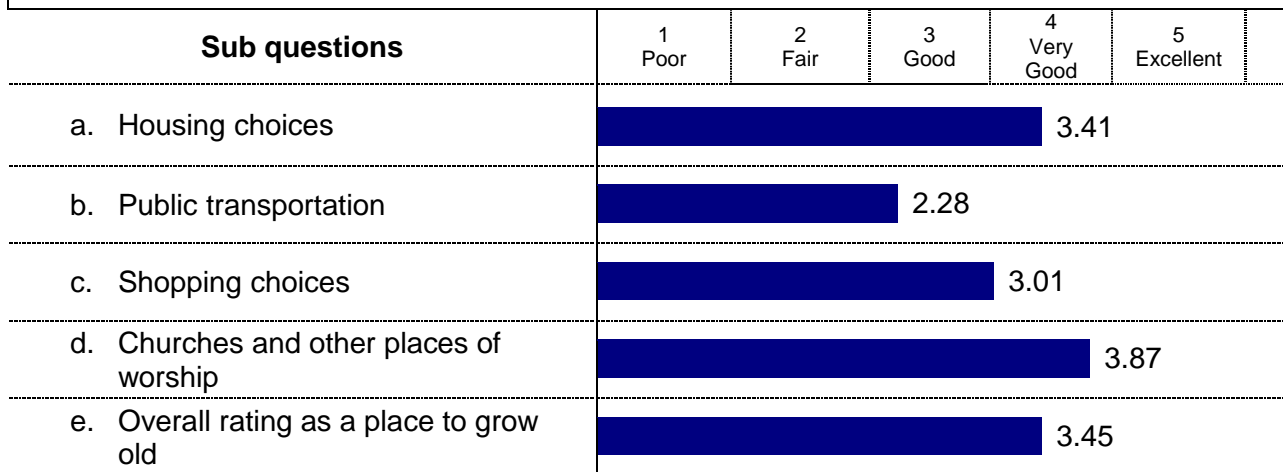


FIGURE 8: How would you rate community support for individuals and families during times of stress and need?

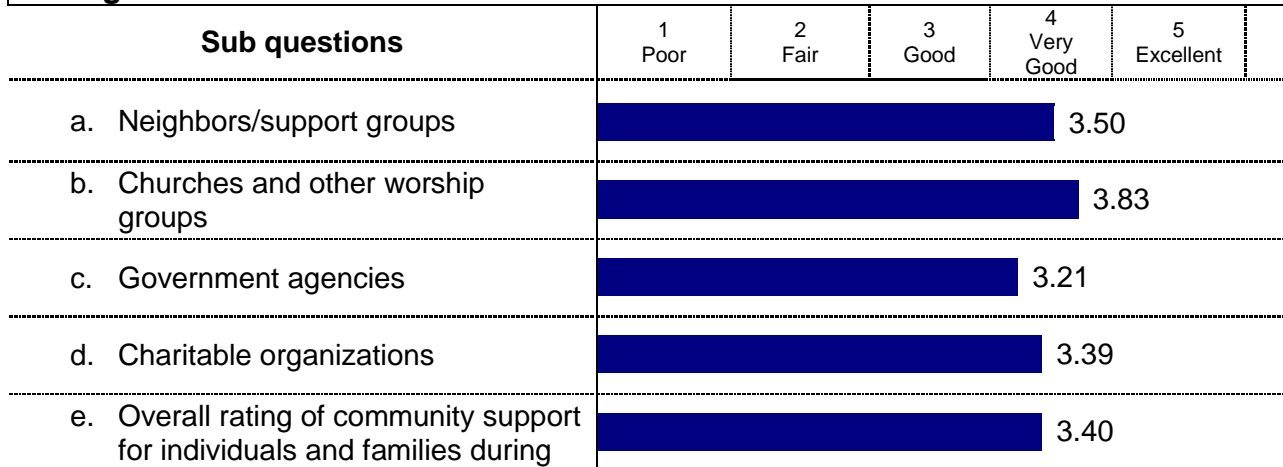


FIGURE 9: How would you rate Geauga County as a safe place to live?






Sub questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
a. Safety at home					4.21
b. Safety at work					4.09
c. Safety in schools					4.03
d. Safety in the community					4.01
e. Overall rating of Geauga County as a safe place to live					4.06

FIGURE 10: How would you rate the quality of the physical environment in Geauga County?






Sub questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
a. Air and water quality					3.89
b. Trash and litter					3.60
c. Rodent and pest control					3.59
d. Chemical hazards					3.67
e. Overall rating of the quality of the physical environment					3.74

FIGURE 11: How would you rate the level of civic responsibility and engagement in Geauga County?






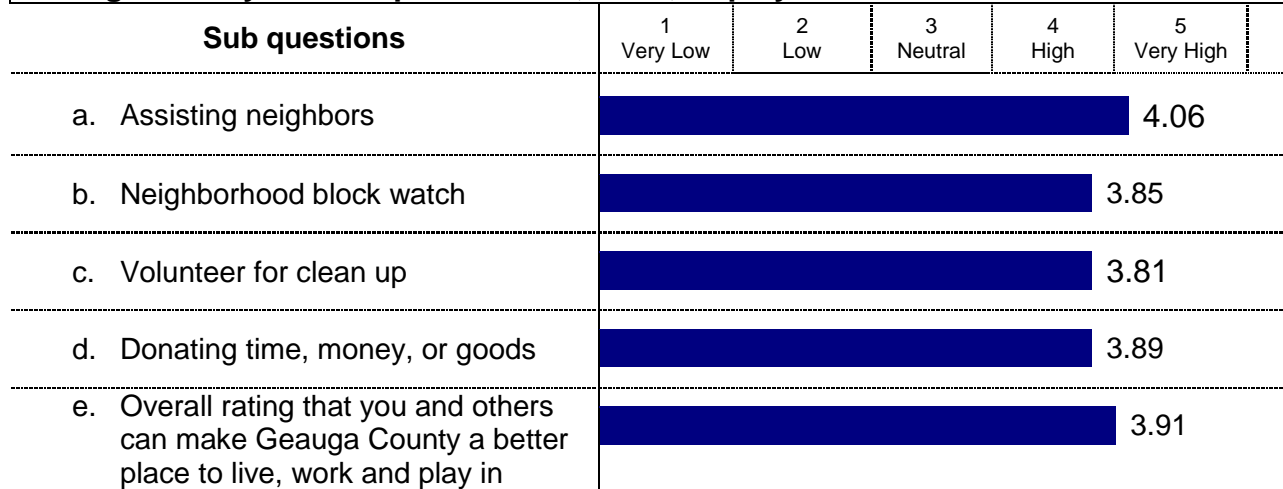
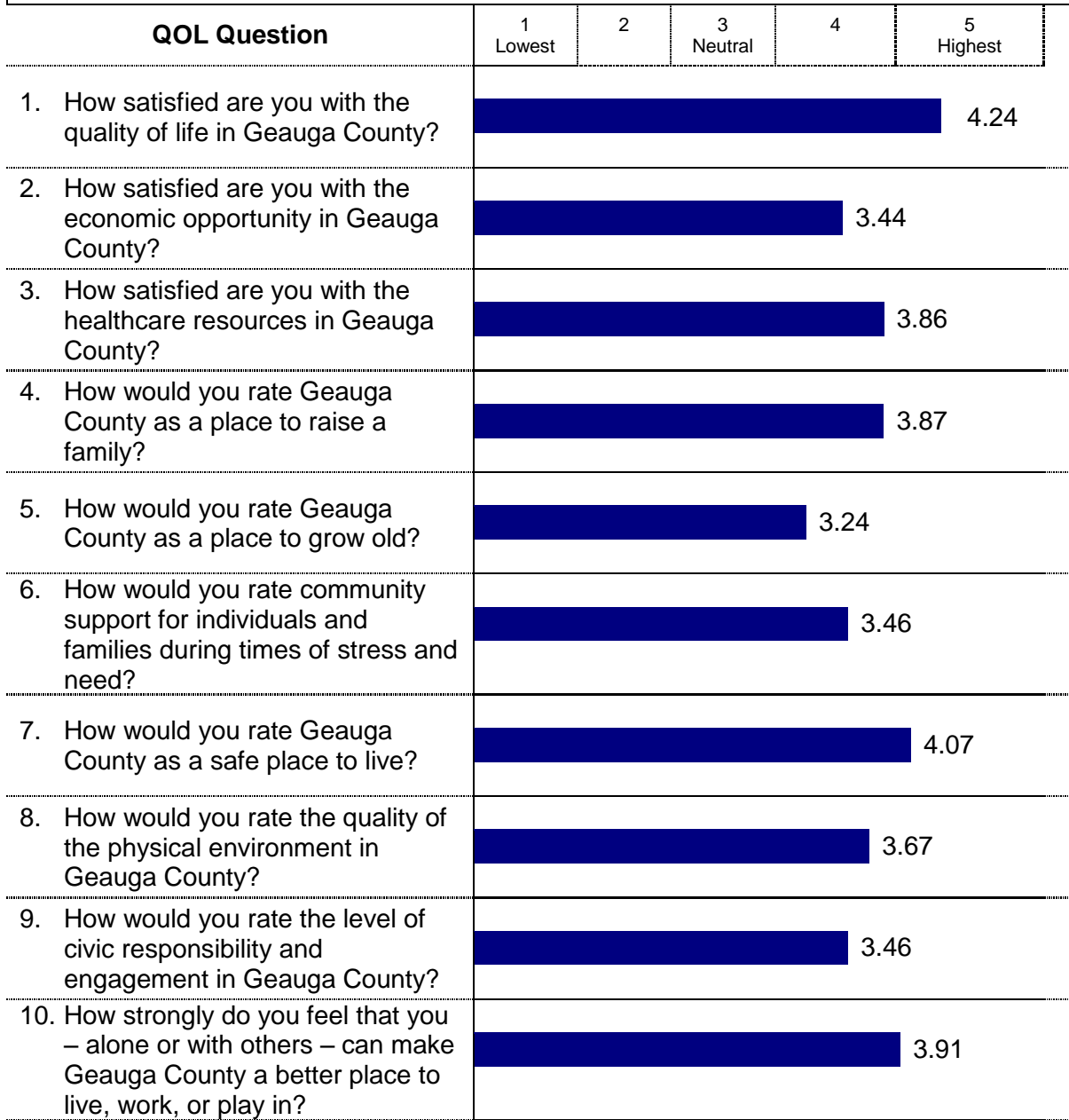
Sub questions	1 Very Low	2 Low	3 Neutral	4 High	5 Very High
a. Participation in community groups					3.51
b. Volunteering					3.61
c. Voter turnout					3.43
d. Youth empowerment opportunities					3.27
e. Overall rating of civic responsibility and engagement in Geauga County					3.52

FIGURE 12: How strongly do you feel that you – alone or with others – can make Geauga County a better place to live, work, or play in?



In addition to asking respondents to assess their overall rating of each quality of life (QOL) indicator, a statistical mean of each QOL indicator was calculated. The statistical mean for all ten QOL indicators are illustrated in Figure 13.

FIGURE 13: Statistical Mean of Quality of Life Responses



Descriptive statistics of the data tabulated for survey questions 1 through 10 are presented in TABLE 4 and TABLE 5.

TABLE 4: Descriptive Statistics - QOL Questions #1 to #6

Indicator	Mean	Std Deviation	Range	N	Unknown or Blank Responses
1. Quality of life					
a. Safety	4.48	0.578	2:5	382	2
b. Wellbeing	4.32	0.727	1:5	381	3
c. Community life	4.09	0.851	1:5	373	11
d. Associations	3.91	0.842	1:5	347	37
e. Overall	4.36	0.625	2:5	378	6
2. Economic opportunity					
a. Job availability	3.27	0.956	1:5	330	54
b. Training and education	3.58	0.854	1:5	330	54
c. Career growth	3.29	0.904	1:5	315	69
d. Commute time	3.60	0.952	1:5	344	40
e. Overall	3.41	0.870	1:5	343	41
3. Healthcare resources					
a. Cost of healthcare	3.42	1.075	1:5	350	34
b. Availability of healthcare	3.97	0.870	1:5	363	21
c. Quality of healthcare	4.05	0.843	1:5	361	23
d. Overall	3.96	0.873	1:5	366	18
4. Place to raise a family					
a. School quality	3.99	1.001	1:5	349	35
b. Day care	3.70	1.098	1:5	194	190
c. After school program	3.39	1.194	1:5	220	164
d. Recreation and parks	3.93	1.025	1:5	365	19
e. Overall	4.04	0.874	1:5	369	15
5. Place to grow old					
a. Housing choices	3.50	1.120	1:5	316	68
b. Public transportation	2.28	1.284	1:5	311	73
c. Shopping choices	3.01	1.155	1:5	381	3
d. Churches and other places of worship	3.87	0.843	1:5	343	41
e. Overall	3.45	1.055	1:5	376	8
6. Community support during need					
a. Neighbors/support groups	3.50	1.120	1:5	316	68
b. Churches and other worship groups	3.83	0.973	1:5	311	73
c. Government agencies	3.21	1.035	1:5	266	118
d. Charitable organizations	3.39	1.004	1:5	264	120

e. Overall	3.40	0.999	1:5	313	71
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TABLE 5: Descriptive Statistics - QOL Questions #7 to #10

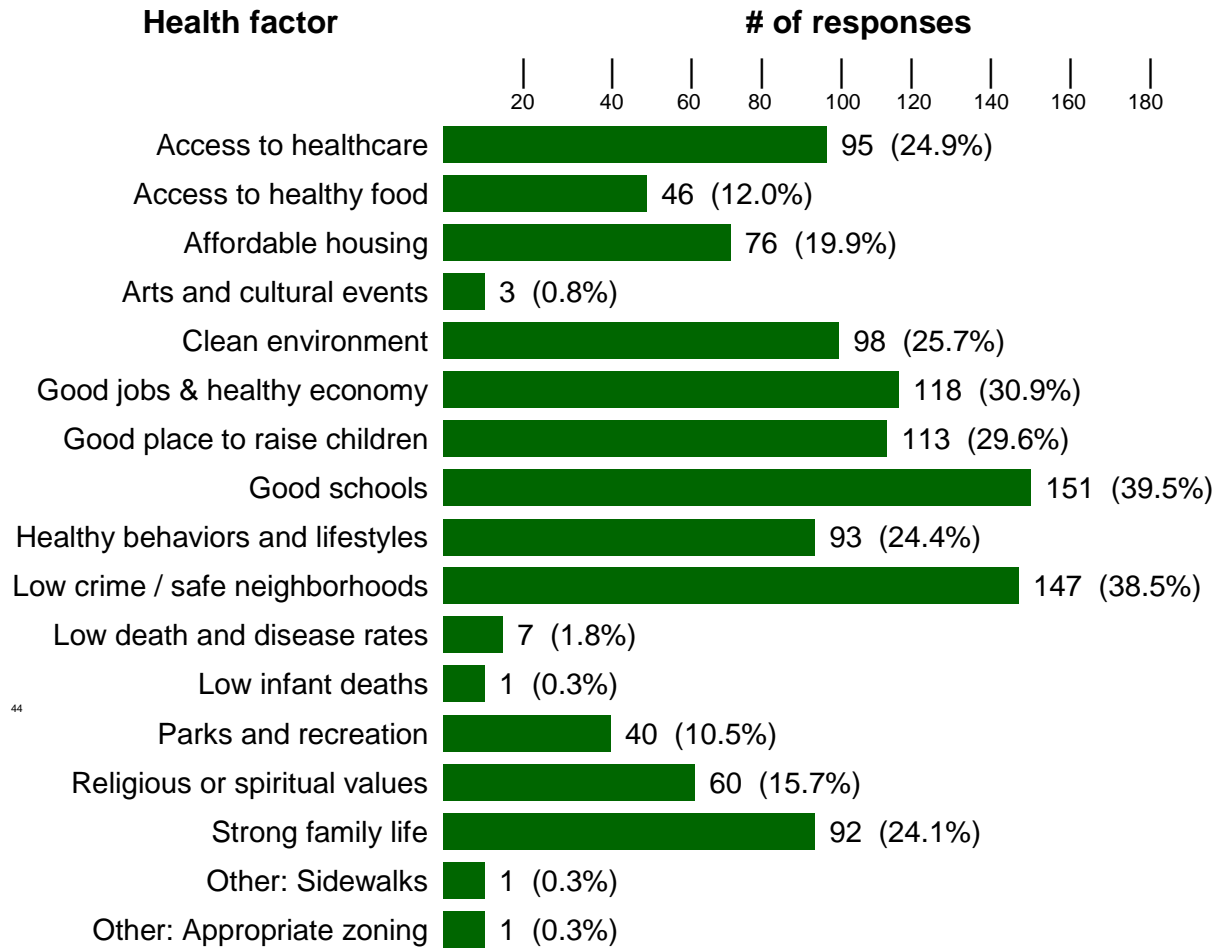
Indicator	Mean	Std Deviation	Range	N	Unknown or Blank Responses
7. Safe place to live					
a. Safety at home	4.21	0.813	1:5	383	1
b. Safety at work	4.09	0.831	2:5	292	92
c. Safety in schools	4.03	0.877	1:5	324	60
d. Safety in the community	4.01	0.905	1:5	370	14
e. Overall	4.06	0.851	2:5	380	4
8. Quality of the physical environment					
a. Air and water quality	3.89	0.965	1:5	367	16
b. Trash and litter	3.60	0.960	1:5	371	13
c. Rodent and pest control	3.59	0.953	1:5	313	71
d. Chemical hazards	3.67	1.050	1:5	264	120
e. Overall	3.74	0.875	1:5	361	23
9. Civic responsibility and engagement					
a. Participation in community groups	3.51	0.884	1:5	287	97
b. Volunteering	3.61	0.877	1:5	291	93
c. Voter turnout	3.43	0.929	1:5	302	82
d. Youth empowerment opportunities	3.27	0.917	1:5	238	146
e. Overall	3.52	0.832	1:5	295	89
10. Make Geauga a better place to live					
a. Assisting neighbors	4.06	0.758	1:5	359	25
b. Neighborhood block watch	3.85	0.854	1:5	338	46
c. Volunteer for clean up	3.81	0.857	1:5	353	31
d. Donating time, money, or goods	3.89	0.842	1:5	356	28
e. Overall	3.97	0.715	1:5	360	24

“THREE MOST IMPORTANT” CHOICES SECTION

For questions #11 through #14, each respondent was asked to select the three most important choices from a list. Respondents were provided space to include their own choices, if they felt something was missing. Those “other” responses have been compiled in Appendix #4.

Figure #14 through #17 present graphical representations of totaled responses.

FIGURE 14: Question 11: What are the THREE MOST IMPORTANT factors for a healthy community?

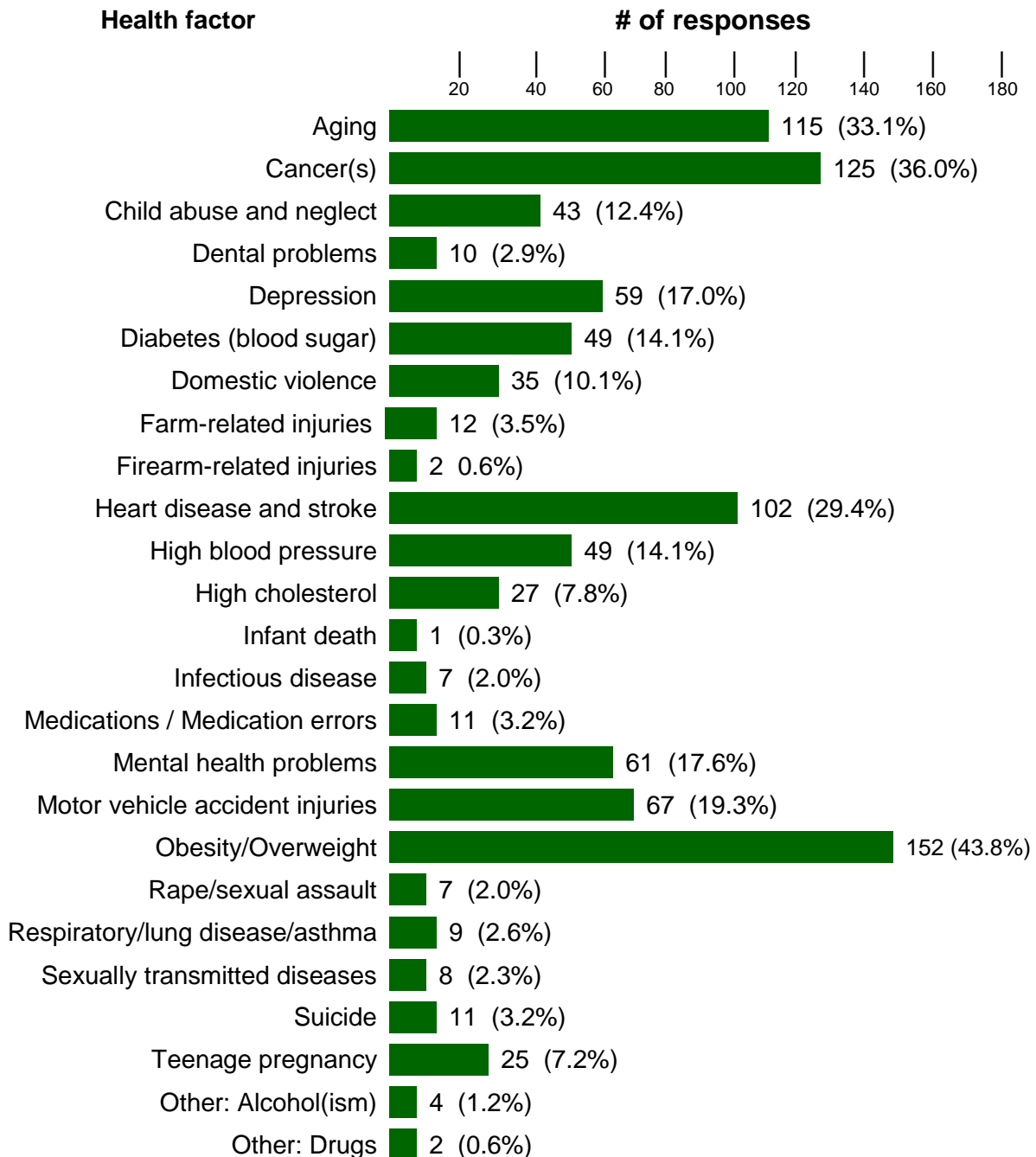


Of all responses, 382 (99.5%) respondents provided choices and 2 (0.5%) respondents left this section blank.

Two respondents listed “Other” important factors, including:

1. Need sidewalks for walking
2. Appropriate Zoning

FIGURE 15: Question 12: What are the THREE MOST IMPORTANT “health problems” in Geauga County?



Of all responses, 347 (90.4%) made at least one choice, while 37 (9.6%) respondents left this section blank.

Respondents listed more than a dozen “Other” health problems, including:

1. Low income housing

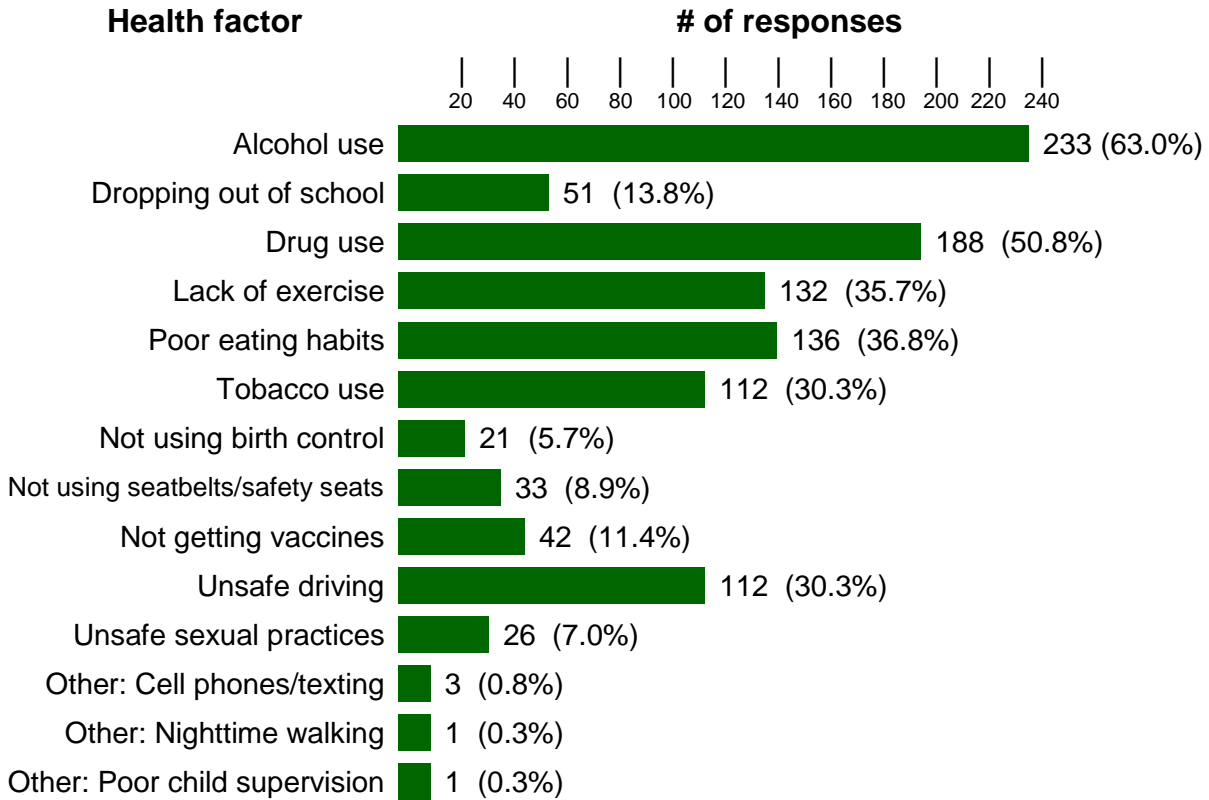
2. Breakdown of family
3. Lack of Regulations for dumping, trash, chemicals, etc
4. Getting the word out to public regarding available help / programs
5. Drugs
6. Apathy; people too busy
7. Teen smoking
8. Alcohol abuse
9. Alcoholism
10. Alcohol
11. Health concerns for all ages
12. Healthcare cost
13. Drug problems

A number of respondents that did not complete this section left comments, such as:

- “?”
- “How would I know?”
- “I would be guessing “
- “I don’t know”
- “Questions 11 to 14 involve mostly guessing”
- “Question 12 is a very broad question and the average person would have no way of knowing - the answers marked would be pure guesses”

These comments indicate a poorly worded question, almost as if the respondents interpreted the question more as a test than an opinion or view. A more appropriate question might be “What do you think are the THREE MOST IMPORTANT “health problems” in Geauga County?”

FIGURE 16: Question 13: What do you think are the THREE MOST IMPORTANT “risk behaviors” in Geauga County?

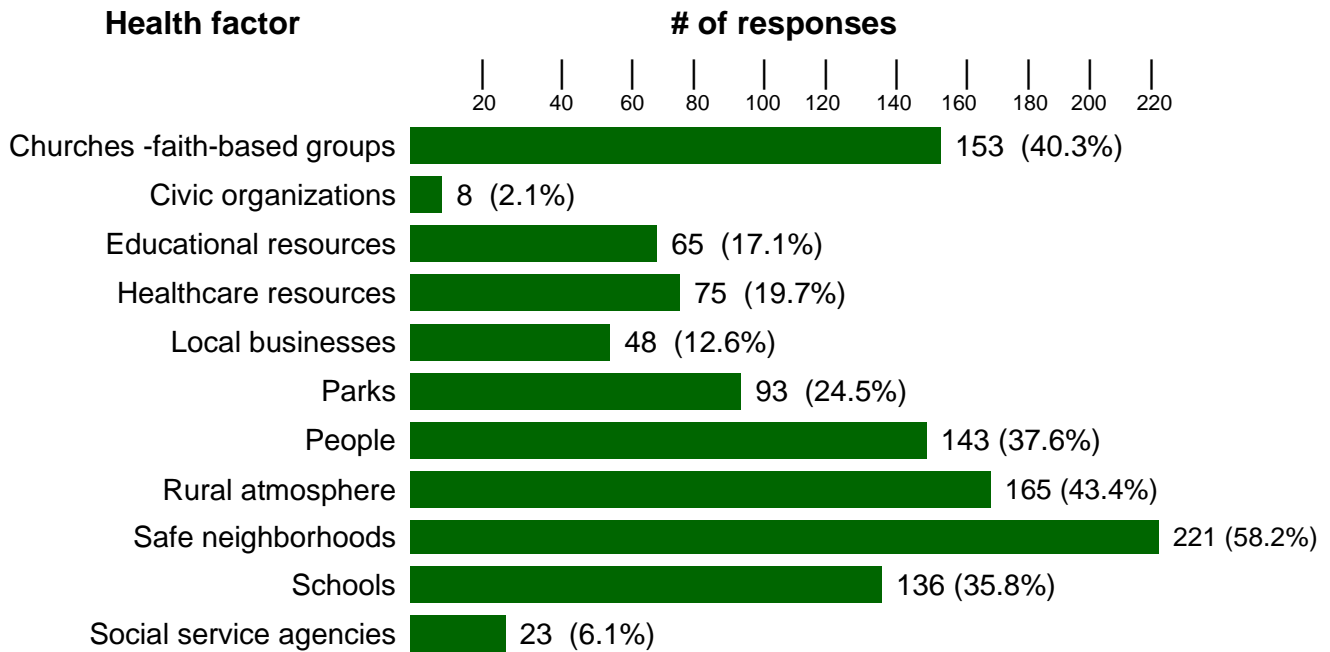


Of all responses, 370 (96.4%) respondents made at least one choice to question #13, while 14 (3.6%) respondents left this section blank. Similar comments were made as those in question #12.

Respondents listed nine “Other” risk factors, including:

1. Using cell phones while driving
2. Cell phone use
3. Lack of financial assistance
4. Amish road travelers
5. Nighttime walking w/o safety equipment
6. Talking and texting while driving
7. Unattended running cars
8. Poor supervision of children by parents
9. Amish buggies

FIGURE 17: Question 14: What are the THREE MOST IMPORTANT assets in Geauga County?



Of all responses, 380 (99.0%) respondents provided choices, 4 (1.0%) respondents left this section blank.

Respondents list two “Other” important assets, including:

1. Volunteer Fire Departments
2. YMCA

LIMITATIONS

As with any statistical sample, it is important to consider the findings of this survey in light of all possible limitations.

First, the Geauga County Community Themes and Strengths Assessment (CTSA) had a moderate response rate of 38.4%. If any important differences existed between the respondents and the non-respondents for the questions posed in the survey, this would represent a threat to the external validity, or generalizability, of the results to the County population.

Using voter registration lists may increase the potential for sampling bias because non-voters were not included in the survey. All sampling methods have the possibility of excluding portions of the population. Respondent bias is of particular

importance in public health because disparate populations tend to have a lower participation rate. To insure that views and opinions of disparate populations were included in the assessment results, focus groups were assembled to gather the views and experiences of Amish, Hispanic, African American, and residents 65-years and older. The results of these focus groups are included in a later section of this report.

Several non-sampling errors that could potentially influence these results include processing errors from mistakes in data coding and non-response errors from failure to capture complete data from surveyed residents. Efforts were made to double check data entry to reduce processing errors. Questions posed on the questionnaire and in the informed consent encouraged respondents to complete as many, if not all, of the questions. Surveys returned by mail that were more than 1/3 were not included in the tabulations.

The instrument itself may be at fault for some of the non-response. For example, the 9.6% (n=37) of non-responses for question #12 : “What are the THREE MOST IMPORTANT “health problems” in Geauga County?” may have been avoided by revising the question to “What do you think are the THREE MOST IMPORTANT “health problems” in Geauga County?” This is reinforced by a significantly lower 3.6% (n=14) non-response rate for question #13: “What do you think are the THREE MOST IMPORTANT “risk behaviors” in Geauga County?”

Misunderstandings on the survey questionnaire may have been identified before conducting the survey by conducting a trial to test the instrument and gather feedback. While an internal group of health district staff did conduct a trial, they provided no feedback on the questionnaire.

FOCUS GROUPS

METHODOLOGY

A focus group is a small group of people recruited from a larger population to express their feelings and opinions about specific subjects. Information gathered from focus groups will help validate the written survey findings and illicit in-depth responses on important issues. For the Geauga County Themes and Strength Assessment (CTSA), focus groups were used to target specific subpopulations that have been historically at risk for health disparities, including Amish, Hispanic, African American, and residents 65-years and older. A description for the sub groups selected to participate in focus groups follows.

According to Amish Studies at Elizabethtown College in Pennsylvania, Geauga County is home to the second largest Amish population in Ohio and the fourth largest in the United States (2010). Amish Studies estimates that about 13% (n= 12,140) Amish reside in Geauga County.

According to US Census Bureau 2010 redistricting data, approximately 1.1% (n=1,001) of the population in Geauga County is Hispanic or Latino. Even though this is a small segment of the population, it is a population that suffers disproportionately from the rest of the population due to a variety of reasons, including language and cultural barriers. The project planners determined it was important to capture in-depth information from Hispanic residents in Geauga County

According to US Census Bureau 2010 redistricting data, approximately 1.3% (n=1,198) of the population in Geauga County is Black or African American. Even though this is a small segment of the population, it is a population that suffers disproportionately from the rest of the population due to a variety of reasons, including socio-economic and cultural barriers. The project planners determined it was important to capture in-depth information from black or African American residents in Geauga County.

According to US Census Bureau ACS 2005-2009 estimates, about 14.7% (n=14,468) of the population in Geauga County is 65-years or older (2010). Considering

that 55 to 64-years old residents represent 13.4% (n=13,136) of the population, the senior population may be the fastest growing population of Geauga County.

INSTRUMENT DEVELOPMENT

The focus group script was created by reviewing a variety of MAPP Community Themes and Strengths Assessment (CTSA) focus group scripts conducted throughout the United States. The National Association of County and City Health Officials (NACCHO) provides several examples on their website (2010). Others were obtained by visiting a variety of local health department websites that had also conducted focus group as part of their CTSA. An examination of CTSA focus group scripts revealed that open-ended questions were the most appropriate to illicit discussion and feedback.

The final focus group script consisted of an introduction to the goals of the discussion and reinforced the importance of participation. Six questions were developed around the same themes used in the questionnaire, including defining a health community, identifying the most important community health issues and their potential causes, identifying the resources to address health problems, and suggesting what is missing or weak in the community. The focus group script can be found in Appendix 7.

In addition to a focus group script, an informed consent form was used to screen participants. The consent/screening form advised participants about their rights, how confidentiality was handled and that no personal medical information was being collected, the purpose of the discussion, the importance of participation, and provided contact information for the institutional review boards (IRB) and researchers. Participants signed the consent form, which is stored in confidential files at the health district and at Cleveland State University and Youngstown State University, along with copies of the survey questionnaires and focus group notes. The focus group informed consent can be found in Appendix 6.

Although the discussion was recorded and transcribed, no personally identifying information was used from the discussion. Participants were advised that their direct quotes might be used into the final report without personally identifying information.

SAMPLE

The CTSA focus group discussions included Geauga County residents that were 18-years of age or older. Four focus group discussions were scheduled, including Amish, Hispanic, African American, and residents 65-years or older. Approximately six to eight participants were recruited for each focus group session by subject matter experts. The groups were kept small in order to keep the discussion time to less than 90 minutes.

PROCEDURE

A focus group of Geauga County residents that self-identified as 65-years or older was held on March 30, 2011 at the Geauga County Department on Aging. Participants were recruited by the administrator of the Department on Aging using an informed consent form that advised participants what the process of the discussion, the goals of the study, the confidentiality of the information collected, and how the information would be used in the report. A total of eight residents participated, including four males and four females. The discussion was facilitated by the MPH student with the assistance of an undergraduate public health student from Kent State University and a graduate public health student from Youngstown State University. The discussion began at 10:30 AM and ended just before 12:00 PM.

A focus group of adult Geauga County residents that self-identified as Amish was held on April 5, 2011 at the First United Methodist Church in Middlefield, Ohio. Participants were recruited using the informed consent form at several health district clinics. A total of six female residents participated. The discussion was facilitated by an undergraduate public health student from Kent State University with the assistance of the MPH student. The discussion began at 10:00 AM and ended just before 11:30 AM.

A focus group of adult Geauga County residents that self-identified as being Hispanic was held on April 7, 2011 at the Geauga County Health District WIC office. Participants were recruited by the Geauga County WIC program director using the informed consent form. A total of six residents participated, including one male and five

females. The discussion was facilitated by the MPH student with assistance from a Geauga County WIC staff member. The discussion began at 10:00 AM and ended just before 11:30 AM.

A focus group of adult Geauga County residents that self-identified as African American was held on April 13, 2011 at the Chagrin Falls Community Center in Bainbridge, Ohio. Participants were recruited by the director of the Chagrin Falls Community Center using the informed consent form. A total of six residents participated, including one male and five females. The discussion was moderated by the MPH student with the assistance of Chagrin Falls Park Community Center staff. The discussion began at 10:00 AM and ended just before 11:30 AM.

All focus group followed the same format that included an introduction by the facilitator that outlined the goals of the discussion. During the discussion, the facilitator posed each of the six questions and encouraged participants to share their feelings and opinions. The discussion was closed by the facilitator who summarized his or her impressions and conclusions. Participants were encouraged to clarify, confirm, or elaborate on these conclusions. All participants were thanked for their participation and were advised on how they could obtain the final report when it was published.

DATA ANALYSIS

Only the 65-years and older group was digitally recorded, as mentioned in the informed consent. The student researcher felt that the recording was more bother than it was worth and did not want to intimidate focus group participants.

Hand written notes were made during the discussion. These notes were entered into the computer using MS Word within a few hours of the conclusion of the focus group. Both the recorder and facilitator reviewed the typewritten notes to insure accuracy.

RESULTS

The purpose of conducting focus groups as part of the Community Themes and Strengths Assessment was to gather in-depth views of Geauga County residents. An analysis of these discussion identified prevailing themes across the questions.

65-YEARS AND OLDER FOCUS GROUP

For the focus group of residents 65-years and older, the discussion of health problems centered around issues of aging, such as heart disease and stroke, loss of mobility, eyesight and hearing, and Alzheimer's Disease. The group discussed the rising cost of medications and how changes to Medicare options seem to take away more money than offer assistance. The group discussed potential mental health issues related to aging, pointing out that aging often affect personal relationships. The group has witnessed friends and neighbors who seemingly withdraw from others because they cannot see, hear, or actively participate. Group members discussed the importance of not letting aging friends and relatives "slip away." Rather, find ways to involve their aging counterparts. Many agreed this is one of the important reasons for having gathering places such as the senior centers in Geauga County. As one participant stated, "Age is a number – change your life."

When asked what advice senior would give for those younger, they responded with a resounding "Keep moving!" "It is easier to stay in shape than get into shape," one member said.

They also advised younger people not to put off end-of-life planning, such as last wills, durable power of attorneys, and living wills. While these issues are difficult, they get even more difficult as one gets older. They warned that waiting too long might result in non-family members making important decisions for you that differ from your wishes. As one member stated, "You must let your wishes be know in writing, or it will result in squabbles – hurting, not helping, your family during troubling times."

The most important asset identified by the 65-years and older focus group was the network of senior centers throughout Geauga County. These centers offer a place to

gather, stay in touch, have a meal with others, learn age-appropriate exercise, and participate in educational workshops addressing aging issues. For those that are homebound, the Department on Aging offers homebound services, including Meals on Wheels.

The seniors warned, however, that the centers are almost full to capacity. Some centers, such as West Geauga, may have already exceeded their capacity. With the 65-years and older population group being the fastest growing population, this may be a call for action to prepare for this population.

Other important assets in the community for seniors include the public library system, the parks and the transit system. Although, seniors did mention that the transit system has its drawbacks, such as the need to plan ahead and that it may not be readily available when it is most needed, such as a short notice appointment.

The most significant barrier discussed by the 65-years and older group was lack of adequate, affordable housing in Geauga County. Seniors agreed that features of adequate housing include one floor living, accessibility options as one becomes less mobile, and safety features, such as handrails and ways to contact other when falls occur. The housing choices that are available tend to come at a steeper cost than traditional housing. While there is knowledge of some future housing developments underway, the economy seems to have stagnated potential senior housing projects

AMISH FOCUS GROUP

For the Amish focus group, the most important community health needs identified by focus group participants included physical activity and weight, oral health, and road safety.

Focus group participants discussed the importance and barriers to maintaining a healthy weight. Factors for a healthy weight include the proper amount of exercise, maintaining a good diet and access to healthy foods. Like many people, Amish residents are challenged by the convenience of prepared foods and the escalating cost of “healthy” food, many times opting for cheap fast food or prepared foods at local grocers. Some of the barriers to physical activity are lack of safe walking roads,

hampered by weather safety and road safety. Some Amish reported they walk in their basements, use exercise bicycles and treadmills, although lack of electricity hampers the use of electric treadmills.

Road safety is a major concern for Amish residents. This view is supported by recent studies that show an increase in buggy accidents widespread in Geauga County. The focus group participants suggested that non-Amish need to have a better understanding of Amish safety equipment. One resident stated, “They don’t even know what hand signals are anymore. They get impatient around slower moving vehicles, honking the horn and scaring the horse.” The later was reemphasized with comments about the fact that horses are not 100% controllable, which leads to accidents. The focus group participants asked for better understanding of these challenges by non Amish and more signs.

Oral health is a major concern for Amish residents. While they feel they have adequate access to physicians, far fewer dentists are accommodating of their needs. Lack of oral health is evident in the community, which closely corresponds to the lack of preventive care observed in the Amish community. Focus group participants discussed the emotional and mental toll that bad oral health leads to, including unhappiness with self, self consciousness, withdrawal from the community because of shame and other mental health issues. For those that lose their teeth, dentures are too expensive as well.

The major barrier to adequate primary and oral healthcare in the Amish community is lack of affordable healthcare options. Amish residents do not have health insurance and, although many may qualify for federal programs such as Medicaid, the Amish do not generally accept federally funded government assistance programs. An example of this resistance for federal program is the codified exclusion of self-employed, or employment for Amish-owned businesses, from Social Security and Medicare taxes because of religious exceptions, as described in Section 210 of the employment coverage section of the Social Security Act (42 U.S. § 410, 2011).

The Amish view insurance as distrust or disrespect of God’s will. Amish also believe that, as a community, they can take care of their own. Instead of health insurance, Amish residents pay for their own healthcare service. For catastrophic events, they rely on their community for assistance. Geauga County Community

Themes and Strengths Assessment (CTSA) survey respondents referred to this assistance as Amish Aid, A-Cap, and Amish Health Plan.

Members of the Amish focus group expressed feelings about parity in the cost of healthcare. Some asked, “Why can’t we have the same price as a person with health insurance pays?”

One preventive care measure that has mixed acceptance is childhood vaccination, an important protective measure against childhood diseases. Focus group participants reported that opinions about vaccination vary widely in the community, which is made up of more than three dozen church districts. Some Amish are totally opposed, while others are more accepting. The sentiment of the focus group was that while vaccination is important, too many shots at one time is unsafe. There also is an aversion to chicken pox, Varicella, vaccination in favor of natural immunity. All participants agreed that outbreaks in the community tended to drive opinions.

Focus group participants identified important community assets, including the public library system, especially the Bookmobile, safe neighborhoods with low crime, and strong religious beliefs in the community. A sense of community is key to addressing the economic struggles that have affected the Amish community as deeply, if not deeper, than non-Amish populations in Geauga County. The Amish participants discussed how neighbors help each other, not letting each other go hungry by holding “grocery showers.” Participants also shared how a strong sense of community leads to better mental health and emotional wellbeing and happiness.

Some of the needs that focus group participants identified were affordable cancer screening, especially mammograms, and affordable public transportation. Each of the participants had personal stories of family or friends that had succumbed to cancers that screenings could have prevented. They also discussed how expensive using private transportation (taxis) limited their accessibility to the community. Not all Amish have their own horse transportation, relying on private, more restrictive transportation options. While Geauga County has a public transportation system, it is not as widely used because you must schedule ahead of time and does not seem to be Amish-friendly.

HISPANIC FOCUS GROUP

For the Hispanic focus group, the most important community health needs include access to affordable healthcare, language barriers, and acceptance of cultural beliefs and heritage.

Focus group members discussed many barriers to affordable healthcare, including the lack of pediatricians who will accept their insurance and the lack of affordable dental care. Geauga County has no “free clinic,” and important assets that exists in neighboring Lake and Cuyahoga County.

Language barriers in the Spanish-speaking community result in miscommunication, leading to misunderstanding and lack of knowledge in the Hispanic community about the availability of services. The group expressed the concern that much information is lost in translation.

Language differences are closely tied to differences in cultural beliefs. The focus group participants, who were a mix of English and non-English speaking, felt they were pressured by the community to assimilate. While they are not opposed to learning English, they stated that the availability of English as a Second Language (ESL) training opportunities was limited, and that they wanted to maintain a strong sense of their heritage.

The participants agreed that the biggest challenge to addressing their concerns was the fact that the Hispanic population in Geauga County is so small and “new” to the community. Currently, the Hispanic population is about 1% of the total population, compared to 15% in neighboring Lake and Cuyahoga Counties. Their hope is that government agencies in Geauga County will recognize the need and become advocates for this population by promoting educational opportunities and acceptance in the community.

The Hispanic focus group identified several important community assets, including safe neighborhoods that have low crime, good schools systems, more attentive social services that have short wait times, and great public libraries.

AFRICAN AMERICAN FOCUS GROUP

For the African American focus group, the most important community health needs include healthy eating, lack of physical activity, communicable diseases, access to healthcare, and mental health issues.

Participants discussed how it was convenient to eat unhealthy because of busy work schedules and single parent homes. As one participant stated, “It is easier, cheaper and less time consuming to live an unhealthy life style.” The focus group participants recognized the needs to break the cycle of bad behavior by teaching their children the value of good healthy food and exercise. One program at the Chagrin Falls Community Park is a community garden where residents can grow their own food and learn about cooking and canning methods. As one staff member stated, it was important to get all family members involved in the food preparation process, because if children get involved they will eat the food, a program they call “All hands on deck.” Focus group participants recognize that healthy eating contributes to overall health and wellbeing.

The community center has taken a lead role in making physical activity programs available for the community. Focus group participants agreed that children “need to stop playing video games and get outdoors.” This behavior is taught; it starts at home with responsible parenting, just as healthy eating, hygiene and language begins at home.

Several participants discussed the need for more responsible parenting when it comes to communicable disease and illness. One participant states, “Irresponsible parents let sick children go to school or daycare centers, where illness quickly passes through the children.” A similar concern was expressed for STDs and unprotected sex. As one participant warned, “some of these diseases are forever.”

Several focus group participants discussed the high cost and limited availability of healthcare, especially dentist that accept Medicaid. This discussion prompted participants to share about the availability of programs and services in community that others did not know existed. One participant emphasized the need for people to ask when they are in need, not be embarrassed because they will be treated fairly and confidentially.

All of the participants echoed the sentiment that good health means mental health as well. Children today are exposed to many things they should not be, whether by television, the media or at school. Participants felt that children lack appropriate stimulation, which adversely affects their values and morality. One participant discussed the challenges of raising children in single parent homes or where people seem to rapidly move in and out of children's lives. These are important problems that must be addressed now, before it is too late. As one participant stated, "It may be too late for our generation, but we still have time to save the next one."

The group identified several needs that are not being met, such as lack of public transportation. Some members had no idea that Geauga Transit existed. However, those that had attempted to use the service mentioned it has a limited schedule and does not seem to be friendly to the community needs. All prior forms of public transportation once provided by RTA are now gone.

The group listed many important community assets including Food for Friends, Catholic Charities, United Way 211, local churches, Farmers Market, and Women Infant Children (WIC). A strong sense of community and civic duty was discussed. Many neighbors help each other in tough times and encourage loners to join in community events. Safe neighborhoods are important to raising a family.

The most important assets in the African American community is by far the Chagrin Falls Park Community Center. The staff organizes and provides many programs that bring people together in a community, such as the community garden, exercise programs, and playground. They host classes that teach good budgeting, cooking, and food storage/preparation. For home gardeners that do not want to take advantage of the community garden, the center has a seed collection and container gardening classes. The Chagrin Falls Park also hosts a "Circle of Giving" program to share food, clothing, toys, and household items. The "Strategies for Life" program provides supportive services to assist families with emergency needs and provide long-term problem solving case management. The focus group participants agreed that these programs improved the health and wellbeing of the community and were an indispensable asset.

LIMITATIONS

There are several potential advantages of conducting focus groups. While the paper questionnaire allowed paper survey respondents to make comments, a focus group discussion allows the researcher to probe more deeply into the respondent's feelings and opinions. Focus group discussions allow researchers to gather information more quickly than written surveys.

There are disadvantages and limitations as well. Because only a small number of people can participate, they may not be representative of the population.

Respondent bias is also a great concern, because some group members may feel pressured to give similar answers when they might be more willing to share one-on-one or in written surveys. This might be magnified based on cultural difference in Amish and Hispanic residents. Respondent bias can also result from one or two individuals dominating the discussion, thereby creating an inaccurate view of the groups' overall opinions. These issues can be addressed by using skilled moderators to prevent domination and to encourage varied opinions to be heard.

However, researcher bias can occur when the focus group setting or the facilitator could influence the outcome of the discussion. To overcome the potential for researcher bias, the focus groups were located settings where the group were already familiar with, including the Department on Aging for the 65-years and older and the Chagrin Falls Park Community Center for the African American group. The focus group facilitator followed a script that helped insure the discussion was kept on specific topics. While the facilitator probed the group, all the views and opinions were generated by participants, not interjected by the facilitator.

CONCLUSIONS

Several universal themes are evident from the survey results and focus groups views. While both the survey and focus group participants agreed that the quality of life in Geauga County was considered to be very good, there is always room for improvement.

The major factor contributing to the quality of life in Geauga County is safe neighborhoods combined with low crime. In the survey, respondents overwhelmingly agreed on several indicators. For question #1, “How satisfied are you with the quality of life in Geauga County,” the mean score for safety as a factor in the quality of life was 4.48 on a 5.0 scale. Also, all five indicators for question #7, “How would you rate Geauga County as a safe place to live,” had mean values above 4.0 on a 5.0 scale. The standard deviation of safety in the quality of life measure in question #1 was .578, indicating strong consistency (Sclove, 2001). The standard deviations of all five indicators for question #7 ranged from .813 to .905, again below 1.0, indicating consistency in the measure. Supporting this belief, 38.5% (n=147) of survey respondents indicated that low crime and safe neighborhoods were the second most important factor in a healthy community in question #12. Similarly, 58.2% (n=221) of survey respondents indicated that safe neighborhoods were, by far, Geauga County’s most important asset.

Several focus groups raised the issue of safe neighborhoods during their discussions. The African American focus group felt that safe neighborhoods were important to raising a family and noted that, while drug problems exist, they are minor in comparison to neighboring cities and counties. The Hispanic focus group suggested similar sentiment, especially in comparison to densely population communities in Lake and Cuyahoga Counties. While the Amish focus group listed safe neighborhoods as an important asset, they did cite the need for improved road safety, with motor vehicles drivers interacting with pedestrian and horse buggy traffic.

The quality of life (QOL) measure that survey respondents identified as weakest was question #5, “How would you rate Geauga County as a place to grow old.” While the sub-indicator “churches and other places of worship” fared well at a mean score of

3.87 on a 5.0 scale, housing choices (3.41) and shopping choices (3.01) remained in the moderate range, while public transportation had a means score of 2.28 on a 5.0 scale. The standard deviation on most of the indicators in question #7 was above 1.0, indicating potential inconsistency, although this is in the acceptable range for behavioral anchored rating scales with standard deviations less than 1.50. Only the sub-indicator “churches and other places of worship” garnered a standard deviation of .841, well inside the consistency range.

In support of the survey suggestion that Geauga County is not a particularly friendly place to grow old, the 65-years and older focus group did raise the issue about access to adequate, affordable housing and noted the lack of public transportation. Senior citizens face numerous physical challenges during the aging process, including lack of mobility, sight and hearing loss, and the tendency to isolate. While there does seem to be awareness of the need in the community, a stagnant economy seems to have ground completion of these projects to a halt. Public transportation is limited in its ability to provide short-notice, unscheduled service, which often occurs for seniors.

Another positive QOL indicator for was the belief that people in Geauga County are empowered to makes the community a better place to live. Survey respondents strongly suggested this in all five indicators posed on question #10, “How strongly do you feel that you – alone or with others – can make Geauga County a better place to live, work, or play in.” The mean score for each indicator exceeded 3.81, to as high as 4.06 on a 5.0 scale. All five indicators had standard deviations ranging from .715 to .857, below the 1.0 level indicating consistency. This suggestion was further supported in question #14, “What are the three most important assets in Geauga County,” when 37.6% (n=143) of respondents indicated that people are the fourth most important asset in the community.

All of the focus groups discussed the importance of community. For residents 65-years and older, participants discussed the importance of seniors reaching out to aging friends and neighbors, “drawing them back in” from isolation often driven by the loss of one’s faculties. Seniors also discussed the importance of gathering at community centers to assist one another, as well as the support of the community. The Hispanic focus group discussed how English-speaking neighbors assist their non English-

speaking neighbors to reduce disparities. The Amish focus group, long known for their reliance on community to assist one another signaled by their rejection of government assistance, discussed how neighbors assist each other during economically challenging times. The African American focus group also discussed how neighbors help each other through economic and aging issues with such programs as the Circle of Giving and budgeting classes at the Chagrin Falls Park Community Center.

This begs the question, is the community a relatively untapped resource to improve health for other populations in Geauga County? Historically, people band together during crisis to overcome major challenges.

PROJECT DELIVERABLES

The three most important community assets as indicated by survey respondents:

- Safe neighborhoods (58.2% of respondents)
- Rural atmosphere (43.4%)
- Churches and faith-based groups (40.3%)
- Followed closely by ... People (37.6%) and Schools (35.8%)

While safe neighborhoods and rural atmosphere are important assets, the survey respondents indicate that churches, people and schools are very important assets that can be tapped by public health officials in future programming. This is particularly important because future programming will address behavioral change to promote better health outcomes. These assets indicate where engagement and empowerment will need to be addressed when planning and promoting these initiatives.

The survey results also indicate that respondent's knowledge of the most important risk behaviors are in line with current public health research. Respondents identified the following most important risk factors:

- Alcohol use (63% of respondents)
- Drug use (50.8%)
- Poor eating habits (36.8%)

- Lack of exercise (35.7%)
- Tobacco use (30.3%)

Almost 45% (n=150) of respondents also indicated that obesity and overweight was the most important health problem in Geauga County. These suggestions correspond with current research studies that examined underlying cause of death, such as those published by McGinnis & Foege (1993) and Ali Mokdad (2004). The later study determined that tobacco use was associated with 18.1% of all deaths in the US, poor diet and physical inactivity with 16.6% of deaths, and alcohol consumption with 3.5% of deaths in the US. These studies have narrowed the focus of prevention efforts to three major risk behaviors, including tobacco use, poor diet and physical inactivity, and alcohol consumption.

The survey illustrates that the community understands that tobacco use, poor diet and exercise, and alcohol are associated with morbidity and mortality. Armed with this information, public health programs can spend less time trying to convince the public of the problem and focus health education efforts on interventions.

Another perception in the community that is evident from the survey is the recognition that unsafe driving is an important risk factor. Just over 30% (n=109) of respondents indicated unsafe driving as a risk behavior and nearly 20% (n=67) that motor vehicle accidents and injuries were an important health problem. Three respondents included cell phones use and texting while driving as their own risk behavior in question #13. One respondent commented, "It should be against the law to talk on the cell phone while driving."

More than eight states have laws prohibiting the use of handheld cell phone while driving. Additionally, 31 states have laws against texting and driving. We frequently read about distracted driving accidents in the NE Ohio, yet no such laws exist in Ohio. Maybe this is a message from residents to take action.

Several Amish community health perceptions are indicated from the findings of the survey and focus group discussion. While there are too few responses to generalize to the population, this may be a call for further research into the community. These include:

- Improved road safety
- Improved outreach for children vaccination
- Provide better access to oral health care

Despite the overall survey findings that indicate safety in the community is high, Amish survey respondents indicate a less optimistic view. Table 7 illustrates lower mean score on all five indicators for quality of life (QOL) question #7: “How would you rate Geauga County as a safe place to live?” All five indicators mean scores are approximately 0.50 lower than the mean score of all respondents.

TABLE 6: QOL Question #7 – Comparison of Amish respondents to all respondents

Indicator	Mean	Std Deviation	Range	N	Unknown or Blank Responses
7. Safe place to live (All respondents n=384)					
a. Safety at home	4.21	0.813	1:5	383	1
b. Safety at work	4.09	0.831	2:5	292	92
c. Safety in schools	4.03	0.877	1:5	324	60
d. Safety in the community	4.01	0.905	1:5	370	14
e. Overall	4.06	0.851	2:5	380	4
7. Safe place to live (Amish respondents n=32)					
a. Safety at home	3.78	0.941	1:5	32	0
b. Safety at work	3.61	0.875	2:5	28	4
c. Safety in schools	3.60	0.814	2:5	30	2
d. Safety in the community	3.57	0.959	2:5	28	4
e. Overall	3.65	0.915	2:5	31	1

The focus group participants did raise issues with road safety, stating that non-Amish must be more cautious, learn hand signals and practice patience. These views are supported by research conducted by the Ohio Department of Transportation (ODOT) in a 2000 study of Amish buggy accidents in Ohio (2000). In that study, three primary causes of traffic crashes involving vehicles and buggies were identified as:

- Motor vehicle drivers underestimating speed differential of cars/buggies
- Lack of visibility of the horse and buggy at dusk and dawn, or due to rolling terrain

- Vehicle actions by both buggies and motor vehicles, such as not signaling and sudden or unexpected stops

The ODOT report findings mimic the suggestions made by Amish focus group participants. Such community perception may indicate the need for a road safety campaign, or road safety classes for both Amish and non-Amish residents. Motor vehicle safety is certainly an important public health issue in preventing injuries and deaths.

Both the Amish survey respondents and focus group participants indicated the need for childhood vaccination. More than 25% (n=8) of Amish survey respondents identified not getting vaccinations as an important risk factor. Focus group participants reinforced the importance of vaccination and suggested that getting too many shots at one time or getting shots too young was a concern of Amish.

These opinions may indicate the need for improved vaccine education efforts in the Amish community. In particular, reinforcing the seriousness of adverse reactions and how research takes every case seriously. Significant changes to vaccine safety have taken place over the past two decades and ongoing research continues to address safety issues. The community also needs more education to take proactive steps in disease prevention, rather than relying on disease outbreaks as the chief motivator for vaccination.

Amish focus group participants discussed the need for better access to oral healthcare. While only 6.7% (n=2) of survey participants indicated that dental problems were an important health issue, focus group participants explained the emotion and physical toll bad oral health has on the community.

One way for public health officials to improve access to oral healthcare for adolescents is to pursue opportunities presented by the Smile Programs ... from the mobile dentists, an organization that uses non-public funds to provide dental care at two local school districts in Geauga County. The Cardinal Local School District in Middlefield, Ohio has partnered with the Mobile Dentists for several years. In 2010, a new program was initiated at the Ledgemont Local School District in Thompson, Ohio. The mobile dental service provides dentists and dental hygienists twice each year to

conduct screening examinations, x-rays, cleanings, fluoride treatment and dental sealants (Woll, 2010). There is no charge to the school system and the program uses all means possible to pay for the service, including insurance, Medicaid, or private and public grants. No one is denied service because of the inability to pay. A major barrier to providing service is the need for electricity, which is not available at Amish Parochial Schools. However, this remains a great opportunity to promote a public health program for oral healthcare in the Amish community,

Appendix 1 - References

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Appendix 2 – Geauga County CTSA Survey Cover Letter

DATE OF MAILING

Dear Geauga County Resident,

The enclosed Community Themes and Strengths Assessment survey is part of a joint research study being conducted by the Geauga County Health District, Dr. Sheila Patterson of Cleveland State University (CSU), and Dr. Nancy Mosca, RN of Youngstown State University (YSU). We are conducting this study to obtain your opinions and views on community health issues in order to prepare a community health improvement plan.

The survey should take about 15 minutes to complete. You will receive no direct benefits from completing this survey, but your participation will help your community. The results from the survey will only be reported in aggregate form, such as by age groups or gender. No individual level reporting will be included in the final report. No personally identifying information will be collected. Your responses are anonymous; you should not include any identifying information on this survey.

Your participation is voluntary. If you would prefer not to participate, simply dispose of the survey. We ask that you try to answer all questions. However, if there are any questions that you would prefer to skip, simply leave the answer blank. You must be at least 18 years old to participate. If you are not 18 or older, please do not complete the survey.

Researchers contact information:

Name: Dr. Sheila Patterson
Title: Associate Professor
Dept: Health, Physical Education, Recreation, & Dance

Cleveland State University
Phone: (216) 687-4870
Email: s.m.patterson@csuohio.edu

Name: Dr. Nancy Mosca,
RN
Title: Professor

Dept: Nursing
Youngstown State
University
Phone: (330) 941-1793
Email: nwmosca@ysu.edu

This research has been reviewed by the Cleveland State University Institutional Review Board (IRB) and the Youngstown State University Human Subjects Research Committee (HSRC). These groups make sure that you are treated fairly and protected from harm. If you have any questions about your rights as a study participant or are dissatisfied at any time with any aspect of this study, you may contact the Cleveland State University IRB at (216) 687-3630 or the Director of Grants and Sponsored Programs of the Youngstown State University HSRC at (330) 941-2377.

Please return the completed survey in the stamped envelope no later than May 15, 2011.

PLEASE DO NOT WRITE YOUR NAME OR ADDRESS ANYWHERE ON THIS SURVEY FORM OR THE RETURN ENVELOPE.

Thank you!

Appendix 3 – Geauga County CTSA Survey

This survey is part of a joint research study being conducted by the Geauga County Health District, Dr. Sheila Patterson of Cleveland State University (CSU), and Dr. Nancy Mosca, RN of Youngstown State University (YSU). For further information regarding this survey, please contact Dr. Patterson at (216) 687-4870 or Dr. Mosca at (330) 941-1793. We are conducting this study to obtain your opinions and views on community health issues in order to prepare a community health improvement plan.

The survey should take about 15 minutes to complete. You will receive no direct benefits from completing this survey, but your participation will help your community. The results from the survey will only be reported in aggregate form, such as age groups or by gender. No individual level reporting will be included in the final report. No personally identifying information will be collected. Your responses are anonymous; you should not include any identifying information on this survey.

Your participation is voluntary. If you would prefer not to participate, simply dispose of the survey. We ask that you try to answer all questions. However, if there are any questions that you would prefer to skip, simply leave the answer blank. You must be at least 18 years old to participate. If you are not 18 or older, please do not complete the survey.

This research has been reviewed by the Cleveland State University Institutional Review Board (IRB) and the Youngstown State University Human Subjects Research Committee (HSRC). These groups make sure that you are treated fairly and protected from harm. If you have any questions about your rights as a study participant or are dissatisfied at any time with any aspect of this study, you may contact the Cleveland State University IRB at (216) 687-3630 or the Director of Grants and Sponsored Programs of the Youngstown State University HSRC at (330) 941-2377.

PLEASE DO NOT WRITE YOUR NAME OR ADDRESS ANYWHERE ON THIS SURVEY FORM OR THE RETURN ENVELOPE.

I AM OVER 18 YEAR OLD AND UNDERSTAND THAT BY COMPLETING AND RETURNING THIS SURVEY I AM AGREEING TO PARTICIPATE IN THIS PROJECT

For questions 1 through 3, please indicate whether you are: Very Satisfied, Satisfied, Neither Satisfied or Dissatisfied, Dissatisfied, Very Dissatisfied, or Don't Know						
1. How satisfied are you with the quality of life in Geauga County?						
	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
Safety						
Wellbeing (health, happiness, and prosperity)						
Community life						
Associations						
Overall satisfaction with the quality of life						
2. How satisfied are you with the economic opportunity in Geauga County?						
	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
Job availability						
Training and education						
Career growth						
Commute time						
Overall satisfaction with economic opportunity						
3. How satisfied are you with the healthcare resources in Geauga County?						
	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
Cost of healthcare						
Availability of healthcare						
Quality of healthcare						
Overall satisfaction with healthcare resources						
For question 4, please indicate your rating as: Excellent, Very Good, Good, Fair, Poor, or Don't Know						
4. How would you rate Geauga County as a place to raise a family?						
	Excellent	Very Good	Good	Fair	Poor	Don't know
School quality						
Day care						
After school programs						
Recreation and parks						
Overall rating as a place to raise family						

Community Themes and Strengths Assessment
Geauga County, Ohio

For questions 5 through 8, indicate your rating as: Excellent, Very Good, Good, Fair, Poor, or Don't Know						
5. How would you rate Geauga County as a place to grow old?						
	Excellent	Very Good	Good	Fair	Poor	Don't know
Housing choices						
Public transportation						
Shopping choices						
Churches and other places of worship						
Overall rating as a place to grow old						
6. How would you rate community support for individuals and families during times of stress and need?						
	Excellent	Very Good	Good	Fair	Poor	Don't know
Neighbors/support groups						
Churches and other worship groups						
Government agencies						
Charitable organizations						
Overall rating of community support for individuals and families during need						
7. How would you rate Geauga County as a safe place to live?						
	Excellent	Very Good	Good	Fair	Poor	Don't know
Safety at home						
Safety at work						
Safety in schools						
Safety in the community						
Overall rating of Geauga County as a safe place to live						
8. How would you rate the quality of the physical environment in Geauga County?						
	Excellent	Very Good	Good	Fair	Poor	Don't know
Air and water quality						
Trash and litter						
Rodent and pest control						
Chemical hazards						
Overall rating of the quality of the physical environment						
For question 9, please indicate your rating as: Very High, High, Neutral, Low, Very Low, or Don't Know						
9. How would you rate the level of civic responsibility and engagement in Geauga County?						
	Very High	High	Neutral	Low	Very Low	Don't Know
Participation in community groups						
Volunteering						
Voter turnout						
Youth empowerment opportunities						
Overall rating of civic responsibility and engagement in Geauga County						
For question 10, please indicate your rating as: Very Strongly, Strongly, Neither Strongly or Not Strongly, Not At All, or Don't Know						
10. How strongly do you feel that you, alone or with others, can make Geauga County a better place to live, work, or play in?						
	Very strongly	Strongly	Neutral	Not Strongly	Not at all	Don't know
Assisting neighbors						
Neighborhood block watch						
Volunteer for clean up						
Donating time, money, or goods						
Overall rating that you and others can make Geauga County a better place to live, work and play in						

Community Themes and Strengths Assessment
Geauga County, Ohio

For questions 11 through 14, indicate the three (3) most important by placing an **X** in the box next to your choice

11. What are the THREE MOST IMPORTANT factors for a healthy community? (place an X in 3 boxes)

- | | |
|---|---|
| <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Access to healthy food |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Low crime / safe neighborhoods |
| <input type="checkbox"/> Low death and disease rates | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Strong family life | <input type="checkbox"/> Other _____ |

12. What are the THREE MOST IMPORTANT “health problems” in Geauga County? (place an X in 3 boxes)

- | | |
|---|---|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Cancer(s) | <input type="checkbox"/> Infectious disease |
| <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Medications / Medication errors |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Motor vehicle accident injuries |
| <input type="checkbox"/> Diabetes (blood sugar) | <input type="checkbox"/> Obesity/Overweight |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Farm-related injuries | <input type="checkbox"/> Respiratory/lung disease/asthma |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Sexually transmitted diseases (STDs) |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Other _____ |

13. What do you think are the THREE MOST IMPORTANT “risk behaviors” in Geauga County?

(Consider behaviors with the greatest personal and community health impact) (Place an X in 3 boxes)

- | | |
|---|---|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using seatbelts/ child safety seats |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Not getting vaccines to prevent diseases |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Unsafe driving |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Unsafe sexual practices |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Other _____ |

14. What are the THREE MOST IMPORTANT assets in Geauga County? (place an X in 3 boxes)

- | | |
|--|---|
| <input type="checkbox"/> Churches and faith-based groups | <input type="checkbox"/> Civic organizations |
| <input type="checkbox"/> Educational resources | <input type="checkbox"/> Healthcare resources |
| <input type="checkbox"/> Local businesses | <input type="checkbox"/> Parks |
| <input type="checkbox"/> People | <input type="checkbox"/> Rural atmosphere |
| <input type="checkbox"/> Safe neighborhoods | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Social service agencies | <input type="checkbox"/> Other _____ |

DEMOGRAPHICS

15. How long have you lived in Geauga County?
☐ Less than 1 year
☐ 1 to 5 years
☐ 6 to 10 years
☐ Over 10 years
☐ Never
16. Township, city or village of residence:
☐ Aquilla Village ☐ Middlefield Twp
☐ Auburn Twp ☐ Middlefield Village
☐ Bainbridge Twp ☐ Montville Twp
☐ Burton Twp ☐ Munson Twp
☐ Burton Village ☐ Newbury Twp
☐ Chardon Twp ☐ Parkman Twp
☐ Chardon City ☐ Russell Twp
☐ Chester Twp ☐ South Russell Vil
☐ Claridon Twp ☐ Thompson Twp
☐ Hambden Twp ☐ Troy Twp
☐ Huntsburg Twp ☐ Other _____
☐ Hunting Valley (please specify)
17. Gender: ☐ Male ☐ Female
18. What is your age group?
☐ 18-24 ☐ 55-64
☐ 25-34 ☐ 65-74
☐ 35-44 ☐ 75-84
☐ 45-54 ☐ 85 or older
19. How would you describe yourself?
(Check all that apply)
☐ White
☐ Black, African American, or Negro
☐ American Indian or Alaska Native
☐ Asian or Pacific Islander
☐ Other Race (specify) _____
20. Are you of Hispanic, Latino or Spanish origin? ☐ Yes
☐ No
21. Are you Amish? ☐ Yes ☐ No
22. Marital Status:
☐ Single
☐ Married or domestic partner
☐ Separated
☐ Divorced
☐ Widowed
23. Education:
☐ Less than 9th grade
☐ 9th to 12th grade (no diploma)
☐ High school diploma or GED
☐ Vocational or technical school
☐ Some college (no degree)
☐ Associate's or 2-year degree
☐ Bachelor's or 4-years degree
☐ Graduate or professional degree
24. Household Income:
☐ Less than \$24,999
☐ \$25,000 to \$34,999
☐ \$35,000 to \$49,999
☐ \$50,000 to \$74,999
☐ \$75,000 to \$99,999
☐ \$100,000 or greater
25. How do you pay for your health care?
(Check all that apply)
☐ Pay cash (no insurance)
☐ Pay cash (co pays; deductibles)
☐ Health insurance or HMO
☐ Medicaid
☐ Medicare
☐ Veterans' Administration
☐ Other _____
26. Employment Status:
☐ Employed
☐ Unemployed or out of work
☐ Unable to work
☐ Homemaker
☐ Student
☐ Retired
☐ Other (specify) _____

Comments: _____

Please mail the completed survey to:

CTSA Survey
Geauga County Health District
470 Center St. #8, Chardon, Ohio 44024

Thank you for participating in the survey! Your opinion is greatly appreciated.

Appendix 4 – Geauga CTSA Survey- “Other” Responses

Question 11: What are the THREE MOST IMPORTANT factors for a healthy community?

1. Need sidewalks for walking
2. Appropriate Zoning

Question 12: What are the THREE MOST IMPORTANT “health problems” in Geauga County?

14. Low income housing
15. Breakdown of family
16. Lack of Regulations for dumping, trash, chemicals, etc
17. Getting the word out to public regarding available help / programs
18. Drugs
19. Apathy; people too busy
20. teen smoking
21. alcohol abuse
22. Alcoholism
23. alcohol
24. Health concerns for all ages
25. Healthcare cost
26. Drug problems

Question 13: What do you think are the THREE MOST IMPORTANT “risk behaviors” in Geauga County?

10. Using cell phones while driving
11. Cell phone use
12. lack of financial assistance
13. Amish road travelers
14. Nighttime walking w/o safety equipment
15. Talking and texting while driving
16. Unattended running cars
17. poor supervision of children by parents
18. Amish buggies

Question 14: What are the THREE MOST IMPORTANT assets in Geauga County?

3. Volunteer Fire Depts
4. YMCA

Question 16: Township, city or village of residence
<None>

Question 19: How would you describe yourself?
<None>

Question 24: How do you pay for your health care?

1. A-Cap
2. Amish Aid
3. Amish Health Plan
4. Caresource

Question 25: Employment Status

<None>

Appendix 5 – Geauga County CTSA – Survey “Comments”

1. We are new to the community after most of our lives living overseas. We are very satisfied with it.
2. We are disappointed with the way streets are salted in winter. It is mixed with asphalt. It gets all over everything. The garage, the house, the pets, everything. Couldn't something else be used instead? We vote for the road levies.
3. Question 12 is a very broad question and the average person would have no way of knowing - the answers marked would be pure guesses
4. Need to improve parks & recreation; more programs, recreation center, bathroom facilities. More choices for winter time.
5. Geauga County needs to concern themselves and care about the abused children rather than sweep them under the rug & forget them!!! INCLUDING Geauga Hospital ER & Job & Family Services
6. The apartments by Giant Eagle across from car wash need to go!! [text removed] Chardon Motel is also an eyesore. [text removed] These 2 places make Chardon look really bad.
7. Please address noise pollution. Thompson Dragway is way too loud & disturbs the peace and enjoyment of outdoors. Horrible!
8. The well water system in this community is outdated for the current population and cannot provide potable water for all of its residents
9. How about lowering taxes Lower property taxes. STOP spending on sill do-good projects.
10. Best healthcare for our family is CCHS. [private information deleted] What makes Geauga so attractive is its proximity to Cuyahoga & Lake Counties
11. It should be against the law to talk on the cell phone while driving. It ticks me off when I see this. Let's have a vote on it.
12. Survey seems to be pointed at younger persons - mostly anyways
13. Smaller local population with shared values contributes to quality of life
14. Good luck with your improvement plan
15. Would be interested in results of such a study. Will results be published/available to public? Just curious.
16. I worry about oil well drilling damaging water supply. Geauga Park system is great
17. Questions 11 to 14 involve mostly guessing
18. I think the Amish should contribute more as a community. We are forced to support their "ways" and life style, which they get the benefits of the rest of us.
19. Great raising my family here. Hope & pray Geauga County retains its rural aspect. Need to hold onto our farms & farm life.
20. Too many parks. Penalize septic problem people instead of penalizing everyone. Had to replace my system. There was nothing wrong with it. Was told tanks weren't big enough
21. We need better and more extensive treatment for mental health. We also need better public transportation
22. Need more emphasis on improving our schools

23. Stop changing zoning laws. Clean up trashed properties, ie junk vehicles, trash, etc. Maintain rural character, don't be so anxious to become a city. Keep school taxes affordable
24. Big problem in Newbury is pride over all look of the township. Too much junk and abandoned buildings and trash in ditches
25. Work in Cuyahoga County; don't have children; haven't needed healthcare; don't involve ourselves in community as we should
26. I believe the following should be addressed more: I don't believe people are informed regarding taking care of well water; how much testing?; leaning with Clorox; also drainage ditches (culverts) a lot of water accumulating - bugs, mosquitoes
27. GC is in desperate need of city or community recreation centers to increase the quality of life. As a westsider most of my life, there were many more opportunities in the community for recreation. The YMCA is not enough!
28. Not much to do in Hambden or Chardon area
29. We have been Geauga County residents for over 20 years. When we were raising our family, we had relationships with other families via school contacts. We have known a few neighbors at either of our homes nor do we have many connections with businesses in Geauga County communities. They are not very convenient.
30. Need affordable housing for seniors
31. Many assets are unknown to the population. Increased public awareness would be a great idea.
32. We moved to Russell Twp in 1970. Our daughter attended West Geauga school and JCU. The rural atmosphere is something my family and I praise highly. We also highly prize local control and home rule.
33. I am a retired Korean War vet and very happy to be alive and living here
34. In our community, there is no place to walk. We go to Burton or Chardon squares
35. I work outside of Chardon, therefore unsure of the job opportunities in Chardon.
36. I really love living in Geauga County and I don't ever plan on moving.
37. I really like living in a small country town. The people are friendly and nice. The schools are great to work with and attend.
38. I love living in Geauga County and my #1 concern is our school funding cuts that require additional levy money to replace the money cut. I want our schools to remain excellent
39. Overall, Geauga County is so wonderful. The people make this place so great. Many problems are related to difficult economic times. I would like more for the youth. Problems include Amish road safety.
40. Little knowledge of schools and churches
41. Rural area lacking progressive leadership for many years
42. Difficult to break into the community and not be viewed as an outsider
43. Important to maintain integrity in health, education and safety
44. Use GCHD resources appropriately
45. Overall, Geauga County is a good place to live. Concerns are traffic and water in Chardon City
46. Geauga County is a wonderful place to raise my family. I encourage people to stay involved with church, schools and the community.

- 47. Need better access to public transportation
- 48. Better child care and after school programs would help attract younger families. We have no after school program in Chardon through the schools. More retail stores are needed in Chardon.
- 49. Biggest problem is high taxes forcing us to consider moving. Many of us have spouses out of work, taken pay cuts or lost health insurance. We need reasonable price health care for those without insurance. There is no where in Geauga that provides help with healthcare costs. Maybe a resource publication for unemployed and low income families
- 50. Main diversity in this County is economic. There are some very poor people here; domestic abuse, unseen kids going hungry. If you look around, you will see people obviously living in cars. Lots of religious hypocrisy and racism [in some areas]
- 51. There is nowhere in town to take kids during long cold season besides the library, Burger King (safety?), or an extracurricular [activity] that costs too much. Need a community center or free open gym.
- 52. Great community to live in

Appendix 6 – Focus Group Consent Form

Consent to Participate in a Research Study ***Geauga County Community Themes and Strengths Assessment***

Investigator

This study is being conducted as part of a joint research project by investigators from the Geauga County Health District, Cleveland State University (CSU), and Youngstown State University (YSU). The researchers include Dr. Sheila Patterson, associate professor at Cleveland State University in the Health, Physical Education, Recreation & Dance department, and Dr. Nancy Mosca, RN, professor at Youngstown State University in the Nursing program.

Invitation to Participate & Purpose

You are being invited to participate in a focus group discussion about community health issues in Geauga County, such as the quality of life, the most important health problems in our community, the risky behaviors that threaten personal and community health, and the most important community resources. You will not be asked to share confidential medical information. Thank you for taking time out of your busy schedule to consider participation.

Voluntary Participation

Your participation in this evaluation is completely voluntary and you may withdraw your consent to participate at any time during the process without penalty. If you choose to do so, any information derived from your participation will be deleted from the findings.

Compensation

You will be given a \$25 gift card for participating in this study. The gift cards will be distributed at the end of the focus group discussion. If you decide to withdraw from the study, you will still be compensated with a \$25 gift card.

Methods/Procedures

The methods of data collection for this study will be focus groups discussions. Written notes will be taken and the discussion will be digitally recorded. The recording will be transcribed, to ensure accurate reporting of the information that you provide. Transcribers will sign a form stating that they will not discuss any item on the recording with anyone other than the researchers. Only first names will be used during discussion. However, if another participant uses your full name, the transcriber will be instructed to remove all last names from the transcript. The digital recording will be stored in locked files before and after being transcribed. The recording will be destroyed within 2 weeks of completing the transcriptions and the transcriptions will be destroyed 3 years after the completion of this evaluation.

Confidentiality

If you choose to participate, you will not be asked your last name at the focus group. We will use first names only during the focus group discussion. If by chance, you or someone you know addresses you by your last name in the sessions, the transcriber will be instructed to delete all last names from the transcription.

While every effort will be made to keep confidential all of the information you complete and share, it cannot be absolutely guaranteed. Individuals from the Cleveland State University Institutional Review Board (IRB), Youngstown State University Human Subjects Research Committee (HSRC), Research Protections Program, and Federal regulatory agencies may look at records related to this study for quality improvement and regulatory functions. There will however be no names attached to the recordings or transcriptions, and there will be no identifying information or names used in any written reports or publications which result from this evaluation project. Your participation in this evaluation will be strictly confidential.

All findings used in any written reports or publications which result from this project will be reported in aggregate form with no identifying information. It is, however useful to use direct quotes to more clearly capture the meanings in reporting the findings from this form of evaluation. You will be asked at the end of the interview or focus group if there is anything you said which you do not want included as a quote, and we will ensure that they are not used.

Risks and Inconveniences

There are no anticipated physical risks to you. However, the discussion will last up to 90 minutes, which may be uncomfortable for you. We will take a break at the halfway point for your convenience.

You will be expressing your opinions and views with other people that you may or may not know. If this makes you feel uncomfortable, you have the right to remain quite on any or all questions, or leave the group if you so choose. If you choose to withdraw, your comments will be removed from the transcript.

Focus group members will be asked to keep the information provided in the groups confidential. However, a potential risk that might exist for some would be that information about your opinions might be discussed outside the group by other participants and be traced back to you. If this is a potential issue for you, you are encouraged to discuss your views directly with one of the researchers, who are knowledgeable of and bound by confidentiality.

Benefits

A potential benefit of participating in this discussion for you could be having an opportunity to describe your opinion on community health issues with other community members. Additionally, the opportunity to connect with other residents and share similar and divergent experiences may help clarify and validate your experiences. The benefits to your community is identifying opinions and concerns about community health issues in Geauga County, such as the quality of life, the most important health problems

residents face, the risky behaviors that threaten personal and community health, and the most important community resources. These opinions will contribute to the development of a community health improvement plan.

In Case of Injury

If you have any questions about the study that you are participating in you are encouraged to call Dr. Sheila Patterson, associate professor, Cleveland State University, (216) 687-4870, or Dr. Nancy Mosca, RN, professor, Youngstown State University, (330) 941-1793.

This study has been reviewed and approved by the Cleveland State University Institutional Review Board (IRB) and the Youngstown State University Human Subjects Research Committee (HSRC). These groups make sure that you are treated fairly and protected from harm. If you have any questions about your rights as a study participant or are dissatisfied at any time with any aspect of this study, you may contact the Cleveland State University IRB at (216) 687-3630 or the Director of Grants and Sponsored Programs of the Youngstown State University HSRC at (330) 941-2377.

Consent

I am 18-years of age or older and am a resident of Geauga County, Ohio. I voluntarily agree to participate in this study. I have had the chance to ask the investigator any questions I have in regard to this study. I understand that the session will be digitally recorded.

I HAVE RECEIVED A COPY OF THIS INFORMED CONSENT AGREEMENT

Participant (Print Name)	Signature	Date
<hr/>		
Investigator (Print Name)	Signature	Date
<hr/>		
Witness (Print Name)	Signature	Date
<hr/>		

Appendix 7 – Focus Group Script

Geauga County Community Themes and Strengths Focus Group Script

Good morning (afternoon).

I want to thank you for taking time to participate in this focus group. My name is

_____.

The purpose of this discussion is to gather your opinions and concerns about community health issues in Geauga County, Ohio. Your answers will provide a better understanding of the issues Geauga County residents feel are important by answering the questions: “What is important to our community?”, “How is quality of life perceived in our community?”, and “What assets do we have that can be used to improve community health?” Thank you for taking time out of your busy schedule to assist us in this process. We will limit today’s discussion to approximately 90 minutes and we will take a short break about halfway into the discussion.

My job is to moderate the discussion by asking questions and listening to your comments. We will take notes and digitally record the discussion to insure we capture all of your comments. Your answers and names are confidential.

Ground Rules:

Everyone’s opinion is very important, so we want to allow everyone an opportunity to talk. Feel free to express your opinion, even if it differs from your neighbors. We may have to interrupt discussion on one question to make sure we cover all the topics. Your participation is voluntary. It is your right to not answer any particular question or to leave at any time during this discussion without penalty.

Questions:

1. What does a “healthy community” mean to you?
2. What are the pressing health related problems in Geauga County? (probes to capture challenges faced by members of the focus group)
3. Of the problems identified (restate #2 as a list), what are the most important?
4. Why do you think we have these problems (restate most important identified in #3 as a list) in Geauga County?
5. What strengths and resources do we have in Geauga County to address these problems (identified in #2 and #3)?
6. What do you think we are missing or lacking in Geauga County to address these problems (identified in #2 and #3)?

Thank you for taking time to come talk with us today. What you have shared will help us work together to understand more about the strengths and needs of Geauga County.

Appendix 8 – YSU IRB Approval Letter



One University Plaza, Youngstown, Ohio 44555
School of Graduate Studies and Research
330.941.3091
Fax 330.941.1580
graduateschool@cc.ysu.edu

November 21, 2010

Dr. Nancy Mosca, Principal Investigator
Mr. Daniel Mix, Co-investigator
Department of Nursing
UNIVERSITY

RE: Human Subjects Research Protocol Number: 073-2011
Title: Community Themes and Strengths Assessment in Geauga County, Ohio

Dear Dr. Mosca and Mr. Mix:

The Human Subjects Research Committee of Youngstown State University has reviewed the aforementioned Protocol via expedited review, and it has been fully approved with the stipulation that you use only the revised survey document.

Any changes in your research activity should be promptly reported to the Human Subjects Research Committee and may not be initiated without HSRC approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the Human Subjects Research Committee. Best wishes in the conduct of your study.

Sincerely,

A handwritten signature in black ink, appearing to read "P. J. Kasvinsky", written over a large, stylized loop.

Peter J. Kasvinsky
Dean, School of Graduate Studies and Research
Research Compliance Officer

c: Dr. Patricia Hoyson, Chair
Department of Nursing

Appendix 8 – CSU IRB Approval e-Mail

From: John J Jeziorowski [j.jeziorowski@csuohio.edu]
Sent: Friday, March 11, 2011 10:31 AM
To: danmix@softhome.net
Cc: nwmosca@ysu.edu; Sheila M Patterson; Barbara A Bryant; Richard Piiparinen
Subject: Re: IRB Submission #29282-PAT-HS

Importance: High

Dear Investigators Mix, Patterson and Mosca:

I am in receipt of your email of 03/10/2011 @ 7:34am in response to my email of 03/07/2010 following preliminary review of your IRB Submission #29282-PAT-HS. You have addressed all of the items noted on that initial correspondence and are hereby approved to proceed with your study - pending Youngstown State University (YSU) approval of the changes that have been made. Your CSU IRB approval is classified "Expedited - Category 7" as of this day/date (Friday, March 11, 2011). I would respectfully request a copy of your final written approval from the YSU IRB for our records. You will be receiving written confirmation of the CSU IRB approval within the very near future. Both myself and the secondary reviewer want to wish you the very best of luck in your investigative endeavor. It has indeed been both a privilege and a pleasure to be of assistance to you in this review process!

Respectfully expressed,
John J. Jeziorowski, Primary Reviewer
IRB Submission #29282-PAT-HS