



KENT HEALTH 2003: A SURVEY OF RESIDENTS
OF KENT, OHIO

Funded by: City of Kent
Kent State University

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Introduction

Kent Health 2003 is a joint project funded by the City of Kent Board of Health and Kent State University. The project gathered data on the health status and health attitudes of Kent city residents between June and November 2003. The method of data collection was a random door-to-door survey of residents. The project had three primary aims:

1. To increase our understanding of the health status of Kent city residents in order to identify community health needs/problems and community assets.
2. To identify public perceptions of health problems and issues in Kent with a view to establishing the most effective means of designing local health promotion efforts.
3. To identify the level of knowledge and participation in mammogram screening, colorectal screening, and physical exercise. We also investigated tobacco use and level of knowledge regarding the health risks associated with smoking among Kent city residents. The purpose of focusing on these areas is to identify whether health promotion efforts are needed in these areas.

Background of Project

Community health assessment is a core public health function (IOM, 1988). This study will contribute to this function by providing information on the health status, health beliefs, and health attitudes of Kent residents. We also assess health care access and health care utilization. These data will provide the opportunity to update previous state-wide efforts to assess the health status of Ohioans. As such, this study is the first major effort to evaluate the health status, attitudes, and needs of the residents of the City of Kent.

In addition to providing a baseline as a means of assessing the success of future prevention efforts, the proposed data collection will also afford the opportunity to make comparisons with the Behavioral Health Risk Factor Surveillance System (BRFSS). The BRFSS is a data collection effort mounted by the Centers for Disease Control (CDC) in the early eighties. The BRFSS now includes all 50 states, the three U. S. territories, and the District of Columbia. The Ohio Department of Health has been participating in the BRFSS since 1984 (Ohio Department of Health, 1999). In constructing our survey instrument, the primary investigators used items drawn from the BRFSS, and accordingly, this report presents the results of Kent Health 2003 with comparable questions asked of Ohioans in the BRFSS. These results will permit the Board of Health to compare our findings about residents of Kent to already-established state, county, and national norms. Thus, the Board of Health will be able to identify in what areas of health status, health knowledge, and health behaviors Kent exceeds, is the same as, or falls short of state norms. The comparisons presented here as a result of

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this research will be critical in guiding health policy decisions, developing public awareness, and identifying critical areas for future initiatives at the local level. The second focus of Kent Health 2003 is on the public perceptions of health problems and issues in the City of Kent. In combination with a series of local neighborhood meetings conducted by the city, the results of this study will provide valuable information regarding the community members' perceptions of their health and safety priorities for the Kent community. This will provide the opportunity for the health department to design interventions that will be well-received and effective. Questions in the area of perceptions of health issues and health and safety priorities will focus on what priorities should be the focus of public health interventions, who should be targeted for preventive services, what evaluation endpoints should be identified for public health programming and what evidenced-based strategies, that adapted as needed, would be helpful in improving the community's health.

The Kent 2003 survey instrument is also comparable to recent studies conducted by other Portage and Summit county community health boards. Thus, the collection of these data will afford the opportunity to make empirical comparisons and engage in collaborative efforts with other local communities, specifically Ravenna and Akron. A final issue regarding health perceptions and health and safety priorities concerns data that will be of particular interest and utility for our research partners – the Kent State University community. An earlier convenience-sample pilot study using a similar instrument analyzed by one of the researchers involved in the current project (Roxburgh), revealed that complaints about student-resident interactions, particularly those involving alcohol use/abuse among students were frequently mentioned by Kent residents. The results of the Kent Health 2003 study provides the opportunity to examine the depth of this issue, and the results of this study could be used as a starting point for discussions designed to enhance the quality of the KSU-City of Kent relationship.

The third aim of this project is to collect data in three areas of public health concerns. First, we assessed the level of participation of Kent residents in two screening programs – mammograms and colorectal cancer screening. Improving participation in these screening programs has been identified by Healthy People 2010 as important national public health goals. Although some controversy exists regarding its efficacy (Green and Taplin 2003), the U. S. Preventive Services Task Force (USPSTF) recently updated their screening recommendations and based on their metanalysis of randomized controlled trials, recommend screening mammography for all women starting at 40 years of age. Colorectal screening is also recommended by the USPSTF but National Health Interview Survey data for 2000 identified very low rates of colorectal screening, particularly among low income groups (Swan et al., 2003). The data that was collected during the Kent Health 2003 project provides the opportunity to make comparisons with national rates and provide the justification for possible public health programs. Second, we also asked a series of questions about the level of participation in exercise of Kent residents. Although low exercise and accompanying health problems associated with a sedentary lifestyle, such as

obesity and heart disease, are well-documented among Americans in general and Ohioans in particular, it is important to know how Kent compares with other regions of the country and state. Third, we collected data on tobacco use and knowledge of the health risks associated with tobacco use. Rates of smoking, exposure to secondhand smoke, and general knowledge regarding the health risks of smoking and secondhand exposure provide important baseline data for the determination and design of health promotion programs.

DATA COLLECTION METHOD

Method of Sampling

The sample population consisted of all Kent city residents who were over eighteen years of age, fluent in English, and physically and mentally capable of responding to the questionnaire. The sampling boundaries conform to the U. S. Census-defined boundaries of the City of Kent and essentially divide the Kent area into four roughly equivalent quadrants of about the same size. The sample technique was a three-stage cluster sample. In stage 1, using a map of Kent, study personnel randomly sampled Kent city blocks from each of the four census quadrants. Stage 2 involved selecting a random sample of households from within the blocks. This process produced a complete list of all addresses to whom letters of introduction explaining the purpose of the study were mailed. In addition to explaining the purpose of the study, and naming the study personnel, the letter was also designed to prepare potential respondents with notice that a trained interviewer in possession of Kent State University identification would be calling at their home. Six hundred and sixty-seven (667) households were sent this letter (see Appendix for a copy).

Stage 3 of the three-stage cluster sampling procedure involved randomly sampling individuals within the household. This was achieved by the interviewer, whose first task upon obtaining the cooperation of the individual who answered the door was to identify the person in the household who was; a) over eighteen, b) and who had most recently had a birthday. This household sampling procedure, known as the 'birthday method' has been shown to be an appropriate randomization technique (O'Rourke & Blair 1983, Lavrakas 1998) and an efficient way to select respondents within a household. Once the person with the most recent birthday had been identified, they were interviewed or another interview time was arranged.

As noted, 667 addresses received letters. Table 1 below provides a breakdown of the number of addresses in each census quadrant and the total number of interviews for each quadrant. Table 1 shows that the sample over-represents respondents from the southeast area of Kent and somewhat over-represents the southwest quadrant. In turn, the northern quadrants are under-represented, particularly the northwest area. However, given the random nature of the sample and assuming there are no significant demographic differences between

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residents of Kent in the different quadrants – and there is no obvious reason why they should be – this should not influence the generalization of results.

Table 1. Distribution of Random Sample and Completed Interviews by Census Tract

Census Region	Number of Letters Mailed	Number of Interviews Completed	Percentage of Completed Interviews for Region
1: NW	211	34	16%
2: NE	178	39	22%
3: SW	179	57	32%
4: SE	99	55	56%

The final sample consists of 198 completed cases. Although this falls below the project sample size target for the study, three factors moderate any concerns that might arise regarding generalizability of the study findings. First, the sample is a random one and the generalizability of random samples is maintained even with quite small samples. Second, because of the cluster sample strategy, the sample is broadly representative of all areas of the relatively small area that makes up the City of Kent. Third, the refusal rate for the study is relatively low, with just under 30% of eligible respondents refusing to participate. This information and the complete disposition of all cases is shown below in Table 2.

Table 2. Disposition of Households Visited by an Interviewer

Disposition	Number	Percentage of Total
Completed Interview	198	48%
Not a valid address	45	11%
Business	16	4%
No one ever there	33	8%
House empty/abandoned	16	4%
Status unresolved	20	5%
Refused	82	20%
Refusal Rate		82/280 = 29%

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Characteristics of the Sample

Table 3 provides a description of the final sample. It shows that the sample slightly over-represents women. This is a common feature of surveys because women are more likely to agree to participate in survey research. The average age of the sample is about 40 years. With respect to marital status, thirty-five percent of respondents in the sample are single, about half are married, one percent (1%) are living with an intimate partner, nine percent (9%) are divorced and seven percent (7%) are widowed. Compared with the distribution of marital status for Ohioans, the sample conforms closely to the state as a whole with respect to the percentage of divorced and widowed. Eleven percent (11%) of Ohioans are divorced and seven percent (7%) are widowed. In the Kent 2003 sample, there are fewer married respondents and more never married respondents. Just over fifty-four percent (54.4%) of Ohioans are married and twenty-six percent (26.2%) are never married (U. S. Bureau of the Census, 2002). This difference is likely due to the greater proportion of college students living in residential housing in the City of Kent. The sample is also less ethnically diverse than the state as a whole. The percentage of respondents who describe themselves as white is ninety percent (90%), while eighty-four (84%) of Ohioans are white (U. S. Bureau of the Census 2002). Just over eleven percent (11.5%) of the state's population describes their ethnicity as African American, but only seven percent (7%) of the Kent 2003 sample are African American (U. S. Bureau of the Census). Other ethnic minorities are also slightly under-represented in the City of Kent. Hispanics make up one percent (1%) of the Kent 2003 sample and are two percent (2%) of the population of Ohio (U. S. Bureau of the Census, 2002).

In terms of education and income, the Kent 2003 sample is both better educated and has a higher household income than the state as a whole. Twenty-one percent (21.1%) of Ohioans hold a bachelors degree or higher, whereas in this sample forty-one percent (41.5%) of the sample reports holding a bachelors degree or higher (U. S. Bureau of the Census). An additional thirty-seven percent (37%) of the Kent sample report at least some years of college or an associate degree. Thus in keeping with the nature of a college town, the average resident of the City of Kent is substantially better educated than the average Ohioan. Similarly, the median income for the Kent 2003 sample is \$55,000, while the median household income for Ohioans for the same year was \$43,520 (Hanauer, 2004).

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Table 3. Description of the Sample (N=198)*

Construct	Frequency	Average
Gender	Female= 117 (59%) Male= 81 (41%)	
Age	Range=18-84	41.8 (17.5)
Marital Status	Single = 69 (35%) Married = 96 (49%) Cohabiting= 2 (1%) Divorced= 17 (9%) Widowed= 13 (7%)	
Parental Status	122 respondents have children (62%)	
Family Size	Of these, 72 respondents have children at home. Average Family Size = 2 children, with a range of 1 – 5.	
Ethnicity	White= 178 (90%) African American= 14 (7%) Hispanic = 2 (1%) Other = 2 (1%)	
Education	Less than High School = 5 (2.5%) High School = 35 (18%) Some College/Associate Degree = 74 (37%) College Degree = 45 (23%) Some Graduate School = 7 (3.5%) Graduate/Professional Degree = 30 (15%)	15 years of education
Household Income	0 - \$10,000 = 26 (16%) \$10,000 - \$29,999 = 14 (8.5%) \$30,000 - \$49,000 = 32 (19%) \$50,000 - \$69,999 = 33 (20%) \$70,000 - \$99,999 = 35 (21%) \$100,000 + = 25 (15%)	\$61,136 Median=\$55,000
Personal Income	0 - \$10,000 = 26 (30%) \$10,000 - \$29,999 = 14 (20%) \$30,000 - \$49,000 = 32 (25%) \$50,000 - \$69,999 = 33 (12%) \$70,000 - \$99,999 = 35 (11%) \$100,000 + = 25 (2%)	\$34,847 Median=\$35,000

* Totals may not add up to one hundred due to rounding.

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GENERAL HEALTH

Summary of Findings:

- Kent city residents are somewhat less likely to report excellent health and more likely to report good health than Ohio residents who participated in the 2003 BRFSS. However, because Kent city respondents are also less likely to report fair and poor health, fewer Kent respondents than Ohio residents have an 'at-risk health status.'
- Sixty-one percent (61%) of the sample reports between 0 and 1 days of poor physical health in the last thirty days. A third of the sample report poor physical health for between 2 and 7 days in the last month and ten percent (10%) report poor health for between 8 and 30 days in the last month.
- Seventy-one percent (71%) of the sample reports between 0 and 1 days of poor mental health in the last thirty days. Just over twenty percent (20%) report poor mental health for 2 to 7 days in the last month and nine percent (9%) report poor mental health for between 8 and 30 days in the last month.
- Just over three-quarters of the sample (76%) reported that they experienced limitations in their normal activities because of their mental or physical health less than two days out of the month. Eighteen percent (18%) reported between 2 to 7 days of limits on their activities because of their mental and physical health and six percent (6%) reported that their physical or mental health limited their usual activities for more than seven days of the month.
- Respondents were also asked to rate how healthy they thought other Kent residents were. Eighteen percent (18%) thought that Kent was a 'very healthy place, forty-seven percent (47%) thought Kent was 'healthy' and thirty-three percent (33%) thought Kent was 'somewhat healthy'. Only two percent (2%) thought Kent was 'unhealthy'.
- Respondents over 60 years of age, rated Kent health significantly lower than younger individuals. This age gap in evaluations of Kent's health is observed in spite of the fact that there is no difference in how people over and under 60 years rate their own health.

Figure 1. Ratings of General Health

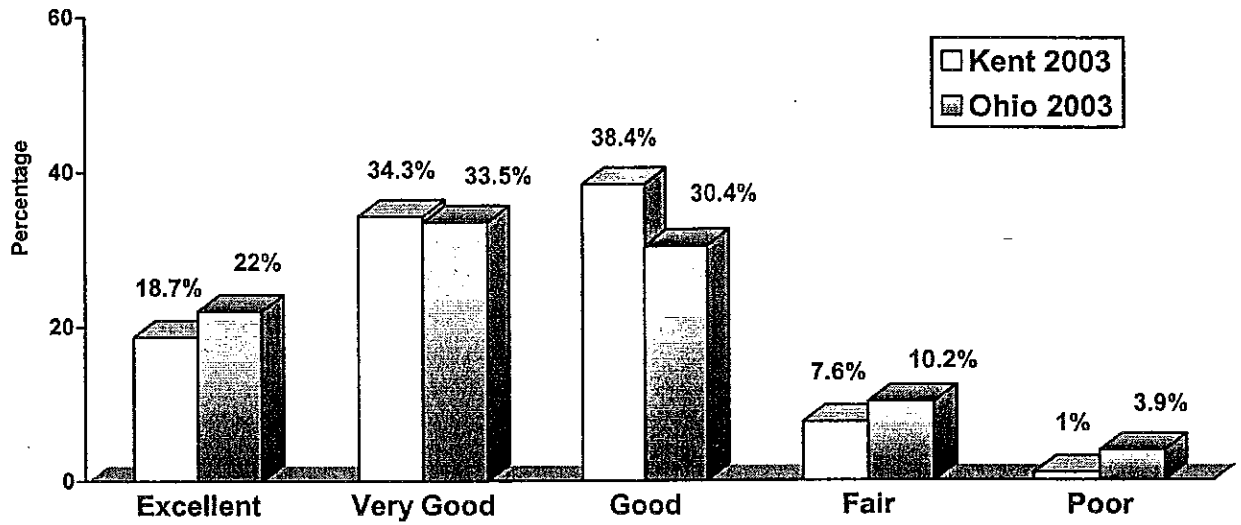


Figure 2. Respondents with At-Risk Health Status

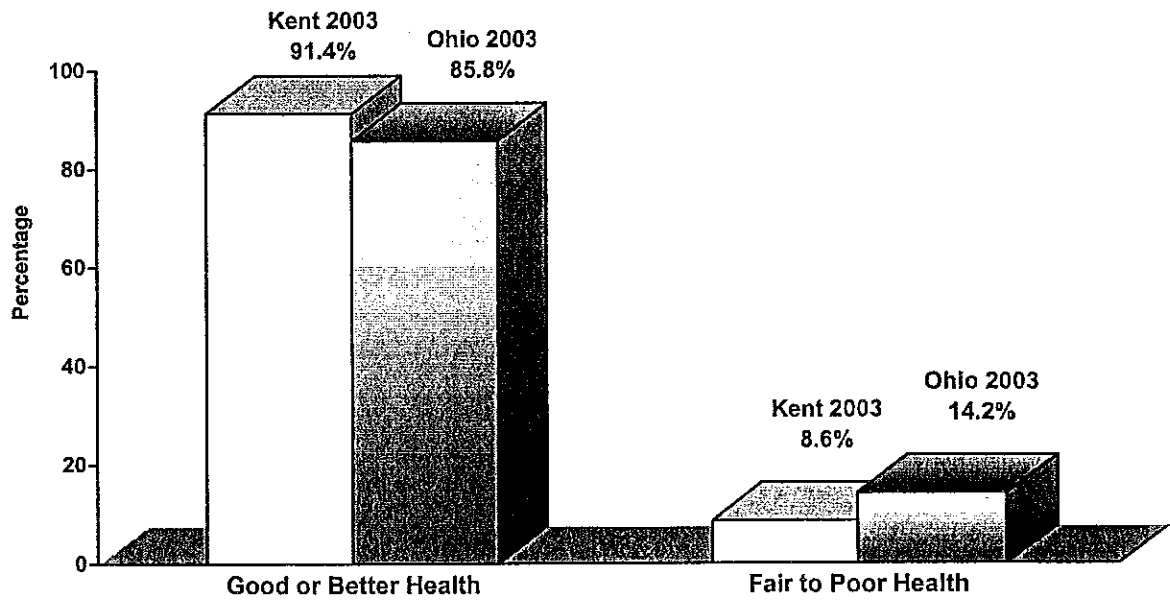


Figure 3: How many days during the last 30 was your physical health not good?

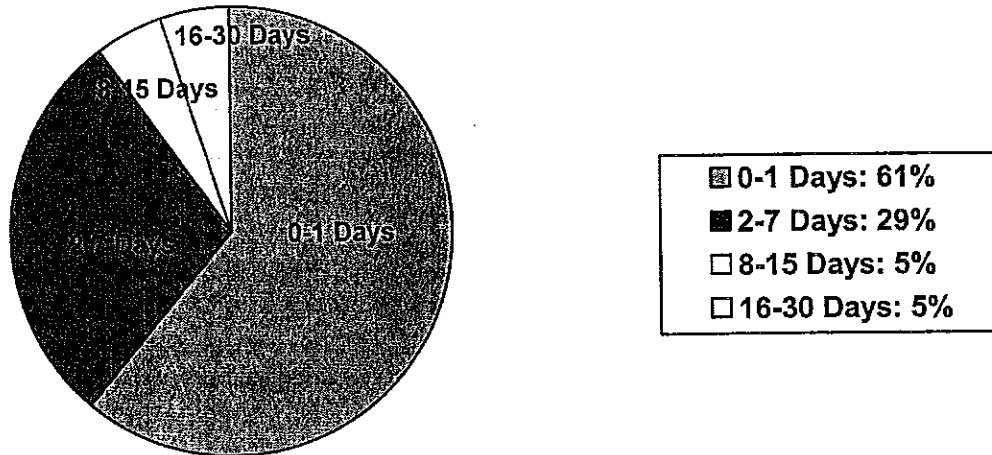


Figure 4: How many days during the last 30 was your mental health not good?

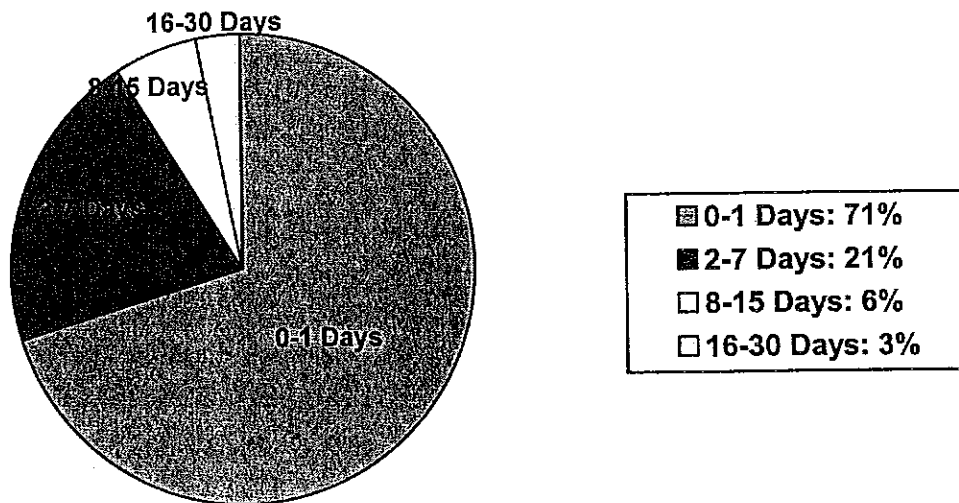


Figure 5: How many days during the last 30 did your physical or mental health prevent you from doing your usual activities?

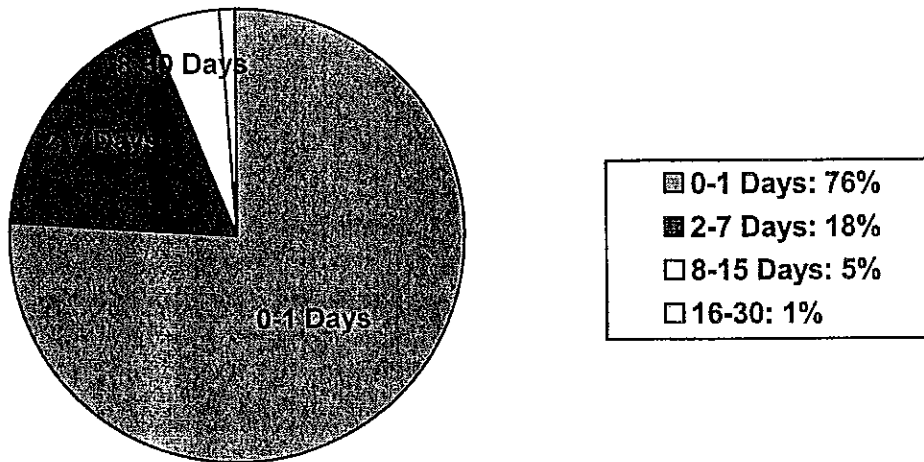


Figure 6: Overall, how would you rate Kent in terms of health?

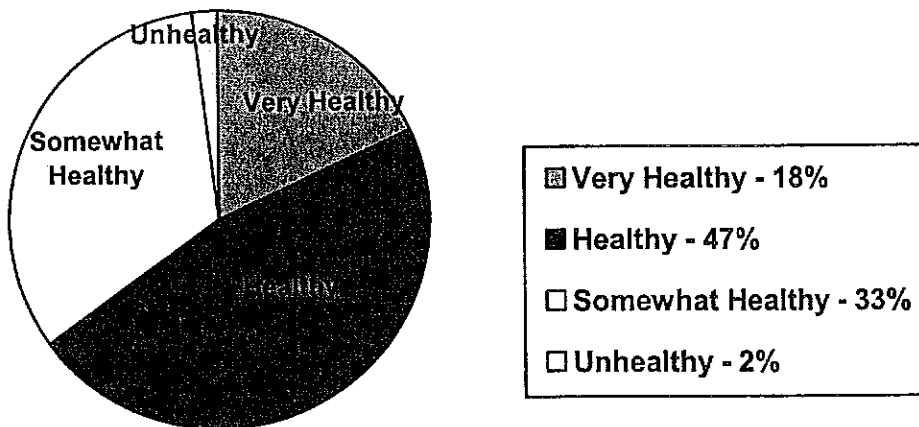


Table 4. Comparison of Average Rating of Kent Health by Age

Under 60 Yrs	2.3 (.717)
60 Yrs and Over	1.9 (.841)**

HEALTH CARE COVERAGE

Summary of Findings:

- Five percent (5%) of the sample had no health care coverage at the time of the interview. This compares favorably with a rate of eleven percent (11%) for Ohio BRFSS respondents in 2002.
- However, Kent respondents were more likely than Ohio residents to report that they had not had health insurance at some point in the last twelve months (9.7% compared to 5.1%).
- About half of Kent respondents (47%) reported that their insurance was provided by their employer, which is a lower figure than the BRFSS for Ohioans in 2000 (65%).
- Compared with the BRFSS 2000, a greater percentage of Kent respondents reported that their insurance was provided by another person's employer. This is likely due to the greater proportion of students in the sample, whose insurance is provided by their parents. This supposition is confirmed by the fact that among Kent respondents, those under 25 years of age are significantly more likely to report that their insurance is provided for by someone else's employer.
- A greater proportion of Kent residents are covered by medicare (11% compared with 4%), and a smaller proportion are covered by Medicaid (1% compared with 2.3%), compared with figures from the BRFSS 2000.
- Just over 2/3rd of the sample (67%) reported that they had a routine check-up in the last twelve months, compared with seventy-four percent (73/8%) of BRFSS 2000 respondents.
- A somewhat smaller proportion of Kent respondents have had a routine check-up in the last twelve months (66.7% for Kent and 73.8% for the

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Ohio BRFSS). But a greater proportion of Kent respondents have had a check-up in the last two years (20.2% compared with 12.4% on the BRFSS 2000).

- There was no difference across age groups in the probability of having had a check-up in the previous year.
- Women were significantly more likely to have had a check-up in the previous year (45% of men and 80% of women).

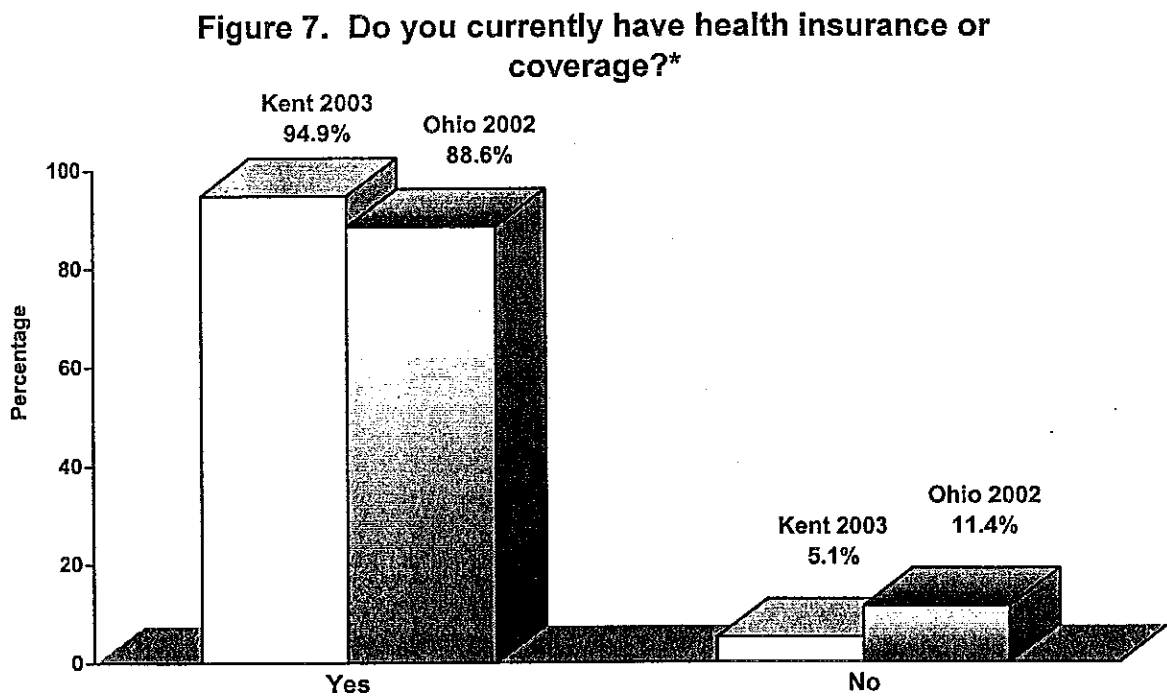


Figure 8. Has there been any time in the past year when you did not have health insurance or coverage?*

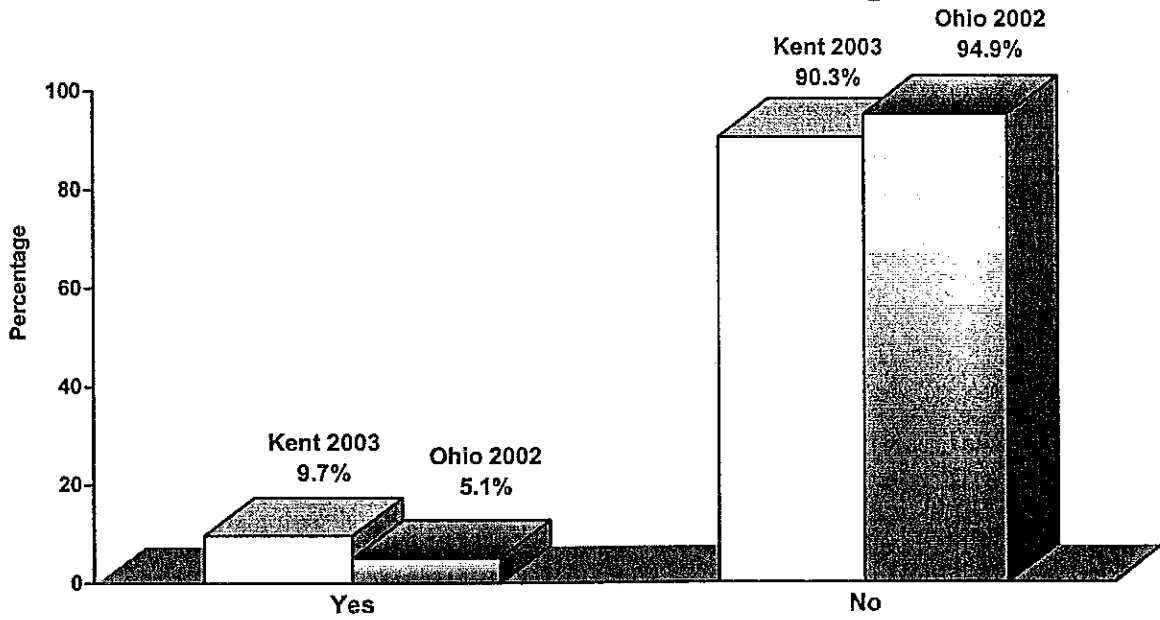


Figure 9. Type of Health Care Coverage

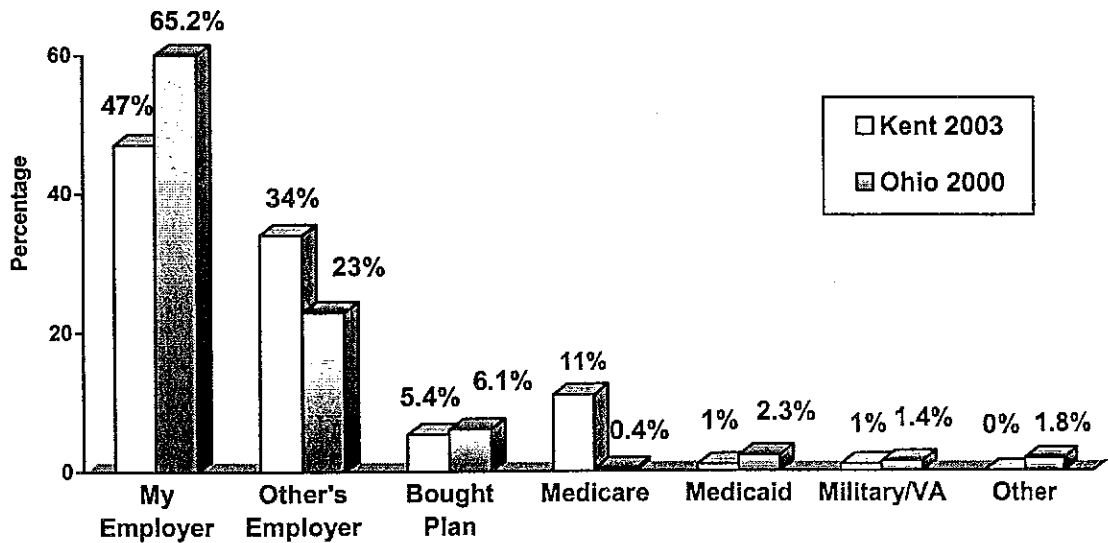
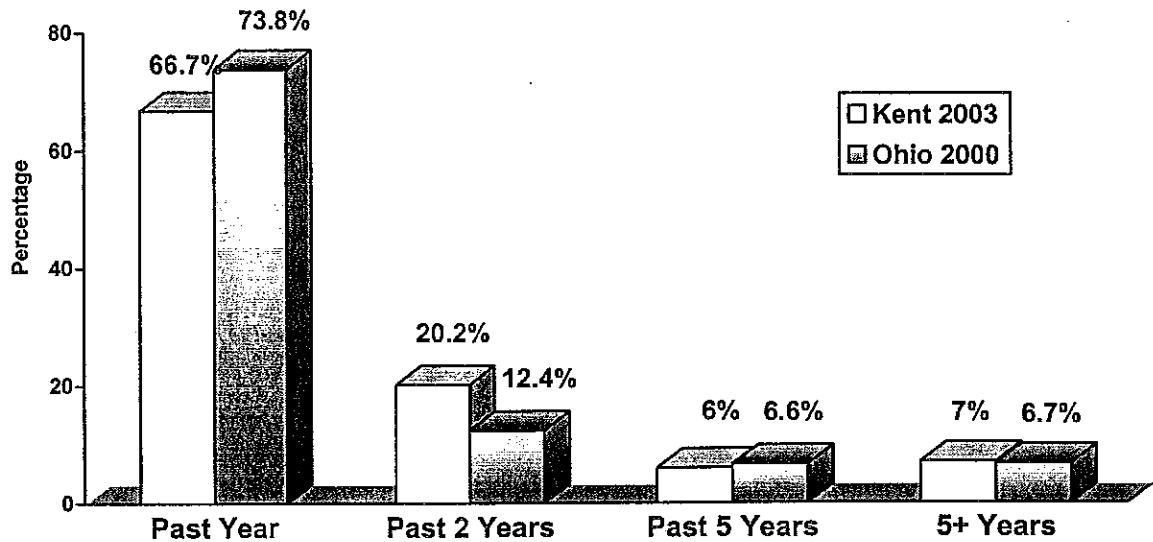


Figure 10. About how long has it been since you last visited a doctor for a routine checkup?

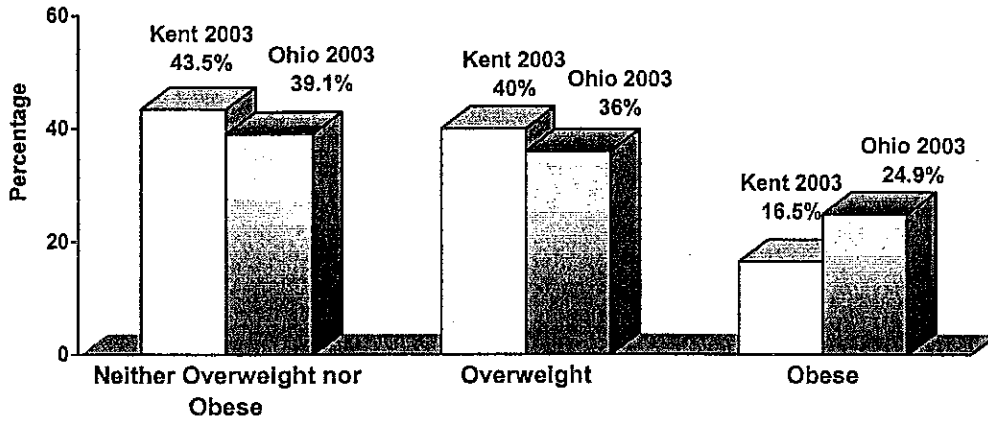


WEIGHT

Summary of Findings:

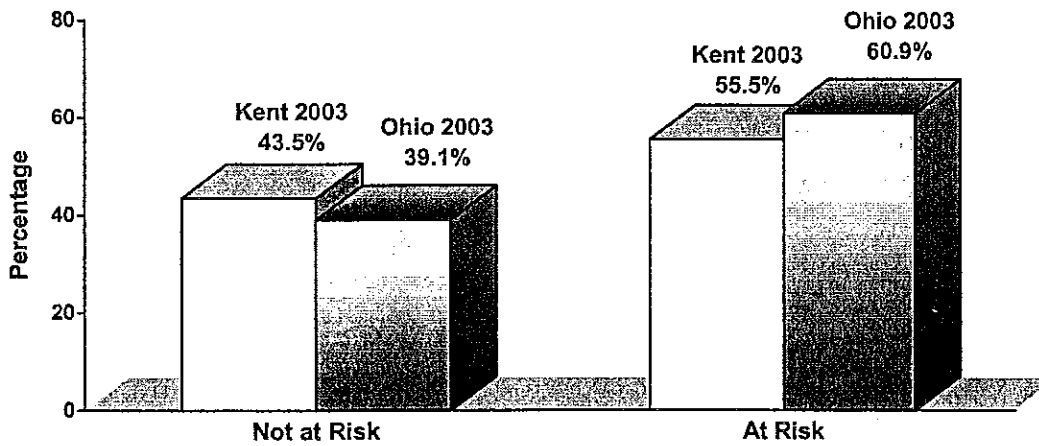
- Just over 43% of Kent 2003 respondents are neither overweight nor obese, compared with 39% of Ohio BRFSS 2003 respondents.
- Forty percent (40%) are overweight and 16.5% of Kent respondents are obese. Compared with Ohio BRFSS 2003 respondents, Kent respondents are much less likely to be obese but somewhat more likely to be overweight.
- Being overweight or obese is defined by the BRFSS as being at-risk for weight-related health problems. Fifty-six (55.5%) of Kent respondents are at-risk for health problems caused by their weight, compared with a somewhat higher 61% of Ohioan BRFSS 2003 respondents.

Figure 11. Weight Classification Using Body Mass Index*



* See Appendix for definition.

Figure 12. Respondents at Risk for Health Problems Related to Being Overweight

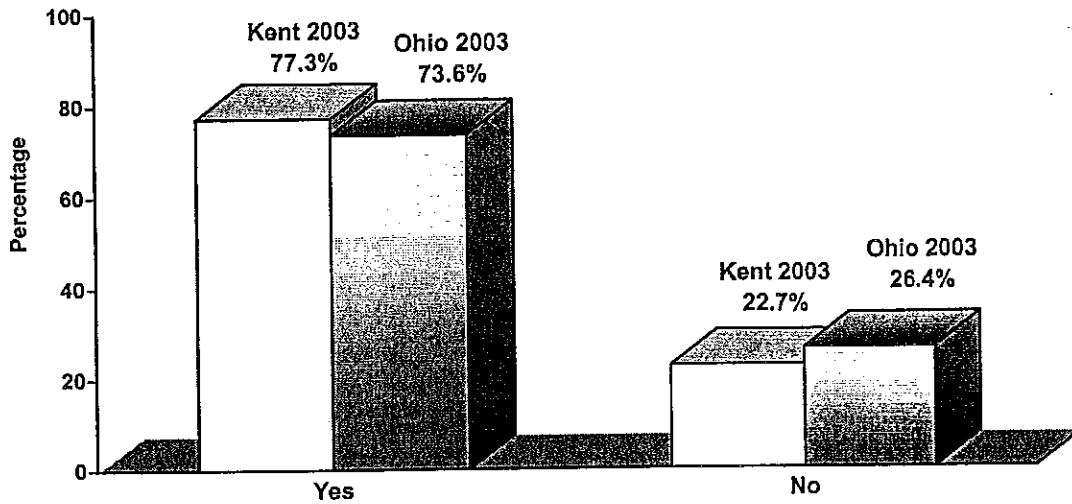


PHYSICAL ACTIVITY

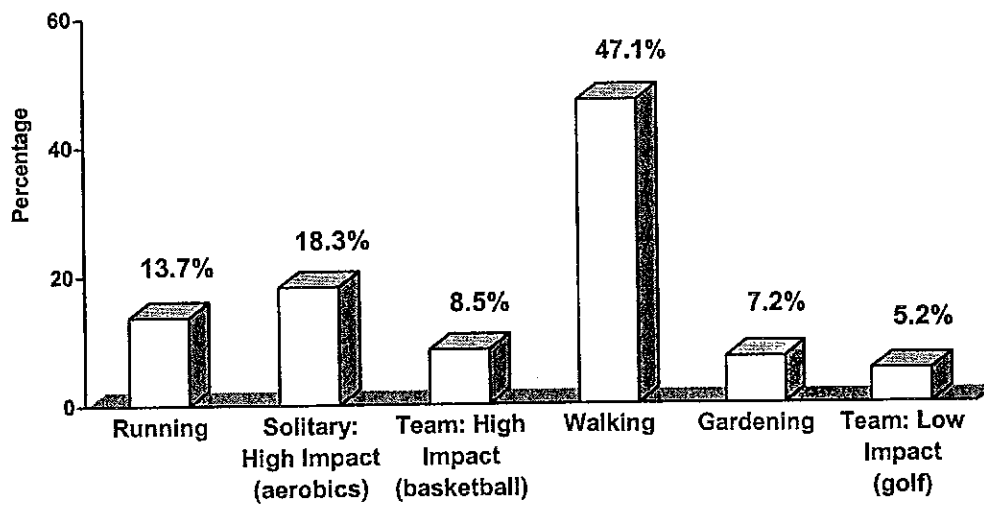
Summary of Findings:

- More than seventy-five percent (77.3%) of Kent respondents report participation in physical activity in the last month. This compares favorably with Ohio 2003 respondents, who are slightly less likely to report physical activity in the previous month.
- Forty-seven percent (47.1%) of the sample reported that walking was their primary physical activity. An additional 12.4% reported that gardening and low impact sports such as golf were their primary activity. Thus, fifty-nine (59.5%) engaged in no physical activity other than walking, gardening or sports such as golf.
- Forty percent (40.5%) of the sample reported participation during the last month in high-impact sports, activities such as aerobics, and running.
- Kent respondents over fifty are significantly more likely than younger individuals to report gardening as a physical activity.
- Kent respondents under twenty-five are significantly more likely than older individuals to report participating in high-impact team sports and are significantly less likely to report walking as form of physical exercise.
- Running as a form of exercise is more likely to be reported by individuals over 25 years and under 50 years of age.
- Women are more likely to report walking as a form of exercise and are less likely to report participation in high-impact team sports compared with men.

Figure 13. During the past month, did you participate in any physical activities?



**Figure 14. Respondents who have exercised in last month:
Type of Exercise**



TOBACCO

Summary of Findings:

- Three-quarters (76.2%) of Kent 2003 respondents are either former smokers or have never smoked. A similar figure is observed for Ohioans in the BRFSS 2003.
- Only 14.1% of Kent respondents smoke everyday, 9.6% smoke on some days. A greater proportion of respondents in the Ohio BRFSS 2003 smoke everyday (19.5% compared with 14.1%). This may be due to social desirability, since the BRFSS is a telephone survey and the Kent 2003 survey was a face-to-face interview.
- More than half (55.6%) of all Kent smokers have tried to quit smoking in the past year, suggesting a high degree of motivation on the part of many smokers to quit.
- The vast majority of smokers and non-smokers felt that breathing second-hand smoke was harmful, although smokers were significantly more likely to say that smoking was 'somewhat harmful' and significantly less likely to say that second smoke is 'very harmful' ($p < .05$).
- The majority of smokers and non-smokers supported permitting smoking only in designated areas of restaurants, but there is stronger support for restrictions among non-smokers than among smokers (73.9% of non-smokers and 52.7% of smokers). Just under half of non-smokers (45.9%) and about 1/5th of smokers (21.7%) felt that smoking should not be permitted at all in restaurants.
- A majority of smokers and non-smokers disagreed with the statement that 'if a person had smoked for 20 years, there is little benefit to quitting'. However, more non-smokers disagree with this statement than non-smokers - three quarters of non-smokers (75.8%) and over half of smokers (55.6%).
- Forty-nine percent (49%) of the Kent sample reported that they had been asked by a doctor in the last year if they smoked. Eighty-six percent (86%) of the sample who had visited a doctor for a routine check-up in the last year had also been asked by a doctor if they smoked.

Figure 15. Calculated Smoking Status

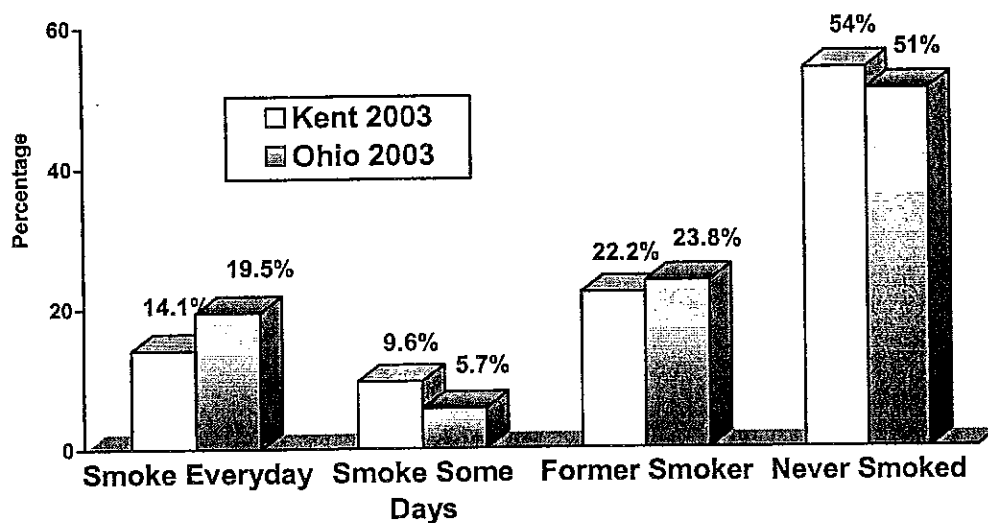


Figure 16. Tried to Quit Smoking During the Past Year

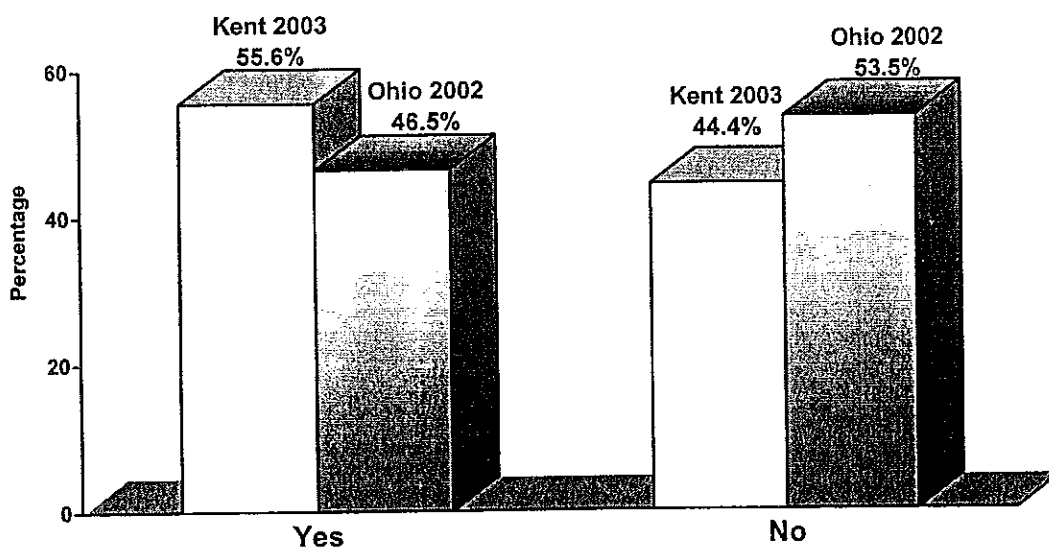
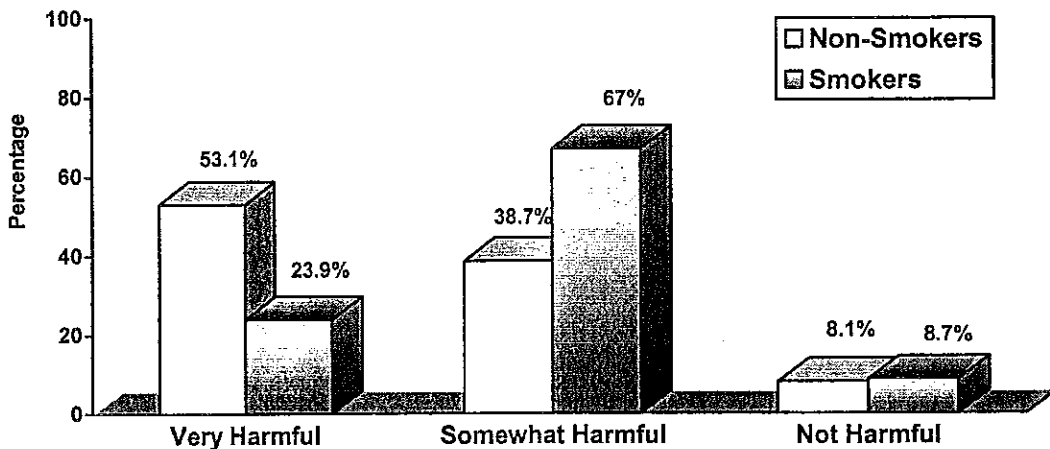
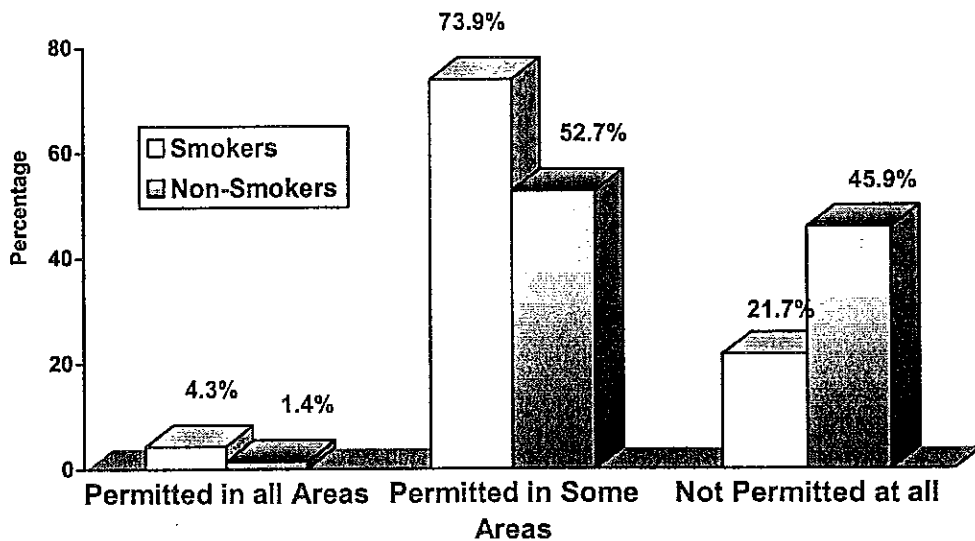


Figure 17. Do you think that breathing smoke from other people's cigarettes is....



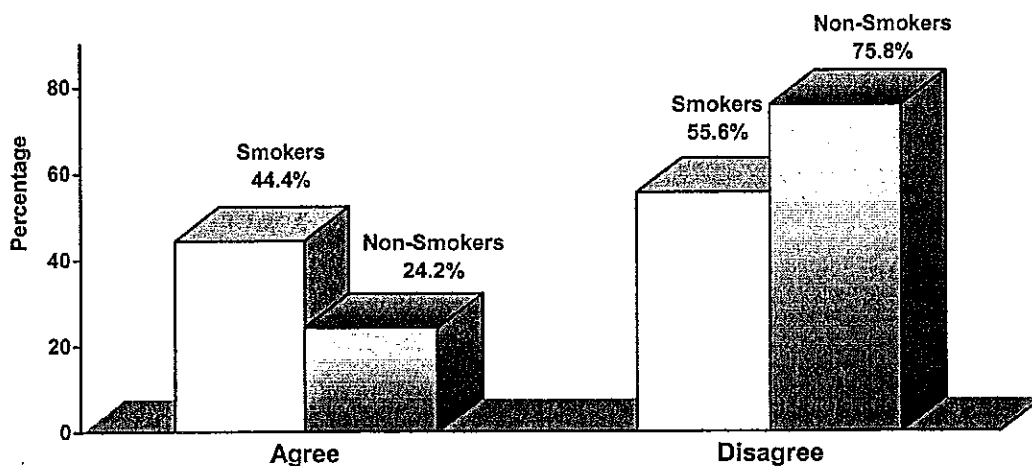
Note: Categories are unbalanced because 'not very harmful' and 'not at all harmful' were combined. Virtually no one in the sample felt that second-hand smoke was 'not at all harmful.'

Figure 18. In the indoor dining area of restaurants, where should be smoking be permitted?



Note: For all three categories, there are significant differences between smokers and non-smokers.

Figure 19. If a person had smoked for 20 years, there is little health benefit to quitting.



Note: Significant difference between smokers and non-smokers ($p < .05$)

MAMMOGRAM

Summary of Findings:

- Sixty-six percent (66.4%) of female Kent city residents have had a mammogram, which is slightly higher than the figure for Ohio reported in the BRFSS 2002.
- A slightly greater proportion of women under 40 years, (29% for Kent residents and 27.4% for the BRFSS), report having ever had a mammogram. Over ninety percent of Kent residents and Ohio residents over 40 years have had a mammogram (92% for Kent and 90.7% for the Ohio BRFSS 2002).
- The majority of Kent respondents have had a mammogram in the last year (66.7%). Only 9.8% of Kent residents who have had a mammogram, haven't had one for more than three years, compared with 16.9% of BRFSS residents.
- The majority of female respondents have had a clinical breast exam (91.5%), which is similar to the percentage of BRFSS Ohio 2002 respondents who have had a clinical breast exam (90.5%).

- Three-quarters (76.5%) of female respondents have had a clinical breast exam within the last year, which is about the same as the percentage of BRFSS Ohio 2003 women who have had a clinical breast exam in the last year.

Figure 20. Have you ever had a mammogram?

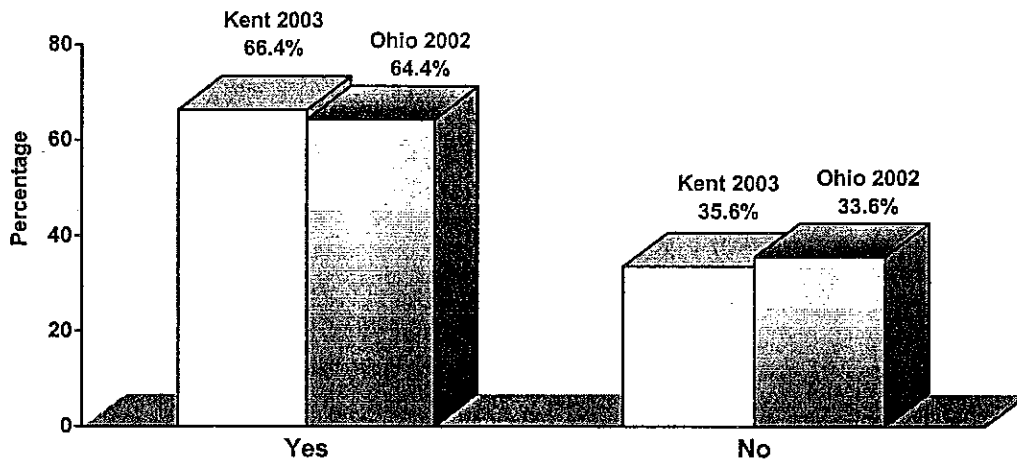


Figure 21. Percentage of Women Who Have Ever Had a Mammogram by Age

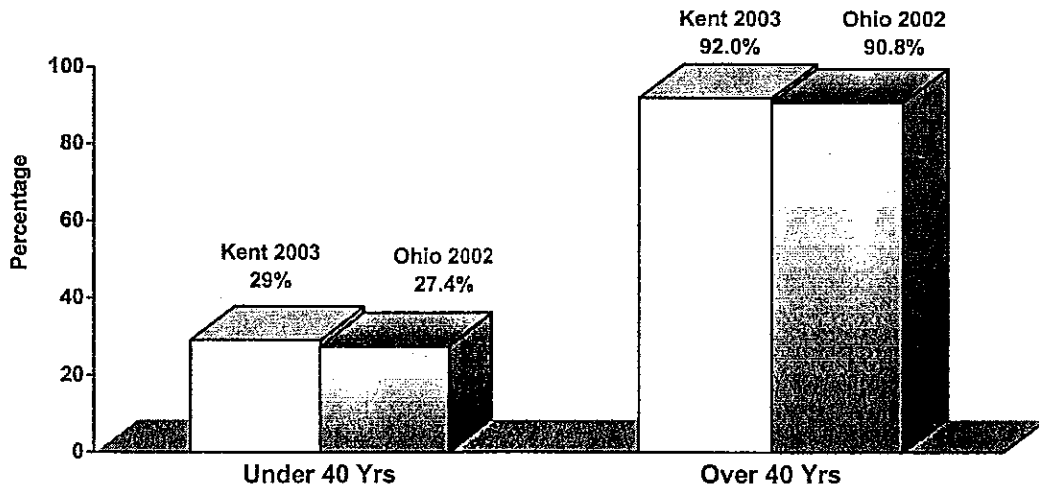


Figure 22. How long has it been since you had your last mammogram?

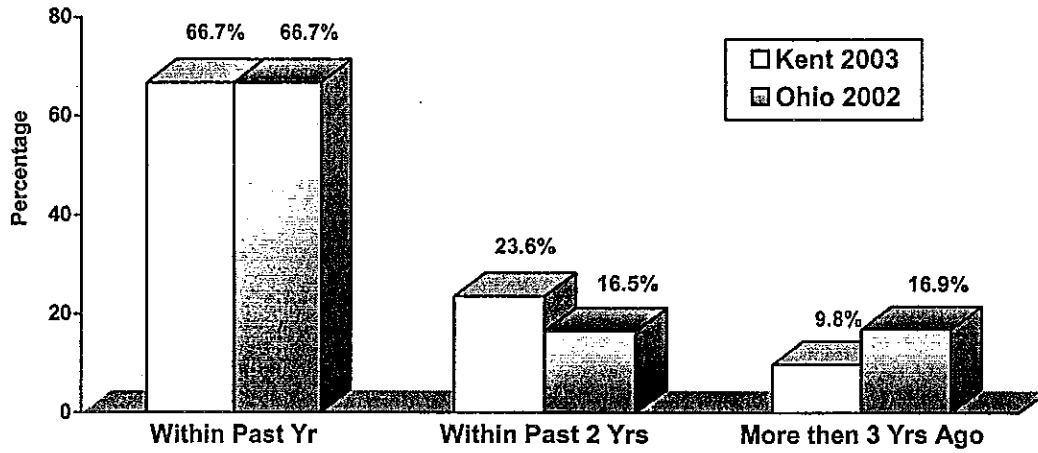


Figure 23. Have you ever had a clinical breast exam?

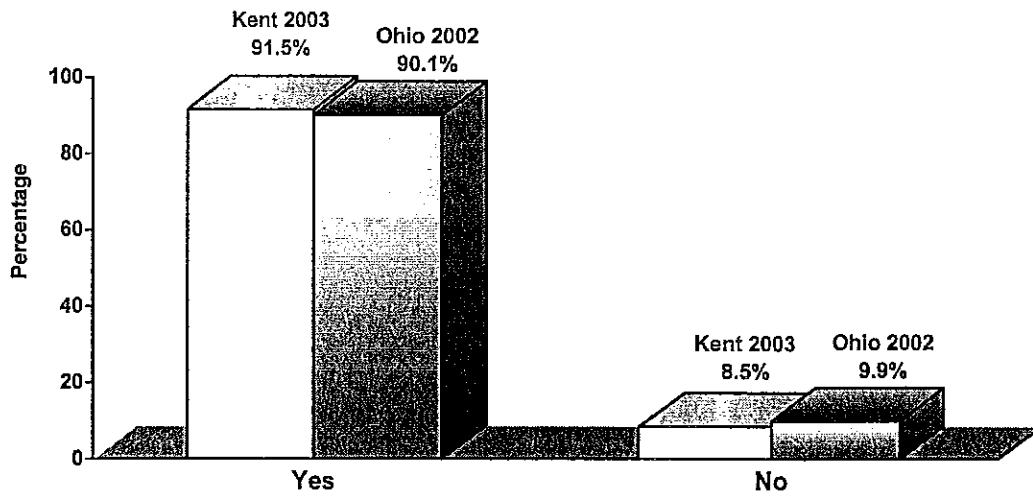
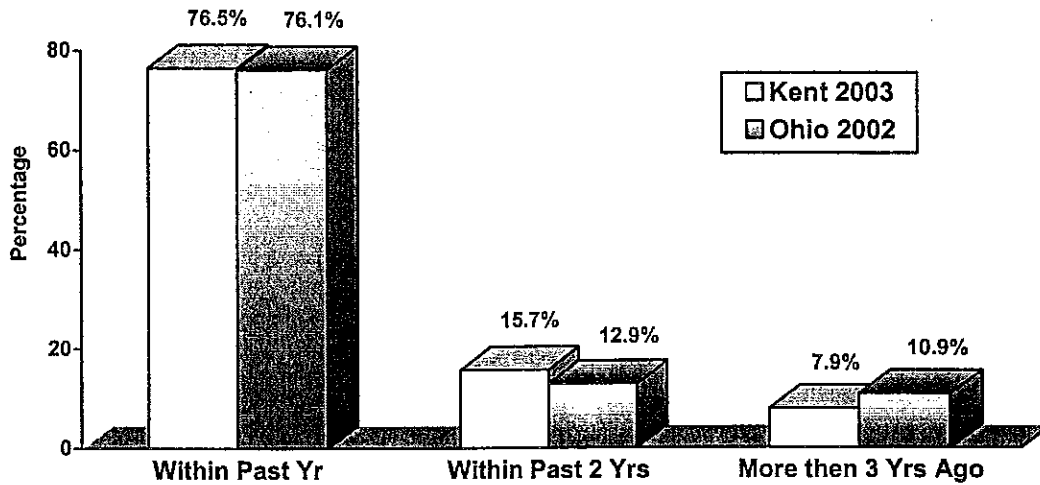


Figure 24. How long has it been since you had your last clinical breast exam?

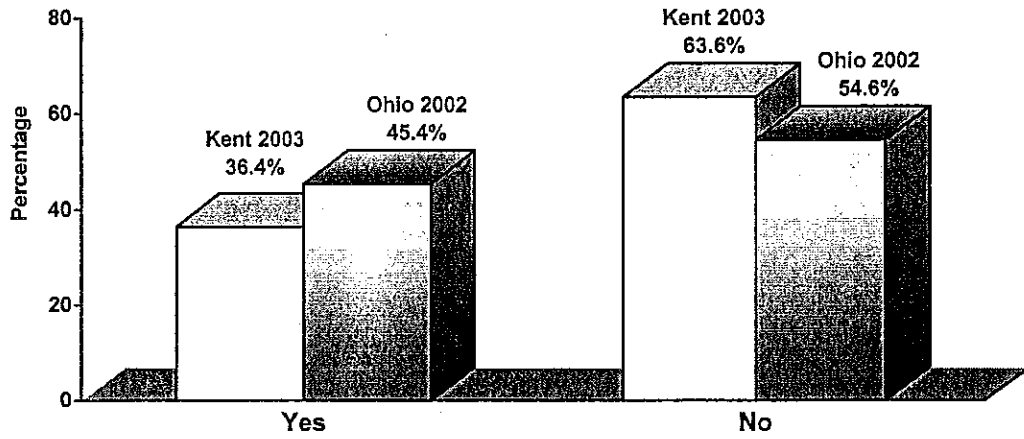


COLON HEALTH

Summary of Findings:

- Thirty-six percent (36.4%) of Kent residents over 50 years of age report that they have used a home blood stool test kit.
- A smaller percentage of Kent respondents over 50 years of age report that they have used a home blood stool test kit compared with Ohio BRFSS 2002 respondents (45.4%).
- Among those who have used a home blood stool test kit, a great proportion of Kent residents (83.4%) report having used the kit within the past two years, compared with Ohio BRFSS 2002 respondents (67.4%).
- A smaller percentage of Kent respondents over fifty years have had a colonoscopy compared with Ohio BRFSS 2002 respondents (37.9% compared with 46%).
- Among those who have had a colonoscopy, thirty-one percent (31%) of Kent respondents have had one in the last year and the remaining half (49.2%) have had a colonoscopy between 2 and 5 years ago.

Figure 25. Have you ever used a home blood stool test kit?



Note: Table shows responses among subjects over 50 years of age only.

Figure 26. When did you last use a blood stool test kit?

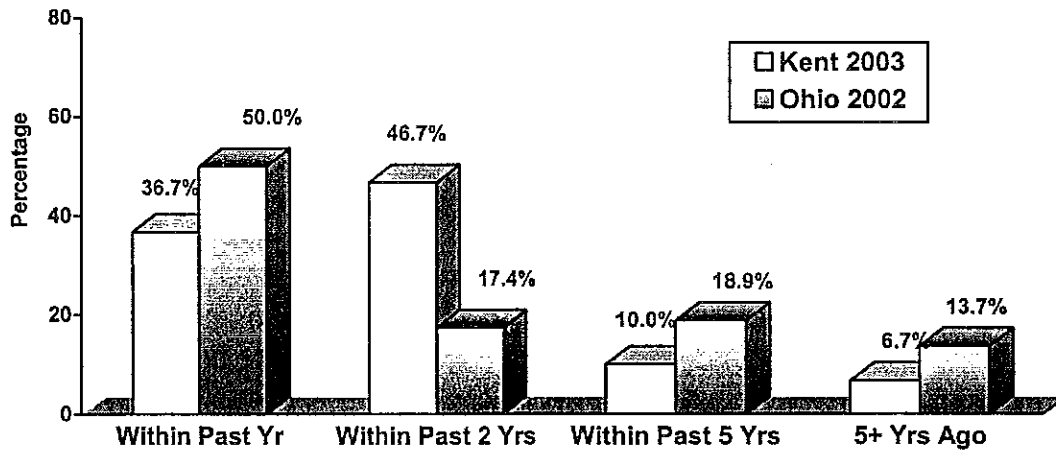


Figure 27. Have you ever had a colonoscopy?

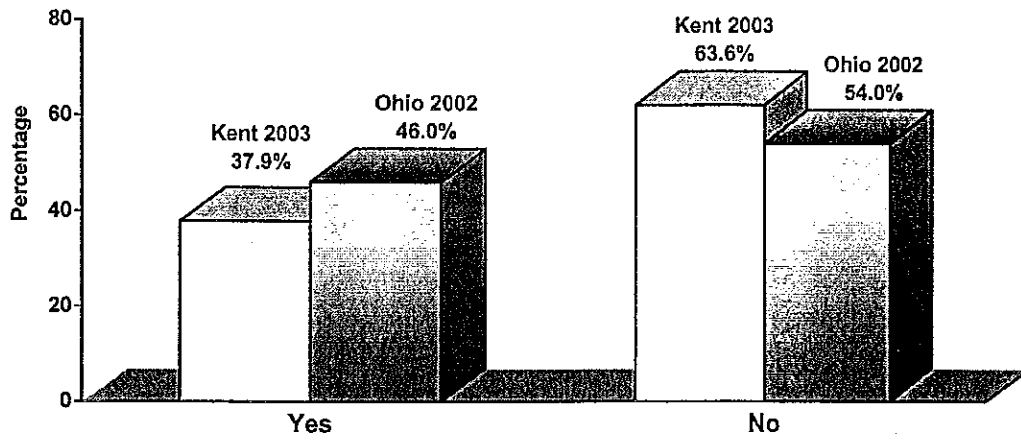
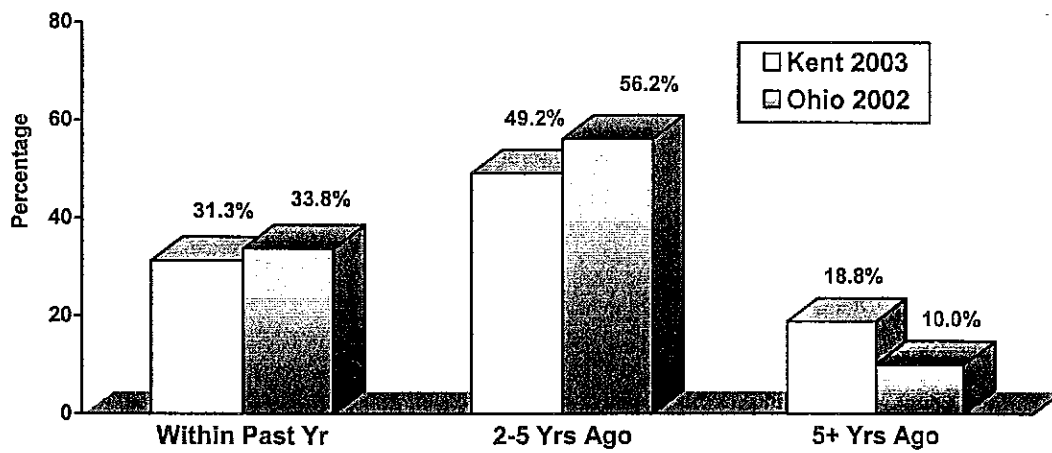


Figure 28. When did you last have a colonoscopy?

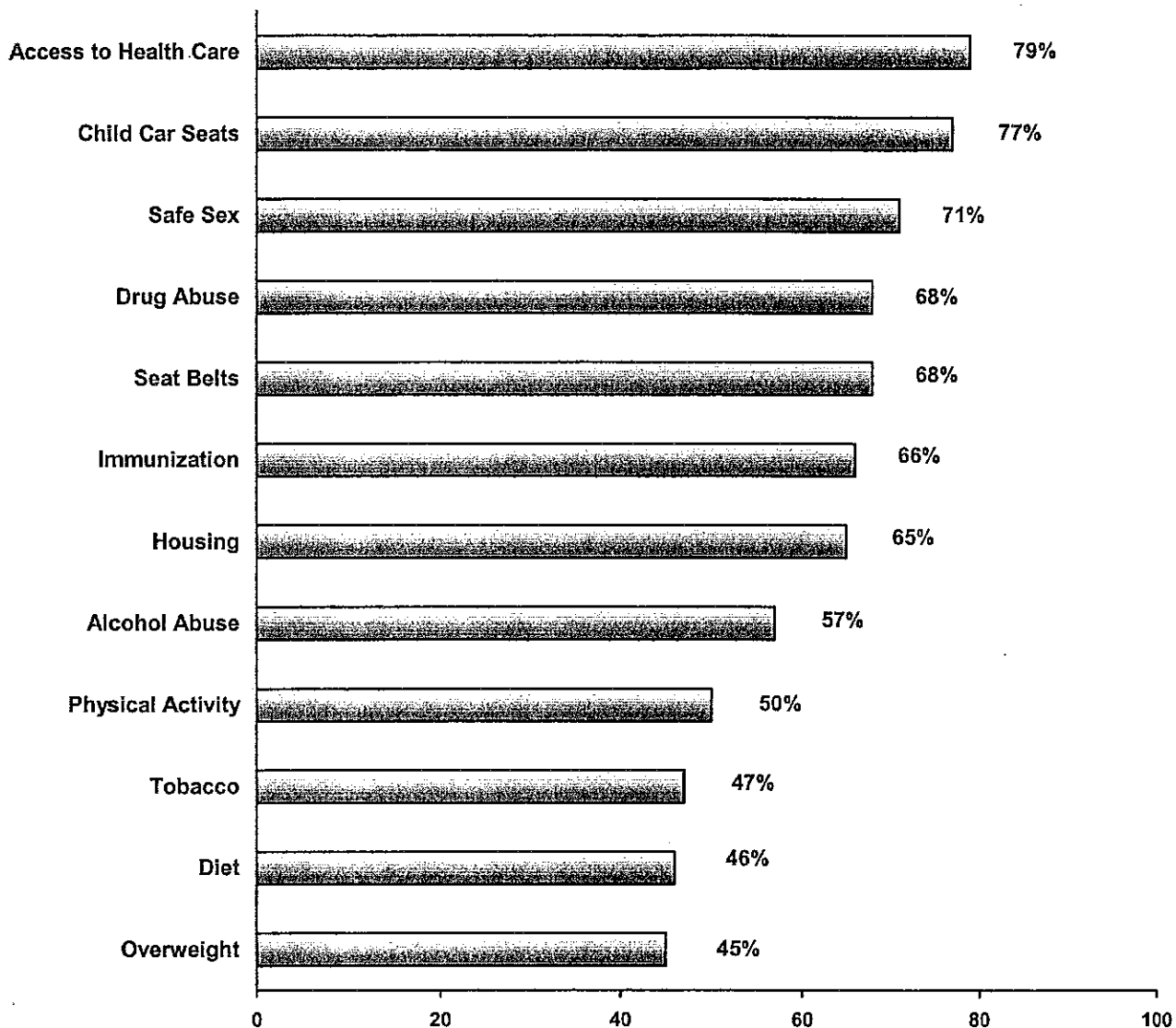


Community Health: Health Components

Summary of Findings:

- More than 70% of Kent residents surveyed regard access to health care, child care seats, and safe sex as 'very important' for developing and maintaining a healthy community.
- Less than 60% of Kent residents surveyed regard alcohol abuse, physical activity, tobacco use, and diet and being overweight. Yet these factors – smoking, alcohol use, physical activity and being overweight account for a very significant proportion of variation in mortality.
- The degree of importance placed on each factor does not vary by education. College-graduates and professionals with graduate degrees are no more likely to rank these factors as 'very important' than comparable respondents with less than a college degree. A similar observation was made with respect to household income.
- Two conclusions arise from these results. First, public health efforts should focus on educating people about the role that physical activity, a healthy diet, and being overweight play in contributing to individual health and well-being. Results reported elsewhere in this report regarding level of physical activity and the percentages of overweight also support this conclusion. Given data presented earlier in this report that shows that the vast majority of Kent residents are aware of the significant dangers of tobacco use and of exposure to second-hand smoke it may be that this was rated lower than other factors because people believe that smoking is becoming less common.
- A second conclusion is that public health efforts regarding the important role these factors play in contributing to health should be directed at all Kent city residents regardless of education and income.
- Analysis of open-ended responses designed to elicit additional aspects of health relevant to community health generated a range of responses from those that were already included in the structured portion of the questionnaire (access to health care) to concerns about prescription drug costs to the need for daycare and afterschool programs to concerns about bioterrorism. The most common response to the open-ended question was provided by 4% of the sample who indicated that better health education was an important issue for them. For example, one respondent said that 'education of people about health issues' was an additional concern they had.

Figure 29. Percentage of Respondents Rating Health Component as 'Very Important' for Community Health

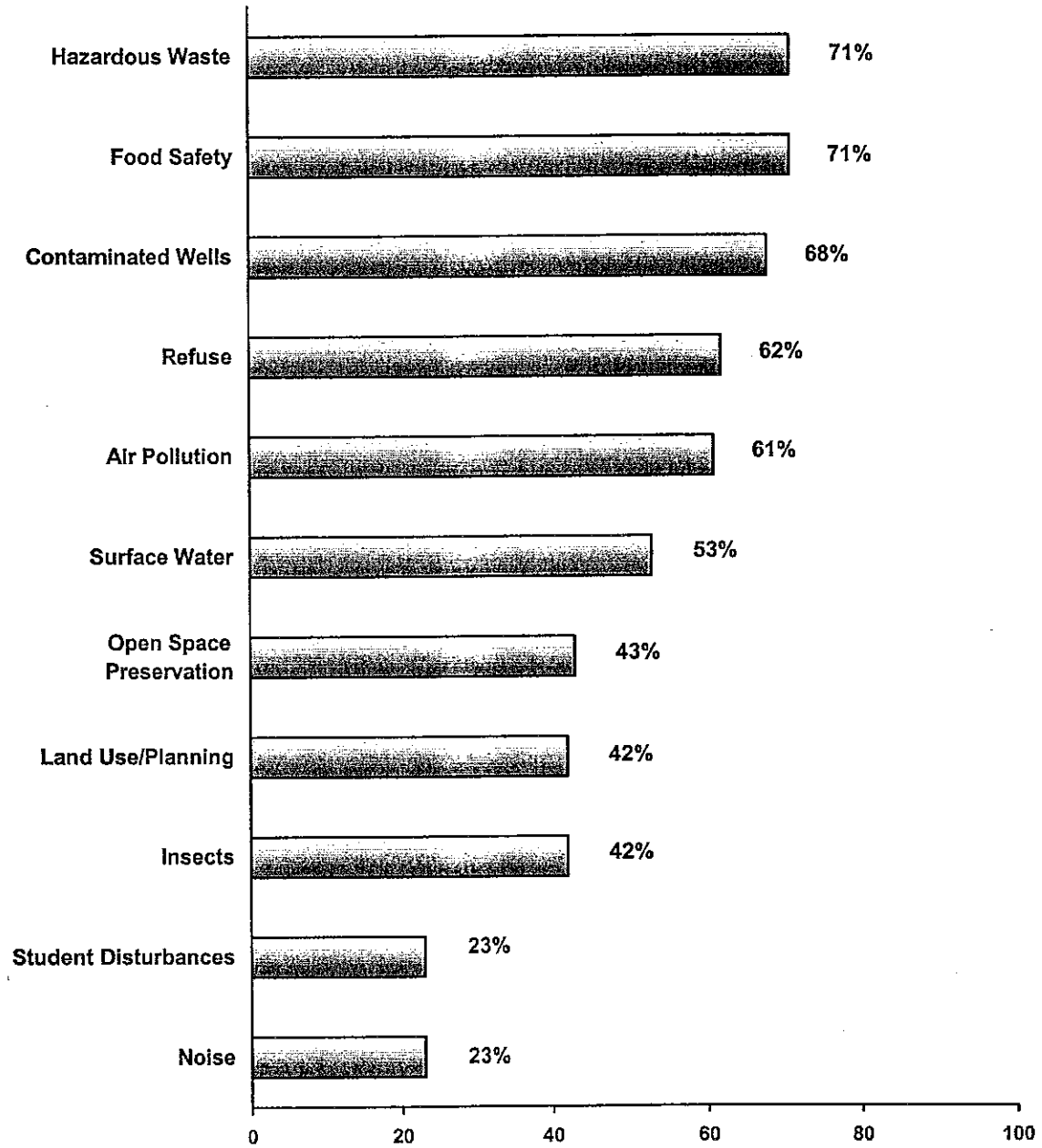


Community Health: The Physical Environment

Summary of Findings:

- Between seventy-one (71%) and sixty-eight percent (68%) of respondents rated three aspects of the physical environment as 'very important'; hazardous waste, food safety and contaminated wells.
- Refuse, air pollution, and surface water are regarded as 'very important' by between sixty-two percent (62%) and fifty-three percent (53%) of respondents.
- About forty percent of Kent respondents regarded open space preservation, land use/planning, and insects as 'very important' aspects of the physical environment for contributing to the health of Kent residents.
- Respondents are least likely to rate public disturbances caused by students and noise pollution as 'very important' for community health. However, these two factors are rated as 'very important' by just under a quarter of respondents. In addition, 52% of respondents indicated that noise was 'very' to 'quite' important and 38% of residents indicated that the problem of student disturbances was 'very' to 'quite' important.
- Analysis of open-ended responses designed to elicit additional aspects of the physical environment of concern generated a range of responses from clean-up of waste produced by pets to light pollution to concerns about home yard maintenance to recycling. The only item mentioned by more than two respondents was enforcement of zoning ordinances, which was mentioned by about 2% of the sample. This suggests that the enforcement of zoning ordinances may be a concern for some Kent city residents.

Figure 30. Percentage of Respondents Rating Aspects of the Physical Environment as 'Very Important' for Community Health

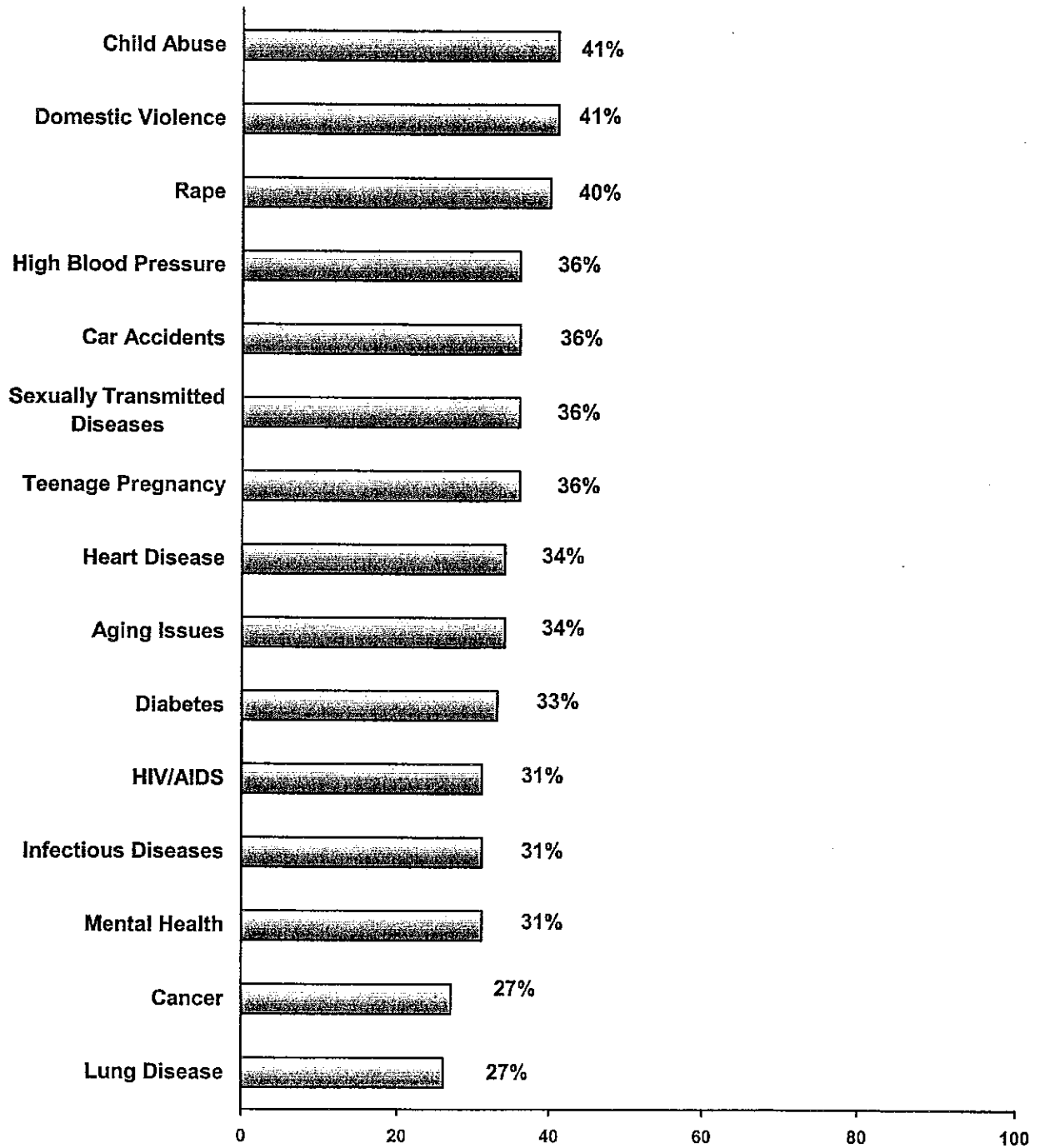


Community Health: Health Problems

Summary of Findings:

- None of the health problems that respondents were asked to rate as 'very serious' to 'not at all serious' were rated as 'very serious' by more than just over forty percent of the sample.
- Child abuse, domestic violence and rape were ranked as 'very serious' by the greatest number of people (between 41% and 40% of the sample).
- Cancer and lung disease were rated as 'very serious' by the smallest percentage of respondents (27% of respondents).
- Unlike the results for health components (Figure 29), there were some differences in likelihood of rating the health problem as 'very serious' as a function of socio-economic status.
- The well-educated – those with some years of graduate education or a graduate degree – were significantly more likely to rate mental health problems as 'very serious' for the health of Kent.
- Low income respondents (<\$30,000/household), were more likely to rate as 'very serious' cancer, aging issues, HIV/AIDS, infectious diseases, care accidents, and lung disease in comparison to respondents with higher incomes. This may indicate that these health problems are of particular concern for low-income individuals.
- Issues raised by respondents in the open-ended portion of the health problems series of questions ranged very widely from responses raised in earlier questions (alcohol abuse, access to care, ageing issues) to dental health, to the distance Kent is from a hospital to exposure to second-hand smoke in public restaurants. No single issue was raised by more than one respondent.

Figure 31. Percentage of Respondents Rating Disease and Public Health Issues as 'Very Serious' Problem for the City of Kent



APPENDIX A

TECHNICAL NOTES

1. Human subjects approval was secured by the principal investigators from the Institutional Review Board of Kent State University. A copy of the consent script can be found in the 'Interviewer Script' section of this Appendix.
2. Throughout the document, the year of the BRFSS shown for comparison purposes is based on the most recent year that the question was asked of Ohio respondents. For example, BRFSS 2000 indicates that the data is drawn from the survey administered to Ohio residents in the year 2000.
3. The refusal rate is calculated as the percentage of completed interviews to the total of completed interviews and refusals (interviews/interviews + refusals). This is the generally accepted research standard for calculating the refusal rate. All other dispositions are excluded from calculations because one cannot know whether the respondent was eligible to participate in the study.
4. All significance tests were carried out by examining the standardized residual (not shown) for the chi-square value of the relevant cell. A z-score of more than 1.96 is consistent with a *p* value of less than .05. This means that in less than 5/100 times could the same results be obtained solely by chance, and is the accepted value for establishing a meaningful and substantive finding.
5. The Body Mass Index is a standard measure calculated as: $Wt*704/Ht^2$. Healthy weight is defined as a BMI between 18.5 and 24.9. Overweight is defined as a BMI between 25 and 29.9 and obese is defined as a BMI over 30. Due to the small sample size for the Kent 2003 calculations of BMI, healthy weight is defined as anyone with a BMI under 24.9.



July 21, 2003

Dear Resident,

The City of Kent Health Department is currently conducting a study of the health, health needs, and health behaviors of the residents of the City of Kent. This study is a joint project funded by the City of Kent and Kent State University. I am writing to ask for your cooperation in this data-gathering effort because your household has been randomly selected to participate in the study.

In the next several weeks, an interviewer – who will be wearing an ID badge which will identify him/her as a Kent Health 2003 interviewer – will be calling on you to ask for an interview with someone in your household or to arrange a convenient time to conduct an interview. The interview takes about fifteen minutes to complete and asks questions about your health, and your attitudes and priorities for meeting the health needs of people living in Kent. All the answers you give will be confidential and anonymous.

We appreciate your cooperation in this important effort to help the Health Department develop programs that will enhance the well-being of Kent residents. If you have additional questions about the study you may call one of the KSU professors who is co-directing the project; Dr. Susan Roxburgh, Associate Professor of Sociology at 672-3125.

Thank-you again for your help,

A handwritten signature in cursive script, appearing to read "Susan Roxburgh".

Susan Roxburgh, Ph.D.
Kent Health 2003, Project Co-Director

A handwritten signature in cursive script, appearing to read "John Ferlito".

John Ferlito
Health Commissioner

A handwritten signature in cursive script, appearing to read "R. Scott Olds".

R. Scott Olds, HSD
Kent Health 2003, Project Co-Director

Community Health Assessment Survey: Interviewer Script

Introduction

Interviewer: Hello, my name is []. I am an employee of the City of Kent and Kent State University [show ID]. The city and the university are working on a joint project to evaluate the health, health needs, and health behaviors of the people of Kent. The interview will take about fifteen minutes to complete. Can you help us by participating in this study?

If yes,

In order to give every adult an equal chance to be interviewed for this study, I need to speak to the person in your household who is 18 years of age older and who had a birthday most recently. Would you be that person?

If yes:

Consent Script: Dr. Susan Roxburgh and Dr. Scott Olds are conducting this study for the university and the City of Kent. Before we begin, I would like to assure you that the information you share with us is strictly confidential and anonymous. Also, if you do not want to answer any particular question just tell me and I'll skip to the next one. This study has been approved by the Institutional Review Board at Kent State University. If you have further questions that you would like to have addressed before you participate in the study you may call Dr. Roxburgh at 672-3125, or she can call you at your convenience.

If no:

By answering these questions you will be providing us with valuable information that will help us understand people's health needs and concerns. In order for us to accurately understand people's feelings and attitudes about their health it is important that we interview people like yourself who have been randomly selected in to the study. It will only take a couple of minutes of your time. Won't you help us?

If respondent refuses to participate:

Thank-you for your time.

If respondent is not the eligible household member with most recent birthday, arrange to speak to the appropriate person. Repeat process as above.

Table 1. Distribution of Responses (by percentage): How important is this problem or issue for developing or maintaining a healthy community.

Health Problem/Issue	Not at all Important	Slightly Important	Somewhat Important	Quite Important	Very Important
Access to Health Care		3	7	12	79
Affordable Housing		2	10	24	65
Alcohol Abuse	3	5	14	21	56
Being Overweight	2	8	25	20	45
Drug Abuse	2	6	10	16	68
Physical Activity		3	15	32	50
Immunization	2	4	11	18	66
Wearing a Seat Belt	1	3	11	18	68
Using Child Car Seats	1	1	7	15	77
Diet and Eating Habits	2	3	23	27	46
Tobacco Use	3	9	19	23	47
Safe Sex	1	1	11	17	71

Table 2. Distribution of Responses (by percentage): How important are the following aspects of the physical environment are for a healthy community?

Aspect of Physical Environment	Not at all Important	Slightly Important	Somewhat Important	Quite Important	Very Important
Food Safety		3	5	21	71
Contaminated Wells	1	3	7	18	70
Hazardous Waste	1	4	5	17	73
Insects and other pests	2	8	25	23	43
Land Use/Planning	2	5	23	28	43
Open Space Preservation	3	5	19	30	44
Outdoor Air Pollution		3	10	26	62
Public Water Supply		3	3	17	78
Refuse/Garbage		3	7	28	62
Surface Water/Ditch/Street Pollution		4	14	26	55
Noise Pollution	10	9	29	29	23
Student Public Disturbances	14	14	32	15	23

Table 3. Distribution of Responses (by percentage): How serious are these health problems for the city of Kent?

Health Problem	Not at all serious	Not Very Serious	Somewhat Serious	Very Serious	Don't Know
Cancer	3	24	43	30	10
Health problems associated with aging	2	25	38	35	8
Child Abuse/Neglect	3	20	34	43	5
Diabetes	3	32	30	36	8
Domestic Violence	2	18	35	41	5
Heart Disease and Stroke	2	22	34	34	9
High Blood Pressure	2	23	32	26	7
HIV/AIDS	6	29	24	31	11
Infectious Diseases	6	30	27	31	6
Mental Health Problems		22	38	32	8
Motor vehicle injuries	2	23	37	36	2
Rape/Sexual Assault	2	25	27	41	5
Respiratory Lung Disease/Asthma	6	28	33	26	7
Sexually Transmitted Diseases (STD's)	3	19	36	36	6
Teenage Pregnancy	3	22	34	36	5

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