2013 Community Health Needs Assessment

MERCY
MEDICAL CENTER
A Ministry of the Sisters of Charity Health System

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Introduction and Executive Summary

Mercy Medical Center embraced a comprehensive, collaborative process in development of our Community Health Needs Assessment. Our deeply-rooted mission calls us to continually enhance our services and programs that improve patient care and outcomes, and equally important, to work collaboratively and proactively with other organizations in our community to address the needs of the underserved and vulnerable in our community. Our longstanding approach to Community Benefit has been driven by this mission. We were guided by this mission in the development of our CHNA.

Soon after passage of the 2010 Patient Protection and Affordable Care Act, Mercy joined with the other two not-for-profit hospitals located in Stark County, Ohio; the Stark County Health Department; Canton City Health Department; Alliance City Health Department; Stark County Mental Health and Recovery Services Board; and numerous other agencies to begin the process of developing a comprehensive Community Health Needs Assessment. An Advisory Committee was formed, facilitated by the Stark County Health Department. A data subcommittee gathered extensive secondary data to inform our work, and a community survey was conducted. Extensive work on the Stark County Community Health Needs Assessment was conducted in 2011 by The Center for Marketing and Opinion Research (CMOR) on behalf of the Advisory Committee. The three local hospitals, including Mercy Medical Center, paid for the services of CMOR.

Following the initial study, Mercy Medical Center continued a leadership role with the Advisory Committee in convening two Summits (one in November of 2011 and one in December of 2012) of concerned agencies and organizations to seek their input, and to inform and mobilize our community to create and implement a health improvement plan for Stark County – efforts that are now ongoing and focus on three areas from the identified health needs: obesity and healthy lifestyle choices; access to health insurance coverage and health care services; and mental health wellness. (Prescription drug abuse was integrated into the mental health wellness category, and access to dental care was integrated into the access to health care services category.)

In 2012, an internal Mercy Medical Center committee was convened to review the work performed to date and to provide further input.

In 2013, Mercy Medical Center again contracted with CMOR to update the data collected in the original CHNA work as possible, as well as to integrate additional data from Mercy's patients and secondary markets. The focus groups, conducted in April 2013, consisted of Mercy's patients who are served by our Internal Medicine, OB/GYN and Dental clinics. This process sought to discover the role these key access points serve in our community, how they fill needs that would not be met if we did not provide these services. The findings of the focus groups are included in this document. As an additional step to gain an understanding of our primary and secondary markets, secondary data with health statistics and demographics were gathered and analyzed. The data are included in this document.

The review by our internal committee, the findings from the focus groups and the secondary data reinforced the findings of the 2011 Stark County Health Needs Assessment work.

The top five health needs identified through the initial CHNA and confirmed with additional research in 2013 were:

1. Access to health insurance coverage and health care
2. Obesity and lack of healthy lifestyles
3. Prescription drug abuse
4. Large need for mental health services
5. Access to dental care

THE COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COMMITTEE

The Stark County Community Health Needs Assessment (CHNA) Advisory Committee is made up of a variety of health and social services agencies and community volunteers including Access Health Stark County; Affinity Medical Center; Alliance Community Hospital; Alliance City Health Department; Aultman Health Foundation; Canton City Health Department; Canton Community Clinic; Mercy Medical Center; Prescription Assistance Network of Stark County; Stark County Family Council; Stark County Health Department; Stark County Jobs & Family Services; Stark County Medical Society; Mental Health & Recovery Services Board of Stark County; United Way of Greater Stark County; and Western Stark Free Clinic. **Thank you to all who volunteered their time and expertise to help make this collaboration successful, with special recognition to Stark County Health Department for its role.**

A listing of participants in Mercy Medical Center's CHNA process is found at the end of this document.

About Mercy Medical Center *(learn more at www.cantonmercy.org)*

As a Catholic health care organization, our mission at Mercy Medical Center is to continue Christ's healing ministry by providing quality, compassionate, accessible and affordable care for the whole person.

Mercy Medical Center is a ministry of the Sisters of Charity Health System (www.sistersofcharityhealth.org), a system devoted to healing and addressing the unmet needs of individuals, families, and communities through a network of innovative services including health care, foundations, and human services. Another ministry of the Health System serving Mercy's community is the Sisters of Charity Foundation of Canton, who have partnered with Mercy in addressing heath care access for the poor and underserved through impactful, innovative programs.

Founded in 1908 in Canton, Ohio, by the Sisters of Charity of St. Augustine, Mercy has remained true to its mission in service to our community since the Sisters opened the doors of Mercy Hospital to a growing, diverse community to provide quality health care to all, regardless of race, religion, nationality and ability to pay.

We have grown into a nationally recognized heath care organization that includes our main campus hospital in Canton; Mercy Dental Residency Program and Dental Services on the main campus; seven community health centers that provide services in North Canton, Jackson Township, Plain Township, Lake Township, Louisville, Carroll County, and Tuscarawas County; and an imaging center in Alliance. In addition, Mercy Primary Care - St. Paul Square medical home was opened in 2012 in the medically underserved Northeast section of Canton. Our new medical home provides primary care to pediatric and adult patients and a satellite office of Mercy Dental Services; at this site we also collaborate with Community Services of Stark County to provide mental health services.

Approximately 620 physicians and dentists are on Mercy's medical staff. Mercy employs approximately 2500 people, including Mercy Professional Care Corporation network of physicians. Mercy is a teaching hospital affiliated with Northeast Ohio Medical University (NEOMED). Our hospital has 475 licensed adult beds, a Level II Trauma Center and Emergency Department that has had 65,000 patient visits annually in recent years; an accredited Emergency Chest Pain Center (ECPC) with a dedicated, state-of-the-art heart catheterization laboratory located right in the ECPC.
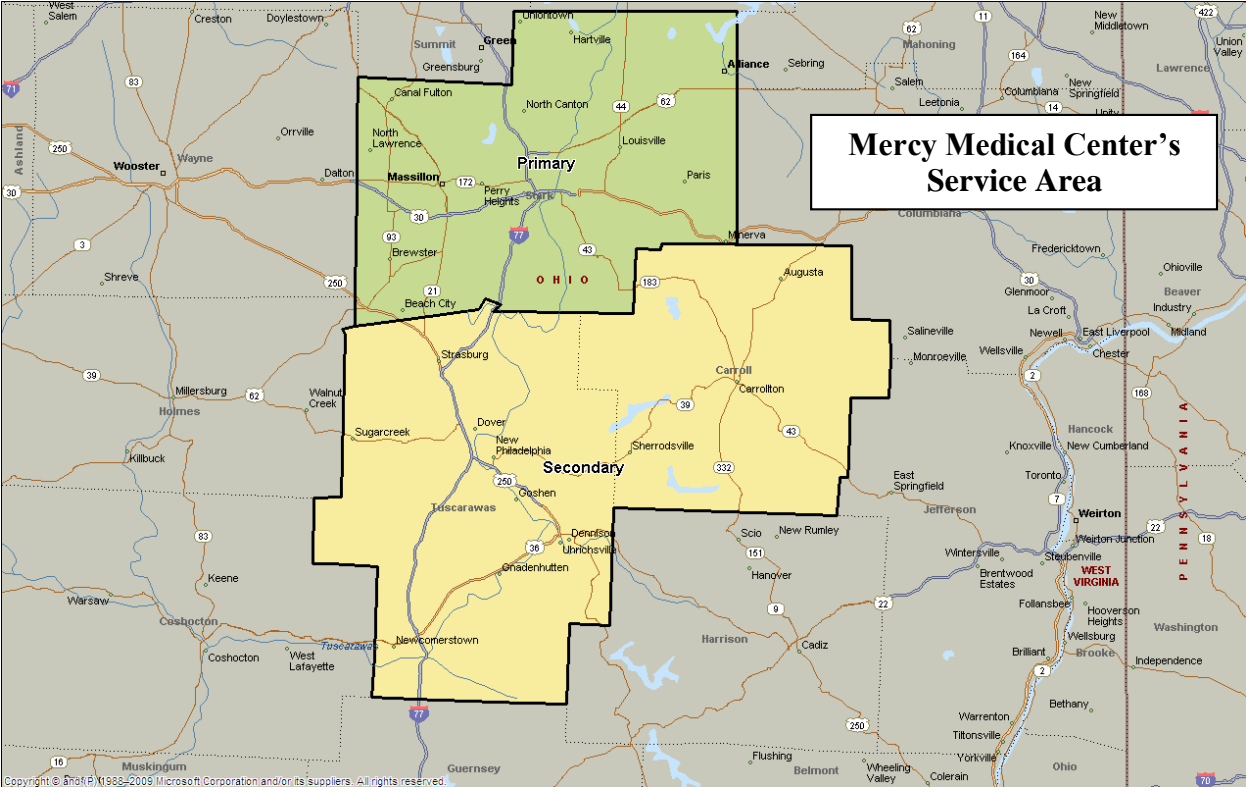
Centers of excellence include Mercy Heart Center, Mercy Cancer Center, Surgery Center, Regional Rehabilitation Center, Primary Stroke Program, and Breast Care Center. Recent achievements and awards include:

- Top 50 Cardiovascular Hospitals in the Nation - Truven Health Analytics 2013 Report (Mercy Heart Center has been on the list of Top CV hospitals for six years)
- Mercy Cancer Center received the Outstanding Achievement Award of the American College of Surgeons Commission on Cancer in 2012 for the second consecutive period
- Mercy Stroke Center -- accredited as a Primary Stroke Center by The Joint Commission -- earned the 2012 American Heart Association/American Stroke Association's Get With The Guidelines Gold Plus Quality Achievement Award
- Mercy Breast Care Center designated a Breast Imaging Center of Excellence by the American College of Radiology 2012
- Mercy's Adult Inpatient Hospital Rehabilitation Program and its Adult Inpatient Hospital Stroke Rehabilitation Specialty Program earned three-year accreditation in 2012 from the Commission on Accreditation of Rehabilitation Facilities (CARF), the hospital program for the 18th time, the stroke program for the first time.
- Mercy Medical Center in 2012 received the American Heart Association's Mission: Lifeline Heart Attack STEMI Receiving Center Accreditation and is one of two in Ohio to receive the Mission: Lifeline Gold Performance Achievement Award.
- Mercy Health & Fitness Center earned certification in 2012 as a medical fitness facility by the Medical Fitness Association – the country's leading organization dedicated solely to medically integrated outcomes and accountability based fitness facilities.
- Mercy Medical Center received full heart failure accreditation in 2012 from the Society of Cardiovascular Patient Care (SCPC), an international not-for-profit organization that focuses on transforming cardiovascular care by assisting facilities in their effort to create communities of excellence that bring together quality, cost and patient satisfaction.
- Mercy Medical Center was a 2012 Healthy Ohio Worksite Award recipient. The awards, presented by the Ohio Department of Health's Office of Healthy Ohio, acknowledge Ohio employers that demonstrate a commitment to employee health by incorporating comprehensive worksite health promotion and wellness programs.
- For the fourth year in a row, Mercy Medical Center in 2012 earned the U.S. Environmental Protection Agency's (EPA's) ENERGY STAR certification, which signifies that the building performs in the top 25 percent of similar facilities nationwide for energy efficiency and meets strict energy efficiency performance levels set by the EPA. Mercy's Carroll County facility also earned this distinction in 2012.
- Mercy has embraced the goals of the Catholic Health Association's "Faithfully Healing the Earth" environmental stewardship program, and earned the top environmental award of the Ohio Hospital Association in 2012.

Mercy Medical Center's Community

Our primary market comprises 44 zip codes in Stark County, Ohio. Our secondary markets comprise 20 zip codes in Tuscarawas County and 8 zip codes in Carroll County.

Mercy Medical Center's Service Area

Zip	Area Code	City	County	Zip	Area Code	City	County
44601	330	ALLIANCE	STARK	44718	330	CANTON	STARK
44608	330	BEACH CITY	STARK	44720	330	NORTH CANTON	STARK
44613	330	BREWSTER	STARK	44721	330	CANTON	STARK
44614	330	CANAL FULTON	STARK	44730	330	EAST CANTON	STARK
44626	330	EAST SPARTA	STARK	44735	330	CANTON	STARK
44630	330	GREENTOWN	STARK	44750	330	CANTON	STARK
44632	330	HARTVILLE	STARK	44767	330	CANTON	STARK
44640	330	LIMAVILLE	STARK	44799	330	CANTON	STARK
44641	330	LOUISVILLE	STARK	43804	330	BALTIC	TUSCARAWAS
44643	330	MAGNOLIA	STARK	43832	740	NEWCOMERSTOWN	TUSCARAWAS
44646	330	MASSILLON	STARK	43837	740	PORT WASHINGTON	TUSCARAWAS
44647	234/330	MASSILLON	STARK	43840	330	STONE CREEK	TUSCARAWAS
44648	330	MASSILLON	STARK	44612	330	BOLIVAR	TUSCARAWAS
44650	330	MAXIMO	STARK	44621	740	DENNISON	TUSCARAWAS
44652	330	MIDDLEBRANCH	STARK	44622	330	DOVER	TUSCARAWAS
44657	330	MINERVA	STARK	44624	330	DUNDEE	TUSCARAWAS

Mercy Medical Center Service Area (all in Ohio)

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Mercy Medical Center Service Area (all in Ohio)								
Zip	Area Code	City	County		Zip	Area Code	City	County
44662	330	NAVARRE	STARK		44629	740	GNADENHUTTEN	TUSCARAWAS
44666	330	NORTH LAWRENCE	STARK		44653	330	MIDVALE	TUSCARAWAS
44669	330	PARIS	STARK		44656	330	MINERAL CITY	TUSCARAWAS
44670	330	ROBERTSVILLE	STARK		44663	330	NEW PHILADELPHIA	TUSCARAWAS
44685	330	UNIONTOWN	STARK		44671	330	SANDYVILLE	TUSCARAWAS
44688	330	WAYNESBURG	STARK		44678	330	SOMERDALE	TUSCARAWAS
44689	330	WILMOT	STARK		44679	740	STILLWATER	TUSCARAWAS
44701	330	CANTON	STARK		44680	330	STRASBURG	TUSCARAWAS
44702	330	CANTON	STARK		44681	330	SUGARCREEK	TUSCARAWAS
44703	330	CANTON	STARK		44682	740	TUSCARAWAS	TUSCARAWAS
44704	330	CANTON	STARK		44683	740	UHRICHSVILLE	TUSCARAWAS
44705	330	CANTON	STARK		44697	330	ZOAR	TUSCARAWAS
44706	330	CANTON	STARK		44607	330	AUGUSTA	CARROLL
44707	330	CANTON	STARK		44615	330	CARROLLTON	CARROLL
44708	330	CANTON	STARK		44620	330	DELLROY	CARROLL
44709	330	CANTON	STARK		44631	330	HARLEM SPRINGS	CARROLL
44710	330	CANTON	STARK		44639	740	LEESVILLE	CARROLL
44711	330	CANTON	STARK		44644	330	MALVERN	CARROLL
44712	330	CANTON	STARK		44651	330	MECHANICSTOWN	CARROLL
44714	330	CANTON	STARK		44675	740	SHERRODSVILLE	CARROLL

About the Center for Marketing and Opinion Research

The Center for Marketing & Opinion Research (CMOR) is an Akron-based public opinion research firm providing services to colleges and universities, hospitals and healthcare organizations, and community-based organizations and government agencies. CMOR's research capabilities include telephone, web and mail surveys, field, intercept and key informant interviews, focus group administration, as well as a wide range of consulting services including secondary data compilation and analysis.

CMOR has extensive experience in working with area hospitals and healthcare organizations, including benchmarking studies, image and awareness, strategic plan research, and Community Health Needs Assessments.

Research Methodology

The initial Stark County Community Health Needs Assessment work was conducted in 2011 by The Center for Marketing and Opinion Research (CMOR) on behalf of the Advisory Committee. The three local hospitals, including Mercy Medical Center, paid for the services of CMOR. In 2013, Mercy Medical Center again contracted with CMOR to update the data collected as well as to integrate additional data from Mercy's patients and secondary markets. Data from both 2011 and 2013 is included in this document.

COMMUNITY SURVEY (2011)

The first phase of the project consisted of the collection of primary data utilizing a random sample telephone survey of Stark County households that included a representative sample of Stark County residents as well as an oversample of African-American households. Telephone interviews were utilized in order to ensure representativeness of the population. This method also ensured that the correct number of interviews would be completed to meet the targeted sampling error.

Fifteen questions were included on the Stark Poll. The 2011 Stark County Collaborative Poll is a large-scale, random sampling survey of households in Stark County. The final sample of the poll consisted of a total of 1,067 respondents. The general population statistics derived from the sample size provide a precision level of plus or minus 3% within a 95% confidence interval. This portion of the research was funded by Alliance Community Hospital, Aultman Health Foundation and Mercy Medical Center.

The Stark Poll consists of questions posed by multiple organizations. Questions posed on behalf of Stark County Health Needs Assessment Committee for this health assessment were designed in cooperation between the committee and CMOR staff.

Data Collection began on April 27 and ended on June 20, 2011. Most calling took place between the evening hours of 5:30 pm and 9:00 pm. Some interviews were conducted during the day and on some weekends to accommodate respondent schedules. The interviews took an average of 22.01 minutes.

An oversample of approximately 150 African-American residents was conducted in addition to the 1067 interviews in order to attain enough cases of this population to be able to draw conclusions that were statistically valid. Combined with cases from the original administration, a total of 225 interviews were conducted with African Americans. The general population statistics derived from the sample size provided a precision level of plus or minus 6.5% within a 95% confidence interval and allowed for CMOR to analyze this demographic group independently. Data Collection began on July 12 and ended on August 26, 2011. The interviews took an average of 11.13 minutes.

FOCUS GROUP (2013)

The Center for Marketing and Opinion Research (CMOR) conducted two focus groups on behalf of Mercy Medical Center in April 2013 to collect patient perception data to be included in Mercy Medical Center's Community Health Needs Assessment Implementation Plan. The two groups included patients from the Ambulatory Care Clinic (Internal Medicine and OB/GYN) and the Dental Clinic. These focus groups were moderated by CMOR on April 2 and 3, 2013.

SECONDARY DATA (2011 and 2013)

The final phase of this study consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when analyzed alongside survey data. CMOR gathered and compiled health and demographic data from various sources (outlined below). After gathering the data, CMOR compiled the information, by category. When available, data was compared to other geographic areas such as Ohio. Using all data available, CMOR identified priorities for the county.

Focus Areas:

- ✓ Diet and Exercise
- ✓ Mental Health
- ✓ Chronic conditions
- ✓ General health
- ✓ Health care access

- ✓ Tobacco use
- ✓ Preventative Health
- ✓ Health Insurance
- ✓ Mortality
- ✓ Morbidity

- ✓ Birth
- ✓ Education
- ✓ Employment
- ✓ Income

Sources of Data:

- ✓ Center for Marketing and Opinion Research. 2013 Stark County Collaborative Poll, **"Quality of Life Series".**
- ✓ Bureau of Economic Analysis, U.S. Department of Commerce; **"Regional Economic Accounts, 2010"** http://www.bea.gov/regional/reis (May 2013).
- ✓ Ohio Department of Job and Family Services, Bureau of Labor Market Information; **"County Trends"** http://development.ohio.gov/reports/reports_countytrends_map.htm (May 2013)
- ✓ Ohio Policy Research and and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau; "**Ohio County Indicators",** http://development.ohio.gov/files/research/C1091.pdf (May 2013).
- ✓ Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. "**County Health Rankings**: **Mobilizing Action Toward Community Health.** " 2011. http://www.countyhealthrankings.org *(detailed breakdown of ranking sources outlined on following page).*
- ✓ U.S. Census Bureau; "**American Community Survey"**, 2011 http://www.census.gov/acs/www/ (May 2013).
- ✓ U.S. Department of Health and Human Services; **"County at a Glance",** arf.hrsa.gov/arfwebtool/Counties2_list.asp (May 2013).
- ✓ Ohio Youth Survey *(details outlined on page 12)*.
- ✓ Ohio Department of Health- Vital Statistics
- ✓ Ohio Department of Health- Released Hospital-by-Hospital Data
- ✓ Ohio Department of Health- Violence and Injury Prevention Program
- ✓ Ohio Department of Job and Family Services
- ✓ CDC - Behavioral Risk Factor Surveillance System
- ✓ Stark County Mental Health & Recovery Board
- ✓ 2009-2010 Oral Health Survey of Ohio Schoolchildren

Following is a detailed breakdown of ranking sources for the County Health Rankings, a secondary data report that is important to Mercy's CHNA (see listing on previous page)

Health Outcome Summary Score and Rankings

Health outcomes in the *County Health Rankings* represent how healthy a county is. It measures two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity).

Health Outcome Weights				
Focus Area	Measure	Weight	Source	Year(s)
Mortality (50%)	Premature death (years of potential life lost before age 75 per 100,000 pop)	50%	National Center for Health Statistics	2008-2010
Morbidity (50%)	Poor or fair health (percent of adults reporting fair or poor health)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days (average number in past 30 days)	10%	Behavioral Risk Factor Surveillance System	2005-2011
	Low birth weight (percent of live births with weight < 2500 grams)	20%	National Center for Health Statistics	2004-2010

Website: http://www.countyhealthrankings.org/app/ohio/2013/rankings/outcomes/overall/by-rank

Health Factors Summary Score and Rankings

Health factors in the *County Health Rankings* represent what influences the health of a county. We measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures (listed below).

Health Factor Weights				
Focus Area	Measure	Weight	Source	Year(s)
Health Behaviors (30%)				
Tobacco use (10%)	Adult smoking (percent of adults that smoke)	10%	Behavioral Risk Factor Surveillance System	2005-2011
Diet and exercise (10%)	Adult obesity (percent of adults that report a BMI >= 30)	7.5%	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009

Health Factor Weights				
Focus Area	**Measure**	**Weight**	**Source**	**Year(s)**
	Physical inactivity (percent of adults that report no leisure time physical activity)	2.5%	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
Alcohol use (5%)	Excessive drinking (percent of adults who report heavy or binge drinking)	2.5%	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash deaths per 100,000 population	2.5%	National Center for Health Statistics	2004-2010
Sexual activity (5%)	Sexually transmitted infections (chlamydia rate per 100,000 population)	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010
	Teen birth rate (per 1,000 females ages 15-19)	2.5%	National Center for Health Statistics	2004-2010
Clinical Care (20%)				
Access to care (10%)	Uninsured (percent of population < age 65 without health insurance)	5%	Small Area Health Insurance Estimates	2010
	Ratio of population to primary care physicians	3%	HRSA Area Resource File	2011-2012
	Ratio of population to dentists	2%	HRSA Area Resource File	2011-2012
Quality of care (10%)	Preventable hospital stays (rate per 1,000 Medicare enrollees)	5%	Dartmouth Atlas of Health Care	2010
	Diabetic screening (percent of diabetics that receive HbA1c screening)	2.5%	Dartmouth Atlas of Health Care	2010
	Mammography screening (percent of females that receive screening)	2.5%	Dartmouth Atlas of Health Care	2010
Social and Economic Environment (40%)				
Education (10%)	High school graduation (percent of ninth grade cohort that graduates in 4 years)	5%	State sources and the National Center for Education Statistics	Varies by state
	Some college (Percent of adults aged 25-44 years with	5%	American Community Survey, 5-year estimates	2007-2011

Health Factor Weights				
Focus Area	Measure	Weight	Source	Year(s)
	some post-secondary education)			
Employment (10%)	Unemployment rate (percent of population age 16+ unemployed)	10%	Bureau of Labor Statistics	2011
Income (10%)	Children in poverty (percent of children under age 18 in poverty)	10%	Small Area Income and Poverty Estimates	2011
Family and social support (5%)	Inadequate social support (percent of adults without social/emotional support)	2.5%	Behavioral Risk Factor Surveillance System	2005-2010
	Percent of children that live in single-parent household	2.5%	American Community Survey, 5-year estimates	2007-2011
Community safety (5%)	Violent crime rate per 100,000 population	5%	Uniform Crime Reporting, Federal Bureau of Investigation *State data sources for Illinois*	2008-2010
Physical Environment (10%)				
Environmental quality (4%)	Daily fine particulate matter (average daily measure in micrograms per cubic meter)	2%	CDC WONDER Environmental data	2008
	Drinking water safety (percent of population exposed to water exceeding a violation limit in the past year)	2%	Safe Drinking Water Information System	FY 2012
Built environment (6%)	Access to recreational facilities (rate per 100,000 population)	2%	County Business Patterns	2010
	Limited access to health foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)	2%	USDA Food Environment Atlas	2012
	Fast food restaurants (percent of all restaurants that are fast food)	2%	County Business Patterns	2010

Website: http://www.countyhealthrankings.org/app/ohio/2013/rankings/factors/overall/by-rank

Additional County Ranking Measures

Additional Measures		
Measure	**Source**	**Year(s)**
Diabetes	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2009
HIV prevalence rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2009
Premature age-adjusted mortality	CDC WONDER mortality data	2008-2010
Child mortality	CDC WONDER mortality data	2007-2010
Infant mortality	CDC WONDER mortality data	2006-2010
Mental health providers	HRSA Area Resource File	2011-2012
Health care costs	Dartmouth Atlas of Health Care	2009
Uninsured adults	Small Area Health Insurance Estimates	2010
Uninsured children	Small Area Health Insurance Estimates	2010
Could not see doctor due to cost	Behavioral Risk Factor Surveillance System	2005-2011
Median household income	Small Area Income and Poverty Estimates	2011
High housing costs	American Community Survey, 5-year estimates	2007-2011
Children eligible for free lunch	National Center for Education Statistics	2011
Access to parks	Environmental Public Health Tracking Network	2010

Ohio Youth Survey Methodology

In 2008-2009, Stark County was selected as part of a 10-county pilot to implement the Ohio Youth Survey. The project was approved by the Family and Children First Cabinet and was a collaborative effort of the Interagency Prevention Partnership (IPP), and Ohio's Expert Prevention Panel (EPP). The Ohio Youth Survey was administered in Stark County with the support of the Stark County Family Council, the iCare program of the Stark County Educational Services Center, and the Stark County Anti-Drug Coalition within the Mental Health and Recovery Services Board of Stark County.

Administration of the Survey

The web based Ohio Youth Survey was offered through SmartTrack, a computer-based data collection system. Students in grades 6, 8, and 10 had the opportunity to answer questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use as well as related risk and protective factors during the months of October and November 2008. The total sample size for this survey was 4,270. The Ohio Youth Survey is approximately 100 questions in length and most students were able to take the survey in an average of 25 to 30 minutes. Locally, the Ohio Youth Survey was administered through the iCARE Team office at the Educational Service Center. Each school was able to access reports related to their data.

Priority Health Issues

This section presents a summary of the priority health issues for Stark County. For each area, data is given to support the identified issue. In many cases there were significant differences between demographic groups. The demographic characteristics that had the largest impact were race, income, and age. The priority health issues were identified after analyzing multiple sources of data from both the initial Stark County Community Health Assessment work in 2011 as well as additional research in 2013 as outlined in the Research Methodology section. The areas were chosen because they were common themes that appeared throughout the multiple sources of data, and through careful deliberation by the many community and Mercy Medical Center thought leaders involved in the process.

ACCESS TO HEALTH INSURANCE COVERAGE AND HEALTH CARE

ISSUE: A large portion of county residents do not have health insurance and lack access to basic healthcare services

- Stark Poll: The 2011 Stark Poll found that 31.3% of respondents thought that the availability of health insurance was the greatest unmet health need in the county. Another 14.5% felt that the affordability of health care and insurance was the greatest unmet health need. Slightly less, 11.1% felt that health care for the elderly and youth were the most important unmet health need.
- Stark Poll: 13.3% of survey respondents indicated that they are without health insurance coverage. Demographic groups that had disproportionately high uninsured rates include those with an annual household income of $18,000 or less (28.8%), the unemployed (24.3%), respondents with a high school diploma or less education (18.2%), those who are not married (20.4%), renters (27.8%), and respondents ages 18 to 24 (27.7%) and 25 to 34 (18.2%).
- Stark Poll: More than one-quarter, 28.6%, of respondents receive most of their healthcare from someone other than a primary care or family doctor. These include the emergency room (8.4%), a hospital clinic (7.7%) and an urgent care center (6.3%).

ACCESS TO DENTAL CARE

ISSUE: A significant portion of county residents do not have access to routine dental care.

- Stark Poll: 10.1% of respondents indicated that there were healthcare services that they needed but were unable to receive. The number one service that was needed was dental services. In all, 19.8%, of those who were unable to get a needed service named this response. In addition, 2.8% of all respondents reported that the availability of dental care services as the greatest unmet health need in the county.
- ODJFS: The ODJFS reported that in 2008 a significant portion of county residents were without dental insurance- this included 20.9% of children, 37.6% of adults ages 18 to 64, and 55.1% of adults ages 65 and over. In terms of dental visits 28.7% of children, 39.6% of adults ages 18 to 64, and 41.0% of adults over 65 had not seen a dentist in the past year.
- ODH: The Oral Health Survey of Ohio Schoolchildren found that 19.2% of Stark County third graders did not visit a dentist in the past year. Other findings include: 60% have a history of tooth decay, 51% have one or more sealants, and 21% have untreated cavities.

PRESCRIPTION DRUG USE

ISSUE: A growing problem in Stark County is the use of prescription medication in ways other than prescribed, particularly among youth.

- Stark Poll: 2.3% of adults reported using prescription medications other than how they were prescribed. Groups of respondents that were more likely to report using prescriptions not as prescribed include the unemployed (5.1%), those with children in the home (4.0%), respondents ages 18 to 24 (5.9%), and those with an annual income of $18-36,000 (4.7%).
- Ohio Youth Survey: 5.5% of students surveyed indicated that they used prescription drugs that were not prescribed to them in the past 30 days- higher than all other drugs, including inhalants.
- ODH: Death rates for accidental poisoning has increased significantly for ages 15 to 64 between 2002-2004 and 2005-2007: Ages 15-24: 671% increase, ages 25-34: 261% increase, ages 35-44: 105% increase, ages 45-54: 95% increase.
- ODH: The annual death rate among Stark County residents for unintentional drug/medication deaths for 2004-2008 was 5.9 per 100,000. While this rate is lower than the state average (10.4) for the same time period, Stark County's number of unintended deaths increased 100% between 2004 and 2008, while Ohio's number increased 59%.
- ODH: For 2003-2007, Stark County's rate of drug/medication poisoning hospital discharge cases was 125.1 per 100,000 population. This was considerably higher than the statewide rate of 90.5 and the 6th highest county rate in the state.

MENTAL HEALTH

ISSUE: The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for depression as well as high percentage of youth with suicidal thoughts substantiate this issue.

- Ohio Youth Survey: 26.6% of students reported feeling so sad or hopeless almost every day for two weeks in a row that they stopped doing normal activities. In addition, 15.1% of students seriously considered attempting suicide in the past 12 months while 11.4% actually made a plan about how they would attempt suicide, and 8% reported trying to commit suicide in the past year.
- ODH: The actual suicide rate in Stark County for 2006 to 2008 was 10.8 per 100,000 people. Whites had much higher suicide rates (11.1) to African Americans (6.9). Suicides rates varied greatly by age. Age groups that had the highest suicide rates were 35-44 (19.5), 85 and older (18.5), 55-64 (15.0), and 25 to 34 (14.2). Males are nearly four times more likely to commit suicide than females at a 17.9 to 4.4 ratio.
- MHRSB: The top three diagnostic groups for the Stark MHRSB in 2010 for adults were depressive disorders (2,877 cases), bipolar disorders (2,372), and alcohol use disorders (1,745). As far as children, the top three diagnoses were conduct disorders (1,129 cases), adjustment disorders (1,089), and attention-deficit/disruptive disorders (763). The age groups that were most likely to utilize mental health services in 2010 were ages 25 to 34 (3,108 cases), 35 to 44 (2,450), 45 to 54 (2,368), and 18 to 24 (2,245).

OBESITY AND HEALTHY LIFESTYLE CHOICES

ISSUE: A large portion of county residents are overweight, not exercising regularly, and not making food choices based on nutritional information.

- Stark Poll: A significant portion, 44.2%, of respondents reported that they were somewhat or very overweight. Groups of respondents that were more likely to report being overweight were suburban residents (47.3%), those who are retired (48.4%) or unemployed (48.4%), females (49.3%), ages 35 to 44 (50.8%) or 45 to 54 (49.2%), married (50.2%), and income of under $18,000 (56.2%). More than half of all respondents (57.4%) and most overweight respondents (87.7%) had tried to lose weight in the last 12 months.
- Ohio Youth Survey: 27% of the students who participated in the Ohio Youth Survey reported being overweight and 47% indicated that they were trying to lose weight.
- Stark Poll: 15.7% report not exercising at all while another 10.6% reported exercising only once in a while. The top reasons for not being able to exercise were physical limitations (49.2%), too busy or had no time (26.8%), and laziness or procrastination (10.6%).
- Stark Poll: 6.2% of all respondents rated their own health as poor or very poor. Groups of respondents that were more likely to rate their health as poor or very poor include: those who do not exercise (17.3%), respondents who are very overweight (17.7%), retired (11.8%) and unemployed (15.4%) respondents, renters (9.6%), those ages 55 to 64 (11.5%), non-white respondents (10.6%), and those with an annual income of less than $18,000 (17.4%).
- Ohio Youth Survey: 10.7% of participating students disagreed with the statement that they are physically fit. A large portion of students, 46.4%, watch 3 or more hours of TV on an average school day and 34.3% use the computer or play video games 3 or more hours on an average school day. Nearly one-quarter, 24.8, get 6 hours or less of sleep a night.
- CDC: According to the CDC, in 2009, 36.8% of Stark County adults were considered overweight and an additional 32.7% were considered obese. In addition, 34.1%, of Stark County third-graders were either overweight or obese in 2009-2010.
- Stark Poll: Just over one-third of respondents, 37.5%, indicated that nutritional information had the most information on their food choices. Last portions of respondents were influenced most by convenience (19.3%), meals prepared by a family member (17.2%), and cost (15.9%).

Community Survey: 2011 Stark Poll

The Stark County Health Needs Assessment Committee asked a series of questions as part of the 2011 Stark County Health Needs Assessment on the Stark County Collaborative Poll. The Stark County Health Needs Assessment Committee's involvement with the 2011 Stark Poll was funded by Alliance Community Hospital, Aultman Health Foundation, and Mercy Medical Center and was coordinated by the Stark County Health Department. The questions focused on the following areas: overall needs and health, general physical and mental health, access to care, immunizations, smoking and tobacco use, alcohol consumption, prescription medication abuse, obesity and access to healthy food, exercise and texting while driving. Where possible, comparative data from previous Stark Poll administrations were included throughout the analysis.

Overall Needs and Health

Stark Poll Summary: Overall Needs and Health		*Percentage*	*N*
Greatest Unmet Health Needs *(open ended, Top 3)*	Availability of health insurance	31.3%	N=568
	Affordability of health care / insurance	14.5%	
	Health care for the elderly / youth	11.1%	
Are there health programs like to see	Yes	35.1%	N=1,028
	No	64.9%	
Health care programs like to see (top 3)	Financial / insurance assistance	19.0%	N=337
	Free / preventive care clinics	18.4%	
	Youth fitness / nutrition / healthcare	13.1%	
Health Related Information Sources (top 3)	Internet	49.9%	N=983
	Friends/Family	42.2%	
	Doctor/Pharmacist/Nurse	32.6%	
How rate health	Excellent/Good	76.7%	N=1,065
	Fair	17.1%	
	Poor/Very Poor	6.2%	

The first section of the survey focused on unmet healthcare needs, additional healthcare services that respondents would like to see, and healthcare related information sources.

Healthcare Needs

First, all respondents were asked what they thought was the greatest unmet health need in Stark County. This was an open ended question in which the respondent could give one answer. A significant percentage of respondents, 46.7%, were unable to answer the question. Of those who were able to answer the question, nearly one-third, 31.1%, felt that the availability of health insurance was the greatest unmet health need in the county. The second largest unmet health need was the affordability of health care and health insurance, given by 14.4% of respondents. Slightly fewer, 11.1% of respondents thought that healthcare for the elderly or youth was the greatest unmet health need. Other needs, in order of importance, include public assistance (6.3% of respondents), the availability and affordability of medications (1.9%), mental health services (1.9%), and the availability of preventative care and clinics (1.6%).

Greatest Unmet Healthcare Need in Stark County	# of Responses	% of Responses	% of all Respondents
Availability of health insurance	178	31.3%	**16.7%**
Affordability of health care / insurance	82	14.4%	**7.7%**
Health care for the elderly / youth	63	11.1%	**5.9%**
Public assistance	36	6.3%	**3.4%**
Availability of medicine / affordability of medicine	20	3.5%	**1.9%**
Mental health services	20	3.5%	**1.9%**
Availability of preventive care / clinics	17	3.0%	**1.6%**
Availability of dental care services	16	2.8%	**1.5%**
Environmental concerns	16	2.8%	**1.5%**
Nutrition / obesity resources	16	2.8%	**1.5%**
Cures for diseases	13	2.3%	**1.2%**
Lack of nurses / doctors	13	2.3%	**1.2%**
Lack of high quality health care	12	2.1%	**1.1%**
Public healthcare plans	11	1.9%	**1.0%**
Teen pregnancy / STD care	7	1.2%	**0.7%**
Availability of drug / alcohol dependence assistance	5	0.9%	**0.5%**
Miscellaneous	41	7.2%	**3.8%**
Total	569	(n=569)	(n=1067)

Next, respondents were asked if there are any health care, health education or public health programs or services they would like to see in the community. More than one-third, 35.1%, of respondents indicated that there were health related programs or services they would like to see in their community.

Health Programs or Services Like to See
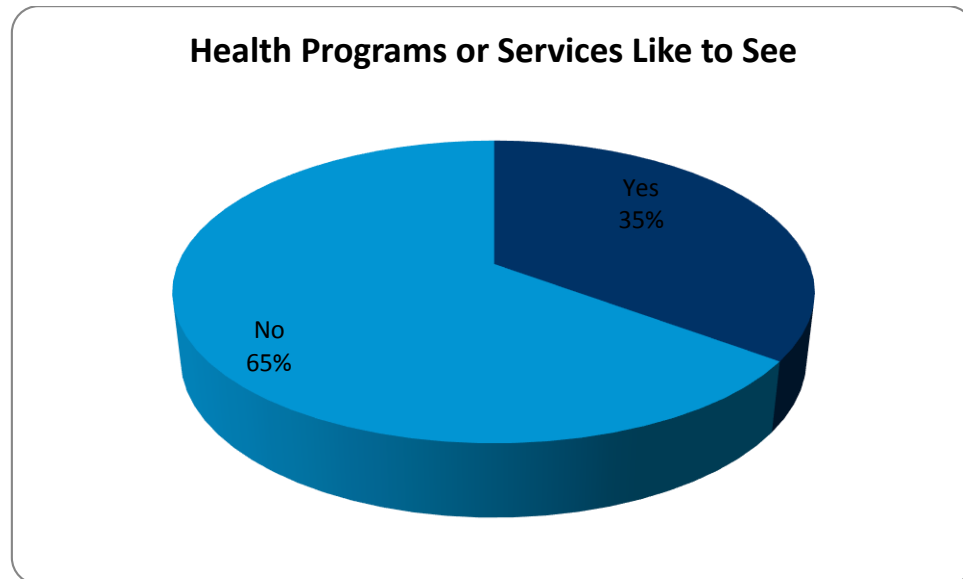
The 35.1% of respondents who indicated they would like to see additional health related programs and services in their community were asked what programs and services they would like to see. This was an open ended question in which the respondent could give multiple responses. In total, there were 428 programs and services named by 337 service naming respondents. The program/service that was named most frequently was financial and insurance assistance. This response was given by 19.0% of answering respondents. Slightly less, 18.4%, of answering respondents wanted to see free and preventative care clinics in their community. Other services and programs the respondents wanted to see in their community, in order of importance, include healthcare, fitness, and nutrition programs and services for youth (13.1%), healthcare and fitness programs for the elderly (10.7%), fitness and nutrition programs in general (7.1%), education and seminars on healthcare topics (6.8%), education for specific conditions (6.5%), and dental and optical programs (5.6%).

| What Healthcare Programs or Services Would You Like To See?	# of 1st Responses	% of 1st Responses	# of All Responses	% of all Responses	% of All Respondents
Financial / insurance assistance	44	13.1%	64	19.0%	**6.0%**
Free / preventive care clinics	49	14.5%	62	18.4%	**5.8%**
Youth fitness / nutrition / healthcare programs	37	11.0%	44	13.1%	**4.1%**
Elderly fitness / healthcare programs	28	8.3%	36	10.7%	**3.4%**
Fitness / nutrition programs	23	6.8%	24	7.1%	**2.2%**
Education / seminars on healthcare topics	19	5.6%	23	6.8%	**2.2%**
Condition specific education / assistance	16	4.7%	22	6.5%	**2.1%**
Dental and optical programs	14	4.2%	19	5.6%	**1.8%**
Sexual topic education and awareness programs	15	4.5%	17	5.0%	**1.6%**
Additional health facilities/organizations	14	4.2%	16	4.7%	**1.5%**
Prenatal / newborn / parenting programs	11	3.3%	15	4.5%	**1.4%**
Mental health awareness programs	8	2.4%	13	3.9%	**1.2%**
Public healthcare/insurance program	10	3.0%	10	3.0%	**0.9%**
Developmental and physical disability assistance	6	1.8%	9	2.7%	**0.8%**
Affordable medication / assistance	5	1.5%	9	2.7%	**0.8%**
Substance abuse programs / assistance	2	0.6%	6	1.8%	**0.6%**
Condition specific research	4	1.2%	4	1.2%	**0.4%**
First aid / emergency response training	4	1.2%	4	1.2%	**0.4%**
Support groups	3	0.9%	4	1.2%	**0.4%**
Transportation assistance	2	0.6%	4	1.2%	**0.4%**
Assistance for veterans	3	0.9%	3	0.9%	**0.3%**
Miscellaneous	19	0.3%	19	5.6%	**0.1%**
Total	**337**	**(n=337)**	**428**	**(n=428)**	**(n=1067)**

Health Related Information

All respondents were asked what two sources of information they find most useful when looking for health related information such as information about doctors, diseases or available services. This was an open ended question. The most common response, given by nearly half of all respondents, 49.9%, was the internet. The second most common source of health related information was family and friends. This response was given by 42.2% of respondents. Nearly a third of respondents, 32.6%, felt that a doctor, pharmacist, or nurse was the most important source of health related information. Other sources of health related information include, in order of importance, the newspaper (8.5%), books or magazines (8.0%), television or radio (7.3%), and insurance resources (6.0%).

Source of Healthcare Information Most Useful (such as info about doctors and diseases)					
	# of 1st Responses	% of 1st Responses	# of all Responses	% of all Responses	% of Respondents
Internet	341	34.7%	490	29.4%	**49.9%**
Friends/family	228	23.2%	415	24.9%	**42.2%**
Doctor/pharmacist/nurse	198	20.1%	321	19.2%	**32.6%**
Newspaper	41	4.2%	83	5.0%	**8.5%**
Books/magazines	30	3.0%	78	4.7%	**8.0%**
Television/radio	34	3.5%	72	4.3%	**7.3%**
Insurance resources	29	2.7%	59	3.5%	**6.0%**
Hospital publications	12	1.2%	32	1.9%	**3.2%**
Have not looked for information	19	1.9%	25	1.5%	**2.5%**
Phone book/directories	13	1.3%	21	1.3%	**2.1%**
At work	7	0.7%	18	1.1%	**1.8%**
Community presentations/programs	3	0.3%	11	0.7%	**1.1%**
Health department	4	0.4%	10	0.6%	**1.1%**
Church	7	0.7%	9	0.5%	**0.9%**
School	6	0.6%	7	0.4%	**0.7%**
Miscellaneous	11	1.1%	17	1.0%	**1.7%**
Total	983	(n=983)	1669	(n=1669)	(n=983)

General Health

All respondents were asked to describe their health on a five-point scale: excellent, good, fair, poor or very poor. More than one-quarter of respondents, 27.0%, rated their health as excellent. Another half of respondents, 49.7%, rated their health as good. Combined, 76.7% had a favorable rating of their health. Another 17.1% of respondents rated their health as fair. Only a small percentage of respondents, 6.2%, had an unfavorable rating of their health, with 5.3% rating their health as poor and 0.9% as very poor.
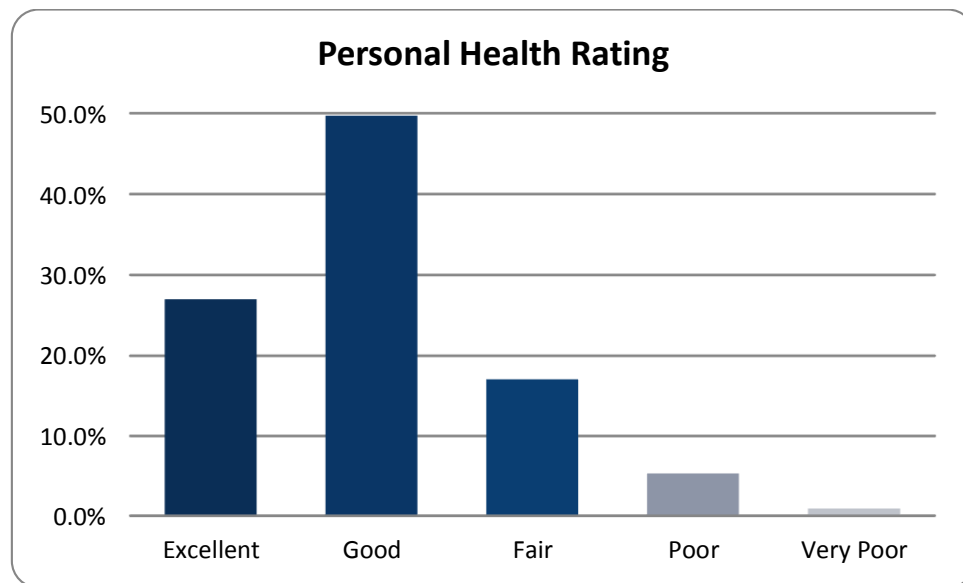
There were several demographic differences among how a person rated their health. For example, college graduates were much more likely than those with a high school diploma or less education to have a favorable rating of their health. Whereas 86.3% of college graduates rated their health as excellent or good, only 67.9% of those with a high school diploma or less education rated their health favorably. Other groups of respondents that were more likely to rate their health as excellent or good include respondents who are employed, home owners, aged 18 to 44, married, and those with an annual income of $54,000 or more. Groups of respondents that were more likely to rate their health as poor or very poor include retired respondents, those who rent their current residence, respondents ages 55 and over, non-white respondents, and those with an annual income of $18,000 or less.
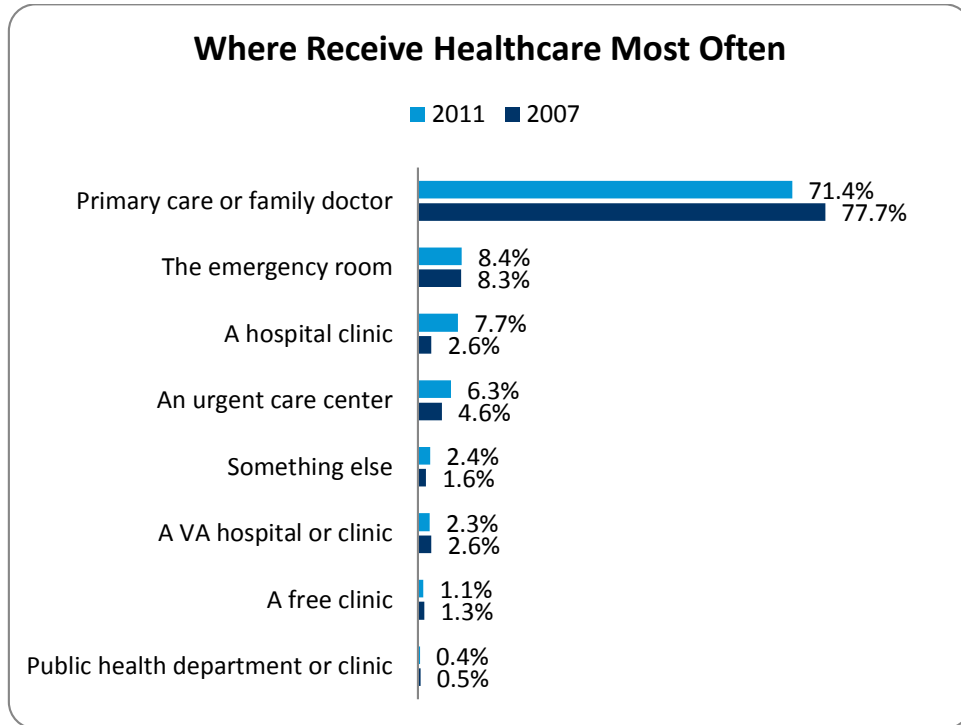
Access to Care

Stark Poll Summary: Access to Care			
		Percentage	*N*
Where receive healthcare most often	Primary care or family doctor	71.4%	N=1,061
	The emergency room	8.4%	
	A hospital clinic	7.7%	
	An urgent care center	6.3%	
	A VA hospital or clinic	2.3%	
	A free clinic	1.1%	
	A public health department or clinic	0.4%	
	Something else	2.4%	
Healthcare services unable to get*	Yes	10.1%	N=1,067
	No	89.9%	
Follow-up: What services needed (top 3)	Dental services	19.8%	N=104
	Orthopedics	10.3%	
	Medication	9.4%	
Follow-up: Why unable to get services (top 3)	No health insurance	37.1%	N=101
	Cannot afford it	27.0%	
	Services not covered by insurance	21.0%	

Next, respondents were asked when they receive healthcare, where do they receive it most often: a primary care or family doctor, the emergency room, an urgent care center, a hospital clinic, a public health department or clinic, a VA hospital or clinic, a free clinic, or somewhere else.

The leading source of health care for respondents was a primary care doctor. Nearly three-quarters or 71.4% of respondents indicated they receive their health care most often from a primary care doctor; this was a significant decrease from 77.7% of respondents in 2007. On the other hand, more than one-quarter or 28.6% of respondents relied on other sources for health care. For instance, 8.4% of respondents relied on emergency rooms as their primary source of health care, while another 7.7% relied on a hospital clinic. The percentage of respondents who used hospital clinics as their main source of health care increased considerably from 2.6% in 2007. Other sources of health care included, in order of importance, an urgent care center (6.3%), Veterans Administration (VA) hospitals or clinics (2.3%), free clinics (1.1), and public health departments (0.4%).

Where Receive Healthcare Most Often

■ 2011 ■ 2007

Category	2011	2007
Primary care or family doctor	71.4%	77.7%
The emergency room	8.4%	8.3%
A hospital clinic	7.7%	2.6%
An urgent care center	6.3%	4.6%
Something else	2.4%	1.6%
A VA hospital or clinic	2.3%	2.6%
A free clinic	1.1%	1.3%
Public health department or clinic	0.4%	0.5%

Where Receive Healthcare Most Often		
	2007	**2011**
Primary care or family doctor	77.7%	71.4%
The emergency room	8.3%	8.4%
A hospital clinic	2.6%	7.7%
An urgent care center	4.6%	6.3%
A VA hospital or clinic	2.6%	2.3%
A free clinic	1.3%	1.1%
A public health department or clinic	0.5%	0.4%
Something else	1.6%	2.4%

Whether or not a respondent relied on sources for health care other than a primary care doctor, such as emergency rooms or clinics, varied according to several demographics or other identifying characteristics. For instance, males were more likely than females to rely on other sources for primary health care. In addition, non-white persons were more likely to rely on other sources for their health care compared to Whites. In terms of marital status, those who are not married were more likely to rely on other sources for health care.

Income and education also played a role. Respondents from households with progressively less income were more likely to rely on other sources for health care. Likewise, respondents who indicated they did not have health insurance coverage were more likely to rely on other sources for health care compared to persons with health insurance coverage. The less education a person had, the more likely they were to rely on other sources for health care.   Location also influenced whether or not someone relied on other sources for health care. Residents of Canton were more likely to rely on other sources of health care compared to residents of other communities. Age was also a factor; the younger the person , the more likely they were to rely on other sources for health care.

All respondents were asked if there were any healthcare services that they or a member of their family needed in the past year that they were unable to get. More than one in ten, 10.1%, indicated there were needed services they were unable to get.

Unable to Get Needed Healthcare Services in Last Year

■ Yes ■ No

10%

90%
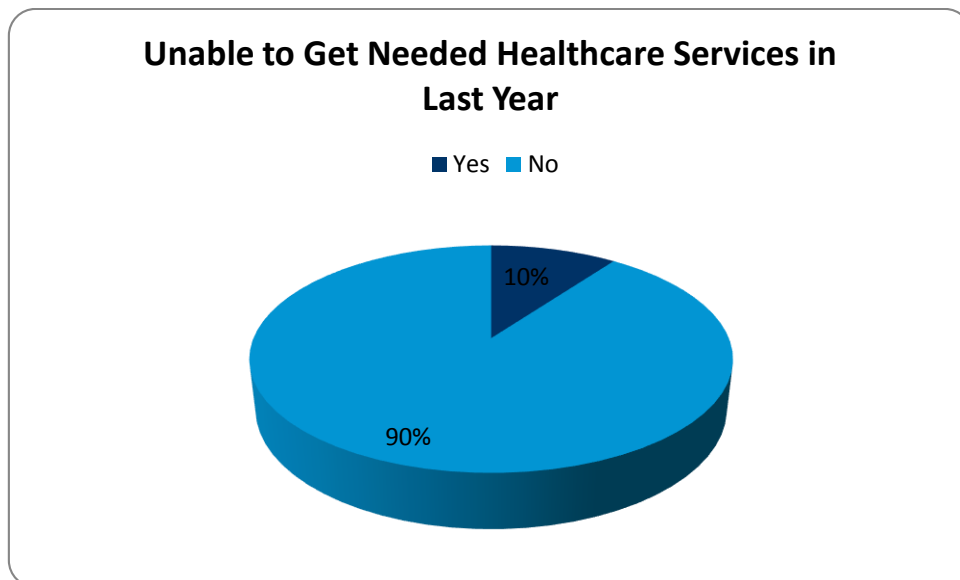
Whether a respondent was unable to receive needed health care services or not varied according to several demographic or other identifying characteristics of respondents. For instance, females were more likely than males to have been unable to get needed services. In addition, non-white persons were much more likely to not receive needed healthcare services. In terms of marital status, those who are not married were more likely to not receive needed healthcare services.   Income and education also played a role. Respondents from households with progressively less income were more likely to have not received needed healthcare services. Respondents who were not college graduates were also more likely to have been unable to receive needed healthcare services. Likewise, respondents who indicated they did not have health insurance coverage were more likely to have been unable to get needed healthcare services compared to persons with health insurance coverage.

Location also influenced whether or not someone relied on other sources for health care. Urban residents of Stark County were more likely to have been unable to receive needed healthcare services compared to residents of suburban communities. Age was also a factor. Respondents aged 45 to 54 were most likely to be unable to get needed healthcare services; those ages 65 and over were least likely.

The 10.1% of respondents who were unable to obtain a needed health related service in the past year were asked a series of follow-up questions. First, these respondents were asked what services they were unable to get. This was an open-ended question in which respondents could give multiple responses. The healthcare service needed most often was dental services; this response was given by 19.8% of respondents who were unable to get needed healthcare services. Other needed healthcare services include, in order of importance, orthopedics (10.3%), medication (9.4%), other tests (7.7%), mental health services (6.6%), emergency room services (6.6%), and primary/preventative care (6.6%).

Healthcare Services Needed					
	# of 1st Responses	% of 1st Responses	# of all Responses	% of all Responses	% of Respondents
Dental services	19	17.9%	21	16.2%	19.8%
Orthopedics	8	7.4%	11	8.4%	10.3%
Medication	10	9.4%	10	7.7%	9.4%
Other tests	5	4.8%	8	6.3%	7.7%
Mental health services	7	6.6%	7	5.4%	6.6%
Emergency room services	7	6.6%	7	5.4%	6.6%
Primary/Preventive care	5	4.9%	7	5.4%	6.6%
Surgery	4	3.6%	6	4.5%	5.5%
MRI/X-Ray/CAT	3	2.9%	5	3.9%	4.8%
Reproductive services	4	3.4%	4	2.8%	3.4%
Endocrinology services	3	2.6%	4	2.9%	3.6%
Vision/Hearing services	0	0.0%	4	3.1%	3.8%
Cardiac care	3	2.9%	3	2.4%	2.9%
Respiratory services	2	1.7%	3	2.2%	2.7%
Neurology services	2	2.0%	2	1.6%	2.0%
Dermatology	1	0.9%	2	1.5%	1.8%
Miscellaneous	24	23.1%	25	19.7%	24.0%
Total	104	(n=104)	127	(n=127)	(n=104)

The respondents who were unable to get needed healthcare services were also asked why they were unable to get the needed services. Once again, this was an open ended question in which the respondent could give multiple responses. More than one-third of these respondents, 37.1%, indicated their lack of insurance was one reason they were unable to get needed healthcare. More than one-quarter, 27.0% cited they could not afford the needed services. Other reasons for being unable to obtain needed healthcare services included that the services were not covered by insurance (21.0%), they do not qualify for assistance (10.8%), the wait time (4.7%), and the needed service is not available in this area (3.9%).

Reasons Why Unable To Get Services					
	# of 1st Responses	% of 1st Responses	# of all Responses	% of all Responses	% of Respondents
No health insurance/unemployed	33	33.2%	37	32.3%	37.1%
Could not afford it	22	22.1%	27	23.5%	27.0%
Services not covered by insurance	21	21.1%	21	18.3%	21.0%
Do not qualify for assistance	6	5.9%	11	9.4%	10.8%
Wait time	5	4.7%	5	4.1%	4.7%
Service not available in area	4	3.9%	4	3.4%	3.9%
High deductible	1	1.1%	2	1.8%	2.1%
Lack of help from provider	1	1.2%	1	1.0%	1.2%
Miscellaneous	7	7.0%	7	6.1%	7.0%
Total	101	(n=101)	116	(n=116)	(n=101)

Exercise

Stark Poll Summary: Exercise			
		Percentage	*N*
How often exercise per week	Not at all	15.7%	N=1,065
	Once in awhile	10.6%	
	1-2 times	20.2%	
	3-4 times	30.0%	
	5-7 times	23.5%	
Follow-up: What making it difficult to exercise (top 3)	Physical limitations	49.2%	N=153
	Too busy/no time	26.8%	
	Laziness/Procrastination	10.6%	

Next, respondents were asked if they participated in any physical activity or exercise such as walking, running, lifting weights, team sports, golf or gardening for exercise in the last month. The majority of respondents, 84.3%, had exercised in the past month; the remaining 15.7% did not exercise.

Of those who exercise, 12.6% only exercise once in a while (10.6% of all respondents). Nearly one-quarter of respondents, 23.9%, exercise one to two times a week (20.2% of all respondents). Another 35.6% of exercising respondents exercise 3 to 4 times per week (30.0% of all respondents), and 28.0% exercise 5 to 7 times a week (23.5% of all respondents).

How Often Exercise

■ Respondents who exercise ■ All respondents

	Respondents who exercise	All respondents
5-7 times	28.0%	23.5%
3-4 times	35.6%	30.0%
1-2 times	23.9%	20.2%
Once in awhile	12.6%	10.6%
Not at all		15.7%
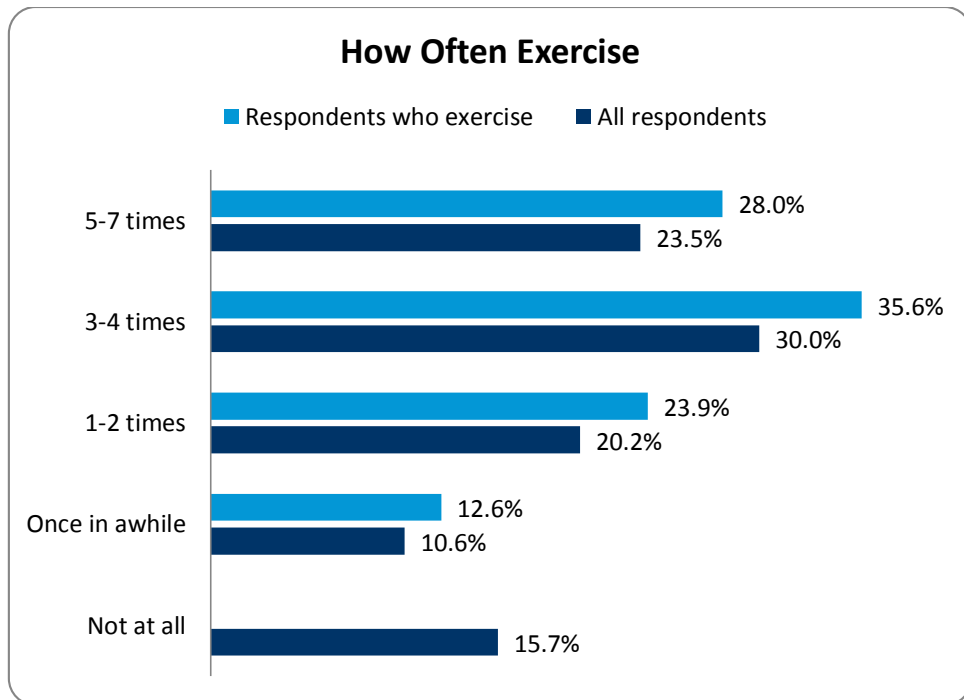
How Often Exercise per Week		
	All Respondents	**Respondents who Exercise**
Not at all	15.7%	*
Once in awhile	10.6%	12.6%
1-2 times	20.2%	23.9%
3-4 times	30.0%	35.6%
5-7 times	23.5%	23.5%

The 15.7% of respondents who do not exercise on a regular basis were asked for some of the reasons that make exercise difficult. This was an open ended question in which respondents could give multiple responses. The most common response, given by nearly half, 49.2%, of all respondents who don't regularly exercise, was that they had a physical limitation that prevented them from exercising. The second most common reason, given by 26.8% of respondents, was that they were too busy or did not have the time. Other reasons that exercise was difficult include, in order of importance, laziness and procrastination (10.6%), they do not like exercise (6.4%), there is no need to exercise or it is not worth the time and effort (5.1%), and they are too old to exercise (4.8%).

| Reasons Why Exercise is Made Difficult					
	# of 1st Responses	**% of 1st Responses**	**# of all Responses**	**% of all Responses**	**% of Respondents**
Physical limitations	70	46.0%	75	43.7%	**49.2%**
Too busy/No time	38	24.9%	41	23.8%	**26.8%**
Laziness/procrastination	12	8.0%	16	9.5%	**10.6%**
Do not like it	9	5.8%	10	5.7%	**6.4%**
No need/Not worth the time or effort	7	4.5%	8	4.5%	**5.1%**
Too old	6	4.1%	7	4.2%	**4.8%**
The weather	4	2.4%	4	2.1%	**2.4%**
Cannot afford a gym	3	1.8%	3	1.6%	**1.8%**
Lack routine/Difficult to start	2	1.4%	4	2.4%	**2.7%**
Do not have companion	0	0.0%	1	0.6%	**0.7%**
Smoker	0	0.0%	1	0.6%	**0.7%**
Miscellaneous	2	1.2%	2	1.0%	**1.2%**
Total	153	(n=153)	170	(n=170)	(n=153)

Smoking/Tobacco, Alcohol, and Prescription Drug Use

Stark Poll Summary: Smoking and Tobacco, Alcohol, and Prescription Use			
		Percentage	*N*
Tobacco Use	Everyday	20.0%	N=1,066
	Some days	7.9%	
	Not at all	72.1%	
View on tobacco use (asked of smokers only)	It is not as unhealthy as everyone makes it out to be.	6.4%	N=292
	I know it is unhealthy, but plan to continue smoking or using tobacco.	37.2%	
	I know it is unhealthy and plan to quit.	56.4%	
Method of quitting tobacco	Quitting cold turkey	61.3%	N=160
	Over the counter aids	27.2%	
	Alternative methods	7.2%	
	Group program	2.8%	
	Over the phone support or counseling	1.4%	
Alcohol Use	Everyday	2.4%	N=1,066
	Some days	46.7%	
	Not at all	50.9%	
	Average number of alcoholic drinks per week	4.2	
View on alcohol use (asked of people who drink 6 or more drinks a week)	The health risks are not as great as everyone makes it out to be.	22.7%	N=107
	I know there are health risks, but plan to continue drinking.	62.1%	
	I know there are health risks and plan to stop drinking or drink less.	15.7%	
Prescription use in past year	Yes- used as prescribed	69.8%	N=1,064
	Yes- used NOT as prescribed	2.3%	
	No- did not use	27.9%	
View on off label prescription use	It is not as much of a problem as everyone makes it out to be.	18.2%	N=23
	I know that it goes against medical advice, but plan to continue doing it.	34.0%	
	I know it is not advised and don't plan to do it again.	47.7%	

Smoking and Tobacco Use

All respondents were asked how often they currently smoke cigarettes or use tobacco products: every day, some days, or not at all. More than one quarter or 27.9% of respondents indicated they currently smoke cigarettes or use tobacco. The majority or roughly three-quarters, 71.7%, of tobacco users stated they use tobacco every day. ***Every day users*** amounted to 20.0% of all respondents. The remaining proportion of tobacco users indicated they smoke cigarettes or use tobacco less frequently or only ***some days,*** amounting to 7.9% of all respondents and 28.3% of tobacco users. Nearly three quarters, 72.1%, of respondents reported that they ***do not use tobacco at all***.
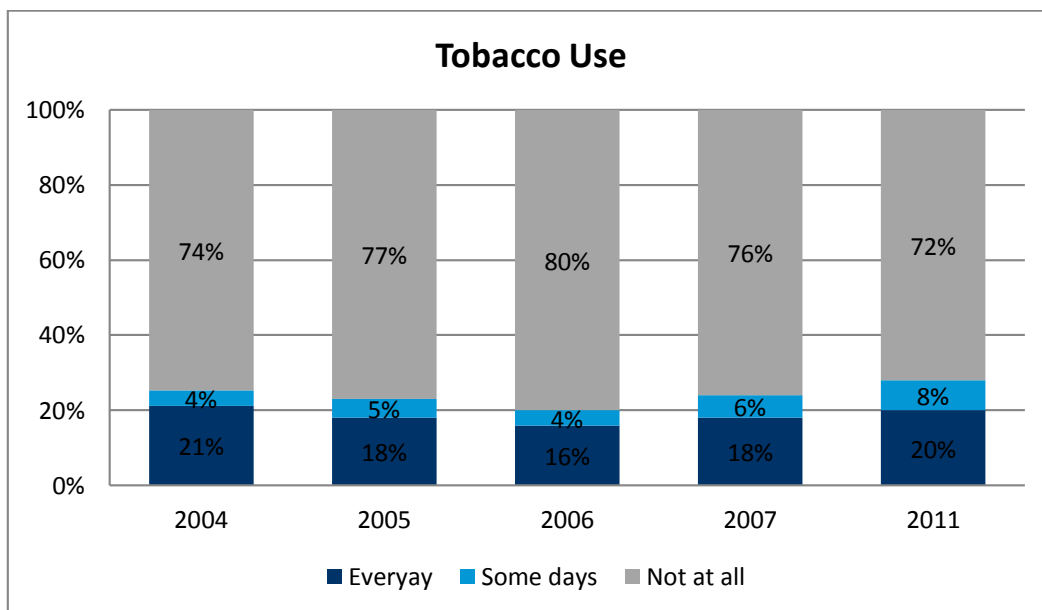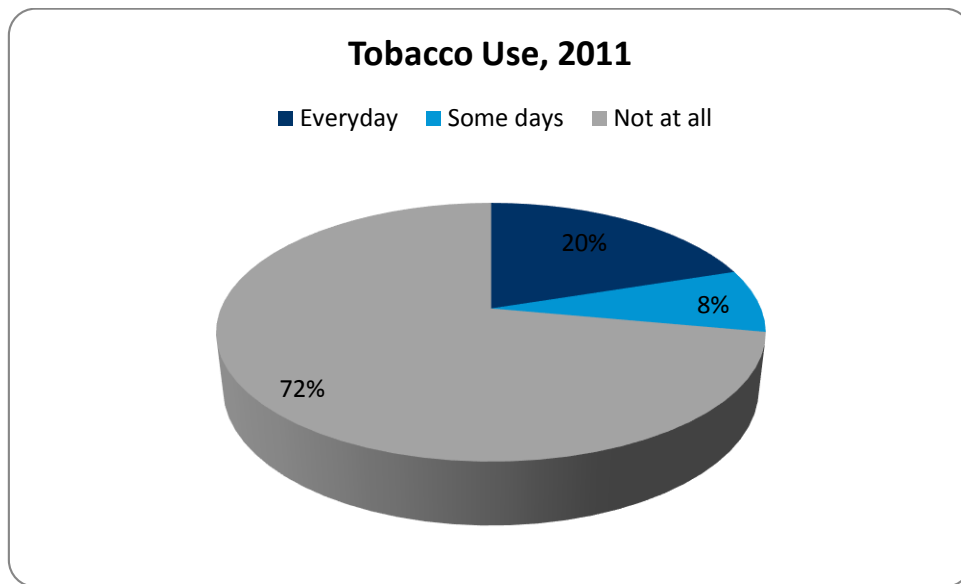
Tobacco use varied according to various demographics or other identifying characteristics of respondents. For instance, residents of the three core urban cities in the county were more likely to indicate they currently use tobacco compared to the remaining communities; 37.0% of urban residents reported they currently use tobacco compared to only 21.4% of suburban residents. People without health insurance were more likely to indicate they use tobacco compared to those with insurance. While half, 50.7%, of those without health insurance reported they currently use tobacco, only 24.9% of those with health insurance reported the same.

Household income was also strongly associated with cigarette smoking. Respondents from households with progressively less annual income, especially less than $36,000 per year, were more likely to indicate they use tobacco compared to those from higher income households. In terms of employment status, the unemployed were much more likely to use tobacco, while retirees were much less likely to use tobacco. Homeownership status was also related to smoking activity. Those who rent their home were twice as likely as homeowners to smoke cigarettes or use tobacco.

Other groups of respondents that were more likely to smoke or use tobacco include those with a high school diploma or less education, respondents who are not married and non-white respondents.

Next, respondents who smoke or use tobacco were asked their view on tobacco use using three statements: (1) It is not as unhealthy as everyone makes it out to be, (2) I know it is unhealthy, but plan to continue smoking or using tobacco, and (3) I know it is unhealthy and plan to quit. More than half, 56.4% reported that they knew it was unhealthy and plan to quit (15.4% of all respondents). More than one-third, 37.2%, indicated that they know tobacco use is unhealthy, but they plan on continuing (10.2% of all respondents). Only a small percentage of tobacco users, 6.4%, think that tobacco use is not as bad as everyone makes it out to be (1.8% of all respondents). The 15.4% of tobacco users who plan to quit, were read a list of seven possible methods and asked which they would use. The method mentioned most often was to quit cold turkey, as indicated by 61.3% of respondents. Another 27.2% of respondents planned to quit by using over the counter aids. Other methods of quitting tobacco include, in order of importance, alternative methods (7.2%), a group program (2.8%), and over the phone support (1.4%).

View on Tobacco Use
Tobacco Users Only

Method of Quitting Tobacco
Of those planning to quit
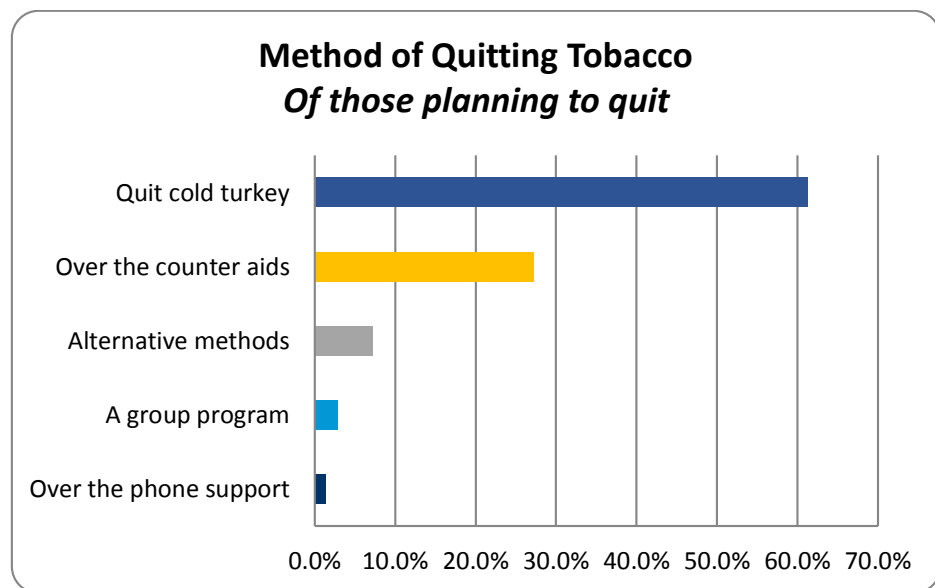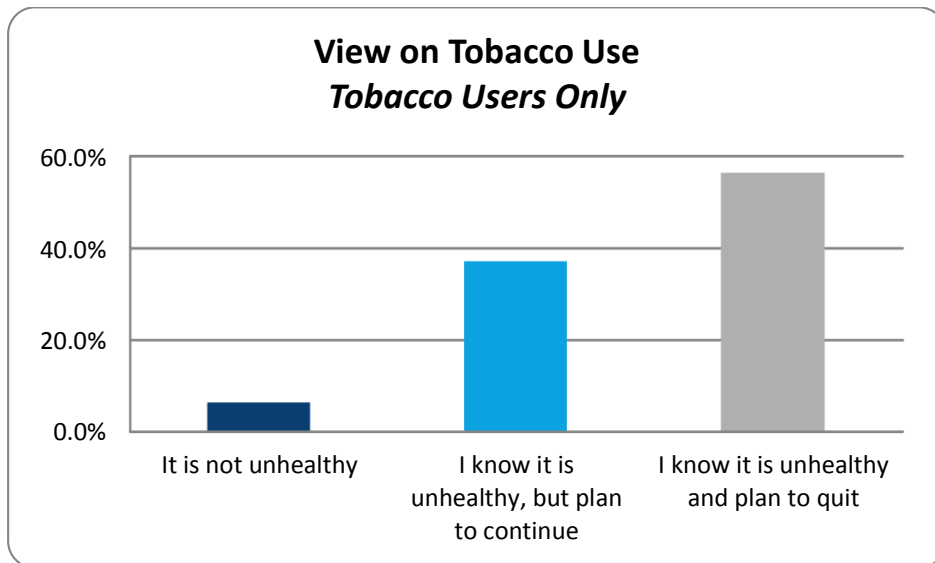
Alcoholic Beverages

Next, all respondents were asked if they drink alcoholic beverages such as beer, wine, malt beverages, or liquor every day, some days, or not at all. Nearly half or 49.1% of respondents indicated they drink alcohol. Unlike tobacco users, the majority of alcohol drinkers, or 95.2% stated they drink alcohol some days. ***Every day user's*** amounted to just 2.4% of all respondents. The remaining proportion of alcohol drinkers indicated that they drink less frequently or only ***some days,*** amounting to 46.7% of all respondents. More than half, 50.9%, of respondents reported that they ***do not drink alcohol at all***.

The 49.1% of respondents who drink alcohol were asked how many alcoholic drinks they consume each week on average. The responses ranged from zero to one hundred, with an average of 4.2 drinks a week. The average number of alcoholic drinks a respondent consumed varied greatly by whether or not the respondent indicated that they drink some days or every day. Respondents who consume alcoholic beverages ***some days*** consume an average of 3.4 alcoholic beverages per week, whereas every day consumers drink an average of 19.8 alcoholic beverages per week.

Alcohol Use

■ Everyday ■ Some days ■ Not at all

2%

51%

47%
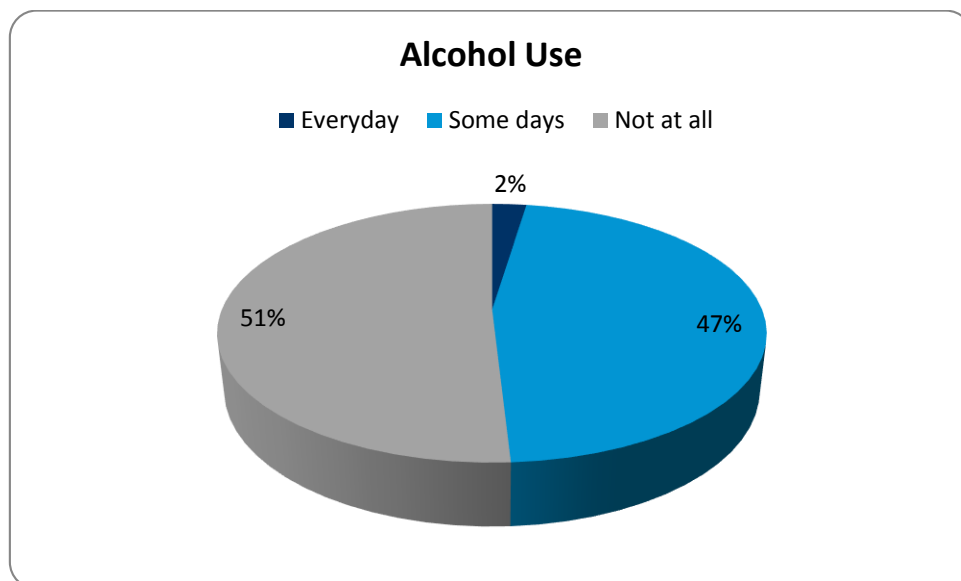
Alcohol consumption varied according to various demographics or other identifying characteristics of respondents. However, the demographic differences were significantly different from the groups of respondents that used tobacco. For instance, while residents of the three core urban cities in the county were more likely to indicate they currently use tobacco compared to the suburban communities in the county, suburban residents were more likely than urban residents to consume alcoholic beverages. More than half, 53.1% of suburban residents reported that they currently consume alcohol compared to 43.7% of urban residents. Other groups of respondents that were more likely to consume alcoholic beverages include those with a some college or more education, males, respondents ages 18 to 44, and those with an annual income of $54,000 or more.

Next, the 10.2% of respondents who drink six or more alcoholic beverages per week were asked their view on alcohol consumption using three statements: (1) The health risks are not as great as everyone makes it out to be, (2) I know the health risks, but plan to continue drinking alcoholic beverages, and (3) I know there are health risks and plan to stop drinking or drink less. A small percentage, 15.7%, reported that they knew the health risks and planned to stop drinking or to drink less (1.5% of all respondents). Nearly two-thirds, 62.1%, indicated that they know there are health risks, but they plan on continuing anyways (6.2% of all respondents). Nearly one-quarter of alcohol drinkers, 22.7%, think that alcohol assumption is not as bad as everyone makes it out to be (2.3% of all respondents).

View on Alcohol Use
People who drink 6 or more drinks a week
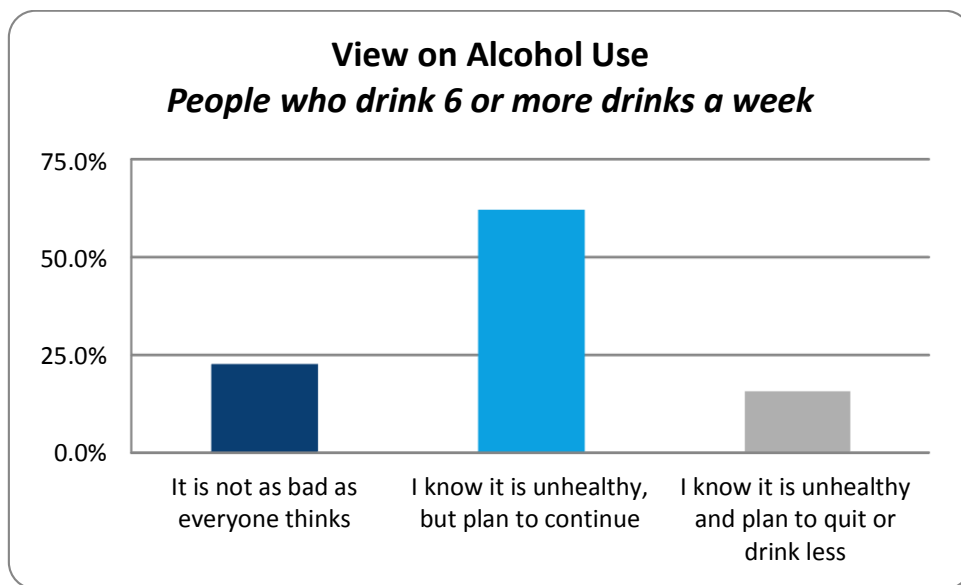
Prescription Drugs

All respondents were asked if they have taken prescription medications in the past year. If the respondent answered yes, they were then asked if they had used any of the medications differently than prescribed such as more frequently or in a higher dose than directed by their doctor. More than one-quarter of respondents, 27.9% had not used a prescription medication in the past year. More than two-thirds, 69.8%, indicated that they had used prescriptions in the past year, but used it as prescribed. Only a small percentage, 2.3%, used prescriptions other than how they were prescribed.

Prescription Drug Use in Past Year

■ Used as prescribed   ■ Used not as prescribed   ■ Did not use
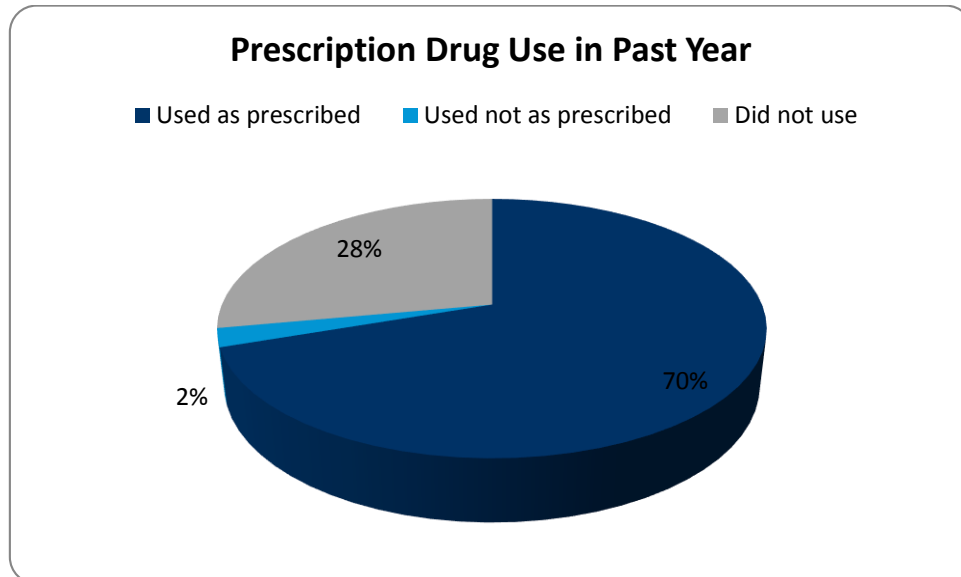
Prescription use varied according to various demographics or other identifying characteristics of respondents. Groups of respondents that were more likely to use prescriptions other than as prescribed include the unemployed and respondents ages 18 to 24. Groups of respondents that were more likely to take prescription medication as prescribed include retired respondents, females, those ages 55 and older, and respondents with an annual income of $18,000 or less. Groups of respondents that were more likely to have not used prescription medications at all include respondents who are employed full-time, those with children in the home, males, and respondents ages 18 to 44.

Next, the 2.3% of respondents who reported that they use medications other than how they are prescribed were asked why they took the medications this way. The most common response was that the prescription was insufficient. This response was given by 36.0% of all respondents. Another 33.7% took medication other than how it was prescribed for pain management.

Reason For Off Label Prescription Use					
	# of 1st Responses	% of 1st Responses	# of all Responses	% of all Responses	% of Respondents
Insufficient prescription	8	35.7%	8	32.9%	**36.0%**
Pain management	5	24.0%	7	30.8%	**33.7%**
Avoid side effects	5	25.1%	5	23.1%	**25.3%**
Helps to sleep/stay awake	2	11.0%	2	10.1%	**11.0%**
To experience a high	1	4.2%	1	3.9%	**4.3%**
Total	21	**(n=21)**	23	**(n=23)**	**(n=21)**

Next, the 2.3% of respondents who took prescription medication other than how it was described were asked their view on prescription misuse using three statements: (1) It is not as big of a problem as everyone makes it out to be, (2) I know it is against medical advice, but plan to continue, and (3) I know it is not advised and don't plan on doing it again. Nearly half, 47.7% reported that they know it is not advised and plan to stop (1.0% of all respondents). More than one-third, 34.0%, indicated that they know it is not advised, but they plan on continuing (0.7% of all respondents). Less than one-fifth, 18.2% think that using prescriptions other than how they are prescribed is not as bad as everyone makes it out to be (0.4% of all respondents).

View on Off Label Prescription Use
Those who use prescriptions as not prescribed
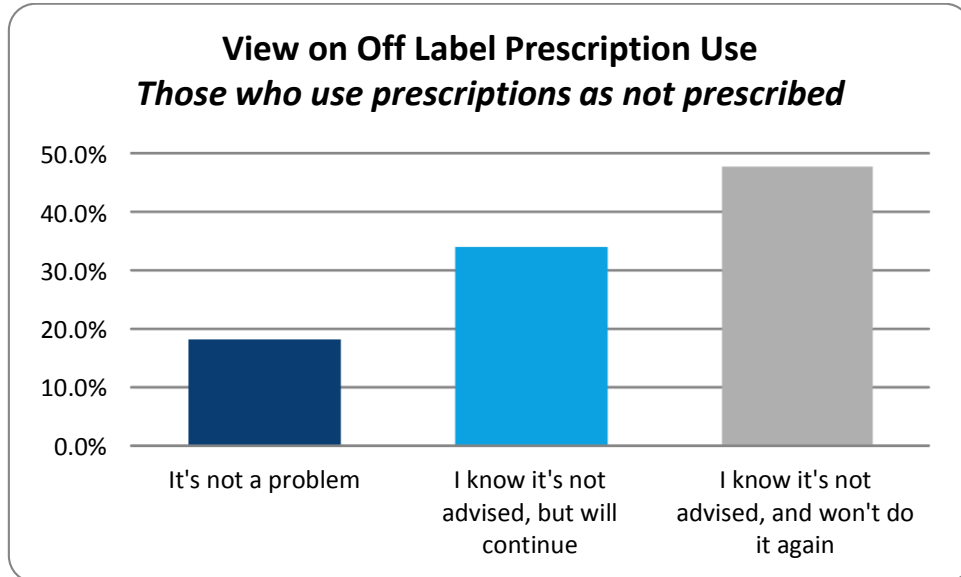
Obesity and Access to Healthy Food

Stark Poll Summary: Obesity and Access to Healthy Food		Percentage	N
Self-described weight	Overweight	44.2%	N=1,065
	About right	51.2%	
	Underweight	4.6%	
Tried to lose weight in last 12 months	Yes	57.4%	N=1,066
	No	42.6%	
Been successful at losing and maintaining	Yes	83.3%	N=610
	No	16.7%	
Most influence on food choices	Nutritional information	37.5%	N=1,033
	Cost	15.9%	
	Access of accessibility	7.9%	
	Convenience	19.3%	
	Advertisements	2.2%	
	Meals prepared by family member	17.2%	

All respondents were asked to describe their personal weight using a 5-point scale: very underweight, somewhat underweight, about right, somewhat overweight, or very overweight. More than half of the respondents, 51.2%, reported that their weight is about right. Slightly fewer, 44.1%, reported being overweight with 38.3% being somewhat overweight and 5.8% being very overweight. Just a small percentage, 4.6%, reported being underweight, with 4.0% being somewhat underweight and 0.6% being very underweight.
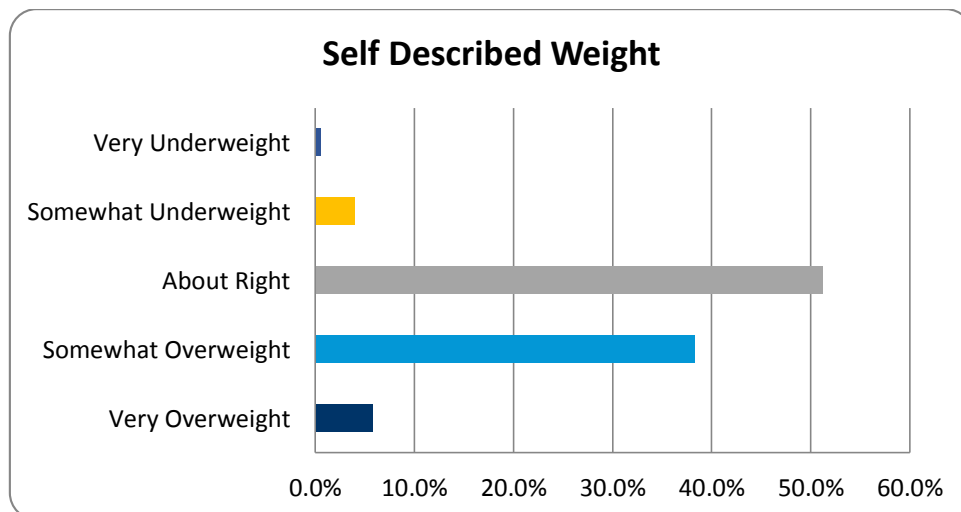
The weight of respondents varied according to various demographics or other identifying characteristics. Groups of respondents more likely to be **overweight** included: suburban residents, retired and unemployed respondents, females, those ages 35 to 64, married respondents, and those with an annual income of $18,000 or less. Groups of respondents more likely to be **about right** included: urban residents, males, those ages 18 to 34, respondents who are not married, and non-white respondents. Groups of respondents that were more likely to be **underweight** included: respondents who are employed part-time, those ages 18 to 24, and respondents with an annual income of $18,000 or less.

All respondents were asked if they had thought about or tried to lose weight during the past year. More than half of respondents, 57.4% had thought about or tried to lose weight in the last year. As would be expected, there were large differences between how a person described their weight and whether or not they had tried to lose weight in the last 12 months. For respondents who described themselves as underweight, 14.3% had tried to lose weight in the last year. For respondents who characterized their weight as just about right, more than one-third, 35.1%, had indicated they had tried to lose weight. The majority of respondents who thought they were overweight, 87.7% had tried to lose weight in the past year.
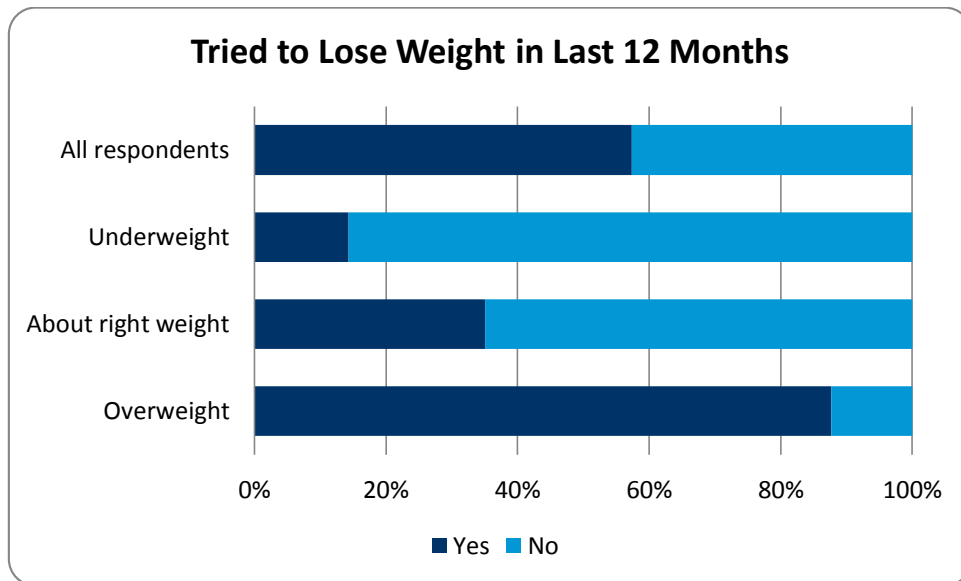
In addition to weight, there were other demographic and other identifying characteristics among those who did and did not try to lose weight in the past year. Groups of respondents that were more likely to have tried losing weight include respondents who are employed, college graduates, those ages 35 to 64, married respondents, those with an annual income of $54,000 or more, and respondents with children in the home.

Next, the 57.4%, of respondents who had tried to lose weight in the past 12 months were asked if they felt they were successful at losing or maintaining their weight. The majority of respondents, 83.3%, felt they were successful at losing or maintaining their weight, the remaining 16.7% felt unsuccessful.

Been Successful at Losing Weight
Of those who have tried in last 12 months

■ Yes ■ No

17%

83%

Next, all respondents were asked what source had the most influence on their food choices on a daily basis. The possible sources of influence included nutritional information such as calorie or fat count, cost, access or availability, convenience, advertisements, and meals prepared for them by a family member.

Most Influence on Food Choices

Nutritional information	
Convenience	
Meals prepared for you from a family member	
Cost	
Access or availability	
Advertisements	

0.0%   10.0%   20.0%   30.0%   40.0%
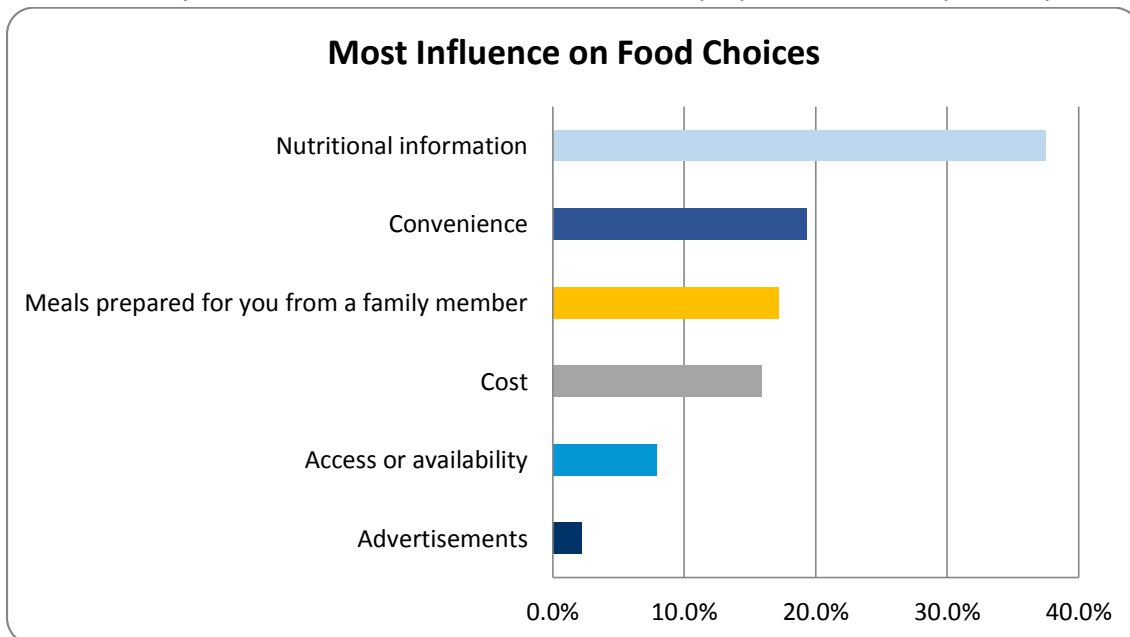
The source of greatest influence on food choices was ***nutritional information*** such as calorie or fat count. More than one-third, 37.5%, of respondents named this as having the most influence on their daily food choices. Groups of respondents more likely to select nutritional information as the main influence on their food choices include suburban residents, those who are retired, college graduates, respondents ages 65 and over, and those with an annual income of $72,000 or more.

The source of second greatest influence on food choices was ***convenience***. Nearly than one-fifth, 19.3%, of respondents named this as having the most influence on their daily food choices. Groups of respondents that were more likely to select convenience as the main influence on their food choices include respondents who are employed full-time, those ages 35 to 54, and those with an annual income between $54,000-$72,000.

Slightly fewer, 17.2% of respondents, indicated that the greatest influence on their daily food choices was ***meals prepared for them*** by a family member. Groups of respondents that were more likely to name this source of influence include unemployed respondents, males, those ages 18 to 24 or 35 to 44, non-white respondents, and those with an annual income of $72,000 or more.

Another 15.9% of respondents cited ***cost*** as having the most influence on their daily food choices. Groups of respondents that are more likely to select cost as their main influence include urban residents, those who are employed part-time, respondents with a high school diploma or less education, those with an annual income of $36,000 or less, and renters.

The last two sources of influence on food choices were selected by just a small portion of respondents. The percentage of respondents that selected ***access or availability*** amounted to 7.9% of respondents, while just 2.2% selected ***advertisements***. Groups of respondents that were more likely to choose access or availability included those ages 25 to 34 and respondents with an annual income of $18,000 or less. Groups of respondents that were more likely to select advertisements include unemployed respondents, and respondents with an annual income of $18,000 or less.

Immunizations

Stark Poll Summary: Immunization			
		Percentage	*N*
Get flu vaccination in past year	Yes	43.3%	N=1,066
	No	56.7%	
Follow-up: Main reason did not get flu vaccination (top 3)	Not concerned about flu	38.6%	N=587
	Worried about safety of the vaccine	25.5%	
	Lazy/Forgot/ No time	13.9%	

Next, respondents were asked if they got a flu vaccination in the last year. Less than half, 43.3%, indicated that they did get a flu shot in the last year. The remaining 56.7% did not get a flu shot.

Got Flu Vaccination in last year
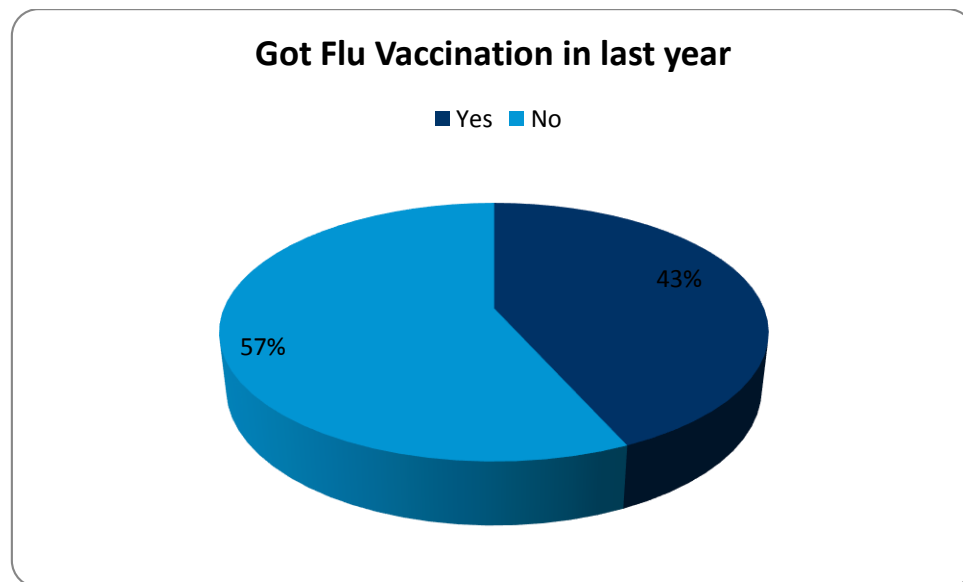
Whether or not a person received a flu vaccination in the last year varied according to various demographics or other identifying characteristics of respondents. Age was perhaps the largest indicator as to whether or not a person received a flu shot. The age group that was most likely to have gotten a flu vaccination in the past year was respondents ages 65 and over. More than two-thirds, 67.6%, of respondents in this age group reported getting a flu vaccination in the past year. Considerably fewer respondents, 28.6%, ages 18 to 34 reported getting the flu vaccination.

Other groups of respondents that were more likely to have received the flu vaccination include retired respondents, college graduates, females, respondents ages 65 and over, married respondents, and homeowners.

The 56.7% of respondents who did not get a flu vaccination in the past year were asked a follow-up question as to why they did not get the vaccine. This was an open ended question in which respondents could give one answer. The most common reason for not getting the flu vaccination was that the respondent was not concerned about the flu or thought the threat of the flu was blown out of proportion. This response was given by 38.6% of respondents who did not get the flu vaccine, or 21.2% of all respondents. Another one-quarter of respondents who did not get vaccinated, 25.5%, did not get the vaccination because they were worried about the safety of the vaccine or the potential side effects of the vaccine (14.1% of all respondents). Other reasons for not receiving the flu vaccination include, in order of importance, they are lazy or just forgot (13.9%), they are healthy or not in a high risk group (5.4%), they had a negative experience with the flu vaccination in the past (4.3%), and the cost of the vaccine (4.1%).

Reason Not Get Flu Vaccine		
	# of Responses	% of Sample
Not concerned about flu [blown out of proportion]	226	38.6%
Worried about safety of the vaccine or potential side	150	25.5%
Lazy/Forgot/ No time	82	13.9%
I am healthy/not in an at risk group	32	5.4%
Negative past experience	25	4.3%
Cost	24	4.1%
Health condition prevented me	22	3.7%
Do not like needles/shots/doctors	13	2.3%
Did not know where to get one	7	1.2%
Doctors supply ran out	3	0.5%
Miscellaneous	3	0.6%
Total	587	(n=587)

Texting and Driving

Stark Poll Summary: Texting		Percentage	N
Have a cell phone	Yes	87.2%	N=1,067
	No	12.8%	
Text or email while driving	Yes	17.7%	N=930
	No	82.3%	

Finally, respondents were asked a series of questions about texting and driving. First, all respondents were asked if they had a cell phone. The majority of respondents, 87.2%, indicated that they had a cell phone. Respondents who had a cell phone were then asked if they text or email while driving. More than one-sixth, 17.7%, indicated that they had sent or received text messages or emails while driving, accounting for 15.4% of all respondents.
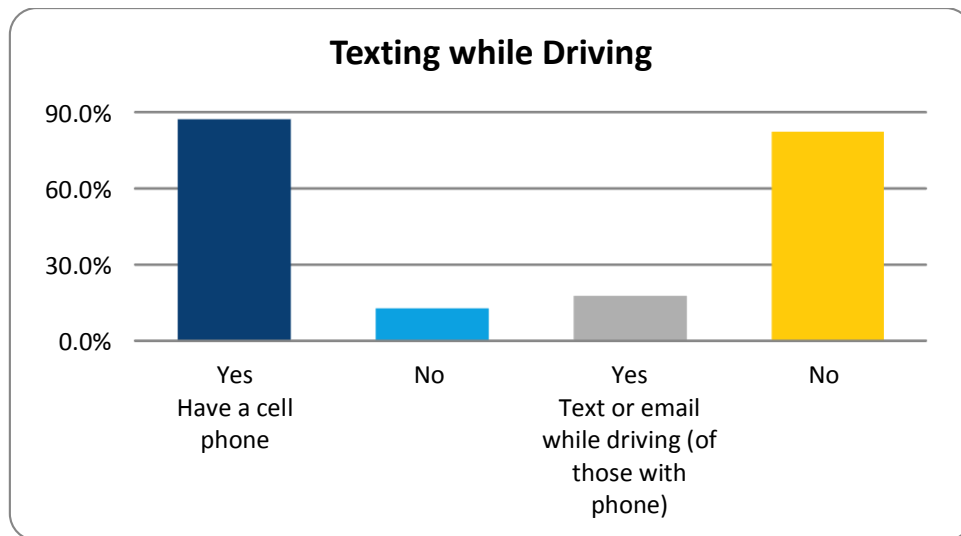
Whether or not a person has a cell phone or texts/emails when they drive varied according to several demographic or other identifying characteristics of respondents. Groups that were more likely to **have a cell phone** include employed respondents, those with some college or more education, respondents ages 18 to 44, married respondents, those with an annual income of $54,000 or more, and respondents with children in the home. Groups of respondents that were more likely to **text or e-mail while driving** include suburban residents, those who are employed full-time, college graduates, males, respondents ages 18 to 44 (especially those ages 18 to 24), those with an annual income of $18,000 or less, and respondents without children.

Health Insurance

All respondents were asked if they had health insurance coverage. A significant portion, 13.3% did not have health insurance, a slight decrease from 14% in 2009. In 2001, 46.4% of respondents were covered by employer paid plans, 14.1% were covered by private insurance, and 26.3% reported being covered by Medicare or Medicaid.

Stark County Health Insurance Coverage, 2011

Stark County Health Insurance Coverage, 2005-2011
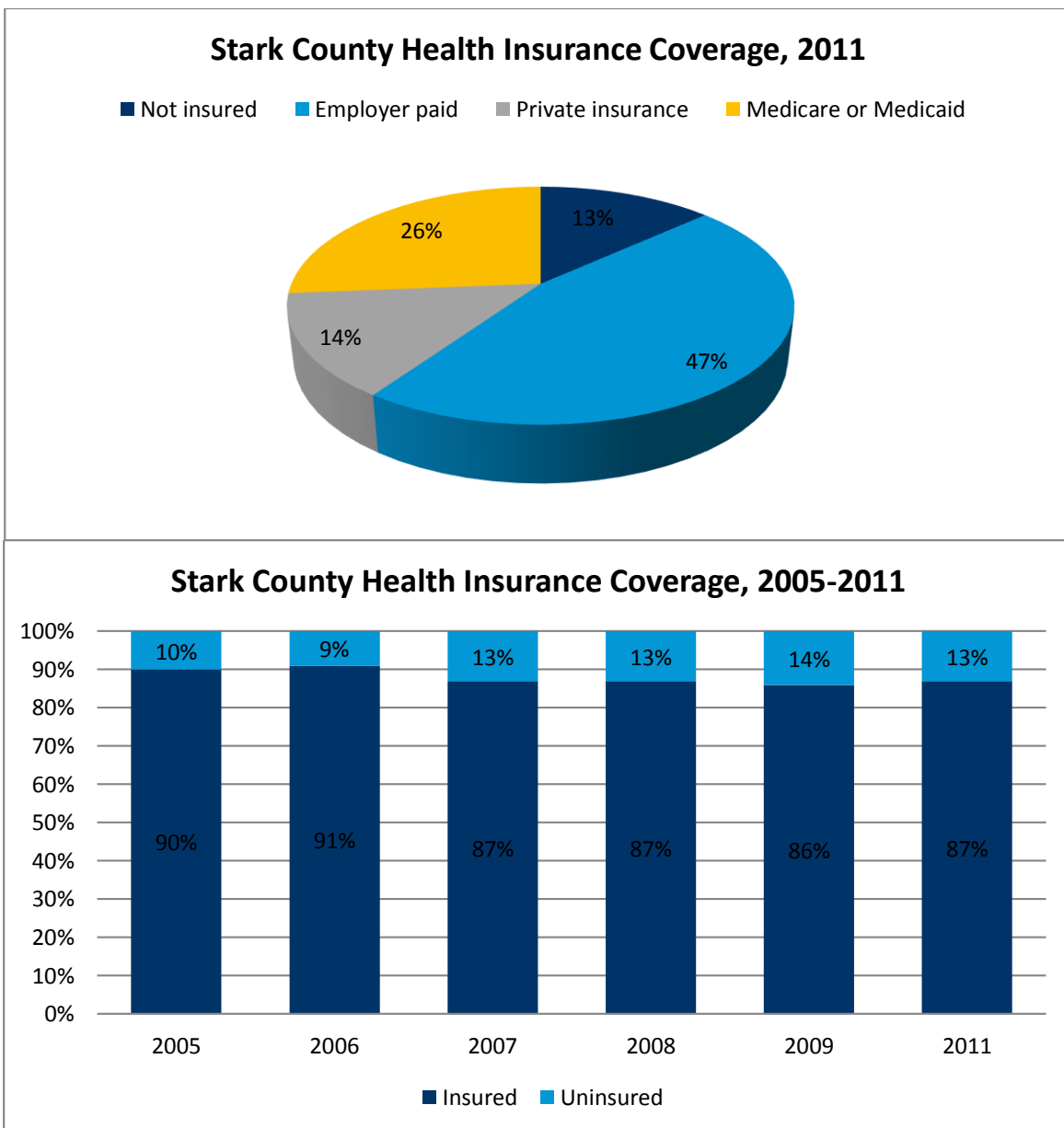
Health Insurance Coverage by Select Demographics, 2011				
		Yes	No	Valid Response
All respondents		86.7%	13.3%	1,038
Group	Subgroup			
Employment Status*	Employed full-time	89.9%	10.1%	1,036
	Employed part-time	79.3%	23.7%	
	Retired	97.2%	2.8%	
	Unemployed	75.7%	24.3%	
	Other	74.5%	25.5%	
Educational Attainment*	High school grad or less	81.8%	18.2%	1,037
	Some college	85.2%	14.8%	
	College graduate	95.7%	4.3%	
Children in home	Yes	86.3%	13.7%	1,038
	No	86.7%	13.3%	
Gender	Male	85.6%	14.4%	1,038
	Female	87.6%	12.4%	
Age*	18-24	72.3%	27.7%	1,019
	25-34	81.8%	18.2%	
	35-44	85.9%	14.1%	
	45-54	85.3%	14.7%	
	55-64	87.6%	12.4%	
	65 and over	97.6%	2.4%	
Race*	White	86.8%	13.2%	1,032
	Non-white	84.3%	15.7%	
Marital Status*	Married	93.1%	6.9%	1,034
	Not Married	79.6%	20.4%	
Home Ownership*	Own	93.3%	6.7%	1,035
	Rent/Other	72.2%	27.8%	
Income*	Under $18,000	71.3%	28.8%	958
	$18-36,000	79.5%	20.5%	
	$36-54,000	89.5%	10.5%	
	$54-72,000	92.3%	7.7%	
	Over $72,000	97.8%	2.2%	

STARK POLL RESULTS BY RACE

As part of the Stark Poll, a total of 69 African Americans were interviewed. In order to achieve a sample large enough in size to examine this population independently, an additional 156 surveys were completed with African American residents. The final sample size for African Americans with the oversample cases included was 225. The general population statistics derived from the sample size provide a precision level of plus or minus 6.5% within a 95% confidence interval.

As you will see throughout this appendix, there are significant differences in response choices based on race. The tables below show the Stark Poll results by race. Race was divided as white, African American, and other. Questions that had statistically significant differences based on race are marked with a *.

Number of cases by Race
(oversample included)
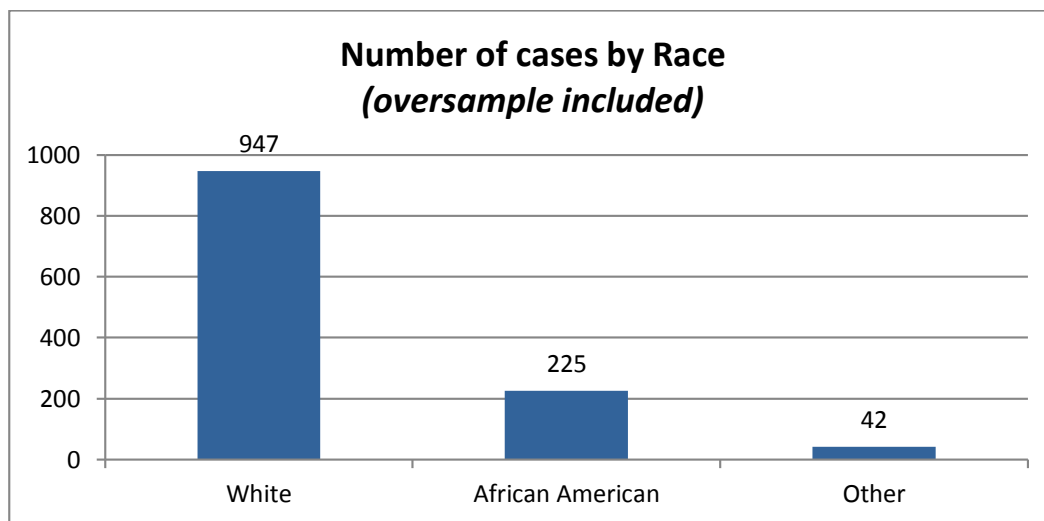
Overall Needs and Health

Stark Poll Summary: Overall Needs and Health		White	African American	Other
Greatest Unmet Health Needs *(open ended, Top 3)**	Availability of health insurance	32.9%	26.0%	25.0%
	Affordability of health care / insurance	15.1%	10.7%	12.5%
	Cures for diseases	1.8%	7.6%	8.3%
	Health care for the elderly / youth	11.6%	6.9%	4.2%
Are there health programs like to see*	Yes	32.5%	57.1%	65.9%
	No	67.5%	42.9%	34.1%
Health care programs like to see (top 4)	Financial / insurance assistance	18.5%	13.6%	^
	Free / preventive care clinics	19.2%	19.1%	^
	Elderly fitness/healthcare programs	8.5%	12.7%	^
	Youth fitness / nutrition / healthcare	14.0%	8.2%	^
Health Related Information Sources (top 3)	Internet	48.8%	32.7%	52.6%
	Friends/Family	42.7%	26.1%	36.8%
	Doctor/Pharmacist/Nurse	33.5%	40.3%	31.6%
How rate health*	Excellent	25.8%	16.0%	33.3%
	Good	51.5%	41.3%	35.7%
	Fair	16.7%	32.0%	21.4%
	Poor	5.2%	8.4%	7.1%
	Very Poor	0.8%	2.2%	2.4%
^*Sample size too small to include information for this question*				

Access to Care

Stark Poll Summary: Access to Care		White	African American	Other
Where receive healthcare most often*	Primary care or family doctor	74.2%	61.7%	64.3%
	The emergency room	7.6%	12.6%	7.1%
	A hospital clinic	6.5%	13.5%	19.0%
	An urgent care center	6.4%	0.0%	2.4%
	A VA hospital or clinic	2.0%	5.4%	0.0%
	A free clinic	0.7%	4.5%	7.1%
	A public health department or clinic	0.3%	0.5%	0.0%
	Something else	2.2%	1.8%	0.0%
Healthcare services unable to get*	Yes	9.1%	19.1%	16.7%
	No	90.9%	80.9%	83.3%
Follow-up: What services needed (top 4)	Dental services	19.5%	26.2%	^
	Orthopedics	9.8%	4.8%	^
	Medication	6.1%	11.9%	^
	Vision/Hearing services	2.4%	16.7%	^
Follow-up: Why unable to get services (top 4)	No health insurance	36.3%	38.5%	^
	Cannot afford it	32.5%	15.4%	^
	Services not covered by insurance	20.0%	17.9%	^
	Do not qualify for assistance	8.8%	20.5%	^
^*Sample size too small to include information for this question*				

Exercise

Stark Poll Summary: Exercise		White	African American	Other
How often exercise per week*	Not at all	16.1%	25.4%	19.0%
	Once in awhile	10.4%	9.8%	7.1%
	1-2 times	20.4%	24.1%	14.3%
	3-4 times	29.8%	25.0%	23.8%
	5-7 times	23.3%	15.6%	35.7%
Follow-up: What making it difficult to exercise (top 3)	Physical limitations	48.9%	51.9%	^
	Too busy/no time	28.1%	13.0%	^
	Laziness/Procrastination	10.8%	7.4%	^
^*Sample size too small to include information for this question*				

Smoking and Tobacco, Alcohol, and Prescription Drug Use

Stark Poll Summary: Smoking and Tobacco, Alcohol, and Prescription Use		White	African American	Other
Tobacco Use*	Everyday	20.5%	16.0%	14.3%
	Some days	6.7%	13.3%	19.0%
	Not at all	72.9%	70.7%	66.7%
View on tobacco use (asked of smokers only)*	It is not as unhealthy as everyone makes it out to be.	8.0%	3.1%	
	I know it is unhealthy, but plan to continue smoking or using tobacco.	39.4%	20.0%	42.9%
	I know it is unhealthy and plan to quit.	52.6%	76.9%	57.1%
Method of quitting tobacco*	Quitting cold turkey	60.9%	66.0%	62.5%
	Over the counter aids	29.7%	16.0%	12.5%
	Alternative methods	7.0%	4.0%	25.0%
	Group program	0.8%	12.0%	
	Over the phone support or counseling	1.6%		
Alcohol Use*	Everyday	2.6%	0.4%	
	Some days	46.8%	29.3%	45.2%
	Not at all	50.6%	70.2%	54.8%
	Average number of alcoholic drinks per week	4.07	2.69	3.29
View on alcohol use (asked of people who drink 6 or more drinks a week)	The health risks are not as great as everyone makes it out to be.	25.3%	25.0%	25.0%
	I know there are health risks, but plan to continue drinking.	62.1%	50.0%	25.0%
	I know there are health risks and plan to stop drinking or drink less.	12.6%	25.0%	50.0%
Prescription use in past year	Yes- used as prescribed	71.7%	77.3%	61.9%
	Yes- used NOT as prescribed	2.0%	3.1%	4.8%
	No- did not use	26.2%	19.6%	33.3%

Patient Focus Group Results

The Center for Marketing and Opinion Research (CMOR) conducted two focus groups on behalf of Mercy Medical Center to collect patient perception data to be included in Mercy Medical Center's Community Health Needs Assessment Implementation Plan. The two groups included patients from the Ambulatory Care Clinic (ACC) and the Dental Clinic (DC).

KEY FINDINGS

✓ Both the Ambulatory Care Clinic and the Dental Care Clinic are important community assets that help meet the community health needs identified in the CHNA.

✓ The community healthcare need mentioned most frequently by participants in the focus groups was issues related to health insurance coverage such as a high number of people without insurance, young adults without insurance, the cost of health insurance coverage, that most insurance plans don't cover dental and vision, and how difficult it is to qualify for needed benefits.

✓ If the Dental Clinic were not available, many participants indicated that they would not go to the dentist or would elect to have teeth pulled as opposed to fixed.

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"Timken Mercy does a wonderful job reaching out to the community."
Ambulatory Care Clinic Patient

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✓ If the Ambulatory Care Clinic were not available, the participants would have to go to Stat Care or an Emergency Room for treatment and many indicated that they would not seek preventative care.

✓ In terms of best methods to reach out to potential patients, there is not a 'one-size-fits-all' solution. Current patients heard about the clinics through a variety of sources including word of mouth, the emergency room, and the United Way 211 program. They also differed in terms of how they currently receive health related information and how they would like to receive this type of information in the future.

✓ There were distinct differences between the ACC patients and the Dental Clinic patients in that ACC patients were less likely to have insurance, more likely to use the clinic or the emergency room instead of a primary care physician and more likely to have needed services in the last year that they were unable to get. Dental Clinic patients were more likely to be insured and to use a primary care physician for their health care needs.

FOCUS GROUP RESULTS

COMMUNITY NEEDS

✓ When participants were asked what they felt was the most important issue facing the community, nearly half of all responses centered around health insurance issues such as a high number of people without insurance, young adults without insurance, the cost of health insurance coverage, most insurance plans don't cover dental and vision, and how difficult it is to qualify for needed benefits.

✓ In addition to access to insurance benefits, it was noted that people without insurance are treated differently when they go to the hospital for treatment; that they are given the 'basics' and then sent home.

✓ Other healthcare issues mentioned included: the Social Security/Medicaid/Medicare system (you have to pay into the system and then when you need it, you have to pay again), diabetes, obesity, unhealthy diets, the cost of healthcare services, the need for additional mental health services with the recent closing of Trillium, and the high use of emergency rooms for non-emergent cases.

✓ Participants cited the need for more health related seminars and educational programs to address the community health needs. Specifically mentioned was the need for women's health education to minimize unwanted pregnancies and diseases.

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"Everything I have gotten here (at Mercy) is top notch."
Dental Clinic Patient

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✓ When asked what medical services are most needed in their community, the medical service mentioned most often was Dental services. Other services mentioned included vision and services for children with Autism.

✓ Several participants, in both groups, mentioned the high cost of dental care and, even with insurance, many times they have been forced to have a tooth pulled as opposed to fixed because of the cost.

BARRIERS TO HEALTHCARE

✓ Participants mentioned the following barriers that keep people from obtaining access to healthcare services that they need: transportation, language barriers, jobs that provide insurance.

✓ Participants reported that they worry most about:

- Not being about to afford life insurance and worrying about what would happen to her kids if something happens to her
- Being able to afford treatment if they get sick.
- The lack of healthy food options
- Diabetes
- Trying to stay healthy to avoid to seeing the doctor
- Medication formularies and what insurance companies are willing to pay for

✓ The Ambulatory Care Clinic patients use the clinic most often when they are in need of healthcare. Dental Clinic patients are most likely to use a family doctor, Stat Care and the emergency room. All patients from the Ambulatory Care Clinic had been to the Emergency Room in the past year with half reporting having used the Emergency Room five or more times. For the Dental Clinic patients, all but one had used the emergency room in the past year with one using it five or six times.

✓ The Dental Clinic patients utilize the clinic for their dental care most often. All have been to the dentist in the past year. Prior to this year when they first heard of the clinic, it had been 4 or 5 years since they have been to the dentist.

✓ For the Ambulatory Care Clinic patients, there were several services that they or someone in their family had needed in the past year that they were unable to get. These services included mental health services (where they could go and talk to someone, not just be medicated), dental, vision/glasses, and prescriptions/medications. Dental Clinic patients indicated vision as a healthcare service they were unable to obtain in the last year.

MERCY'S ROLE

✓ Overall, participants had a very favorable opinion of Mercy Medical Center as a healthcare provider. One ACC participant said that Mercy is the best hospital in Stark County while another said they would choose Mercy over Cleveland Clinic any day of the week. One of the dental clinic participants said that the staff at the clinic does an excellent job at calming her dental anxiety.

✓ In terms of what Mercy's role in serving the community should be, participants mentioned several things that Mercy is currently doing as well as several things that Mercy could do to better serve the community. One suggestion was for Mercy to have a center or a place to go where people can get information about what services they need, what services are available and where they can get it. Other suggestions include:

"Yes (they explain everything), they don't leave you wondering… "What does that mean?" Ambulatory Care Clinic Patient

- Have more educational sessions and seminars
- Offer a free clinic and free screenings
- Have a mobile medical truck/bus for screenings, etc. in the community
- Make sure that advertisements are shared through several different mediums and not just on the internet because not everyone uses a computer
- Do outreach and education at the local schools
- Provide educational materials on preventative care topics
- Reach out to people who are homeless
- Offer vision services at a time they can access it

✓ About half of the ACC patients and only one Dental patient had heard of St. Paul Medical Home.

✓ The overall perception of how the patients feel when they go to Mercy is that they feel very welcomed and positive. One ACC patient mentioned that Mercy will work with you regardless of what you can pay, and several mentioned how nice and friendly the staff is and that the service is prompt.

✓ In addition, participants felt that the staff at the clinics explains their health condition in a way that they can understand. One ACC participant noted that they always explain the medical condition and then ask, "do you understand?" One woman who has been in the U.S. for only three years said that the staff always explains to her the words that she doesn't understand. A dental clinic participant reported that, at times, he hears probably more than he wants to hear because of the residency program.

✓ Several Ambulatory Care Clinic patients have utilized other Mercy services including Dr. Stetler (a family doctor), physical rehabilitation, the dental clinic, the Centering Program, and a program to help stop smoking. None of the Dental Clinic participants had used other Mercy services or programs.

✓ There were several questions that were asked just of Dental Clinic patients. Reasons the participants initially came to the clinic included that they were looking for services they could afford or they were having a dental issue. Current dental needs include routine care and cleaning, crowns and implants. In terms of how Mercy has helped meet their dental needs, participants mentioned that the clinic has been very flexible with their schedules, they call them when they have a cancellation, they get them right in, and the clinic takes credit cards. One patient stated that the clinic staff makes sure that they have the best care and they call in the experts when needed.

✓ The impact on the lives of dental clinic patients has been profound. Specifically:

- Wouldn't be able to get the care they need at a cost they can afford anyplace else
- It gives piece of mind
- Wouldn't be getting routine care if Mercy wasn't here and wouldn't go as often.

✓ Other comments about Mercy Medical Center that were mentioned throughout the sessions include:

- The waiting time in Mercy's Emergency Room is much less than at Aultman.
- Doctors and nurses are much nicer at Mercy.
- Mercy reminds you about your appointments- they always call.

● ● ●
"Because dental health is related to physical health, don't know where I would be without it."
Dental Clinic Patient
● ● ●

COMMUNICATION AND EDUCATION

✓ There are many different avenues through which participants heard of the Ambulatory Care and Dental Clinics. The most common avenue mentioned was through word of mouth/family and friends. Other ways that participants heard about the clinics include United Way's 211, through Mercy's Emergency Room, the phone book, Mercy Medical Center's Programs, insurance companies and on the Internet. One participant learned of the dental clinic through Massillon's free dental clinic.

✓ Participants currently get health related information from the following sources:

- Word of mouth
- Department of Job and Family Services; they have a billboard with a lot of information on it
- On-line
- Fliers at hospitals and offices

✓ In terms of how they would like to receive future information, the participants offered the following:

- Always remind patients of appointments
- For younger people, reach out to them over email
- Television
- Advertise in the newspaper or have a flier in the newspaper
- Radio
- In the telephone book

ADVICE TO THE MERCY

✓ Participants offered the following pieces of advice to Mercy to help them better meet the needs of their patients and the community:

- Education
- Be more open to some alternative medicines or natural solutions instead of concentrating on paying for medicines that they may not need
- Advertise more things that they have
- Provide services in the Carrollton area
- Find a way to provide vision services

Secondary Data- Mercy Service Area

DEMOGRAPHICS

County Population Trends
1950-2010
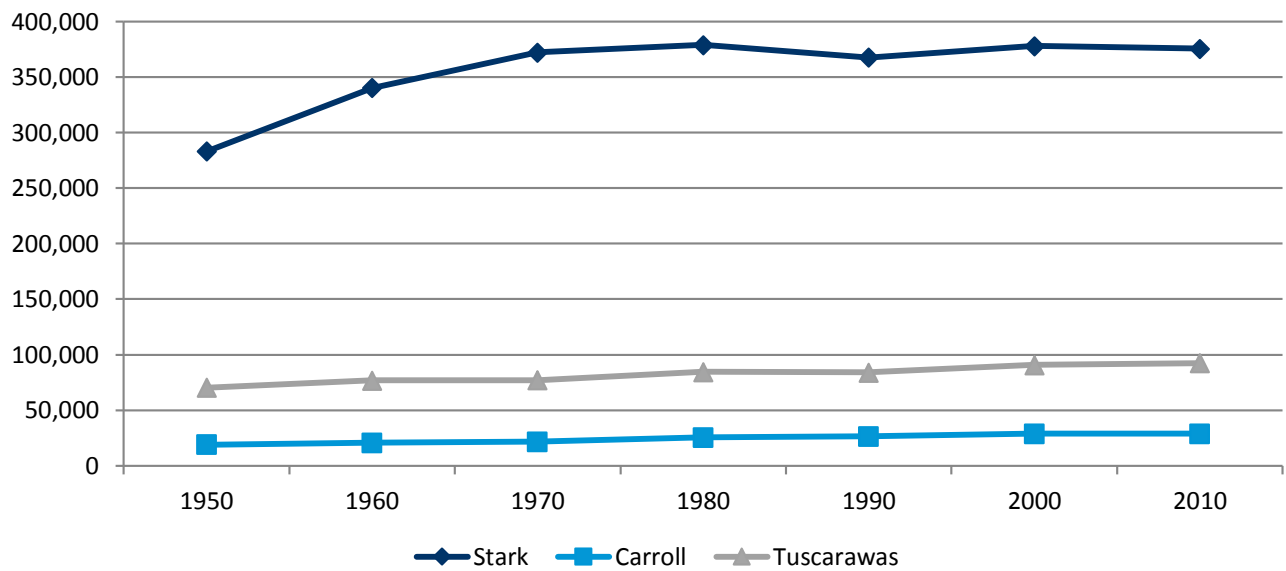
	1950	1960	1970	1980	1990	2000	2010	% Change, 1950-2010
Stark County	283,194	340,345	372,210	378,823	367,585	378,098	375,586	+32.6%
Carroll	19,039	20,587	21,579	25,598	26,521	28,836	28,836	+51.5%
Tuscarawas	70,320	76,789	77,211	84,614	84,090	90,914	92,582	+31.7%
Ohio	7,946,627	9,706,397	10,657,423	10,797,630	10,847,115	11,353,140	11,353,140	+42.9%

SOURCE: Ohio Policy Research and and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau

Ohio Population and Rank by County, 2011

County	Population	Rank	County	Population	Rank
Adams	28456	79	Logan	45688	52
Allen	106094	26	Lorain	301614	9
Ashland	53153	47	Lucas	440005	6
Ashtabula	101345	28	Madison	43401	55
Athens	64769	39	Mahoning	237270	10
Auglaize	45838	51	Marion	66212	38
Belmont	70151	36	Medina	173262	16
Brown	44687	53	Meigs	23680	81
Butler	369999	8	Mercer	40838	62
Carroll	**28782**	**76**	Miami	102857	27
Champaign	39795	64	Monroe	14585	87
Clark	137691	21	Montgomery	537602	5
Clermont	199139	14	Morgan	15034	85
Clinton	41927	60	Morrow	34855	69
Columbiana	107570	25	Muskingum	86237	31
Coshocton	36955	67	Noble	14702	86
Crawford	43389	56	Ottawa	41396	61
Cuyahoga	1270294	1	Paulding	19420	83
Darke	52809	48	Perry	36303	68
Defiance	38884	65	Pickaway	55990	46
Delaware	178341	15	Pike	28628	77
Erie	76751	34	Portage	161624	19
Fairfield	147066	20	Preble	42083	59
Fayette	28985	75	Putnam	34294	70
Franklin	1178799	2	Richland	123510	23
Fulton	42510	58	Ross	78249	33
Gallia	30970	73	Sandusky	60734	43
Geauga	93228	29	Scioto	79277	32
Greene	162846	18	Seneca	56469	45
Guernsey	39927	63	Shelby	49307	50
Hamilton	800362	3	**Stark**	**375087**	**7**
Hancock	75056	35	Summit	539832	4
Hardin	32020	72	Trumbull	209264	13
Harrison	15850	84	**Tuscarawas**	**92508**	**30**
Henry	28064	80	Union	52764	49
Highland	43433	54	Van Wert	28601	78
Hocking	29394	74	Vinton	13367	88
Holmes	42746	57	Warren	214910	12
Huron	59496	44	Washington	61755	41
Jackson	33186	71	Wayne	114611	**24**
Jefferson	68828	37	Williams	37597	66
Knox	61275	42	Wood	126355	22
Lake	229885	11	Wyandot	22692	82
Lawrence	62489	40	*SOURCE: U.S. Census*		
Licking	167248	17			

County Population Projections
2010-2030
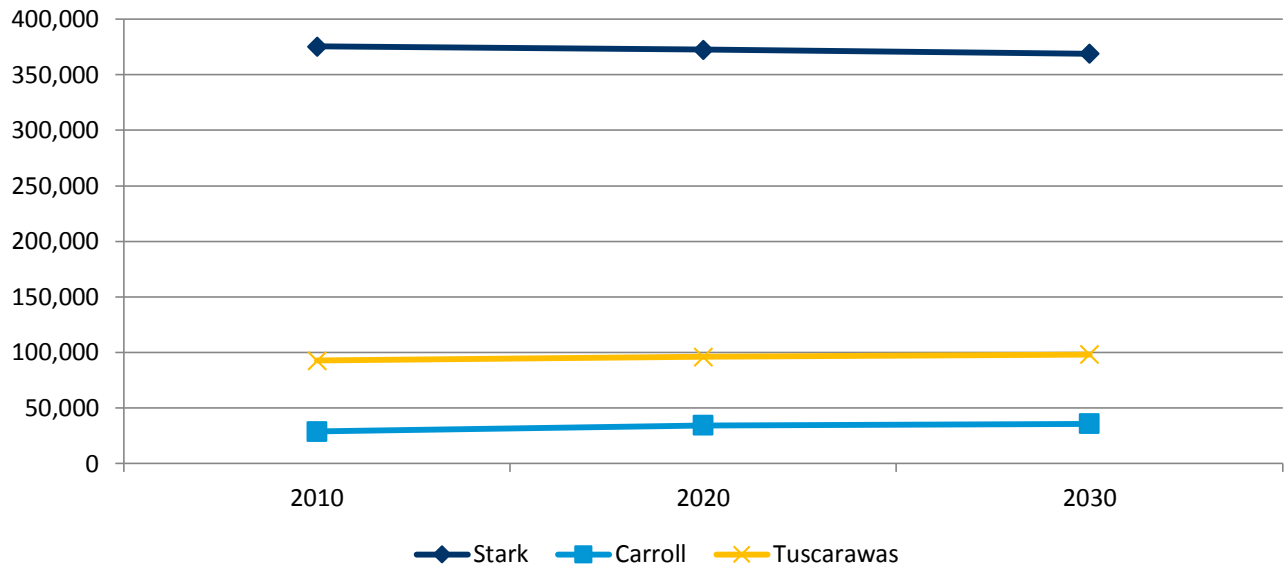
	2010	2020	2030	% Change, 2010-2030
Stark County	375,586	372,486	368,904	-1.8%
Carroll	28,836	34,170	35,716	+23.9%
Tuscarawas	92,582	96,079	98,215	+6.1%
Ohio	11,353,140	12,005,733	12,317,613	+8.5%

SOURCE: Ohio Policy Research and and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau

County Population Estimates by Age Group, 2011
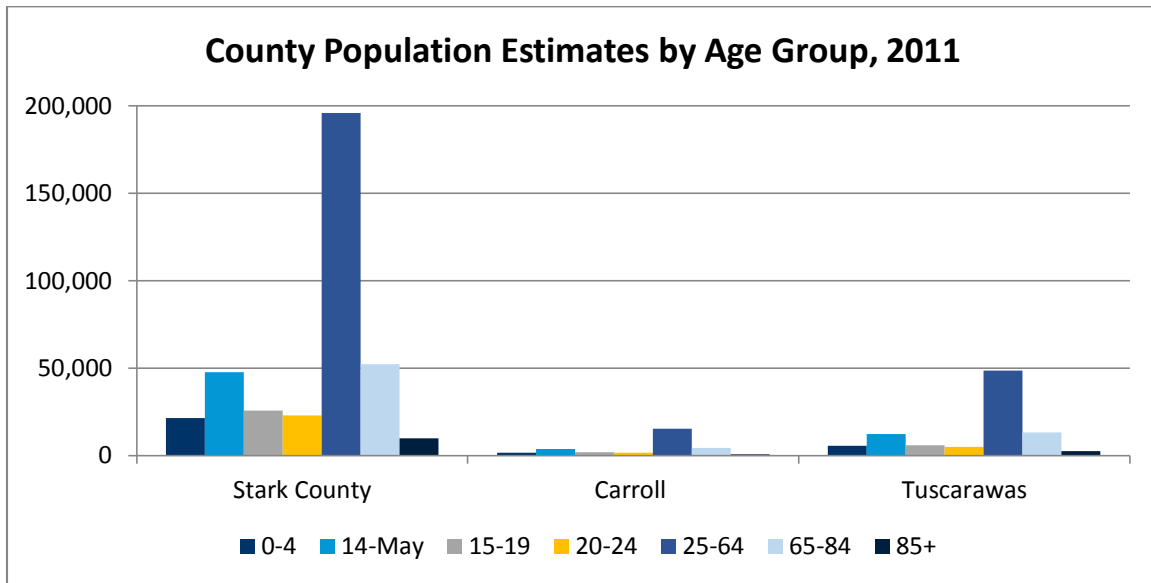
	0-4	5-14	15-19	20-24	25-64	65-84	85+
Stark	21,379	47,610	25,632	22,814	195,680	52,190	9,782
Carroll	1,577	3,692	1,888	1,421	15,334	4,241	629
Tuscarawas	5,628	12,160	5,953	4,963	48,426	13,006	2,372
Ohio	710,360	1,507,239	802,615	775,978	6,100,315	1,409,370	239,074

SOURCE: Ohio Policy Research and and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau

County Population by Race, 2011
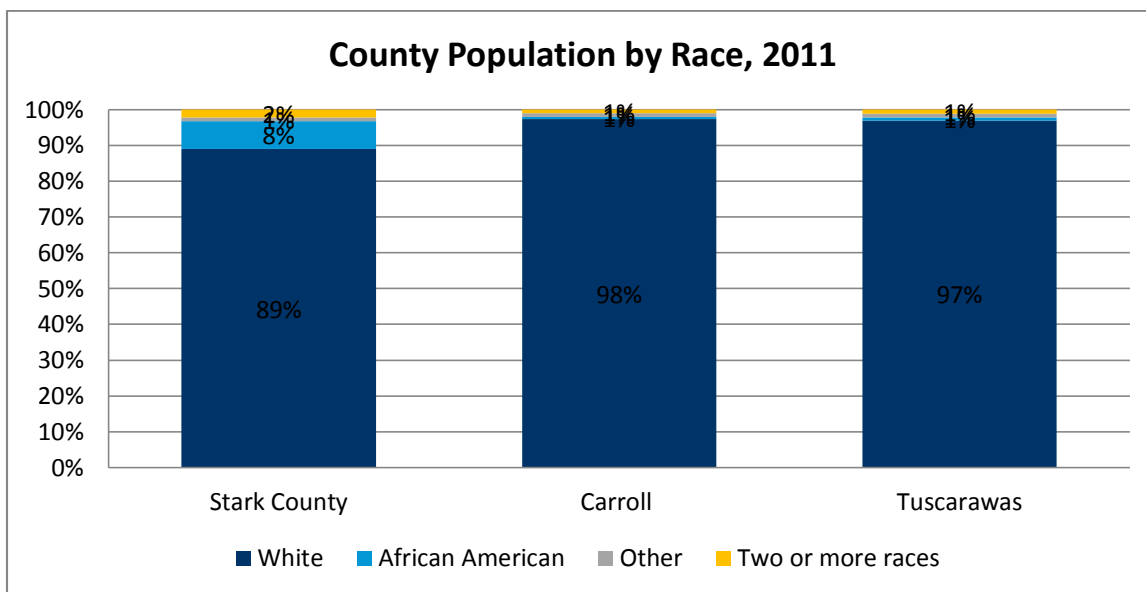
	White	African American	American Indian/ Alaskan	Asian	Pacific Islander	Two or more races
Ohio	83.6%	12.4%	0.3%	1.8%	0.1%	1.9%
Stark	89.1%	7.7%	0.3%	0.8%	0.0%	2.2%
Carroll	97.9%	0.6%	0.3%	0.2%	0.0%	1.0%
Tuscarawas	97.0%	0.9%	0.4%	0.4%	0.2%	1.1%

SOURCE: Ohio Policy Research and and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau

County Population by Gender, 2011
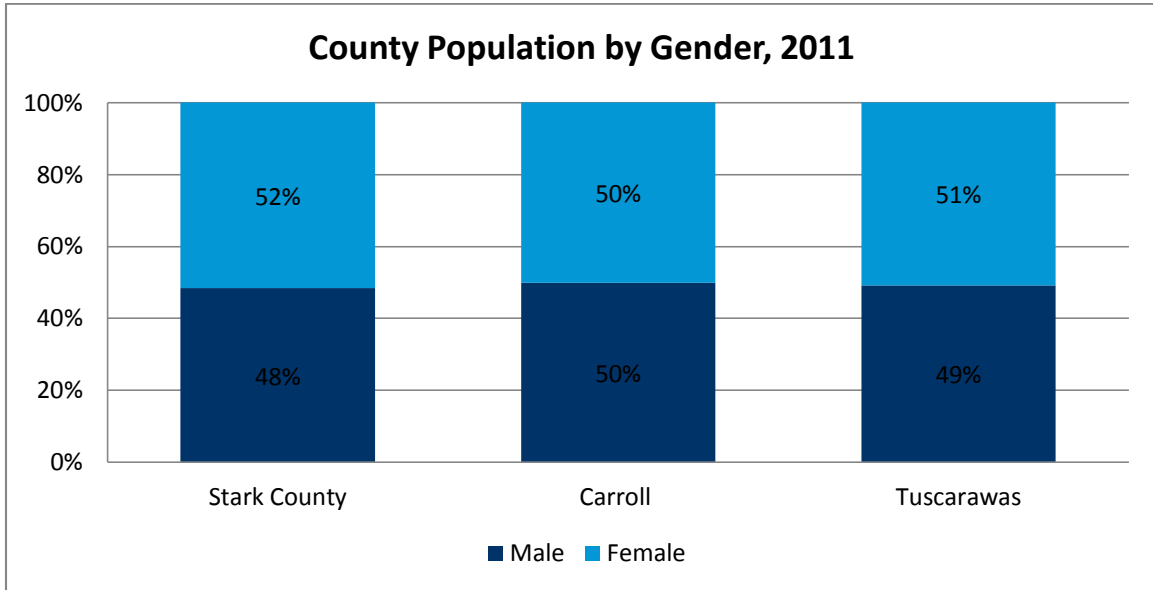
	Male	Female
Stark	48.4%	51.6%
Carroll	49.9%	50.1%
Tuscarawas	49.2%	50.8%
Ohio	48.8%	51.2%

SOURCE: Ohio Policy Research and and Strategic Planning Office, A State Affiliate of the U.S. Census Bureau

County Land Use
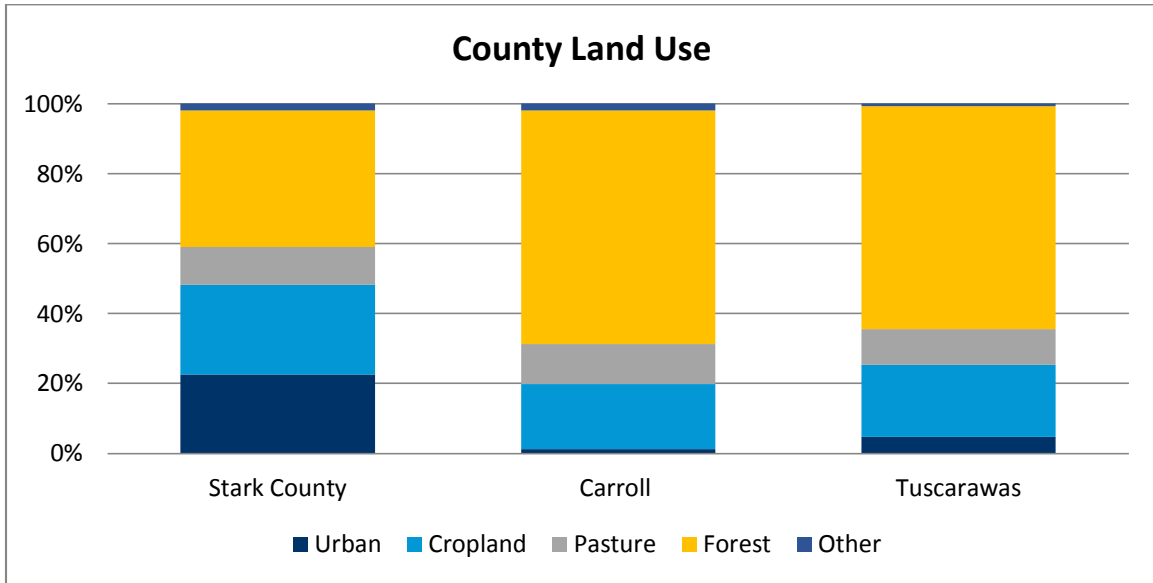
	Urban	Cropland	Pasture	Forest	Open Water	Wetlands	Bare/Mine
Stark County	22.5%	25.7%	10.8%	38.9%	0.8%	1.1%	0.3%
Carroll	1.2%	18.7%	11.5%	67.1%	1.1%	0.3%	0.1%
Tuscarawas	4.8%	20.4%	10.3%	63.4%	0.8%	0.1%	0.3%

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles

Land Area:
Stark- 576.2 square miles
Carroll- 394.7 square miles
Tusc- 567.6 square miles

Geographical Mobility
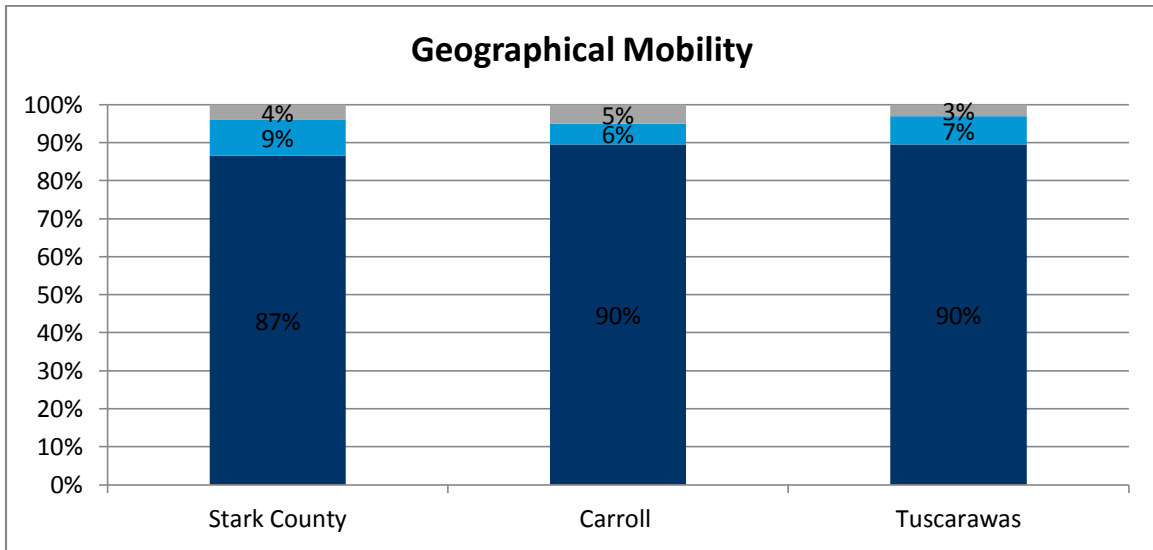
	Same house as previous year	Different house, same county	Different County, same state	Different state	Abroad
Stark County	86.6%	9.4%	2.7%	1.1%	0.2%
Carroll	90.1%	5.5%	4.1%	0.3%	0.1%
Tuscarawas	89.7%	7.4%	2.1%	0.7%	0.1%

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles

Housing Units
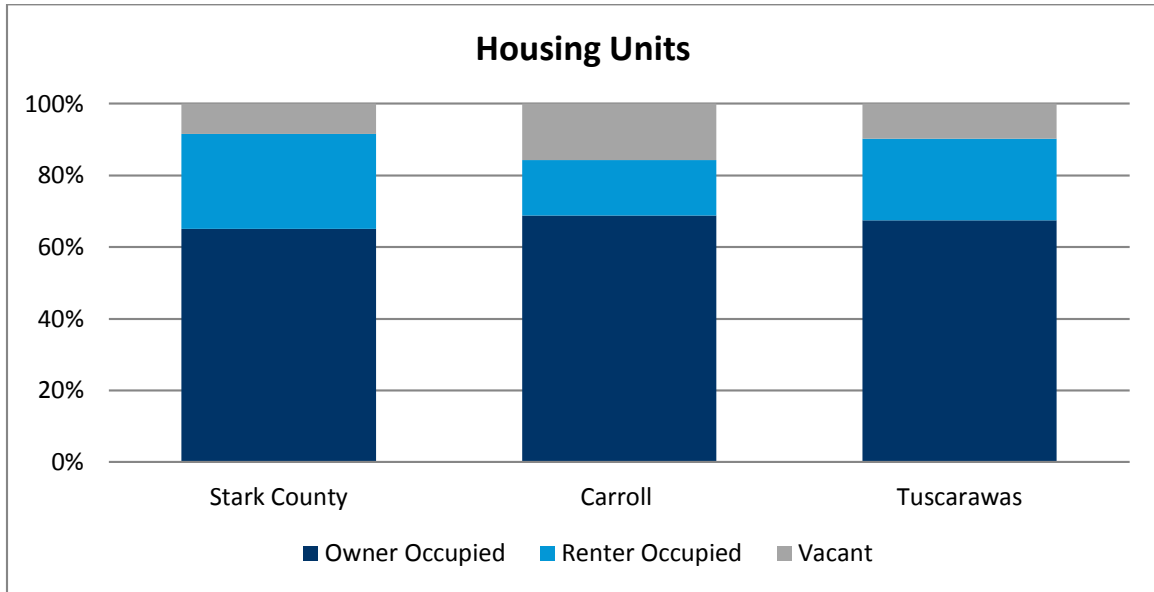
	%Owner Occupied	%Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Stark County	65.0%	26.5%	8.4%	1962	$128,000	$622	$1,169
Carroll	68.9%	15.5%	15.7%	1971	$110,300	$561	$1,078
Tuscarawas	67.4%	22.8%	9.8%	1964	$110,900	$590	$1,036

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles

HEALTH OUTCOMES
Health Outcome Ranking

Health outcomes in the *County Health Rankings* represent how healthy a county is. It measures two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity).

County	Rank	County	Rank	County	Rank
Adams	85	Hocking	42	Scioto	88
Allen	35	Holmes	5	Seneca	18
Ashland	23	Huron	31	Shelby	25
Ashtabula	60	Jackson	86	**Stark**	**39**
Athens	61	Jefferson	80	Summit	41
Auglaize	15	Knox	30	Trumbull	71
Belmont	56	Lake	17	**Tuscarawas**	**24**
Brown	70	Lawrence	87	Union	9
Butler	36	Licking	32	Van Wert	26
Carroll	**53**	Logan	45	Vinton	77
Champaign	47	Lorain	29	Warren	8
Clark	72	Lucas	68	Washington	46
Clermont	33	Madison	44	Wayne	16
Clinton	76	Mahoning	75	Williams	19
Columbiana	50	Marion	66	Wood	7
Coshocton	64	Medina	4	Wyandot	37
Crawford	57	Meigs	84		
Cuyahoga	67	Mercer	6		
Darke	22	Miami	34		
Defiance	28	Monroe	43		
Delaware	3	Montgomery	74		
Erie	54	Morgan	62		
Fairfield	13	Morrow	49		
Fayette	79	Muskingum	73		
Franklin	58	Noble	21		
Fulton	10	Ottawa	11		
Gallia	81	Paulding	55		
Geauga	1	Perry	69		
Greene	14	Pickaway	51		
Guernsey	48	Pike	82		
Hamilton	65	Portage	20		
Hancock	12	Preble	40		
Hardin	59	Putnam	2		
Harrison	63	Richland	52		
Henry	27	Ross	83		
Highland	78	Sandusky	38		

DESCRIPTION:
To calculate the summary score for Health Outcomes, County Health Rankings (CHR) combined scores for Mortality (50%) and Morbidity (50%) to produce 100% of the Health Outcomes summary score. The weights for specific measures were assigned based on relative importance within the factor and considerations of data reliability and availability. Within morbidity, CHR assigned a higher weight to the low birth weight measure since this measure is based on a census of all live births whereas the other measures are based on a survey of a sample of the population.

SOURCE: County Health Ranking.
http://www.countyhealthrankings.org/app/ohio/2013/rankings/outcomes/overall/by-rank

Mortality Ranking
Part of the Health Outcome Ranking

Mortality rankings in the *County Health Rankings* measure what are known as **premature deaths** (deaths before age 75).

County	Rank	County	Rank	County	Rank
Adams	87	Hocking	40	Scioto	88
Allen	36	Holmes	8	Seneca	20
Ashland	31	Huron	32	Shelby	28
Ashtabula	66	Jackson	86	**Stark**	**35**
Athens	65	Jefferson	83	Summit	44
Auglaize	23	Knox	45	Trumbull	67
Belmont	46	Lake	12	**Tuscarawas**	**14**
Brown	82	Lawrence	78	Union	7
Butler	37	Licking	33	Van Wert	13
Carroll	**30**	Logan	55	Vinton	77
Champaign	54	Lorain	24	Warren	6
Clark	79	Lucas	59	Washington	53
Clermont	34	Madison	52	Wayne	25
Clinton	74	Mahoning	72	Williams	19
Columbiana	51	Marion	50	Wood	5
Coshocton	57	Medina	3	Wyandot	48
Crawford	70	Meigs	85		
Cuyahoga	58	Mercer	9		
Darke	26	Miami	27		
Defiance	29	Monroe	42		
Delaware	2	Montgomery	75		
Erie	41	Morgan	60		
Fairfield	11	Morrow	39		
Fayette	80	Muskingum	73		
Franklin	56	Noble	22		
Fulton	17	Ottawa	15		
Gallia	68	Paulding	69		
Geauga	1	Perry	71		
Greene	21	Pickaway	43		
Guernsey	62	Pike	84		
Hamilton	64	Portage	18		
Hancock	10	Preble	49		
Hardin	63	Putnam	4		
Harrison	61	Richland	47		
Henry	16	Ross	76		
Highland	81	Sandusky	38		

SOURCE: County Health Ranking.
http://www.countyhealthrankings.org/app/ohio/2013/rankings/outcomes/1/by-rank

Premature Death- years of potential life lost before age 75
Part of Mortality Ranking
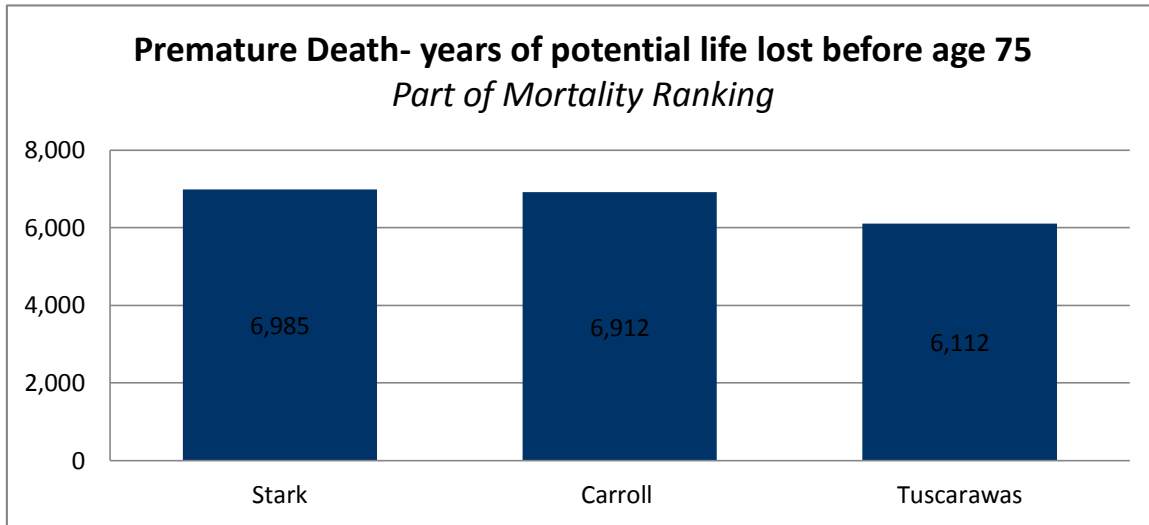
	Deaths	YPLL Rate
Stark	4,448	6,985
Carroll	371	6,912
Tuscarawas	1,050	6,112
Ohio	138,370	7,457

DESCRIPTION: Premature death is represented by the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.

SOURCE: County Health Ranking. Original Source: Data on deaths and births were provided by NCHS and drawn from the National Vital Statistics System (NVSS)
http://www.countyhealthrankings.org/app/ohio/2013/measure/outcomes/1/map

Mortality Rates Per 100,000 Individuals
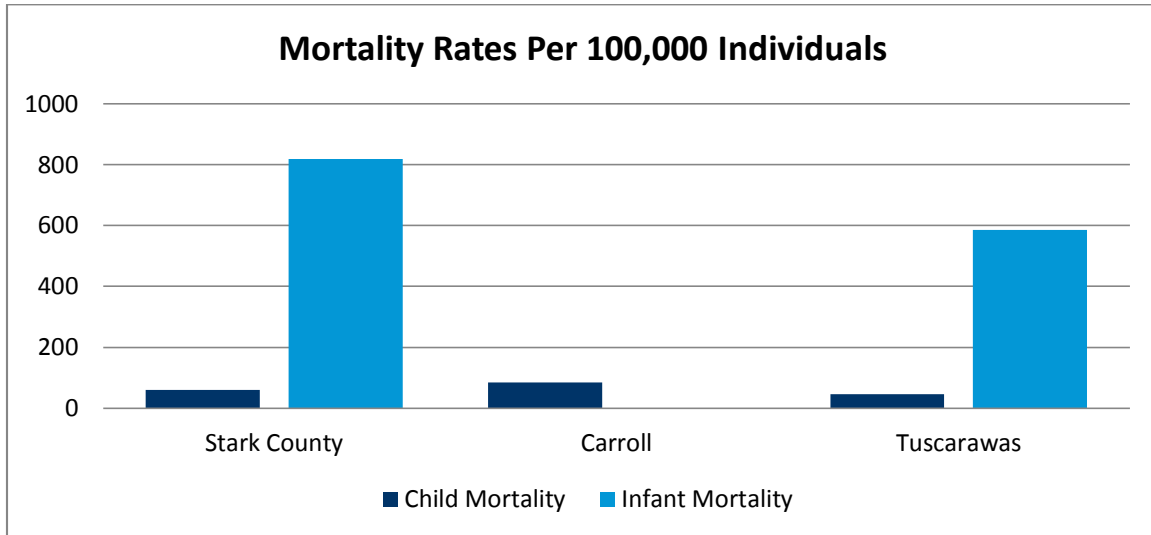
	Child Mortality	Infant Mortality
Stark	60.9	819
Carroll	84.9	NA
Tuscarawas	45.3	585.7
Ohio	61.3	785

DESCRIPTION: Child Mortality is the mortality rate among children under age 18 in a given county. Infant mortality is the mortality rate among infants under one year of age in a given county.

SOURCE: County Health Ranking. Original Source: CDC WONDER mortality data, 2007-2010.
http://www.countyhealthrankings.org/app/ohio/2013/measure/additional/128/data/sort-0

Infant Mortality Rates <1 by Race *(death per 1,000 population),* 2010			
	Stark	**Ohio**	**U.S.**
Black	32.3	15.5	11.6
White	6.5	6.4	5.1
Other	9.9		
Total	**9.6**	**7.7**	**6.1**

Mortality Rates *(death per 100,000 population)*			
	Stark	**Carroll**	**Tusc**	**National Median**
Heart disease	199.1	241.0	224.8	209.3
Cancer	186.2	194.8	181.3	190.9
Stroke	47.0	51.4	47.9	48.2
Diabetes-related	29.3	34.7	30.6	26.1
Chronic lower respiratory disease	49.4	53.1	44.5	48.9

SOURCE: Ohio Department of Health

Morbidity Ranking
Part of the Health Outcome Ranking

Morbidity is the term that refers to how healthy people feel while alive. Specifically, CHR reports on the measures of their health-related quality of life (their overall health, their physical health, their mental health) and at birth outcomes (in this case, babies born with a low birth weight).

County	Rank	County	Rank	County	Rank
Adams	77	Hocking	53	Scioto	87
Allen	45	Holmes	3	Seneca	15
Ashland	13	Huron	25	Shelby	21
Ashtabula	51	Jackson	85	**Stark**	50
Athens	55	Jefferson	78	Summit	47
Auglaize	10	Knox	11	Trumbull	65
Belmont	69	Lake	20	**Tuscarawas**	**37**
Brown	31	Lawrence	88	Union	16
Butler	44	Licking	28	Van Wert	43
Carroll	**79**	Logan	35	Vinton	74
Champaign	42	Lorain	30	Warren	14
Clark	49	Lucas	75	Washington	39
Clermont	34	Madison	38	Wayne	8
Clinton	73	Mahoning	70	Williams	23
Columbiana	52	Marion	80	Wood	18
Coshocton	71	Medina	6	Wyandot	33
Crawford	32	Meigs	81		
Cuyahoga	76	Mercer	2		
Darke	22	Miami	46		
Defiance	24	Monroe	54		
Delaware	5	Montgomery	62		
Erie	72	Morgan	61		
Fairfield	19	Morrow	68		
Fayette	82	Muskingum	60		
Franklin	64	Noble	26		
Fulton	7	Ottawa	9		
Gallia	84	Paulding	29		
Geauga	4	Perry	57		
Greene	12	Pickaway	66		
Guernsey	36	Pike	83		
Hamilton	67	Portage	27		
Hancock	17	Preble	41		
Hardin	56	Putnam	1		
Harrison	63	Richland	59		
Henry	40	Ross	86		
Highland	58	Sandusky	48		

SOURCE: County Health Ranking.
http://www.countyhealthrankings.org/app/ohio/2013/rankings/outcomes/6/by-rank

Quality of Life- % Poor or Fair Health Rating
Part of the Morbity Rating
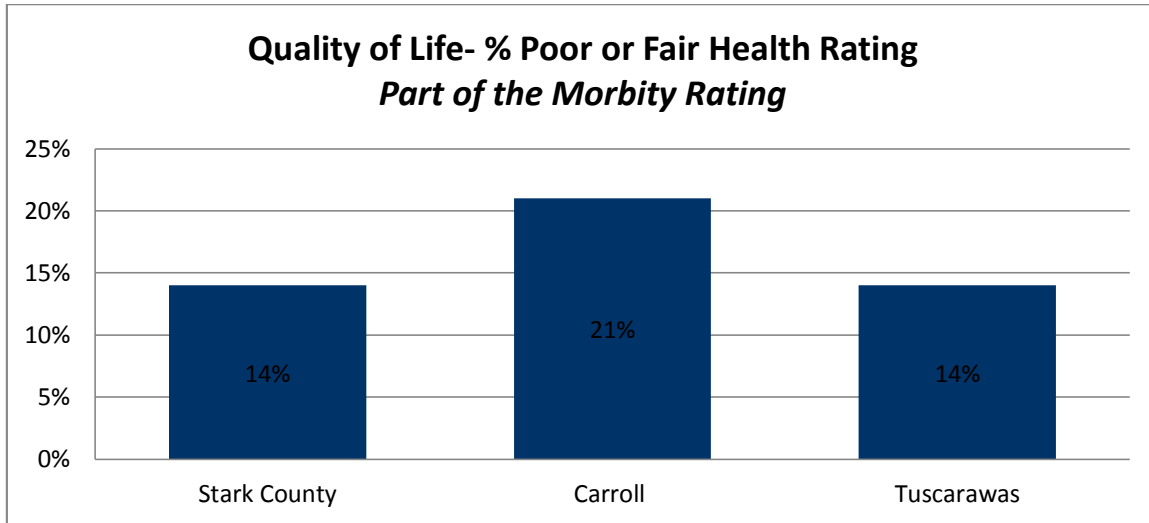
	% Poor or fair health
Stark	14%
Carroll	21%
Tuscarawas	14%
Ohio	15%

DESCRIPTION: Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the *County Health Rankings* is the percent of adult respondents who rate their health "fair" or "poor."

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)
http://www.countyhealthrankings.org/app/ohio/2013/measure/outcomes/2/map

Quality of Life- # of Poor Physical and Mental Health Days
Part of the Morbity Rating
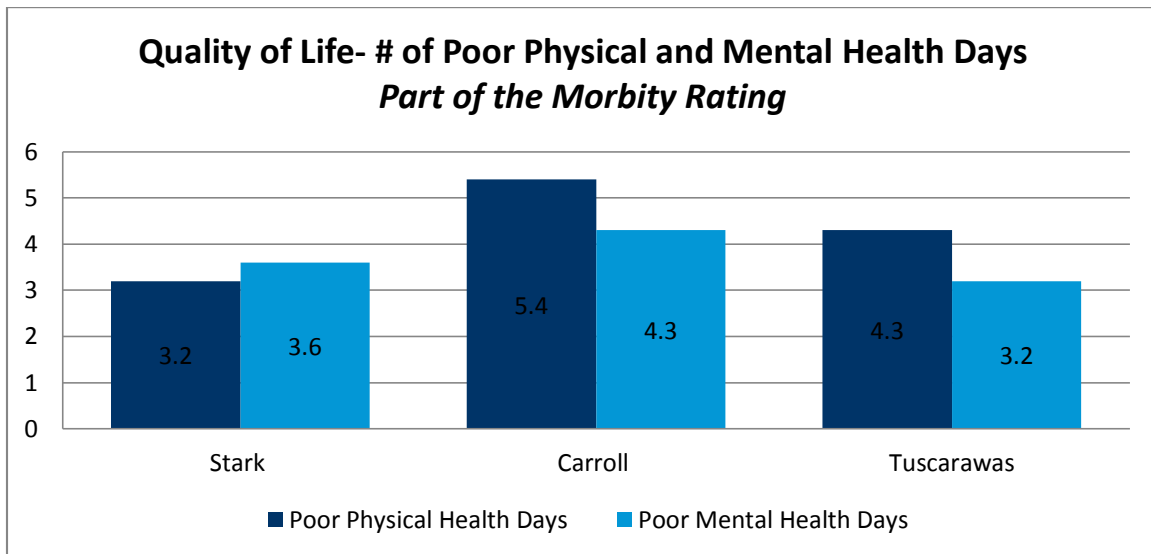
	Poor Physical Health Days	Poor Mental Health Days
Stark	3.2	3.6
Carroll	5.4	4.3
Tuscarawas	4.3	3.2
Ohio	3.6	3.8

DESCRIPTION- Poor physical health days is based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The value reported in the *County Health Rankings* is the average number of days a county's adult respondents report that their physical health was not good.

Poor mental health days is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the *County Health Rankings* is the average number of days a county's adult respondents report that their mental health was not good.

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)
http://www.countyhealthrankings.org/app/ohio/2013/measure/outcomes/36/map

Poor Birth Outcomes- % of Low Birthweight Births
Part of the Morbity Rating
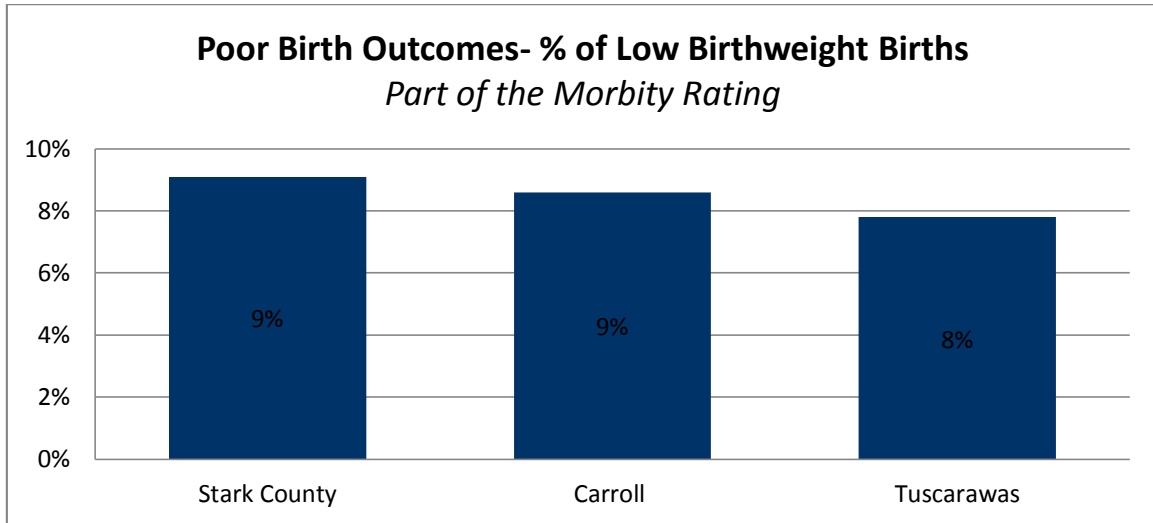
	# Low Birth Weight Births	# Live Births	% Low Birth Weight
Stark County	2,796	30,697	9.1%
Carroll	193	2,235	8.6%
Tuscarawas	639	8,166	7.8%
Ohio	88,961	1,030,461	8.6%

DESCRIPTION: Low birth weight is the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).

SOURCE: County Health Ranking. Original Source: National Center for Health Statistics
http://www.countyhealthrankings.org/app/ohio/2013/measure/outcomes/36/map

% Diabetic, 2009

Chart data:
- Stark: 11%
- Carroll: 11%
- Tuscarawas: 11%
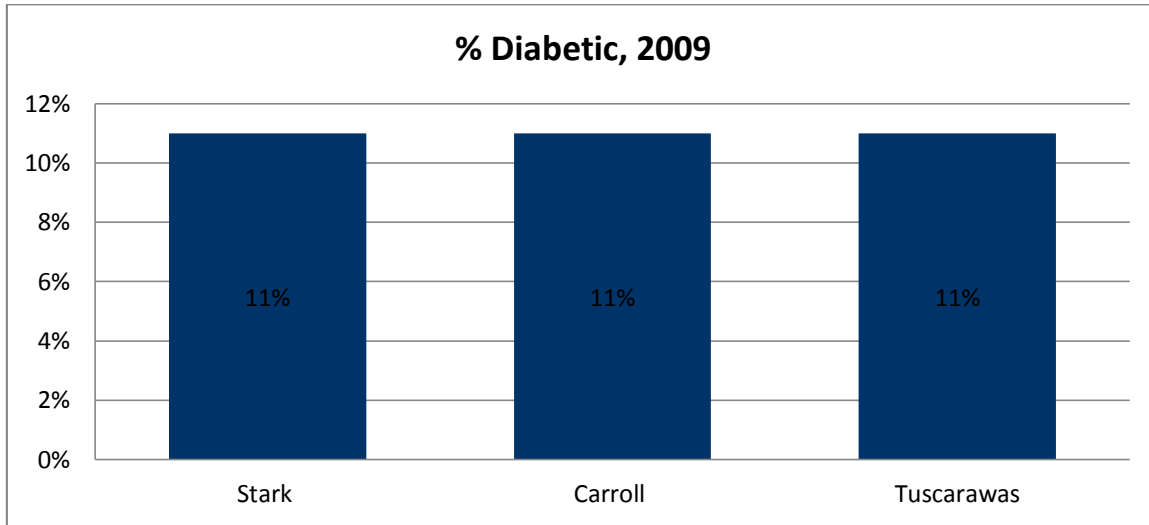
	% Diabetic
Stark	11%
Carroll	11%
Tuscarawas	11%
Ohio	11%

DESCRIPTION- This measure represents the prevalence of diagnosed diabetes in a given county. Respondents were considered to have diagnosed diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?"

SOURCE: County Health Ranking. Original Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, 2009.

HIV Rate Per 100,000 Individuals
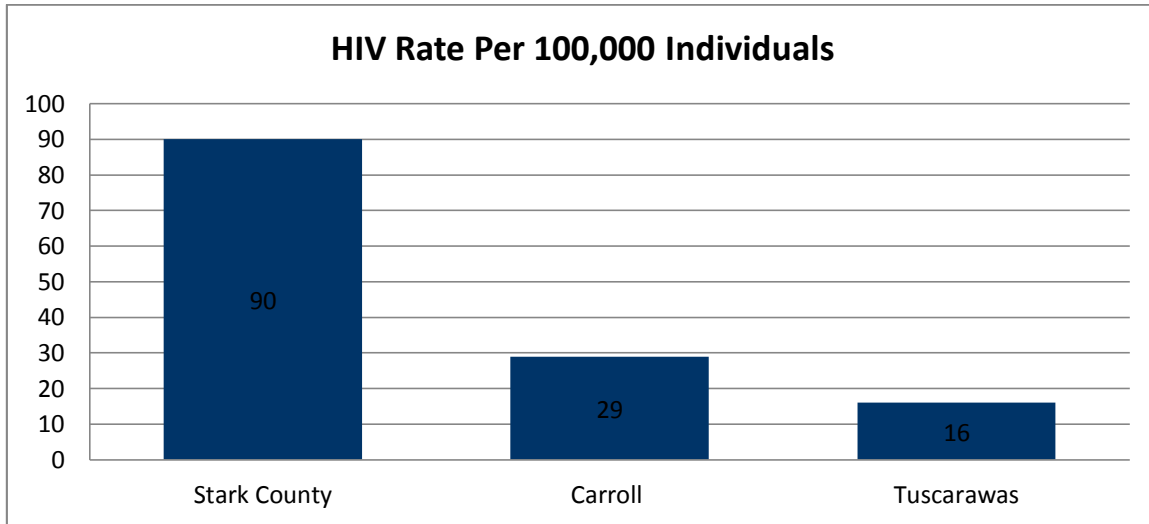
	Number of HIV cases	HIV Rate
Stark	288	90
Carroll	7	29
Tuscarawas	12	16
Ohio	16,265	169

DESCRIPTION- The HIV rate is the number of persons living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.

SOURCE: County Health Ranking. Original Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009.

HEALTH FACTORS
Health Factors Ranking

Health factors in the *County Health Rankings* represent what influences the health of a county. It measures four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. A fifth set of factors that influence health (genetics and biology) is not included in the *Rankings*.

County	Rank	County	Rank	County	Rank
Adams	84	Hocking	61	Scioto	88
Allen	74	Holmes	21	Seneca	32
Ashland	15	Huron	60	Shelby	30
Ashtabula	77	Jackson	82	**Stark**	**37**
Athens	51	Jefferson	85	Summit	29
Auglaize	11	Knox	40	Trumbull	62
Belmont	54	Lake	12	**Tuscarawas**	**53**
Brown	66	Lawrence	81	Union	10
Butler	33	Licking	24	Van Wert	17
Carroll	**47**	Logan	34	Vinton	86
Champaign	49	Lorain	42	Warren	2
Clark	70	Lucas	78	Washington	28
Clermont	19	Madison	46	Wayne	18
Clinton	55	Mahoning	57	Williams	31
Columbiana	65	Marion	80	Wood	7
Coshocton	71	Medina	4	Wyandot	25
Crawford	64	Meigs	83		
Cuyahoga	45	Mercer	5		
Darke	27	Miami	20	**DESCRIPTION**	
Defiance	14	Monroe	63	To calculate the summary score of health factors, weights were determined for each of the four major factors (Health behaviors, Clinical care, Social and economic factors, and the Physical environment) based on a review of the literature, expert opinion, and data analysis. The following weights were used to calculate the overall Health Factors summary score: Health behaviors (30%), Clinical care (20%), Social and economic factors (40%), and the Physical environment (10%). Like the Health Outcomes summary score, weights at each level sum to 100%.	
Delaware	1	Montgomery	50		
Erie	35	Morgan	76		
Fairfield	13	Morrow	56		
Fayette	52	Muskingum	59		
Franklin	41	Noble	72		
Fulton	16	Ottawa	22		
Gallia	69	Paulding	39		
Geauga	3	Perry	68		
Greene	8	Pickaway	48		
Guernsey	73	Pike	87		
Hamilton	36	Portage	26		
Hancock	9	Preble	43		
Hardin	44	Putnam	6		
Harrison	67	Richland	58		
Henry	23	Ross	79		
Highland	75	Sandusky	38		

SOURCE: County Health Ranking.
http://www.countyhealthrankings.org/app/ohio/2013/rankings/factors/overall/by-rank

County Rankings for Individual Focus Areas

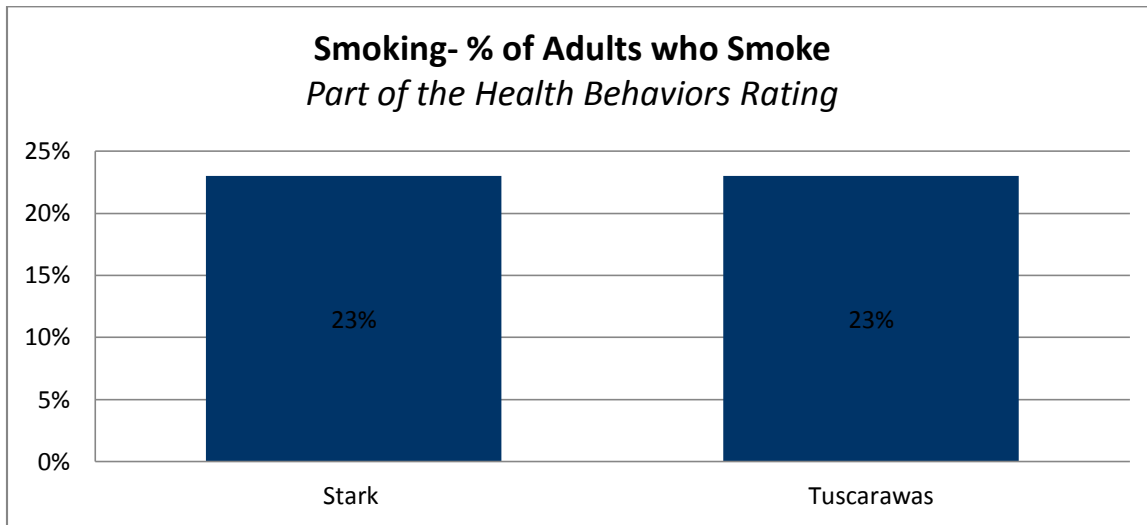|	Stark	Carroll	Tusc
Health Behaviors			
Tobacco use	61	30	61
Diet and exercise	48	20	72
Alcohol use	10	63	28
Sexual activity	58	25	39
Access to care	20	79	62
Quality of care	8	12	71
Education	27	66	44
Employment	38	59	33
Income	51	57	39
Family & social support	66	17	43
Community safety	77	31	26
Physical Environment			
Environmental quality	75	81	73
Built environment	39	24	62

Health Behavior Ranking
Part of the Health Factor Ranking

Health behavior includes (1) alcohol use (excessive drinking and motor vehicle crash death rate), (2) diet and exercise (adult obesity and physical inactivity), (3) sexual activity (sexually transmitted infections and teen birth rate), and (4) tobacco use (adult smoking).

County	Rank	County	Rank	County	Rank
Adams	69	Huron	65	Summit	13
Allen	83	Jackson	84	Trumbull	63
Ashland	12	Jefferson	85	**Tuscarawas**	**64**
Ashtabula	81	Knox	16	Union	74
Athens	19	Lake	18	Van Wert	46
Auglaize	20	Lawrence	86	Vinton	55
Belmont	42	Licking	49	Warren	5
Brown	68	Logan	52	Washington	36
Butler	41	Lorain	38	Wayne	11
Carroll	**23**	Lucas	71	Williams	28
Champaign	60	Madison	54	Wood	7
Clark	79	Mahoning	27	Wyandot	67
Clermont	29	Marion	82		
Clinton	22	Medina	3		
Columbiana	59	Meigs	58		
Coshocton	75	Mercer	6		
Crawford	72	Miami	26		
Cuyahoga	15	Monroe	53		
Darke	32	Montgomery	33		
Defiance	10	Morgan	66		
Delaware	1	Morrow	34		
Erie	40	Muskingum	45		
Fairfield	25	Noble	51		
Fayette	44	Ottawa	57		
Franklin	47	Paulding	43		
Fulton	35	Perry	76		
Gallia	77	Pickaway	50		
Geauga	2	Pike	73		
Greene	8	Portage	37		
Guernsey	78	Preble	31		
Hamilton	17	Putnam	9		
Hancock	14	Richland	30		
Hardin	24	Ross	88		
Harrison	56	Sandusky	62		
Henry	70	Scioto	87		
Highland	61	Seneca	21		
Hocking	80	Shelby	48		
Holmes	4	**Stark**	**39**		

SOURCE: County Health Ranking.
http://www.countyhealthrankings.org/app/ohio/2013/rankings/factors/3/by-rank

Smoking- % of Adults who Smoke
Part of the Health Behaviors Rating

	% Smokers
Stark County	23%
Carroll	NA
Tuscarawas	23%
Ohio	22%

DESCRIPTION: Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or "most days" and has smoked at least 100 cigarettes in their lifetime.

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS) http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/9/map

Diet and Exercise- Adult Obesity and Physical Inactivity
Part of the Health Behavior Rating
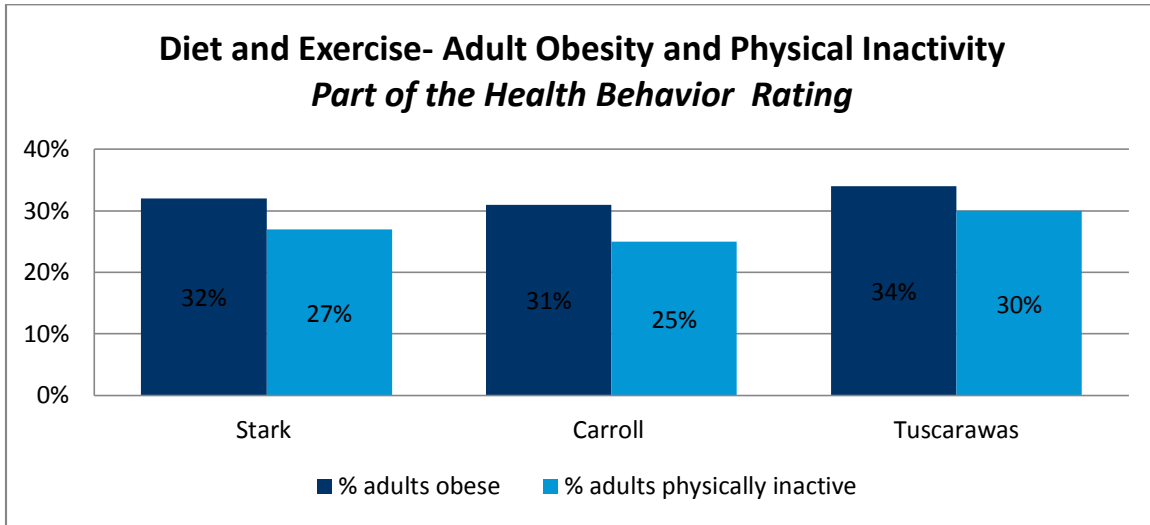
	% adults obese	% adults physically inactive
Stark	32%	27%
Carroll	31%	25%
Tuscarawas	34%	30%
Ohio	30%	27%

DESCRIPTION: Adult obesity represents the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m².

Physical inactivity is the estimated percent of adults aged 20 and over reporting no leisure time physical activity.

OBESITY SOURCE: County Health Ranking. Original Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/11/map

PHYSICALLY INACTIVE SOURCE: County Health Ranking. Original Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/70/map

Alcohol Use- % Excessive Drinking
Part of the Health Behaviors Rating
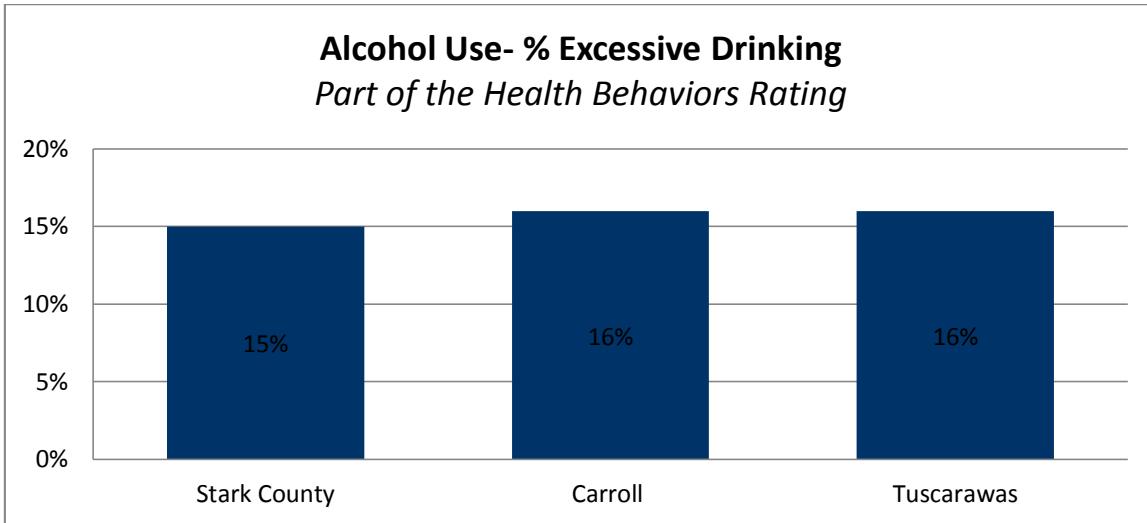
	% Excessive Drinking
Stark County	15%
Carroll	16%
Tuscarawas	16%
Ohio	18%

DESCRIPTION: Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/49/map

Alcohol Use- Motor Vehicle Crash Death Rate
Part of the Health Behaviors Rating
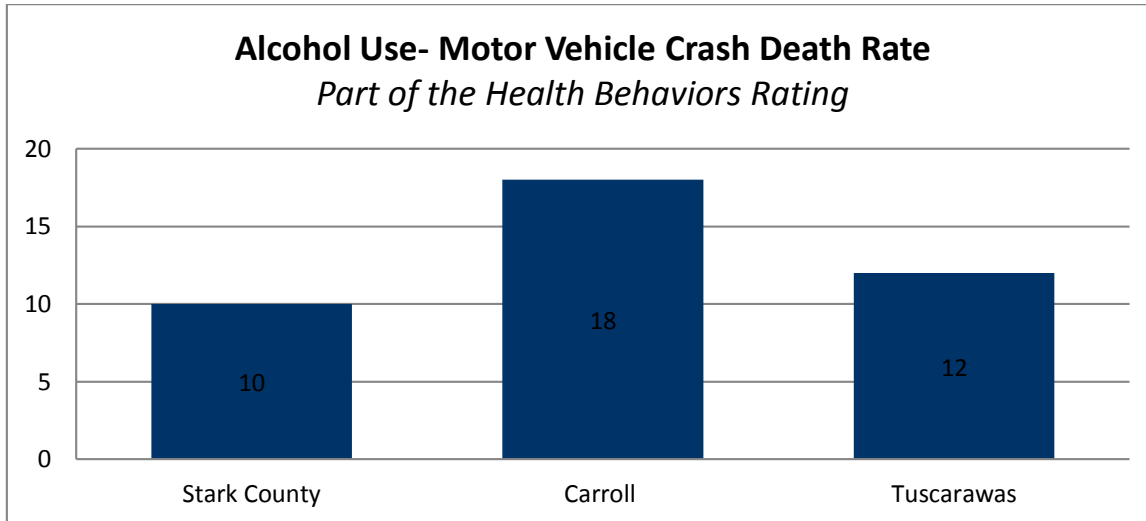
	MV Crash Death Rate
Stark County	10
Carroll	18
Tuscarawas	12
Ohio	11

DESCRIPTION: Motor vehicle crash deaths are measured as the crude mortality rate per 100,000 population due to traffic accidents involving a motor vehicle. Motor vehicle deaths include traffic accidents involving motorcycles; 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; or bicyclists and pedestrians when colliding with any of the previously listed motor vehicles. Deaths due to boating accidents and airline crashes are not included in this measure. In prior years, non-traffic motor vehicle accidents were included in this definition. Our definition has changed to better align with Healthy People 2020.

SOURCE: County Health Ranking. Original Source: National Center for Health Statistics
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/39/map

Sexual Activity- % Sexually Transmitted Infections
Part of the Health Behaviors Rating
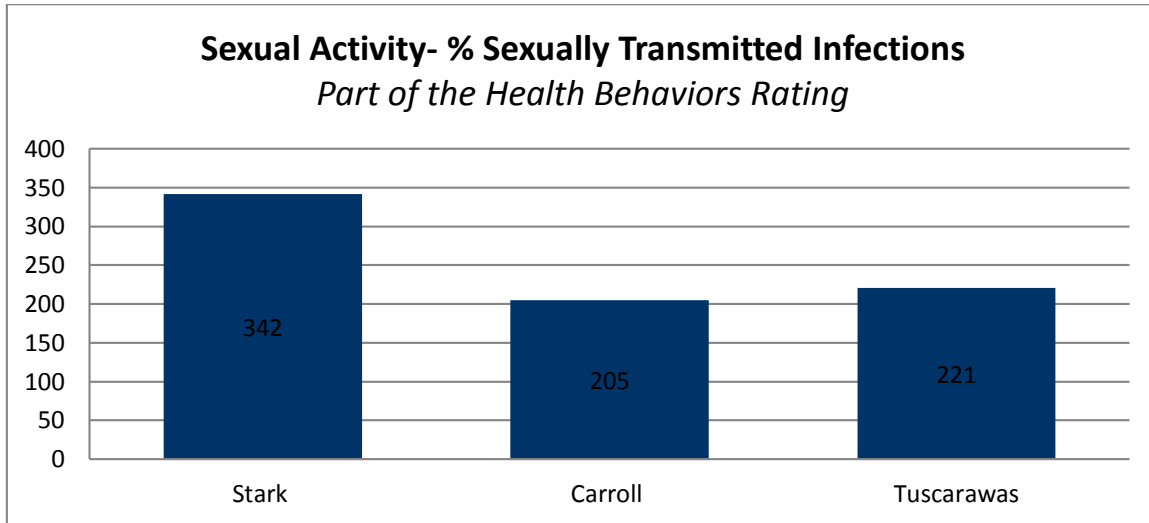
	Chlamydia Rate
Stark County	342
Carroll	205
Tuscarawas	221
Ohio	422

DESCRIPTION: The sexually transmitted infection (STI) rate is measured as chlamydia incidence (number of new cases reported) per 100,000 population.

SOURCE: County Health Ranking. Original Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/45/map

Sexual Activity- Teen Birth Rate
Part of the Health Behaviors Rating
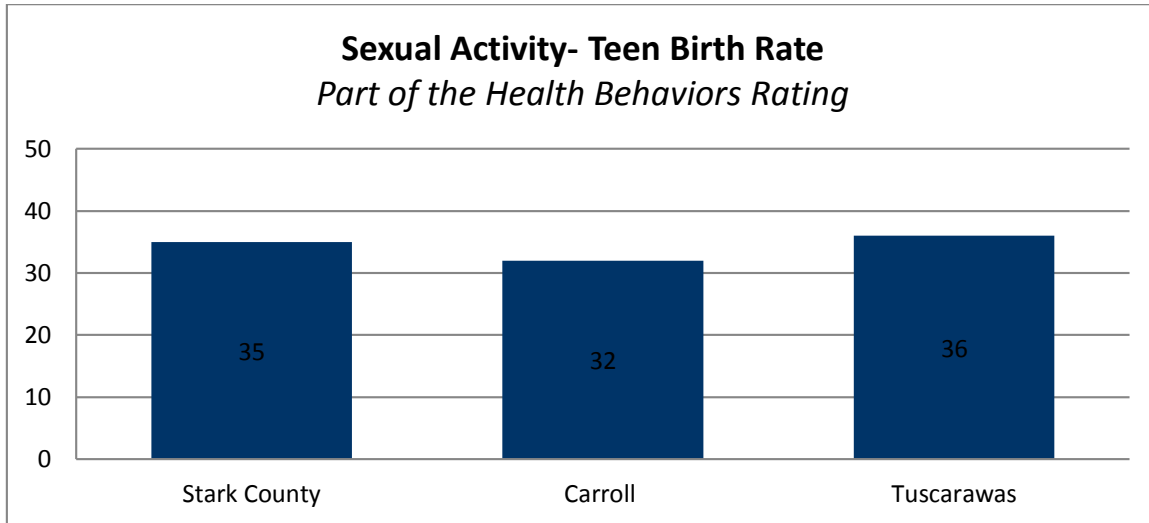
	Teen Birth Rate
Stark County	35
Carroll	32
Tuscarawas	36
Ohio	38

DESCRIPTION: This measure is reported as the number of births per 1,000 female population, ages 15-19.

SOURCE: County Health Ranking. Original Source: National Center for Health Statistics
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/14/map17

STARK COUNTY- Youth Self-Described Weight
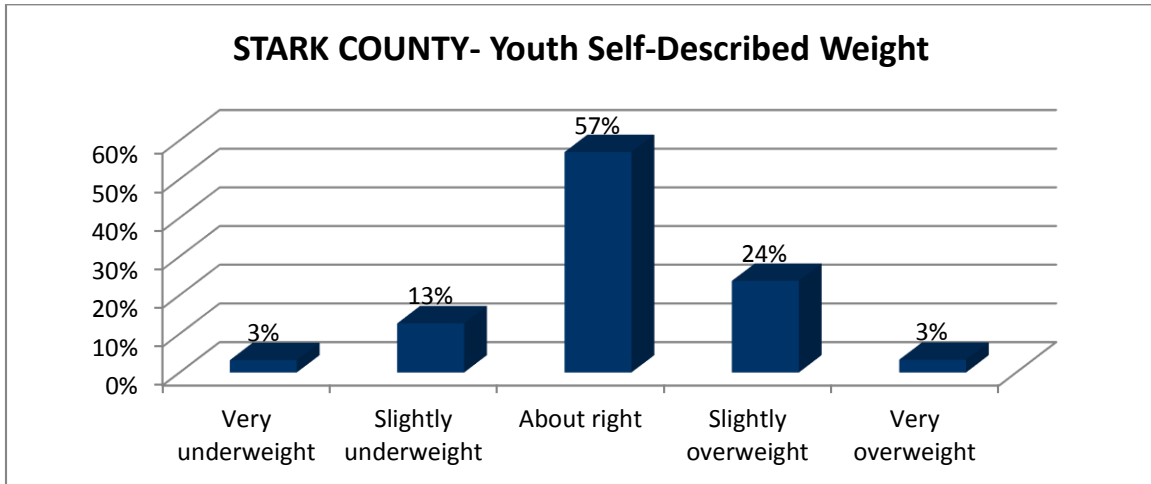
	# of Responses	% of Sample
Very underweight	125	3.2%
Slightly underweight	492	12.7%
About right	2202	57.0%
Slightly overweight	915	23.7%
Very overweight	3.3	3.3%
Total	**N=3,863**	**100.0%**

STARK COUNTY- Youth Trying to Do About Weight

■ Lose Weight ■ Gain Weight ■ Stay the same weight ■ Not trying to do anything
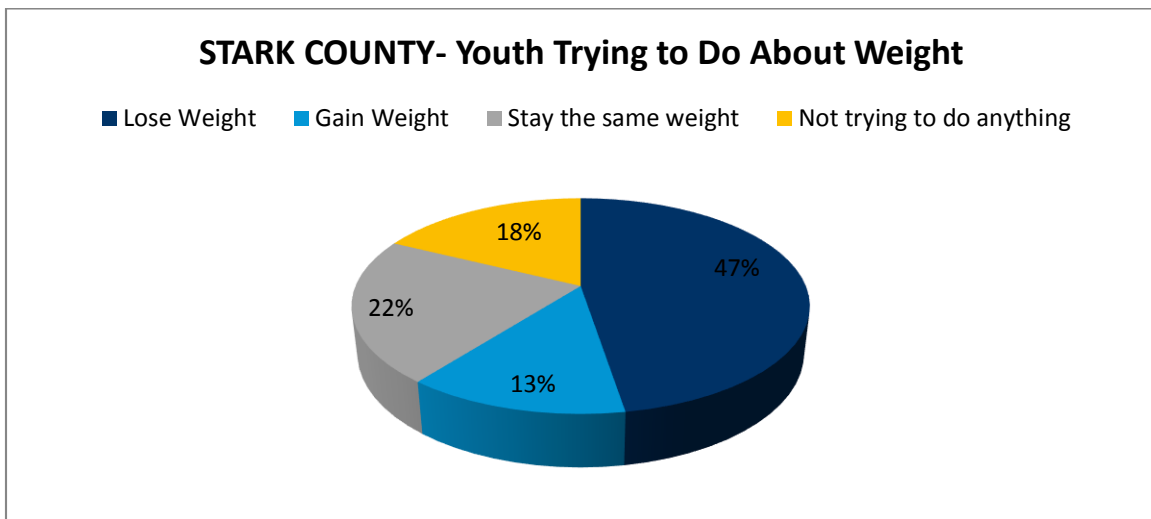
	# of Responses	% of Sample
Lose Weight	1,831	47.4%
Gain Weight	511	13.2%
Stay the same weight	836	21.7%
Not trying to do anything	682	17.7%
Total	**N=3,860**	**100.0%**

Source: Ohio Youth Survey

STARK COUNTY- Youth: I Am Physically Fit
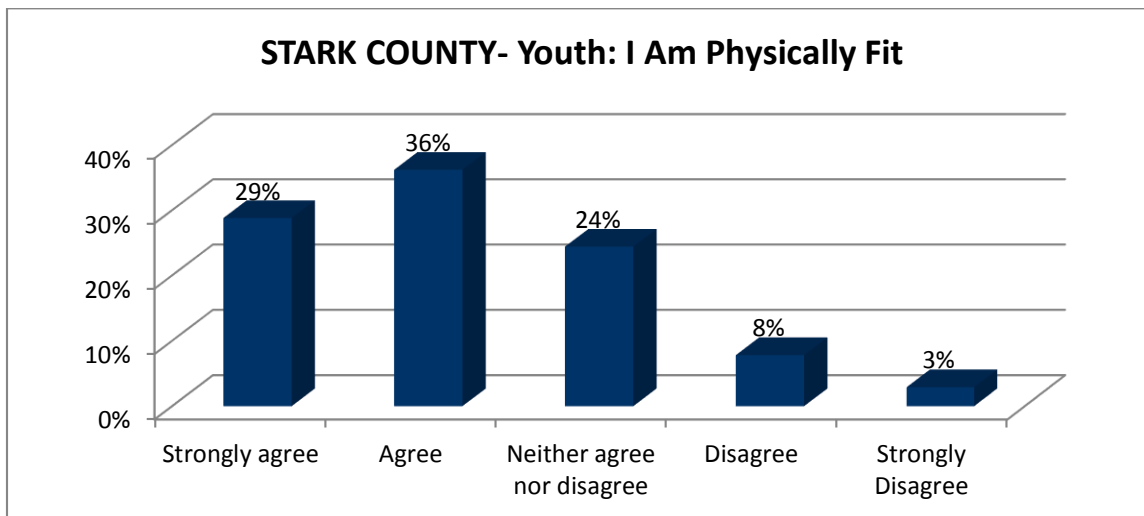
	# of Responses	% of Sample
Strongly agree	1,114	28.8%
Agree	1,402	36.2%
Neither agree nor disagree	945	24.4%
Disagree	301	7.8%
Strongly Disagree	111	2.9%
Total	N=3,873	100.0%

Source: Ohio Youth Survey

STARK COUNTY- BMI- Overweight and Obese
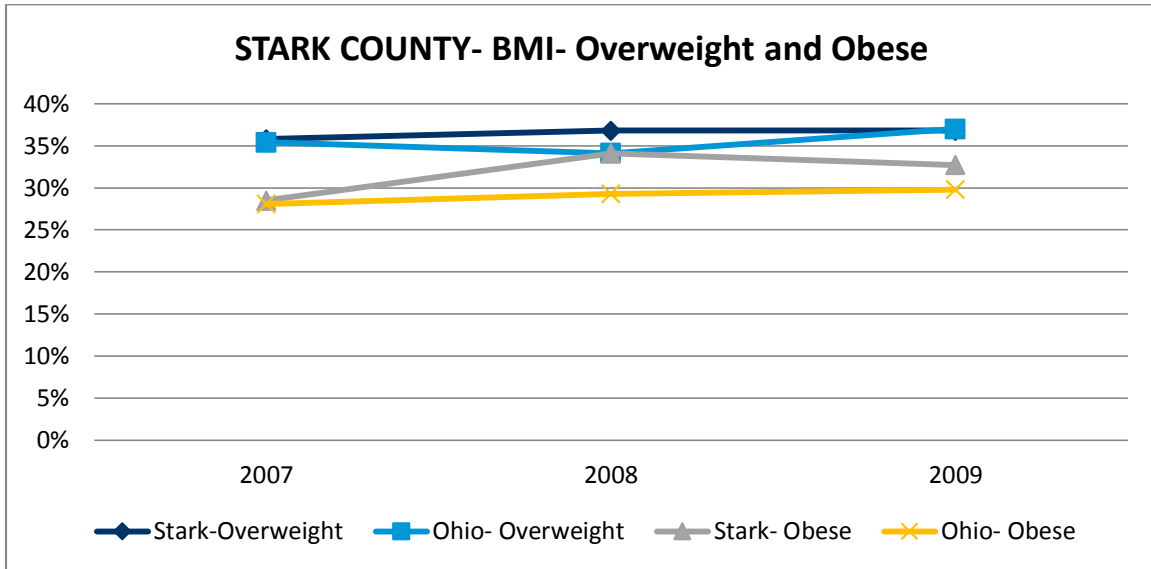
Percent of Adults	Stark-Overweight	Ohio-Overweight	Stark- Obese	Ohio- Obese
2007	35.8%	35.4%	28.5%	28.1%
2008	36.8%	34.1%	34.1%	29.3%
2009	36.8%	37.0%	32.7%	29.8%

STARK COUNTY- Third Grade BMI
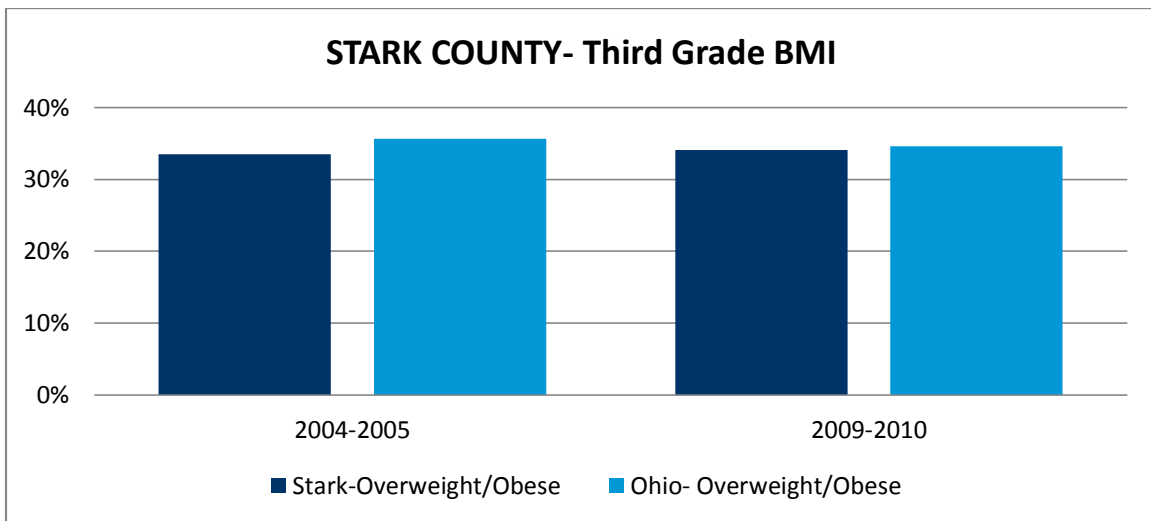
Percent of Adults	Stark-Overweight/ Obese	Ohio-Overweight/ Obese
2004-2005	33.5%	35.6%
2009-2010	34.1%	34.6%

Source: Center for Disease Control and Prevention

STARK COUNTY-
Youth Number of Hours Do Activity on School Days

Average TV hours: 2.5
Average Computer hours: 2.0

Legend: ■ Use Computer/Video Games ■ Watch TV
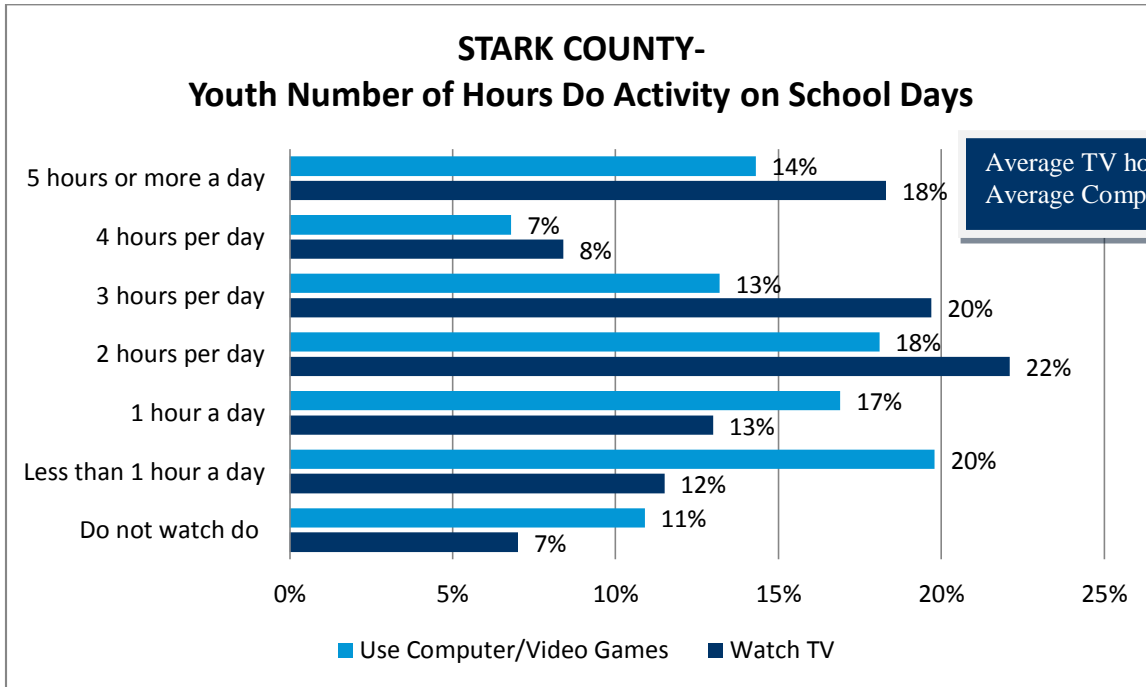
	Watch TV	Use Computer/ Video Games
Do not do on school days	7.0%	10.9%
Less than 1 hour a day	11.5%	19.8%
1 hour a day	13.0%	16.9%
2 hours per day	22.1%	18.1%
3 hours per day	19.7%	13.2%
4 hours per day	8.4%	6.8%
5 hours or more a day	18.3%	14.3%
Total	**N=3,873**	**N=3,930**

Source: Ohio Youth Survey

STARK COUNTY- Youth Average Amount of Sleep Each Day

Average amount of sleep: 7.5 hours

- 10 or more hours: 10%
- About 9 hours: 17%
- About 8 hours: 28%
- About 7 hours: 21%
- About 6 hours: 12%
- About 5 hours: 7%
- 4 hours or less: 6%
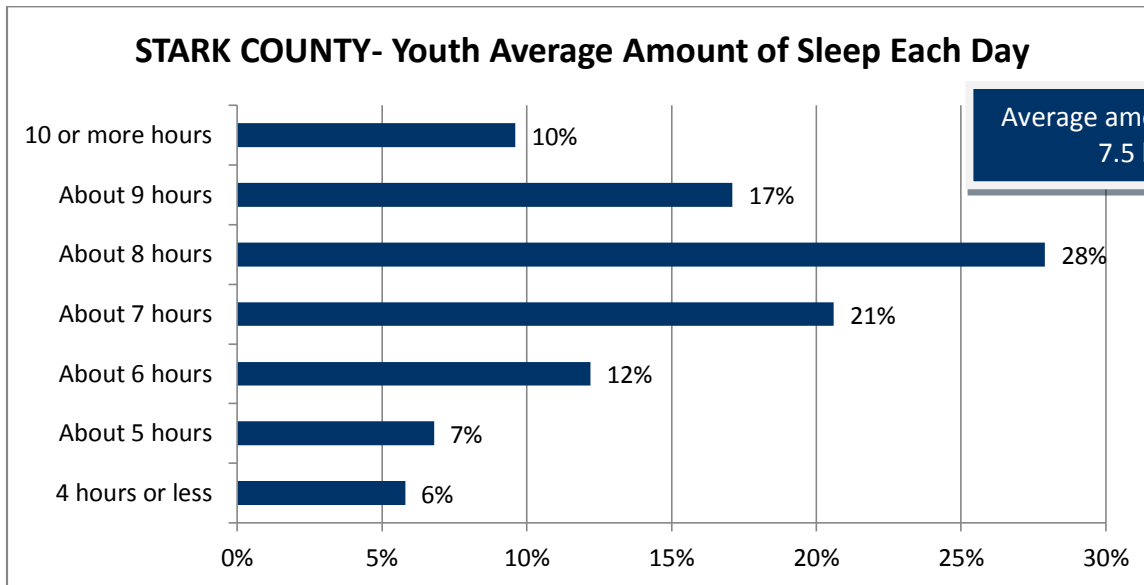
	# of Responses	% of Sample
4 hours or less	225	5.8%
About 5 hours	266	6.8%
About 6 hours	475	12.2%
About 7 hours	802	20.6%
About 8 hours	1,087	27.9%
About 9 hours	667	17.1%
10 or more hours	374	9.6%
Total	N=3,896	100.0%

Source: Ohio Youth Survey

Drugs Used in Past 30 Days
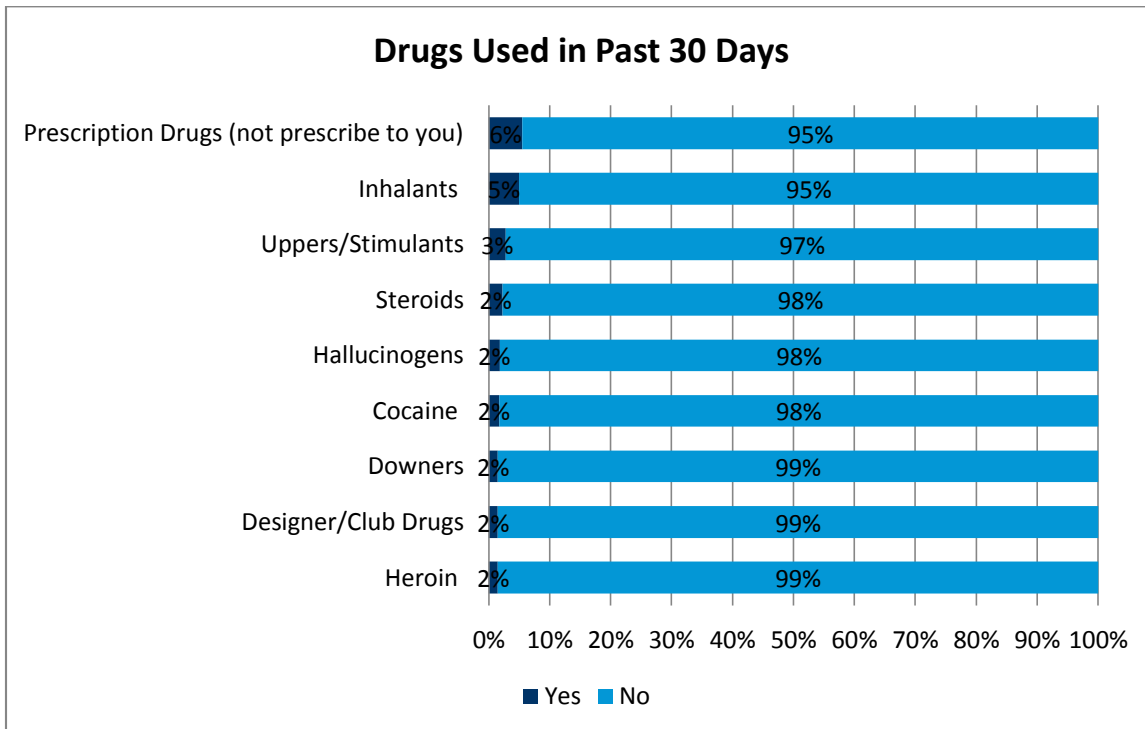
	Yes	No	Total N
Cocaine	1.7%	98.3%	3,999
Inhalants	5.0%	95.0%	3,975
Heroin	1.5%	98.5%	3,991
Uppers/Stimulants	2.8%	97.2%	3,982
Designer/Club Drugs	1.5%	98.5%	4,000
Steroids	2.3%	97.7%	3,991
Downers	1.5%	98.5%	3,994
Hallucinogens	1.8%	98.2%	3,985
Prescription Drugs (not prescribe to you)	5.5%	94.5%	3,950
Total		100.0%	

Source: Ohio Youth Survey

Clinical Care Ranking
Part of the Health Factor Ranking

Clinical care includes (1) access to care (uninsured, primary care physician, and dentists) and (2) quality of care (preventable hospital stays, diabetic screenings, mammography screening).

County	Rank	County	Rank	County	Rank
Adams	87	Huron	50	Summit	13
Allen	40	Jackson	69	Trumbull	44
Ashland	32	Jefferson	79	**Tuscarawas**	**66**
Ashtabula	62	Knox	68	Union	6
Athens	72	Lake	18	Van Wert	20
Auglaize	17	Lawrence	73	Vinton	86
Belmont	77	Licking	14	Warren	2
Brown	70	Logan	25	Washington	43
Butler	37	Lorain	22	Wayne	41
Carroll	**52**	Lucas	58	Williams	57
Champaign	42	Madison	67	Wood	19
Clark	45	Mahoning	16	Wyandot	36
Clermont	30	Marion	55		
Clinton	46	Medina	5		
Columbiana	61	Meigs	80		
Coshocton	71	Mercer	39		
Crawford	48	Miami	26		
Cuyahoga	7	Monroe	74		
Darke	53	Montgomery	15		
Defiance	27	Morgan	83		
Delaware	1	Morrow	82		
Erie	21	Muskingum	28		
Fairfield	23	Noble	81		
Fayette	64	Ottawa	24		
Franklin	11	Paulding	59		
Fulton	33	Perry	60		
Gallia	29	Pickaway	47		
Geauga	8	Pike	78		
Greene	9	Portage	54		
Guernsey	51	Preble	76		
Hamilton	3	Putnam	12		
Hancock	4	Richland	49		
Hardin	63	Ross	35		
Harrison	84	Sandusky	34		
Henry	31	Scioto	85		
Highland	75	Seneca	56		
Hocking	65	Shelby	38		
Holmes	88	**Stark**	**10**		

SOURCE: County Health Ranking.
http://www.countyhealthrankings.org/app/ohio/2013/rankings/factors/2/by-rank

Access to Care- % Unisured
Part of the Clinical Care Rating
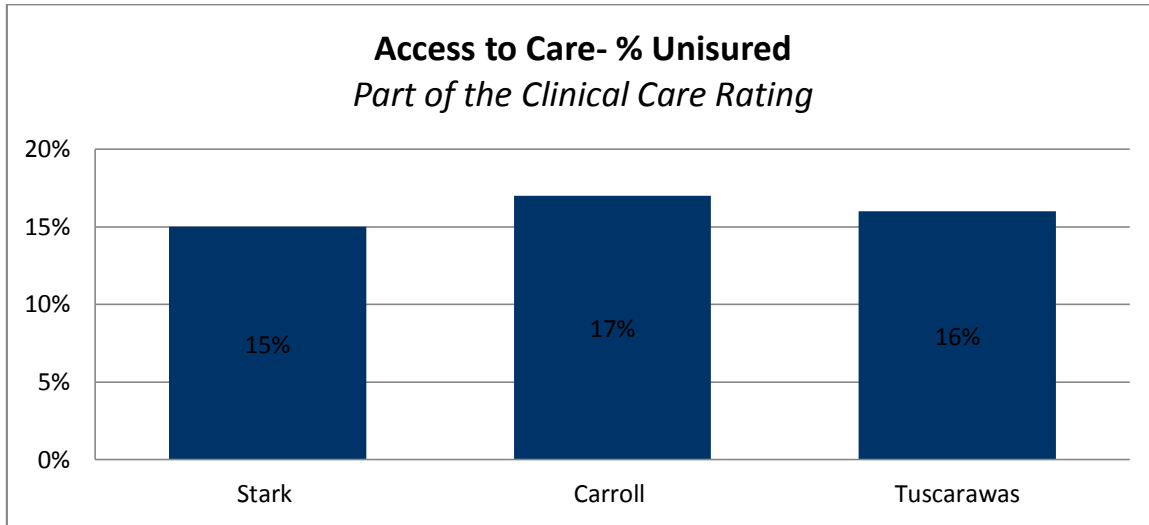
	% Uninsured
Stark County	15%
Carroll	17%
Tuscarawas	16%
Ohio	14%

DESCRIPTION: This measure represents the estimated percent of the population under age 65 that has no health insurance coverage.

SOURCE: County Health Ranking. Original Source: Small Area Health Insurance Estimates
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/14/map

Access to Care- PCP and Dentist Rate
Part of the Clinical Care Rating
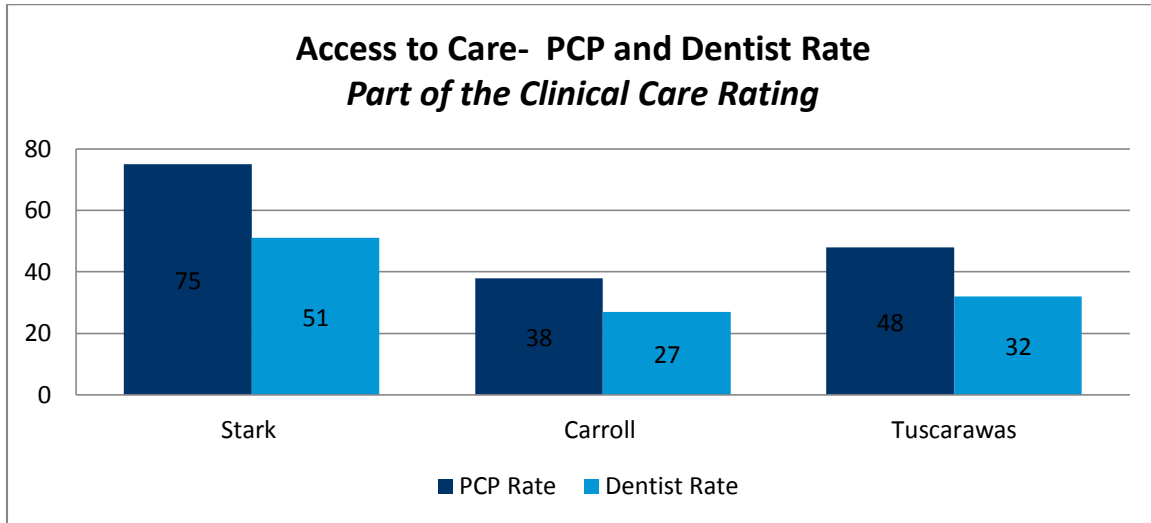
	Primary Care Physicians			Dentists		
	# PCP	Rate	PCP Ratio	# Dentists	Rate	Dentist Ratio
Stark	283	75	1326:1	198	51	1942:1
Carroll	11	38	2618:1	8	27	3651:1
Tuscarawas	44	48	2,103:1	30	32	3,127:1
Ohio	8,559	74	1348:1	6,143	52	1928:1

DESCRIPTION: Primary care physicians include practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The measure represents the population per physician.

Dentists represents the population per dentist in the county.

Note: The rate is the rate of doctors per 100,000 people

PCP SOURCE: County Health Ranking. Original Source: HRSA Area Resource File
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/4/map

DENTIST SOURCE: County Health Ranking. Original Source: HRSA Area Resource File
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/88/map

Health Resources Summary

	Stark County	Carroll	Tusc
Total Physicians	780	17	94
Physician/Pop*	207.7	59.0	101.5
General/Family practice	112	8	22
Physician/Pop*	29.8	27.7	23.8
Internal Physicians	119	3	14
Physician/Pop*	31.7	10.4	15.1
Pediatricians	52	0	8
Physician/Pop*	13.8	0.0	8.6
Obstetricians/Gynecologists	42	1	7
Physician/Pop*	11.2	3.5	7.6
General surgeons	23	1	6
Physician/Pop*	6.1	3.5	6.5
Psychiatrists	22	1	1
Physician/Pop*	5.9	3.5	1.1
Specialists	497	6	50
Physician/Pop*	132.2	20.8	54.0
# short-term general hospitals	4	0	2
# short-term general beds	1,406	0	179
Ambulatory surgical centers	9	0	1
Primary Care HPSA	Yes	Yes	Yes
Dental HPSA	Partial	No	Partial

Number of doctors per 100,000 population

SOURCE: U.S. Department of Health and Human Services, Health Resources and Service Administration, County Comparison Tool

Quality of Care- Preventative Hospital stays/ACSC Rate
Part of the Clinical Care Rating
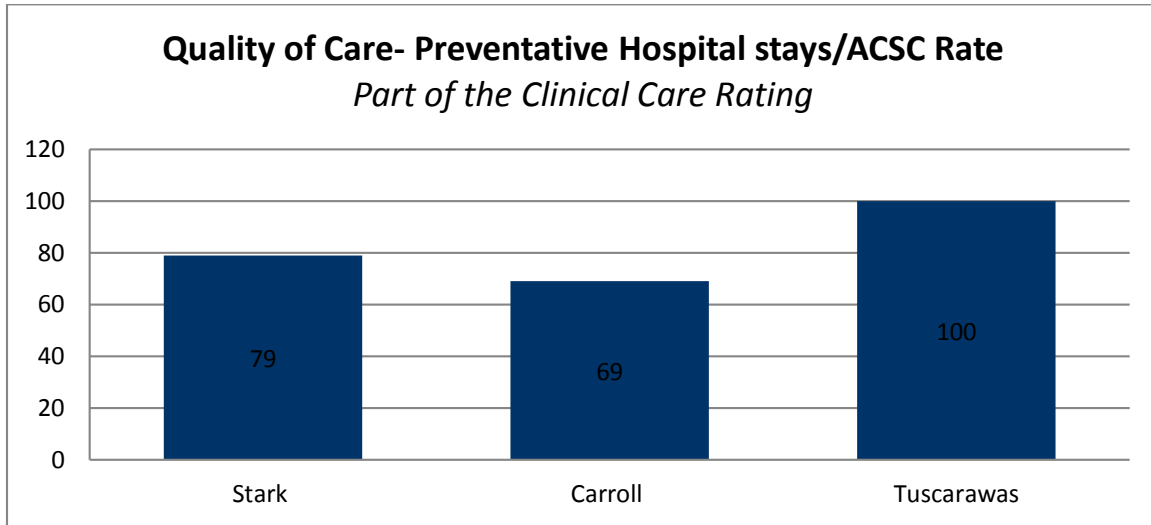
	# Medicare Enrollees	Preventable Hospital Rate
Stark County	29,328	79
Carroll	2,298	69
Tuscarawas	8,227	100
Ohio	986,273	64

DESCRIPTION: Preventable hospital stays is measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are usually addressed in an outpatient setting and do not normally require hospitalization if the condition is well-managed. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.

SOURCE: County Health Ranking. Original Source: Dartmouth Atlas of Health Care
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/5/map

Quality of Care- Diabetic and Mammography Screenings
Part of the Clinical Care Rating
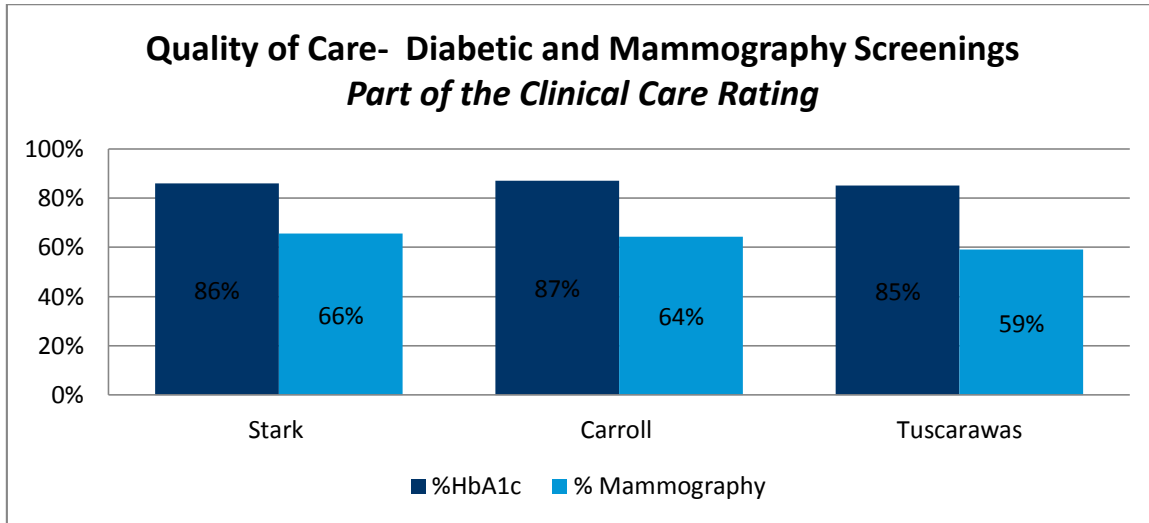
	Diabetic Screenings		Mammography Screenings	
	# Diabetics	%HbA1c	# Medicare Enrollees	% Mammography
Stark County	3,271	86%	1,970	65.6%
Carroll	313	87%	165	64.2%
Tuscarawas	1,012	85%	585	59.0%
Ohio	120,536	83%	71,713	63.3%

DESCRIPTION: Diabetic screening is calculated as the percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of their glycated hemoglobin (HbA1c) levels.

Mammography screening represents the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.

DIABETES SOURCE: County Health Ranking. Original Source: Dartmouth Atlas of Health Care
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/7/map

MAMMOGRAPHY SOURCE: County Health Ranking. Original Source: Dartmouth Atlas of Health Care
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/50/map

Rates of Mental Health Providers Per 100,000 Individuals
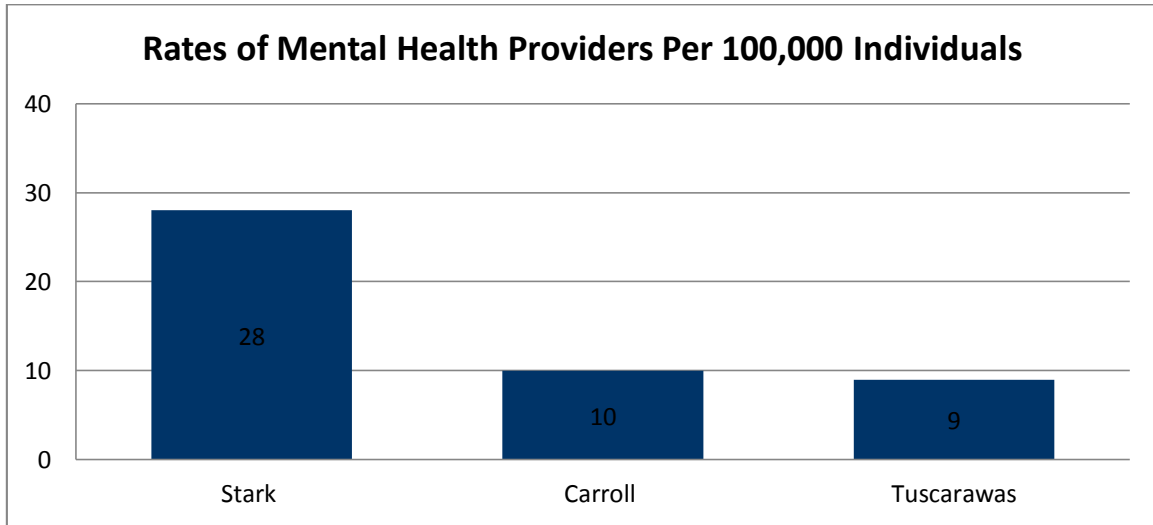
	Mental Health Provider	
	Rate	Ratio
Stark	28	3,575:1
Carroll	10	9,602:1
Tuscarawas	9	11,571:1
Ohio	39	2,552:1

DESCRIPTION: This measure represents the ratio of the county population to the number of mental health providers including child psychiatrists, psychiatrists, and psychologists active in patient care in a given county.

Rate is per 100,000 individuals

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File.
http://www.countyhealthrankings.org/app/ohio/2013/measure/additional/62/data/sort-0
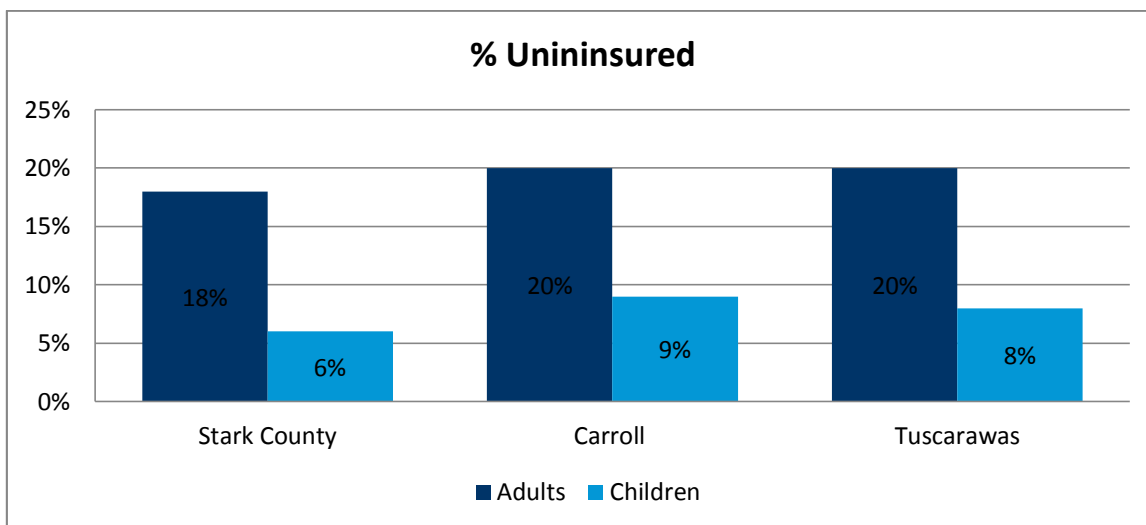
% Uninsured

	Adults	Children
Stark	18%	6%
Carroll	20%	9%
Tuscarawas	20%	8%
Ohio	18%	6%

DESCRIPTION: Uninsured adults represents the estimated percentage of the population aged 18 to 65 that has no health insurance coverage in a given county. Uninsured children represents the estimated percentage of the population under age 18 that has no health insurance coverage in a given county.

SOURCE: County Health Ranking. Original Source: U.S. Census Bureau's Small Area Health Insurance Estimates, 2010
http://www.countyhealthrankings.org/app/ohio/2013/measure/additional/3/data/sort-0

% of Population Medicare and Medicaid Beneficiaries
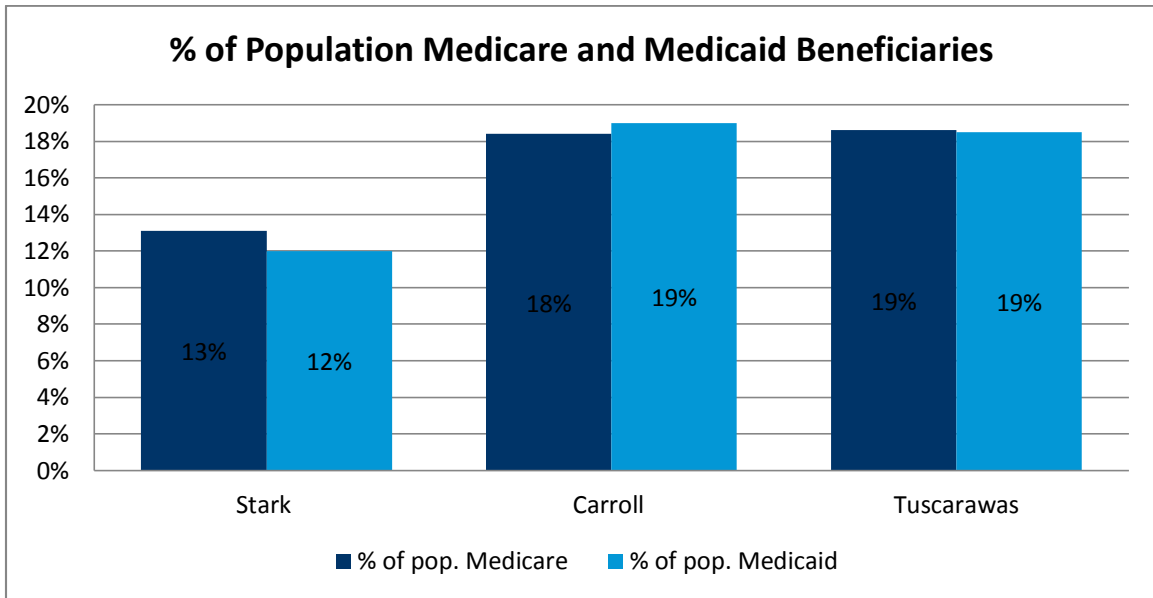
	Medicare Beneficiaries		Medicaid Beneficiaries	
	Number	% of pop.	Number	% of pop.
Stark County	36,277	13.1%	53,490	12.0%
Carroll	5,256	18.4%	5,423	19%
Tuscarawas	16,863	18.6%	16,863	18.5%
National Median	4,741	18.6%	5,457	19.4%

SOURCE: U.S. Department of Health and Human Services

% Could Not See a Doctor due to Cost
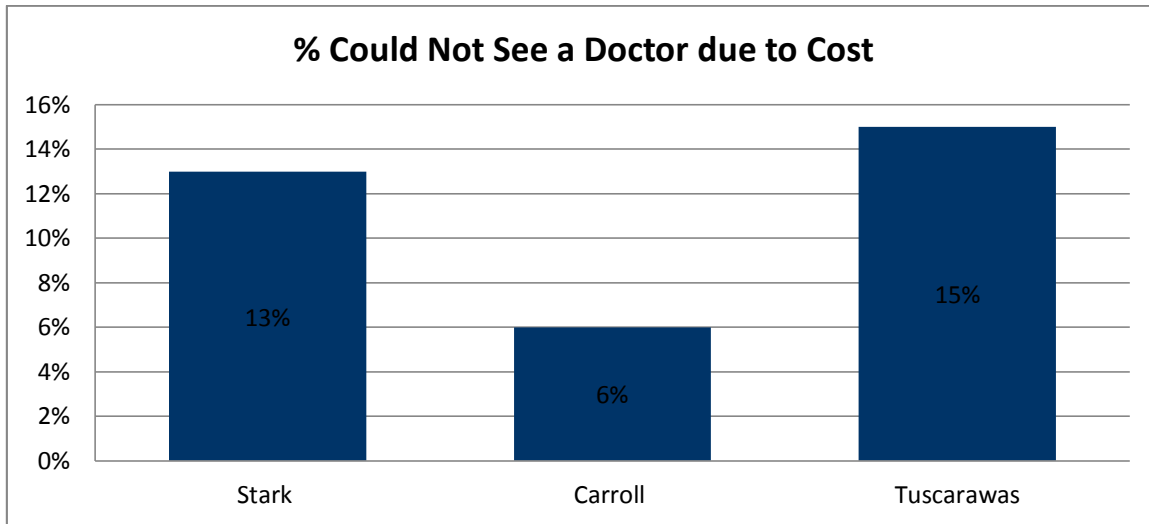
	% couldn't access
Stark	13%
Carroll	6%
Tuscarawas	15%
Ohio	13%

DESCRIPTION: This measure represents the estimated percentage of the population who could not see a doctor because of cost in the past year.

SOURCE: County Health Ranking. Original Source: Behavioral Risk Factor Surveillance System, 2005-2011
http://www.countyhealthrankings.org/app/ohio/2013/measure/additional/87/data/sort-0

STARK COUNTY- Youth: Emotional Well Being
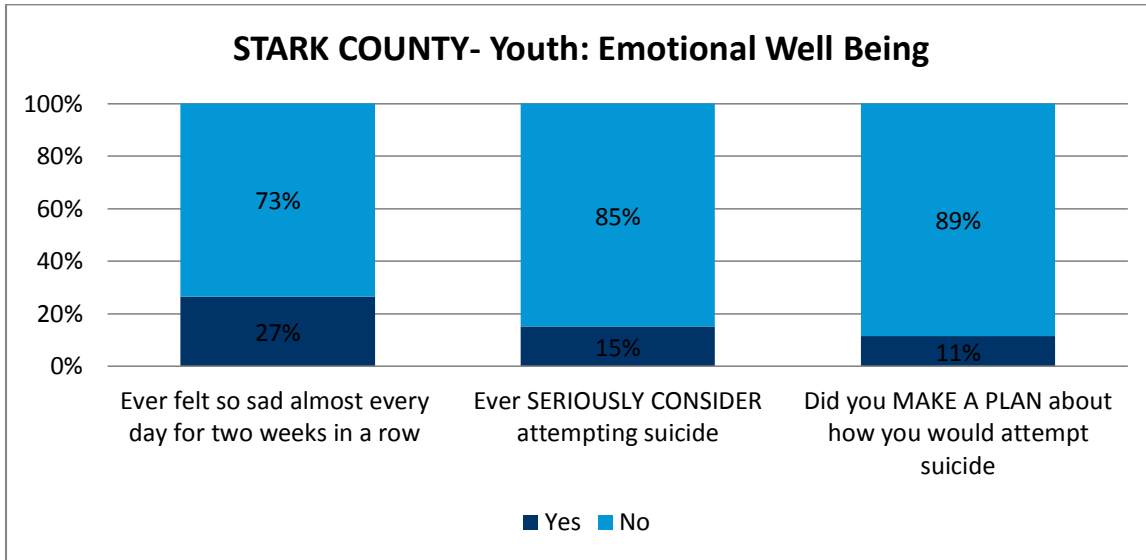
	Yes	No	Total N
Ever felt so sad or hopeless almost every day for two weeks in a row that stopped doing normal activities	26.6%	73.4%	4,042
Ever SERIOUSLY CONSIDER attempting suicide	15.1%	84.9%	4,006
Did you MAKE A PLAN about how you would attempt suicide	11.4%	88.6%	3,947

Source: Ohio Youth Survey

STARK COUNTY- Suicide Rate by Age

■ 2000-2002 ■ 2003-2005 ■ 2006-2007
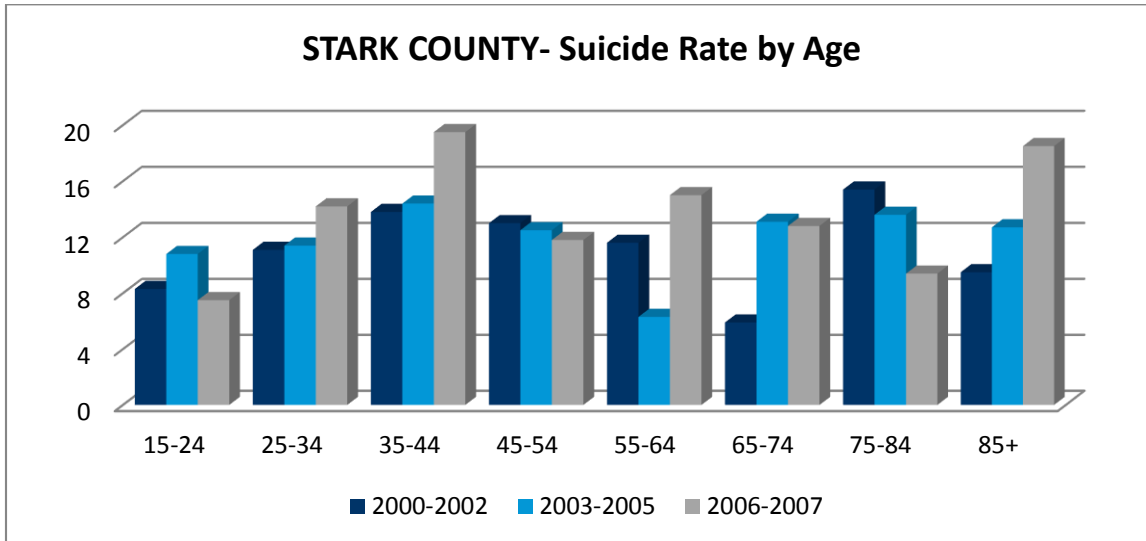
Rate per 100,000 people	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
2000-2002	8.3	11.1	13.8	13.0	11.6	5.9	15.4	9.5
2003-2005	10.8	11.4	14.4	12.5	6.3	13.1	13.6	12.7
2006-2008	7.5	14.2	19.5	11.8	15.0	12.8	9.4	18.5

STARK COUNTY- Suicide Rates by Gender
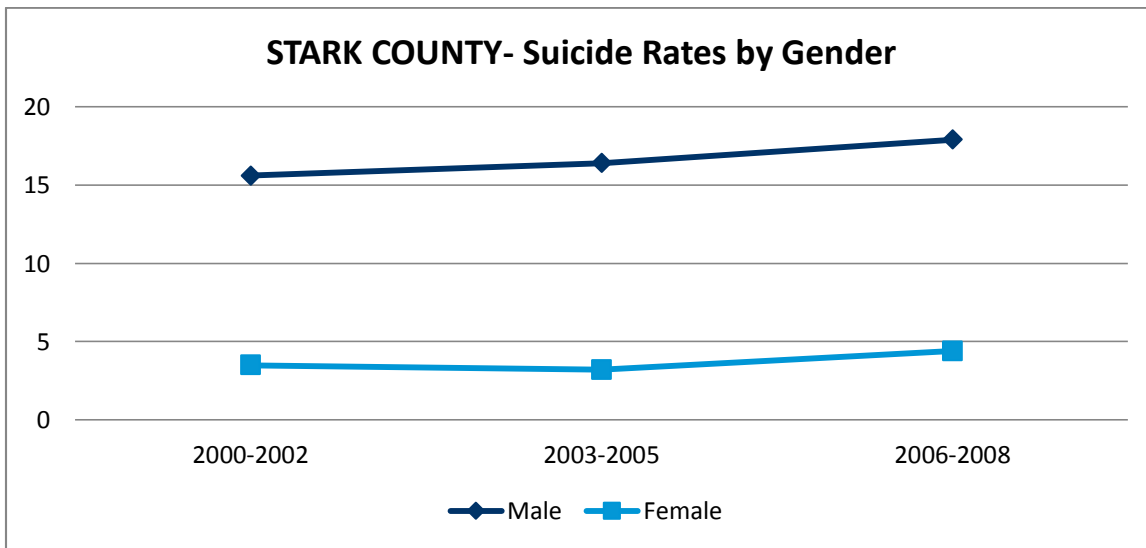
◆ Male ■ Female

Rate per 100,000 people	Male	Female
2000-2002	15.6	3.5
2003-2005	16.4	3.2
2006-2008	17.9	4.4

Source: Ohio Department of Health

STARK COUNTY-
Death Rate for Accidental Poisoning by Age Group
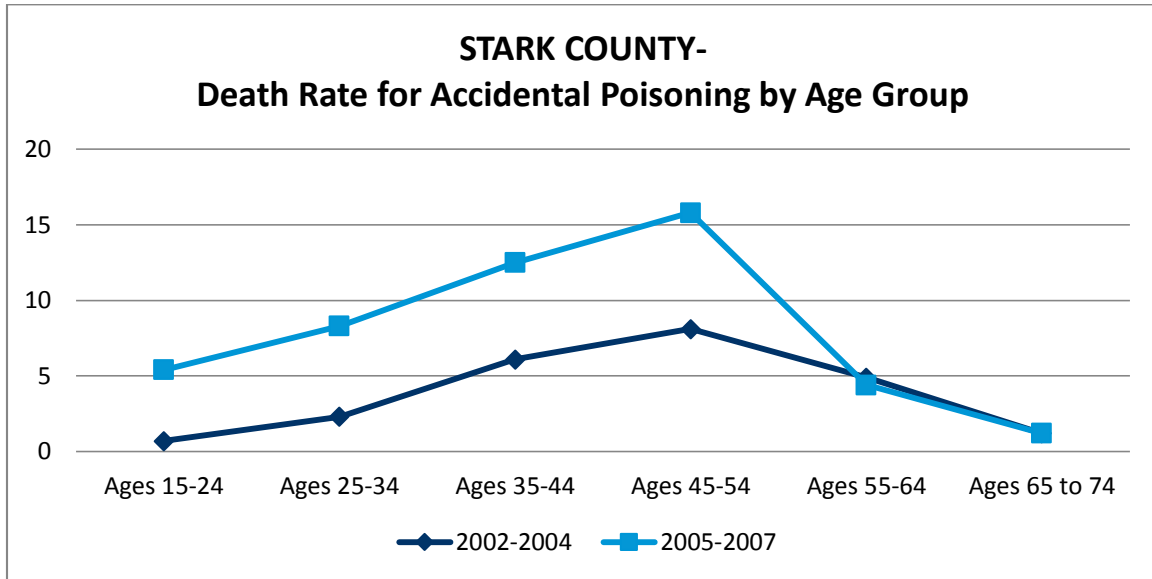
Death rate per 100,000	Ages 15-24	Ages 25-34	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65 to 74
2002-2004	0.7	2.3	6.1	8.1	4.9	1.2
2005-2007	5.4	8.3	12.5	15.8	4.4	1.2
% Change	671%	261%	105%	95%	-10%	0%

Note: Accidental poisoning includes unintended drug or medication poisoning as a result of an overdose.

Source: Ohio Department of Health

STARK COUNTY-
of Unintentional Drug/Medication Deaths- Stark County
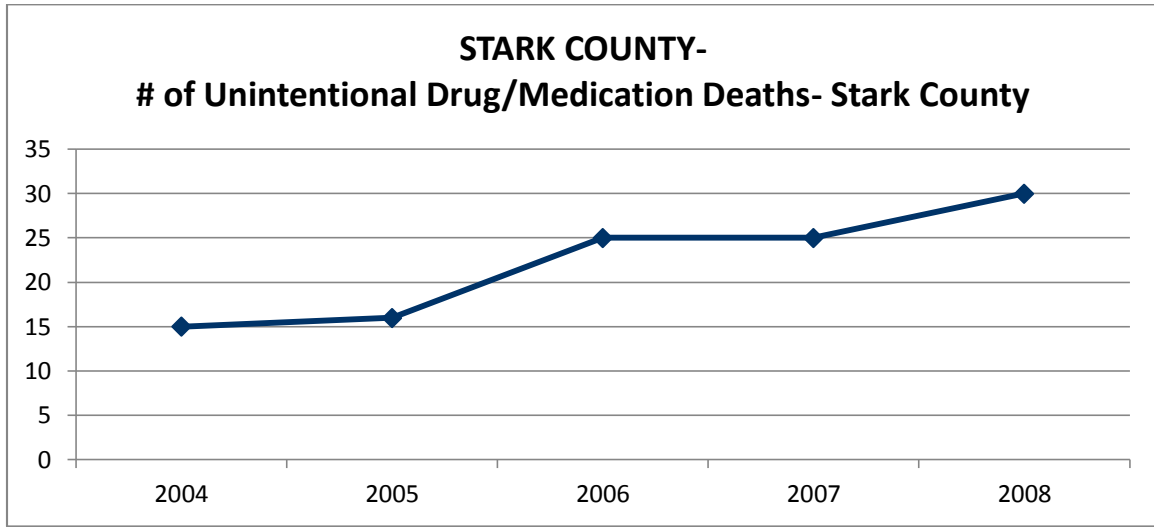
Number of Deaths	2004	2005	2006	2007	2008	Average Annual Death Rate 2004-2008
Stark County	15	16	25	25	30	5.9
Ohio	904	1,020	1,261	1,351	1,438	10.4

Proportion of 2003-2007 Hospital Discharges Poisoning Cases					
	# Drug/ Medication Poisonings	# Total Poisonings	2005 Population	Rate of Drug/ Medication Poisonings^	Rate of Total Poisonings^
Stark County	2,369	2,453	378,672	125.1	129.6
Carroll County	105	101	28,883	72.7	76.9
Tuscarawas	350	368	91,309	76.7	80.6
Ohio	51,793	54,145	11,450,954	90.5	94.6
^Average annual rate per 100,000 population Note: Stark County had the 6th highest rate of Drug/Medication Poisonings of all counties in Ohio (counties with higher rates were Guernsey, Montgomery, Jefferson, Ross, and Columbiana)					

Source: Ohio Department of Health- Violence and Injury Prevention Program

2013 Community Health Needs Assessment
Mercy Medical Center

Stark Top 10 Mental Health Diagnostic Groups- 2010

Legend: ■ Children ■ Adults
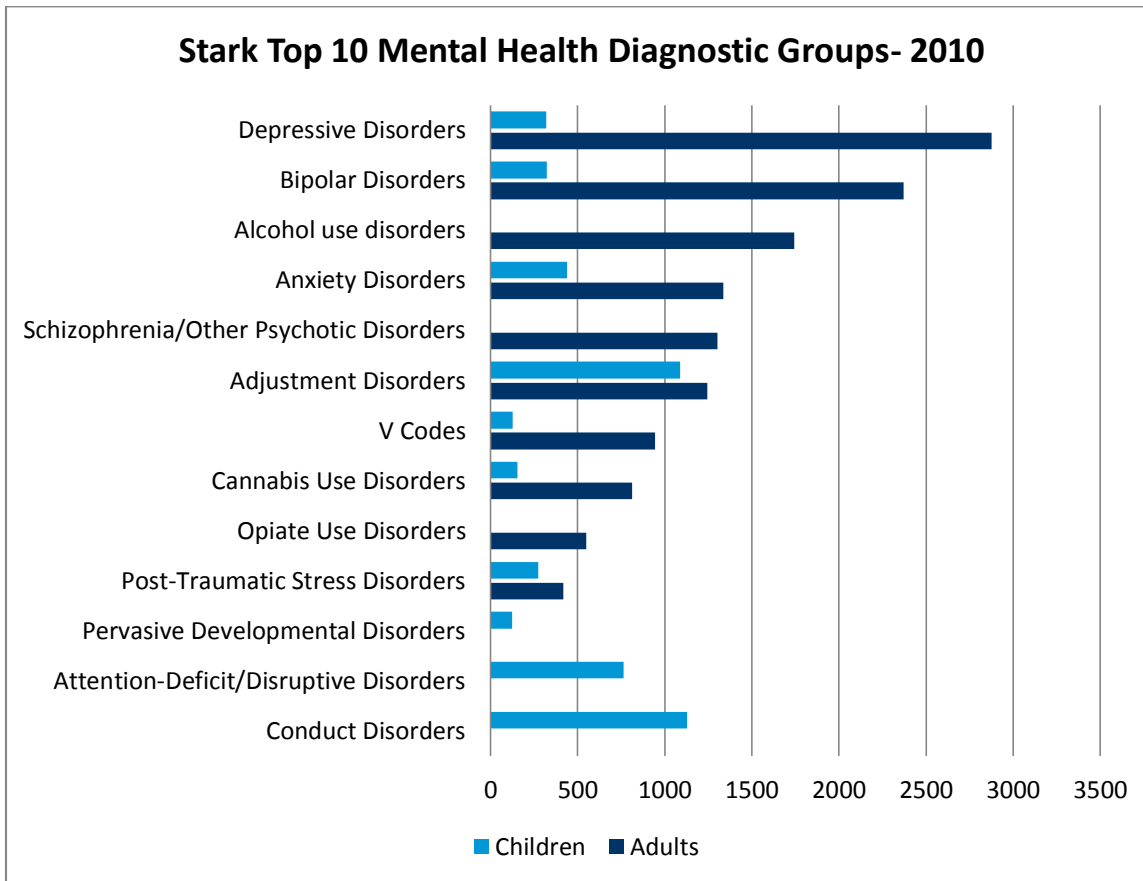
Number of Clients	Adults	Children
Depressive Disorders	2,877	320
Bipolar Disorders	2,372	322
Alcohol use disorders	1,745	*
Anxiety Disorders	1,337	438
Schizophrenia/Other Psychotic Disorders	1,302	*
Adjustment Disorders	1,243	1,089
V Codes	944	127
Cannabis Use Disorders	814	155
Opiate Use Disorders	548	*
Post-Traumatic Stress Disorders	418	275
Conduct Disorders	*	1,129
Attention-Deficit/Disruptive Disorders	*	763
Pervasive Developmental Disorders	*	125

Source: Mental Health and Recovery Board of Stark County

Stark County Mental Health Service Clients by Race, 2010

■ White ■ African-American
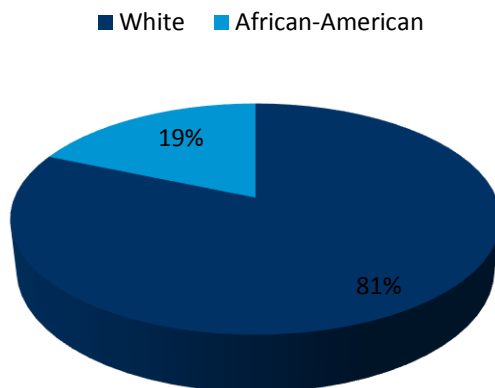
	% of Clients
White	73.6%
African-American	16.8%

Stark County Mental Health Service Clients by Age, 2010
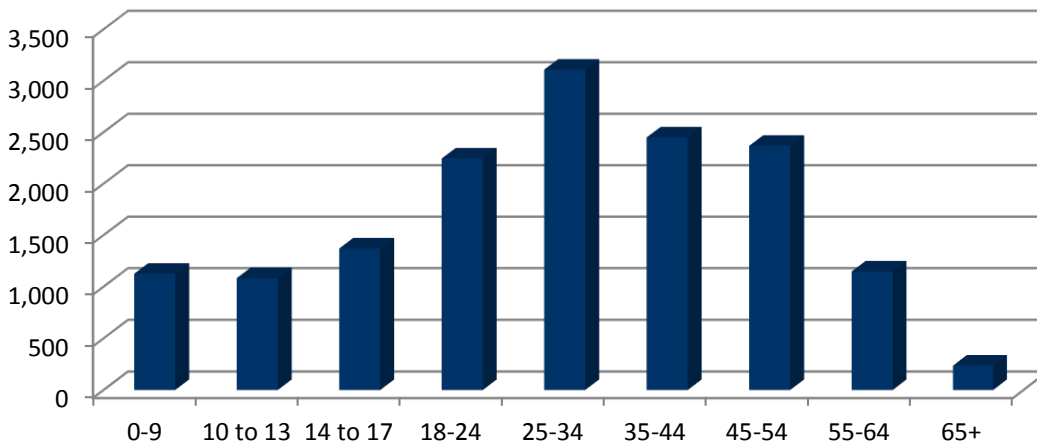
	0-9	10-13	14-17	18-24	25-34	35-44	45-54	55-64	65+
# of Clients	1,125	1,083	1,371	2,245	3,108	2,450	2,368	1,147	236

Social and Economic Factors Ranking
Part of the Health Factor Ranking

Social and economic factors include (1) community safety (violent crime rate), (2) education (high school graduation and some college), (3) employment (unemployment), (4) family and social support (inadequate social support and children in single family households), and (5) income (children in poverty)

County	Rank	County	Rank	County	Rank
Adams	83	Jefferson	70	Van Wert	21
Allen	78	Knox	38	Vinton	86
Ashland	24	Lake	10	Warren	2
Ashtabula	73	Lawrence	61	Washington	28
Athens	42	Licking	26	Wayne	29
Auglaize	8	Logan	34	Williams	32
Belmont	40	Lorain	46	Wood	9
Brown	54	Lucas	87	Wyandot	17
Butler	33	Madison	18		
Carroll	**53**	Mahoning	75		
Champaign	49	Marion	80		
Clark	64	Medina	3		
Clermont	20	Meigs	85		
Clinton	68	Mercer	4		
Columbiana	57	Miami	22		
Coshocton	59	Monroe	65		
Crawford	67	Montgomery	66		
Cuyahoga	76	Morgan	81		
Darke	25	Morrow	41		
Defiance	23	Muskingum	71		
Delaware	1	Noble	74		
Erie	44	Ottawa	30		
Fairfield	11	Paulding	27		
Fayette	51	Perry	56		
Franklin	52	Pickaway	45		
Fulton	16	Pike	88		
Gallia	77	Portage	15		
Geauga	5	Preble	35		
Greene	14	Putnam	7		
Guernsey	79	Richland	63		
Hamilton	69	Ross	72		
Hancock	12	Sandusky	37		
Hardin	48	Scioto	84		
Harrison	58	Seneca	39		
Henry	13	Shelby	31		
Highland	82	**Stark**	**50**		
Hocking	43	Summit	47		
Holmes	19	Trumbull	62		
Huron	55	**Tuscarawas**	**36**	*SOURCE: County Health Ranking.*	
Jackson	60	Union	6		

Education: High School Graduate and Some College
Part of the Social and Economic Factors Rating
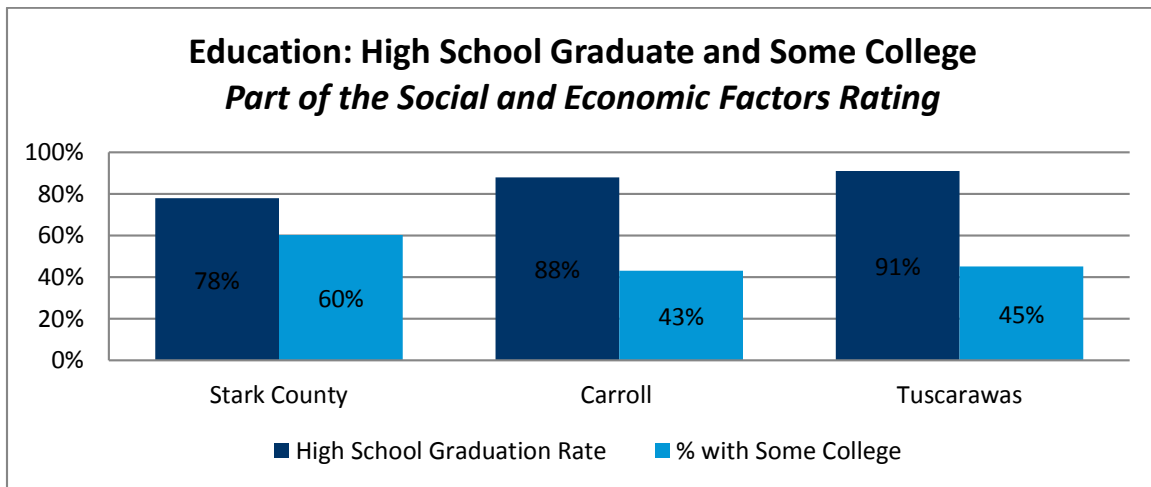
	High School Graduation Rate	% with Some College
Stark	78%	60.1%
Carroll	88%	42.9%
Tuscarawas	91%	45%
Ohio	88%	61.2%

DESCRIPTION: High school graduation is reported as the percent of a county's ninth-grade cohort in public schools that graduates from high school in four years. Some college represents the percent of the population ages 25-44 with some post-secondary education, such as enrollment at vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree.

HIGH SCHOOL SOURCE: County Health Ranking. Original Source: Ohio Department of Education
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/21/map
SOME COLLEGE SOURCE: County Health Ranking. Original Source: American Community Survey
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/69/map

Education Information

County Education Information	Stark	Carroll	Tusc
Public school buildings	116	8	41
# public students	60,224	3,074	15,552
# public teachers	3,617.8	177	926.0
Expenditures per student	$9,634	$8,929	$8,509
# non-public schools	22	0	5
# non-public students	4,148	0	515
# 4-yr public universities	0	0	0
# 4-year branches	1	0	1
# 2-year public colleges	1	0	0
# Private colleges and univ.	3	0	0
Public libraries (Main/Branches)	7/13	1/1	5/5

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles

Employment - Unemployment Rate
Part of the Social and Economic Factors Rating
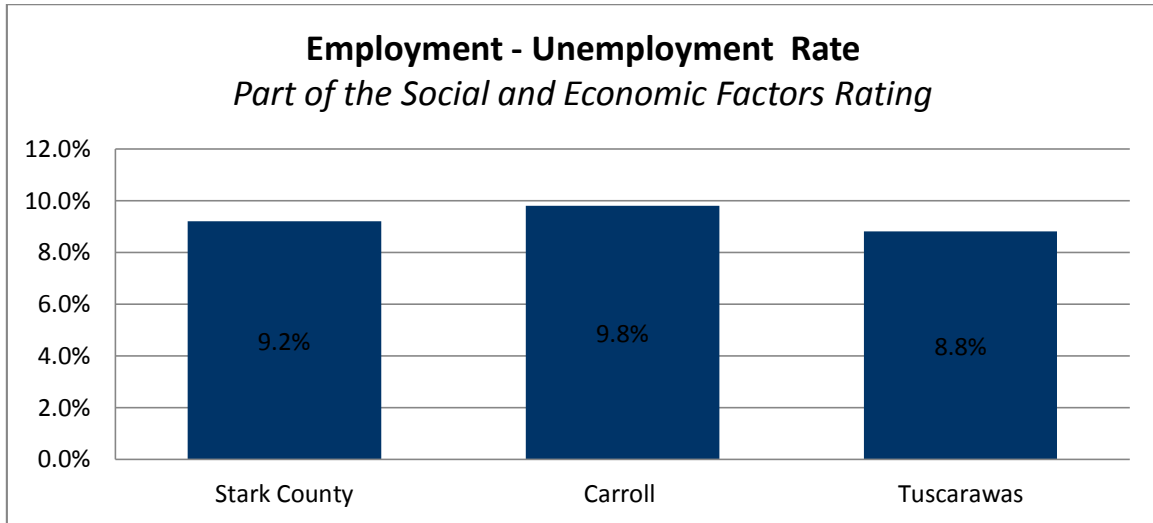
	# Unemployed	% Unemployed
Stark County	17,136	9.2%
Carroll	1,357	9.8%
Tuscarawas	4,067	8.8%
Ohio	501,119	8.6%

DESCRIPTION: Unemployment is measured as the percent of the civilian labor force, age 16 and older, that is unemployed but seeking work.

SOURCE: County Health Ranking. Original Source: Bureau of Labor Statistics
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/23/map

Major Employers

Stark County	
Alliance Community Hospital	Nickels Bakery
Aultman Hospital	Republic Engineered Products
Canton City Schools	Stark County Government
Fresh Mark	Stark State College
GE Capital	Timken Co
Mercy Medical Center	Wal-Mart Stores
Carroll County	
Atwood Lake Resort	Colfor Manufacturing
Carroll County Government	GBS Corporation
Carroll Health Care Center	St. John's Villa
Carrollton Exempted Village Schools	
Tuscarawas County	
Alamo Group/Gradall Industries	RockTenn CP LLC
Allied Machine and Engineering	Union Hospital
Dover City Schools	Wal-Mart Stores Inc.
New Philadelphia City Schools	Zimmer Orthopedic

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles

Unemployment Rates
2006-2012
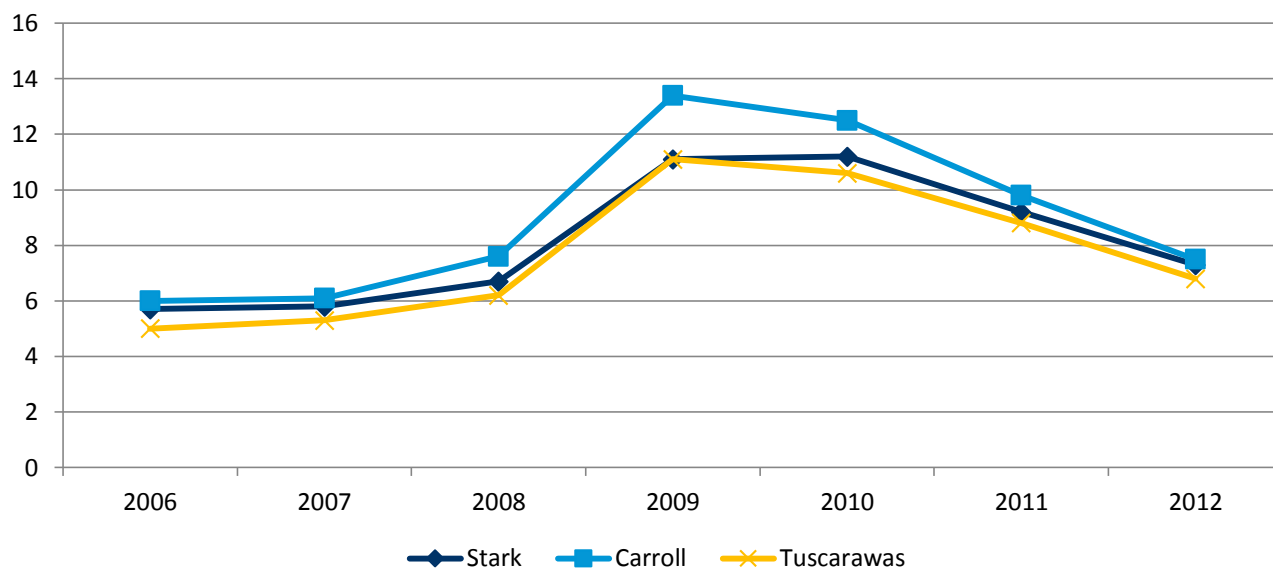
	2006	2007	2008	2009	2010	2011	2012
Stark County	5.7	5.8	6.7	11.1	11.2	9.2	7.3
Carroll	6.0	6.1	7.6	13.4	12.5	9.8	7.5
Tuscarawas	5.0	5.3	6.2	11.1	10.6	8.8	6.8
Ohio	5.4	5.6	6.5	10.1	10.0	8.6	7.2

Source: Ohio Department of Job and Family Services, Bureau of Labor Market Information,
http://lmi.state.oh.us/. http://development.ohio.gov/reports/reports_countytrends_map.htm

Business Numbers

	2007	2008	2009	2010	2011
STARK COUNTY					
Business starts	713	705	625	577	572
Active businesses	7,554	7,389	7,180	7,039	6,997
CARROLL COUNTY					
Business Starts	32	39	40	22	28
Active businesses	400	406	391	392	385
TUSC COUNTY					
Business starts	167	180	156	119	125
Active businesses	2,192	2,175	2,126	2,074	2,030

Source: Ohio Office of Policy, Research, and Strategic Planning, Ohio County Profiles

Income - % of Children in Poverty
Part of the Social and Economic Factors Rating
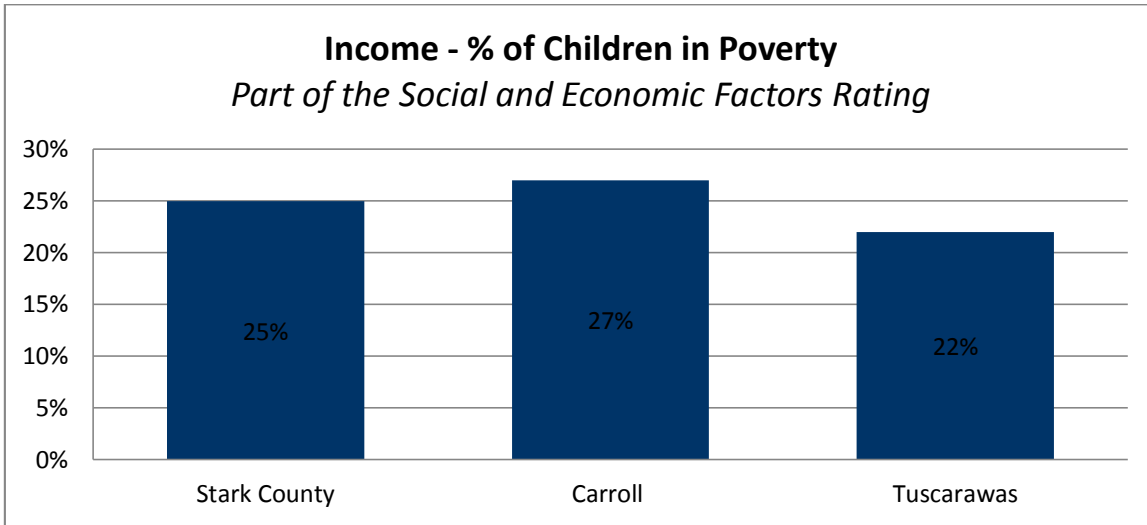
	# Children in Poverty	% Children in Poverty
Stark County	20,546	25%
Carroll	1,703	27%
Tuscarawas	4,692	22%
Ohio	634,234	24%

DESCRIPTION: Children in poverty is the percent of children under age 18 living below the Federal Poverty Line (FPL).

SOURCE: County Health Ranking. Original Source: Small Area Income and Poverty Estimates
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/24/map

Per Capita Personal Income trend 1970-2010

Stark ◆ — Carroll ■ — Tuscarawas △
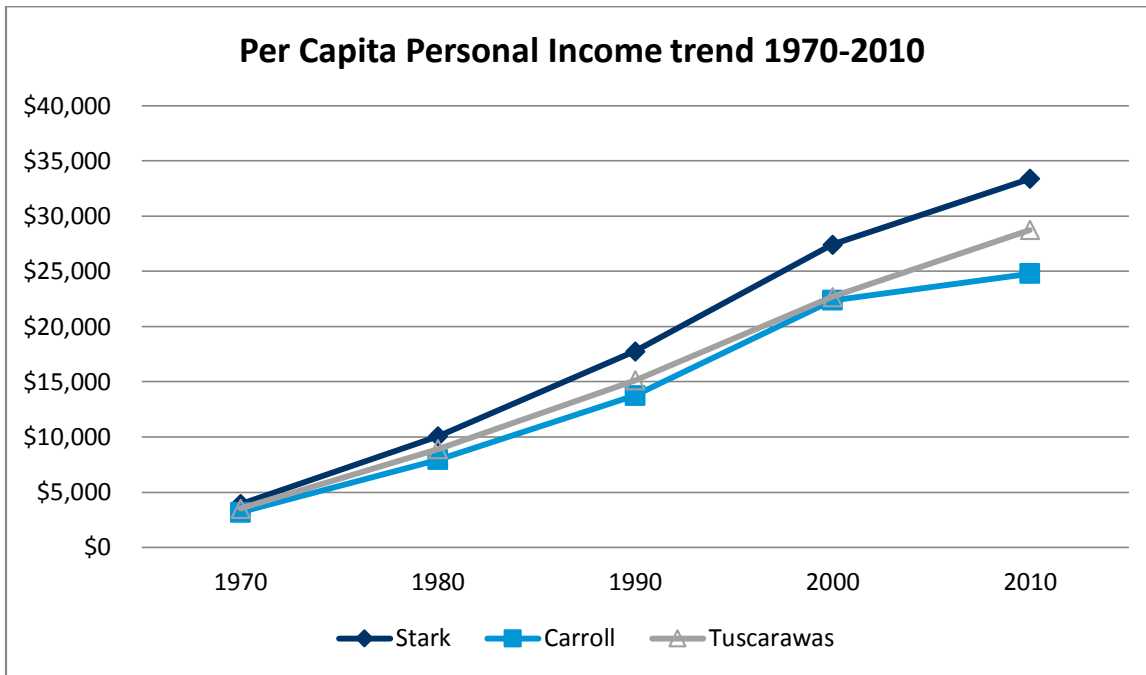
	Income, 1970	Income, 1980	Income, 1990	Income, 2000	Income, 2010	% change 1970-2010
Stark	$3,917	$10,070	$17,757	$27,415	$33,383	+752.3%
Carroll	$3,185	$7,927	$13,743	$22,367	$24,800	+678.7%
Tuscarawas	$3,514	$8,903	$15,138	$22,700	$28,757	+718.4%
Ohio	$4,088	$10,022	$18,638	$28,695	$36,162	+784.6%

Source: Ohio Department of Development. Original Source: US Bureau of Economic Analysis.
http://development.ohio.gov/files/research/E1002.pdf

Median Household Income by County, 2011

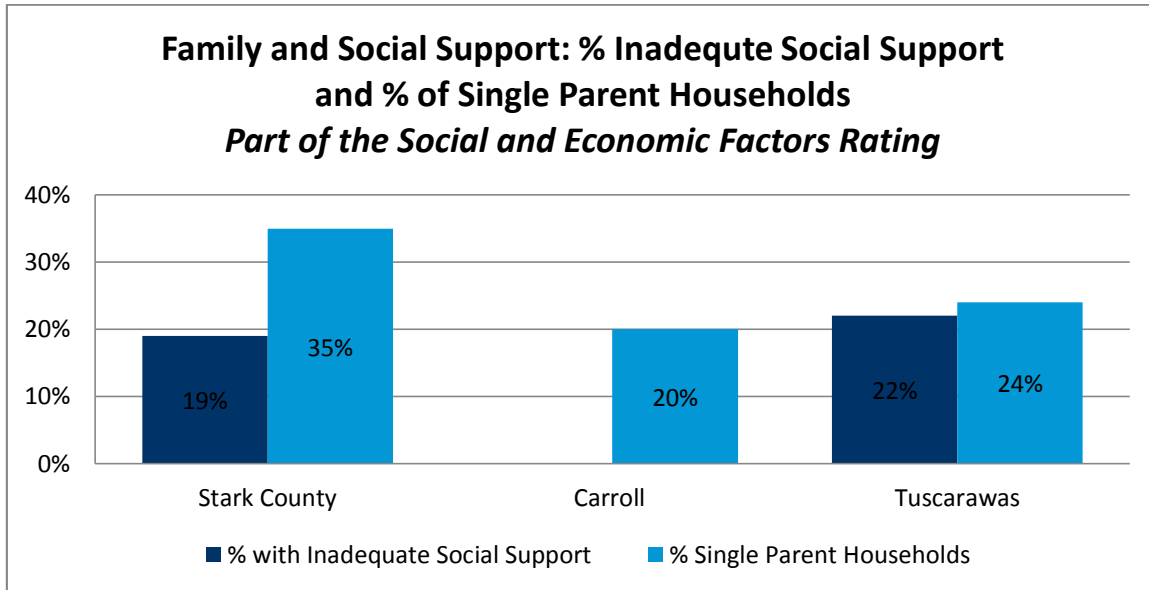| Area	Total Households	Median HH Income	Rank	Area	Total Households	Median HH Income	Rank
Ohio	4,554,007	$48,071		Licking County	63,314	$54,699	12
Adams County	10,905	$34,232	85	Logan County	18,095	$47,378	37
Allen County	40,703	$43,323	53	Lorain County	115,534	$52,194	17
Ashland County	20,125	$45,641	42	Lucas County	178,777	$41,949	61
Ashtabula	38,771	$41,501	63	Madison County	14,791	$54,366	13
Athens County	22,496	$33,546	88	Mahoning County	98,749	$40,570	69
Auglaize County	18,297	$52,838	16	Marion County	24,851	$41,337	64
Belmont County	28,747	$39,712	73	Medina County	64,813	$65,578	5
Brown County	16,112	$46,046	41	Meigs County	9,644	$33,708	86
Butler County	135,104	$55,497	11	Mercer County	15,689	$51,236	22
Carroll County	**11,485**	**$43,323**	54	Miami County	41,364	$51,438	20
Champaign	15,278	$48,335	34	Monroe County	6,167	$38,811	77
Clark County	54,771	$44,037	51	Montgomery	223,546	$44,585	48
Clermont	73,333	$60,219	6	Morgan County	6,252	$35,855	83
Clinton County	16,190	$47,264	39	Morrow County	13,084	$50,252	24
Columbiana	42,235	$41,003	66	Muskingum	34,262	$40,590	68
Coshocton	14,375	$40,727	67	Noble County	4,771	$40,239	71
Crawford County	17,905	$41,336	65	Ottawa County	18,009	$53,614	14
Cuyahoga	537,203	$44,088	50	Paulding County	7,571	$43,683	52
Darke County	20,700	$45,055	45	Perry County	13,762	$42,860	57
Defiance County	15,183	$46,864	40	Pickaway County	19,284	$51,418	21
Delaware	62,618	$90,022	1	Pike County	10,816	$39,669	74
Erie County	31,642	$47,466	36	Portage County	61,746	$51,441	19
Fairfield County	54,388	$58,249	8	Preble County	16,321	$48,874	30
Fayette County	11,543	$39,263	76	Putnam County	12,936	$59,378	7
Franklin County	460,497	$50,045	25	Richland County	48,593	$43,098	56
Fulton County	16,332	$51,851	18	Ross County	28,158	$44,577	49
Gallia County	12,009	$36,918	82	Sandusky County	24,031	$47,277	38
Geauga County	34,447	$66,229	4	Scioto County	29,788	$33,596	87
Greene County	62,558	$57,553	9	Seneca County	22,026	$41,761	62
Guernsey	15,913	$38,179	79	Shelby County	18,507	$50,527	23
Hamilton County	325,766	$49,218	28	**Stark County**	**150,072**	**$45,347**	43
Hancock County	30,425	$49,888	26	Summit County	221,498	$48,790	31
Hardin County	11,692	$39,945	72	Trumbull County	86,746	$42,441	59
Harrison County	6,298	$36,920	81	**Tuscarawas**	**36,262**	**$42,846**	58
Henry County	11,110	$48,932	29	Union County	17,795	$68,279	3
Highland County	16,841	$40,423	70	Van Wert County	11,381	$45,111	44
Hocking County	11,491	$42,227	60	Vinton County	5,305	$34,399	84
Holmes County	12,261	$44,746	46	Warren County	75,283	$71,961	2
Huron County	22,684	$48,358	33	Washington	25,184	$43,185	55
Jackson County	13,252	$37,243	80	Wayne County	42,485	$49,261	27
Jefferson County	28,741	$39,453	75	Williams County	15,139	$44,604	47
Knox County	22,495	$48,734	32	Wood County	48,680	$53,610	15
Lake County	94,347	$55,968	10	Wyandot County	9,179	$47,958	35
Lawrence	24,479	$38,639	78	*Source: 2011 American Community Survey 5-year estimate*			

Median Family Income by County, 2011

Area	Total Households	Median Family Income	Rank		Area	Total Households	Median Family Income	Rank
Ohio	4,554,007	$48,071			Licking County	44,819	$66,413	14
Adams County	7,788	$41,809	86		Logan County	12,510	$53,821	54
Allen County	27,782	$55,259	44		Lorain County	80,715	$62,524	20
Ashland County	14,392	$54,605	48		Lucas County	110,536	$54,504	49
Ashtabula	26,096	$50,580	65		Madison County	10,486	$67,439	12
Athens County	12,430	$49,993	68		Mahoning County	62,832	$53,290	55
Auglaize County	13,118	$61,113	24		Marion County	17,039	$51,752	60
Belmont County	19,212	$49,571	70		Medina County	48,171	$76,956	5
Brown County	11,844	$54,802	46		Meigs County	6,343	$41,928	85
Butler County	94,396	$69,327	10		Mercer County	11,457	$61,735	22
Carroll County	**7,991**	**$51,597**	**62**		Miami County	28,646	$61,058	25
Champaign	11,073	$57,005	39		Monroe County	4,096	$45,099	82
Clark County	36,046	$54,077	52		Montgomery	137,690	$57,435	36
Clermont	53,113	$70,927	7		Morgan County	4,493	$41,322	87
Clinton County	11,598	$57,379	37		Morrow County	9,661	$57,607	34
Columbiana	29,301	$50,534	66		Muskingum	22,981	$50,362	67
Coshocton	9,993	$47,896	75		Noble County	3,480	$43,791	84
Crawford County	12,435	$49,174	72		Ottawa County	12,439	$66,188	16
Cuyahoga	316,333	$59,213	32		Paulding County	5,389	$56,278	41
Darke County	14,476	$54,363	50		Perry County	9,758	$51,064	64
Defiance County	10,889	$55,861	42		Pickaway County	14,268	$61,442	23
Delaware	48,660	$103,730	1		Pike County	7,686	$46,141	78
Erie County	21,192	$61,013	27		Portage County	40,974	$66,255	15
Fairfield County	39,977	$67,417	13		Preble County	11,732	$57,474	35
Fayette County	7,744	$46,712	77		Putnam County	9,688	$69,957	8
Franklin County	270,205	$63,722	18		Richland County	32,597	$54,815	45
Fulton County	12,342	$60,993	28		Ross County	19,338	$52,406	59
Gallia County	8,295	$45,978	79		Sandusky County	16,778	$57,113	38
Geauga County	25,717	$79,706	3		Scioto County	19,679	$45,908	80
Greene County	42,676	$71,265	6		Seneca County	15,018	$51,509	63
Guernsey	10,556	$48,994	73		Shelby County	13,396	$62,117	21
Hamilton County	194,818	$65,831	17		**Stark County**	**99,732**	**$56,670**	**40**
Hancock County	20,404	$61,027	26		Summit County	141,044	$63,206	19
Hardin County	7,604	$52,831	56		Trumbull County	56,042	$53,905	53
Harrison County	4,164	$44,853	83		**Tuscarawas**	**24,944**	**$52,633**	**58**
Henry County	7,786	$60,825	29		Union County	13,414	$79,514	4
Highland County	11,995	$48,094	74		Van Wert County	7,936	$52,696	57
Hocking County	8,175	$51,733	61		Vinton County	3,811	$37,250	88
Holmes County	9,708	$49,559	71		Warren County	57,728	$82,568	2
Huron County	16,212	$55,391	43		Washington	16,856	$54,741	47
Jackson County	9,136	$45,456	81		Wayne County	30,380	$59,537	30
Jefferson County	18,825	$49,988	69		Williams County	10,590	$54,169	51
Knox County	15,615	$58,034	33		Wood County	30,934	$69,717	9
Lake County	62,015	$69,128	11		Wyandot County	6,321	$59,242	31
Lawrence	17,157	$47,730	76		*Source: 2011 American Community Survey 5-year estimate*			

Family and Social Support: % Inadequte Social Support and % of Single Parent Households
Part of the Social and Economic Factors Rating

	% with Inadequate Social Support	# of single-parent households	% Single Parent Households
Stark	19%	29,999	35%
Carroll	NA	1,308	20%
Tuscarawas	22%	5,273	24%
Ohio	20%	918,605	34%

DESCRIPTION: The social and emotional support measure is based on responses to the question: "How often do you get the social and emotional support you need?" The *County Health Rankings* reports the percent of the adult population that responds that they "never," "rarely," or "sometimes" get the support they need.

Percentage of single parent households is the percent of all children in family households that live in a household headed by a single parent (male or female head of household with no spouse present).

SOCIAL SUPPORT SOURCE: County Health Ranking. Original Source: Behavioral Risk Factor Surveillance System (BRFSS)
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/40/map
SINGLE PARENT SOURCE: County Health Ranking. Original Source: American Community Survey
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/82/map

Community Safety- Violent Crime Rate
Part of the Social and Economic Factors Rating
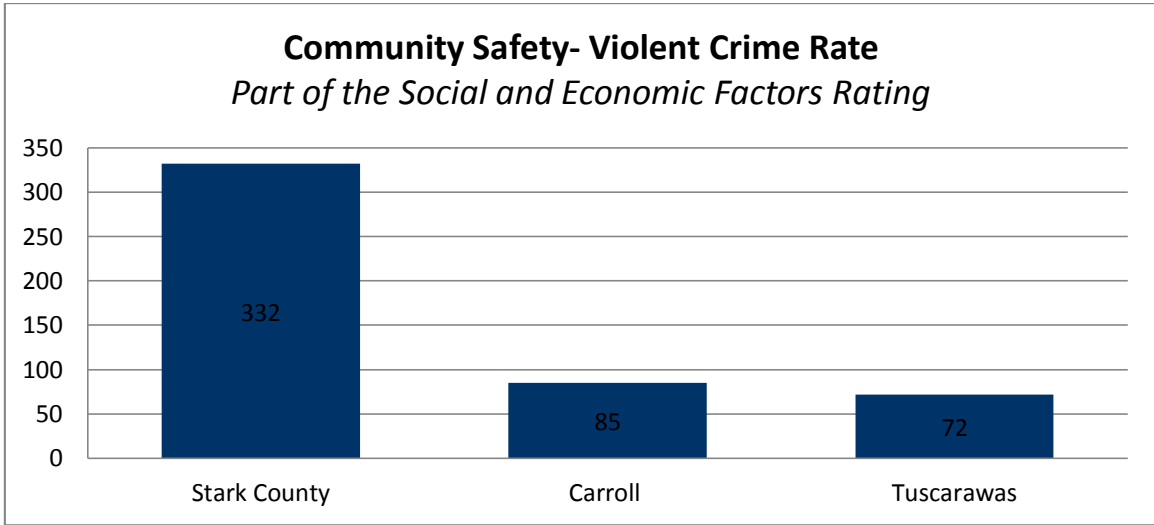
	Annual Violent Crimes	Violent Crime Rate
Stark County	38,222	332
Carroll	24	85
Tuscarawas	63	72
Ohio	1,070	297

DESCRIPTION: Violent crime is represented as an annual rate per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault.

SOURCE: County Health Ranking. Original Source: Uniform Crime Reporting - FBI
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/43/map

High Housing Costs

% of households with housing costs >= 30% of household income
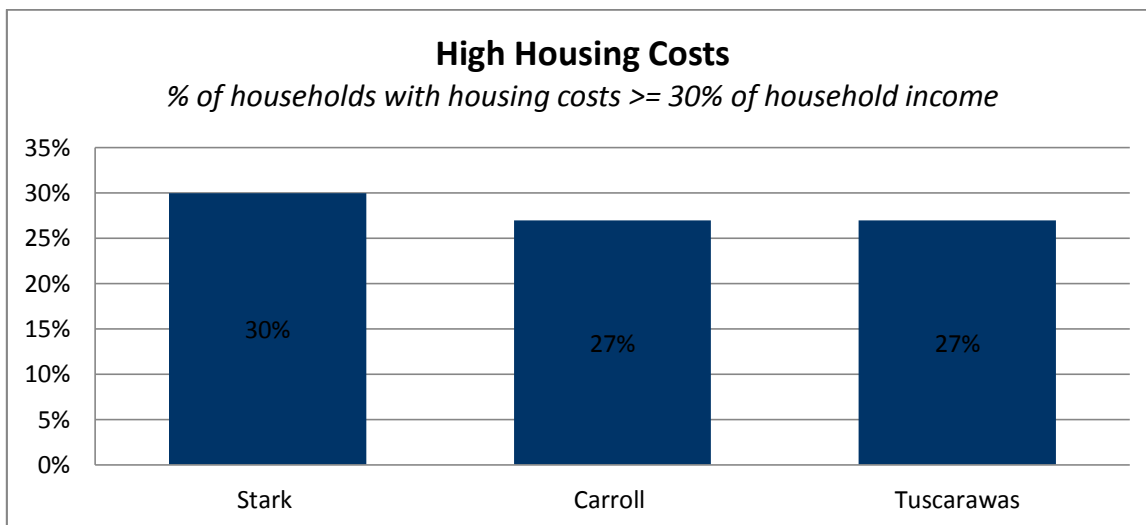
	# of high housing costs	# of households	% high housing costs
Stark	44,968	150,072	30%
Carroll	3,059	11,485	27%
Tuscarawas	9,808	36,262	27%
Ohio	1,463,278	4,554,007	32%

DESCRIPTION: This measure represents the percent of people that live in renter-occupied housing units or owner-occupied housing units with a mortgage and pay 30 percent or more of their household income on housing costs.

SOURCE: County Health Ranking. Original Source: American Community Survey, 5-year estimates.
http://www.countyhealthrankings.org/app/ohio/2013/measure/additional/64/data/sort-0

% Children Eligible for Free Lunch

	Stark	Carroll	Tuscarawas
	39%	42%	35%
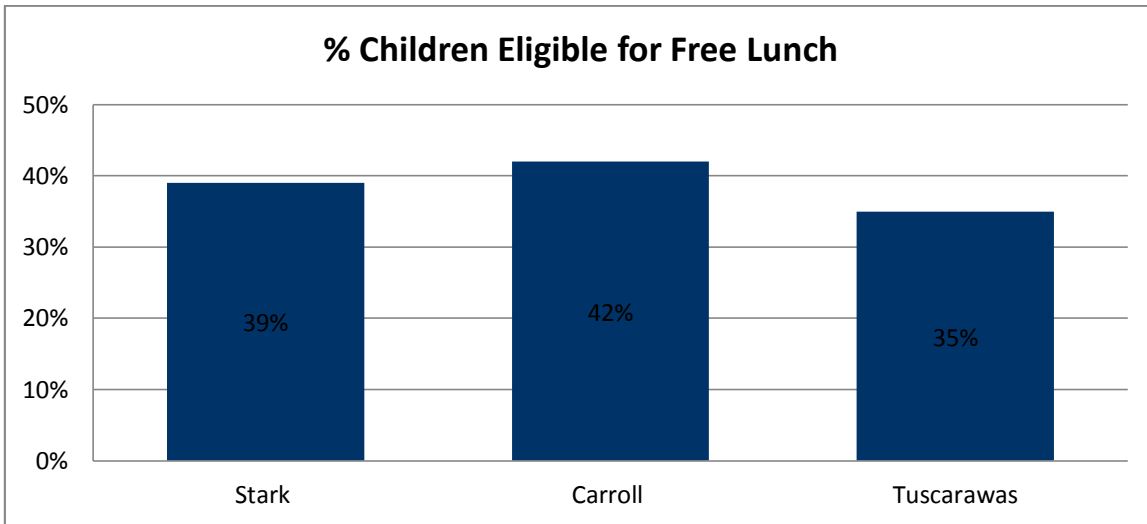
	% children eligible
Stark County	39%
Carroll	42%
Tuscarawas	35%
Ohio	37%

DESCRIPTION: This measure represents the percentage of children enrolled in public schools eligible for free lunch in a given county.

SOURCE: County Health Ranking. Original Source: The National Center for Education Statistics (NCES). NCES fulfills a Congressional mandate to collect, collate, analyze, and report complete statistics on the condition of American education; conduct and publish reports; and review and report on education activities internationally.

Medicare Spending Per Enrollee
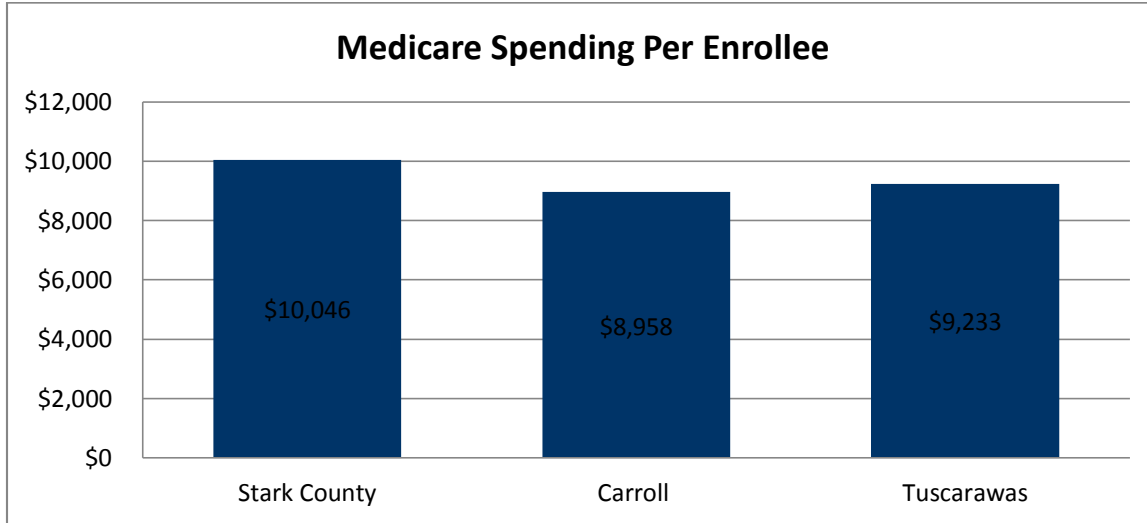
	Costs
Stark County	$10,046
Carroll	$8,958
Tuscarawas	$9,233
Ohio	$10,194

DESCRIPTION: Health care costs represents the price-adjusted Medicare spending (Parts A and B) per enrollee in a given county

SOURCE: County Health Ranking. Original Source: Dartmouth Atlas of Health Care, 2009
http://www.countyhealthrankings.org/app/ohio/2013/measure/additional/86/data/sort-0
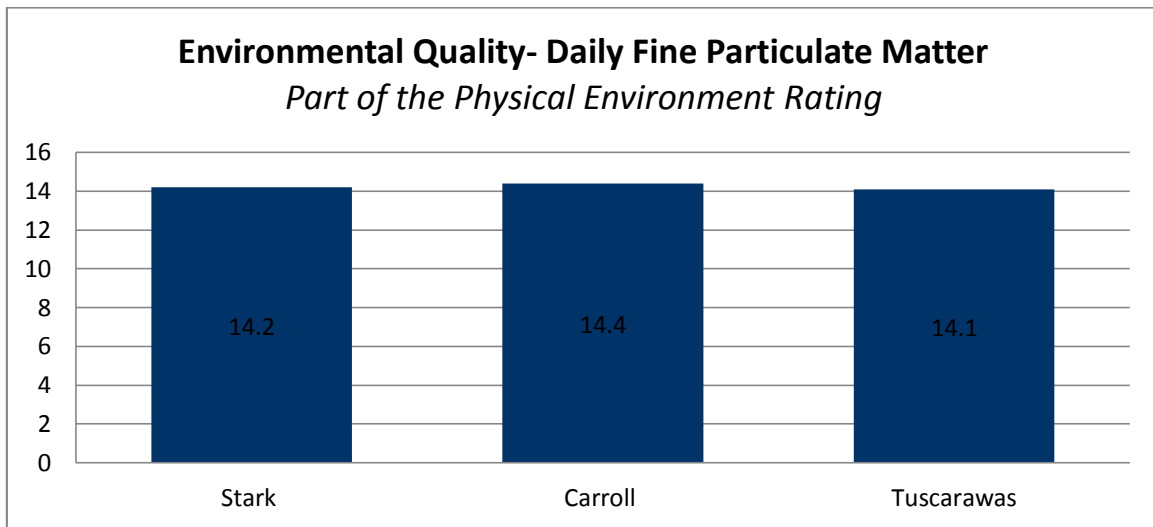
Physicical Environment Ranking
Part of the Health Factor Ranking

Physical environment includes (1) environmental quality (daily fine particulate matter and drinking water safety) and (2) built environment (limited access to healthy food, access to recreational facilities, and fast food restaurants).

County	Rank	County	Rank	County	Rank
Adams	83	Huron	55	Summit	47
Allen	78	Jackson	60	Trumbull	62
Ashland	24	Jefferson	70	**Tuscarawas**	**36**
Ashtabula	73	Knox	38	Union	6
Athens	42	Lake	10	Van Wert	21
Auglaize	8	Lawrence	61	Vinton	86
Belmont	40	Licking	26	Warren	2
Brown	54	Logan	34	Washington	28
Butler	33	Lorain	46	Wayne	29
Carroll	**53**	Lucas	87	Williams	24
Champaign	49	Madison	18	Wood	18
Clark	64	Mahoning	75	Wyandot	13
Clermont	20	Marion	80		
Clinton	68	Medina	3		
Columbiana	57	Meigs	85		
Coshocton	59	Mercer	4		
Crawford	67	Miami	22		
Cuyahoga	76	Monroe	65		
Darke	25	Montgomery	66		
Defiance	23	Morgan	81		
Delaware	1	Morrow	41		
Erie	44	Muskingum	71		
Fairfield	11	Noble	74		
Fayette	51	Ottawa	30		
Franklin	52	Paulding	27		
Fulton	16	Perry	56		
Gallia	77	Pickaway	45		
Geauga	5	Pike	88		
Greene	14	Portage	15		
Guernsey	79	Preble	35		
Hamilton	69	Putnam	7		
Hancock	12	Richland	63		
Hardin	48	Ross	72		
Harrison	58	Sandusky	37		
Henry	13	Scioto	84		
Highland	82	Seneca	39		
Hocking	43	Shelby	31	*SOURCE: County Health Ranking*	
Holmes	19	**Stark**	**50**		

Environmental Quality- Daily Fine Particulate Matter
Part of the Physical Environment Rating

	Average Daily PM25
Stark County	14.2
Carroll	14.4
Tuscarawas	14.1
Ohio	13.4

DESCRIPTION: This measure represents the average daily amount of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.
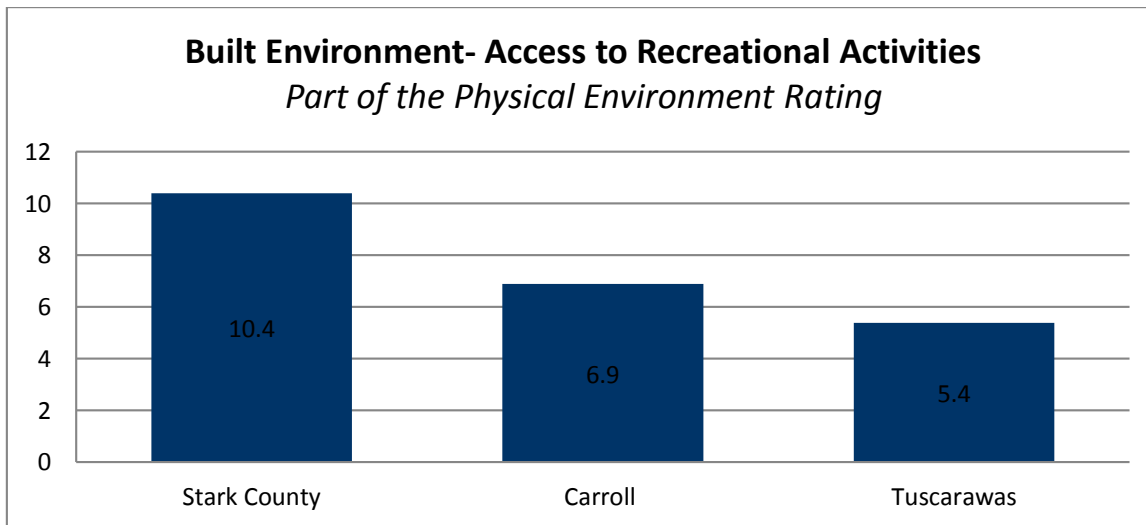
SOURCE: County Health Ranking. Original Source: CDC WONDER Environmental Data
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/125/map

Environmental Quality- Drinking Water Safety
Part of the Physical Environment Rating

	Stark County	Carroll	Tuscarawas
1%			
0%	0%	0%	0%
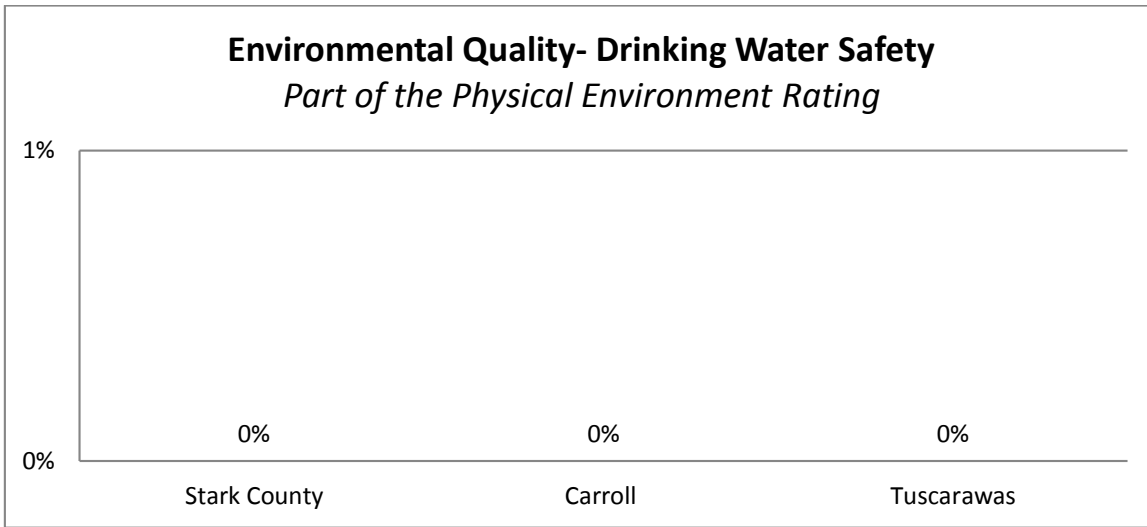
	% population in violation	# of population in violation
Stark County	0%	223
Carroll	0%	0
Tuscarawas	0%	0
Ohio	2%	222,016

DESCRIPTION: This measure represents the percentage of the population getting water from public water systems with at least one health-based violation during the reporting period. Health-based violations include Maximum Contaminant Level, Maximum Residual Disinfectant Level and Treatment Technique violations.

SOURCE: County Health Ranking. Original Source: Safe Drinking Water Information System
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/124/map

Built Environment- Access to Recreational Activities
Part of the Physical Environment Rating

(Bar chart)

- Stark County: 10.4
- Carroll: 6.9
- Tuscarawas: 5.4

	# Recreational Facilities	Recreational Facility Rate
Stark County	39	10.4
Carroll	2	6.9
Tuscarawas	5	5.4
Ohio	1,150	10.0

DESCRIPTION: This measure represents the number of recreational facilities per 100,000 population in a given county. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and other active physical fitness conditioning or recreational sports activities such as swimming, skating, or racquet sports.

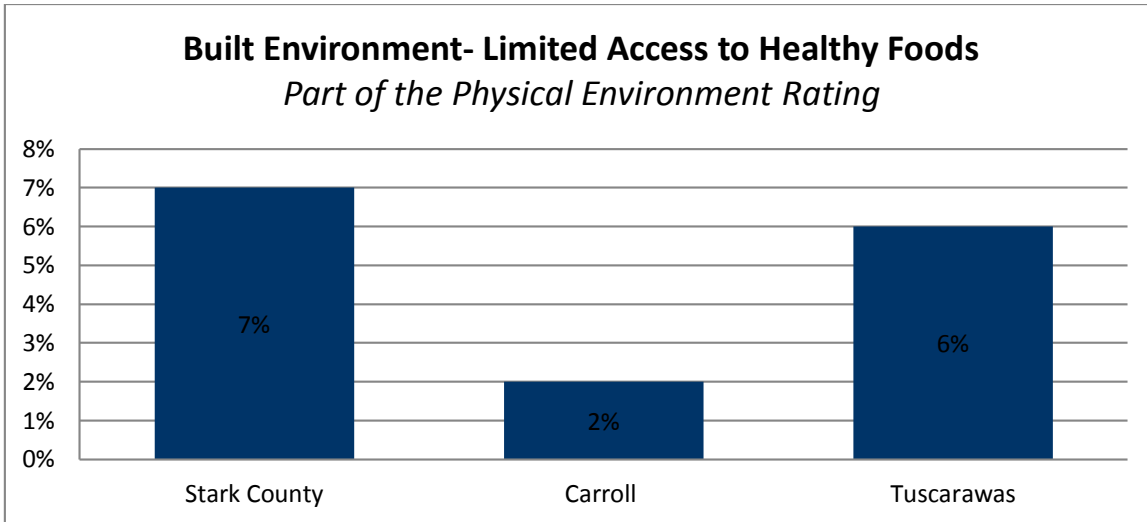*SOURCE: County Health Ranking. Original Source: County Business Partners*
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/68/map

% Access to Park
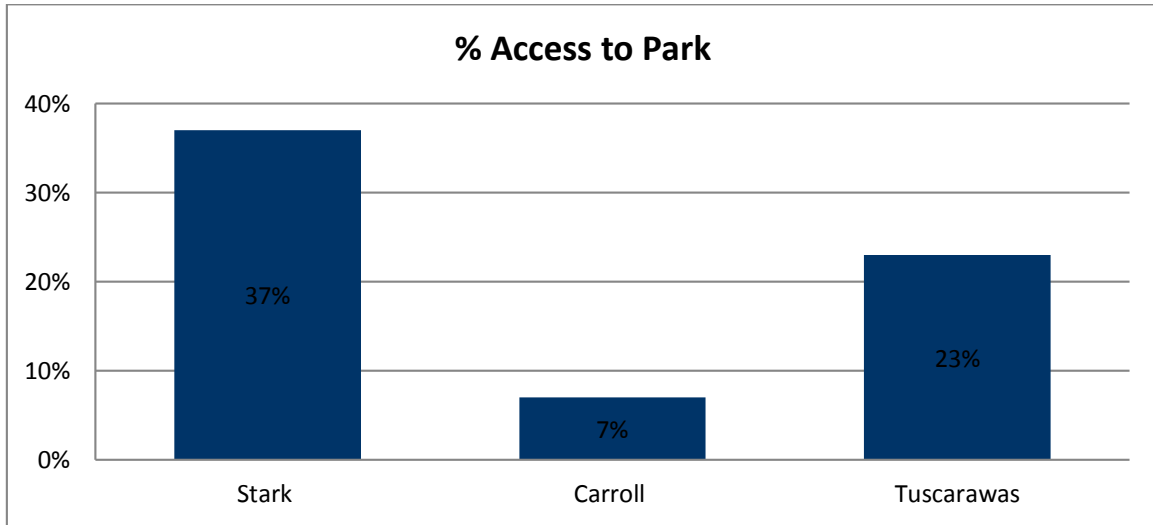
	% with access
Stark	37%
Carroll	7%
Tuscarawas	23%
Ohio	41%

DESCRIPTION: This measure represents the percentage of people living within ½ mile of the boundary of a park. The number of people within a buffer of ½ mile radius of a park was determined at the census block level, aggregated to county-level, then divided by the total number of people in that county.

SOURCE: County Health Ranking. Original Source: Centers for Disease Control and Prevention (CDC). CDC's National Environmental Public Health Tracking Network is a website that brings together data concerning some health and environmental problems. The goal of this network is to provide information to help improve where we live, work, and play.
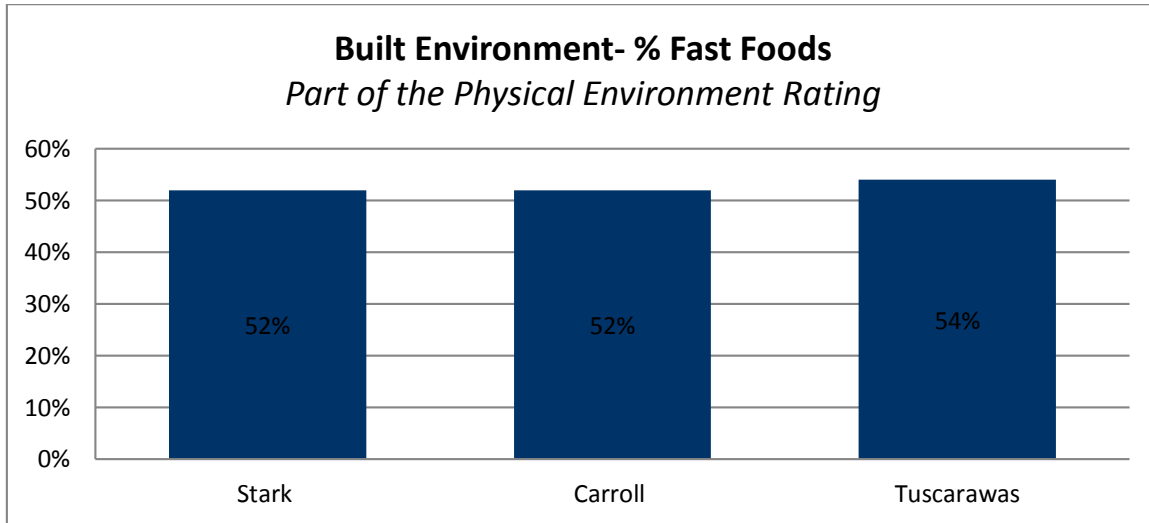*http://www.countyhealthrankings.org/app/ohio/2013/measure/additional/130/data/sort-0*

Built Environment- Limited Access to Healthy Foods
Part of the Physical Environment Rating

	# Limited Access	% Limited Access
Stark County	26,164	7%
Carroll	527	2%
Tuscarawas	5,654	6%
Ohio	681,167	6%

DESCRIPTION: Limited access to healthy foods captures the proportion of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

SOURCE: County Health Ranking. Original Source: USDA Food Environment Atlas
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/83/map

Built Environment- % Fast Foods
Part of the Physical Environment Rating

	# Fast Foods	% Fast Foods
Stark County	288	52%
Carroll	15	52%
Tuscarawas	77	54%
Ohio	8,729	55%

DESCRIPTION: Fast food restaurants examine the proportion of restaurants in a county that are fast food establishments.

SOURCE: County Health Ranking. Original Source: County Business Partners
http://www.countyhealthrankings.org/app/ohio/2013/measure/factors/84/map

STARK COUNTY- Oral Health Care Access 2008
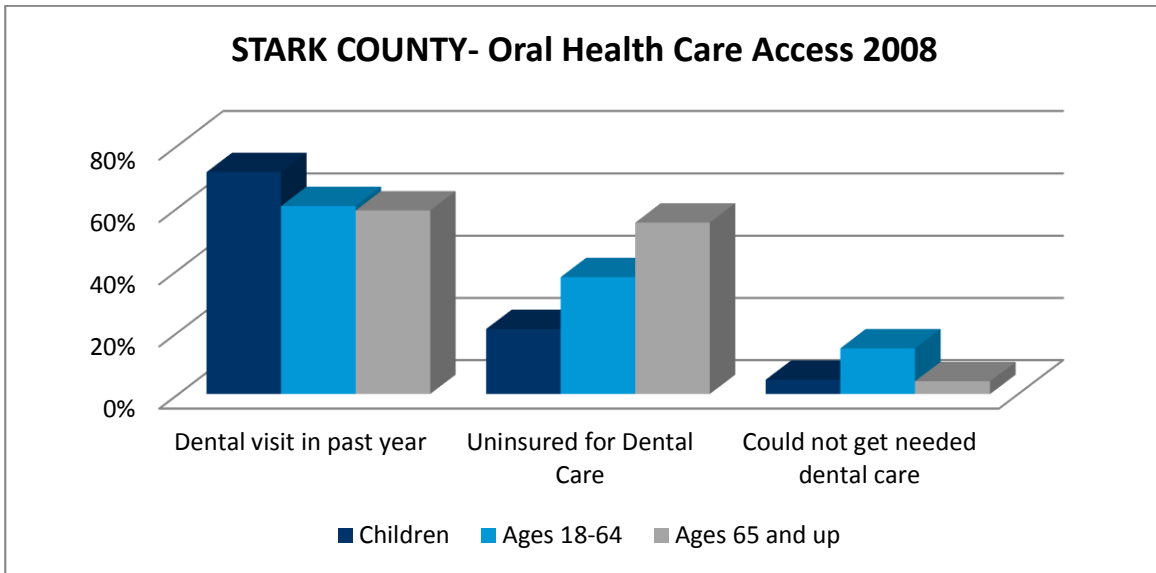
	Children	Ages 18-64	Ages 65 and up
Dental visit in past year	71.3%	60.4%	59.0%
Uninsured for Dental Care	20.9%	37.6%	55.1%
Could not get needed dental care	4.6%	14.7%	4.1%

STARK COUNTY- Prevalence of Various Oral Health Measures Among 3rd Grade Students, 2009-2010
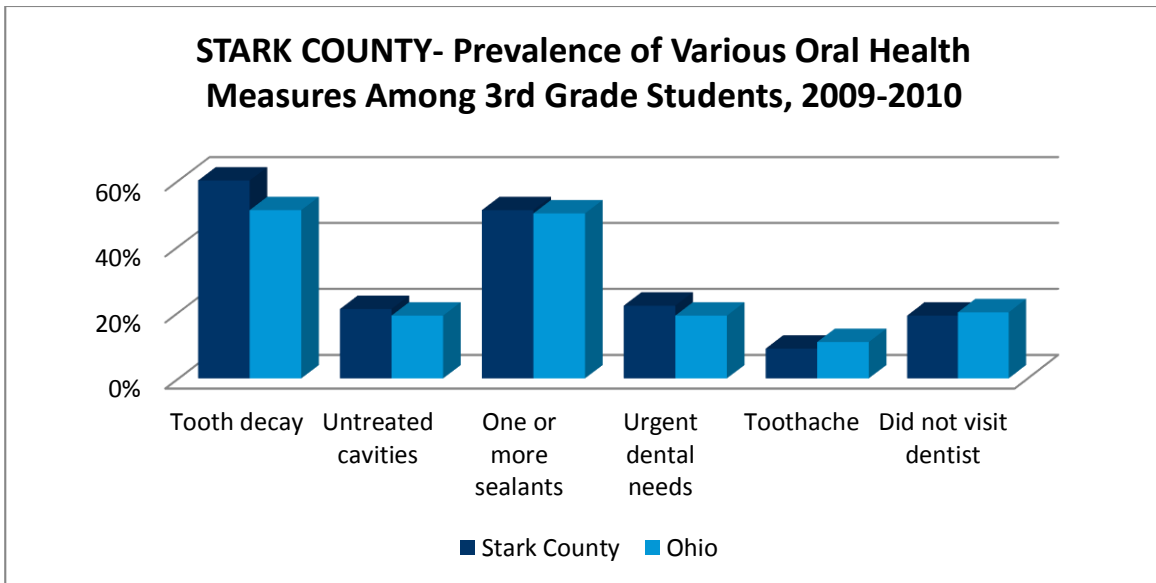
% of 3rd Grade Students: 2009-2010	History of tooth decay	Untreated cavities	One or more sealants	Urgent or early dental needs	Toothache in last 6 months	Did not visit dentist in past year
Stark County	59.9%	21.2%	50.9%	21.5%	8.5%	19.2%
Ohio	51.2%	18.7%	50.4%	18.8%	11.4%	19.9%
Source: 2009-2010 Oral Health Survey of Ohio Schoolchildren						

STARK POLL: 2013 QUALITY OF LIFE SERIES

The 2013 Stark County Collaborative Poll included a set of Quality of Life Questions that asked respondents to rate a series of quality of life indicators in Stark County. Respondents were also asked to indicate what they felt was the most important problem facing Stark County right now. Employment issues such high unemployment, job loss, and not enough jobs were cited most frequently with 37.9% of the respondents indicating this to be the case. Following employment issues, respondents mentioned crime and safety concerns, 19.8%, tax and money issues, 12.9%, government and political issues, 10.4%, education issues, 7.4%, and concerns about housing, 3.3%.

The majority of the survey respondents were satisfied with Stark County as a place to live, with 72.2% of respondents, rating Stark County as an excellent or good place to live, and only 6.9% rating Stark County as poor or very poor. The perception of the county as a place to live has remained relatively unchanged over the past seven years.

Stark County residents rated the quality of healthcare services available in the county higher than the rating given for the economy or the availability of job opportunities with 76.9% of respondents giving a rating of either excellent or good to the quality of healthcare.

Although only slightly more than a quarter of respondents, 25.4%, rated the local economy favorably and 31.4% rated the local economy negatively, positive ratings of the economy were higher in 2013 than the past six years. Similarly, only 16.2% rated the availability of job opportunities favorably. A significant portion of respondents, 42.8%, rated the availability of job opportunities in the county as either poor or very poor. Though positive ratings of job opportunities were low in 2013, they were higher than the past six years.

Respondents were asked if they were better or worse off financially than a few years ago. The largest portion, 37.6%, of respondents indicated that they were worse off financially, while 30.9% of respondents reported being better off and 31.5% reported being about the same.

Finally, respondents were asked if Stark County was headed in the right direction or was off on the wrong track. 58.7% of respondents indicated that they thought the county was headed in the right direction, an increase from 2012.

Most Important Problem in Stark County	Number of Responses	% Answering Respondents	% of All Respondents
Employment Issues	**252**	**37.9%**	**31.5%**
Not enough jobs	158	23.8%	19.8%
High unemployment/job loss/layoffs	52	7.8%	6.5%
Not enough high paying/good jobs	26	3.9%	3.3%
Jobs leaving area	5	0.8%	0.6%
OTHER EMPLOYMENT ISSUES	11	1.7%	1.4%
Crime and Safety Concerns	**132**	**19.8%**	**16.5%**
Crime	82	12.3%	10.3%
Drug/Alcohol issues	30	4.5%	3.8%
Poor/Ineffective Police	7	1.1%	0.9%
Not enough police/law enforcement	6	0.9%	0.8%
OTHER CRIME AND SAFETY CONCERNS	7	1.1%	0.9%
Tax/Money Issues	**86**	**12.9%**	**10.8%**
High taxes/too many taxes	28	4.2%	3.5%
Poor struggling economy	14	2.1%	1.8%
Lack of economic development	13	2.0%	1.6%
Poverty	13	2.0%	1.6%
Financial problems of the city/county	12	1.8%	1.5%
Gas prices	1	0.2%	0.1%
OTHER ECONOMIC ISSUES	5	0.8%	0.6%
Government/Political Issues	**69**	**10.4%**	**8.6%**
Road conditions	48	7.2%	6.0%
Poor/Ineffective government	6	0.9%	0.8%
Infrastructure/Water/Sewer/Recycle	5	0.8%	0.6%
OTHER GOVERNMENT/POLITICAL ISSUES	10	1.5%	1.3%
Education Issues	**49**	**7.4%**	**6.1%**
School funding	23	3.5%	2.9%
Poor condition of school facilities	4	0.6%	0.5%
Kids receiving poor education/Poor teachers	1	0.2%	0.1%
OTHER EDUCATION ISSUES	21	3.2%	2.6%
Housing	**22**	**3.3%**	**2.8%**
Foreclosures/Vacant Houses	11	1.7%	1.4%
Homelessness	4	0.6%	0.5%
Poor housing market	3	0.5%	0.4%
High cost of housing/rent	2	0.3%	0.3%
OTHER HOUSING ISSUES	2	0.3%	0.3%
Health Care Issues	**3**	**0.5%**	**0.4%**
High cost of healthcare	1	0.2%	0.1%
OTHER HEALTHCARE ISSUES	2	0.3%	0.3%
Miscellaneous	**52**	**7.8%**	**6.5%**
Unmotivated/Troubled Youth	6	0.9%	0.8%
Not enough services for seniors/youth/disabled	3	0.5%	0.4%
Traffic Issues	2	0.3%	0.3%
Environmental Issues	2	0.3%	0.3%
Lack of entertainment	2	0.3%	0.3%
MISCELLANEOUS	37	5.6%	4.6%
Total	665	(n=665)	(n=800)

Question: What would you say is the MOST important problem facing Stark County right now?

Most Important Problem by Year
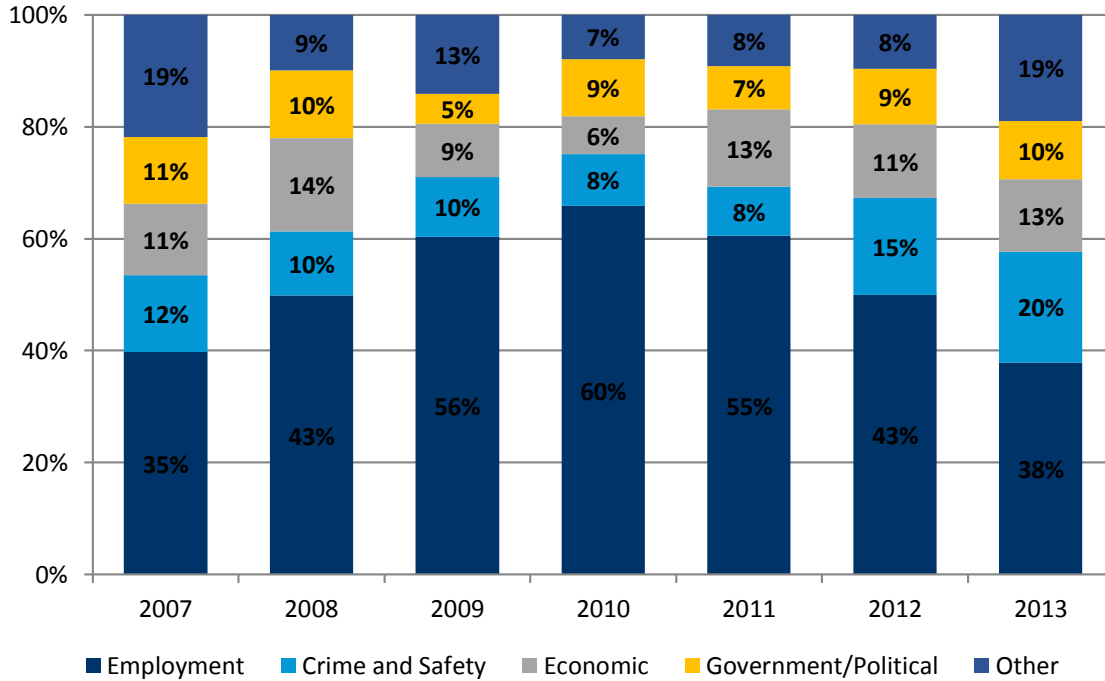
Most Important Problem Facing Stark County: 2007 to 2013 Comparison							
Issue	2007	2008	2009	2010	2011	2012	2013
Employment	35.4%	42.6%	56.4%	59.6%	55.1%	42.9%	37.9%
Crime and Safety	12.2%	9.8%	9.9%	8.4%	8.0%	14.9%	19.8%
Economic	11.4%	14.3%	8.9%	6.1%	12.6%	11.3%	12.9%
Government/Political	10.6%	10.3%	5.0%	9.2%	7.0%	8.5%	10.4%
Education	13.0%	0.3%	5.2%	3.0%	2.9%	3.5%	7.4%
Housing	1.0%	3.9%	3.0%	1.4%	3.0%	2.9%	3.3%
Healthcare	0.6%	0.4%	0.4%	0.1%	0.3%	0.5%	0.5%
Other	4.8%	3.9%	4.6%	2.7%	2.2%	1.4%	7.8%

Stark County as a Place to Live

Year	Positive	Neutral	Negative
2007	70%	23%	7%
2008	70%	24%	6%
2009	67%	25%	8%
2010	69%	24%	7%
2011	66%	25%	9%
2012	72%	22%	6%
2013	72%	21%	7%

■ Positve ■ Neutral ■ Negative
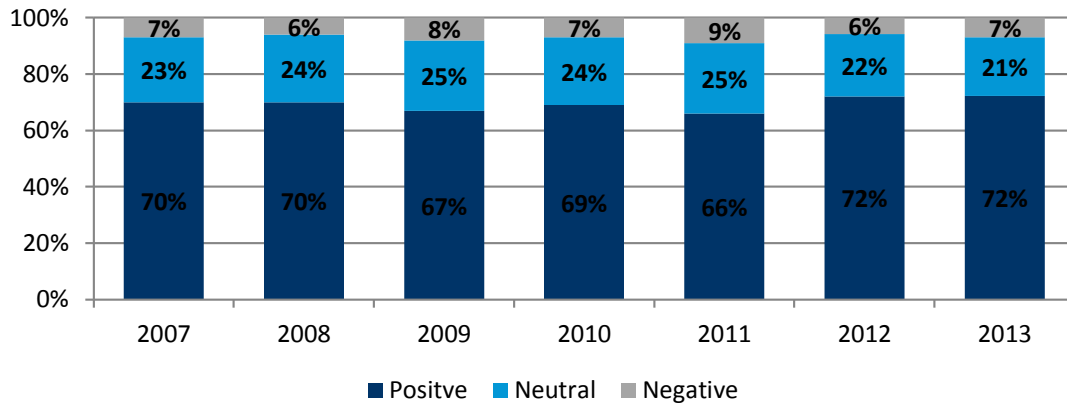
Stark County as a Place to Live by select demographics		Positive	Neutral	Negative	Valid
All respondents		72.2%	20.9%	6.9%	(n=798)
Demographic	Subgroup				
Children in household	Yes	70.0%	22.2%	7.8%	(n=796)
	No	73.3%	20.2%	6.5%	
Age*	18-24	70.0%	21.1%	8.9%	(n=794)
	35-44	60.4%	29.6%	10.0%	
	55-64	76.4%	18.6%	5.1%	
	65 and over	82.7%	12.5%	4.8%	
Marital Status*	Married	76.6%	18.2%	5.3%	(n=794)
	Not married	67.6%	24.2%	8.2%	
Location*	Canton/Alliance/Mass.	61.7%	26.7%	11.6%	(n=795)
	Suburbia	80.1%	16.4%	3.5%	
Income*	Under $25,000	61.5%	25.0%	13.5%	(n=724)
	$25-$50,000	69.7%	23.2%	7.0%	
	$50-$75,000	74.0%	22.7%	3.3%	
	$75,000 or more	83.6%	13.8%	2.6%	
Employment Status*	Employed full-time	73.1%	21.8%	5.1%	(n=798)
	Employed part-time	73.1%	17.2%	9.7%	
	Retired	79.2%	16.1%	4.8%	
	Unemployed	53.5%	34.6%	11.8%	
	Other	81.9%	11.7%	6.4%	
Education Attainment*	High School Grad or	68.0%	23.4%	8.6%	(n=797)
	Some	69.5%	22.9%	7.6%	
	College Grad or more	81.6%	15.2%	3.1%	
Home ownership	Own	77.8%	17.4%	4.9%	(n=797)
	Rent/Other	60.9%	28.0%	11.1%	
Question: Overall, how would you rate STARK COUNTY as a place to live?					

* Indicates a significant relationship

Quality of Healthcare Services Available
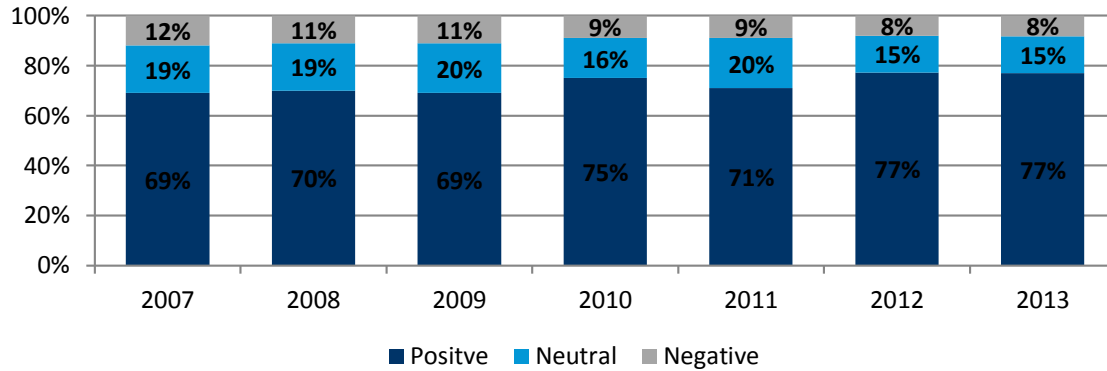
Quality of Healthcare Services by select demographics					
		Positive	Neutral	Negativ	Valid
All respondents		76.9%	14.8%	8.3%	(n=765)
Demographic	Subgroup				
Children in household	Yes	77.9%	16.0%	6.1%	(n=765)
	No	76.6%	14.0%	9.4%	
Age*	18-24	74.4%	16.3%	9.3%	(n=759)
	35-44	70.4%	20.4%	9.1%	
	55-64	78.7%	11.5%	9.8%	
	65 and over	84.0%	11.5%	4.5%	
Marital Status*	Married	82.9%	11.4%	5.7%	(n=761)
	Not married	70.1%	18.4%	11.5%	
Location*	Canton/Alliance/Mass.	69.4%	16.7%	13.9%	(n=762)
	Suburbia	82.2%	13.5%	4.3%	
Income*	Under $25,000	61.8%	23.0%	15.2%	(n=694)
	$25-$50,000	70.3%	18.0%	11.6%	
	$50-$75,000	83.3%	11.8%	4.9%	
	$75,000 or more	90.4%	6.4%	3.2%	
Employment Status*	Employed full-time	80.7%	11.6%	7.6%	(n=765)
	Employed part-time	79.8%	10.1%	10.1%	
	Retired	83.0%	11.9%	5.0%	
	Unemployed	58.1%	26.6%	15.3%	
	Other	76.1%	18.5%	5.4%	
Education Attainment*	High School Grad or	73.2%	16.3%	10.5%	(n=763)
	Some	74.7%	16.0%	9.3%	
	College Grad or more	84.5%	11.4%	4.1%	
Home ownership*	Own	82.5%	10.7%	6.8%	(n=763)
	Rent/Other	65.5%	22.9%	11.6%	
Question: Overall, how would you rate the quality of healthcare services available in Stark County?					

Indicates a significant relationship
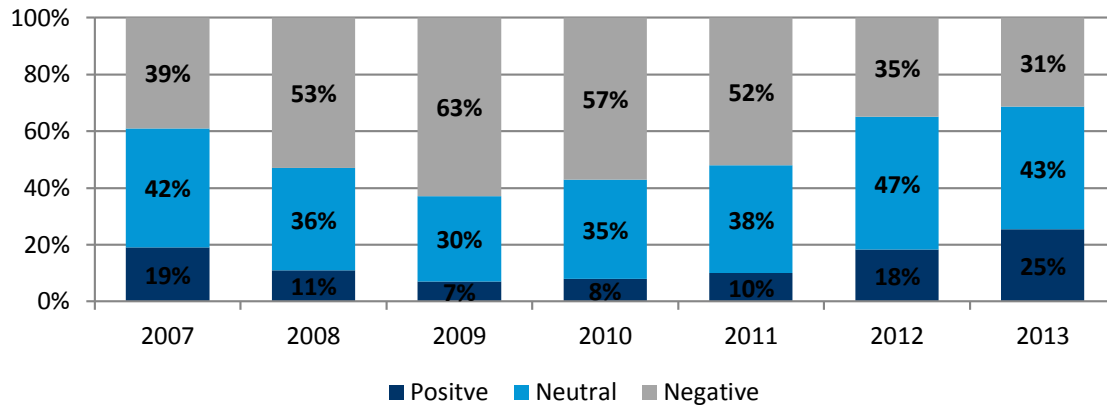
Availability of Job Opportunities
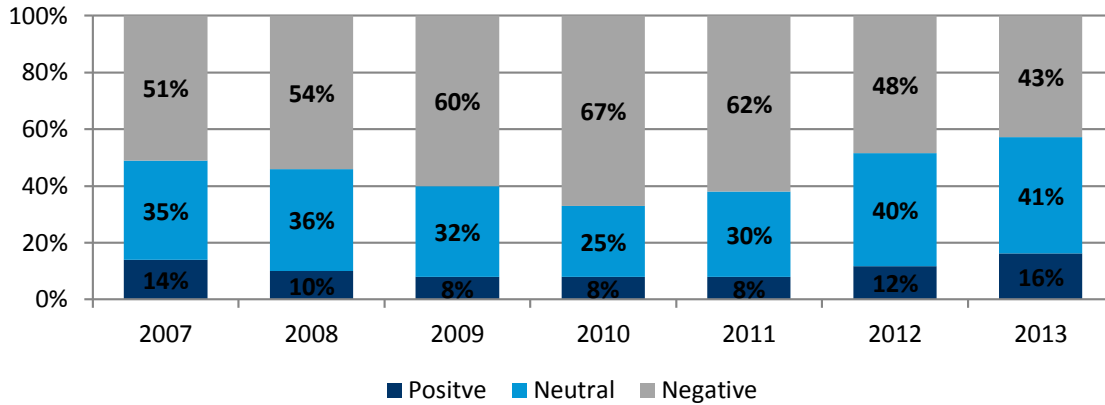
Rating of Job Opportunities by select demographics					
		Positive	Neutral	Negativ	Valid
All respondents		16.2%	41.0%	42.8%	(n=745)
Demographic	Subgroup				
Children in household	Yes	17.9%	40.2%	41.9%	(n=744)
	No	15.1%	41.6%	43.4%	
Age	18-24	20.7%	41.4%	37.9%	(n=739)
	35-44	17.5%	40.4%	42.1%	
	55-64	13.4%	40.1%	46.6%	
	65 and over	17.7%	44.2%	38.1%	
Marital Status	Married	15.1%	43.5%	41.4%	(n=742)
	Not married	17.7%	38.5%	43.9%	
Location*	Canton/Alliance/Mass.	14.8%	36.5%	48.7%	(n=743)
	Suburbia	17.2%	44.5%	38.4%	
Income*	Under $25,000	18.0%	29.6%	52.4%	(n=678)
	$25-$50,000	14.1%	36.5%	49.4%	
	$50-$75,000	16.1%	48.3%	35.7%	
	$75,000 or more	19.3%	49.4%	31.3%	
Employment Status	Employed full-time	18.8%	42.3%	38.9%	(n=745)
	Employed part-time	14.4%	40.0%	45.6%	
	Retired	15.8%	43.8%	40.4%	
	Unemployed	13.3%	32.5%	54.2%	
	Other	13.2%	45.1%	41.8%	
Education Attainment*	High School Grad or	16.7%	35.0%	48.3%	(n=743)
	Some	15.7%	42.1%	42.1%	
	College Grad or more	16.3%	48.6%	35.1%	
Home ownership	Own	15.1%	43.5%	41.3%	(n=743)
	Rent/Other	18.6%	36.0%	45.3%	
Question: Overall, how would you rate the AVAILABILITY of job opportunities in Stark County?					

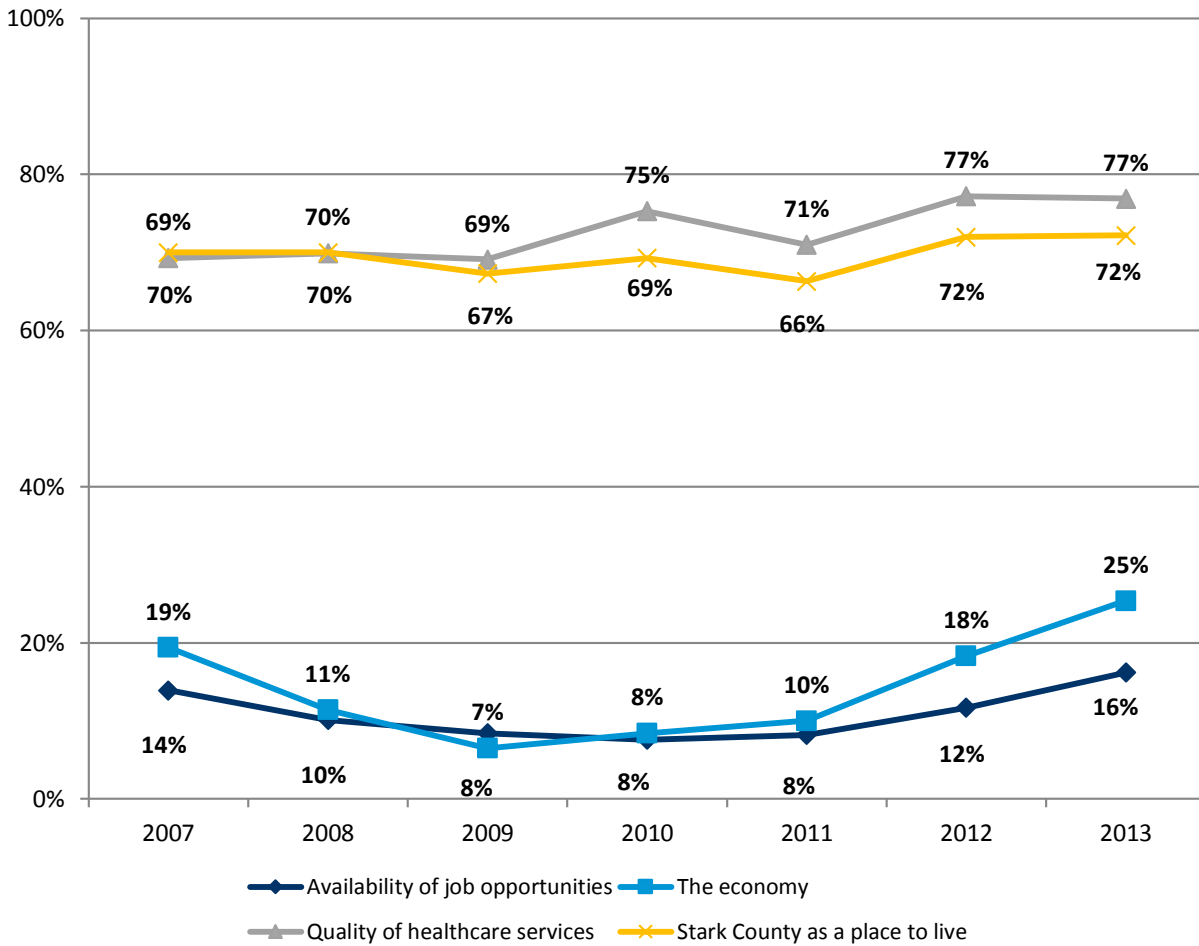*Indicates a significant relationship*

Rating of Local Economy

Rating of Local Economy by select demographics					
		Positive	Neutral	Negativ	Valid
All respondents		25.4%	43.2%	31.4%	(n=788)
Demographic	Subgroup				
Children in household	Yes	27.3%	40.6%	32.0%	(n=787)
	No	24.3%	44.4%	31.3%	
Age	18-24	26.4%	36.8%	36.8%	(n=783)
	35-44	26.8%	40.2%	33.1%	
	55-64	21.3%	48.3%	30.4%	
	65 and over	30.4%	41.6%	28.0%	
Marital Status	Married	25.8%	45.9%	28.3%	(n=783)
	Not married	24.9%	40.1%	35.0%	
Location*	Canton/Alliance/Mass.	21.5%	37.3%	41.2%	(n=786)
	Suburbia	28.2%	47.7%	24.2%	
Income*	Under $25,000	21.7%	33.3%	44.9%	(n=718)
	$25-$50,000	22.1%	44.2%	33.7%	
	$50-$75,000	30.7%	44.0%	25.3%	
	$75,000 or more	25.9%	56.1%	18.0%	
Employment Status*	Employed full-time	23.3%	47.9%	28.8%	(n=788)
	Employed part-time	26.1%	43.5%	30.4%	
	Retired	29.9%	43.3%	26.8%	
	Unemployed	20.6%	34.1%	45.2%	
	Other	31.2%	37.6%	31.2%	
Education Attainment*	High School Grad or	24.4%	38.9%	36.7%	(n=786)
	Some	24.5%	41.8%	33.7%	
	College Grad or more	27.6%	51.6%	20.8%	
Home ownership	Own	26.8%	44.0%	29.2%	(n=786)
	Rent/Other	22.4%	41.3%	36.3%	
Question: The economy?					

Indicates a significant relationship

Positive Rating of Stark County, 2007 to 2013

Legend:
- Availability of job opportunities
- The economy
- Quality of healthcare services
- Stark County as a place to live

2013 Quality of Life Summary						
	Excellent	Good	Fair	Poor	Very Poor	Avg. Rating*
Stark County as a place to live	17.7%	54.6%	20.9%	5.2%	1.7%	**2.19**
Quality of healthcare services	25.2%	51.7%	14.8%	5.7%	2.6%	**2.09**
The economy	1.5%	23.9%	43.2%	26.8%	4.6%	**3.09**
Availability of job opportunities	1.6%	14.6%	41.0%	34.4%	8.4%	**3.33**

Average rating scale is 1=Excellent to 5=Very Poor

## Better or Worse Off Financially than a Few Years Ago
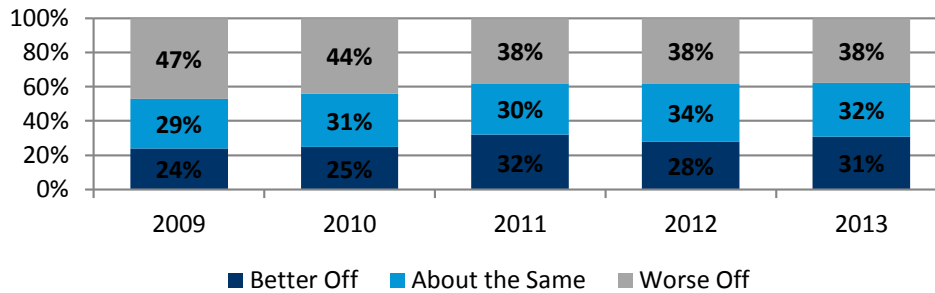
Better or Worse off Financially by select demographics		Better	Same	Worse	Valid
All respondents		30.9%	31.5%	37.6%	(n=786)
Demographic	Subgroup				
Children in household*	Yes	39.6%	27.1%	33.3%	(n=784)
	No	26.5%	33.8%	39.7%	
Age*	18-24	39.3%	31.5%	29.2%	(n=781)
	35-44	38.7%	27.7%	33.6%	
	55-64	27.7%	27.7%	44.5%	
	65 and over	21.0%	42.6%	36.4%	
Marital Status*	Married	37.6%	29.9%	32.5%	(n=782)
	Not married	23.7%	33.5%	42.8%	
Location	Canton/Alliance/Mass.	26.9%	31.7%	41.3%	(n=785)
	Suburbia	33.9%	31.3%	34.8%	
Income*	Under $25,000	19.0%	30.0%	51.0%	(n=722)
	$25-$50,000	22.4%	31.1%	46.4%	
	$50-$75,000	37.1%	33.1%	29.8%	
	$75,000 or more	50.5%	28.7%	20.7%	
Employment Status*	Employed full-time	43.9%	26.3%	29.8%	(n=785)
	Employed part-time	29.0%	28.0%	43.0%	
	Retired	19.0%	42.3%	38.7%	
	Unemployed	14.6%	29.3%	56.1%	
	Other	31.9%	36.2%	31.9%	
Education Attainment*	High School Grad or	24.8%	35.2%	39.9%	(n=784)
	Some	30.3%	26.2%	43.4%	
	College Grad or more	40.1%	32.0%	27.9%	
Home ownership*	Own	31.9%	32.1%	36.0%	(n=786)
	Rent/Other	28.9%	30.5%	40.6%	

Question: Would you say that you are better off financially, about the same, or worse off financially than you were a few years ago?

Indicates a significant relationship

Right Direction or Wrong Track

2012	2013
Wrong track: 47%	Wrong track: 41%
Right direction: 53%	Right direction: 59%

■ Right direction ■ Wrong track
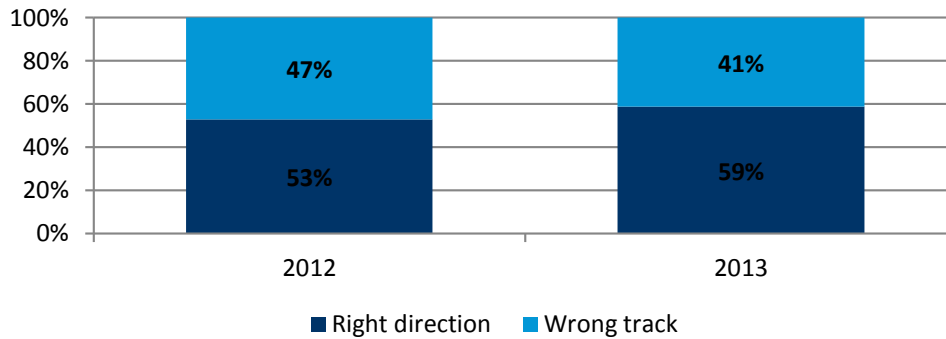
Right Direction or Wrong Track by select demographics		Right Directio	Wrong Track	Valid Responses
All respondents		58.7%	41.3%	(n=706)
Demographic	Subgroup			
Children in household	Yes	56.8%	43.2%	(n=705)
	No	59.4%	40.6%	
Age*	18-24	70.2%	29.8%	(n=701)
	35-44	53.5%	46.5%	
	55-64	54.6%	45.4%	
	65 and over	67.9%	32.1%	
Marital Status	Married	58.1%	41.9%	(n=704)
	Not married	59.6%	40.4%	
Location*	Canton/Alliance/Mass.	52.5%	47.5%	(n=706)
	Suburbia	63.5%	36.5%	
Income*	Under $25,000	48.9%	51.1%	(n=644)
	$25-$50,000	55.1%	44.9%	
	$50-$75,000	62.7%	37.3%	
	$75,000 or more	67.6%	32.4%	
Employment Status	Employed full-time	58.6%	41.4%	(n=706)
	Employed part-time	59.1%	40.9%	
	Retired	65.7%	34.3%	
	Unemployed	51.4%	48.6%	
	Other	56.0%	44.0%	
Education Attainment*	High School Grad or less	53.2%	46.8%	(n=705)
	Some college/Associate's	57.9%	42.1%	
	College Grad or more	67.6%	32.4%	
Home ownership	Own	60.4%	39.6%	(n=703)
	Rent/Other	55.4%	44.6%	
Question: Do you feel things in Stark County are going in the right direction or have they gotten off on the wrong track?				

Indicates a significant relationship

Participants in the CHNA Process

Stark County Community Health Needs Assessment Advisory Committee (original committee members):

- ✓ **Les Able,** Community Volunteer, Retired – Stark County Mental Health Board
- ✓ **Jim Adams,** Canton City Health Department
- ✓ **Sharon Andreani,** Alliance City Health Department
- ✓ **Barb Blevins,** Access Health Stark County
- ✓ **Emily Caniford,** Stark County Health Department
- ✓ **Kay Conley, Committee Chair**, Stark County Health Department
- ✓ **Lynne Dragomier,** Mercy Medical Center
- ✓ **Gary Feagles,** Western Stark Clinic
- ✓ **Bill Franks,** Stark County Health Department
- ✓ **Dana Hale,** Canton City Health Department
- ✓ **Wendy Hunter-Vaughn,** Stark County Mental Health and Recovery Services Board
- ✓ **Bill James,** Alliance Community Hospital
- ✓ **Carol Lichtenwalter,** Stark County Family Council
- ✓ **Kevin Metz,** Stark County Medical Society
- ✓ **Kristen Miday,** Aultman Health Foundation
- ✓ **Michelle Miller**, Alliance Community Hospital
- ✓ **Liz Pruitt**, Affinity Medical Center
- ✓ **Kelly Richendollar,** Stark County Health Department
- ✓ **Carol Risaliti,** Prescription Assistance Network of Stark County
- ✓ **Lorie Travaglino**, United Way of Greater Stark County

Others who later joined the Advisory Committee or provided significant input to the community-wide process:

- Jon Aller, Stark County Mental Health and Recovery Services Board
- Jon Basso, Aultman Hospital
- Jessica Bloss, Alliance Community Hospital
- Steve Burger, Employers Health Coalition of Ohio Inc.
- Diane Daniels, Canton Community Clinic
- Sharla Elton, Aultman Hospital
- Patti Fetzer, Stark County Mental Health and Recovery Services Board
- Yvette Graham, Ohio State University Extension Office
- Cindy Hickey, Mercy Medical Center
- John Humphrey, M.D., North Canton Medical Foundation, Access Health Stark County
- Anju Mader, M.D., Stark County Help Me Grow
- Audra Martin, Stark County Mental Health and Recovery Services Board
- Sherri McKinney-Frantz, United Way of Greater Stark County

- Mona Meenan, Alliance Community Hospital
- Mark Miller, Aultman Hospital
- Kirk Norris, Stark County Health Department
- Kay Port, iCare Program of the Stark County Educational Services Center
- Fran Rice, Community Volunteer
- Neena Sharier, Summa Health System – Ignatia Hall of Canton
- Pat Vargo, Stark County Jobs & Family Services

November 17, 2011 Community Health Needs Assessment/Health Improvement Summit Participants:
- Jim Adams, Canton City Health Department
- Michelle Aladich, YMCA of Central Stark County
- Sharon Andreani, Alliance City Health Department
- Allyson Bachtel, Mental Health and Recovery Services Board
- Amanda Barna, Center for Marketing and Opinion Research
- Teresa Barry, Meals on Wheels of Stark and Wayne Counties
- Barb Blevins, Access Health Stark County
- Jason Blevins, Aultman Hospital
- Kimberly Bricker, Aultman Health Foundation
- Andrea Bucci, Heartland Behavioral Healthcare
- Wendy Busnick, Canton Local School District
- Elaine Campbell, Mercy Medical Center
- Beth Canfield-Simbron, University of Mount Union
- Emily Caniford, Stark County Health Department
- Sister Carolyn Capuano, Mercy Medical Center
- Kay Conley, Stark County Health Department
- Jackie DeGarmo, United Way of Greater Stark County Board of Directors
- Mick DeWitt, Aultman Health Foundation
- Sharron DiMario, Employers Health
- Kimberly Douce, United Way of Greater Stark County
- Lynne Dragomier, Mercy Medical Center
- Julie Elkins, North Canton Medical Foundation
- Sharla Elton, Aultman Health Foundation
- Aimee Engelhart, Stark Parks
- Stephanie Fakelis, Stark County Mental Health and Recovery Services Board
- Gary Feagles, Western Stark Clinic
- Dr. Peter Ferguson, Stark County Commissioners
- Tracy Figurella, The Aultman Foundation
- Randall Flint, Alliance City Health Department
- Bill Franks, Stark County Health Department
- Ten Gall, American Cancer Society
- Vicki Haines, Aultman Health Foundation
- Dana Hale, Canton City Health Department
- Maria Hegee, United Way of Great Stark County
- John Humphrey, M.D., North Canton Medical Foundation, Access Health Stark County
- Bill James, Alliance Community Hospital

- Kellie Johnson, M.D.
- Theresa Kennedy, Coming Together Stark County
- Merele Kinsey, Community Volunteer
- Peter Kopko, Austin-Bailey Health and Wellness Foundation
- Diana Lashley, Stark County Board of Developmental Disabilities
- Mel Lioi, Stark County Educational Service Center
- Nora Logsdon, Meals on Wheels of Stark and Wayne Counties
- Anju Mader, M.D., Stark County Help Me Grow
- John McGrath, Health Foundation of Greater Massillon
- Nadine McIlwain, Coming Together Stark County
- Kevin Metz, Stark County Medical Society
- Kristen Miday, Aultman Health Foundation
- Marcus Miles, Employers Health Coalition of Ohio Inc.
- Dawn Miller, Sisters of Charity Foundation of Canton
- Robin Mingo-Miles, Stark Metro Housing Authority
- Marti Nist, Stark County Board of Developmental Disabilities
- Kevin Pete, Aultcare
- Beth Powers, Heartland Behavioral Healthcare
- Gerry Radcliffe, Community Volunteer
- Kim Redmond, Canton Local Schools
- Kelly Richendollar, Stark County Health Department
- Carol Risaliti, Prescription Assistance Network of Stark County
- Abbey Roach, Aultcare
- Connie Rubin, Stark Parks
- Patricia Sedello, The Aultman Foundation
- Lisa Seeden, Stark Metro Housing Authority
- Lou Serapiglia, Aultman Hospital
- Jeff Sims, Heartland Behavioral Healthcare
- Don Sultzbach, Austin-Bailey Health and Wellness Foundation
- Diane Thompson, Canton City Health Department
- Lorie Travaglino, United Way of Greater Stark County
- Thomas Turner, Mercy Medical Center
- Mike Williams, Stark County Metropolitan Housing Authority
- Kelly Wiseman, University of Mount Union
- Kelli Young, The Repository

December 6, 2012 Stark County Health Needs Assessment/Health Improvement Summit Participants:

- Jim Adams, Canton City Health Department
- Sharon Andreani, Alliance City Health Department
- Marlene Kromi, Aultman Hospital
- Jessica Bloss, Alliance Community Hospital
- Janet Boiarski, Mercy Medical Center

- Linda Brunk, Aultman Hospital
- Steve Burger, Employers Health Coalition of Ohio Inc.
- Elaine Campbell, Mercy Medical Center
- Emily Caniford, Stark County Health Department
- Sister Carolyn Capuano, Mercy Medical Center
- Kay Conley, Stark County Health Department
- Ginny Daniel, Alliance Farmers Market
- Laura DeForest, Stark County Dental Society
- Jody Ditcher, Plain Local School District
- Kimberly Douce, United Way of Greater Stark County
- Lynne Dragomier, Mercy Medical Center
- Julie Elkins, North Canton Medical Foundation
- Sharla Elton, Aultman Hospital
- Gary Feagles, Western Stark Clinic
- Karen Feller, Mercy Medical Center
- Beth Ferguson, Office of Health Integration, State of Ohio
- Patti Fetzer, Stark County Mental Health and Recovery Services Board
- Randy Flint, Alliance City Health Department
- Bob Fonte, Stark Parks
- Joy Foss-Albright, Republic Engineered Steel
- Bill Franks, Live Well Stark County
- Vicki Haines, Aultman Health Foundation
- Dana Hale, Canton City Health Department
- John Humphrey, M.D., North Canton Medical Clinic, Access Health Stark County
- Bill James, Alliance Community Hospital
- Kellie Johnson, M.D., Access Health Stark County, Girls on the Run
- Afet Kilinc, Office of Health Integration, State of Ohio
- Angela Klettlinger, Summa Health System, Ohio State University
- Amy Krebs, Stark Community Foundation
- Carol Lichtenwalter, Pegasus Farm
- Becky Luckner, Summa Health System
- Krista Mayle, Kent State University College of Nursing
- John McGrath, Health Foundation of Greater Massillon
- Kevin Metz, Stark County Medical Society
- Heather Neikirk, Ohio State University Extension
- Marti Nist, Stark County Board of Developmental Disabilities
- Kirk Norris, Stark County Health Department
- Melissa Pearce, Domestic Violence Project
- Kristi Phillips-Burkhart, Cardiovascular Consultants, Inc.
- Adrianne Price, Info Line
- Jo Ann Reilly, Insurance Solutions for Retirees
- Kelly Richendollar, Stark County Health Department
- Carol Risaliti, Prescription Assistance Network of Stark County
- Abbey Roach, Aultcare
- Patricia Robinson, Diebold, Inc.

- Mark Samolczyk, Stark Community Foundation
- Neena Sharier, Summa Health System – Ignatia Hall of Canton
- Lecia Stark, Cardiovascular Consultants, Inc.
- Don Sultzbach, Austin-Bailey Health and Wellness Foundation
- John Sutton, Aultman Hospital
- Christine Takacs, Diebold, Inc.
- Jean Van Ness, Sisters of Charity Foundation of Canton
- Stacy Wegley, Hamilton County (Ohio) Public Health
- Kathy Wise, Mercy Medical Center

Mercy Medical Center CHNA/Implementation Strategy Review Committee:
- Robin Bachman, assistant vice president – government affairs and public policy, Sisters of Charity Health System
- Janet Boiarski, director – Mercy Ambulatory Care Clinic and Dental Services
- Sister Carolyn Capuano, vice president of mission and ministry
- Joni Close, president, Sisters of Charity Foundation of Canton
- Karen Coughlin, administrative director - Mercy Cancer Center
- Lynne Dragomier, committee chairperson, vice president – public relations and marketing
- Karen Feller, manager – mission outreach
- Cindy Hickey, director – public relations
- Mark Juenemann, director – financial services
- Allyson Kelly, administrative director – Mercy Heart Center
- Dawn Miller, program officer, Sisters of Charity Foundation of Canton
- Helen Raub, assistant chief nursing officer
- Lisa Shannon, director – Mercy Dental Services
- Debra Shaw, coordinator, Mercy diabetes education and services
- Thomas Turner, vice president – development, physician services and government relations; president – Mercy Development Foundation
- Kathy Wise, director – health and wellness services

NOTE: Diligent effort has been made to ensure the accuracy of the above listings; our apologies for any errors or omissions that may have occurred.

MERCY
MEDICAL CENTER
A Ministry of the Sisters of Charity Health System