2019 Community Health Needs Assessment

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

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Introduction and Executive Summary

In 2010, the Stark County Health Department began facilitating the community health assessment process to meet requirements of the Affordable Care Act of 2010 (ACA) for nonprofit hospitals and Public Health Accreditation Board standards for health departments. This process is supported and guided by local health departments, health care systems, mental health organizations, social service agencies, and non-profit organizations. The assessment process is an ongoing cycle that includes: building partnerships; coordinating a consortium; assessing data, community needs, and capacity; and conducting planning, prioritization, interventions, implementation, and evaluation. This report begins the 3-year cycle and will include the release of the Community Health Improvement Plan (CHIP) in 2020. The Center for Marketing and Opinion Research (CMOR) was selected by the Advisory Committee to conduct data collection and analysis for the CHNA through four project phases.

The first phase of the project, a Community Survey, consisted of a random sample telephone survey of Stark County households. This method was used to ensure representativeness of the population and to warrant statistical validity. The final sample size was 800 which resulted in an overall sampling error of +/- 3.5% within a 95% confidence level. An oversample of approximately 160 African-American residents and 105 Canton residents was conducted in addition to the 800 interviews in order to attain enough cases from these populations to be able to draw valid conclusions.

The second phase of the project, Secondary Data Analysis, consisted of reviewing and analyzing secondary data sources to identify priority areas of concern when compared to survey data. CMOR gathered and compiled health and demographic data from various sources. In addition to Stark County, secondary data was collected for Carroll and Tuscarawas Counties.

The third phase of the study, a Community Health Leader Survey, consisted of a web survey of community leaders whom are knowledgeable about public health. A total of 101 community health leaders completed the web survey. The fourth and final phase, a Community Focus Group, consisted of a facilitated discussion with a demographic mix of adult Stark County residents.

After gathering data, CMOR compiled the information, by source into a report narrative, with supporting charts and tables. When available, data was compared to previous year's information and other geographic areas such as Ohio or the United States. Analysis included survey data, and health and demographic data. Utilizing all available data, CMOR identified priority health needs for the county including (in alphabetical order):

1. Access to Health Care and Dental Care
2. Heroin/Opiate Use
3. Infant Mortality
4. Mental Health Services/Suicide
5. Obesity and Healthy Lifestyle

Throughout the report, statistically significant findings and statistical significance between groupings (i.e. between age groups or between races) are indicated by an asterisk (*).

Community Health Assessment Model

The Advisory Committee selected the Mobilizing for Action through Planning and Partnerships (**MAPP**) Model, for the 2019-2022 Community Health Assessment (CHA) cycle. **MAPP** is a community-wide strategic planning process that assists communities with prioritizing public health issues, identifying resources for addressing those issues, and developing a shared, long-term Community Health Improvement Plan (CHIP). **MAPP** is an evidence-based approach to improve public health practice that includes six phases and four assessments. The three significant components underlining the foundation of the MAPP process are strategic planning, collaboration, and quality improvement.

Stark County CHA Vision *(finalized June 2018)*:

"A county where all residents have the opportunity to thrive where they live, learn, work and play".

CHNA Timeline

2010

- Patient Protection and Affordable Care Act is passed
- Advisory Committee is Formed

1st Cycle 2010-2014

- CHA
- CHIP
- CHIP Adendum
- Indicators Report
- Evaluation Report
- First Health Improvment Summit

2nd Cycle 2015-2018

- CHA
- CHIP
- Indicators Report
- Evaluation Report
- Health Improvement Summit

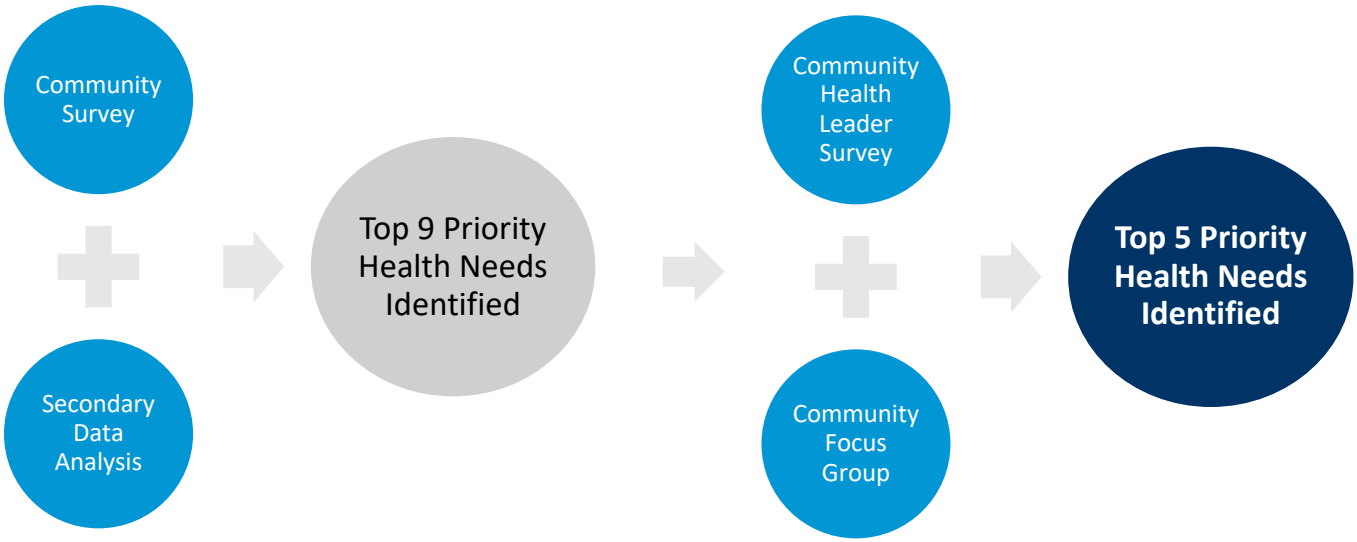
3rd Cycle 2019-2021

- CHA
- First Community Focus Group
- Health Improvement Summit
- CHIP

Please Note: *The Advisory Committee implemented a 5-year assessment process during the first cycle (2010), then moved to a 4-year cycle (2015) to align with the local hospitals and is currently transitioning to a 3-year cycle (2019) to better align with the state's assessment process. All health departments and nonprofit hospitals in the state will implement their updated CHIP in 2020.*

Process for Identifying Priority Health Needs

Analysis for the CHA included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priority community health needs for the county. The data is included in this document. The findings from the secondary data reinforce the findings of the CHA Community Survey and Community Health Leader Survey.



Stark County Community Health Assessment Advisory Committee

The Stark County Community Health Assessment (CHA) Advisory Committee, referred to as the Advisory Committee from this point forward, is made up of a variety of health and social services agencies and volunteers in the community, including: Access Health Stark County; Alliance City Health Department; Alliance Family Health Center; Aultman Health Foundation; Aultman Hospital; Aultman Alliance Community Hospital; Beacon Pharmacy; Canton City Public Health; CommQuest; Lifecare Family Health and Dental Center (Lifecare); Massillon City Health Department; Mercy Medical Center; My Community Health Center (MCHC); OSU Extension; Paramount Advantage; Pegasus Farm; Sisters of Charity Foundation of Canton; StarkFresh; Stark County Community Action Agency (SCCAA); Stark County Family Council; Stark County Health Department (SCHD); Stark County Jobs and Family Services (SCJFS); Stark County Mental Health & Addiction Recovery (StarkMHAR); Stark County Treatment Accountability for Safer Communities Agency (TASC); Stark Parks; and United Way of Greater Stark County.

Contributing Factors to Health Challenges

STARK COUNTY: There are a number of factors that affect the health of a community. Stark County is unique in that it includes multiple urban areas, as well as suburban and rural communities. The residents who live in the county's urban communities, including Canton, Massillon and Alliance, experience higher rates of stress-related illnesses due to the faster pace life than those who live in suburban communities. According to results from the community survey, 61% of urban residents rated their health favorably compared to 76% of suburban residents. In addition, residents of the county's suburban areas generally do not have access to the same quality or selection of health care providers as those who live in an urban setting. However, the percentage of the population in poverty is much higher in the county's urban zip codes, particularly in Canton, than in other areas *(Source: U.S. Census Bureau).*

Income is another contributing factor to the county's health challenges. Residents in communities with the lowest income levels have the poorest health and the most difficulty in gaining access to health care. According to the community survey, 45% of residents with an income under $25,000 per year rated their health favorably compared to 87% of residents with an income over $100,000 per year. The point of entry into the health care system for most Americans is the family doctor, but the economically disadvantaged seldom have a family doctor. For them, the point of entry is often the local hospital emergency department. Results from the community survey suggest that 69% of county residents with an income under $25,000 per year receive health care from a primary care doctor most often compared to 84% of residents with an income over $100,000 per year. In addition, 64% of community health leaders felt that individuals living in poverty were a population who were not adequately being served by local health services.

In Stark County, race is also a contributing factor to the county's health challenges. White residents are much more likely than black residents to receive health care from a primary care doctor most often at a rate of 78% compared to 67% *(Source: community survey*). The percentage of residents without insurance is nearly twice as high for black residents (6.3%) as white residents (3.9%) *(Source: Ohio Department of Medicaid)*. In addition, 40% of community health leaders felt that minority populations were not adequately being served by local health services. In terms of pregnancy and birth, white women tend to begin prenatal care earlier in their pregnancy than black women. Furthermore, there continues to be a significant gap in infant mortality rates in Stark County with the rate for black babies (10.8) being nearly three times that of the rate for white babies (3.9) *(Source: Ohio Department of Health).*

***CARROLL COUNTY*:** Carroll County is unique in that it is rural and is one of the least populated counties in the state (80 out of 88). Carroll County is also one of the oldest in the state. The median age of Ohio residents is 39.3, in Carroll, the median age is 45.0 *(Source: U.S. Census Bureau).* In addition, the number of grandparents raising grandchildren has increased from 196 in 2009 to 350 in 2018, which is a 79% increase (*Source: PCSAO).*

Education also a contributing factor to the county's health challenges. Just 73.3% of the county population ages 18-24 have a high school diploma or higher (compared to 86.4% for the state) and just 12.3% of the

county population have a bachelor's degree or higher (compared to 27.2% in the state). *(Source: US Census Bureau, American Fact Finder)*

TUSCARAWAS COUNTY: Tuscarawas County is also overwhelmingly rural, with only 1.6% of the county classified as urban *(Source: Ohio History Central).* Also similar to Carroll County, the number of grandparents raising grandchildren has increased significantly between 2009 and 2018 from 466 to 621, a 33% increase (*Source: PCSAO).*

Education also a contributing factor to the county's health challenges. Just 80.4% of the county population ages 18-24 have a high school diploma or higher (compared to 86.4% for the state) and just 15.1% of the county population have a bachelor's degree or higher (compared to 27.2% in the state). *(Source: US Census Bureau, American Fact Finder)*

About Mercy Medical Center

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 (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 has 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; ten community health centers that provide services in Alliance, Jackson Township, Massillon, North Canton, Plain Township, Lake Township, Louisville, Carroll County, and Tuscarawas County. Mercy Professional Care Corporation is a network of medical professionals owned and managed by Mercy. It includes primary care and specialty physicians and medical providers. In addition, Mercy Primary Care - St. Paul Square opened in 2012 in the medically underserved Northeast section of Canton. This medical home model provides primary care to pediatric and adult patients and is a satellite office of Mercy Dental Services.

Approximately 650 physicians and dentists are part of 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 treated over 68,000 patient visits last year; 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, Mercy Surgery and Robotic Surgery Center, Mercy Orthopedic Center, and Mercy Dental Center.

Notable achievements and awards include:

- Mercy was awarded an 'A' from The Leapfrog Group's Fall 2018 Hospital Safety Grade.
- CMS Hospital Compare awarded Mercy a 4-Star rating—the only 4-Star awarded in a four-county region.
- For the 10th consecutive year, Mercy was again awarded the U.S. EPA's ENERGY STAR certification—one of only three hospitals in the U.S. and the only one in Ohio, to earn this designation

- Mercy is leading Ohio hospitals in a statewide initiatives to reduce sepsis mortality. Sepsis is currently the third leading cause of death in the United States. At Mercy, the rapid identification and treatment of sepsis is helping to save lives and become a leading Ohio hospital in these efforts.

The Heart Hospital at Mercy Medical Center

- American College of Cardiology's NCDR ACTION Registry—Get With The Guidelines Platinum Performance Achievement Award (2018, 2017)
- Mission Lifeline Gold Plus Receiving Quality Achievement Award (2018, 2017, 2016)
- Received the Get With The Guidelines-Heart Failure Gold Plus Achievement Award (2018, 2017, 2016)
- Received full heart failure reaccreditation states from the Society of Cardiovascular Patient Care (SCPC).(2016)

Mercy Emergency Chest Pain Center

- Mercy's Emergency Chest Pain Center (ECPC) received full, three-year Cycle V accreditation with PCI (percutaneous coronary interventions), or angioplasty from the Society of Chest Pain Centers. (2016)
- Was the first hospital in Ohio to receive the American College of Cardiology Cardiac Cath Lab Accreditation (2017)

Mercy Cancer Center

- Mercy Cancer Center was accredited by the American College of Surgeons Commission on Cancer with a full three-year accreditation with commendation. Mercy received the highest gold status on all seven of the most significant standards. They were also presented the 2017 Outstanding Achievement Award. Mercy was one of a select group of only 32 U. S. health care facilities with accredited cancer programs to receive this national honor for surveys performed in that year.

Mercy Orthopedic Center

- Was reaccredited with The Joint Commission's Gold Seal of Approval for its total joint replacement program for hips and knees. (2017)

Mercy Stroke Center

- American Heart Association/Stroke Association: Get With The Guidelines (GWTG) Gold Plus Quality Achievement Award (2018)
- Certified by the Joint Commission as an Advanced Primary Stroke Center (2017)

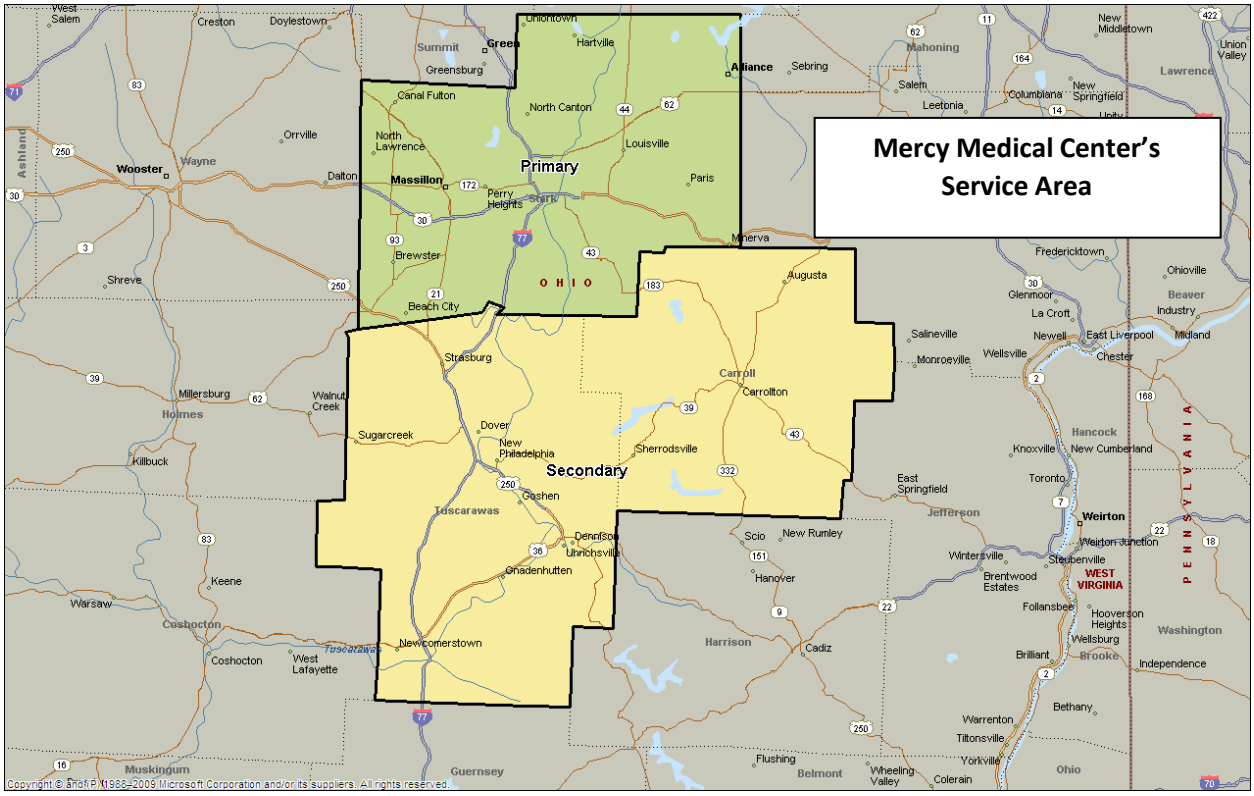
Mercy Emergency Services/Trauma Center

- The Trauma Center was again verified as a Level II Trauma Center by the Verification Review Committee (VRC) of the Committee on Trauma (COT) of the American College of Surgeons (ACS). (2018)

Learn more at www.cantonmercy.org

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 Service Area (all in Ohio)

Zip	Area Code	City	County
44601	330	ALLIANCE	STARK
44608	330	BEACH CITY	STARK
44613	330	BREWSTER	STARK
44614	330	CANAL FULTON	STARK
44626	330	EAST SPARTA	STARK
44630	330	GREENTOWN	STARK
44632	330	HARTVILLE	STARK
44640	330	LIMAVILLE	STARK
44641	330	LOUISVILLE	STARK
44643	330	MAGNOLIA	STARK
44646	330	MASSILLON	STARK
44647	234/330	MASSILLON	STARK
44648	330	MASSILLON	STARK
44650	330	MAXIMO	STARK

Zip	Area Code	City	County
44718	330	CANTON	STARK
44720	330	NORTH CANTON	STARK
44721	330	CANTON	STARK
44730	330	EAST CANTON	STARK
44735	330	CANTON	STARK
44750	330	CANTON	STARK
44767	330	CANTON	STARK
44799	330	CANTON	STARK
43804	330	BALTIC	TUSCARAWAS
43832	740	NEWCOMERSTOWN	TUSCARAWAS
43837	740	PORT WASHINGTON	TUSCARAWAS
43840	330	STONE CREEK	TUSCARAWAS
44612	330	BOLIVAR	TUSCARAWAS
44621	740	DENNISON	TUSCARAWAS

Mercy Medical Center Service Area (all in Ohio)							
Zip	Area Code	City	County	Zip	Area Code	City	County
44652	330	MIDDLEBRANCH	STARK	44622	330	DOVER	TUSCARAWAS
44657	330	MINERVA	STARK	44624	330	DUNDEE	TUSCARAWAS
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

Progress since last CHNA

During the last CHNA, the following needs were identified and included in the hospital's Implementation Plan:

1. Access to health care including dental service
2. Heroin/Opiate Use
3. High infant mortality
4. Large need for mental health services
5. Obesity and lack of healthy lifestyles

Mercy's efforts since the last CHNA in each of these areas are outlined below:

ACCESS TO HEALTH CARE INCLUDING DENTAL SERVICE

- Continued to operate Mercy's 10 community outpatient health centers, strategically located in Stark and neighboring counties, providing quality, affordable and accessible urgent care and ambulatory health care services close to home. ***Outpatient Visits: 630,565 (2018); 628,641 (2017); 626,803 (2016)***
- Mercy St. Paul Square provides medical and dental services to adults and children using a medical home model to residents in a federally designated HPSA area. Utilizes a health coach to assist patients with healthier lifestyle choices. Provides free health education programs monthly.
- Continued to serve uninsured and underinsured patients through the Ambulatory Care Clinic which provides internal medicine and OB/GYN care: ***6,376 (2018); 6,228 (2017); 5,980 (2016)***
- Continued to provide and grow Dental services offered to underserved and uninsured patients at both the main Mercy campus and Mercy St. Paul Square in urban NE Canton***. Dental Visits: 9722 (2018); 9022 (2017); 8798 (2016)***
- Continued to research and apply for grant funding as available to assist in providing dental and medical care.
- Continued dental services outreach efforts including free oral screenings, dental screenings and education at schools and community health fairs.
- Continued Mercy Dental Residency Program to educate and train skilled dentists in our community.
- Expanded Mercy Professional Care Physicians, a network of medical professionals
- owned and managed by Mercy to help ensure access to primary care, surgeons, pain management, cardiologists, cardiac surgeons and pulmonary and critical care physicians.

HEROIN /OPIATE USE

- Collaborated with local agencies, including CommQuest , to identify ways to assist with programs for the community that address heroin and opioid abuse issues.
- Sponsored the CommQuest Addiction and Recovery Symposium, featuring Chris Carter, for an all-day educator's workshop and evening community education program. (August 2, 2017)
- Participated as a sponsor in a community-wide Opioid Epidemic publication with local foundations, hospitals, and the area newspaper.

HEROIN /OPIATE USE

- Supported the Stop the Heroin From Killing Committee, in conjunction with Aultman Hospital. This also included financial sponsorship of radio public service announcements.
- Supported public education and awareness efforts of Mercy Pain Management Services, and Dr. Jamesetta Lewis, a leading medical expert on opioids and chronic pain.
- Continued in partnering with Canton City Schools to present education on drug abuse and addiction.

HIGH INFANT MORTALITY RATE

- Spearheaded the initiation of the local THRIVE county-wide infant mortality initiative. Continue
- To participate with other community partners.
- Presented community education programs for expectant and new mothers focusing on safe sleep and other needed education for underserved patients in NE and SE Canton.
- Presented culturally sensitive community education events for Latino mothers/families. These included safe sleep, nutrition, and car safety training.
- Offer prenatal care for low income and uninsured patients through the Mercy OB Clinic.
- Distributed Safe Sleep information packets and sleep sacks to all new mother in Mercy Maternity Services.

LARGE NEED FOR MENTAL HEALTH SERVICES

- Collaborate with Stark Mental Health & Addiction Recovery Services to address the medial needs for mental health care in our community.
- Participated as a sponsor in a community-wide Teen Suicide publication with local foundations, hospitals, and the area newspaper.
- Provided a Health Summit for middle and junior high school girls on the topics of self-image, bullying, and health relationships.

OBESITY AND HEALTHY LIFESTYLE CHOICES

- Continued healthy lifestyle programming through the Mission Outreach services, including summer day camps for children, that are offered in collaboration with Canton City Schools, Stark Parks, and other area agencies. Focus is on nutrition, exercise, oral health and healthy lifestyles.
- Continue community programming through Mercy Weight Management services.
- Continue to offer monthly Lunch & Learn programming to the community at Mercy St. Paul Square. Programs focus on health risks and disease prevention, including diabetes management.
- Continue Mercy's smoking cessation educational classes and outreach education.
- Continue participation in area community health fairs and educational events that promote healthy lifestyles.
- Offered monthly low-cost blood screenings at all Mercy health centers and free, walk in blood pressure screenings at Mercy St. Paul Square, four days a week.
- Offered annual, family friendly minority health month events with a focus on cardio-vascular health, nutrition, and exercise

2019 Priority Health Needs

This section presents a summary of the priority health needs for Stark County *(in alphabetical order)*. For each area, data is given to support the identified health need. In many cases there were significant differences between demographic groups. The demographic characteristics with the most significant impact were race, income, and age. The priority health needs were identified after analyzing multiple sources of data as outlined in the Research Methodology appendix. The five priority health need areas were identified because they were common themes that appeared throughout the multiple sources of data and had adequate support to identify them as a significant issue.

ACCESS TO HEALTH AND DENTAL CARE

HEALTH NEED: A large portion of county residents still do not have access to affordable basic health care and dental services. Access to medical specialists and mental health professionals were also issues.

- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', access to health care was given an average importance rating of 9.31 by community health leaders, the third highest average importance of the nine health related issues included in the survey. Furthermore, more than half of community health leaders, 53.5%, named access to health care as a top three issue that needs to be addressed.
- Community health leaders identified affordable health care as the third most important emerging health need that Stark County would need to address in the future.
- Most community health leaders, 90.3%, identified lack of transportation as a barrier that prevents residents from receiving necessary medical care. Other common barriers identified included lack of insurance or the ability to pay, communication issues, lack of knowledge of available services, lack of behavioral health availability, and receiving quality health care.
- Most community residents, 86.1%, reported having one person or group that they think of as their doctor or health care provider, a slight increase from 84.4% in 2015.
- 8.1% of community residents who were surveyed did not have health insurance.
- Three-quarters or 75.9% of community residents indicated they receive their health care most often from a primary care doctor. However, 7.9% of respondents relied on an urgent care center as their primary source of health care, while another 5.6% relied on an emergency room.
- Just two-thirds of Stark County community residents have had a dental checkup in the past year. A notable portion, 13%, have not seen a dentist in the past five years.
- Nearly one-sixth of Stark County youth, 15.7%, have not always been able to get medical or psychological care when they thought they needed it during the school year. *(*Source: *Northeast Ohio Youth Health Survey)*
- Most of the focus group participants felt that Stark County residents are unaware of the health services and options that are available to them. There was a general consensus that until someone needed a service for them or a family member, there was high unawareness. *(*Source: *Community Focus Group)*
- In Ohio, the ratio of the population to Primary Care Physicians is 1,300:1, in Carroll and Tuscarawas, the ratio is much worse; 2,370:1 in Tuscarawas County and 5,530:1 in Carroll County. *(*Source: *County Health Rankings)*
- In Ohio, the ratio of the population to Dentists is 1,620:1, in Carroll and Tuscarawas, the ratio is much worse; 2,710:1 in Tuscarawas County and 2,490:1 in Carroll County. *(*Source: *County Health Rankings)*

MENTAL HEALTH SERVICES/SUICIDE

HEALTH NEED: The need for mental health treatment and intervention continues to increase, especially for youth. High diagnosis rates for depression as well as an increase in suicide rates substantiate this issue.

- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', mental health services/suicide was given an average importance rating of 9.50 by community health leaders, the highest average importance of the nine health related issues included in the survey. Furthermore, most community health leaders, 85.1%, named mental health services/suicide as a top three issue that needs to be addressed.
- Community health leaders were given a list of ten areas and asked how much of a need regarding health education and prevention services each was in the communities they serve. The area that health leaders rated as the most significant need was mental health/depression/suicide prevention with 84% of respondents rating it as a significant need.
- Specific to youth, community health leaders were given a list of eleven areas and asked how much of a need regarding health education and prevention services each was for the youth in the communities they serve. Once again, the area that community health leaders rated as the most significant need was mental health/depression/suicide prevention with 85% of respondents rating it as a significant need.
- Community health leaders identified mental health/suicide as one of the top two emerging issues that Stark County would need to address in the future.
- 65% of community health leaders felt that people with mental illness were a population that was not adequately being served by local health services.
- Less than half, 40.6%, of community health leaders feel that there are adequate services and programs already in place in the community to address mental health services/suicide.
- Less than half of community residents surveyed, 49.4%, reported that they didn't have any days in the past 30 days in which their mental health was not good, while nearly a quarter, 23%, reported that their mental health was not good 1 to 5 days in the past 30 days. A notable percentage, 16%, indicated that their mental health was not good for more than half of the month.
- One-eighth, 12.5%, of community residents surveyed indicated that they or a family member had to wait more than 10 days to see a counselor or psychiatrist in the past year.
- The number of adults and children receiving behavioral health assistance increased significantly over the past five years (17% increase for adults and 31% increase for children). *(*Source*: Stark MHAR).*
- The suicide death rate in Stark County has increased by 30.6% over the last five years from 14.4 to 18.8. The suicide death rate in Stark County is significantly higher than the state of Ohio. For both Carroll and Tuscarawas Counties, the number of suicide deaths has increased by 25% or more betweem 2012 and 2017 *(*Source*: Ohio Department of Health).*
- Nearly a third of students, 29.9%, reported that they have been told by a health care professional that they had a mental health issue before the current school year. The most common mental health issues for female students were Anxiety and Depresssion. For male students, the most common issue was ADD/ADHD. *(*Source: *Northeast Ohio Youth Health Survey)*
- In Ohio, the ratio of the population to Mental Health Providers is 470:1, in Carroll and Tuscarawas, the ratio is much worse; 720:1 in Tuscarawas County and 2,490:1 in Carroll County. *(*Source: *County Health Rankings)*

HEROIN/OPIOID USE

HEALTH NEED: A highly addictive opioid drug, heroin use has been steadily rising nationally, statewide and in Stark County. The epidemic has swept across all parts of Stark County and has touched all demographic groups.

- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', heroin/opioid use was given an average importance rating of 9.06 by community health leaders, the third highest average importance of the nine health related issues included in the survey. Furthermore, nearly two-thirds of community health leaders, 63.4%, named heroin/opioid use as a top three issue that needs to be addressed.
- Community health leaders were given a list of ten areas and asked how much of a need regarding health education and prevention services each was in the communities they serve. The area that community health leaders rated as the second most significant need was alcohol and other drug prevention, with 61% stating that it was a significant need.
- Specific to youth, community health leaders were given a list of eleven areas and asked how much of a need regarding health education and prevention services each was for the youth in the communities they serve. The area that health leaders rated as the third most significant need was alcohol and drug abuse prevention with 68% of respondents rating it as a significant need.
- Community health leaders identified substance abuse/opioid epidemic as one of the top two emerging issues that Stark County would need to address in the future.
- Less than half, 49.5%, of community health leaders feel that there are adequate services and programs already in place in the community to address the heroin and opiate crisis.
- More than two-thirds of community health leaders, 69.0%, identified lack of providers and services as a barrier that prevents residents from receiving the substance abuse treatment that they need. Other barriers identified included lack of insurance or ability to pay, the stigma associated with substance abuse, and lack of transportation.
- Most community residents surveyed, 94%, feel that heroin is a serious problem in Stark County with 76% saying that it is a very serious problem and 18% indicating that it is a moderately serious problem.
- One fifth of community residents surveyed, 20%, reported that they know someone who has taken OxyContin or another prescription medication to get high, this was an increase from 15% in 2015.
- A notable percentage of community residents surveyed, 15%, know someone who was treated for a drug overdose with Narcan.
- The number of unintentional drug overdose deaths in all three counties has increased steadily each year since 2009 (all are double or higher). *(Source: 2016 Ohio Drug Overdose Data).*
- The number of OVI arrests in Carroll and Tuscarawas Counties has increased by 35% or more between 2015 and 2018 (the state increase was 8% over this same time period). *(Source: Ohio Department of Public Safety).*
- Nearly half of Stark County middle and high school students have used some illegal substance sometime in their lifetime. Nearly a fifth, 19.0%, have used a substance in the past thirty days. *(*Source: *Northeast Ohio Youth Health Survey)*
- Nearly a quarter of Stark County middle and high school students, 24.1%, reported that someone in their household had used any substance (other than alcohol) during this past school year. *(*Source: *Northeast Ohio Youth Health Survey)*

OBESITY AND HEALTHY LIFESTYLE CHOICES

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

- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', obesity and lack of healthy lifestyle choices was given an average importance rating of 8.50 by community health leaders, the fifth highest average importance of the nine health related issues included in the survey. Furthermore, more than one-third of community health leaders, 34.7%, named obesity and lack of healthy lifestyle choices as a top three issue that needs to be addressed.
- Community health leaders were given a list of ten areas and asked how much of a need regarding health education and prevention services each was in the communities they serve. The area that health leaders rated as the third and fourth most significant needs were alcohol, healthy lifestyles and obesity prevention.
- Specific to youth, health leaders were given a list of eleven areas and asked how much of a need regarding health education and prevention services each was for the youth in the communities they serve. The area that health leaders rated as the fourth most significant need was healthy lifestyles with 55% of respondents rating it as a significant need.
- According to community health leaders, the most common risk factors and behaviors that lead to poor health status include food insecurity, poor financial status, the use of drugs, alcohol and tobacco and health illiteracy.
- More than one quarter or 25.4% of community residents indicated they currently smoke cigarettes, little cigars, or use tobacco.
- More than two-thirds of community residents surveyed, 69% had a favorable rating of their health, a notable decrease from 74% in 2015.
- More than a third of community residents surveyed, 39.6%, reported that their weight is about right, a decrease from 46.7% in 2015. More than half, 53.4%, reported being overweight.
- Less than one-sixth of community residents surveyed, 15.8%, reported having difficulty getting fresh fruits and vegetables in their neighborhood.
- In terms of access to healthy food, transportation was identified as a barrier to access although farmers' markets and community gardens have helped with this issue. Other difficulties in this area that were mentioned include people not knowing how to prepare healthy food and the higher cost of healthy foods. *(*Source: *Community Focus Group)*
- The percentage of the population with access to exercise opportunities is lower in all three counties than the state average and significantly lower in Carroll County where just 30% of the population have adequate access. *(Source: County Health Rankings)*

INFANT MORTALITY

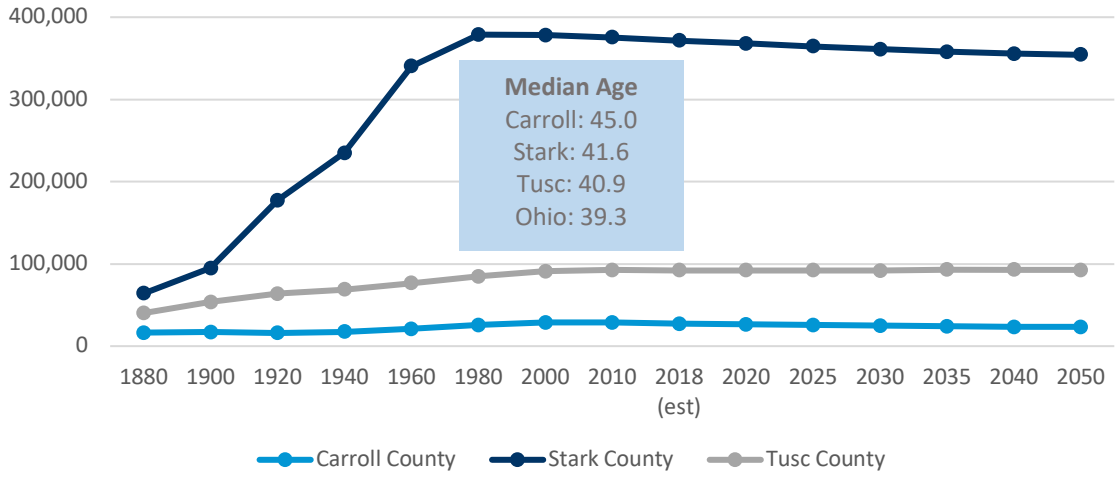
HEALTH NEED: Infant mortality rates in Ohio and Stark County are higher than the national rate. The situation is even more serious when you consider the disparity in infant mortality between white and black babies. Stark County has one of the highest disparities in birth outcomes of any large urban center in Ohio.

- On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', infant mortality was given an average importance rating of 8.92 by community health leaders, the fourth highest average importance of the nine health related issues included in the survey. Furthermore, more than one-third of community health leaders, 37.6%, named infant mortality as a top three issue that needs to be addressed.
- More than half of community residents surveyed, 54%, feel that infant mortality is a serious problem in Stark County with 20% saying that it is a very serious problem and 34% indicating that it is a moderately serious problem.
- Just a third of community residents that were surveyed, 37.5% had heard of the ABC's safe sleep guidelines for newborns.
- Less than two-thirds, 66%, of pregnant women in Stark County accessed prenatal care in the first trimester in 2018. In the other two counties, the percentage is even lower; 61% in Carroll and 60% in Tuscarawas. *(*Source*: Ohio Department of Health)*
- In 2017, the infant mortality rate in Stark County was 9.5, higher than Ohio's infant mortality rate of 7.2 and an increase from 2013 when the infant mortality rate in Stark County was 6.9. The five-year average annual infant mortality rate was also higher for Stark County (7.6) than the state (7.2). In 2017, the infant mortality rate in Tuscarawas County was 8.6, an increase from 6.3 in 2013. *(*Source*: Ohio Department of Health)*
- The infant mortality rate for black babies (10.8) is more than twice the rate for white babies in Stark County (3.9). *(*Source*: Ohio Department of Health, 2015)*

Service Area Demographic Profile

Stark County is the eighth most populated county in Ohio with a current population of 371,574. Tuscarawas and Carroll County are much smaller with populations of 92,176 and 27,081, respectively, ranking that at 30th and 80th in the state. The median age in all three counites is higher than the median age of 39.1 for the state, particularly in Carroll County were the median age is 45.0.

County Population Trends and Projections

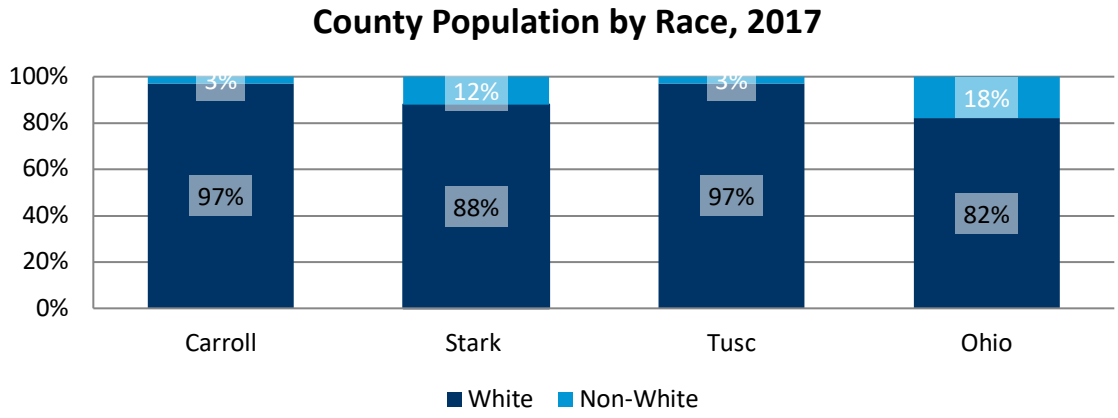


County Population Trends & Projections				
	Carroll County	Stark County	Tusc County	Ohio
1880	16,416	64,031	40,198	3,198,062
1900	16,881	94,747	53,751	4,157,545
1920	15,942	177,218	63,578	5,759,394
1940	17,449	234,887	68,816	6,907,612
1960	20,857	340,345	76,789	9,706,397
1980	25,598	378,823	84,614	10,797,630
2000	28,836	378,098	90,914	11,353,140
2010	28,836	375,586	92,582	11,536,504
2018 (est)	27,081	371,574	92,176	11,689,442
2020	26,530	368,210	92,310	11,574,870
2025	25,650	364,650	92,060	11,598,670
2030	24,880	361,130	91,890	11,615,100
2035	24,080	357,820	92,910	11,635,110
2040	23,390	355,500	92,840	11,679,010
2050	23,380	354,500	92,600	11,646,810
Change 2018-2050	**-13.7%**	**-4.6%**	**+0.5%**	**-0.4%**
SOURCE: U.S. Census Bureau				

County Population Trends & Projections – Children Under 5				
	Carroll County	Stark County	Tusc County	Ohio
2013	1,491	20,770	5,459	695,657
2014	1,426	21,075	5,464	696,733
2015	1,418	21,053	5,561	696,816
2016	1,349	21,000	5,554	697,923
2017	1,318	21,025	5,700	695,704
Change 2013-2017	**-11.6%**	**+1.2%**	**+4.4%**	**0%**
SOURCE: U.S. Census Bureau, American Fact Finder				

County Population Trends & Projections – Children Under 18				
	Carroll County	Stark County	Tusc County	Ohio
2013	4,877	82,983	21,662	2,652,685
2014	4,823	82,669	21,535	2,640,987
2015	4,736	81,915	21,422	2,627,298
2016	4,609	81,230	21,267	2,612,172
2017	5,852	81,832	21,361	2,627,168
Change 2013-2017	**+20.0%**	**-1.4%**	**-1.4%**	**-1.0%**
SOURCE: U.S. Census Bureau, American Fact Finder				

All three counties are less diverse than the state of Ohio. Carroll and Tuscarawas counties are especially homogenous with the majority, 97%, of residents being white. The racial composition in all three counites has changed little over the past five years.



County Population by Race, 2017							
	White	African American	Native American	Asian	Pacific Islander	Other Race	Two or more races
Carroll	27,103	257	21	105	17	70	252
Stark	330,293	26,706	403	3,055	67	1,399	12,350
Tuscarawas	89,586	874	239	383	0	183	1,266
Ohio	9,503,779	1,428,230	21,872	235,878	3,499	103,726	312,772
SOURCE: American Factfinder, American Community Survey							

Population Estimates by Race						
	2013	2014	2015	2016	2017	% Change
CARROLL COUNTY						
White	97.6%	97.5%	97.1%	97.1%	97.4%	**-0.2%**
African-American	0.6%	0.7%	0.8%	0.8%	0.9%	**+0.3%**
Native American	0.0%	0.0%	0.1%	0.1%	0.1%	**+0.1%**
Asian	0.2%	0.2%	0.2%	0.3%	0.4%	**+0.2%**
Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%	**+0.1**
Other race	0.2%	0.2%	0.4%	0.3%	0.3%	**+0.1%**
Two or more races	1.3%	1.3%	1.3%	1.3%	0.9%	**-0.4%**
STARK COUNTY						
White	88.8%	88.8%	88.7%	88.4%	88.2%	**-0.6%**
African-American	7.3%	7.1%	7.2%	7.3%	7.1%	**-0.2%**
Native American	0.2%	0.1%	0.1%	0.1%	0.1%	**-0.1%**
Asian	0.8%	0.7%	0.8%	0.8%	0.8%	-
Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%	-
Other race	0.3%	0.2%	0.2%	0.3%	0.4%	**+0.1%**
Two or more races	2.7%	3.0%	3.0%	3.1%	3.3%	**+0.6%**
TUSCARAWAS COUNTY						
White	97.1%	97.0%	96.6%	97.0%	96.8%	**-0.3%**
African-American	0.9%	1.0%	0.8%	0.8%	0.9%	-
Native American	0.2%	0.3%	0.3%	0.3%	0.3%	**+0.1%**
Asian	0.3%	0.3%	0.4%	0.4%	0.4%	**+0.1%**
Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.1%	**+0.1%**
Other race	0.4%	0.4%	0.5%	0.3%	0.2%	**-0.2%**
Two or more races	1.1%	0.9%	1.4%	1.3%	1.4%	**+0.3%**
SOURCE: American Factfinder, American Community Survey						

The number of Hispanic or Latino residents in all three counties is on the rise, increasing by 15% or more over the past five years.

County Population Estimates by Hispanic Origin						
	2013	2014	2015	2016	2017	% Change
Carroll	268	295	317	329	351	**+31.0%**
Stark	6,295	6,596	6,806	6,939	7,202	**+14.4%**
Tuscarawas	1,862	1,992	2,131	2,175	2,251	**+20.9%**
Source: American Community Survey						

All three counties are extremely similar in terms of the percent of households that are families with children, teetering between 29% and 30%.

Families with Children as a Percent of Households						
County	2013	2014	2015	2016	2017	% Change
Carroll	29.1%	30.0%	28.9%	28.5%	29.0%	**-0.1%**
Stark	29.6%	29.5%	29.4%	29.4%	29.2%	**-0.4%**
Tuscarawas	29.8%	30.4%	30.7%	30.0%	29.8%	-
Ohio	30.9%	30.6%	30.2%	29.4%	29.8%	**-1.1%**
SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates						

The percentage of family households that are one-parent households in much higher in Stark County, 27.2% than in Carroll (18.3%) and Tuscarawas (20.9%) Counties.

Households by Type						
	2013	2014	2015	2016	2017	% Change
CARROLL COUNTY						
Total households	**11,107**	**10,922**	**10,972**	**10,871**	**10,917**	**-1.7%**
Family households	7,856	7,927	7,816	7,813	7,809	-0.6%
Married couple	83.2%	83.5%	83.3%	80.9%	81.7%	-1.5%
Male householder	6.2%	6.1%	5.4%	7.0%	6.8%	+0.6%
Female householder	10.6%	10.4%	11.3%	12.1%	11.5%	+0.9%
Non-family household	3,251	2,995	3,156	3,058	3,108	-4.4%
Households with children	2,863	2,919	2,763	2,689	2,758	-3.7%
STARK COUNTY						
Total households	**150,003**	**149,756**	**150,385**	**151,101**	**152,037**	**+1.4%**
Family households	99,208	99,047	98,810	99,415	99,828	+0.6%
Married couple	74.4%	73.9%	73.6%	73.6%	72.8%	-1.6%
Male householder	7.1%	7.3%	7.7%	7.8%	7.9%	+0.8%
Female householder	18.5%	18.8%	18.7%	18.6%	19.3%	+0.8%
Non-family household	50,795	50,709	51,575	51,686	52,209	+2.8%
Households with children	40,269	39,829	39,750	40,166	39,947	-0.8%
TUSCARAWAS COUNTY						
Total households	**36,149**	**36,366**	**36,713**	**36,325**	**36,548**	**+1.1%**
Family households	25,091	25,342	25,250	24,676	24,502	-2.3%
Married couple	79.7%	78.5%	78.6%	78.8%	79.1%	-0.6%
Male householder	5.8%	6.0%	5.8%	6.0%	5.7%	-0.1%
Female householder	14.5%	15.5%	15.6%	15.2%	15.2%	+0.7%
Non-family household	11,058	11,024	11,463	11,649	12,046	+9.0%
Households with children	9,851	10,030	10,127	9,598	9,587	-2.7%
SOURCE: American Factfinder, American Community Survey						

Overall in the state, the number of grandparents raising grandchildren has slightly risen since 2009. The increases in both Carroll and Tuscarawas Counties was much more significant at 79% and 33%, respectively.

Number of Grandparents Raising Grandchildren					
County	**2009**	**2012**	**2016**	**2018**	**Change '09 to '18**
Carroll	196	240	268	350	**+78.6%**
Stark	2,671	3,260	2,939	2,487	**-6.9%**
Tuscarawas	466	518	563	621	**+33.3%**
Ohio	91,513	99,487	100,667	97,811	**+6.9%**
SOURCE: Public Children Services Association of Ohio (PCSAO). http://www.pcsao.org/pdf/factbook/2017/PCSAOFactbook.pdf					

Residents of of all three counties tend to be slightly less geographically mobile than Ohio.

Geographic Mobility, 2019					
	Same house as previous year	Different house, in county	Different County, in state	Different state	Abroad
Carroll	89.4%	5.6%	3.8%	1.1%	0.0%
Stark	87.1%	8.9%	2.6%	1.2%	0.2%
Tuscarawas	87.0%	8.8%	2.6%	1.4%	0.2%
Ohio	85.1%	9.4%	3.4%	1.7%	0.4%
SOURCE: Ohio Development Services Agency, Ohio County Profiles, https://development.ohio.gov/files/research/C1077.pdf					

All three counties have higher owner occupany rates than the state of Ohio ranging from 69% in Stark County to 80% in Carroll County. The percentage of housing units that are vacant in both Stark and Tuscarawas Counties is in line with the state average (around 10%). However, the percentage of housing units that are vacant in Carroll County is much higher. At 20%, this is twice as high as the state average. The median value of houses in Mercy's market area ranges from $116,700 to $124,000. Monthly expenses for renters in the area range from $682 to $725.

Housing Units, 2019							
	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Carroll	80.0%	20.0%	19.8%	1973	$116,700	$682	$1,100
Stark	68.7%	31.3%	8.7%	1964	$124,000	$689	$1,132
Tuscarawas	70.7%	29.3%	9.0%	1967	$117,100	$725	$1,064
Ohio	66.0%	34.0%	10.6%	1967	$131,900	$743	$1,238
SOURCE: Ohio Development Services Agency, Ohio County Profiles, https://development.ohio.gov/files/research/C1077.pdf							

The percentage of housing units is much higher in all three counties than it is in Ohio as a whole ranging from 75%-80% in the counties compared to 69% in Ohio. The percentage of housing units that are mobile homes is twice as high as the state average in Tuscarawas County (8%) and more than three times the state average in Carroll County (13%).

Percentage as Share of Housing Units, 2019				
	Single-Detached	Units of Multi-family Properties	Mobile Homes	Vacant Units
Carroll	79.9%	2.5%	13.4%	19.7%
Stark	74.5%	10.2%	2.1%	8.7%
Tuscarawas	75.7%	4.3%	8.3%	9.1%
Ohio	68.6%	14.2%	3.8%	10.6%
SOURCE: OHFA, Draft Ohio Housing Needs Assessment, Technical Supplement to the Fiscal Year 2019 Annual Plan				

Community Assets & Resources

This section includes assets and resources for the following topic areas: health care, including hospitals and urgent care centers; community clinics, including Federally Qualified Health Centers; heroin and opioid use; infant mortality; mental health; obesity and healthy lifestyle; education related assets and information; and Stark County major employers.

Please note: Although efforts were made to make the below lists as comprehensive as possible, the lists may not be all inclusive.

HEALTH CARE ASSETS AND RESOURCES

The ratio of population to primary care physicians, mental health providers, and dentists is significantly higher in both Carrol and Tuscarawas Counties than Ohio, especially for Carroll County. In Carroll County, for primary care physicians, the ratio was more than 4 times higher in Carroll; for mental health providers, the ratio was more than 5 times higher in Carroll; for dentists, the ratio is almost 1.5 times higher in the county than the state.

In addition, there are no registered hospitals located in Carroll County. Mercy Medical Center and Aultman Hospitals, both primarily located in Stark County, both serve patients from Carroll County. While there are two registered hospitals in Tuscarawas County, many Tuscarawas County residents still travel to Stark County for their hospital care.

Health Care Summary, 2019

	Carroll County	Stark County	Tuscarawas County	Ohio
Primary Care Physicians	9	970	95	35,644
Ratio of population to primary care	*5,530:1*	*1,250:1*	*2,370:1*	*1,300:1*
Mental Health Providers	11	888	129	-
Ratio of population to mental health	*2,490:1*	*420:1*	*720:1*	*470:1*
Dentists	11	236	34	-
Ratio of population to dentists	*2,490:1*	*1,580:1*	*2,710:1*	*1,620:1*
Number of registered hospitals*	0	7	2	220
*Number of hospital beds**	*0*	*1,740*	*174*	*44,737*
*Licensed nursing homes**	*3*	*39*	*10*	*965*
*Number of beds**	*219*	*3,661*	*852*	*89,705*
Licensed residential care*	1	35	7	748
*Number of beds**	*108*	*2,311*	*569*	*58,763*

*SOURCE: County Health Rankings which used data from Area Health Resource File/American Medical Association for PCP and Dentists, original source of mental health data was CMS, National Provider Identification. * Ohio Development Services Agency, Ohio County Profiles*

Hospitals
Carroll County
None
Stark
Aultman-Alliance Community Hospital, Alliance, OH
Aultman Hospital, Canton, OH
Mercy Medical Center, Canton, OH
Tuscarawas County
Trinity Hospital Twin City, Dennison, OH
Union Hospital, Dover, OH

Community Clinics (Dental, Health Care, Reproductive Health)
Carroll County
Aultman Carrollton, Carrollton, OH
Mercy State Care, Carrollton, OH
Carrol Family Healthcare, Malvern, OH
Stark County
Alliance Family Health Center, Alliance, OH
Hartville Migrant Ministries Medical Clinic, Hartville, OH
Lifecare Family Health & Dental Center, Canton, OH
Lifecare Family Health & Dental Center, Goodwill Community Campus, Canton, OH
Lifecare Family Health & Dental Center, Massillon, OH
Mercy at St. Paul Square, Canton, OH
My Community Health Center, Canton, OH
ONE Health Ohio, Alliance, OH
Stark County Health Department, Canton, OH
Tuscarawas County
Tuscarawas Clinic for the Working Uninsured, Dover, OH
Mercy Stat Care, New Philadelphia, OH
Community Mental Healthcare, Dover, OH
Addition Outreach Clinic, New Philadelphia, OH
Tuscarawas Medical Clinic, New Philadelphia, OH
Lakeland Family Medicine, Inc., New Philadelphia, OH
East Ohio Orthopedics, Dover, OH
Tuscarawas Clinic for the Working Uninsured, Dover, OH

Urgent Care Centers
Carroll County
Mercy STATCARE, Carrollton, OH
Mercy Health Center of Carroll County, Carrollton, OH
Aultman Carrollton, Carrollton, OH
Stark County
ACH Family Care: Urgent Care Center, Louisville, OH
Aultman North, North Canton, OH
Aultman West, Massillon, OH
Concentra Urgent Care, Canton, OH
ImmediaDent: Urgent Dental Care, Canton, OH
Mercy Health Center of Jackson, Massillon, OH
Mercy Health Center of Massillon, Massillon, OH
Mercy Health Center of N. Canton, North Canton, OH
Mercy Health Center of Plain, Canton, OH
Walk In Urgent Care, Canton. OH
Tuscarawas County
Cleveland Clinic - Union Hospital FirstCare Urgent Care, Dover, OH
Mercy Health Center of Tuscarawas County, New Philadelphia, OH
Mercy Health Center of Tuscarawas County, Newcomerstown, OH
F N Urgent Care Center Inc, Magnolia, OH
Mercy Health Center STATCARE Immediate Care, New Philadelphia, OH
Mercy Work Health & Safety Services, New Philadelphia, OH

Heroin/Opioid Use Resources in Stark County
Arrow Passage Recovery, https://www.arrowpassage.com/
Canton Addiction Services, LLC , http://www.cantonaddiction.com/
Coleman Professional Services, www.colemanservices.org
CommQuest Services Inc., https://commquest.org/
Stark County Mental Health and Addiction Recovery, https://starkmhar.org/
The Lenzy Family Institute , http://thelenzyfamilyinstitute.net/

Infant Mortality Resources in Stark County
Baby & Me – Tobacco Free, https://www.starkcountyohio.gov/public-health/nursing-services/baby-me-tobacco-free
Cribs for Kids, http://www.starkcountyohio.gov/public-health/nursing-services/safe-sleep-and-cribs-for-kids
Moms & Babies First, http://www.starkcountyohio.gov/public-health/nursing-services/keep-our-babies-alive-k-o-b-a
Stark County Fatherhood Coalition
Stark County THRIVE, http://www.ourbabiescount.org/blog/information/helping-canton-stark-county-thrive/

Mental Health Resources in Stark County
Child and Adolescent Behavioral Health, https://www.childandadolescent.org/
Coleman Professional Services, www.colemanservices.org
CommQuest Services Inc., https://commquest.org/
NAMI Stark County , http://namistarkcounty.org/
Stark County Family Council, www.starkfamilycouncil.org/
Stark County Mental Health and Addiction Recovery, https://starkmhar.org/

Obesity and Healthy Lifestyle Resources in Stark County
Canton Parks and Recreation, www.cantonparksandrec.com
Green Alliance, http://www.greenallianceohio.org/
Live Well Stark County, http://livewellstarkcounty.com/
Ohio State University Extension, https://stark.osu.edu/home
StarkFresh, www.starkfresh.org
Stark County District Library, www.starklibrary.org/home/services/bikesmart
Stark County Hunger Task Force, http://starkhunger.org/
Stark County Park District, www.starkparks.com

ADDITIONAL COMMUNITY ASSETS AND RESOURCES

Education Assets and Information

The average expenditure per student considerably less in all three counties than the state average. However, the graduation rate for higher than the state in both Carroll and Stark Counties.

There are no public or private colleges or universities located within Carroll County and just one 4-year branch university in Tuscarawas County. In Stark County, there is one 4-year branch and one 2-year public college.

County Education Information, 2019				
	Carroll	Stark	Tuscarawas	Ohio
Public school buildings	10	97	40	3,095
# public students	2,953	54,055	15,703	1,550,417
# public teachers	245	3,491	1,022	106,699
Expenditures per student	$8,689	$8,232	$8,389	$9,311
Graduation Rate	91.3%	91.7%	85.5%	90.7%
# non-public schools	0	22	3	707
# non-public students	0	3,570	345	168,331
# 4-yr public universities	0	0	0	13
# 4-year branches	0	1	1	23
# 2-year public colleges	0	1	0	38
# Private colleges and universities	0	3	0	49
Public libraries (Main/Branches)	1/2	7/19	5/10	251/726
SOURCE: Ohio Development Services Agency, Ohio County Profiles				

Major Employers

The major employers for each county are listed in the tables below.

Carroll County Major Employers	
Carroll County Government	Colfor Manufacturing
Carroll Health Care Center Inc	GBS Corporation
Carrollton Exempted Village Schools	St. John's Villa
Stark County Major Employers	
Alfred Nickles Bakery Inc	Alliance Community Hospital
Ameridial	ARE
Atlas Technologies	Aultman Hospital
Baker Hughes/BJ Services	Canton Drop Forge
Case Farms	Chesapeake Energy
Crown Cork & Seal Co. Inc.	Diebold/Nixdorf
DLH Industries	Emergency Medicine Physicians
Fisher Foods Inc	Fresh Mark Inc
Frito Lay	G E Oil & Gas
Giant Eagle	Haines & Co Inc
Hartville Kitchen	Heinz North America
Kenan Advantage Group	Kent State University Stark
M K Morse Company	MAC Trailer Manufacturing
Malone University	Marathon Canton Refinery
McKinley Health Care Center	Medline
Menards	Mercy Medical Center
Ohio Gratings	R G Drage Center
Repository	Republic Steel
Shearer's Foods	Stark State College
Suarez Corp Industries	Sugardale Foods
The Timken Company	TimkenSteel
University of Mount Union	Walmart
Walsh University	YMCA
Tuscarawas County Major Employers	
Allied Machine & Engineering	Gradall Industries
Dover Chemical Corporation	Lauren Manufacturing
Dover City Schools	Marlite, Inc.
New Philadelphia City Schools	nuCamp RV
Union Hospital	Wal-Mart Stores Inc
SOURCE: Ohio Development Services Agency, Ohio County Profiles TUSCARAWAS COUNTY: https://development.ohio.gov/files/research/C1080.pdf	

Community Health Assessment:
Detailed Results

The Advisory Committee contracted CMOR to conduct a community telephone survey of Stark County residents. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance abuse, infant mortality, healthy living, vaccinations, chronic diseases and transportation. Where possible, comparative data from the 2011 and 2015 CHA were included throughout the analysis.

The four data components included in this assessment include:

- **Community Health Leader Survey** - A web survey of 101 community leaders in Stark County with knowledge of the health needs in the community.
- **Community Survey -** A telephone survey of a representative sample of 800 adults in Stark County.
- **Secondary Data Analysis -** Main sources of data include the American Fact Finder, Ohio Department of Health, and County Health Rankings. Youth data is for Stark County only and is from the 2018 Northeast Ohio Youth Health Survey.
- **Community Focus Group –** A facilitated discussion with a diverse set of Stark County community residents.

More detailed information about the data components can be found in Research Methodology appendix.

COMMUNITY NEEDS

COMMUNITY HEALTH LEADER SURVEY

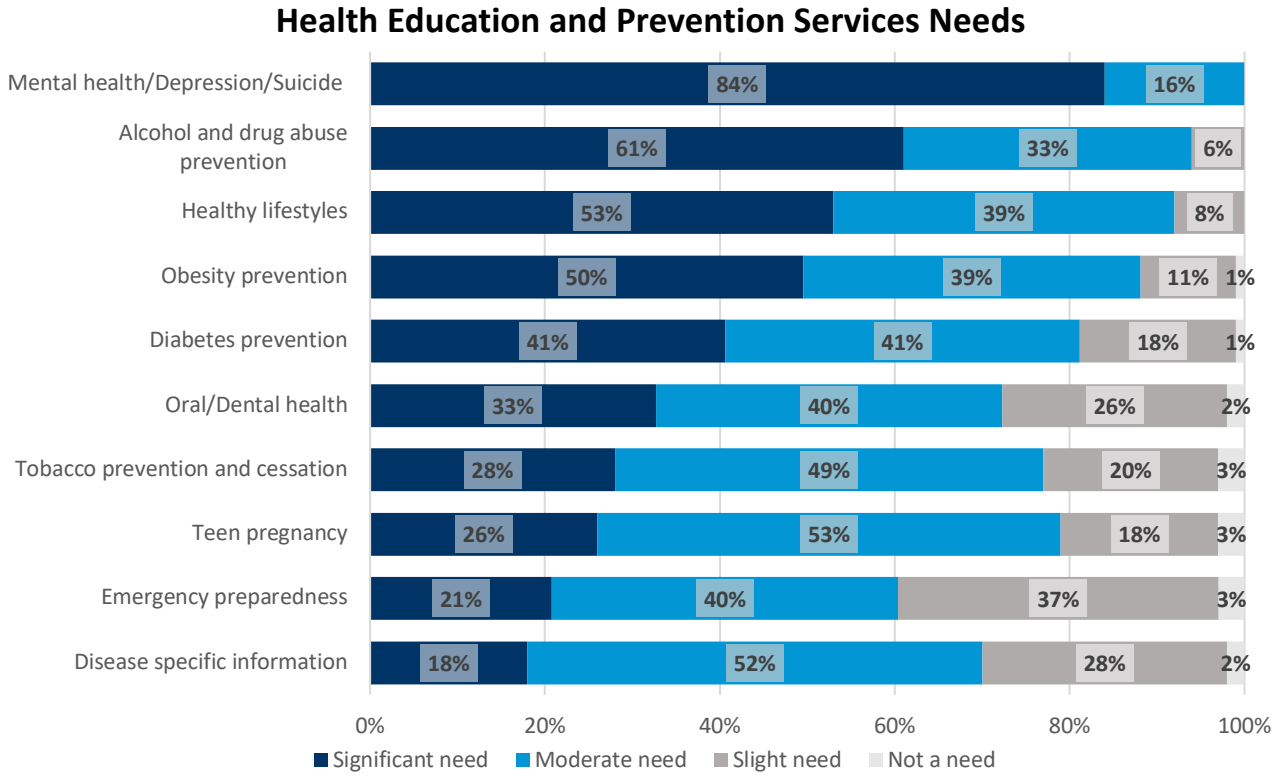
First, community health leaders were given a list of nine health-related issues that were identified as part of the community health leader survey. Respondents were asked how important they felt each issue is on a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important'. Respondents were also asked which three issues were most important to be addressed. Combined, each issue was assigned an overall rank with the top three issues being: mental health services/suicide, heroin/opioid use, and access to health care.

Importance of Health Issues						
	High (8-10)	*Medium (4-7)*	*Low (1-3)*	*Average Importance*	*Top 3 Issues*	*Overall Rank*
Mental health services/suicide	95.0%	5.0%	0.0%	9.50	85.1%	**1**
Heroin/opioid use	89.1%	10.9%	0.0%	9.06	63.4%	**2**
Access to health care	93.1%	6.9%	0.0%	9.31	53.5%	**3**
Infant mortality	88.1%	9.9%	2.0%	8.92	37.6%	**4**
Obesity & healthy lifestyles	75.2%	24.8%	0.0%	8.50	34.7%	**5**
Chronic disease management	73.3%	25.7%	1.0%	8.25	17.8%	**6**
Cancer	70.3%	27.7%	2.0%	8.24	5.0%	**7**
Immunizations	81.3%	25.7%	3.0%	8.16	3.0%	**8**

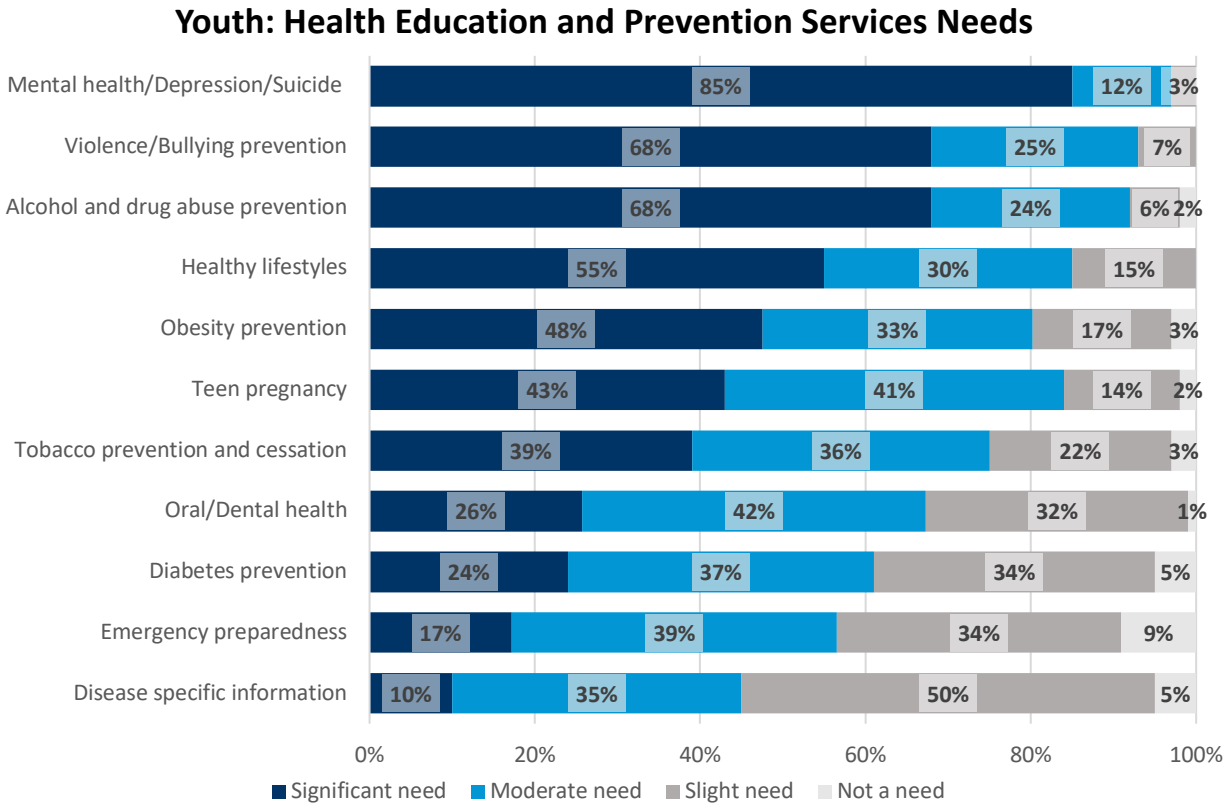
20.8% of respondents said there are additional health issues that should be on the list, they are outlined in the table below.

Additional Health Issues to Add		
	# of Responses	% of Responses
Social determinants	5	25.0%
Abuse	3	15.0%
Polypharmacy	2	10.0%
Alcohol/drug addictions	2	10.0%
Dental care	2	10.0%
Integrated care	2	10.0%
Trauma	1	5.0%
STDs	1	5.0%
Miscellaneous	2	10.0%
Total	**20**	**(n=20)**
Question: What would that be?		

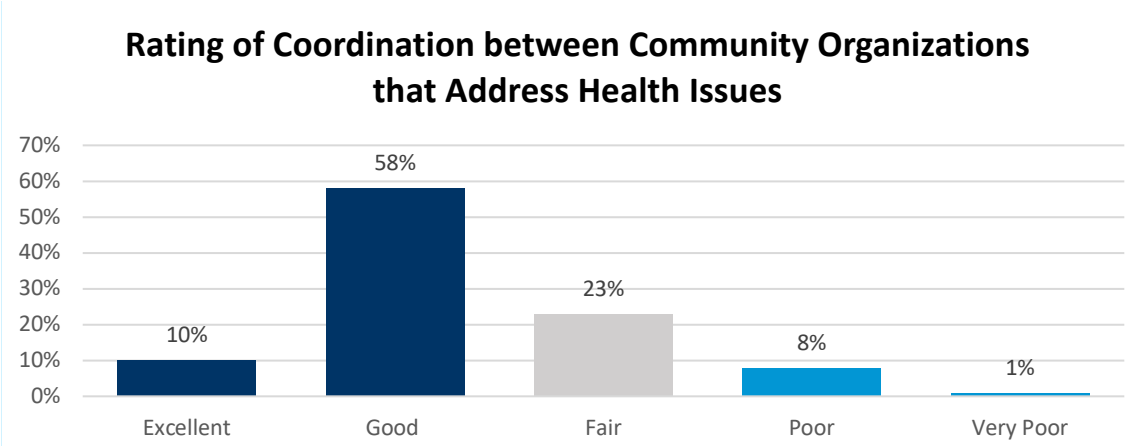
Next, community health leaders were given a list of ten areas and asked how much of a need regarding health education and prevention services each was in the communities they serve. The area rated as the most significant need was mental health/depression/suicide prevention with 84% of respondents rating it as a significant need. More than half of respondents identified the following as significant needs: alcohol and other drug prevention, healthy lifestyles, and obesity prevention.



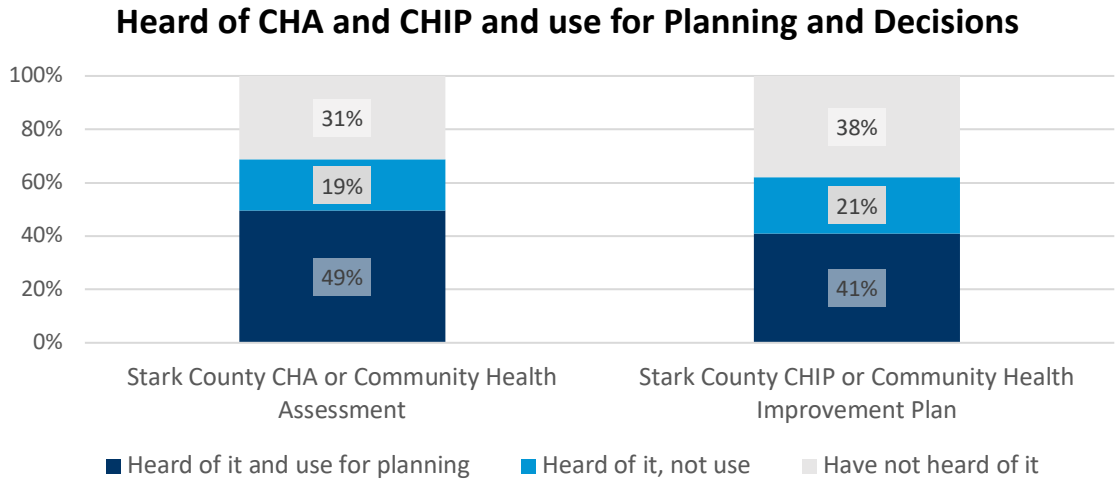
Specific to youth, community health leaders were given a list of eleven areas and asked how much of a need regarding health education and prevention services each was in the communities they serve. Once again, the area rated as the most significant need was mental health/depression/suicide prevention with 85% of respondents rating it as a significant need. More than half of respondents identified the following as significant needs: violence and bullying prevention, alcohol and other drug prevention, and healthy lifestyles.



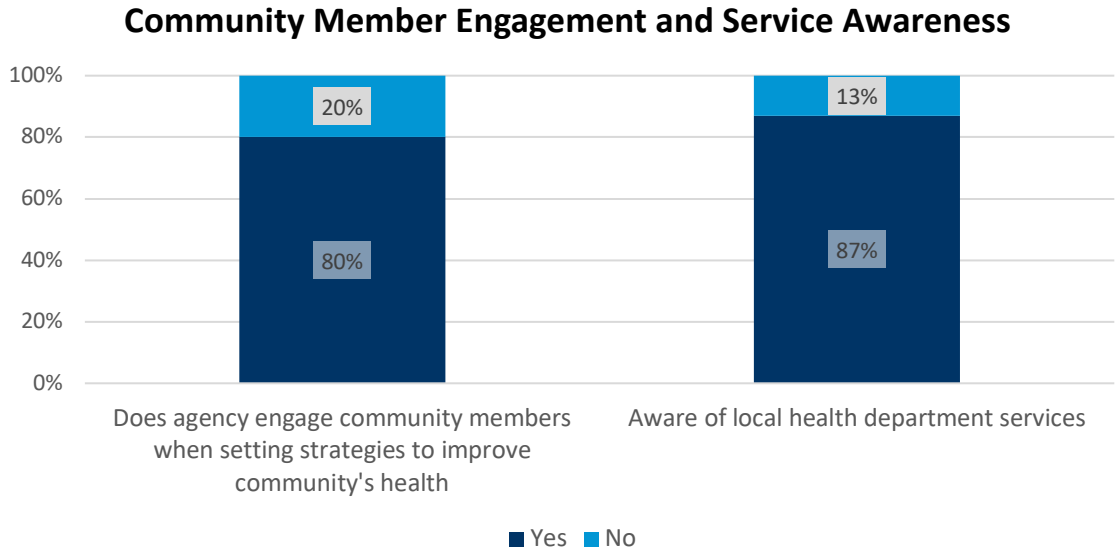
More than two thirds of respondents, 68%, rated the level of coordination between community organizations that address health issues in Stark County favorably with 10% rating the coordination as excellent. A small percentage of respondents, 9%, rated the level of coordination in the county as poor or very poor.



Approximately two-thirds of respondents have heard of the Stark County CHA (69%) or the Stark County CHIP (62%). The majority of respondents who had heard of the CHA or the CHIP use it for planning and implementing strategies.



The majority of respondents, 80%, engage community members when setting strategies to improve the community's health. Most respondents, 87%, reported being aware of specific services the local health department in their community provides. The services with the highest level of awareness were Immunizations, WIC and THRIVE.



Health Department Services Aware Of	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondents
Immunizations	24	32.4%	47	63.5%
WIC	7	9.5%	27	36.5%
THRIVE	12	16.2%	22	29.7%
Mother/baby or child	7	9.5%	19	25.7%
Health education/outreach	2	2.7%	16	21.6%
STD/STI/HIV	1	1.4%	16	21.6%
Inspections	1	1.4%	15	20.3%
Safe sleep/cribs	3	4.1%	9	12.2%
Opioid/prescription drugs	3	4.1%	9	12.2%
SWAP	2	2.7%	9	12.2%
Infant mortality	2	2.7%	8	10.8%
Environmental health	0	0.0%	8	10.8%
Health statistics	3	4.1%	7	9.5%
Community Health Workers	2	2.7%	7	9.5%
Screenings	2	2.7%	6	8.1%
Mental health	0	0.0%	6	8.1%
Dental	2	2.7%	5	6.8%
Communicable diseases	0	0.0%	5	6.8%
Tobacco	0	0.0%	4	5.4%
Nursing	1	1.4%	3	4.1%
Lead abatement	0	0.0%	3	4.1%
Clinics	0	0.0%	2	2.7%
Rabies	0	0.0%	2	2.7%
Miscellaneous	0	0.0%	12	16.2%
Total	**74**	**(n=74)**	**268**	**(n=74)**

Respondents were asked for suggestions for ways to engage community members, particularly low income, underserved/uninsured, and ethnic/racial subpopulations in addressing health issues. The most common suggestions were to go where they live, converse and listen to their ideas and focus on one organization and branch out from there.

Suggestions to Engage Community in Addressing Health Issues	# of Responses	% of Responses
Go where they live	25	37.3%
Converse and listen to their ideas	14	20.9%
Focus on one organization and branch out	7	10.4%
Incentives (fresh food, stipends)	6	9.0%
Provide activities to meet their interest	5	7.5%
Provide guidance	5	7.5%
CHWs hired from neighborhood	2	3.0%
Advertisement	1	1.5%
Provide ways to get to meetings	1	1.5%
Total	**67**	**(n=67)**

Sixty percent of organizations make referrals to community programs & services on behalf of the people they serve. The programs & services referred to most often were behavioral health, food assistance and the Department of Job and Family Services.

Community Programs & Services Referred to Most Often				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondents
Behavioral health	8	19.0%	13	31.0%
Food assistance	2	4.8%	9	21.4%
Job & Family Services	3	7.1%	7	16.7%
Health department	2	4.8%	7	16.7%
CommQuest	4	9.5%	6	14.3%
THRIVE	3	7.1%	5	11.9%
WIC	2	4.8%	4	9.5%
Phoenix Rising	1	2.4%	4	9.5%
Substance abuse	1	2.4%	4	9.5%
Dental	0	0.0%	4	9.5%
Cribs for Kids	2	4.8%	3	7.1%
Prescription	2	4.8%	3	7.1%
Medical	1	2.4%	3	7.1%
Child & Adolescent	0	0.0%	3	7.1%
Help Me Grow	0	0.0%	3	7.1%
Housing	0	0.0%	3	7.1%
Child Protective Services	1	2.4%	2	4.8%
OOD	1	2.4%	2	4.8%
Stark MHAR	1	2.4%	2	4.8%
Area Agency on Aging	0	0.0%	2	4.8%
BCMH	0	0.0%	2	4.8%
Coleman	0	0.0%	2	4.8%
Family planning	0	0.0%	2	4.8%
Goodwill Campus	0	0.0%	2	4.8%
OhioGuidestone	0	0.0%	2	4.8%
Specialty services	0	0.0%	2	4.8%
Miscellaneous	8	19.0%	31	73.8%
Total	**42**	**(n=42)**	**132**	**(n=42)**
Question: To which programs/services do you refer most often?				

Most, 83%, organizations passively provide referral information to the people they serve. The methods of providing passive referrals used most were printed materials, a list of resources, and educational materials.

Methods for Passively Providing Referrals		
	# of Responses	% of Responses
Printed material	17	28.3%
List of resources	9	15.0%
Educational material	8	13.3%
Phone contact	6	10.0%
Verbal interaction	6	10.0%
Website	3	5.0%
United Way 211	3	5.0%
Public event	2	3.3%
Miscellaneous	6	10.0%
Total	**67**	**(n=67)**
Question: What methods does your organization use to passively provide referrals MOST often?		

In terms of emerging health needs that Stark County will need to address in the future, the top emerging needs identified by community health leaders were the substance abuse/opioid crisis, mental health/suicide, and affordable health care.

Emerging Health Needs				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondents
Substance abuse/opioid crisis	15	23.4%	21	32.8%
Mental health/suicide	10	15.6%	21	32.8%
Affordable health care	6	9.4%	14	21.9%
Child/youth mental health	6	9.4%	10	15.6%
Obesity & healthy lifestyles	4	6.3%	10	15.6%
Unemployment	2	3.1%	6	9.4%
Basic needs (housing, food)	2	3.1%	6	9.4%
Poverty	5	7.8%	5	7.8%
Funding	5	7.8%	5	7.8%
Aging population	4	6.3%	5	7.8%
Quality providers	2	3.1%	3	4.7%
Chronic disease	0	0.0%	3	4.7%
Social determinants	1	1.6%	2	3.1%
Infant mortality	0	0.0%	2	3.1%
Healthy pregnancy	0	0.0%	2	3.1%
Media	0	0.0%	2	3.1%
Miscellaneous	2	3.1%	4	6.3%
Total	**64**	**(n=64)**	**121**	**(n=64)**
Question: What are the emerging issues that Stark County will face or will need to address in the future?				

The final question of the community health leader survey asked respondents for any advice they may have for the group developing a CHIP to address community health needs. The advice offered by the respondents is outlined in the table below.

Final Advice in Addressing Community Health Needs				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondents
Listen to people being served	10	17.2%	17	29.3%
It's a process. Keep moving forward!	10	17.2%	15	25.9%
Goals: Prioritize. Be specific and pragmatic	8	13.8%	11	19.0%
Include diversity in all areas	9	15.5%	10	17.2%
Include community input	5	8.6%	8	13.8%
Partner with other agencies	5	8.6%	6	10.3%
Use evidence-based best practices	4	6.9%	5	8.6%
Educate people being served	3	5.2%	5	8.6%
Listen to workers on the frontline	1	1.7%	4	6.9%
Listen to leadership	1	1.7%	2	3.4%
Share results with community	0	0.0%	2	3.4%
Miscellaneous	2	3.4%	2	3.4%
Total	**58**	**(n=58)**	**87**	**(n=58)**

Question: What advice do you have for a group developing a community health improvement plan to address the needs discussed in the survey?

COMMUNITY SURVEY

- All respondents were asked what they thought was the MOST important health related issue or challenge in Stark County. Nearly one-third, 29.8%, felt that legal/illegal drug abuse was the most important health issue in the county. The second largest health issue was health care costs, given by 15.9% of respondents.
- All respondents were asked a follow-up question as to why they think the issue or challenge they named was an issue. For those who mentioned drug abuse as the most important issue, the most common reasons given were that it leads to death and drug abuse is rampant in society. For those who named health care costs, the most common reason was that it was not affordable. For those who named cancer, the most common reasons given were that it leads to death and cancer is rampant in society. For those who mentioned mental health, the most common reason given was that it leads to death. For those who mentioned obesity, the most common reasons given were that it leads to more health problems and it is a rampant issue in society.
- Respondents were also asked what they thought were the most important things that needed to change to improve the health and quality of life in the community. More than a quarter of respondents, 25.8%, stated that making health care more affordable was the change that most needed to happen. Outside of making health care more affordable, the following changes were mentioned: people taking responsibility for their health habits (18.9%), substance abuse resources (17.0%), better access to nutritious foods (16.0%), and health care accessibility (15.7%).

Summary: Overall Needs and Health			
		2015	***2018***
Most important health issue *(open ended, Top 3)*	Legal/illegal drug abuse	7.6%	29.8%
	Health care costs	27.9%	15.9%
	Cancer	10.6%	7.4%
Most important change needed to improve community health *(open ended, Top 3)*	Make health care more affordable	-	25.8%
	People take responsibility for health habits	-	18.9%
	Substance abuse resources	-	17.0%

Most Important Health Related Issue or Challenge				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondents
Legal/illegal drug abuse	206	29.8%	344	49.8%
Health care costs	110	15.9%	180	26.0%
Mental health	46	6.7%	135	19.5%
Cancer	51	7.4%	118	17.1%
Obesity	44	6.4%	110	15.9%
Heart disease	13	1.9%	83	12.0%
Diabetes	18	2.6%	76	11.0%
Lack of health insurance	39	5.6%	61	8.8%
Doctor/hospital accessibility	17	2.5%	61	8.8%
Societal/governmental influences	13	1.9%	58	8.4%
Care for the elderly	20	2.9%	41	5.9%
Prescription costs	13	1.9%	41	5.9%
Poverty	9	1.3%	33	4.8%
Nutritional choices	11	1.6%	32	4.6%
Illness	8	1.2%	23	3.3%
Alcohol abuse	1	0.1%	21	3.0%
Pollution	6	0.9%	20	2.9%
Lack of exercise	4	0.6%	20	2.9%
Lack of preventative care	7	1.0%	19	2.7%
Smoking	6	0.9%	19	2.7%
AIDS	4	0.6%	16	2.3%
STDs	3	0.4%	15	2.2%
Respiratory disease	1	0.1%	14	2.0%
Pediatric care	5	0.7%	13	1.9%
Alzheimer's disease	0	0.0%	13	1.9%
Health care quality	7	1.0%	12	1.7%
Limits with health care system	5	0.7%	10	1.4%
Medicare/Medicaid issues	5	0.7%	8	1.2%
Lack of dental/vision coverage	4	0.6%	7	1.0%
Kidney disease	2	0.3%	7	1.0%
Arthritis/bone health/osteoporosis	1	0.1%	7	1.0%
Individuals w/ disabilities getting needs met	2	0.3%	6	0.9%
Insect diseases	1	0.1%	5	0.7%
Teen pregnancy	0	0.0%	5	0.7%
Emergency response time	2	0.3%	4	0.6%
Lack of getting immunizations	2	0.3%	4	0.6%
Liver disease	1	0.1%	4	0.6%
Lack of specialists	0	0.0%	4	0.6%
Miscellaneous	4	0.6%	21	3.0%
Total	**691**	**(n=691)**	**1,675**	**(n=691)**

Question: What do you think is the MOST important health related issue or challenge facing your community?

Changes Needed to Improve Health of Community				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Make health care more affordable	100	16.8%	153	25.8%
People take responsibility for health habits	51	8.6%	112	18.9%
Substance abuse resources	68	11.4%	101	17.0%
Better access to nutritious foods	52	8.8%	95	16.0%
Health care accessibility	53	8.9%	93	15.7%
Provide health promotion/disease prevention	51	8.6%	88	14.8%
More green space for gathering and exercising	44	7.4%	82	13.8%
More awareness of health care resources	36	6.1%	74	12.5%
Mental health/communicating effectively resources	35	5.9%	71	12.0%
Higher employment rate	39	6.6%	46	7.7%
Increase number of hospitals/doctors	17	2.9%	25	4.2%
Clean natural environment	16	2.7%	22	3.7%
Make prescriptions affordable	12	2.0%	22	3.7%
Transportation to medical facilities	8	1.3%	13	2.2%
Decrease number of fast food restaurants	6	1.0%	13	2.2%
More religious values	4	0.7%	4	0.7%
Miscellaneous	2	0.3%	4	0.7%
Total	**594**	**(n=594)**	**1,018**	**(n=594)**

Question: What do you think are the most important things that need to change in order to improve the health and quality of life in your community?

COMMUNITY FOCUS GROUP

Participants were asked about their vision for a healthy community. They described their idea of a healthy community as one with:

- ✓ Good schools
- ✓ Strong public transportation system
- ✓ Focus on mental health
- ✓ Environmental support and respect
- ✓ Network of good health care systems
- ✓ Access to healthy food
- ✓ Safety within the community
- ✓ Access to recreation

SOCIAL DETERMINANTS

SECONDARY DATA ANALYSIS

In terms of educational attainment for adults both ages 18 to 24 and 25 and older, the percentage of the population with a high school degree or more education is slightly higher than the state average in Stark County and slightly lower than the state average in both Carroll and Tuscarawas Counties.

Educational Attainment						
	2013	2014	2015	2016	2017	Change 2013-2017
Percentage that have high school degree or higher, ages 18-24						
Carroll	80.5%	82.2%	83.0%	82.1%	73.3%	**-7.2%**
Stark	84.9%	85.9%	86.4%	87.5%	88.0%	**+3.1%**
Tuscarawas	81.7%	82.0%	83.9%	81.7%	80.4%	**-1.3%**
Ohio	84.7%	85.2%	85.7%	86.0%	86.4%	**+1.7%**
Percentage that have high school degree or higher, ages 25 and older						
Carroll	85.0%	86.6%	87.0%	87.0%	88.1%	**+3.1%**
Stark	89.1%	89.8%	89.9%	90.4%	90.7%	**+1.5%**
Tuscarawas	86.7%	86.6%	85.9%	85.9%	86.3%	**-0.4%**
Ohio	88.5%	88.8%	89.1%	89.5%	89.8%	**+1.3%**
Percentage that have bachelor's degree or higher						
Carroll	11.0%	10.6%	11.4%	11.4%	12.3%	**+1.3%**
Stark	21.1%	21.5%	21.9%	22.6%	22.8%	**+1.7%**
Tuscarawas	15.2%	14.7%	14.4%	15.0%	15.1%	**-0.1%**
Ohio	25.2%	25.6%	26.1%	26.7%	27.2%	**+2.0%**
SOURCE: United States Census Bureau, American Fact Finder						

The unemployment rate for each county in 2018 was equal or greater than it was for the state. For this table, unemployment includes persons who were not employed, but who were actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within thirty days.

Unemployment Countywide						
	2014	2015	2016	2017	2018	% Change 14 -18
Carroll	6.2%	6.0%	6.8%	5.8%	5.3%	**-0.9%**
Stark	5.8%	5.3%	5.4%	5.2%	4.9%	**-0.9%**
Tuscarawas	5.6%	5.4%	5.8%	5.0%	4.6%	**-1.0%**
Ohio	5.8%	4.9%	5.0%	5.0%	4.6%	**-1.2%**
SOURCE: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, Local Area Unemployment Statistics. Data extracted from Civilian Labor Force Estimates Query tool						

The percentage of the population in poverty is slightly lower in all three counties than it is in the state.

Total Percentage of Population in Poverty							
	2017 Pop	2013	2014	2015	2016	2017	Change
Carroll	27,405	15.5%	15.9%	15.4%	14.0%	14.8%	**-0.7%**
Stark	364,660	15.0%	15.0%	14.7%	14.1%	14.0%	**-1.0%**
Tuscarawas	91,132	14.6%	14.3%	14.0%	13.6%	13.8%	**-0.8%**
Ohio	11,289,161	15.8%	15.9%	15.8%	15.4%	14.9%	**-0.9%**
SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates							

Poverty levels for children under the age of 18 and under the age of 5 in each county are also very similar to poverty levels for the state.

Percentage of Children under 18 in Poverty							
	# Children (2017)	2013	2014	2015	2016	2017	Change 2013-2017
Carroll	5,717	23.8%	25.9%	25.5%	20.1%	21.5%	**-2.3%**
Stark	79,963	23.3%	22.9%	22.1%	21.4%	21.5%	**-1.8%**
Tuscarawas	20,861	22.9%	21.8%	20.8%	19.2%	20.1%	**-2.8%**
Ohio	2,581,520	22.8%	23.1%	22.8%	22.1%	21.3%	**-1.5%**

Percentage of Children under 5 years in Poverty					
	# Children Under 5 (2017)	2015	2016	2017	Change 2015-2017
Carroll	1,281	28.5%	23.3%	25.5%	**-3.0%**
Stark	20,493	27.4%	27.5%	27.4%	-
Tuscarawas	5,580	25.3%	25.2%	24.5%	**-0.8%**
Ohio	683,536	27.3%	26.1%	25.1%	**-2.2%**
SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates					

Looking specifically at the population in each county in poverty by key demographic measures, children under the age of 5 had the highest level of poverty, while senior citizens had the lowest level. Females were more likely than males to be in poverty. In terms of race and ethnicity, black and multi-racial respondents had the highest poverty levels followed by Hispanic or Latino. Additionally, the lower the education level, the higher the poverty level for that demographic group. The poverty rate for the unemployed is nearly six times that of the employed population.

Carroll County Percentage of Population in Poverty by Gender							
	2017 Pop	2013	2014	2015	2016	2017	Change
CARROLL COUNTY							
Male	13,666	14.6%	14.7%	14.2%	12.6%	13.0%	**-1.6%**
Female	13,739	16.4%	17.2%	16.6%	15.3%	16.6%	**+0.2%**
STARK COUNTY							
Male	177,782	13.9%	14.0%	13.4%	12.7%	12.8%	**+1.1%**
Female	184,872	16.0%	16.0%	15.9%	15.4%	16.1%	**+0.1%**
TUSCARAWAS COUNTY							
Male	44,039	14.5%	11.9%	13.4%	12.6%	11.9%	**-2.6%**
Female	76,694	14.7%	14.7%	14.3%	14.4%	16.0%	**+1.3%**
SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates							

Percentage of Population in Poverty by Age Group							
	# Pop (2017)	2013	2014	2015	2016	2017	Change 2013-2017
CARROLL COUNTY							
Under 5	1,281	23.8%	25.9%	28.5%	23.3%	25.5%	**-1.7%**
5-17	4,436			24.7%	19.2%	20.4%	**-3.4%**
18-34	4,863	14.9%	14.9%	20.6%	18.5%	21.3%	**+6.4%**
35-64	11,641			11.5%	11.7%	12.0%	**-2.9%**
65 +	5,184	6.9%	6.8%	7.7%	7.8%	7.5%	**+0.6%**
STARK COUNTY							
Under 5	20,493	23.3%	22.9%	27.4%	27.5%	27.4%	**+4.1%**
5-17	59,470			20.3%	19.3%	19.5%	**-3.8%**
18-34	71,729	14.1%	14.3%	20.1%	19.2%	18.8%	**+4.7%**
35-64	147,166			11.1%	10.5%	10.4%	**-3.7%**
65 +	64,802	7.1%	7.1%	7.1%	7.6%	7.3%	**+0.2%**
TUSCARAWAS COUNTY							
Under 5	5,580	22.9%	21.8%	25.3%	25.2%	24.5%	**+1.6%**
5-17	15,281			19.3%	17.1%	18.5%	**-4.4%**
18-34	17,644	13.2%	13.3%	16.8%	15.6%	15.5%	**+2.3%**
35-64	36,279			11.3%	11.7%	11.8%	**-1.4%**
65 +	16,348	7.6%	7.1%	7.7%	8.0%	8.6%	**+1.0%**
SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates							

Percentage of Population in Poverty by Race and Ethnicity							
	# Pop (2017)	2013	2014	2015	2016	2017	Change 2013-2017
CARROLL COUNTY							
White	26,699	15.6%	16.1%	15.5%	13.8%	14.2%	**-1.5%**
Black	241	20.5%	15.8%	25.4%	37.3%	80.1%	**+59.6%**
Asian	105	0.0%	3.2%	12.7%	8.7%	7.6%	**+7.6%**
Two or more	252	19.5%	14.6%	11.9%	7.9%	25.8%	**+6.3%**
Hispanic/Latino	351	2.7%	3.4%	6.9%	20.1%	15.7%	**+13.0%**
STARK COUNTY							
White	322,239	12.7%	12.6%	12.4%	11.6%	11.5%	**-1.2%**
Black	25,518	35.0%	35.2%	34.3%	36.8%	35.0%	-
Asian	3,031	7.6%	8.7%	10.2%	7.5%	8.4%	**+0.8%**
Two or more	12,014	37.8%	39.7%	36.0%	33.7%	35.2%	**+2.6%**
Hispanic/Latino	7,018	29.0%	32.0%	29.0%	26.7%	26.4%	**-2.6%**
TUSCARAWAS COUNTY							
White	88,370	14.4%	14.1%	13.1%	12.8%	13.0%	**-1.4%**
Black	782	53.7%	52.9%	53.8%	51.9%	46.2%	**-7.5%**
Asian	383	0.0%	16.9%	18.7%	23.2%	21.4%	**+21.4%**
Two or more	1,261	30.9%	31.1%	32.8%	36.9%	36.3%	**+5.4%**
Hispanic/Latino	2,244	38.7%	37.0%	35.8%	28.2%	25.6%	**-13.1%**
SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates							

Percentage of Population in Poverty by Education Level							
	Population (2017)	2013	2014	2015	2016	2017	% Change
CARROLL COUNTY							
Less than HS	2,279	23.0%	27.0%	24.6%	20.7%	19.0%	**-4.0%**
HS grad	9,413	10.4%	9.8%	10.1%	12.3%	13.4%	**+3.0%**
Some college	5,405	11.4%	10.2%	9.4%	6.7%	7.3%	**-4.1%**
College grad	2,412	3.0%	3.5%	4.4%	4.1%	3.6%	**+0.6%**
STARK COUNTY							
Less than HS	23,166	25.7%	25.5%	25.9%	25.5%	26.0%	**+0.3%**
HS grad	95,460	11.9%	12.1%	12.0%	11.7%	12.0%	**-0.1%**
Some college	77,606	11.1%	11.8%	11.8%	10.9%	10.4%	**-0.7%**
College grad	58,702	4.0%	4.1%	3.9%	3.8%	3.4%	**-0.6%**
TUSCARAWAS COUNTY							
Less than HS	8,524	19.9%	19.4%	21.0%	20.3%	21.4%	**+1.5%**
HS grad	29,342	11.8%	11.8%	11.4%	11.9%	11.9%	**+0.1%**
Some college	15,658	9.2%	9.6%	9.5%	9.4%	9.8%	**+0.6%**
College grad	9,606	5.3%	5.8%	5.6%	5.5%	5.1%	**-0.2%**

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates
Some college includes associate degree and college grad includes bachelor's degree or higher.

Percentage of Population in Poverty by Employment Status							
	# Pop-2017	2013	2014	2015	2016	2017	% Change
CARROLL COUNTY							
Employed	12,637	6.2%	6.2%	5.7%	6.3%	7.3%	**+0.9%**
Unemployed	622	40.5%	43.9%	48.6%	43.6%	40.4%	**-0.1%**
STARK COUNTY							
Employed	175,858	7.0%	7.2%	7.2%	6.8%	7.0%	-
Unemployed	12,674	34.3%	36.5%	40.7%	39.0%	39.1%	**+4.8%**
TUSCARAWAS COUNTY							
Employed	43,425	6.8%	7.2%	7.3%	6.9%	6.4%	**-0.4%**
Unemployed	2,242	24.3%	28.9%	27.9%	28.1%	35.8%	**+11.5%**

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates

The poverty rates for female headed households, both overall and with children under 18, are approximately 8 times higher than married family households.

Percentage of Families in Poverty by Family Status							
	# Pop-2017	2013	2014	2015	2016	2017	Change
CARROLL COUNTY							
All families	7,809	10.5%	11.5%	10.4%	9.8%	10.9%	**+0.4%**
Married families	6,380	5.7%	6.4%	5.2%	5.6%	6.5%	**+0.8%**
Female headed	896	47.2%	53.0%	47.9%	38.3%	43.4%	**-3.8%**
STARK COUNTY							
All families	99,828	11.0%	10.9%	10.8%	10.4%	10.2%	**-0.8%**
Married families	72,686	4.6%	4.4%	4.4%	4.1%	3.7%	**-0.9%**
Female headed	19,225	33.7%	33.8%	33.7%	33.6%	34.3%	**+0.6%**
TUSCARAWAS COUNTY							
All families	24,502	10.4%	10.5%	10.7%	9.9%	10.4%	-
Married families	19,378	5.3%	5.5%	5.8%	5.4%	5.7%	**+0.4%**
Female headed	3,722	37.4%	35.8%	35.0%	30.5%	34.0%	**-3.4%**

Percentage of Families with Children under 18 in Poverty by Family Status							
	# Pop-2017	2013	2014	2015	2016	2017	Change
CARROLL COUNTY							
All families	3,096	21.2%	24.0%	21.9%	17.8%	18.9%	**-2.3%**
Married families	2,232	11.5%	13.4%	11.8%	9.1%	10.8%	**-0.7%**
Female headed	572	64.4%	72.6%	63.2%	57.7%	58.4%	**-6.0%**
STARK COUNTY							
All families	43,508	19.8%	19.7%	19.2%	18.7%	18.7%	**-1.1%**
Married families	26,116	8.0%	7.7%	7.6%	6.4%	3.7%	**-4.3%**
Female headed	12,678	45.7%	45.7%	44.6%	45.8%	34.3%	**-11.4%**
TUSCARAWAS COUNTY							
All families	10,654	19.7%	19.1%	18.5%	16.9%	17.6%	**-2.1%**
Married families	7,292	9.8%	9.7%	8.9%	8.2%	8.3%	**-1.5%**
Female headed	2,458	49.6%	47.5%	46.1%	40.4%	45.9%	**-3.7%**

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates

Below are tables with poverty rates by zip code, both overall and by age group. Zip codes with higher than average poverty rates tended to be in the county's more urban areas.

CARROLL COUNTY Poverty Number and Rates by Zip Code, 2017					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
44607 (Augusta)	158	8	5.1%	8	64
44615 (Carrollton)	10,577	1,962	18.5%	2,373	3,999
44620 (Dellroy)	1,737	179	10.3%	222	493
44644 (Malvern)	4,872	766	15.7%	1,012	1,492
44651 (Mechanicstown)	569	100	17.6%	112	221

SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

CARROLL COUNTY- Poverty Number and Rates by Age and Zip Code, 2017								
Zip Code	Under 5		5-17		18-64		65 and over	
	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty
44607	22	0.0%	54	0.0%	76	10.5%	6	0.0%
44615	419	28.2%	1,837	25.9%	6,508	17.7%	1,813	11.7%
44620	156	15.4%	293	14.0%	974	10.2%	314	4.8%
44644	187	7.5%	876	21.3%	2,861	18.5%	948	3.7%
44651	68	35.3%	93	0.0%	383	19.8%	25	0.0%
SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates								

STARK COUNTY- Poverty Number and Rates by Zip Code, 2017					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
44702 (Canton)	802	553	69.0%	584	714
44704 (Canton)	3,290	1,656	50.3%	1,836	2,199
44707 (Canton/North Industry)	9,357	3,768	40.3%	4,357	5,632
44703 (Canton)	7,600	2,373	31.2%	2,985	4,572
44705 (Canton)	19,345	5,868	30.3%	6,776	11,534
44710 (Canton)	9,345	2,254	24.1%	2,849	4,186
44706 (Canton)	17,044	3,029	17.8%	4,274	6,861
44669 (Paris)	1,250	163	13.0%	269	509
44601 (Alliance)	33,203	6,054	18.2%	8,115	14,079
44714 (Canton)	8,060	1,361	16.9%	1,824	3,564
44709 (North Canton/Canton)	18,238	2,769	15.2%	3,795	6,214
44613 (Brewster)	1,888	267	14.1%	445	729
44640 (Limaville)	173	24	13.9%	33	57
44643 (Magnolia)	3,429	518	15.1%	783	1,064
44646 (Massillon)	45,342	5,599	12.3%	7,250	13,552
44688 (Waynesburg)	2,868	405	14.1%	520	935
44708 (Canton)	25,168	3,376	13.4%	4,335	7,873
44647 (Massillon)	18,743	2,221	11.8%	3,024	5,901
44730 (East Canton/Canton)	6,049	759	12.5%	912	2,225
44608 (Beach City)	2,338	232	9.9%	425	658
44657 (Minerva)	9,353	879	9.4%	1,086	2,767
44626 (East Sparta)	3,059	258	8.4%	292	657
44685 (Uniontown)	27,865	2,377	8.5%	2,815	4,845
44662 (Navarre)	9,772	789	8.1%	1,422	2,664
44720 (North Canton/Canton)	38,038	2,461	6.5%	3,643	7,943
44718 (Canton/Jackson Belden)	11,622	927	8.0%	1,073	2,008
44632 (Hartville)	9,220	588	6.4%	797	2,438
44689 (Wilmot)	727	36	5.0%	36	156
44614 (Canal Fulton)	12,482	594	4.8%	981	2,650
44641 (Louisville)	19,786	1,261	6.4%	2,042	4,541
44666 (North Lawrence)	3,018	155	5.1%	263	620
44721 (Canton)	13,038	717	5.5%	767	1,867
SOURCE: U.S. Census Bureau, 2017 American Community Survey 5-Year Estimates					

STARK COUNTY- Poverty Number and Rates by Age and Zip Code, 2017								
Zip Code	Under 5		5-17		18-64		65 and over	
	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty
44704	237	82.7%	625	78.6%	1,871	48.7%	557	10.2%
44669	57	40.4%	186	30.1%	621	11.1%	386	3.9%
44707	818	73.1%	1,671	49.0%	5,804	37.3%	1,064	17.7%
44703	360	67.8%	1,323	45.3%	5,144	27.5%	773	14.9%
44705	2,023	53.7%	3,724	42.6%	10,957	26.3%	2,641	12.0%
44643	229	32.8%	697	29.6%	1,816	10.7%	687	6.3%
44710	562	51.1%	1,582	33.6%	5,693	22.4%	1,508	10.7%
44646	2,550	23.3%	7,309	14.6%	26,848	12.8%	8,635	5.8%
44708	1,344	28.8%	3,816	19.2%	15,067	13.3%	4,941	5.1%
44709	940	29.3%	2,431	24.8%	11,257	13.5%	3,610	10.1%
44706	1,037	22.0%	2,824	34.4%	10,481	16.0%	2,702	5.5%
44688	177	19.7%	340	14.1%	1,917	16.7%	494	2.8%
44601	1,758	27.4%	5,500	25.9%	20,125	18.4%	5,819	7.8%
44714	417	18.0%	1,065	15.5%	4,967	16.4%	1,611	19.1%
44730	308	20.1%	1,003	14.3%	3,607	11.2%	1,131	13.2%
44647	1,299	23.7%	2,813	18.7%	11,457	10.2%	3,174	6.9%
44721	500	17.0%	2,062	7.6%	8,056	5.1%	2,420	2.6%
44657	470	13.4%	1,431	16.9%	5,750	8.5%	1,702	4.9%
44685	1,403	15.2%	5,549	11.7%	16,147	8.1%	4,766	4.4%
44626	93	10.8%	527	12.1%	1,898	6.9%	541	9.8%
44613	72	16.7%	373	18.0%	1,095	16.1%	348	3.4%
44689	54	18.5%	170	6.5%	417	3.4%	86	1.2%
44720	1,965	8.3%	5,874	6.8%	22,811	6.1%	7,388	6.8%
44632	561	13.9%	1,392	4.1%	5,545	6.0%	1,722	7.1%
44608	107	30.8%	525	6.5%	1,296	8.5%	410	10.2%
44662	556	14.7%	1,702	6.8%	5,819	8.9%	1,695	4.3%
44641	1,039	10.6%	3,212	7.7%	11,649	5.2%	3,886	7.8%
44614	527	7.0%	2,108	3.9%	7,552	5.0%	2,295	4.4%
44718	352	29.3%	1,927	15.4%	7,121	5.9%	2,222	5.0%
44640	3	0.0%	29	17.2%	120	11.7%	21	23.8%
44666	110	0.0%	573	13.1%	1,958	3.0%	377	5.6%
44670	42	0.0%	58	0.0%	149	0.0%	57	0.0%
44702	6	0.0%	17	70.6%	567	69.0%	212	70.8%
SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates								

TUSCARAWAS COUNTY- Poverty Number and Rates by Zip Code, 2017					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
43804 (Baltic)	3,647	496	13.6%	882	1,516
44612 (Bolivar)	5,408	371	6.9%	457	964
44621 (Dennison)	4,418	979	22.2%	1,153	1,863
44622 (Dover)	17,697	1,976	11.2%	2,585	5,832
44624 (Dundee)	4,149	458	8.9%	692	1,552
44629 (Gnadenhutten)	2,575	364	14.1%	472	819
44653 (Midvale)	690	163	23.6%	226	343
44656 (Mineral City)	2,784	231	8.3%	278	925
44663 (New Philadelphia)	24,536	3,850	15.7%	5,404	8,895
43832 (Newcomerstown)	7,467	876	11.7%	1,321	2,995
43837 (Port Washington)	1,902	316	16.6%	412	715
44671 (Sandyville)	276	46	16.7%	46	141
44678 (Somerdale)	385	26	6.8%	26	26
43840 (Stone Creek)	1,234	67	5.4%	96	274
44680 (Strasburg)	4,226	523	12.4%	758	1,081
44681 (Sugarcreek)	7,563	518	6.8%	1,062	2,409
44682 (Tuscarawas)	991	68	6.9%	180	263
44683 (Uhrichsville)	991	68	6.9%	180	263
44697 (Zoar)	202	22	10.9%	26	45
SOURCE: U.S. Census Bureau, 2017 American Community Survey 5-Year Estimates					

TUSCARAWAS COUNTY- Poverty Number and Rates by Age and Zip Code, 2017								
Zip Code	Under 5		5-17		18-64		65 and over	
	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty	# in pop	% in poverty
43804	339	21.8%	1,191	17.1%	1,773	9.5%	344	14.5%
44612	313	4.2%	855	13.3%	3,415	6.2%	825	4.0%
44621	249	44.2%	864	35.4%	2,597	19.1%	708	9.5%
44622	963	21.9%	2,866	10.0%	9,947	11.8%	3,921	7.8%
44624	475	30.3%	1,312	6.2%	2,874	5.8%	488	13.5%
44629	139	23.0%	561	14.6%	1,559	13.9%	316	10.8%
44653	44	47.7%	119	30.3%	475	22.3%	52	0.0%
44656	120	15.0%	346	13.0%	1,811	8.1%	507	4.3%
43832	539	7.6%	1,542	14.2%	4,214	11.2%	1,172	12.2%
43837	117	48.7%	331	29.0%	1,169	13.3%	285	2.8%
44671	0	-	39	0.0%	159	19.5%	78	19.2%
44678	0	-	125	0.0%	221	11.8%	39	0.0%
43840	72	0.0%	124	0.0%	839	7.3%	199	3.0%
44680	246	36.6%	575	19.3%	2,511	9.7%	894	8.8%
44681	853	8.4%	1,567	9.8%	4,178	4.4%	965	11.4%
44682	69	0.0%	154	16.2%	663	5.6%	105	5.7%
44683	491	56.2%	1,323	23.1%	5,133	22.4%	1,346	9.6%
44697	10	0.0%	20	60.0%	86	11.6%	86	0.0%
SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates								

The median monthly housing costs for mortgage holders as a percent of household income (home owners) is very similar across all three counties and the state. The median gross rent is smaller in all three counties than it is in the state.

Homeowner Affordability, 2019		
	Median Monthly Housing Cost for Mortgage Holders	Median Monthly Housing Cost for Mortgage Holders as % of Household Income
Carroll	$1,072	20.3%
Stark	$1,132	19.7%
Tuscarawas	$1,059	20.0%
Ohio	$1,238	20.4%
^FHA guidelines state that a household should avoid buying a home that costs more than 2.5 times its annual income. Numbers in red are above the 2.5 threshold.		
SOURCE: OHFA, Draft Ohio Housing Needs Assessment, Technical Supplement to the FY 2019 Annual Plan		

Severe renter cost burden means that at least half of household income is spent on housing. In Ohio, over a quarter of renters suffer from severe renter cost burdens. The percentage is lower is all three counties, especially Carroll where it is just 14.8%.

Renter Affordability, 2019			
	Median Monthly Gross Rent	Median Gross Rent as % of Household Income	Severe Renter Cost Burden
Carroll	$633	25.6%	14.8%
Stark	$689	27.5%	22.0%
Tuscarawas	$694	26.8%	20.1%
Ohio	$743	29.0%	25.0%
SOURCE: OHFA, Draft Ohio Housing Needs Assessment, Technical Supplement to the Fiscal Year 2019 Annual Plan			

While the number of homeless individuals in Stark County has decreased, 21%, since 2009, the number of individuals in permanent supportive housing (84%) and those at imminent risk of being homeless continued to rise (137%). Data for Carroll and Tuscarawas Counties was not available.

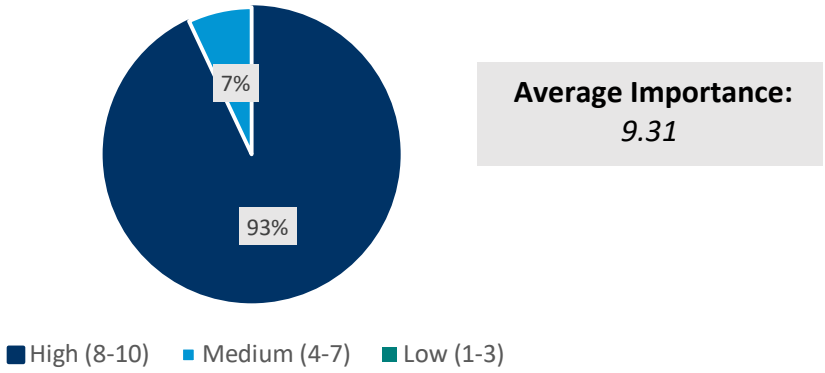
Stark County Homeless Data										
	2009	2010	2011	2012	2013	2014	2015	2016	2017	Change
Homeless Total	**406**	**431**	**482**	**482**	**522**	**510**	**472**	**460**	**319**	**-21.4%**
Street count	*77*	*53*	*68*	*63*	*56*	*38*	*60*	*37*	*22*	*-71.4%*
Emergency shelters	*172*	*257*	*218*	*207*	*247*	*259*	*239*	*285*	*209*	*+21.5%*
Transitional housing	*157*	*121*	*196*	*212*	*219*	*213*	*173*	*138*	*88*	*-43.9%*
Permanent Supportive Housing	**330**	**362**	**341**	**410**	**433**	**473**	**503**	**559**	**608**	**+84.2%**
Imminent Risk- w/Friends/Family	**246**	**209**	**255**	**365**	**481**	**502**	**516**	**563**	**583**	**+137.0%**
Grand Total	**982**	**1002**	**1078**	**1257**	**1436**	**1485**	**1491**	**1582**	**1510**	**53.8%**
SOURCE: https://starkhomeless.starkmhar.org/wp-content/uploads/sites/3/2017/09/Point-In-Time-Count-2009-2017.pdf										

ACCESS TO HEALTH CARE

COMMUNITY HEALTH LEADER SURVEY

On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', access to health care was given an average importance rating of 9.31 by community health leaders, the third highest average importance of the nine health-related issues included in the survey. Furthermore, more than half of community health leaders, 53.5%, named access to health care as a top three issue that needs to be addressed.

Importance of Issue: Access to Health Care



Average Importance:
9.31

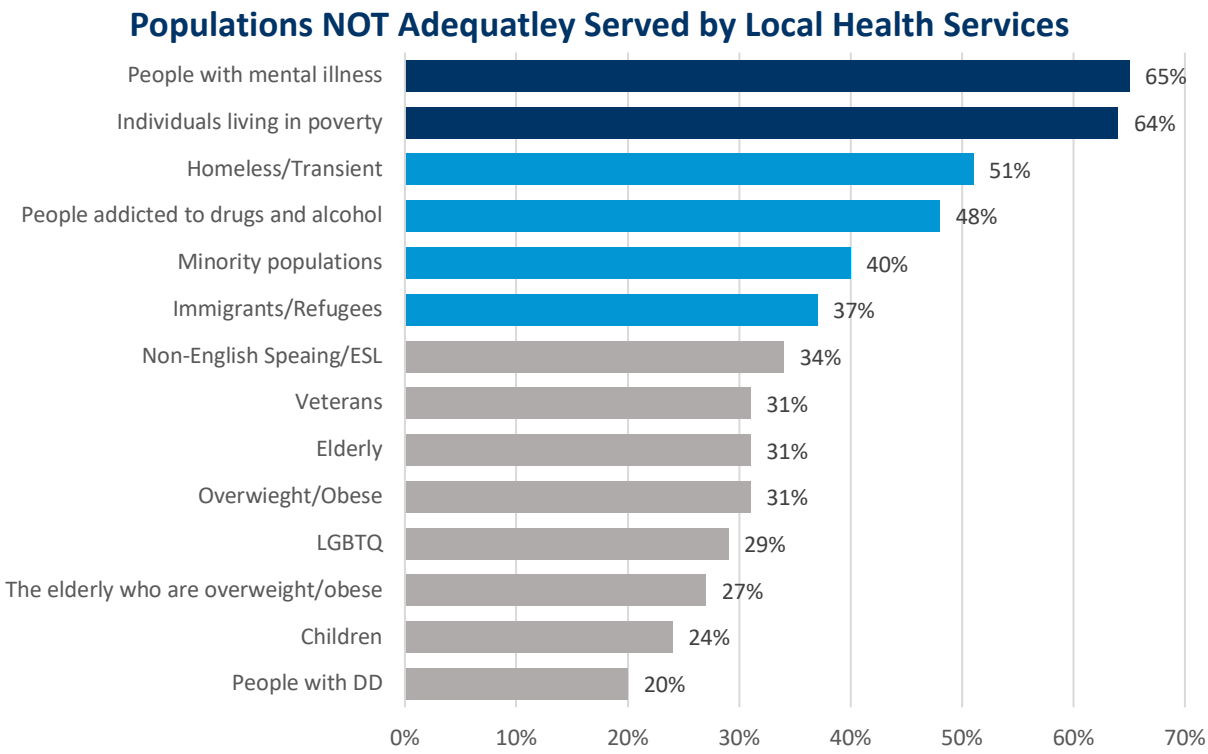
Less than half, 48.5%, of community health leaders feel that there are adequate services and programs in place in the community to address access to health care. The 51.5% of leaders that did not think there were adequate services and programs were asked what is missing. The responses are outlined in the table below.

What is Missing: Access to Health Care

	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Awareness of/receiving services	14	30.4%	19	41.3%
Transportation	9	19.6%	16	34.8%
Behavioral health services	6	13.0%	9	19.6%
Affordable insurance	5	10.9%	8	17.4%
Acceptance of Medicaid/uninsured	4	8.7%	8	17.4%
Specialists	4	8.7%	7	15.2%
Enough quality providers	2	4.3%	6	13.0%
Convenient location	1	2.2%	2	4.3%
Prevention care in place	1	2.2%	2	4.3%
Navigating insurance system	0	0.0%	2	4.3%
Nontraditional hours	0	0.0%	2	4.3%
Total	**46**	**(n=46)**	**81**	**(n=46)**

Question: What is missing?

Next, community health leaders were given a list of different groups of people and asked which populations were not being adequately served by local health services. The two populations that were identified as not being adequately served by local health services were people with mental illness and individuals living in poverty.

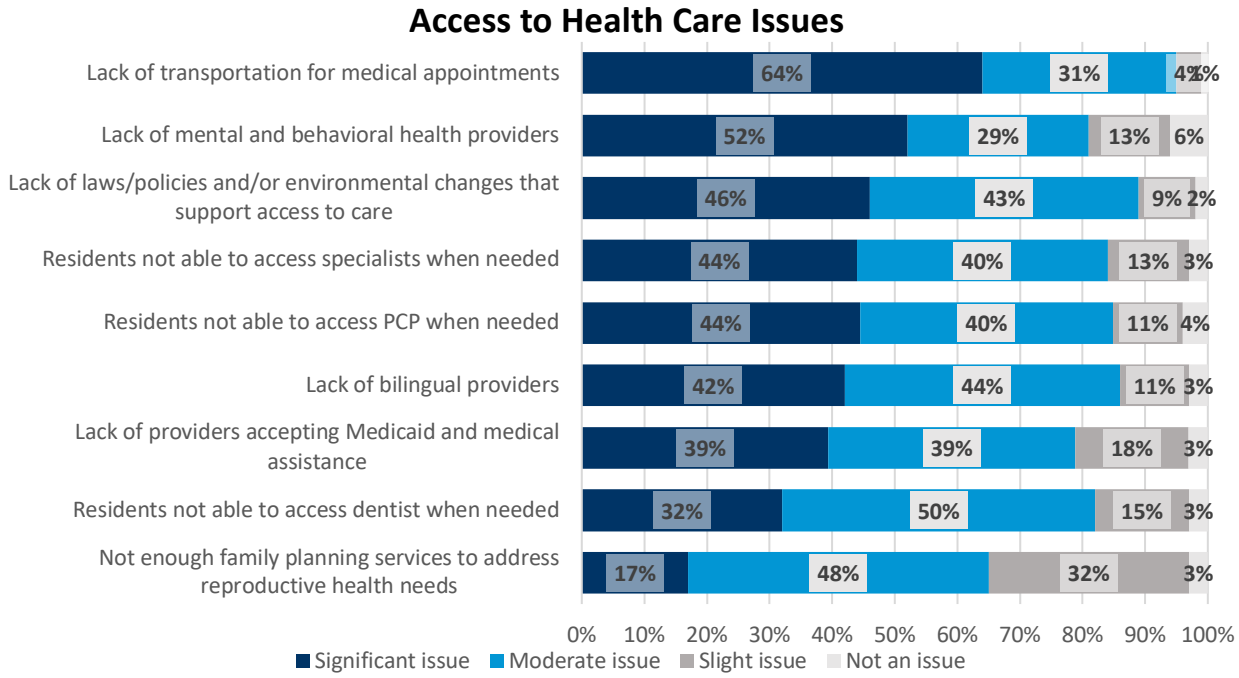


Most respondents, 90.3%, identified lack of transportation as a barrier that prevents residents from receiving the medical care that they need. Other barriers identified by community health leaders include, in order of importance, lack of insurance or the ability to pay, communication issues, lack of knowledge of available services, lack of behavioral health availability, and receiving quality health care.

Problems, Barriers, Gaps in Access to Health Care				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Transportation	42	45.2%	84	90.3%
Insurance/ability to pay	21	22.6%	59	63.4%
Communication	8	8.6%	43	46.2%
Knowledge of available services	12	12.9%	34	36.6%
Behavioral health	3	3.2%	27	29.0%
Receiving quality health care	5	5.4%	26	28.0%
Preventative measures not in place	1	1.1%	10	10.8%
Nontraditional hours	0	0.0%	10	10.8%
Support systems	0	0.0%	7	7.5%
Wait time to establish care	1	1.1%	5	5.4%
Total	93	(n=93)	305	(n=93)

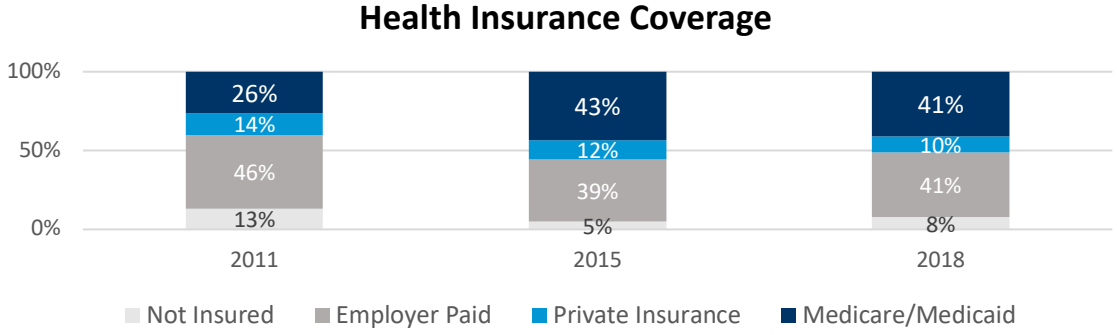
Question: What are some problems, barriers, or gaps in services that prevent residents from receiving medical care they need?

Access to health care was identified as a top concern in the county. Community health leaders were given a list of nine access to care issues and asked how much of an issue they thought each one was in the community. The two biggest issues identified were "lack of transportation for medical appointments" and "lack of mental and bahavioral health providers".



COMMUNITY SURVEY

- Most respondents, 86.1%, reported having one person or group that they think of as their doctor or health care provider, a slight increase from 84.4% in 2015. Groups of respondents more likely to have a primary care doctor or health care provider include suburban residents, retired respondents and those who are employed full-time, college graduates, home owners, respondents ages 65 and over, married respondents, white respondents, and those with an annual income over $75,000.
- All respondents were asked if they had health insurance coverage. A small portion, 8.1% did not have health insurance, this is a slight increase from 2015 when 4.8% of respondents reported not having health insurance. More than a third, 41.1% were covered by employer paid plans, 10.3% were covered by private insurance and 40.5% reported being covered by Medicare or Medicaid.



- Three-quarters or 75.9% of respondents indicated they receive their health care most often from a primary care doctor. However, 7.9% of respondents relied on an urgent care center as their primary source of health care, while another 5.6% relied on an emergency room. Groups of respondents more likely to use a source other than a primary care doctor include males, renters, those who are unemployed, non-white, those who are not married, respondents with an annual income $50,000 or less, those with a high school diploma or less education, urban residents, and those ages 18 to 44.
- Just one-fifth, 20%, had heard of the Stark County Health Care Resource Guide. Residents of the county's urban areas and non-white respondents were more likely to have heard of it.

Summary: Access to Health Care				
		2011	*2015*	*2018*
Have primary care provider		*	84.4%	86.1%
Insurance coverage	Not insured	13.3%	4.8%	8.1%
	Employer paid	46.4%	38.5%	41.1%
	Private insurance	14.1%	11.9%	10.3%
	Medicare/Medicaid	26.3%	42.9%	40.5%
Where receive health care most often	Primary care or family doctor	71.4%	75.0%	75.9%
	The emergency room	8.4%	8.3%	5.6%
	A hospital clinic	7.7%	3.6%	2.5%
	An urgent care center	6.3%	6.5%	7.9%
	A VA hospital or clinic	2.3%	2.3%	3.0%
	A free clinic	1.1%	0.9%	0.5%
	A public health department or clinic	0.4%	0.4%	0.6%
	Community Health Center	*	*	1.6%
	Somewhere else	2.4%	3.0%	2.3%
Heard of Health Care Resource Guide		*	*	19.5%

FOCUS GROUP OF COMMUNITY RESIDENTS

- ✓ Participants were asked what makes it difficult to get health care services including seeing a doctor or specialist, mental health services, or prescriptions. They offered the following difficulties:
  - Not enough employment opportunities
  - People who are mentally ill and don't have the support system that would help them
  - Access to specialists
  - Lack of resources in general
  - Having to go outside of Stark County for needed specialists or services
  - Better awareness of transportation options
- ✓ Most of the focus group participants felt that Stark County residents are unaware of the health services and options that are available to them. There was a general consensus that until someone needed a service for them or a family member, there was high unawareness.
- ✓ Suggestions and recommendations that participants mentioned to help improve access to health-related services include: Mail out information, offer opportunities to help people with drug addiction, providing information at places where people congregate- maybe at First Friday or the County Fair, go out in the community and be accessible to where people are going to be.

SECONDARY DATA ANALYSIS

The table below represents the estimated percent of the population under age 65 that has no health insurance coverage. Over the past five years, the percentage of individuals without health insurance decreased in all three counties.

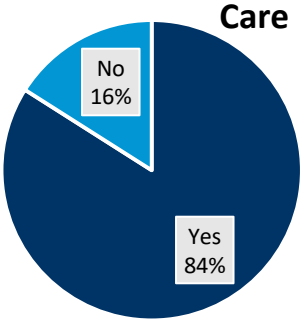
Percent Uninsured							
	2012	2013	2014	2015	2016	2017	% Change
Carroll County	14.5%	15.2%	11.2%	9.0%	7.9%	7.8%	**-6.7%**
Stark County	13.6%	12.6%	8.6%	7.4%	5.9%	7.3%	**-6.3%**
Tuscarawas	14.7%	14.5%	11.8%	9.0%	8.0%	7.8%	**-6.9%**
SOURCE: U.S. Census Bureau - Small Area Health Insurance Estimates (SAHIE)							

Primary Care Physicians is the ratio of the population to total primary care physicians. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Ohio, there is 1 Primary Care Physician for every 1,300 residents which is nearly identical to the Stark County ratio. The ratio for both Carroll and Tuscarawas Counties is much more dire; in Tuscarawas County there is 1 PCP for every 2,370 residents and in Carroll County there is one PCP for every 5,530 county residents.

Primary Care Physicians											
	2012		2013		2014		2015		2016		%
	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	Change
Carroll	8	3,573	7	4,040	6	4,700	6	4,640	5	5,530	**-37.5%**
Stark	293	1,279	295	1,270	291	1,290	293	1,280	298	1,250	**+1.7%**
Tusc	42	2,200	40	2,320	37	2,510	38	2,450	39	2,370	**-7.1%**
Ohio	14,911	1,336	14,900	1,300	14,840	1,300	14,780	1,310	14,800	1,300	**-0.74%**
SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. http://www.countyhealthrankings.org/											

Nearly one-sixth of Stark County youth, 15.7%, have not always been able to get medical or psychological care when they thought they needed it during the school year. The most common reason for not being able to get needed medical or psychological care were that they didn't want their parents to know (47.5%).

Youth: Always Been Able to Get Needed Medical or Psychological Care



Top Reasons for No Access:
1. Didn't want parents to know
2. Thought problem would go away
3. Didn't know who to see
4. Afraid of what doctor would say

SOURCE: 2018 Northeast Ohio Youth Health Survey

ORAL HEALTH

COMMUNITY SURVEY

Nearly two-thirds, 66%, had seen a dentist in the past year, an increase from 64% in 2015. An additional 13% had seen a dentist in the past two years and 8% in the last five years. Nearly one in six respondents, 13%, has not seen a dentist in 5 or more years. Groups of respondents most likely to have not had a dental visit in the past five years include unemployed respondents, those with a high school diploma or less education, renters, and respondents with an income under $50,000.

Summary: Access to Oral Health Care			
		2015	*2018*
Last Dental Checkup	Within past year	64%	66%
	Within past 2 years	11%	13%
	Within past 5 years	9%	8%
	5 or more years ago	16%	13%

SECONDARY DATA ANALYSIS

The ratio below represents the population per dentist in the county. The ratio of population per number of dentists has been steadily improving over the past five years in both the counties and the state. Currently, the ratio for the Stark County is slightly better than the ratio for the state. However, for both Carrol and Tuscarawas Counties, the ratios are much worse than the state.

Ratio of Population per Dentists											
	2013		2014		2015		2016		2017		% Change
	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	
Carroll	10	2,828	10	2,820	10	2,780	11	2,520	11	2,490	**+10.0%**
Stark	216	1,738	228	1,650	229	1,649	238	1,570	236	1,580	**+9.3%**
Tusc	31	2,989	31	2,990	31	3,000	33	2,800	34	2,710	**+9.7%**
Ohio	-	1,746	-	1,710	-	1,690	-	1,660	-	1,620	-

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File. http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/88/map

SMOKING/TOBACCO USE

COMMUNITY SURVEY

- More than one quarter or 25.4% of respondents indicated they currently smoke cigarettes, little cigars, or use tobacco. ***Every day users*** amounted to 16.6% of all respondents. The remaining proportion of tobacco users indicated they smoke cigarettes or use tobacco less frequently or only ***some days,*** amounting to 8.8% of all respondents. Groups of respondents that were more likely to smoke or use tobacco include urban residents, unemployed respondents, renters, those with a high school diploma or less education, respondents who are not married, those ages 25 to 44, and respondents with an annual income under $25,000.
- Three-quarters of tobacco using respondents indicated they were likely to try quitting in the next six months. Three-quarters of respondents indicated they were likely to try quitting, with 39% being very likely to quit and 35% being somewhat likely to quit.
- Less than one-tenth or 8.6% of respondents indicated they currently smoke e-cigarettes or vape. Groups of respondents that were more likely to smoke e-cigarettes or vape include unemployed respondents, renters, those ages 18 to 44, non-married respondents, and respondents with children in the home.

Summary: Smoking and Tobacco Use				
		2011	*2015*	*2018*
Tobacco usage	Everyday	20.0%	22.0%	16.6%
	Some days	7.9%	7.6%	8.8%
	Not at all	72.1%	70.4%	74.6%
Electronic Cigarette/Vape Usage	Everyday	*	*	3.5%
	Some days	*	*	5.1%
	Not at all	*	*	91.4%

SECONDARY DATA ANALYSIS

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. The percent of adults who currently smoke is less in all three counties in Mercy’s service area as opposed to the state.

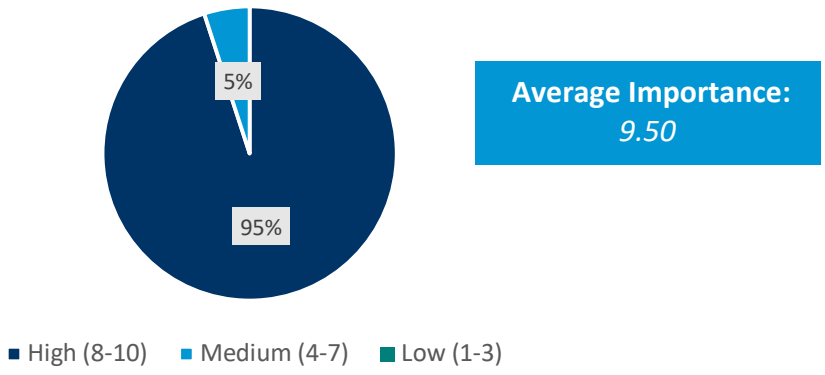
Percent of Adults that Currently Smoke					
	2012	2013	2014	2015	2016
Carroll County	23%	20%	19%	21%	21%
Stark County	22%	22%	19%	19%	20%
Tuscarawas	22%	22%	18%	17%	21%
Ohio	21%	21%	21%	22%	23%
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS) http://www.countyhealthrankings.org/app/ohio/2018/measure/factors/9/map					

MENTAL HEALTH

COMMUNITY HEALTH LEADER SURVEY

On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', mental health services/suicide was given an average importance rating of 9.50 by community health leaders, the highest average importance of the nine health-related issues included in the survey. Furthermore, most community health leaders, 85.1%, named mental health services/suicide as a top three issue that needs to be addressed.

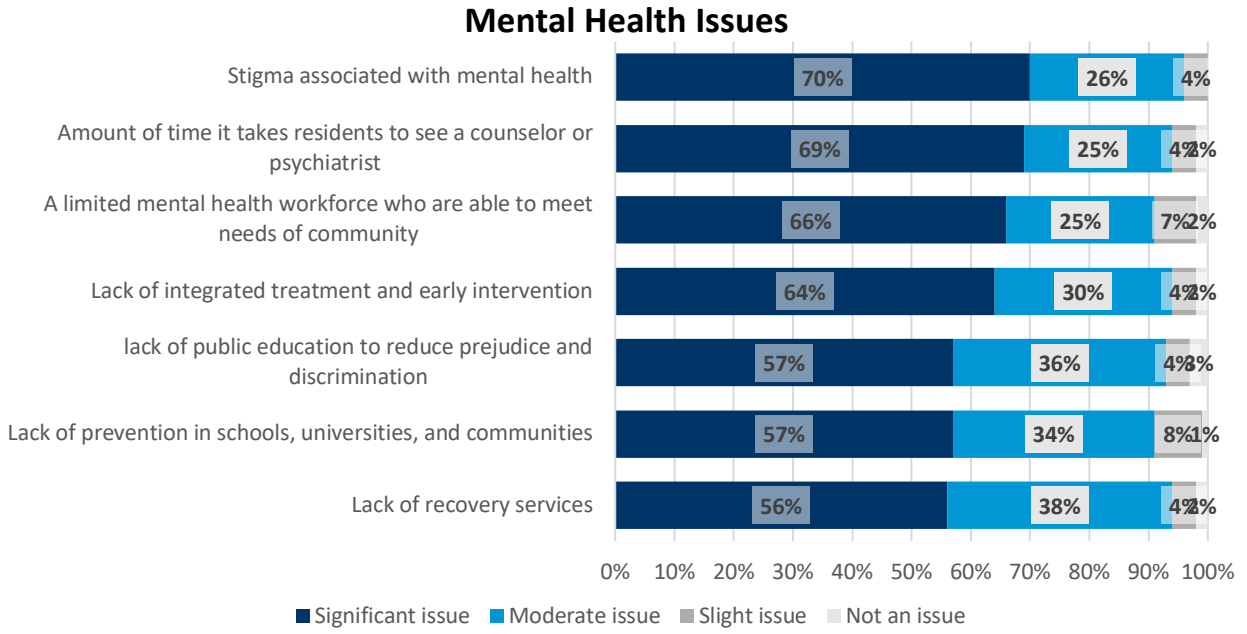
Importance of Issue: Mental Health



Less than half, 40.6%, of community health leaders feel that there are adequate services and programs already in place in the community to address mental health. The 59.4% of leaders that did not think there were adequate services and programs were asked what is missing. The responses are outlined in the table below.

What is Missing: Mental Health				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Additional providers	11	10.6%	15	28.8%
Appropriate staff with training	6	5.8%	15	28.8%
Prevention education	6	5.8%	12	23.1%
Inpatient facilities	10	9.6%	11	21.2%
Collaboration among providers	3	2.9%	9	17.3%
Child/young adult services	0	0.0%	9	17.3%
Outpatient services	5	4.8%	8	15.4%
Funding/free and low-cost care	3	2.9%	8	15.4%
Wait time to establish care	3	2.9%	8	15.4%
School programs	4	3.8%	6	11.5%
Awareness of programs	1	1.0%	3	5.8%
Total	**52**	**(n=52)**	**104**	**(n=52)**
Question: What is missing?				

Mental health and the high number of suicides was identified as a top concern in the county. Community health leaders were given a list of seven mental health issues and asked how much of an issue they thought each was in the community. The two biggest issues identified were "stigma associated with mental health" and "amount of time it takes residents to see a counselor or psychiatrist".



More than half of respondents, 53.1%, identified the stigma associated with mental health as a barrier that prevents residents from receiving the mental health care that they need. Other barriers identified by community health leaders include, in order of importance, lack of providers/facilities, lack of insurance or ability to pay, and transportation issues.

Problems, Barriers, Gaps in Receiving Mental Health Services				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Stigma	21	25.9%	43	53.1%
Lack of providers/facilities	17	21.0%	40	49.4%
Insurance/ability to pay	11	13.6%	35	43.2%
Transportation	6	7.4%	23	28.4%
Not aware how to access treatment	7	8.6%	21	25.9%
Not aware of illness	6	7.4%	20	24.7%
Unaware of treatment options	4	4.9%	19	23.5%
Wait time to establish care	6	7.4%	15	18.5%
No support network	3	3.7%	7	8.6%
Nontraditional hours	0	0.0%	5	6.2%
Communication	0	0.0%	5	6.2%
No coordination	0	0.0%	5	6.2%
Miscellaneous	0	0.0%	2	2.5%
Total	**81**	**(n=81)**	**240**	**(n=81)**

Question: What are some problems, barriers, or gaps in services that prevent residents from receiving needed mental health services?

COMMUNITY SURVEY

- Less than half of respondents, 49.4%, reported that they didn't have any days in the past 30 days in which their mental health was not good, while nearly a quarter, 23%, reported that their mental health was not good 1 to 5 days in the past 30 days. A notable percentage, 16%, indicated that their mental health was not good for more than half of the month. Groups of respondents more likely to have 16 or more bad mental health days in the past 30 days include: urban residents, respondents who are employed part-time or unemployed, non-college graduates, renters, females, those who are not married, respondents with an annual income under $25,000, and those with children in the home.
- One-eighth, 12.5%, of respondents indicated that they or a family member had to wait more than 10 days to see a counselor or psychiatrist in the past year. Groups of respondents more likely to have to wait more than 10 days to see a counselor or psychiatrist include urban residents, unemployed respondents, those with some college education, renters, respondents ages 18 to 44, those who are not married, and respondents with an annual income under $25,000.

Summary: Mental Health			
		%	*#*
Number of days in past 30 that mental health was not good	None	49.4%	791
	1-5 days	23.4%	
	6-10 days	7.8%	
	11-15 days	4.2%	
	16-20 days	4.9%	
	21-25 days	2.7%	
	More than 25 days	7.6%	
Had to wait more than 10 days to see counselor or psychiatrist	Yes	12.5%	790
	No	87.5%	

SECONDARY DATA ANALYSIS

Mental Health Providers refers to the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure. In Ohio, there is 1 Mental Health Provider for every 470 residents. The ratio in Stark County is slightly better while the ratio in both Carroll and Tuscarawas Counties is significantly worse.

Mental Health Providers										
	2014		2015		2016		2017		2018	
	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio
Carroll	7	4,049	9	3,130	9	3,090	10	2,770	11	2,490
Stark	608	617	676	560	729	510	814	460	888	420
Tusc	69	1,343	90	1,030	100	930	110	840	129	720
Ohio	14,531	778	14,630	700	14,640	630	10,980	560	8,790	470

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File.
http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/62/data?sort=sort-0

The top three mental health diagnoses for adults in Stark County in 2016 was depressive disorders, bipolar disorders, and anxiety disorders. The top three mental health diagnoses for children were adjustment disorders, conduct disorders and attention-deficit/disruptive disorders.

Top 10 Diagnostic Groups, SFY 2016		
	Adults	Children
Depressive Disorders	3,618	888
Bipolar Disorders	2,632	424
Anxiety Disorders	2,265	1,050
Alcohol Use Disorders	1,586	-
Opiate Use Disorders	1,577	-
Schizophrenia/Other Psychotic Disorders	1,253	-
Post-Traumatic Stress Disorders	1,174	612
Adjustment Disorders	979	2,094
Cannabis Use Disorders	688	228
V Codes	609	-
Conduct Disorders	-	1,281
Attention-Deficit/Disruptive Disorders	-	1,144
Pervasive Developmental Disorders	-	216
Personality Disorders	-	138
TOTAL	**16,381**	**8,085**
SOURCE: Stark County Mental Health and Addiction Recovery		

The number of adults and children receiving behavioral health assistance increased significantly over the past five years (17% increase for adults and 31% increase for children).

Number of Stark County Behavioral Health Clients						
	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	% Change
Adults	11,517	11,484	11,819	12,386	13,460	16.9%
Children	4,098	4,563	4,674	5,327	5,378	31.2%
SOURCE: Stark County Mental Health and Addiction Recovery						

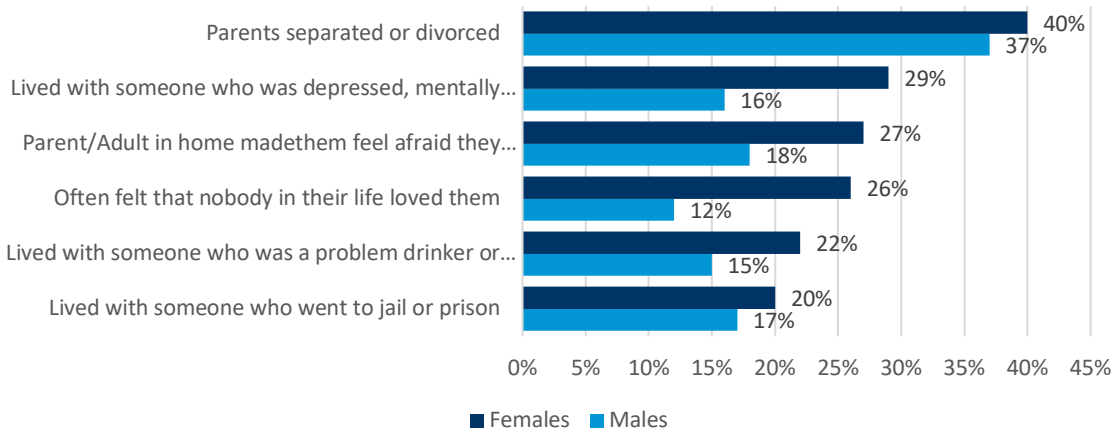
While the suicide death count in Stark County has decreased significantly over the past five years after a 5-year high of 81 in 2016. In Carroll and Tuscarwas County, the suicide death count increased over the same time period at a higher rate than the increase for the state.

Suicide Death Count							
	2012	2013	2014	2015	2016	2017	% Change
Stark County	54	66	62	66	81	10	**-81.5%**
Tuscarawas	12	14	10	15	10	15	**+25.0%**
Carroll	2	5	4	3	6	6	**+200.0%**
Ohio	1,534	1,524	1,488	1,648	1,706	1,744	**+13.7%**
Stark County Suicide Death Count by Age Group							
5-14	0	1	1	1	1	1	-
15-24	10	8	7	4	6	11	**+10.0%**
25-34	4	5	10	13	16	17	**+325.0%**
35-44	8	11	13	6	6	8	-
45-54	13	12	12	13	21	6	**-53.8%**
55-64	12	12	10	15	17	9	**-25.0%**
65-74	5	11	4	6	5	14	**+180.0%**
75+	2	6	5	8	9	4	**100.0%**
SOURCE: Ohio Department of Health, Data Warehouse. NA=Indicates rates have been suppressed for counts < 10							

Number of Suicide Deaths						
	2014	2015	2016	2017	2018	% Change
Carroll County	4	3	6	6	3	**-25.0%**
Stark County	62	66	81	70	71	**+14.5%**
Tuscarawas	10	15	10	15	13	**+30.0%**
Ohio	1,488	1,648	1,706	1,744	1,836	**+23.4%**
SOURCE: Ohio Department of Health, Data Warehouse. NA=Indicates rates have been suppressed for counts < 10						

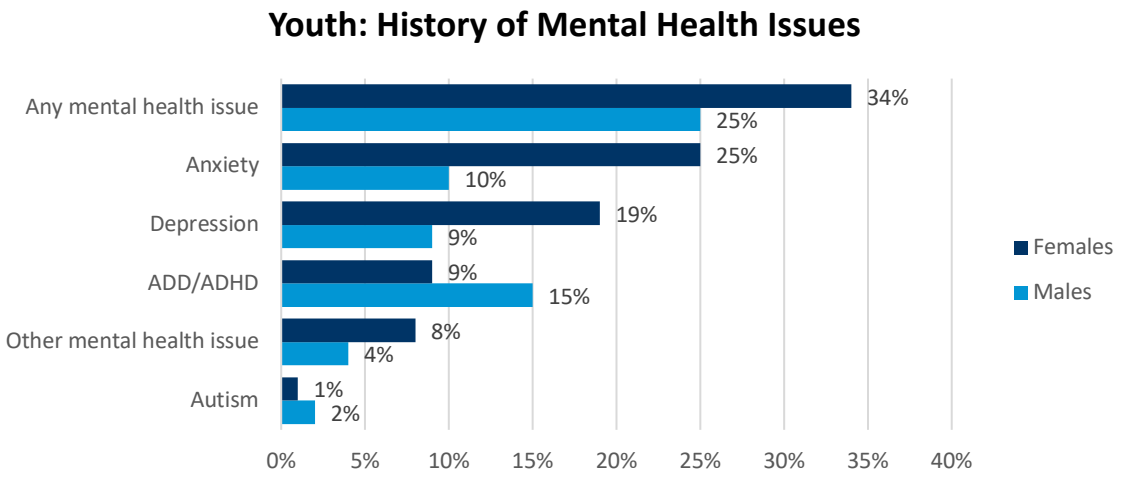
The graph below shows the most common adverse life experiences that Stark County students have experienced during their lifetime. For all six life experiences included below, the percentage of female students who reported experienencing each was higher than the percentage of male students.

Youth: Adverse Life Experiences



Souce: 2018 Northeast Ohio Youth Health Survey

Nearly a third of students, 29.9%, reported that they have been told by a health care professional they had a mental health issue before the current school year. The most common mental health issues for female students were Anxiety and Depresssion. For male students, the most common issue was ADD/ADHD.



Souce: 2018 Northeast Ohio Youth Health Survey

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 the average number of days a county's adult respondents report that their mental health was not good. The average number of poor mental health days was slightly less in all three counties than it is in the state.

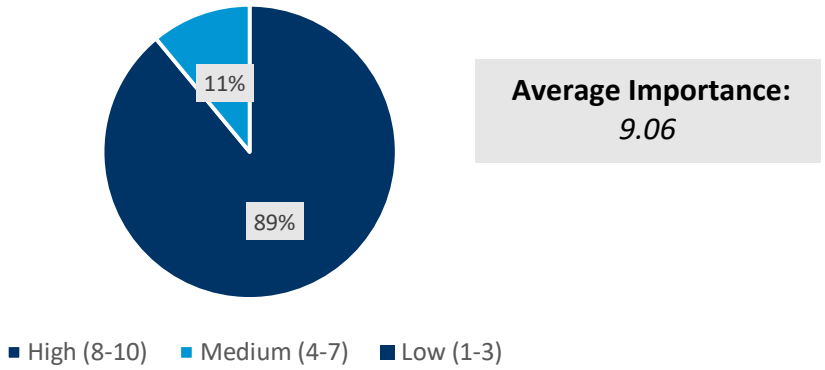
Number of Poor Mental Health Days				
	Poor Mental Health Days			
	2006-2012	2014	2015	2016
Carroll	4.3	4.0	4.0	4.1
Stark	3.9	4.0	4.0	4.1
Tuscarawas	3.2	3.9	3.8	3.8
Ohio	3.8	4.3	4.0	4.3
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS), https://www.countyhealthrankings.org/app/ohio/2019/measure/outcomes/42/map				

SUBSTANCE ABUSE

COMMUNITY HEALTH LEADER SURVEY

On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', heroin/opioid use was given an average importance rating of 9.06 by community health leaders, the third highest average importance of the nine health-related issued included in the survey. Furthermore, nearly two-thirds of community health leaders, 63.4%, named heroin/opioid use as a top three issue that needs to be addressed.

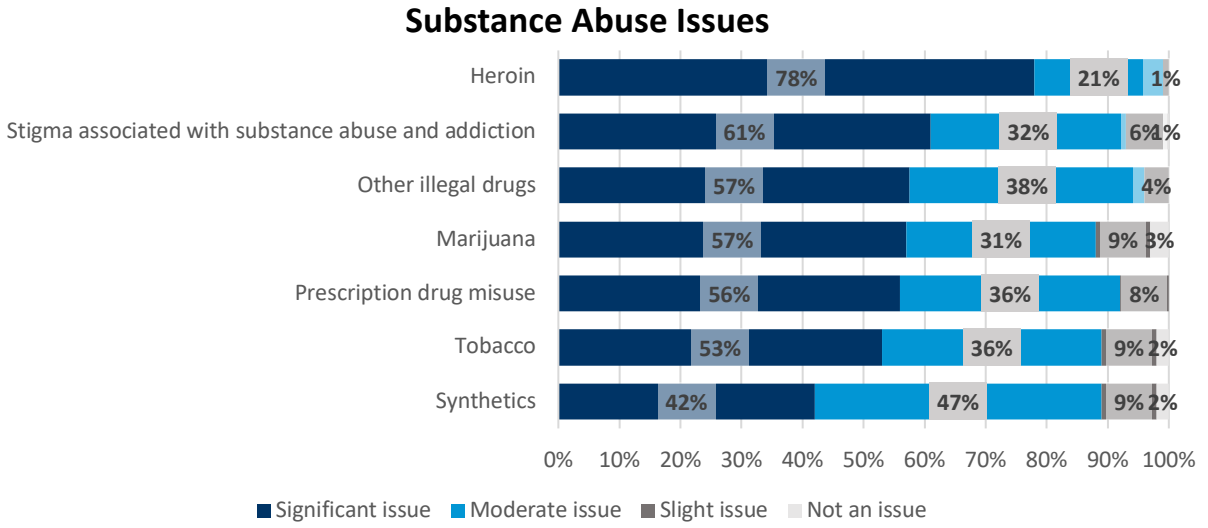
Importance of Issue: Heroin/Opioid Use



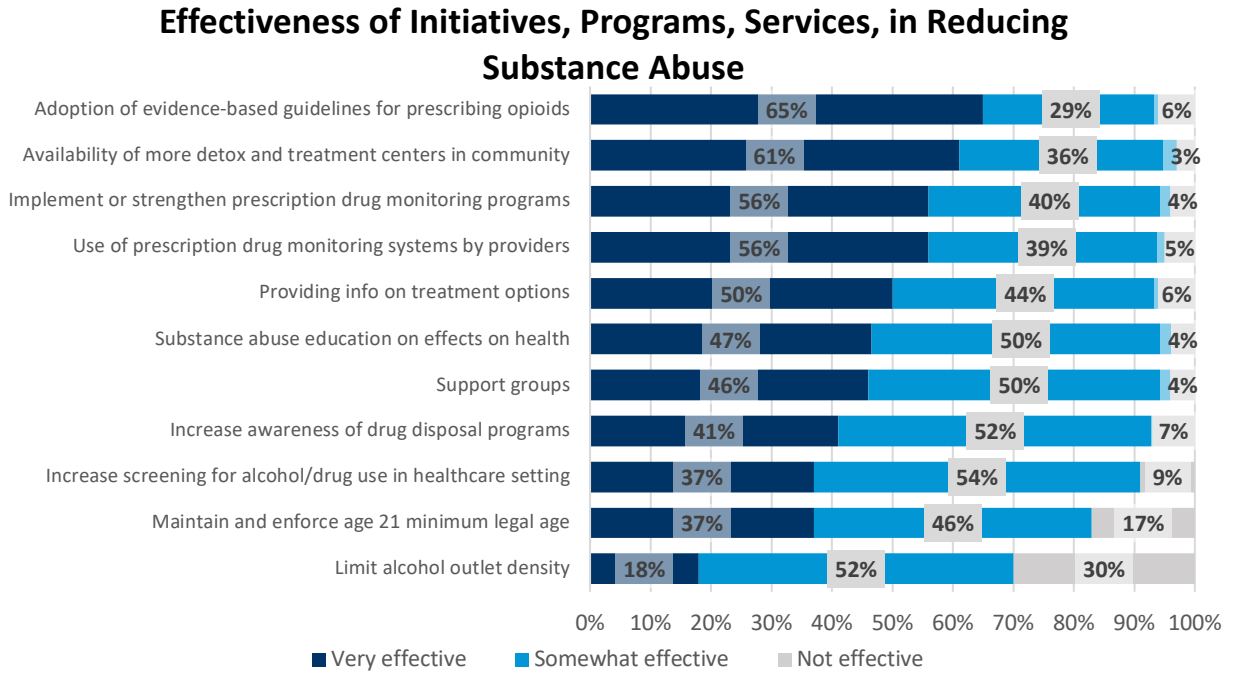
Less than half, 49.5%, of health leaders feel that there are adequate services and programs already in place in the community to address the heroin and opiate crisis. The 50.5% of leaders that did not think there were adequate services and programs were asked what is missing. The responses are outlined in the table below.

What is Missing: Heroin/Opioid Use				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Treatment services	13	30.2%	16	37.2%
Education	6	14.0%	11	25.6%
Inpatient/outpatient facilities	3	7.0%	8	18.6%
Community collaboration	3	7.0%	8	18.6%
Immediate access to rehab	6	14.0%	7	16.3%
Providers with training	3	7.0%	7	16.3%
Funding	4	9.3%	6	14.0%
School curriculum	2	4.7%	4	9.3%
Mandated treatment replaces incarceration	2	4.7%	3	7.0%
Prevention education	1	2.3%	2	4.7%
Total	**43**	**(n=43)**	**72**	**(n=43)**
Question: What is missing?				

Heroin and the opioid epidemic was identified as a top concern in the county. Community health leaders were given a list of seven substance abuse issues and asked how much of an issue they thought each one was in the community. The two biggest issues identified were heroin and the stigma associated with substance abuse and addiction.



Next, community health leaders were given a list of eleven types of initiatives, programs and services and asked how effective each were in reducing drug and alcohol abuse. The most effective initiatives, programs, and services identified by community health leaders were the adoption of evidence-based guidelines for prescribing opioids, the availability of more detox and treatment centers in the community, implementation or strengthening prescription drug monitoring programs, and the use of prescription drug monitoring systems by providers.



More than two-thirds of respondents, 69.0%, identified lack of providers and services as a barrier that prevents residents from receiving the substance abuse treatment that they need. Other barriers identified by community health leaders include, in order of importance, lack of insurance or ability to pay, the stigma associated with substance abuse, and lack of transportation.

Problems, Barriers, Gaps in Receiving Substance Abuse Treatment				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Lack of providers/services	23	32.4%	49	69.0%
Insurance/ability to pay	7	9.9%	25	35.2%
Stigma	11	15.5%	21	29.6%
Transportation	7	9.9%	17	23.9%
Denial	8	11.3%	13	18.3%
Unwillingness to change	3	4.2%	12	16.9%
Better training needed	3	4.2%	12	16.9%
No support network	3	4.2%	11	15.5%
No collaboration	1	1.4%	7	9.9%
Wait time to establish care	1	1.4%	7	9.9%
Mental health issues	1	1.4%	6	8.5%
Lack of follow-up	1	1.4%	6	8.5%
Repercussions of seeking help	0	0.0%	5	7.0%
Discrimination	1	1.4%	2	2.8%
Nontraditional hours needed	1	1.4%	2	2.8%
Total	**71**	**(n=71)**	**195**	**(n=71)**

Question: What are some problems, barriers, or gaps in services that prevent residents from receiving the substance abuse treatment they need?

COMMUNITY SURVEY

- Three-quarters of respondents, 75.5%, have taken prescription medication in the past year. The average number of prescription medications that a respondent was prescribed in a year was 4.5.
- Less than one-sixth of respondents, 15%, indicated that they had been prescribed opiates/opioids such as hydrocodone, oxycodone, Vicodin or tramadol. Most of these respondents, 80.0%, felt they were prescribed the right amount while 8.7% thought they were prescribed too many, the remaining 11.3% felt that they were not prescribed enough.
- More than a quarter of respondents, 26%, report that they get rid of unused medication by taking it to a take back center. A quarter of respondents, 25%, reported that they use all their medication or don't have any unused medication. Slightly fewer, 24%, reported that they keep unused medication in case they need it again. Other ways of disposing of medication include, in order of importance, throw them in the trash (11%), flush them down the toilet (10%), and give them to someone who needs them (1%).
- Most respondents, 94%, feel that heroin is a serious problem in Stark County with 76% saying that it is a very serious problem and 18% indicating that it is a moderately serious problem. Groups of respondents more likely to think that heroin is a very serious problem include retired respondents, college graduates, home owners, and those ages 65 and over.

- One fifth of respondents, 20%, reported that they know someone who has taken OxyContin or another prescription medication to get high, this was an increase from 15% in 2015. Groups of respondents who were more likely to know someone who took OxyContin or another prescription to get high include renters, respondents ages 25 to 44, those who are not married, and respondents with an annual income under $25,000 or over $100,000.
- Less than one-sixth of respondents, 15%, know someone who was treated for a drug overdose with Narcan. Groups of respondents more likely to know someone who was treated with Narcan include respondents who are employed part-time, those with some college education, respondents ages 18 to 44, those who are not married, and respondents with children in the home.
- Approximately half of respondents were unaware that Stark County has permanent drug collection boxes located at police departments across the county. One-sixth of respondents had heard of the drug collection boxes and have used them before to get rid of unused medication. The remaining 32.7% of respondents had heard of the drug collection boxes but have not used them.

Summary: Prescription and Substance Abuse			
		2015	*2018*
Prescribed in past year	Prescription medication (in general)	*	75.5%
	Opiates/opioids	*	14.6%
How typically get rid of unused prescription medication	Flush down toilet	12.7%	10.0%
	Throw them in trash	15.5%	10.5%
	At a Take Back Center	16.4%	25.5%
	Give them to someone else who needs them	1.0%	0.6%
	Keep them in case I need them in the future	21.6%	23.6%
	Something else	8.0%	5.3%
	Take all medication/no unused medication	24.9%	24.5%
Seriousness of heroin problem in Stark County	Very serious	74.1%	76.0%
	Moderately serious	18.5%	18.4%
	Not serious	7.4%	5.6%
Know someone who takes prescription to get high	Yes	15.3%	19.8%
	No	84.7%	80.2%
Know someone treated with Narcan	Yes	*	14.9%
	No	*	85.1%
Drug Collection Boxes	Aware and have used	*	17.2%
	Aware and have not used	*	32.7%
	Not aware	*	50.1%

SECONDARY DATA ANALYSIS

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. The percentage of adults reporting binge or heavy drinking was similar in each county and the state however, Stark and Tuscarawas Counties has had a higher increase since 2006 than the state.

Percentage of Adults Reporting Binge or Heavy Drinking					
	2006-2012	2014	2015	2016	Change
Carroll County	17%	16%	15%	17%	-
Stark County	14%	18%	18%	18%	**+4.0%**
Tuscarawas	12%	17%	15%	17%	**+5.0%**
Ohio	18%	19%	19%	19%	**+1.0%**
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)					

In 2009 to 2013, the percentage of driving deaths with alcohol involvement in all three counties was considerably higher than the state. However, since then the percentage of driving deaths with alcohol involvement in each county has decreased more rapidly than the state and as the most recently available data, the percentage for both Stark and Carroll Counties was lower than the state (Tuscarawas County was still slightly higher than the state.)

Percentage of Driving Deaths with Alcohol Involvement						
	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	Change
Carroll County	47%	40%	22%	16%	19%	**-28.0%**
Stark County	45%	39%	37%	34%	32%	**-13.0%**
Tuscarawas	40%	37%	31%	33%	35%	**-5.0%**
Ohio	36%	35%	34%	34%	33%	**-3.0%**
SOURCE: County Health Ranking. Original Source: National Center for Health Statistics						

The number of operating a vehicle while impaired (OVI) arrests has increased substantially in both Carroll and Tuscarawas Counties (much higher than the state increase of 8% over the same time period). At the same time, the number of OVI arrests in Stark County has decreased.

Number of OVI Arrests					
	2015	2016	2017	2018	Change
Carroll County	3	9	5	8	**+166.7%**
Stark County	1,006	881	1,027	845	**-16.0%**
Tuscarawas	285	278	296	384	**+34.7%**
Ohio	24,676	25,228	27,347	26,614	**+7.9%**
SOURCE: Ohio Department of Public Safety, State Patrol Final Operational Report. https://statepatrol.ohio.gov/doc/2018_OperationalReport_Final.pdf					

The number of unintentional drug overdose deaths in all three counties has increased steadily each year since 2010. The unintentional drug overdose death rate for Ohio is higher than the rate for all three counties, however the steady increase is cause for concern.

Number of Unintentional Drug Overdose Deaths, 2010-2017										
	2010	2011	2012	2013	2014	2015	2016	2017	Change	Rate*
Carroll	3	0	4	2	3	5	3	6	**100%**	21.9
Stark	39	40	35	42	59	59	97	91	**133%**	24.4
Tusc	7	13	8	11	6	8	14	22	**214%**	23.8
Ohio	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	**214%**	41.6
**Rate per 100,000 Population, SOURCE: 2017 Ohio Drug Overdose Data: General Findings*										

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of opiate use disorder. On average, approximately a third of client admissions in each county were associated with a primary diagnosis of opiate abuse or dependence in SFY 2016, more than double the percent in SFY 2011. It should be noted that this data comes from the Ohio Mental Health & Addiction Services (OhioMHAS) Multi Agency Community Information System (MACSIS). While MACSIS data is required to be submitted for billing purposes, there are minimal sanctions for failing to submit so underreporting of these numbers is likely. It should also be noted that reported data only reflects information for clients whose treatment was provided with public dollars, thus private insurance and self-pay clients are not reflected in this data.

Percentage of Unduplicated Clients - Treatment for Opiate Use Disorder						
	SFY 2011	SFY 2013	SFY 2014	SFY 2015	SFY 2016	% Change
Carroll	15.9%	NA	18.2%	21.7%	32.0%	**+16.1%**
Stark	16.6%	23.9%	26.6%	30.0%	40.0%	**+23.4%**
Tusc	7.0%	10.3%	14.2%	19.8%	32.0%	**+25.0%**
Ohio Avg.	24.6%	30.4%	38.6%	43.7%	49.9%	**+25.3%**
SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems. http://mha.ohio.gov/Portals/0/assets/Research/Maps/2018/Opiate_Use_Disorder_2016_FINAL.pdf						

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of cannabis use disorder. On average, approximately a sixth of client admissions in each county were associated with a primary diagnosis of cannabis use disorder in SFY 2016, all of which have increased since SFY 2014.

Percentage of Unduplicated Clients - Treatment for Cannabis Use Disorder				
	SFY 2014	SFY 2015	SFY 2016	Change 2014-2016
Carroll	NA	16.0%	18.3%	-
Stark	11.2%	12.4%	16.4%	**+5.2%**
Tuscarawas	5.7%	8.6%	17.0%	**+11.3%**
Ohio Avg.	7.9%	7.5%	17.2%	**+9.3%**
SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems.				

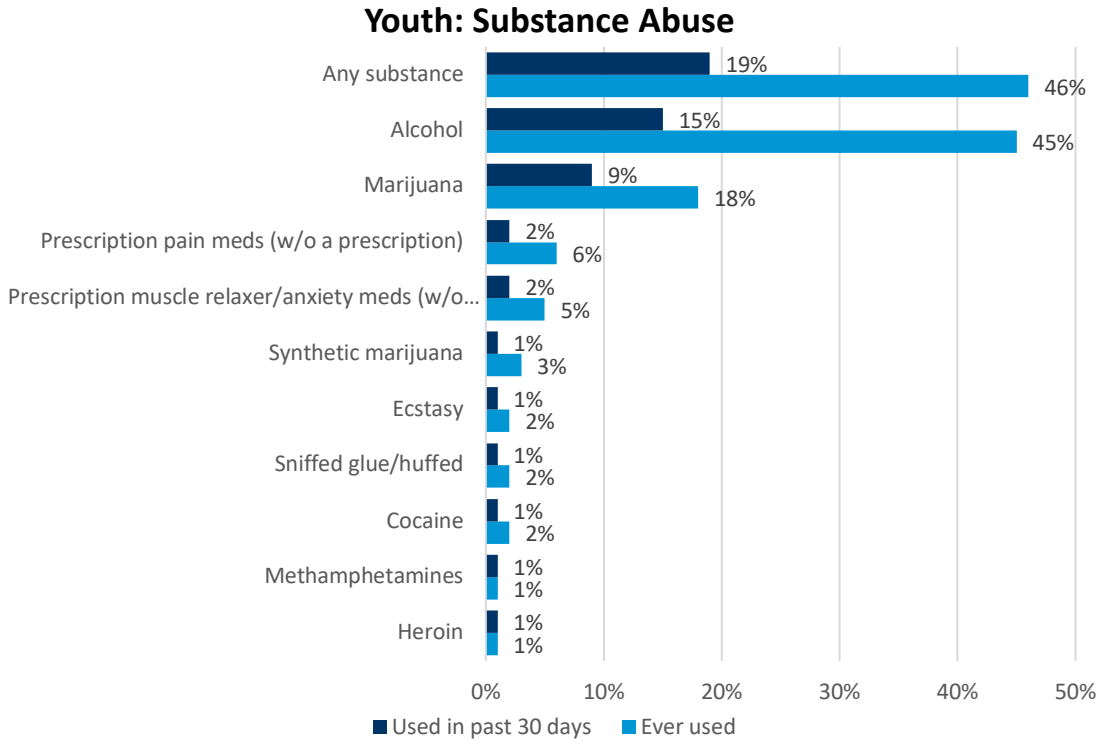
The table below examines per capita distribution of prescription opioids with data from The Ohio State Board of Pharmacy's automated prescription reporting system (OARRS). Doses per capita is a measure that gives the average number of doses dispensed for each individual resident in a county in a year. Rates are likely underestimated because data from drugs dispensed at physician offices and the Veteran's administration are not included in the calculations. In 2017, the rates for both Stark and Tuscarawas counties were higher than the state. Over the five-year time span in which data is available, rates have decreased in all three counties as well as the state.

Prescription Opioid Doses per Capita						
	2013	2014	2015	2016	2017	% Change
Carroll	47.2	47.8	45.5	42.4	38.4	**-18.6%**
Stark	73.7	73.0	67.7	59.3	51.8	**-29.7%**
Tuscarawas	70.0	69.4	64.8	57.7	53.4	**-23.7%**
Ohio	67.4	65.1	60.8	55.1	49.3	**-26.9%**
SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems. http://mha.ohio.gov/Portals/0/assets/Research/Maps/2018/OpioidsPerCapita_2017%20FINAL.pdf						

The table below examines per capita distribution of prescription benzodiazepines with data from The Ohio State Board of Pharmacy's automated prescription reporting system (OARRS). Doses per capita is a measure that gives the average number of doses dispensed for each individual resident in a county in a year. Rates are likely underestimated because data from drugs dispensed at physician offices and the Veteran's administration are not included in the calculations. In 2017, the rates for both Stark and Tuscarawas counties were higher than the state. Over the five-year time span in which data is available, rates have decreased in both the counties and the state although the decrease in each county was slightly lower.

Prescription Benzodiazepine Doses per Capita						
	2013	2014	2015	2016	2017	% Change
Carroll	23.0	22.4	20.5	18.6	18.7	**-18.7%**
Stark	37.5	37.0	35.7	33.7	31.1	**-17.1%**
Tuscarawas	34.4	33.3	32.2	29.4	27.8	**-19.2%**
Ohio	25.5	24.8	23.8	22.0	20.2	**-20.8%**
SOURCE: Ohio Mental Health & Addiction Services, Multi Agency Community Information Systems. http://mha.ohio.gov/Portals/0/assets/Research/Maps/2018/BenzosPerCapita_2017%20FINAL.pdf						

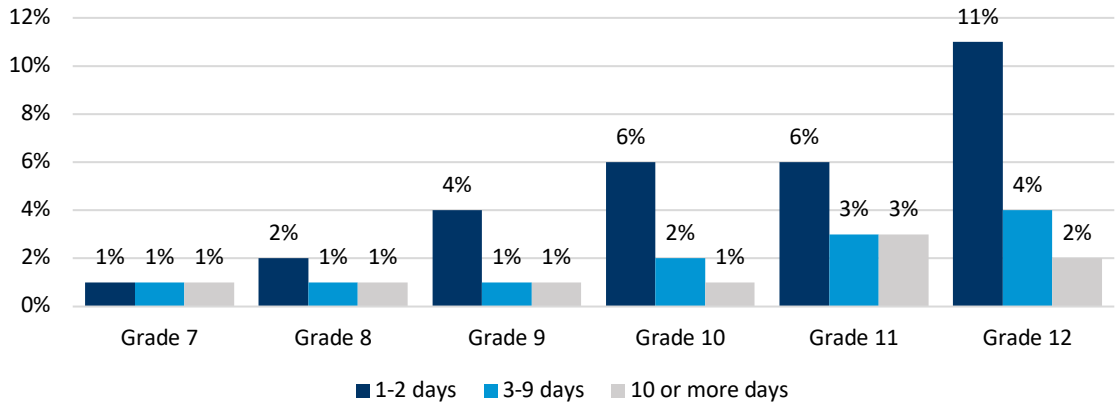
Nearly half of Stark County middle and high school students have used some illegal substance at some point in their lifetime. Nearly a fifth, 19.0%, have used a substance in the past thirty days. Alcohol and marijuana were the most common substances used.



Source: 2018 Northeast Ohio Youth Health Survey

Less than one-tenth of students, 7.8%, reported binge drinking at least one day in the past 30 days. Older students were more likely than younger students to have engaged in binge drinking in the past 30 days.

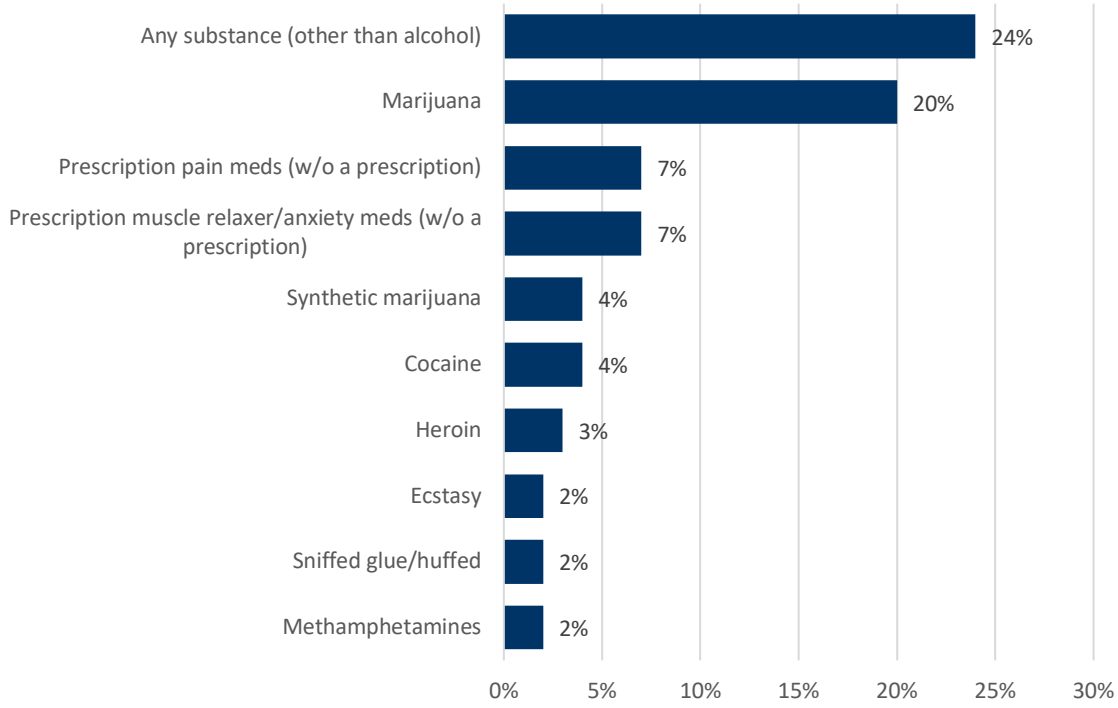
Youth: Number of Days Binge Drinking in Past 30 Days by Grade



Source: 2018 Northeast Ohio Youth Health Survey

Nearly a quarter of Stark County middle and high school students, 24.1%, reported that someone in their household had used the substances below, not including alcohol, during this past school year. Marijuana was the most common substance used.

Youth: Substance Use by Others in Household



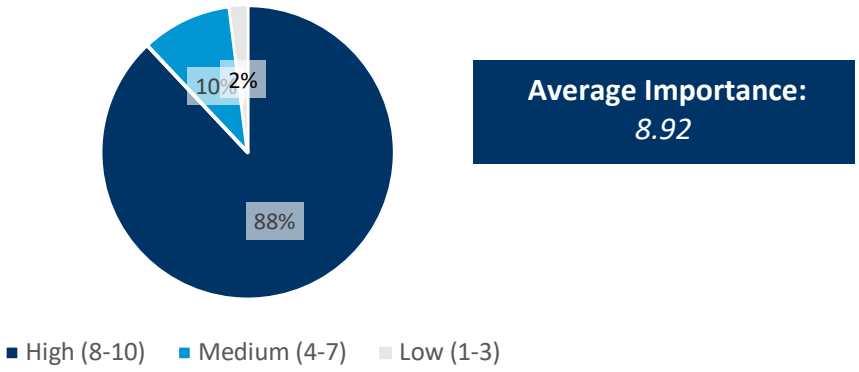
Source: 2018 Northeast Ohio Youth Health Survey

MATERNAL, INFANT AND CHILD HEALTH

COMMUNITY HEALTH LEADER SURVEY

On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', infant mortality was given an average importance rating of 8.92 by community health leaders, the fourth highest average importance of the nine health-related issues included in the survey. Furthermore, more than one-third of community health leaders, 37.6%, named infant mortality as a top three issue that needs to be addressed.

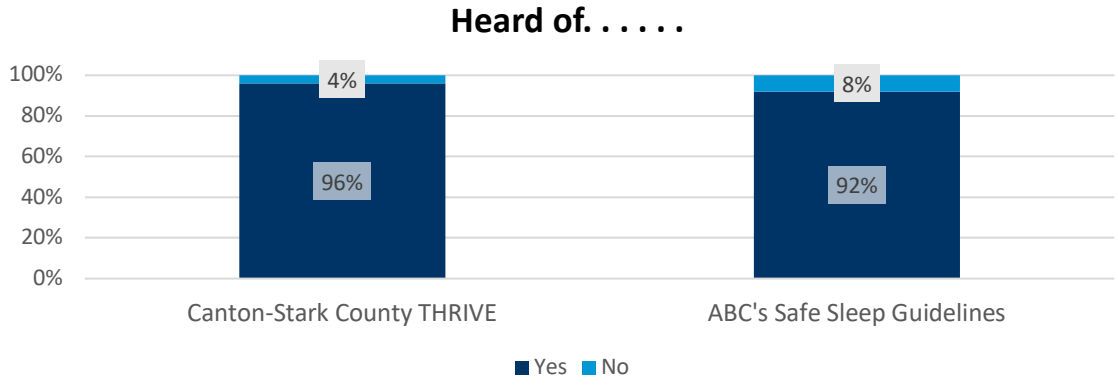
Importance of Issue: Infant Mortality



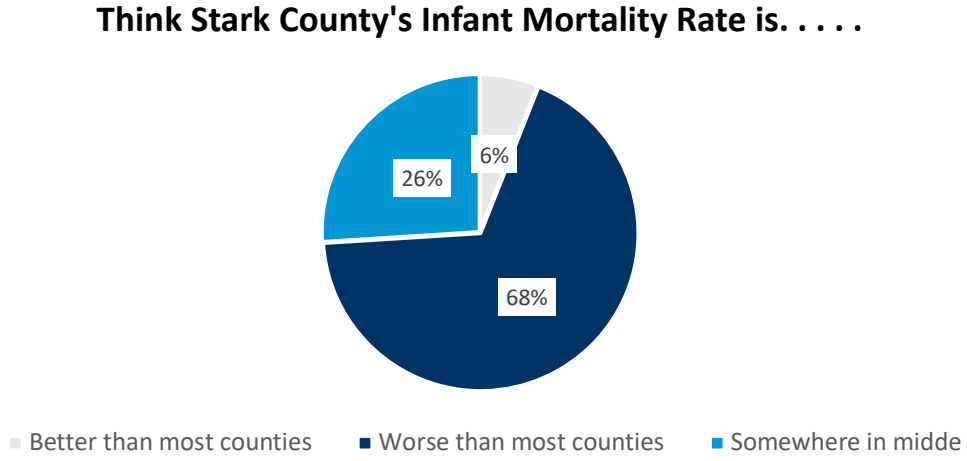
Nearly three-quarters, 74.3%, of community health leaders feel that there are adequate services and programs already in place in the community to address infant mortality. The 25.7% of leaders that did not think there were enough services and programs were asked what is missing. The responses are outlined in the table below.

What is Missing: Infant Mortality				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Community support	4	19.0%	5	23.8%
Prevention training	2	9.5%	5	23.8%
Research	4	19.0%	4	19.0%
Pre-pregnancy classes	4	19.0%	4	19.0%
Focus on low-income population	1	4.8%	4	19.0%
More community workers	3	14.3%	3	14.3%
Awareness of services	3	14.3%	3	14.3%
Prenatal /infant care classes	0	0.0%	2	9.5%
Focus on African American population	0	0.0%	2	9.5%
Total	**21**	**(n=21)**	**32**	**(n=21)**
Question: What is missing?				

The majority of community health leaders have heard of Canton-Stark County THRIVE (96%) and ABC's Safe Sleep Guidelines (92%).



More than two-thirds, 68%, of community health leaders think that the infant mortality rate in Stark County is worse than most counties while 26% think Stark County's rate is somewhere in the middle.



COMMUNITY SURVEY

- More than half of respondents, 54%, feel that infant mortality is a serious problem in Stark County with 20% saying that it is a very serious, and 34% indicating that it is a moderately serious problem.
- More than a third of respondents, 37.5% had heard of the ABC's safe sleep guidelines for newborns. Groups of respondents who were more likely to have heard of the safe sleep guidelines for newborns includes employed respondents, college graduates, females, those ages 18 to 44, non-white respondents, those with an annual income over $75,000, and respondents with children in the home.
- Nearly three-quarters of respondents, 70%, were very familiar with "Always put your baby to sleep on their back". Slightly fewer, 69%, were very familiar with "Always make sure the only thing that is in the crib is a firm mattress and a fitted sheet." Less than two-thirds of respondents, 63.3%, were very familiar with "Always put a baby in their crib alone."
- Just over one-tenth of respondents, 11%, currently have a child in diapers. Of those with children in diapers, nearly one-third, 30.7%, have felt that they do not have enough diapers to change them as often as they would like.

Summary: Maternal, Infant and Child Health			
		%	N
Seriousness of Infant Mortality in Stark County	Very serious	20.3%	800
	Moderately serious	33.6%	
	Not too serious	29.0%	
	Not really a problem	17.1%	
Heard of ABC's Safe Sleep Guidelines	Yes	37.5%	798
	No	62.5%	
Familiarity with sleep guidelines (% very familiar)	Always put baby in crib alone	63.3%	791
	Always put baby to sleep on their back	70.0%	790
	Firm mattress and fitted sheet only in crib	68.8%	795
Ever feel not have enough diapers^	Yes	30.7%	88
	No	69.3%	
^Asked only of respondents with children in diapers			

SECONDARY DATA ANALYSIS

Less than one-tenth of births in all three counties in 2017 were low birth weight. The percentage of births that are classified as low birth rates has remained relatively consistant over the past five years.

Low Birth Weight					
	2013	2014	2015	2016	2017
CARROLL COUNTY					
# Low birth weight (LBW)	22	20	24	19	23
% Low birth weight (LBW)	8.0%	7.6%	8.2%	7.0%	8.0%
STARK COUNTY					
# Low birth weight (LBW)	372	373	328	353	325
% Low birth weight (LBW)	8.8%	8.8%	7.8%	8.3%	8.1%
TUSCARAWAS COUNTY					
# Low birth weight (LBW)	86	85	78	86	71
% Low birth weight (LBW)	7.7%	7.5%	6.6%	7.1%	6.1%
LBW= Births less than 5 pounds, 8 ounces, SOURCE: Ohio Department of Health Data Warehouse.					

The percentage of white women with LBW babies was considerably lower than the percentage of black women with LBW babies.

Stark County Low Birth Weight by Race					
	2013	2014	2015	2016	2017
White VLBW	1.5%	1.9%	1.1%	1.2%	1.4%
Black VLBW	2.6%	2.4%	2.8%	*	*
White LBW	6.4%	6.5%	5.9%	6.5%	6.1%
Black LBW	11.8%	7.7%	9.9%	9.5%	9.2%
*VLBW= Births less than 3 pounds, 3 ounces. LBW= Births less than 5 pounds, 8 ounces. *=Data not available SOURCE: Ohio Department of Health Data Warehouse.*					

In 2018, the percentage of pregnant women accessing prenatal care in the first trimester in each county is significantly lower than the state. On a positive note, the percentage of pregnant women accessing prenatal care in the first trimester in Stark County increased significantly between 2017 to 2018, from 53.7% to 65.5%.

Trimester of Entry into Prenatal Care					
	2014	2015	2016	2017	2018
CARROLL COUNTY					
None	1.7%	1.9%	0.8%	0.4%	0.0%
First Trimester	67.9%	60.7%	63.6%	61.3%	60.9%
Second Trimester	24.1%	30.0%	29.3%	32.5%	33.2%
Third Trimester	6.3%	7.5%	6.2%	5.8%	5.9%
STARK COUNTY					
None	2.1%	2.4%	1.6%	0.9%	1.3%
First Trimester	62.1%	52.4%	60.1%	53.7%	65.5%
Second Trimester	30.0%	37.5%	31.6%	34.6%	27.5%
Third Trimester	5.8%	7.7%	6.7%	10.7%	5.7%
TUSCARAWAS COUNTY					
None	1.4%	0.5%	0.8%	0.9%	1.2%
First Trimester	64.0%	56.6%	56.0%	59.7%	55.7%
Second Trimester	29.0%	36.6%	36.9%	34.0%	35.4%
Third Trimester	5.6%	6.3%	6.3%	5.5%	7.6%
OHIO					
None	2.1%	1.8%	1.6%	1.6%	1.6%
First Trimester	70.7%	71.8%	71.8%	71.9%	72.7%
Second Trimester	21.8%	21.3%	21.5%	21.4%	20.9%
Third Trimester	5.4%	5.1%	5.1%	5.0%	4.9%
SOURCE: Ohio Department of Health Data Warehouse, births with unknown prenatal care are not included in the above percentages.					

Birth counts in all three counties as well as the state has changed little over the past five years.

Live Birth Count						
	2014	2015	2016	2017	2018	Change
Carroll	264	292	270	289	269	**+1.9%**
Stark	4,253	4,204	4,232	4,015	4,065	**-4.4%**
Tuscarawas	1,141	1,184	1,209	1,158	1,130	**-1.0%**
Ohio	139,514	139,312	138,198	136,894	135,226	**-3.1%**
SOURCE: Ohio Department of Health Data Warehouse.						

The number of births by young mothers (19 years of age and younger) decreased from 2014 to 2018 at both the county and the state level.

Number of Births by Young Mothers, 2014-2018									
	2014				2018				Change
	>15	15-17	18-19	Total	>15	15-17	18-19	Total	2014-2018
Carroll	0	6	-	6	0	5	-	5	**-16.7%**
Stark	-	95	241	336	-	54	174	228	**-32.1%**
Tuscarawas	0	27	60	87	0	15	71	86	**-1.2%**
Ohio	120	2,407	7,068	9,595	56	1,666	5,379	7,101	-26.0%
SOURCE: Ohio Health Department Secure Data Warehouse									

The adolescent birth rate for teens ages 15-19 is between 30 and 34 for each county and the state. In all four areas, the adolescent birthrate is on a downward trend.

Teen Birth Rate						
	2013	2014	2015	2016	2017	Change
Carroll	32	33	31	33	30	**-6.3%**
Stark	35	34	34	33	32	**-8.6%**
Tuscarawas	36	36	35	34	34	**-5.6%**
Ohio	36	34	21	28	32	**-11.1%**
Rate is the Number of births per 1,000 female population ages 15-19 *SOURCE: County Health Rankings: https://www.countyhealthrankings.org/app/ohio/2019/measure/factors/14/data*						

In 201y, the infant mortality rate for both Stark and Tuscarawas counties was higher than Ohio's infant mortality rate of 7.2 (8.6 in Tuscarawas and 9.5 in Stark). The five-year average annual infant mortality rate was also higher for Stark County (7.6) than the state (7.2), but is lower in both Carroll and Tuscarawas counties.

Infant Mortality Rate, 2013 and 2017						
	2013			2017		
	# of Deaths	# of Births	Rate*	# of Deaths	# of Births	Rate*
Carroll	2	276	**7.2**	1	289	**3.5**
Stark	29	4,223	**6.9**	38	4,015	**9.5**
Tuscarawas	7	1,120	**6.3**	10	1,158	**8.6**
Ohio	1,024	139,035	**7.4**	982	136,895	**7.2**
Number of all infant deaths (within 1 year), per 1,000 live births.						

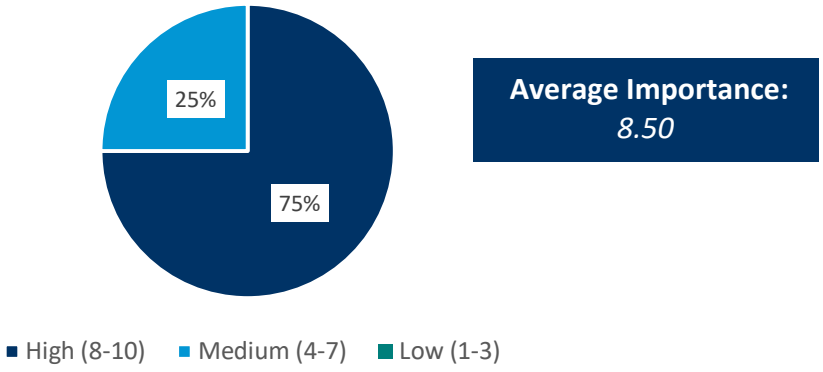
Ohio 5-Year Average Annual Infant Mortality Rate, 2013-2017			
	# total births	# total deaths	Rate*
Carroll	1,391	8	**5.8**
Stark	20,927	160	**7.6**
Tuscarawas	5,812	29	**5.0**
Ohio	692,954	4,990	**7.2**
Number of all infant deaths (within 1 year), per 1,000 live births.			
SOURCE: Ohio Health Department, 2017 Ohio Infant Mortality Report			

HEALTHY LIVING

COMMUNITY HEALTH LEADER SURVEY

On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', obesity and lack of healthy lifestyle choices was given an average importance rating of 8.50 by community health leaders, the fifth highest average importance of the nine health-related issues included in the survey. Furthermore, more than one-third of community health leaders, 34.7%, named obesity and lack of healthy lifestyle choices as a top three issue that needs to be addressed.

Importance of Issue: Obesity & Healthy Lifestyle



Less than half, 46.5%, of health leaders feel that there are adequate services and programs already in place in the community to address obesity and healthy lifestyle concerns. The 53.5% of leaders that did not think there were enough services and programs were asked what is missing. The responses are outlined in the table below.

What is Missing: Healthy Living				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Affordable healthy food	5	12.2%	14	34.1%
Nutrition education	7	17.1%	13	31.7%
Centralized grocery stores	7	17.1%	9	22.0%
Affordable healthy choices	2	4.9%	8	19.5%
Community support	5	12.2%	7	17.1%
Holistic approach	4	9.8%	7	17.1%
Affordable exercise options	2	4.9%	6	14.6%
Positive societal influence	1	2.4%	6	14.6%
Transportation	2	4.9%	4	9.8%
School curriculum	3	7.3%	3	7.3%
Personal commitment	2	4.9%	2	4.9%
Physicians involvement	1	2.4%	2	4.9%
Total	**41**	**(n=41)**	**81**	**(n=41)**
Question: What is missing?				

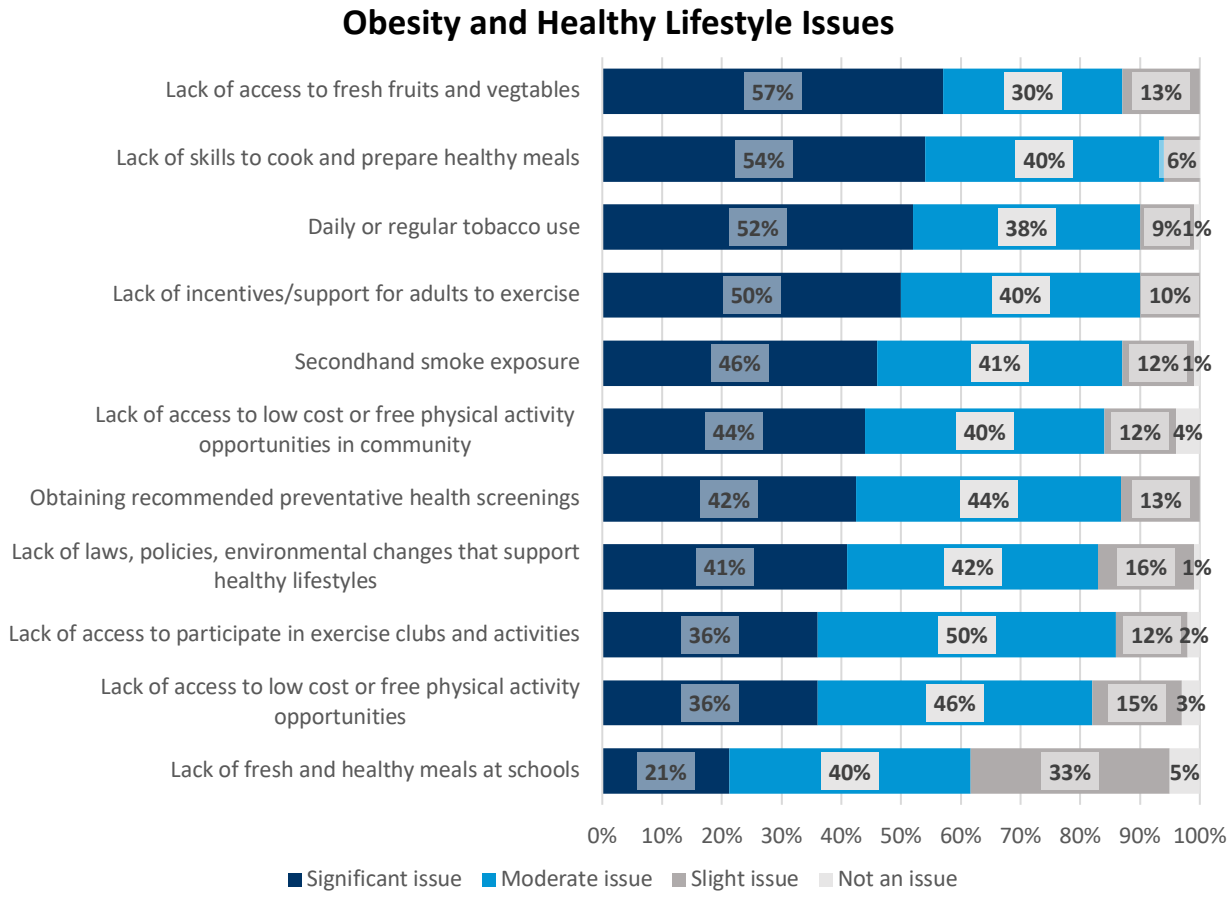
Next, community health leaders were asked what they thought were the major risk factors and behaviors that contribute to poor health status in Stark County. The most common risk factors and behaviors mentioned include, in order of importance, food insecurity, poor financial status, the use of drugs, alcohol and tobacco, and health illiteracy.

Major Risk Factors and Behaviors that Lead to Poor Health Status				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Food insecurity	18	19.8%	52	57.1%
Low or no finances	19	20.9%	50	54.9%
Use of drugs, alcohol, tobacco	10	11.0%	42	46.2%
Health illiteracy	19	20.9%	37	40.7%
No health care component	4	4.4%	24	26.4%
Sedentary lifestyle	6	6.6%	20	22.0%
Family dysfunction	5	5.5%	16	17.6%
Low motivation	1	1.1%	16	17.6%
Mental illness	2	2.2%	14	15.4%
Transportation	2	2.2%	14	15.4%
Stress	2	2.2%	8	8.8%
Cultural environment	2	2.2%	6	6.6%
MISCELLANEOUS	1	1.1%	3	3.3%
Total	**91**	**(n=91)**	**302**	**(n=91)**
Question: What do you consider to be the major risk factors and behaviors that contribute to poor health status in Stark County?				

Two-thirds of respondents, 66.7%, identified cost as a barrier that prevents residents from making healthy lifestyle choices. Other barriers identified by community health leaders include, in order of importance, distance to grocery stores, health illiteracy, and lack of self-motivation.

Problems, Barriers, Gaps in Making Healthy Lifestyle Choices				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Cost	29	35.8%	54	66.7%
Distance to grocery stores	20	24.7%	44	54.3%
Health illiteracy	16	19.8%	43	53.1%
Self-motivation is lacking	6	7.4%	22	27.2%
Unsupportive culture	0	0.0%	15	18.5%
Accessibility	2	2.5%	14	17.3%
Busy lifestyles	5	6.2%	13	16.0%
Support for individual	0	0.0%	12	14.8%
Behavioral health skills needed	1	1.2%	11	13.6%
Safe neighborhoods	2	2.5%	9	11.1%
Total	**81**	**(n=81)**	**237**	**(n=81)**
Question: What are some problems, barriers, or gaps in services that prevent residents from making healthy lifestyle choices?				

Obesity and lack of healthy lifestyle choices were identified as a top concern in the county. Community health leaders were given a list of eleven obesity and lack of healthy lifestyle issues and asked how much of an issue they thought each one was in the community. The biggest issues identified were, in order of importance, "lack of access to fresh fruits and vegatables", "lack of skills to cook and prepare healthy meals", "daily or regular tobacco use", and "lack of incentives/supports for adults to exercise."



COMMUNITY SURVEY

- More than two-thirds of respondents, 69% had a favorable rating of their health, a notable decrease from 74% in 2015. Another 24% of respondents in 2018 rated their health as fair. Only a small percentage of respondents, 7%, had an unfavorable rating of their health. Residents of the county's suburban areas, employed respondents, college graduates, homeowners, those ages 18 to 24, those who are married, and respondents with an annual income of $50,000 or more were much more likely to report being healthy.
- Most respondents, 78.8%, had exercised in the past month, a notable decrease from 83.0% in 2015. Groups of respondents more likely to exercise included suburban residents, those who are employed full-time, college graduates, males, respondents ages 18 to 24, those with an income over $75,000, and respondents with children.
- Of those who exercise, 17% only exercise occasionally. More than one-quarter of respondents, 26%, exercise one to two times per week. Another 32% of exercising respondents exercise 3 to 4 times per week, and 25% exercise 5 to 7 times per week.
- The respondents who do not exercise on a regular basis were asked for some of the reasons that make exercise difficult. The most common response, given by nearly two thirds, 62.3%, of respondent, was that they had a physical limitation or health issues that prevented them from exercising. The second most common reason, given by 20.1% of respondents, was that they were too busy or not enough time to exercise. Other reasons that exercise was difficult include, in order of importance, lazy/too tired (14.5%), pain (6.9%), age (6.3%), they don't like exercise or physical activity (6.3%), and they have breathing problems (6.3%).
- More than a third of the respondents, 39.6%, reported that their weight is about right, a decrease from 46.7% in 2015. More than half, 53.4%, reported being overweight. Just a small percentage, 7.0%, reported being underweight. Groups of respondents who were more likely to report that they were overweight include college graduates, females, respondents ages 45 to 64, and those who are married.
- A third of respondents, 33.3%, reported being told by a doctor that they were obese or overweight. Groups of respondents who were more likely to have been told by a doctor that they were overweight include urban residents, females, those ages 45 to 64, and respondents with children in the home.
- The most common problem getting needed food was cost with nearly three-quarters, 74%, stating this to be the case. More than a third of respondents, 37%, stated that the distance from the store made it difficult for them to get the food they need. Slightly fewer, 33%, stated that the quality of food made it difficult for them. Other things that made it difficult for respondents to get the food they need include, in order of importance, time to go shopping (24%) and safety (13%).
- Less than one-sixth of respondents, 15.8%, reported having difficulty getting fresh fruits and vegetables in their neighborhood. Groups of respondents who were more likely to have difficulty getting fresh fruits and vegetables in their neighborhood include urban residents, those who are employed part-time or unemployed, renters, respondents ages 18 to 44, those who are not married, non-white respondents, and those with an annual income under $25,000.
- A notable percentage of respondents, 13.2%, eat fresh fruits and vegetables 0-1 times a week while 29.2%, eat fresh fruits and vegetables 2 to 4 times a week, and slightly more, 31.7%, eat fresh fruits and vegetables once a day. Slightly more than a quarter of respondents, 25.8%, eat fresh fruits or vegetables 2 or more times a day.

Summary: Healthy Living				
		2011	*2015*	*2018*
How would you rate your health	Excellent/good	76.7%	74.4%	68.8%
	Fair	17.1%	20.6%	24.0%
	Poor/very poor	6.2%	5.0%	7.1%
Exercise in past month	Yes	*	83.0%	78.8%
	No	*	17.0%	21.3%
How often exercise per week	Not at all	15.7%	10.5%	22.9%
	Once in awhile	10.6%	15.0%	13.1%
	1-2 times	20.2%	21.8%	20.0%
	3-4 times	30.0%	27.6%	24.7%
	5-7 times	23.5%	25.2%	19.3%
Follow-up: What's making it difficult to exercise (top 3)	Physical limitations	49.2%	58.0%	62.3%
	Laziness/procrastination	10.6%	21.0%	14.5%
	Too busy/no time	26.8%	19.8%	20.1%
Self-described weight	Overweight	44.2%	46.5%	53.4%
	About right	51.2%	46.7%	39.6%
	Underweight	4.6%	6.7%	7.0%
Doctor said obese or overweight	Yes	*	*	33.3%
	No	*	*	66.7%
What makes it difficult to get food needed	Cost of food	*	*	73.8%
	Quality of food	*	*	32.5%
	Time for shopping	*	*	23.8%
	Safety	*	*	12.7%
	Distance from the store	*	*	36.5%
	Something else	*	*	5.6%
How difficult to get fresh food & vegetables neighborhood	Very difficult	*	4.9%	4.5%
	Somewhat difficult	*	13.0%	11.3%
	Not at all difficult	*	82.1%	84.2%
How often eat fresh fruits and vegetables	0-1 times/week	*	6.7%	13.2%
	2-4 times/week	*	29.6%	29.2%
	Once a day	*	33.4%	31.7%
	2-4 times a day	*	27.0%	21.8%
	5 or more times a day	*	3.4%	4.0%

COMMUNITY FOCUS GROUP

- ✓ Access to sidewalks and recreational activities were both things that many participants felt helped them to be healthy.
- ✓ In terms of access to healthy food, transportation was identified as a barrier, although farmers' markets and neighborhood gardens have helped with this issue. Other difficulties in this area that were mentioned include people not knowing how to prepare healthy food and the higher cost of healthy foods.

SECONDARY DATA ANALYSIS

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 is the average number of days a county's adult respondents report that their physical health was not good. The average number of poor physical health days was slightly less in each county than it was in the state.

Number of Poor Physical Health Days		
	Poor Physical Health Days	
	2006-2012	2016
Carroll County	4.8	3.9
Stark County	3.3	3.9
Tuscarawas	4.5	3.9
Ohio	3.7	4.0
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS), http://www.countyhealthrankings.org/app/ohio/2018/measure/outcomes/36/map		

The same percentage, 12%, of adults in each county reported having 14 or more days poor physical health days per month. This percentage is slightly lower than the state average of 13%.

Percentage of Adults Reporting 14+ Days of Poor Physical Health per Month				
	2014	2015	2016	Change
Carroll	12%	11%	12%	-
Stark	11%	11%	12%	**+1.0%**
Tuscarawas	11%	11%	12%	**+1.0%**
Ohio	12%	11%	13%	**+1.0%**
SOURCE: County Health Rankings. Original Source: National Center for Chronic Disease Prevention and Health Promotion				

Nearly a third of adults in both Stark and Tuscarawas counties as well as Ohio have a BMI of 30 or more. In Carroll County, the percentage is slightly higher, 35%.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2011	2012	2013	2014	2015	% Change
Carroll	32%	35%	35%	34%	35%	**+3.0%**
Stark	31%	31%	31%	31%	32%	**+1.0%**
Tuscarawas	35%	35%	35%	33%	32%	**-3.0%**
Ohio	30%	30%	31%	32%	32%	**+2.0%**
SOURCE: County Health Rankings. Original Source: National Center for Chronic Disease Prevention and Health Promotion						

The table below represents the percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. The percentage of the population with access to exercise opportunities is lower in all three counties than the state average and significantly lower in Carroll County where just 30% of the population have adequate access.

Access to Exercise Opportunities- % of Population with Access to Locations for Physical Activity						
	2012	2013	2014	2016	2018	% Change
Carroll	34%	62%	60%	39%	30%	**-4.0%**
Stark	80%	81%	80%	84%	80%	-
Tuscarawas	59%	71%	70%	70%	76%	**+17.0%**
Ohio	78%	83%	83%	85%	84%	**+6.0%**
SOURCE: County Health Rankings. Original Source: Business Analyst, Delorme map data						

The Food Environment Index equally weights two indicators of the food environment: (1) limited access to healthy foods, which estimates the percentage of the population who are low income and do not live close to a grocery store and (2) food insecurity, which estimates the percentage of the population who did not have access to a reliable source of food during the past year. The Food Environment Index ranges from 0 (worst) to 10 (best). The Food Environmental Index is slightly better in all three counties than Ohio.

Food Environment Index						
	2012	2013	2014	2015	2016	% Change
Carroll	7.9	7.7	7.9	8.1	8.1	**+2.5%**
Stark	7.1	6.9	7.1	7.3	7.4	**+0.3%**
Tuscarawas	7.5	7.3	7.5	7.6	7.7	**+0.2%**
Ohio	7.1	6.9	7.0	6.6	6.7	**-5.6%**
SOURCE: County Health Rankings. Original Source: United States Department of Agriculture (USDA)						

All three counties have a lower percentage of the population who are food insecure or do not have access to a grocery store than the state.

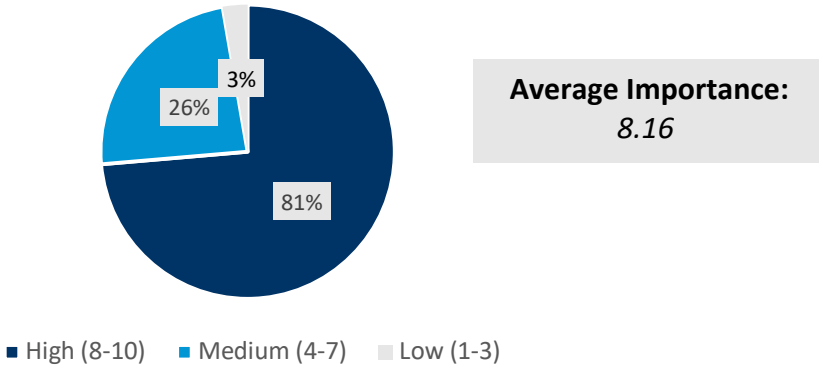
Food Insecurity Rate				
	2015	2016	2017	% Change
Carroll	13.6%	13.2%	12.9%	**-0.7%**
Stark	14.9%	14.4%	14.2%	**-0.7%**
Tuscarawas	13.7%	13.3%	13.0%	**-0.7%**
Ohio	16.0%	15.1%	14.5%	**-1.5%**
Source: Feeding America, 2018. Map the Meal Gap: http://map.feedingamerica.org/county/2017/overall/ohio				

VACCINATIONS AND PREVENTION SERVICES

COMMUNITY HEALTH LEADER SURVEY

On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', immunizations were given an average importance rating of 8.16 by community health leaders. However, just 3% of community health leaders named immunizations as a top three issue that needs to be addressed.

Importance of Issue: Immunizations



More than half of respondents, 58.8%, identified misconceptions as a barrier that prevents residents from receiving the immunizations they need. Other barriers identified by community health leaders include, in order of importance, lack of insurance or the ability to pay, transportation issues, and people not understanding the importance of vaccinations.

Problems, Barriers, Gaps that Prevent Residents from Receiving Needed Immunizations				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Misconceptions	30	44.1%	40	58.8%
Insurance/ability to pay	8	11.8%	20	29.4%
Transportation	5	7.4%	20	29.4%
Don't understand importance	9	13.2%	16	23.5%
Nontraditional hours needed	0	0.0%	9	13.2%
Primary care doctor not involved	5	7.4%	8	11.8%
Uneducated beliefs	3	4.4%	8	11.8%
Need to know how to access	4	5.9%	7	10.3%
Unaware of free options	2	2.9%	4	5.9%
Fear	0	0.0%	4	5.9%
Miscellaneous	2	2.9%	7	10.3%
Total	**68**	**(n=68)**	**143**	**(n=68)**

Question: What are some problems, barriers, or gaps in services that prevent residents from receiving the immunizations?

The majority, 82.2%, of health leaders feel that there are adequate services and programs already in place in the community to address immunizations. The 17.8% of leaders that did not think there were enough services and programs were asked what is missing. The responses are outlined below.

What is Missing: Immunizations				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Adequate marketing	7	41.2%	9	52.9%
Accessibility	6	35.3%	6	35.3%
FAQs answered	2	11.8%	3	17.6%
Enforce requirements at school	1	5.9%	2	11.8%
Miscellaneous	1	5.9%	1	5.9%
Total	**17**	**(n=17)**	**21**	**(n=17)**
Question: What is missing?				

COMMUNITY SURVEY

- Less than half, 48.1%, indicated that they did get a flu shot in the last year, a decrease from 52.3% in 2015. Groups of respondents that were more likely to have received the flu vaccination include respondents ages 65 and over, retired respondents, college graduates, homeowners, married respondents, and those without children in the home.
- 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. The most common reason for not getting the flu vaccination was the side effects of getting sick after getting the vaccination. This response was given by 18.2% of respondents who did not get the flu vaccine, or 9.0% of all respondents. Another one-sixth of respondents who did not get vaccinated, 14.9%, did not get the vaccination because they were healthy and did not feel like they needed one (7.9% of all respondents). Other reasons for not receiving the flu vaccination include, in order of importance, don't believe in flu shots (11.6%), the flu shot does not protect against all strains of flu (10.4%), and they never got around to it (8.4%).
- Nearly two-thirds respondents with children, 65.7%, reported that their child had received a flu vaccination in the past year.
- Most parents, 92.0%, reported that their children are up to date on their vaccinations, a decrease from 96.5% of parents in 2015. The main reason that their children were not up to date on their vaccines was that they do not believe in vaccines.

Summary: Immunizations				
		2011	*2015*	*2018*
Get flu vaccination in past year	Yes	43.3%	52.3%	48.1%
	No	56.7%	47.7%	51.9%
Child had flu vaccination in past year	Yes	*	56.4%	65.7%
	No	*	43.6%	34.3%
Children's vaccinations up to date	Yes	*	96.5%	92.0%
	No	*	3.5%	8.0%

SECONDARY DATA ANALYSIS

Preventable hospital stays are 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. Over the past five years, the number of preventable hospital stays has decreased by more than 25% in all three counties and the state.

Preventable Hospital Stays						
	2012	2013	2014	2015	2016	% Change
Carroll	64	50	58	57	44	**-31.3%**
Stark	58	53	51	50	43	**-25.7%**
Tuscarawas	77	74	68	64	53	**-31.2%**
Ohio	72	65	60	57	51	**-29.2%**
SOURCE: County Health Rankings. Original Source: Dartmouth Atlas of Health Care http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/5/map						

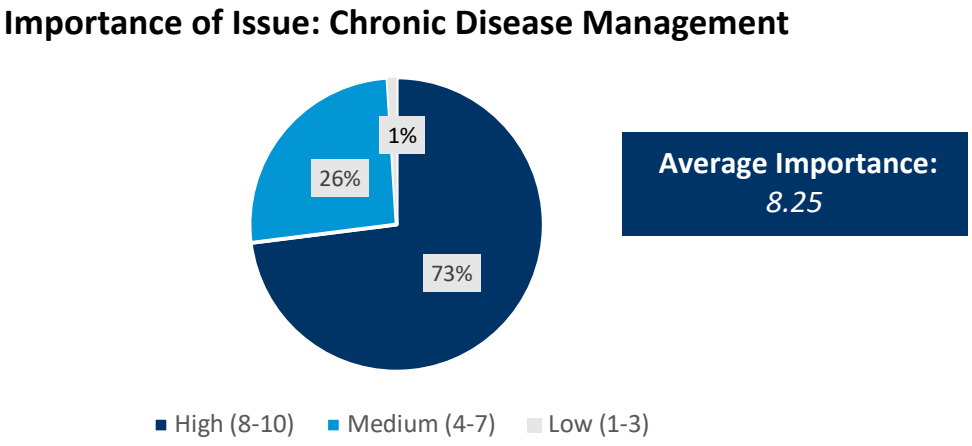
Mammography screening represents the percent of female Medicare enrollees age 67-69 that had at least one mammogram over a two-year period. Less than half, 38% to 42%, of female Medicare enrollees ages 67-69 reported having a mammogram in the past two years in all four areas.

Mammography Screening						
	2011	2012	2013	2014	2016	% Change
Carroll	61.7%	52.6%	55%	53%	41%	**-20.7%**
Stark	59.7%	58.8%	58%	60%	42%	**-17.7%**
Tuscarawas	55.8%	52.5%	53%	57%	38%	**-17.8%**
Ohio	60.4%	60.3%	60%	61%	41%	**-3.6%**
SOURCE: County Health Rankings. Original Source: Dartmouth Atlas of Health Care http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/50/map						

CHRONIC DISEASE MANAGEMENT

COMMUNITY HEALTH LEADER SURVEY

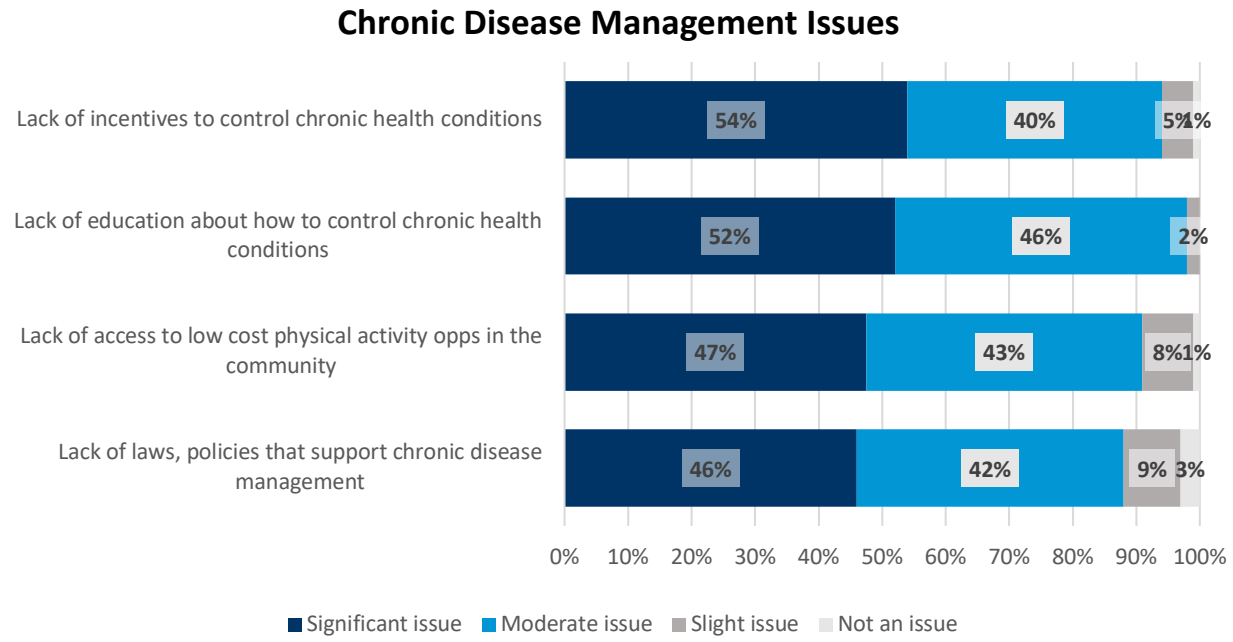
On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', chronic disease management was given an average importance rating of 8.25 by community health leaders. More than one-sixth, 17.8%, of community health leaders named chronic disease management as a top three issue that needs to be addressed.



More than two-thirds, 67.3%, of community health leaders feel that there are adequate services and programs already in place in the community to address chronic disease management. The 32.7% of leaders that did not think there were enough services and programs were asked what is missing. The responses are outlined in the table below.

What is Missing: Chronic Disease Management				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Lifestyle change over polypharmacy	8	28.6%	11	39.3%
Prevention	5	17.9%	7	25.0%
Services for uninsured	5	17.9%	5	17.9%
Affordable ongoing care	4	14.3%	5	17.9%
Coordination of services	2	7.1%	5	17.9%
Community support	3	10.7%	3	10.7%
Miscellaneous	1	3.6%	1	3.6%
Total	**28**	**(n=28)**	**37**	**(n=28)**
Question: What is missing?				

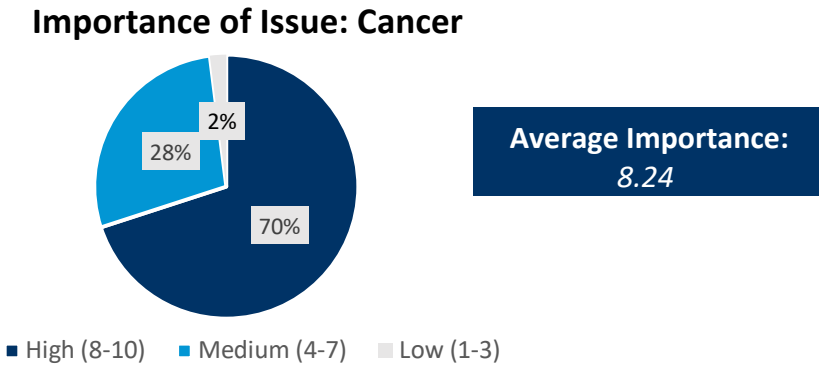
Community health leaders were given a list of four chronic disease management issues and asked how much of an issue they thought each one was in the community. The two biggest issues identified were "lack of incentives to control chronic health conditions" and "lack of education about how to control chronic health conditions."



More than half of respondents, 56.5%, identified lack of insurance or an inability to pay as a barrier that prevents residents from receiving the chronic disease management services that they need. Other barriers identified by community health leaders include, in order of importance, lack of knowledge, transportation issues, and lack of awareness of services.

Problems, Barriers, Gaps that Prevent Residents from Receiving Needed Chronic Disease Mgt.				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Insurance/ability to pay	14	22.6%	35	56.5%
Lack of knowledge	14	22.6%	26	41.9%
Transportation	7	11.3%	21	33.9%
Awareness of services	11	17.7%	19	30.6%
Adapt to new lifestyle	4	6.5%	12	19.4%
Nontraditional hours needed	3	4.8%	11	17.7%
Coordination of care	3	4.8%	11	17.7%
Primary doctor is not involved	4	6.5%	9	14.5%
Support system	0	0.0%	8	12.9%
Denial	2	3.2%	5	8.1%
Total	**62**	**(n=62)**	**157**	**(n=62)**
Question: What are some problems, barriers, or gaps in services that prevent residents from receiving the chronic disease management services they need?				

On a 10-point scale in which 1 was 'Not at all important' and 10 was 'Very important', cancer was given an average importance rating of 8.24 by community health leaders. However, just 5% of community health leaders named cancer as a top three issue that needs to be addressed.



More than three-quarters, 78.2%, of community health leaders feel that there are adequate services and programs already in place in the community to address cancer. The 21.8% of health leaders that did not think there were enough services and programs were asked what is missing as outlined in the table below.

What is Missing: Cancer	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Assistance for uninsured	8	44.4%	8	44.4%
Preventative measures	3	16.7%	4	22.2%
Research	3	16.7%	3	16.7%
Specialists in local area	2	11.1%	3	16.7%
Accommodations with this disease	1	5.6%	2	11.1%
Community support	1	5.6%	1	5.6%
Total	**18**	**(n=18)**	**21**	**(n=18)**

Most respondents, 82.3%, identified lack of insurance or an inability to pay as a barrier that prevents residents from receiving the cancer screenings they need. Other barriers identified by community health leaders include, in order of importance, lack of awareness/education, transportation issues and fear of the screening of results.

Problems, Barriers, Gaps that Prevent Residents from Receiving Needed Cancer Screenings	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Insurance/ability to pay	25	40.3%	51	82.3%
Awareness/education	10	16.1%	30	48.4%
Transportation	7	11.3%	17	27.4%
Fear of results	4	6.5%	13	21.0%
Accessibility	7	11.3%	10	16.1%
Nontraditional hours	1	1.6%	9	14.5%
Preventative visits/screenings	3	4.8%	7	11.3%
Lack of primary care visits	2	3.2%	7	11.3%
Miscellaneous	3	4.8%	9	14.5%
Total	**62**	**(n=62)**	**153**	**(n=62)**

COMMUNITY SURVEY

- Respondents were given a list of nine chronic diseases and asked if they or a member of their immediate family have ever been diagnosed with the disease by a health care professional.

✓ ***ARTHRITIS:*** Nearly a quarter of respondents, 24.3%, reported being diagnosed with arthritis, while 32.1% of respondents indicated that an immediate family member was diagnosed with arthritis. Of those who have been diagnosed with arthritis, 58.8% are currently seeing a doctor for regular checkups of the disease and 29.4% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with arthritis include urban residents, retired or unemployed individuals, those with a high school diploma or less education, females, respondents ages 45 and over, those with an annual income under $25,000, and respondents with no children in the household.

✓ ***DIABETES:*** Less than one-sixth of respondents, 14.9%, reported being diagnosed with diabetes while 33.8% of respondents indicated that an immediate family member was diagnosed with diabetes. Of those diagnosed with diabetes, 89.9% are currently seeing a doctor for regular checkups of the disease and 52.9% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with diabetes include retired or unemployed individuals, those ages 45 and over, non-white respondents, respondents with an annual income under $25,000, and those with no children in the home.

✓ ***ASTHMA:*** More than one-tenth of respondents, 11.8%, reported being diagnosed with asthma, while 21.5% of respondents indicated that an immediate family member was diagnosed with asthma. Of those who have been diagnosed with asthma, 59.6% are currently seeing a doctor for regular checkups of the disease and 31.9% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with asthma include urban residents, unemployed individuals, renters, those who are not married, non-white respondents, and those with an annual income under $25,000.

✓ ***HEART DISEASE:*** More than one-tenth of respondents, 10.5%, reported being diagnosed with heart disease or heart attack while 30.4% of respondents indicated that an immediate family member was diagnosed with heart disease or heart attack. Of those who have been diagnosed with heart disease or heart attack, 77.4% are currently seeing a doctor for regular checkups of the disease and 48.2% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with heart disease or heart attack include retired or unemployed respondents, males, those ages 65 and over, white respondents, those with an annual income under $25,000, and respondents with no children.

✓ ***CANCER:*** Less than one tenth of respondents, 9.0%, reported being diagnosed with any form of cancer while 32.8% of respondents indicated that an immediate family member was diagnosed with any form of cancer. Of those who have been diagnosed with cancer, 63.8% are currently seeing a doctor for regular checkups of the disease and 46.4% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with any form of cancer include retired respondents, those ages 65 and over, and respondents with no children in the home.

- ***LOWER RESPIRATORY DISEASE***: A small percentage of respondents, 4.5%, reported being diagnosed with a lower respiratory disease while just 7.6% of respondents indicated that an immediate family member was diagnosed with a lower respiratory disease. Of those who have been diagnosed with a lower respiratory disease, 69.4% are currently seeing a doctor for regular checkups of the disease and 36.1% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with a lower respiratory disease include retired or unemployed respondents, those ages 65 and over, and respondents with no children in the home.
- ***STROKE:*** Four percent of respondents reported being diagnosed with stroke while 17.1% of respondents indicated that an immediate family member was diagnosed with stroke. Of those who have been diagnosed with a stroke, half are currently seeing a doctor for regular checkups of the disease and 35.5% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with stroke include urban residents, retired or unemployed respondents, those ages 65 and over, and respondents with no children in the home.
- ***KIDNEY DISEASE:*** Only 3.9%, of respondents reported being diagnosed with kidney disease while 6.1% of respondents indicated that an immediate family member was diagnosed with kidney disease. Of those who have been diagnosed with kidney disease, 71.0% are currently seeing a doctor for regular checkups of the disease and 41.9% have been referred by a doctor to a program to help manage the condition. Groups of respondents more likely to be diagnosed with kidney disease include urban residents, unemployed respondents, those who are ages 65 and over, non-white respondents, and those with no children in the home.
- ***ALZHEIMER'S:*** Only a small percentage of respondents, 0.3%, reported being diagnosed with Alzheimer's while 11.5% of respondents indicated that an immediate family member was diagnosed with Alzheimer's.

Summary: Chronic Disease Management				
	Been Diagnosed	*Respondent Currently Seeing Doctor**	*Referred to Mgt. Program**	*Immediate Family Member Diagnosed*
Arthritis	**24.3%**	*58.8%*	*29.4%*	32.1%
Diabetes	**14.9%**	*89.9%*	*52.9%*	33.8%
Asthma	**11.8%**	*59.6%*	*31.9%*	21.5%
Heart disease or heart attack	**10.5%**	*77.4%*	*48.2%*	30.4%
Any form of cancer	**9.0%**	*63.8%*	*46.4%*	32.8%
Lower respiratory diseases	**4.5%**	*69.4%*	*36.1%*	7.6%
Stroke	**4.0%**	*50.0%*	*35.5%*	17.1%
Kidney disease	**3.9%**	*71.0%*	*41.9%*	6.1%
Alzheimer's	**0.3%**	*100.0%*	*0.0%*	11.5%
**Asked only of respondents diagnosed with condition*				

COMMUNITY FOCUS GROUP

- ✓ Participants were asked what they worry most about their own health. The mentioned the following:
  - Mental health and physical health
  - Unhealthy eating
  - Having a park close to your house that you can run to
  - Worry about running when there's a lot of traffic around me
  - Having insurance doesn't keep you away from high costs if something happens such as needing surgery
  - People neglecting their own health from the fear of what it's going to cost them
  - Something that could cap hospital costs
- ✓ Participants were asked how their lives have been impacted by chronic diseases like diabetes, heart disease, hypertension, or obesity. One participant had a niece and nephew with cystic fibrosis and their difficulties include having to go outside of the county to see a specialist and worrying about exposing the children to others, they are particularly fearful of unvaccinated individuals.
- ✓ There was a general fear among the participants of the amount of misinformation that is available about chronic diseases and vaccinations. Trusted sources of information include the CDC, Mayo and Cleveland Clinics, health department, hospitals, and doctors.

SECONDARY DATA ANALYSIS

The number of resident deaths in both Stark County and the state has increased by approximately 9% over the past five years. In Tuscarawas County, the increase in resident deaths was slightly higher, 17%, while Carroll County saw a 13% decrease in resident deaths over the same time period.

Resident Deaths						
	2014	2015	2016	2017	2018	% Change
Carroll	379	305	309	375	330	**-13.0%**
Stark	4,071	4,127	4,378	4,478	4,421	**+8.6%**
Tuscarawas	989	1,073	1,063	1,136	1,158	**+17.1%**
Ohio	114,526	118,014	119,574	123,650	124,294	**+8.5%**
*SOURCE: Ohio Department of Health, ODH Data Warehouse, *2018 is not yet finalized and may change*						

Resident Deaths by Age Group						
	2014	2015	2016	2017	2018	% Change
CARROLL COUNTY						
<1	2	1	2	1	1	-50.0%
1-4	1	0	0	1	0	-100.0%
5-14	1	2	0	1	0	-100.0%
15-24	5	4	2	6	4	-20.0%
25-34	2	4	4	6	3	+50.0%
35-44	4	7	6	12	6	+50.0%
45-54	21	10	18	18	16	-23.8%
55-64	54	34	38	50	35	-35.2%
65-74	85	57	71	76	60	-29.4%
75-84	86	88	81	97	94	+9.3%
85+	118	98	87	107	111	-5.9%
STARK COUNTY						
<1	35	20	38	38	26	-25.7%
1-4	6	2	5	4	3	-50.0%
5-14	3	4	1	6	10	+233.3%
15-24	33	24	28	49	45	+36.4%
25-34	68	63	85	88	64	-5.9%
35-44	80	89	122	96	97	+21.3%
45-54	232	207	269	223	210	-9.5%
55-64	525	501	591	577	530	+1.0%
65-74	681	729	762	842	867	+27.3%
75-84	964	1068	943	1063	1,073	+11.3%
85+	1443	1420	1534	1492	1,496	+3.7%
TUSCARAWAS COUNTY						
<1	4	2	6	10	6	50.0%
1-4	1	2	0	1	1	--
5-14	0	0	1	4	3	+300.0%
15-24	10	4	3	9	8	-20.0%
25-34	11	14	9	21	12	+9.1%
35-44	25	12	20	19	22	-12.0%
45-54	65	60	63	46	41	-36.9%
55-64	97	116	117	142	112	+15.5%
65-74	169	207	181	222	228	+34.9%
75-84	267	280	273	305	319	+19.5%
85+	339	376	390	357	406	+19.8%

*SOURCE: Ohio Department of Health, ODH Data Warehouse, *2017 is not yet finalized and may change*

The top two causes of death in each county as well as the state in 2018 were cancer and heart disease.

Death Rates for General Causes of Death *(death per 100,000 population)*						
	2014	2015	2016	2017	2018*	Change
CARROLL COUNTY						
Malignant Neoplasms	225.1	147.5	154.1	213.7	150.6	**-49.5%**
Diseases of the heart	205.5	156.2	156.2	200.9	205.8	**+0.1%**
Alzheimer's Disease	36.4	27.8	32.8	38.4	25.7	**-41.6%**
CLRD	84.0	66.9	54.8	76.4	51.6	**-62.8%**
Cerebrovascular	46.0	45.7	31.6	51.1	53.5	**+14.0%**
Diabetes	26.9	31.3	36.1	29.0	33.1	**+18.7%**
Suicide	-	-	-	-	-	**-**
Flu & Pneumonia	-	-	-	-	-	**-**
Accidents	64.7	50.9	41.0	98.4	59.1	**-9.5%**
STARK COUNTY						
Malignant Neoplasms	167.6	170.4	173.6	172.7	166.6	**-0.6%**
Diseases of the heart	157.4	176.5	177.0	166.0	170.9	**+7.9%**
Alzheimer's Disease	36.4	43.8	48.6	54.3	50.8	**+28.3%**
CLRD	47.0	48.0	48.5	53.8	52.1	**+9.8%**
Cerebrovascular	34.6	31.1	35.8	42.9	37.3	**+7.2%**
Diabetes	24.1	27.5	26.2	25.0	25.4	**+5.1%**
Suicide	16.8	16.1	20.5	18.2	20.2	**+16.8%**
Flu & Pneumonia	14.6	15.7	14.4	11.6	14.7	**+0.7%**
Accidents	51.9	39.3	58.7	56.5	53.4	**+2.8%**
TUSCARAWAS COUNTY						
Malignant Neoplasms	153.5	181.3	161.8	180.5	165.7	**+7.4%**
Diseases of the heart	205.1	184.1	181.4	189.1	190.8	**-7.5%**
Alzheimer's Disease	28.4	36.2	37.9	48.4	58.8	**+51.7%**
CLRD	53.1	56.2	61.4	57.4	75.3	**+29.5%**
Cerebrovascular	42.1	35.9	33.3	35.3	34.0	**-23.8%**
Diabetes	28.5	28.9	32.0	40.7	71.8	**+60.3%**
Suicide	11.8	15.1	9.3	15.6	12.6	**+6.3%**
Flu & Pneumonia	13.9	19.9	14.3	13.9	15.0	**+7.3%**
Accidents	33.8	44.1	47.5	60.8	40.8	**+17.2%**
OHIO						
Malignant Neoplasms	219.2	218.6	219.5	219.9	165.3	**-32.6%**
Diseases of the heart	232.7	241.5	235.8	240.1	191.1	**-21.8%**
Alzheimer's Disease	35.2	40.0	43.3	43.9	34.7	**-1.4%**
CLRD	58.3	62.0	60.3	62.7	49.0	**-19.0%**
Cerebrovascular	49.9	51.1	51.5	55.1	42.6	**-17.1%**
Diabetes	31.4	31.4	30.7	32.1	25.4	**-23.6%**
Suicide	12.8	14.2	14.7	14.9	15.2	**+15.8%**
Flu & Pneumonia	21.1	21.0	18.8	19.2	15.7	**-34.4%**
Accidents	53.3	58.0	68.8	76.9	63.8	**+16.5%**

CLRD- Chronic Lower Respiratory Diseases, SOURCE: ODH Data Warehouse

The percentage of students with disabilities over the last three years is outlined in the table below. These children will have Individual Education Plans (IEPs) at school. There is a slightly lower percentage of students with identified disabilities in Stark and Tuscarawas Counties compared to the state. The percentage of students with disabilities in Carroll County is slightly higher than the state.

Students with Disabilities, 2017-2018 District Level Data					
District	District Type	2018 Rating	# Students	# Disabilities	% Disabilities
CARROLL COUNTY					
Brown Local	Public	Meets Requirements	626	100	15.9%
Carrollton Exempted Village	Public	Meets Requirements	1940	337	17.4%
COUNTY TOTAL	-	-	***2566***	***437***	***17.0%***
STARK COUNTY					
Alliance City	Public	Needs Assistance	2980	531	17.8%
Beacon Academy	Community	Needs Intervention	167	47	28.0%
Canton City	Public	Needs Intervention	8648	1462	16.9%
Canton College Preparatory	Community	Needs Assistance	185	32	17.2%
Canton Harbor High School	Community	Meets Requirements	137	37	26.9%
Canton Local	Public	Needs Assistance	1917	288	15.0%
Fairless Local	Public	Meets Requirements	1501	229	15.2%
Jackson Local	Public	Meets Requirements	5928	649	11.0%
Lake Local	Public	Meets Requirements	3295	321	9.7%
Life Skills Center of Canton	Community	Meets Requirements	108	24	22.6%
Louisville City	Public	Meets Requirements	2838	429	15.1%
Marlington Local	Public	Meets Requirements	2160	280	12.9%
Massillon City	Public	Needs Assistance	3901	573	14.7%
Massillon Digital Academy	Community	Meets Requirements	38	11	29.6%
Minerva Local	Public	Meets Requirements	1793	288	16.0%
North Canton City	Public	Meets Requirements	4272	565	13.2%
Northwest Local	Public	Meets Requirements	1817	214	11.8%
Osnaburg Local	Public	Needs Assistance	828	124	14.9%
Perry Local	Public	Meets Requirements	4761	518	10.9%
Plain Local	Public	Meets Requirements	6052	749	12.4%
Sandy Valley Local	Public	Needs Assistance	1308	163	12.5%
Summit Academy Community	Community	Needs Assistance	148	110	74.3%
Summit Academy Secondary	Community	Needs Intervention	109	86	78.9%
Tuslaw Local	Public	Needs Assistance	1356	167	12.3%
COUNTY	-	-	***56247***	***7897***	***14.0%***
TUSCARAWAS COUNTY					
Claymont City	Public	Needs Assistance	1929	355	18.4%
Dover City	Public	Meets Requirements	2709	367	13.6%
Garaway Local	Public	Meets Requirements	1158	167	14.4%
Indian Valley Local	Public	Needs Assistance	1747	204	11.7%
New Philadelphia City	Public	Meets Requirements	3115	467	15.0%
Newcomerstown Exempted	Public	Meets Requirements	998	170	17.1%
Quaker Digital Academy	Community	Needs Assistance	492	63	12.8%
Strasburg-Franklin Local	Public	Meets Requirements	550	68	12.4%
Tuscarawas Valley Local	Public	Meets Requirements	1344	144	10.7%
COUNTY	-	-	***14042***	***2005***	***14.3%***
OHIO TOTAL	-	-	***1,657,143***	***250,667***	***15.1%***

SOURCE: http://education.ohio.gov/Topics/Special-Education/Special-Education-Data-and-Funding/District-Level-Performance-Data

The table below measures the percentage of the population with a disability. Disabilities include difficulties with hearing, vision, cognition, ambulation, and self-care. The percentage of the population with a disability is nearly identical in Stark County as the state (14%). In Carroll County, the percentage was slightly lower, 13%, and in Tuscarawas County, the percentage was slightly higher, 16%.

Disability Status by Age					
	2014	2015	2016	2017	Change
CARROLL COUNTY					
Total Population	27,914	27,543	27,370	27,095	**-3.0%**
% with a Disability	16.1%	12.1%	13.4%	12.6%	**-28.0%**
# with a Disability	4,493	3,346	3,657	3,406	**-31.9%**
# under 18	*621*	*211*	*415*	*306*	***-102.9%***
# 18-64	*2,183*	*1,246*	*1,567*	*1,392*	***-56.8%***
#65 and over	*1,689*	*1,889*	*1,675*	*1,708*	***1.1%***
STARK COUNTY					
Total Population	370,774	370,525	368,892	367,844	**-0.8%**
% with a Disability	13.9%	13.2%	12.5%	13.9%	**-0.3%**
# with a Disability	51,594	48,931	46,255	51,041	**-1.1%**
# under 18	*3,404*	*3,235*	*2,779*	*4,711*	***27.7%***
# 18-64	*27,605*	*24,243*	*22,935*	*23,803*	***-16.0%***
#65 and over	*20,485*	*21,453*	*20,541*	*22,527*	***9.1%***
TUSCARAWAS COUNTY					
Total Population	91,871	91,996	91,388	91,342	**-0.6%**
% with a Disability	14.6%	13.1%	15.3%	15.6%	**6.1%**
# with a Disability	13,455	12,038	13,965	14,250	**5.6%**
# under 18	*1,149*	*1,059*	*378*	*1,032*	***-11.3%***
# 18-64	*6,613*	*5,689*	*7,716*	*7,169*	***7.8%***
#65 and over	*5,693*	*5,290*	*5,871*	*6,049*	***5.9%***
OHIO					
Total Population	11,420,809	11,442,029	11,439,848	11,485,078	**0.6%**
% with a Disability	13.9%	13.9%	14.2%	14.0%	**1.2%**
# with a Disability	1,584,921	1,593,312	1,620,871	1,613,095	**1.7%**
# under 18	*133,169*	*133,093*	*128,807*	*132,608*	***-0.4%***
# 18-64	*840,550*	*847,932*	*851,743*	*840,199*	***0.0%***
#65 and over	*611,202*	*612,287*	*640,321*	*640,288*	***4.5%***
SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates					

TRANSPORTATION

COMMUNITY SURVEY

- Most respondents, 94.9%, indicated that they have access to reliable transportation. Respondents who were more likely NOT to have access to reliable transportation include urban residents, unemployed respondents, those with a high school diploma or less education, renters, respondents who are not married, non-white respondents, and those with an annual income under $25,000.
- The main mode of transportation for most respondents, 85.8%, was a car. Another 7.4% usually use friends or family to get where they need to go while 2.9% of respondents use SARTA. Groups of respondents more likely to own a car include suburban residents, those who are employed full-time, college graduates, homeowners, married respondents and those with an annual income over $50,000.
- Most respondents, 72.3%, indicated that they were aware of available resources if they needed help with transportation. The respondents who were aware of transportation resources were asked what resources that they were aware of. The most common response, given by 76.2% of aware respondents, was SARTA. Slightly fewer, 66.1%, of aware respondents named services such as Medicaid, Uber or a taxi. Other responses include, in order of importance, friend or family member (23.6%), ABCD Dial-a-Ride (7.4%), and hospital or senior living transportation (4.4%).

Summary: Transportation			
		% of respondents	*# of respondents*
Have access to reliable transportation	Yes	94.9%	799
	No	5.1%	
How get where need to go most often	Own car	85.8%	784
	Friend/family member	7.4%	
	SARTA	2.9%	
	Transportation service	1.9%	
	Walk	1.3%	
	Borrow a car	0.3%	
	Faith based organization	0.1%	
	ABCD Dial-A-Ride	0.1%	
	Miscellaneous	0.1%	
Aware of transportation resources	Yes	72.3%	798
	No	27.7%	

Transportation Resources Aware Of	# of 1st Responses	% of 1st Responses	# of all Responses	% of Answering Respondent
SARTA	336	61.0%	420	76.2%
Services such as Medicaid, Uber, Taxi	84	15.2%	364	66.1%
Friend/family member	44	8.0%	130	23.6%
ABCD Dial-A-Ride	26	4.7%	41	7.4%
Hospital/senior living transportation	15	2.7%	24	4.4%
Non-emergency transportation	8	1.5%	21	3.8%
Koala Kruizers	9	1.6%	14	2.5%
Walk	0	0.0%	14	2.5%
Bike	2	0.4%	13	2.4%
Own a car	3	0.5%	11	2.0%
CareSource	5	0.9%	7	1.3%
NET through JFS	5	0.9%	6	1.1%
American Cancer Society	1	0.2%	6	1.1%
Borrow a car	0	0.0%	5	0.9%
Senior Caregiver Services	3	0.5%	3	0.5%
Buckeye insurance	3	0.5%	3	0.5%
Curb to curb	2	0.4%	3	0.5%
Faith-based organization	1	0.2%	3	0.5%
Gateway Health Care Services	1	0.2%	3	0.5%
Van provider	1	0.2%	3	0.5%
SARTA Proline Services	1	0.2%	2	0.4%
Door-to-Doctor Transportation	0	0.0%	2	0.4%
Miscellaneous	1	0.2%	12	2.2%
Total	**551**	**(n=551)**	**1,110**	**(n=551)**

SECONDARY DATA ANALYSIS

Driving alone to work is the percentage of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone to work via a car, truck, or van. The denominator is the total workforce. Driving alone to work is an indicator of poor public transit infrastructure and sedentary behaviors. Most of the workforce in the three counties as well as the state average, 83% to 85%, drives alone to work.

Driving Alone to Work: % of the workforce that drives alone to work	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	% Change
Carroll	83%	83%	83%	84%	83%	-
Stark	86%	86%	85%	85%	85%	**-1.0%**
Tuscarawas	84%	85%	84%	85%	85%	**+1.0%**
Ohio	83%	84%	83%	83%	83%	-
SOURCE: County Health Rankings. Original Source: American Community Survey, 5-year estimates						

Among workers who commute in their car alone, the percentage that commute more than 30 minutes was slightly lower than the state percentage of 30% in both Stark (26%) and Tuscarawas (27%) counties. In Carroll County, the percentage was much higher, 42%.

Long Commute Driving Alone to Work: % of that drives alone to work that commute <30 minutes						
	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	% Change
Carroll	49%	46%	47%	44%	42%	**-7.0%**
Stark	25%	25%	26%	26%	26%	**+1.0%**
Tuscarawas	24%	25%	26%	26%	27%	**+3.0%**
Ohio	29%	29%	30%	30%	30%	**+1.0%**
SOURCE: County Health Rankings. Original Source: American Community Survey, 5-year estimates *http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/137/map*						

ENVIRONMENTAL QUALITY

SECONDARY DATA ANALYSIS

The table below 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.

Air Pollution - Particulate matter					
	2008	2011	2012	2014	% Change
Carroll	14.4	14.1	11.6	11.3	**-3.1%**
Stark	14.2	14.0	12.0	12.2	**-2.0%**
Tuscarawas	14.1	13.9	11.8	11.6	**-2.5%**
Ohio	13.4	13.5	11.3	11.5	**-1.9%**
SOURCE: County Health Ranking. Original Source: CDC WONDER Environmental Data *http://www.countyhealthrankings.org/app/ohio/2019/measure/factors/125/map*					

Air Quality Index (AQI) is a standardized value for reporting daily air quality based on the measured pollutant concentration that produces the highest AQI value. Generally, an AQI value of 100 equals the national air quality standard for the pollutant, which is the level set by EPA to protect public health and is considered satisfactory. Values above 100 are considered unhealthy. In Stark County, only 0.5% of the air is considered unhealthy. Reports for Carroll and Tuscarawas Counties were not available.

Stark County Air Quality Index Report						
	2014	2015	2016	2017	2018	% Change
Good (<=50)	77.3%	74.2%	73.0%	68.5%	64.9%	**-12.4%**
Moderate (51-100)	22.2%	23.8%	25.4%	31.0%	34.2%	**+12.0%**
Unhealthy- sensitive groups (101-150)	0.5%	1.9%	1.6%	0.5%	0.8%	**+0.3%**
Unhealthy (>=151)	0.0%	0.0%	0.0%	0.0%	0.0%	-

INJURY AND VIOLENCE

SECONDARY DATA ANALYSIS

The unintentional death rate because of injuries is significantly lower than the state for all three counties. The homicide death rate in Stark County has increased by 25% over the past five years. Homicide rates for Carroll and Tuscarawas Counties were not available due to the low number of homicides in both counties.

Injury and Homicide Death Rate *(death per 100,000 population)*						
	2014	2015	2016	2017	2018*	Change
CARROLL COUNTY						
Unintentional Injuries	64.7	50.9	41.0	98.4	59.1	-8.7%
Homicide	-	-	-	-	-	-
STARK COUNTY						
Unintentional Injuries	51.9	39.3	58.7	56.5	53.4	-2.9%
Homicide	4.8	6.1	5.2	9.2	6.0	+25.0%
TUSCARAWAS COUNTY						
Unintentional Injuries	33.8	44.1	47.5	60.8	40.8	+20.7%
Homicide	-	-	-	-	-	-
OHIO						
Unintentional Injuries	50.6	55.8	66.5	75.1	63.8	+26.1%
Homicide	5.2	6.0	6.6	7.6	6.9	+32.7%
*SOURCE: Ohio Department of Health, ODH Data Warehouse, *2017 is not yet finalized and may change*						

The violent crime rate below 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. The violent crime rate for Stark County is slightly higher than the state, while the violet crime rate in Carroll and Tuscarawas County is much lower than the state.

Violent Crime Rate						
	2008-2010	2009-2011	2010-2012	2012-2014	2014-2016	% Change
Carroll	85	77	119	197	-	**+131.8%**
Stark	297	299	297	303	328	**+10.4%**
Tuscarawas	72	68	59	52	47	**-34.7%**
Ohio	332	318	307	290	293	**-11.8%**
*SOURCE: County Health Ranking. Original Source: Uniform Crime Reporting – FBI., *no data for Carroll in this timeframe*						

The number of deaths due to firearms per 100,000 population is higher in Stark County than the state average, 14 compared to 12. The firearm fatality rate in Tuscarawas County is the same as the state and for Carroll County, the rate is slightly lower.

Firearm Fatality Rate				
	2011-2015	2012-2016	2013-2017	% Change
Carroll	7	9	10	**+42.9%**
Stark	12	12	14	**+16.7%**
Tuscarawas	12	10	12	**-**
Ohio	11	12	12	**+9.1%**
SOURCE: County Health Ranking. Original Source: Uniform Crime Reporting – FBI				

Over the past five years the total number of maltreatment allegations in the county has increased at a slightly higher level than the state. Looking specifically at allegations of physical abuse, Stark County had a significantly larger increase over the past five years than the state average, while the number of allegations in Carroll and Tuscarawas decreased over the same time period. Overall, the number of neglect allegations has decreased for both the state and all three counties.

Total Number of Maltreatment Allegations, SFY 2013- SFY 2016				
	2013	2016	2018	Change
Carroll	196	214	202	**+3.1%**
Stark	3,135	2,927	3,379	**+7.8%**
Tuscarawas	535	403	342	**-36.1%**
OHIO	100,139	97,602	101,243	**+0.1%**
Count of Maltreatment Allegations by Maltreatment Type: PHYSICAL ABUSE				
Carroll	47	20	22	**-53.2%**
Stark	499	526	592	**+18.6%**
Tuscarawas	37	12	18	**-51.4%**
Ohio	28,817	29,659	30,264	**+5.0%**
Count of Maltreatment Allegations by Maltreatment Type: NEGLECT				
Carroll	48	45	35	**-27.1%**
Stark	1,161	832	1,160	**-0.1%**
Tuscarawas	230	114	180	**-21.7%**
Ohio	28,819	25,098	25,827	**-10.4%**
Count of Maltreatment Allegations by Maltreatment Type: SEXUAL ABUSE				
Carroll	23	31	33	**+43.5%**
Stark	342	290	338	**-1.2%**
Tuscarawas	54	52	69	**+27.8%**
Ohio	10,153	9,040	9,137	**-10.0%**
Count of Maltreatment Allegations by Type: EMOTIONAL MALTREATMENT				
Carroll	4	9	5	**+25.0%**
Stark	30	23	33	**+10.0%**
Tuscarawas	1	2	5	+400.0%
Ohio	1,505	1,301	1,203	**-20.1%**
Count of Maltreatment Allegations by Maltreatment Type: MULTIPLE ALLEGATIONS				
Carroll	46	64	58	**+26.1%**
Stark	687	765	798	**+16.2%**
Tuscarawas	114	50	17	**-85.1%**
Ohio	13,348	13,827	17,861	**+33.8%**
Count of Maltreatment Allegations: FAMILY IN NEED OF SERVICES/DEPENDENCY/OTHER				
Carroll	28	45	49	**+75.0%**
Stark	460	491	458	**-0.4%**
Tuscarawas	99	173	53	**-46.5%**
Ohio	17,541	18,856	17,001	**-3.1%**
SOURCE: PCSAO Factbook				

Between 2013 and 2018, the number of children placed outside the home by Children Services decreased in both Stark (-7%) and Tuscarawas Counties (-29%), while the percentage in Carroll (7%) and Ohio (22%) increased.

Children Placed Outside of Home by PCSA				
	2013	2016	2018	% Change
Carroll	15	19	16	**+6.7%**
Stark	728	707	676	**-7.1%**
Tuscarawas	185	178	132	**-28.7%**
Ohio	21,987	23,553	26,737	**+21.6%**
SOURCE: PCSAO Factbook				

The table below shows the number of youths under age 18 adjudicated for felony-level offenses over a 4-year period. The rate is the number of adjudications per 1,000 youths in the population. Overall, the number of youth adjudicated for felonies in the county declined by more than 25% over the four-year period while the number at the state level decreased by almost 10% over the same time. Data for Carroll and Tuscarawas Counties was not available.

Adolescents Adjudicated for Felonies									
	2012		2013		2014		2015		% Change 2012-2015
	#	Rate per 1,000	#	Rate per 1,000	#	Rate per 1,000	#	Rate per 1,000	
Stark	166	2.0	117	1.4	159	1.9	124	1.5	**-25.3%**
Ohio	5,074	1.9	4,636	1.8	4,674	1.8	4,576	1.7	**-9.8%**
The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.									
SOURCE: Kids Count Data Center. http://datacenter.kidscount.org/data/tables/2490-adolescents-adjudicated-for-felonies?loc=37&loct=5#detailed/5/5180,5192,5215,5224,5227,5229,5244,5253-5255,5262/false/573,869,36,868,867/any/10247,15677. Original Source: Ohio Department of Youth Services, Profile of Youth Adjudicated or Committed for Felony Offenses: Fiscal Year 2015. Extracted from http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=LRjWax5QyWq%3d&tabid=117&mid=873.									

The table below shows the number of youths under age 18 adjudicated for felony-level offenses over a 5-year period. The rate is the number of adjudications per 1,000 youths in the population. Overall, the number of youths adjudicated for felonies in each county declined over the five-year period.

Adolescents Adjudicated for Felonies, Number per year and Rate per 1,000											
	2013		2014		2015		2016		2017		% Change
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	2013-2017
Carroll	6	1.0	3	0.5	7	1.2	1	0.2	0	0.0	**-100%**
Stark	117	1.4	159	1.9	124	1.5	138	1.7	114	1.4	**-2.6%**
Tuscarawas	14	0.7	7	0.3	14	0.7	9	0.4	6	0.3	**-57.1%**
Ohio	4,636	1.8	4,674	1.8	4,576	1.7	4.745	1.8	4,496	1.7	**-3.0%**
The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.											
SOURCE: Kids Count Data Center. http://datacenter.kidscount.org. Original Source: Ohio Department of Youth Services, Profile of Youth Adjudicated or Committed for Felony Offenses: Extracted from http://www.dys.ohio.gov/DNN/LinkClick.aspx?fileticket=LRjWax5QyWq%3d&tabid=117&mid=873.											

REPRODUCTIVE AND SEXUAL HEALTH

SECONDARY DATA ANALYSIS

The rate below depicts the number of persons living with diagnosed HIV per 100,000 population. While the rate in both Stark and Tuscarawas Counties has increased considerably over the past five years, it is still significantly lower than the state rate.

Rate of Population Living with Diagnosed HIV Infection						
	2014	2015	2016	2017	2018	Change
Carroll	35.5	32.4	39.8	32.9	33.2	**-6.9%**
Stark	110.7	115.1	125.5	129.1	140.2	**21.0%**
Tuscarawas	20.5	28.0	24.9	34.7	35.8	**42.7%**
Ohio	184.3	187.7	195.4	201.0	206.4	**10.7%**

The Gonorrhea rate is the number of persons per 100,000 population with Gonorrhea. Once again, while the rate in both Stark and Tuscarawas Counties has increased considerably over the past five years, it is still significantly lower than the state rate. At the same time, the Gonorrhea rate in Carroll County has decreased significantly over the past five years.

Gonorrhea Rate (per 100,000)						
	2014	2015	2016	2017	2018	Change
Carroll	46.1	28.8	10.8	36.5	32.9	**-40.1%**
Stark	134.2	133.0	179.1	141.2	174.5	**23.1%**
Tuscarawas	42.0	29.1	28.1	30.3	47.7	**11.9%**
OHIO	138.3	143.1	176.8	205.8	216.3	**36.1%**

The Chlamydia rate is the number of persons per 100,000 population with Chlamydia. While the Chlamydia Rate for all three counties is considerably lower than the state's rate, it has been trending up over the last few years for two of the three counties.

Chlamydia Rate (per 100,000)						
	2014	2015	2016	2017	2018	Change
Carroll	262.3	219.3	184.3	248.3	252.0	**-4.1%**
Stark	395.3	436.9	500.0	477.0	457.9	**13.7%**
Tuscarawas	254.4	259.4	305.1	265.4	287.1	**11.4%**
OHIO	468.4	489.9	521.8	526.8	543.4	**13.8%**

The Syphilis Rate is the number of persons per 100,000 population with Syphilis. While the Syphilis Rate for all three counties is considerably lower than the state's rate, each has been increasing more rapidly than the rate for the state has over the past five years.

Syphilis Rate (per 100,000)						
	2014	2015	2016	2017	2018	Change
Carroll	0.0	0.0	3.6	3.7	3.7	**100.0%**
Stark	1.9	1.6	5.4	6.7	9.1	**79.1%**
Tuscarawas	1.1	0.0	0.0	3.3	5.4	**79.6%**
OHIO	10.5	11.7	13.9	16.4	16.4	**36.0%**
SOURCE: Ohio Department of Health, STD Surveillance						

Appendix: Research Methodology

Key Terms

Local Health Department (LHD) assessments and plans

- **CHA –** Community Health Assessment
- **CHIP –** Community Health Improvement Plan

Hospital assessments and plans

- **CHNA –** Community Health Needs Assessment
- **CHIP/IS –** Hospital Community Health Improvement Plan Implementation Strategy

State assessments and plans

- **SHA –** State Health Assessment
- **SHIP –** State Health Improvement Plan

The Center for Marketing and Opinion Research (CMOR) conducted the 2019 Stark County Community Health Needs Assessment on behalf of the Stark County Health Needs Advisory Committee.

This report includes indicators in the following focus areas:

- Community Needs/Social Determinants
- Access to Health Care
- Oral Health
- Smoking/Tobacco Use
- Mental Health
- Substance Abuse
- Maternal, Infant, and Child Health
- Healthy Living
- Vaccinations and Prevention Services
- Chronic Diseases
- Transportation
- Environmental Quality
- Injury and Violence
- Reproductive and Sexual Health

**Throughout the report, statistically significant findings and statistical significance between groupings (i.e. between age groups or between races) are indicated by an asterisk (*).*

COMMUNITY SURVEY

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.

The final sample of the survey consisted of a total of 800 respondents. The general population statistics derived from the sample size provide a precision level of plus or minus 3.5% within a 95% confidence interval. Data collection began on July 5th and ended on August 7, 2018. Most calling took place between the evening hours of 5:15 pm and 9:15 pm. Some interviews were conducted during the day and on some weekends to accommodate respondent schedules. The interviews took an average of 14.4 minutes.

An oversample of 108 African-American residents was conducted in addition to the 800 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 200 interviews were conducted with African Americans. The general population statistics derived from the sample size provided a precision level of plus or minus 6.9% within a 95% confidence interval and allowed for CMOR to analyze this demographic group independently.

COMMUNITY HEALTH LEADER SURVEY

CMOR conducted a web survey of community health leaders between October 25 and November 12, 2018. The Stark County Health Department provided CMOR with a list of 498 email addresses of potential survey respondents. Of these, 472 were valid email addresses. A total of 101 surveys were completed from the email campaign; a completion rate of 21.4%. The initial email invitation with a link to complete the online survey was sent to the list on October 25. Survey links were customized with an embedded unique identifying number that enabled tracking of completed surveys at the individual level.

Two reminder invitations were sent on October 31 and November 8. Reminder invitations were not sent to email addresses that were returned as invalid or that belonged to respondents who had either completed the survey or indicated their refusal to participate. Invitations were sent at varied days of the week and times of day to facilitate a higher response rate.

The design of the survey was optimized for respondents completing via computer as well as on a mobile device such as a tablet or smart phone. A total of 13.2% surveys completed via a mobile device were included in this analysis.

SECONDARY DATA ANALYSIS

Another phase of the project 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. In addition to the report narrative, data was visually displayed with charts and tables. When available, data was compared to previous five year's information as well as other geographic areas such as Ohio. Analysis included survey data in conjunction with health and demographic data. Using all data available, CMOR identified priorities for the county.

Sources of Data:

- ✓ 2018 Northeast Ohio Youth Health Survey

- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Disease Control and Prevention WONDER Environmental Data
- County Health Rankings
- Dartmouth Atlas of Health Care
- Feeding America
- HRSA Area Resource File
- National Center for Health Statistics/Census Bureau
- National Center for Chronic Disease Prevention and Health Promotion
- Ohio Behavioral Risk Factor Surveillance System
- Ohio Department of Education
- Ohio Department of Health
- Ohio Department of Health Data Warehouse
- Ohio Department of Health, STD Surveillance
- Ohio Department of Job and Family Services, Office of Workforce Development
- Ohio Department of Job and Family Services, Statewide Automated Child Welfare Information System
- Ohio Department of Medicaid
- Ohio Development Services Agency, Ohio County Profiles
- Ohio Housing Finance Agency
- Ohio Department of Public Safety
- Ohio Mental Health and Addiction Services
- Public Children Services Association of Ohio (PCSAO)
- Stark County Health Department
- Stark County Mental Health and Addiction Recovery (Stark MHAR)
- Uniform Crime Reporting - FBI
- U.S. Census Bureau - American Fact Finder, American Community Survey
- U.S. Department of Agriculture (USDA)
- U.S. EPA - Air Data Air Quality Index Report

The 2018 Northeast Ohio Youth Health Survey was an anonymous online survey of 15,083 students from 18 Stark County school districts. All students were in 7th-12th grade. The survey was administered in the Spring of 2018.

COMMUNITY FOCUS GROUP

The Center for Marketing and Opinion Research (CMOR) on behalf of Stark County Community Health Needs Assessment Advisory Committee conducted a focus group on February 20, 2019 to collect additional qualitative data to be incorporated into the CHA. Participants were a diverse mix of adult residents of Stark County. The focus groups were moderated by CMOR. The focus group was conducted at the Stark County Health Department.