2019 Stark County Community Health Assessment

Prepared for: The Stark County Community Health Assessment Advisory Committee

Released May, 2019

Research Funded by:

AULTMAN

AULTMAN ALLIANCE COMMUNITY HOSPITAL

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

Alliance City Health Department
Healthy Lifestyles, Healthy Community

Massillon City of Champions Health Department

Public Health
Prevent. Promote. Protect.
Canton City Public Health

STARK COUNTY HEALTH DEPARTMENT
"Striving Toward a Healthier Community."

United Way
United Way of Greater Stark County

Prepared by:

CMOR
Center for Marketing & Opinion Research, LLC

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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 following LHDs were involved in the assessment process:

Stark County Health Department
3951 Convenience Circle, NW
Canton, OH 44718
330-493-9904
www.starkhealth.org

Massillon City Health Department
111 Tremont Ave. SW
Massillon, OH 44647
330-830-1710
www.massillonohio.com

Canton City Health Department
420 Market Avenue North
Canton, OH 44702
 330-489-3231
www.cantonhealth.org/

Alliance City Health Department
537 E. Market St.
Alliance, OH 44601
330-821-7373
www.cityofalliance.com/health

The following nonprofit hospitals were involved in the assessment process:

Aultman Alliance
Community Hospital
200 East State St.
Alliance, OH 44601
330-596-6000
www.achosp.org

Aultman Hospital
2600 Sixth St. SW
Canton, OH 44710
330-452-9911
www.aultman.org

Mercy Medical Center
1320 Mercy Drive NW
Canton, OH 44710
330-489-1000
www.cantonmercy.org

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.

The following individuals have been involved in the Advisory Committee work:

(Chair) Kay Conley, SCHD

Adrianne Price, United Way

Allison Esber, StarkMHAR

Amanda Archer, Canton City Public Health

Amanda Kelly, SCHD

Amanda Palmer, Aultman Health Foundation

Becky Fernandez, Mercy Medical Center

Bob Fonte, Stark Parks

Carol Lichtenwalter, Pegasus Farm

Carol Risaliti, Beacon Pharmacy

Chelsea Sadinski, SCHD

Christy Augustine, CommQuest

Cindy Hickey, Mercy Medical Center

Dave Pildner, Stark Parks

Dawn Miller, Canton City Public Health/THRIVE

Dan Gichevski, Stark County Family Council

Gayle Walters, Access Health Stark County

Jessica Bloss, Aultman Alliance Community Hospital

Jim Adams, Canton City Public Health

John Aller, StarkMHAR

Kay Scarp, Lifecare

Kellie Johnson, Access Health Stark County/Alliance Family Health Center

Kelly Potkay, SCHD

Kirk Norris, SCHD

Liz Edmunds, Aultman Health Foundation

Mary Dunbar, Sisters of Charity Foundation

Matt Lytle, SCJFS

Melissa Warrington, Aultman Hospital

Melissa Rudolph, Alliance City Health Dept

Nicole Osborne, Stark County TASC

Randy Flint, Alliance City Health Department

Renee Lung, Lifecare

Rodney Reasonover, SCCAA

Sherry Smith, SCHD

Stephanie Wheeler, Mercy Medical Center

Terri Argent, Massillon City Health Department

Terry Regula, MCHC

Tiffanie Riggs, Paramount Advantage

Tom Phillips, StarkFresh

Yvette Graham, OSU Extension

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".**

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 CHA 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.

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
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 (*).
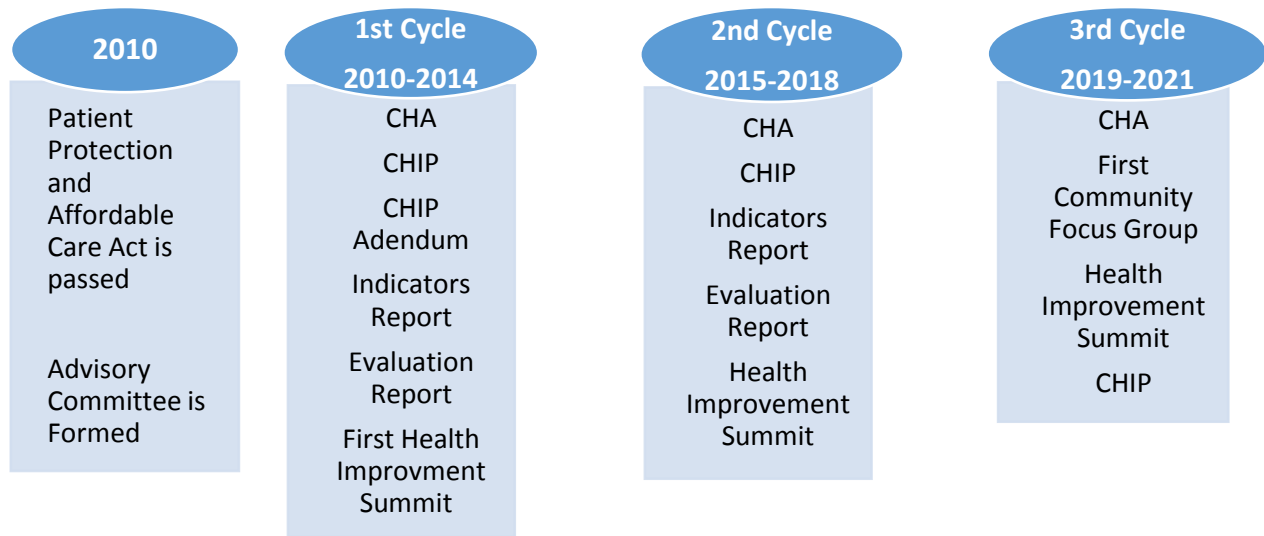
Contributing Factors to Health Challenges

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).*

CHA Timeline

2010	1st Cycle 2010-2014	2nd Cycle 2015-2018	3rd Cycle 2019-2021
Patient Protection and Affordable Care Act is passed

Advisory Committee is Formed | CHA

CHIP

CHIP Adendum

Indicators Report

Evaluation Report

First Health Improvment Summit | CHA

CHIP

Indicators Report

Evaluation Report

Health Improvement Summit | 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.

Community Survey + Secondary Data Analysis → Top 9 Priority Health Needs Identified → Community Health Leader Survey + Community Focus Group → Top 5 Priority Health Needs Identified

2019 Stark County CHA
www.CMOResearch.com
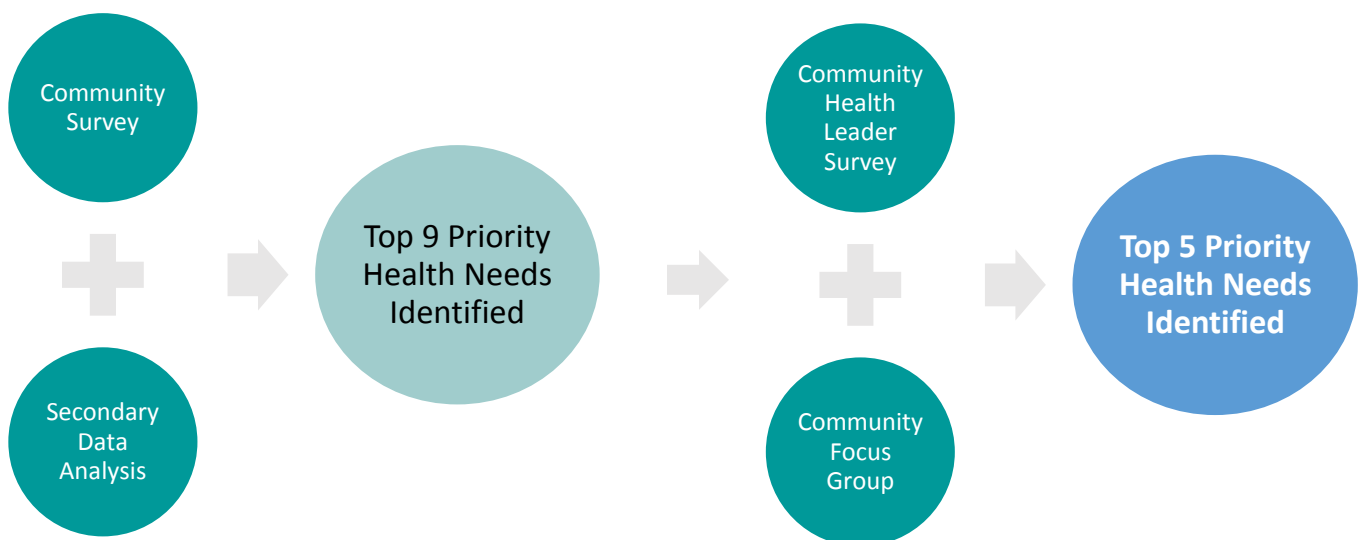
Progress since last CHA

The Stark County 2017-2019 CHIP was created following the 2015 CHA and serves as a guide to improve the health of the community by addressing specific strategies and activities. The CHIP identifies priority health areas, outcomes and objectives used by community partners to guide project development, programs and policies targeted to improve the overall health of Stark County residents. The following four health topics were voted as the most important for Stark County and are currently being addressed within the CHIP: Access to Health Care, Mental Health, Infant Mortality and Obesity & Healthy Lifestyles.

Progress on Priority Health Needs: Implementation of the Stark County CHIP began in early 2017. A lead agency (ies) was identified to facilitate a subcommittee for each priority health need area. Each subcommittee is responsible for reporting on the CHIP outcomes. This document provides a snapshot of the progress made towards the 2017-2019 CHIP priority health need outcomes for 2017 only.

Next Steps: At the time of this report, 2018 data was being collected and assessed. The 2017-2019 CHIP will continue to be implemented through 2019; the updated CHIP implementation will begin in 2020.

Priority Health Needs

Access to Health Care	Mental Health	Infant Mortality	Obesity & Healthy Lifestyle

Cross Cutting Factors: **EQUITY** which includes targeting vulnerable populations to address disparities in social determinants of health & **TRANSPORTATION**

Priority Health Needs Outcomes

Access to Health Care
- ↑ Use of CHW
- ↓ Barriers to health care access
- ↓ Population without a primary care provider
- ↓ Population without health insurance
- ↓ Reported poor health status

Mental Health
- ↓ Appointment wait time
- ↑ Mental health supportive programs
- ↓ Suicide
- ↓ Drug overdose deaths
- ↑ Comprehensive care locations

Infant Mortality
- ↓ Infant mortality
- ↓ Preterm births disparity
- ↓ Low birth weight disparity

Obesity & Healthy Lifestyle
- ↓ Obesity
- ↓ Tobacco use

Access to Health Care	Status
1. Increase use of Community Health Workers (CHW) by 75%	**Current: +450%**
Established Peer Support Learning Community – a network of CHWs	Complete
Established the CHW Center for recruitment, training, engagement, awareness, eval	In progress
Utilization of Pathways HUB fee-based outcome model	In progress
2. Decrease barriers to health care access	**Current: -2%**
Conducted transportation assessment and distributed transportation resource guide	Complete
Piloted Telehealth Kiosk	Complete
Health centers implemented policies to decrease no-show and canceled appointments	In progress
3. Decrease population without a primary care provider to 10%	**Current: 13.9%**
Distributed Stark County Health Care Resource Guide	In progress
Coordination of referrals to primary care physicians	In progress
Use of Telehealth Kiosk	Complete- 2.5 days/ week
4. Decrease population without insurance to 5%	**Current: 12.5%**
Distributed Stark County Health Care Resource Guide	In progress
Coordination of referrals for insurance options and marketplace navigation	Complete
Increased use of Marketplace Navigators and/or Certified Application Counselors	In progress
5. Decrease reported poor health status by 3%	**Current: +3%**
Increased enrollment in Access Health Stark County's Membership Program – connection with a CHW and points for steps toward a healthier life	In progress– 135 enrolled
Providing diabetes education & prevention courses within the community	Complete

Mental Health	Status
1. Decrease appointment wait time by 10%	**Current: -23%**
100 Behavioral health providers received Cultural & Linguistic Competency training	Complete- 191 trained
2. Increase mental health supportive programs	**Current: +7.8%**
Assessed existing behavioral health system for gaps and the need for funding	Complete
Increased Mental Health First Aid Training in the community	Complete- 13% increase
Piloting mental health walks program to encourage use of parks as additional Tx option	In progress
3. Decrease suicide rate by 5%	**Current: -7.4%**
Promoted the national suicide campaign, Man Therapy	Complete
Training school personnel on Youth Mental Health First Aid and Lifelines Suicide Prev	In progress
Improving community awareness about depression/suicide through QPR training	In progress- 503 trained
4. Decrease drug overdose deaths by 15%	**Current: -21.6%**
Established Community Immediate Response Action Plan/Opiate Fatality Review Com.	Complete
Expanded Naloxone distribution, education & insurance coverage	In progress
Using EpiCenter to review unintentional overdose deaths and non-fatal overdose visits	Complete
5. Increase comprehensive care locations	**Establishing baseline**
Increased awareness of behavioral health care navigators	In progress

Infant Mortality	Status
1. Decrease infant mortality rate to less than 6.0	**Current: 6.4**
Increasing enrollment of pregnant women into Pathways HUB, Goal 50	Complete– 128 enrolled
Facilitating and expanding the CenteringPregnancy program, Goal 200	In progress– 41 enrolled
Using CHWs to provide support to pregnant women in a number of capacities	In progress
Participation in family strengthening and fatherhood involvement programs	In progress- 2,732 participants
Increased understanding of infant mortality disparity rates between race	Complete
2. Decrease disparity in preterm births by more than 50%	**Current: -55%**
Increasing enrollment of pregnant women into Pathways HUB, Goal 50	Complete- 128 enrolled
Using CHWs to provide support to pregnant women in obtaining prenatal care	In progress
Partner with faith-based orgs to provide prenatal care awareness to community	In progress- 3 organizations
3. Decrease disparity rate in low birth weight to 1.0	**Current: 2.3**
Plans are to conduct interviews and focus groups with CHWs, Centering Pregnancy® program staff, public health nurses and clients	Not started
Utilize the *Partners for a Healthy Baby Curriculum*	In progress

Obesity & Healthy Lifestyles	Status
1. Decrease obesity by 5%	**Current: -1%**
Increasing access to outdoor recreation areas	In progress
Development of safe walking routes & published community map	Complete
Working with child care centers to improve nutrition and physical activity offerings	In progress
Utilization/expansion of the mobile farmers' market to increase access to fresh foods	Complete & ongoing
Taking part in community planning efforts to address community development	In progress
2. Decrease tobacco use by 3%	**Current: -4.2%**
Addition of more outdoor areas designated as tobacco free	In progress
Providing educational materials and referrals to tobacco cessation services	In progress
Assisted with enacting smoke-free policies in all public housing units	Complete

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 CARE

HEALTH NEED: A large portion of county residents still do not have access to affordable basic health care 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.
- 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)*

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 Stark County has increased steadily each year since 2009 (more than 4 times as great). *(Source: 2016 Ohio Drug Overdose Data).*
- 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)*

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 three-quarters, 70%, of pregnant women in Stark County accessed prenatal care in the first trimester in 2017. *(Source: Ohio Department of Health)*
- In 2016, the infant mortality rate in Stark County was 9.0, slightly higher than Ohio's infant mortality rate of 7.4 and an increase from 2013 when the infant mortality rate in Stark County was 6.87. The five-year average annual infant mortality rate was also higher for Stark County (7.7) than the state (7.3). *(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)*

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: StarkMHAR).*
- 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. *(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)*

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)*

Stark County Demographic Profile

Stark County is the eighth most populated county in Ohio with a current population of 373,612. Stark County's population is projected to decrease by nearly 5% between now and 2040. The state's population, on the other hand, is projected to remain stable over that same time. The median age in the county, 41.6, is higher than the median age of 39.1 for the state.

Stark County Population Trends and Projections

Median Age
Stark: 41.6
Ohio: 39.1
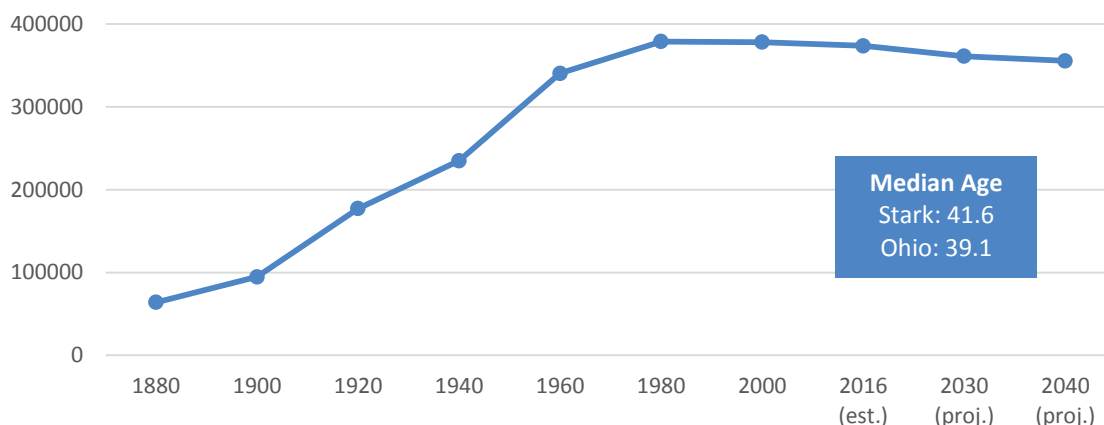
County Population Trends & Projections						
	Stark County	**Ohio**			**Stark County**	**Ohio**
1880	64,031	3,198,062		**2016 (est.)**	373,612	11,614,373
1900	94,747	4,157,545		**2020**	368,210	11,574,870
1920	177,218	5,759,394		**2025**	364,650	11,598,670
1940	234,887	6,907,612		**2030**	361,130	11,615,100
1960	340,345	9,706,397		**2035**	357,820	11,635,110
1980	378,823	10,797,630		**2040**	355,500	11,679,010
2000	378,098	11,353,140		**Change 2016-2040**	*-4.8%*	*+0.6%*
2016 (est)	373,612	11,614,373				
SOURCE: U.S. Census Bureau						

County Population Trends & Projections - Children				
	Stark County		**Ohio**	
	Under 5	**Under 18**	**Under 5**	**Under 18**
2010	21,730	85,621	718,534	2,723,195
2011	21,272	84,355	708,922	2,694,664
2012	21,120	83,713	699,363	2,668,994
2013	20,770	82,983	695,657	2,652,685
2014	21,075	82,669	696,733	2,640,987
2015	21,053	81,915	696,816	2,627,298
2016	21,000	81,230	697,923	2,612,172
Change 2010 to 2016	**-3.4%**	**-5.1%**	**-2.9%**	**-4.1%**
SOURCE: U.S. Census Bureau, American Fact Finder				

Stark County is slightly less diverse than the state of Ohio with 12% of the population being non-white compared to 18% in the state. Over the past five years, the number of White, African American, and Asian has changed less than 1% while the number of Pacific Islanders and those of two or more races has significantly increased.

County Population by Race, 2016
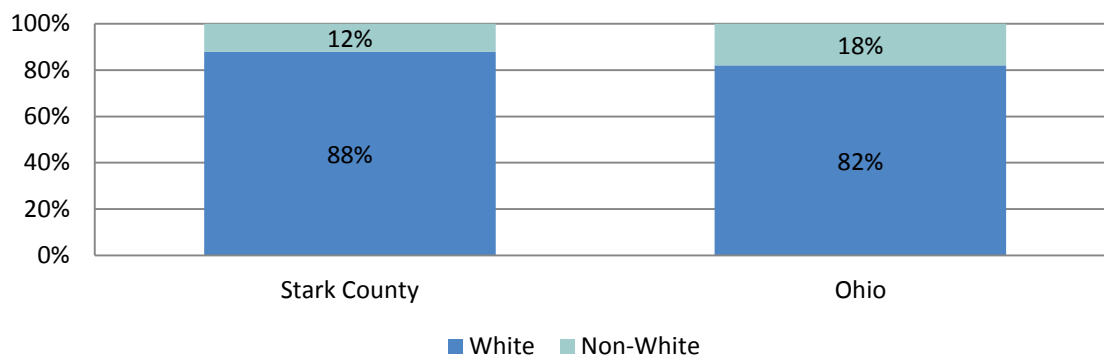
County Population by Race, 2016							
	White	African American	Native American	Asian	Pacific Islander	Other Race	Two or more races
Ohio	82.2%	12.3%	0.2%	1.9%	0.0%	0.8%	2.6%
Stark	88.1%	7.3%	0.1%	0.8%	0.0%	0.3%	3.1%
SOURCE: American Factfinder, American Community Survey							

Stark County Population Estimates by Race
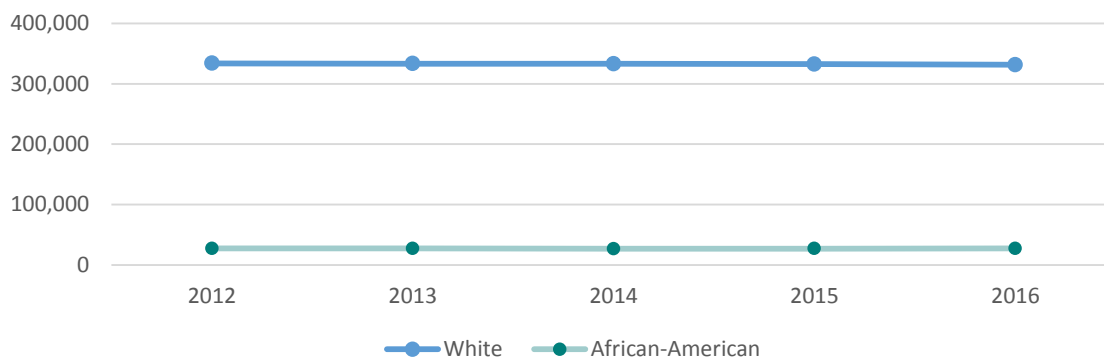
Stark County Population Estimates by Race						
	2012	2013	2014	2015	2016	% Change
White	333,935	333,437	333,037	332,700	331,467	-0.7%
African-American	27,292	27,219	26,616	26,818	27,197	-0.3%
Native American	782	706	479	378	390	-50.1%
Asian	2,880	2,911	2,765	2,925	2,896	0.6%
Pacific Islander	30	31	76	91	82	173.3%
Other race	934	1,041	723	880	1,196	28.1%
Two or more races	9,740	10,003	11,394	11,187	11,534	18.4%
SOURCE: American Factfinder, American Community Survey						

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As of July 1, 2017, an estimate of 2% of Stark County's population is Hispanic or Latino. The number of Hispanic or Latino county residents has increased more than 23% from 2010 to 2016.

Stark County Population by Hispanic Origin
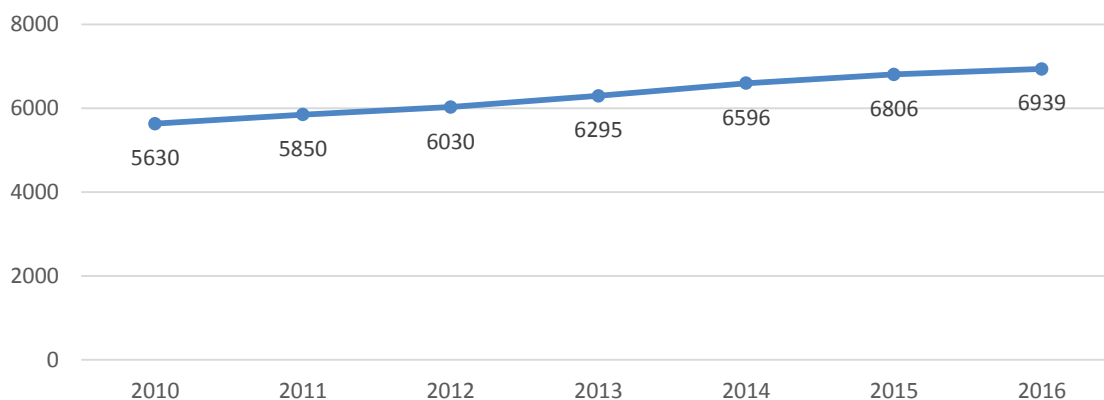
Source: American Community Survey

A slightly lower percentage of households in the county have children in the household than in the state (29% compared to 30%).

Families with Children as a Percent of Households

Change 2012-2016
Stark: -2.0%
Ohio: -6.1%
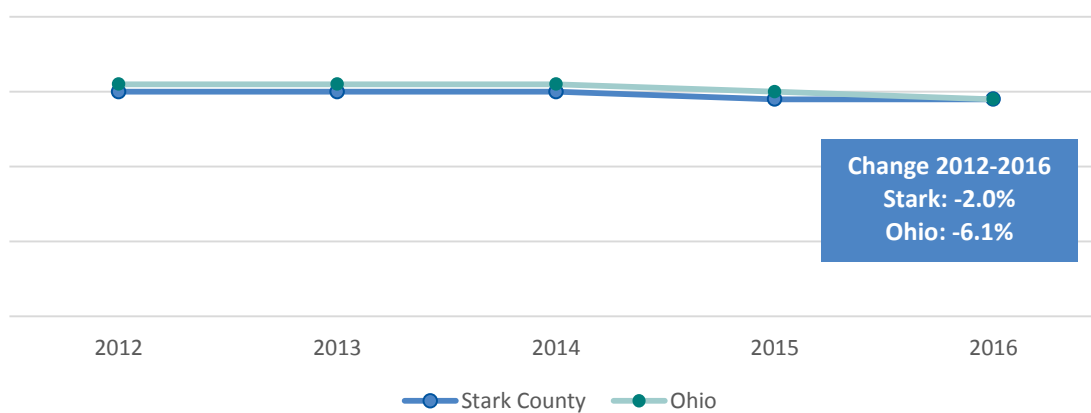
Families with Children as a Percent of Households						
County	2012	2013	2014	2015	2016	Change 2012-2016
Stark	30.0%	29.6%	29.5%	29.4%	29.4%	*-2.0%*
Ohio	31.3%	30.9%	30.6%	30.2%	29.4%	*-6.1%*
SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates						

The estimated percentage of single parent households or households with either a female or male only householder is 37% in Stark County compared to 35% in the state.

Stark County Households by Type						
	2012	**2013**	**2014**	**2015**	**2016**	**% Change**
Total households	**150,299**	**150,003**	**149,756**	**150,385**	**151,101**	0.5%
Family households	99,656	99,208	99,047	98,810	99,415	-0.2%
Married couple	74,033	73,808	73,234	72,717	73,126	-1.2%
Male householder	6,684	7,094	7,226	7,643	7,830	17.1%
Female householder	18,939	18,306	18,587	18,450	18,459	-2.5%
Non-family household	50,643	50,795	50,709	51,575	51,686	2.1%
Households with children	45,128	44,469	44,222	44,229	44,482	-1.4%
Households with 65+	42,259	42,525	43,449	44,828	45,782	8.3%
SOURCE: American Factfinder, American Community Survey						

The change in percentage of children living with their grandparents in the county is very similar to the state average, approximately 10%.

Number of Grandparents Raising Grandchildren - Stark

Change 2009-2016
Stark: +10.0%
Ohio: +10.0%
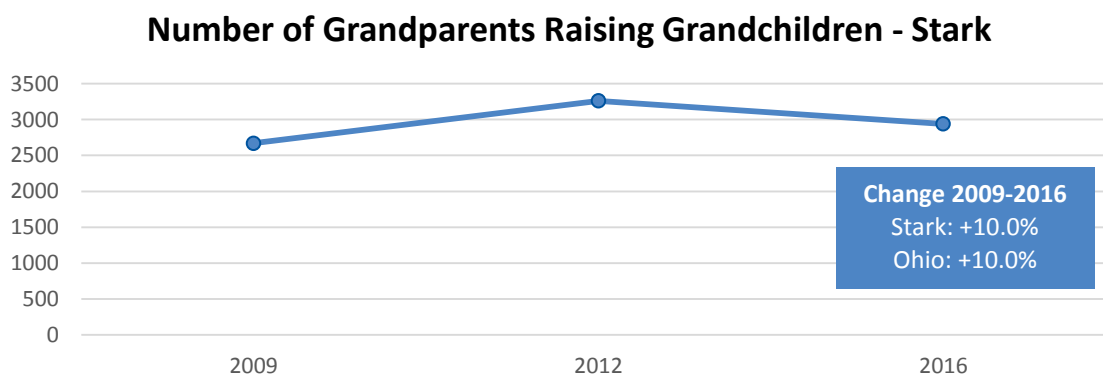
Number of Grandparents Raising Grandchildren				
County	**2009**	**2012**	**2016**	**Change '09 to '16**
Stark	2,671	3,260	2,939	10.0%
Ohio	91,513	99,487	100,667	10.0%
SOURCE: Public Children Services Association of Ohio (PCSAO). *http://www.pcsao.org/pdf/factbook/2017/PCSAOFactbook.pdf*				

Residents of Stark County tend to be less geographically mobile than Ohio.

Geographic Mobility, 2018
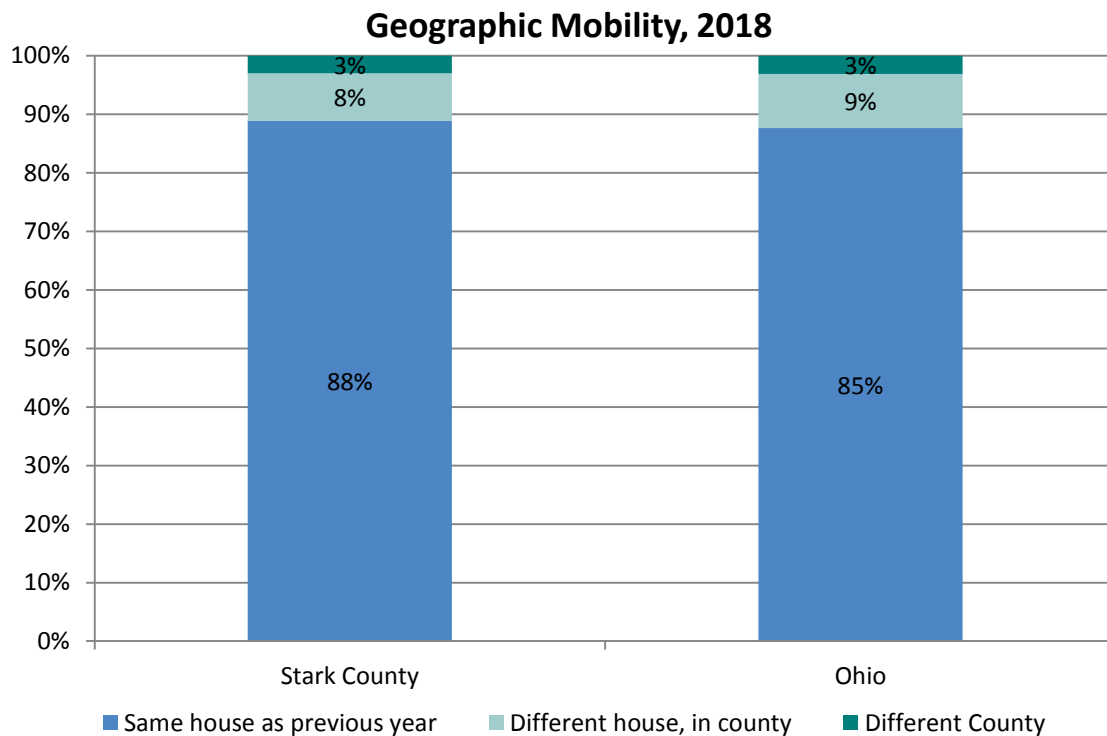
Geographic Mobility, 2018					
	Same house as previous year	Different house, in county	Different County, in state	Different state	Abroad
Stark County	87.6%	8.4%	2.7%	1.1%	0.2%
Ohio	85.1%	9.4%	3.4%	1.7%	0.4%
SOURCE: Ohio Development Services Agency, Ohio County Profiles, https://development.ohio.gov/files/research/C1077.pdf					

More than two thirds of housing units in Stark County, 68.7%, are owner occupied while 31.3% are renter occupied. The percentage of vacant houses is slightly lower in Stark County (8.7%) than Ohio (10.6%). The median value of a house in Stark County ($124,000) is also lower than the state ($131,900). Monthly expenses for both homeowners and renters are lower in Stark County than the state.

Housing Units, 2018							
	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Stark County	68.7%	31.3%	8.7%	1964	$124,000	$689	$1,132
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							

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 list of assets and resources as comprehensive as possible, it may not be all inclusive.

HEALTH CARE ASSETS AND RESOURCES IN STARK COUNTY

Health Care Resources Summary, 2016		
	Stark County	**Ohio**
Primary Care Physicians	299	8,904
*PCP Physician/Pop**	*79.76*	*76.66*
Family Medicine, MD	111	3,015
*Family Med/Pop**	*29.71*	*25.96*
Internal Medicine, MD	167	4,126
*Physician/Pop**	*44.70*	*35.52*
Pediatricians, MD	51	2,110
*Pediatricians/Pop**	*13.65*	*18.17*
Obstetricians/Gynecologists, MD	40	1,332
*OB/GYN/Pop**	*10.71*	*11.47*
Surgery, MD	23	1,506
*Surgeons/Pop**	*6.16*	*12.97*
Nurse Practitioner	251	8,617
*Nurse Practitioner/Pop**	*67.18*	*74.19*
Dentists	205	6,075
*Physician/Pop**	*54.87*	*52.31*
Number of doctors per 100,000 population		
SOURCE: U.S. Department of Health and Human Services, Health Resources and Service Administration, County Comparison Tool, https://data.hrsa.gov/topics/health-workforce/ahrf		

Community Clinics (Dental, Health Care, Reproductive Health):

- 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

Hospitals:
- [Aultman-Alliance Community Hospital](#), Alliance, OH
- [Aultman Hospital](#), Canton, OH
- [Mercy Medical Center](#), Canton, OH

Urgent Care Centers (Health Care, Dental):
- [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

Health Care Resources	
Name	*Access Health Stark County*
Website	http://accesshealthstark.org/
Description	Access Health Stark County provides access to a coordinated system of health care and community resources for those that are underserved and uninsured in our community. The agency is focused on providing community residents a chance to live a better life through the following programs and initiatives: • CHW Training Center • Physician Support Program • Peer Support Learning Community • Destination U! • Access Health Membership • The WorkBridge
Name	*Beacon Charitable Pharmacy*
Website	http://beaconpharmacy.org
Description	Beacon Charitable Pharmacy provides prescription medication assistance to uninsured and underinsured residents in Stark and Carrol Counties who have low to moderate income. Beacon is an innovative agency that coordinates prescription assistance, maximizes resources, expands the utilization of prescription assistance programs throughout the community, advocates for the vulnerable populations, and provides a practice site for NEOMED's pharmacy students.

Health Care Resources	
Name	*Social Service Manual*
Website	https://integratedhealthcollaborative.org/about-us/patient-resources/#/ & click 'Social Service Manual'
Description	The Social Service Manual provides a listing of social and health services available in the county that accept patients and/or community residents for a variety of services including medical, dental, home health care and much more.
Name	*Stark Help Central (healthcare, mental health, substance abuse and other resources)*
Website	www.starkhelpcentral.com/
Description	Stark Help Central is an easy to use navigation tool to search for resources. The organization is a safe place to turn for support. Stark Help Central improves the lives of children, teens and young adults by connecting young people and their families with hundreds of community resources to help them overcome challenges and achieve their full potential. This is accomplished through new prevention efforts, amplifying awareness and mobilizing resources to achieve real, lasting results.
Name	*United Way 2-1-1 (healthcare, mental health, substance abuse and other resources)*
Website	https://www.uwstark.org/unitedway2-1-1helps
Description	United Way 2-1-1 is an easy to remember three-digit toll-free telephone number that instantly connects the community to hundreds of local resources for emergency housing, health care services, food assistance, drug rehabilitation and more. 2-1-1 can be accessed through a computer or phone 24 hours a day, seven days a week.

HEROIN/OPIOID USE ASSETS AND RESOURCES

Heroin/Opioid Use Resources	
Name	*Arrow Passage Recovery*
Website	https://www.arrowpassage.com/
Description	Arrow Passage Recovery provides the highest quality family and community oriented chemical-dependency treatment program, placing a great emphasis on rebuilding lives and rebuilding families within the community. Patients move through treatment at their own pace using therapies that are most effective for them. Family education and support is an integral part of every patient's program.
Name	*Canton Addiction Services, LLC*
Website	http://www.cantonaddiction.com/
Description	Canton Heroin and Opiate Addiction Services provides Suboxone, Subutex, Buprenorphine generic equivalents to treat Heroin and Opiate addiction. The agency also provides psychiatric care, motivational enhancement therapy, and relational psychotherapy during visits to enhance outcomes and abstinence.
Name	*Coleman Professional Services*
Website	www.colemanservices.org
Description	Coleman Professional Services provides behavioral health and rehabilitation programs that improve the lives of individuals and families. The agency is committed to fostering recovery and building independence through addiction recovery, diagnostic assessment, and individual, group, and family counseling.
Name	*CommQuest Services Inc.*
Website	https://commquest.org/

Heroin/Opioid Use Resources	
Description	CommQuest Services Inc. provides a range of services from prevention, mental health, substance abuse, and social services. The agency provides hope to all people through prevention, advocacy, support, education, treatment, and recovery. CommQuest's addiction services include a continuum of care ranging from detox to outpatient treatment. The following programs are designed to assist individuals start and maintain a sober life: • Bright House • Smith House • Deliverance House • Wilson Hall • Alliance Detox & Recovery Unit • Medicated Assisted Recovery • Regional Center – Detox & Recovery • Mom + Me Recovery
Name	*Stark County Mental Health and Addiction Recovery*
Website	https://starkmhar.org/
Description	StarkMHAR is a multi-faceted behavioral health board comprised of expert professionals dedicated volunteers, and concerned community leaders. The agency believes in hope, wellness, and recovery for everyone. StarkMHAR provides and/or supports the following wellness and recovery innovative collaborations, education and advocacy: • Stark County Opiate Task Force • Drug Free Stark County • Opiate Hotline • Opiate Overdose Kit • Project DAWN • BOLO – Parent Resources • Drug Drop-Off Locations (17)
Name	*The Lenzy Family Institute*
Website	http://thelenzyfamilyinstitute.net/
Description	The Lenzy Family Institute provides a comprehensive range of substance abuse prevention, treatment, and recovery support services that include diagnostic assessment; individual, group, and family counseling; rehabilitation; therapy; drug screening; pharmacological management; and an intensive outpatient program.

INFANT MORTALITY ASSETS AND RESOURCES

Infant Mortality Resources	
Name	*Baby & Me – Tobacco Free*
Website	https://www.starkcountyohio.gov/public-health/nursing-services/baby-me-tobacco-free
Description	Baby & Me Tobacco Free Program is an evidence-based smoking cessation program created to reduce the burden of tobacco use on the pregnant and post-partum population. Participants receive at least 4 prenatal cessation-counseling sessions, support, and carbon monoxide (CO) monitoring. After the birth of the baby, the

Infant Mortality Resources	
	mother returns monthly to continue CO monitoring and, if proven to be smoke-free, receives a $25 monthly voucher for diapers for up 12 months postpartum. The mother may use her voucher for any brand or size of diapers or wipes at Walmart.
Name	*Community Action Pathways HUB*
Website	https://www.sccaa.org/WBA/Content/agency-programs/community-action-pathways-hub
Description	The Community Action Pathways HUB seeks to reduce fetal and infant deaths among at-risk minority women in Stark County through partnership with community agencies and the utilization of care coordination to improve access to primary care and quality social services.
	Cribs for Kids
Website	http://www.starkcountyohio.gov/public-health/nursing-services/safe-sleep-and-cribs-for-kids
Description	The Cribs for Kids program provides educational resources and a Pack-N-Play to families who need a safe sleep environment for their infant. The Stark County Safe Sleep Taskforce is comprised of local community agencies who share a common interest to prevent sleep-related infant deaths. Providing a safe environment for infant to sleeps a key step in prevents SIDS and sleep related asphyxia.
Name	*Moms and Babies First*
Website	http://www.starkcountyohio.gov/public-health/nursing-services/keep-our-babies-alive-k-o-b-a
Description	Moms and Babies First is a free, confidential home visiting program that provides education to all pregnant African American women in Stark County. The goal of the program is to reduce infant mortality and reduce low birth weight and very low birth weight in the African American community. Moms and Babies First connects the client with a Community Health Worker who makes monthly visits to assess and assist the mother with unmet needs.
Name	*Stark County Fatherhood Coalition*
Website	Search for @starkcountyfatherhoodcoalition on Facebook
Description	The Stark County Fatherhood Coalition seeks to encourage fathers to take an active and positive role in their child's life, and to promote and sponsor activities designed to strengthen families. The Coalition understands that a loving and present father is important in the healthy development of a child and that children benefit the most when both parents work together in a positive and collaborative manner.
Name	*Stark County THRIVE*
Website	http://www.ourbabiescount.org/blog/information/helping-canton-stark-county-thrive/
Description	The Toward Health Resiliency for Infant Vitality & Equity (THRIVE) Coalition is a partnership of community agency's working to decrease the infant mortality rate in Stark County and to decrease the disparity in birth outcomes between Caucasian and African American infants.

MENTAL HEALTH ASSETS AND RESOURCES

Mental Health Resources

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Mental Health Resources	
Name	***Child and Adolescent Behavioral Health***
Website	https://www.childandadolescent.org/
Description	Child and Adolescent Behavioral Health is a non-profit, full service, trauma-informed mental health organization specializing in the emotional and behavioral needs of children, adolescents, young adults, and their families. The agency offers emotional and behavioral health services and products that help children, youth, and families successfully meet life's challenges. Child and Adolescent Behavioral Health offers and supports the following programs: • Individual, Group & Family Therapy/Counseling • Peer Advocate Services • Prevention Services • Diagnostic Assessment • Case Management • Psychiatric Evaluations & Medication Management • Trauma Informed Day Treatment • School-Based Consultation • Early Childhood • Summer Workshops
Name	***Coleman Professional Services***
Website	www.colemanservices.org
Description	Coleman Professional Services provides behavioral health and rehabilitation programs that improve the lives of individuals and families. The agency is committed to fostering recovery and building independence through adult psychiatric and case management services, the crisis intervention & recovery center, FIRST and Jail Diversion programs, and housing services.
Name	***CommQuest Services Inc.***
Website	https://commquest.org/

Description	CommQuest Services Inc. provides a range of services from prevention, mental health, substance abuse, and social services. The agency provides hope to all people through prevention, advocacy, support, education, treatment, and recovery. CommQuest's mental health services are designed to assist individuals who are seeking assistance for an emotional, behavioral, or severe and persistent mental health illness. The following programs are designed to assist individuals start and maintain a sober life:
	• Individual, Group & Family Counseling
	• Case Management
	• Psychiatric
	• Supported Employment
	• School Based Service
	    o Early Childhood
	    o Prevention
	    o Mental Health

Name	***NAMI Stark County***
Website	http://namistarkcounty.org/
Description	The National Alliance on Mental Health (NAMI) Stark County is a grassroots organization dedicated to improving the lives of people who have been touched by mental illness. NAMI provides and supports public education; family and consumer

Mental Health Resources	
	peer education; advocacy on behalf of people living with mental illness; and public events that raise funds and awareness.
Name	***Stark County Family Council***
Website	www.starkfamilycouncil.org/

Description	Stark County Family Council is a partnership of local governmental entities, community agencies and families who work together to promote a system of care for families with children/youth ages birth through 21. The partnership was created to open a dialogue among service organizations and families in order to create a broader awareness of important child and family issues. Stark County Family Council supports and/or provides the following programs and initiatives:
	   o WrapAround
	   o Service Review Collaborative
	   o Help Me Grow
	   o Ohio Children's Trust Fund
	   o Trauma and Resiliency

Name	***Stark County Mental Health and Addiction Recovery***
Website	https://starkmhar.org/

Description	StarkMHAR is a multi-faceted behavioral health board comprised of expert professionals dedicated volunteers, and concerned community leaders. The agency believes in hope, wellness, and recovery for everyone. Stark MHAR provides and/or supports the following wellness and recovery innovative collaborations, education and advocacy:
	• Suicide Prevention Coalition
	• Suicide Prevention
	   o Crisis Hotline
	   o FIRST Stark County
	   o Man Therapy
	   o Education & Talking Points
	• Care Teams
	• Mobile Response
	• Crisis Intervention Team
	• Mental Health First Aid
	• Trauma Informed Care
	• Bullying Prevention
	   o Crisis Text Line
	   o The Olweus Program

OBESITY AND HEALTHY LIFESTYLES ASSETS AND RESOURCES

Obesity and Healthy Lifestyle Resources	
Name	***Canton Parks and Recreation***
Website	www.cantonparksandrec.com
Description	Canton Parks and Recreation maintains over 800 acres of park lands and recreation facilities in the City of Canton with amenities including tennis courts, sports fields, walking trails, dog parks and playgrounds. Canton Parks and Recreation also offers a

Obesity and Healthy Lifestyle Resources	
	variety of programs that vary seasonally, but include things such as youth sports, fitness classes, adult sports leagues, gardening courses and more.
Name	*Green Alliance*
Website	http://www.greenallianceohio.org/
Description	Green Alliance is a coalition of people in the Greater Alliance Area who have come together to help Alliance plan a sustainable environment for all of us now and for the decades ahead. The agency develops recommendations and strategies to fulfill the U.S. Mayors' Climate Protection Agreement with the City of Alliance, and establishes partnerships with various entities of government, education, business, industry and among citizens to educate and empower the greater Alliance community with the goal of developing an environmentally, socially and economically sustainable community.
Name	*Live Well Stark County*
Website	http://livewellstarkcounty.com/
Description	Live Well Stark County is a coalition of community leaders working together to make Stark County, Ohio healthier by promoting policies and programs that support wellness through healthy nutrition, physical activity, and tobacco free behaviors. **Vision:** *A community in which healthy eating and exercise habits are the norm and the incidence of chronic disease resulting from poor nutrition, inactive lifestyles, and tobacco is steadily declining.* **Creating Healthy Communities** is a grant funded initiative, focusing on policy, system and environmental changes, surrounding healthy eating, active living and tobacco free environments. The project is currently focusing efforts in Northeast Canton, Southeast Canton and Massillon.
Name	*Ohio State University Extension*
Website	https://stark.osu.edu/home
Description	OSU Extension provides the community with the knowledge and resources it needs to thrive by creating opportunities for people to explore how science-based knowledge can improve social, economic and environmental conditions. The agency accomplishes this through the following programs and initiatives: - Family & Consumer Sciences - Adult & Youth - Expanded Food & Nutrition Education (EFNEP) - Supplemental Nutrition Assistance Education (SNAP-Ed) - Master Gardener
Name	*StarkFresh*
Website	www.starkfresh.org
Description	StarkFresh is a multi-faceted non-profit company focused on increasing people's consumption of fresh, locally sourced, healthy, and affordable foods through equal food access and educational opportunities for everyone. StarkFresh is transforming Stark County into a community with a culture of healthy eating and living by providing and supporting the following programs and initiatives: - Corridor Farmers Market "Veggie Mobile" Mobile Market - Monthly Film Screening - Market CSA - Growers Cooperative

Obesity and Healthy Lifestyle Resources	
	• Seed Bank • Urban Teaching Farm • Hoop House Food Production and Training • Community Garden Network
Name	*Stark County District Library*
Website	www.starklibrary.org/home/services/bikesmart
Description	The Stark County District Library in partnership with Stark Parks and Canton Parks & Recreation created BikeSmart a FREE service to all Stark County District Library card holders. BikeSmart allows community members to check out a bike for a quick ride on a trail, a trip to the farmer's market, or to complete errands around town. Bike hubs are available at 8 different sites. You must stop into your local library branch before your first ride to set up your account.
Name	*Stark County Hunger Task Force*
Website	http://starkhunger.org/
Description	The Stark County Hunger Task Force fights hunger within the community by providing financial, logistic, strategic, and food support to our network of local emergency food pantries. The Hunger Task Force strives to provide free, nutritious groceries to those in need through the agencies Pantry Support and Backpack for Kids Programs.
Name	*Stark County Park District*
Website	www.starkparks.com
Description	Stark Parks works toward an environment in which people feel safe and connected by providing the community with the best parks, trails, and resources available. The agency manages 15 parks, 4 lakes, and over 120 miles of hiking, biking, and equestrian trails, totaling over 8,000 acres of land. Stark Parks offers a variety of programming and events that includes some of the following: boating, canoeing, camping, fishing, healthy adventures, and a wildlife conservation center.
Name	*Stark County Tobacco Cessation Resources*

Description	There are a number of tobacco cessation resources available throughout Stark County and the State of Ohio to help residents quit smoking.
	• **Tobacco-Free You**
	  FREE 6-week program through Mercy Medical Center
	  330-430-2759 for next set of classes
	• **Give It Up!**
	  FREE 6-week program through Aultman Hospital
	  330-363-7848 for next set of classes
	• **Fresh Start**
	  FREE 3-week program through Alliance Community Hospital
	  330-596-7125 for next set of classes
	• **Ohio Tobacco Quit Line**
	  FREE counseling & support via phone
	  1-800-QUIT-NOW (784-8669)
	  www.ohio.quitlogix.org

ADDITIONAL COMMUNITY ASSETS AND RESOURCES

Education Assets and Information

County Education Information, 2018	Stark	Ohio
Public school buildings	112	3,657
# public students	57,955	1,674,341
# public teachers	3,470	106,507
Expenditures per student	$9,256	$10,468
Graduation Rate	89.4%	83.5%
# non-public schools	21	708
# non-public students	3,724	172,815
# 4-yr public universities	0	13
# 4-year branches	1	23
# 2-year public colleges	1	38
# Private colleges and universities	3	47
Public libraries (Main/Branches)	7/19	251/725
SOURCE: Ohio Development Services Agency, Ohio County Profiles *STARK COUNTY: http://development.ohio.gov/files/research/C1077.pdf* *OHIO: http://development.ohio.gov/files/research/C1001.pdf*		

Major Employers

Stark County Major Employers	
ARE	Medline
Aultman-Alliance Community Hospital	Mercy Medical Center
Aultman Hospital	Repository
DLH Industries	Republic Steel
Emergency Medicine Physicians	Rose Lane Health Center
Hartville Kitchen	Stark State College
Kenan Advantage Group	The Timken Company
Kent State University – Stark	Timken Steel
MAC Trailer Manufacturing	TWI
Malone University	University of Mount Union
Maxim Healthcare Services	Walsh University
McKinley Health Care Center	YMCA
Source: Stark Economic Development Board	

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

Health Education and Prevention Services Needs

Mental health/Depression/Suicide — Significant need 84%, Moderate need 16%
Alcohol and drug abuse prevention — Significant need 61%, Moderate need 33%, Slight need 6%
Healthy lifestyles — Significant need 53%, Moderate need 39%, Slight need 8%
Obesity prevention — Significant need 50%, Moderate need 39%, Slight need 11%, Not a need 1%
Diabetes prevention — Significant need 41%, Moderate need 41%, Slight need 18%, Not a need 1%
Oral/Dental health — Significant need 33%, Moderate need 40%, Slight need 26%, Not a need 2%
Tobacco prevention and cessation — Significant need 28%, Moderate need 49%, Slight need 20%, Not a need 3%
Teen pregnancy — Significant need 26%, Moderate need 53%, Slight need 18%, Not a need 3%
Emergency preparedness — Significant need 21%, Moderate need 40%, Slight need 37%, Not a need 3%
Disease specific information — Significant need 18%, Moderate need 52%, Slight need 28%, Not a need 2%

■ Significant need ■ Moderate need ■ Slight need ■ Not a 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 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.

Youth: Health Education and Prevention Services Needs

Area	Significant need	Moderate need	Slight need	Not a need
Mental health/Depression/Suicide	85%	12%	3%	
Violence/Bullying prevention	68%	25%	7%	
Alcohol and drug abuse prevention	68%	24%	6%	2%
Healthy lifestyles	55%	30%	15%	
Obesity prevention	48%	33%	17%	3%
Teen pregnancy	43%	41%	14%	2%
Tobacco prevention and cessation	39%	36%	22%	3%
Oral/Dental health	26%	42%	32%	1%
Diabetes prevention	24%	37%	34%	5%
Emergency preparedness	17%	39%	34%	9%
Disease specific information	10%	35%	50%	5%

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.

Rating of Coordination between Community Organizations that Address Health Issues

Excellent	Good	Fair	Poor	Very Poor
10%	58%	23%	8%	1%

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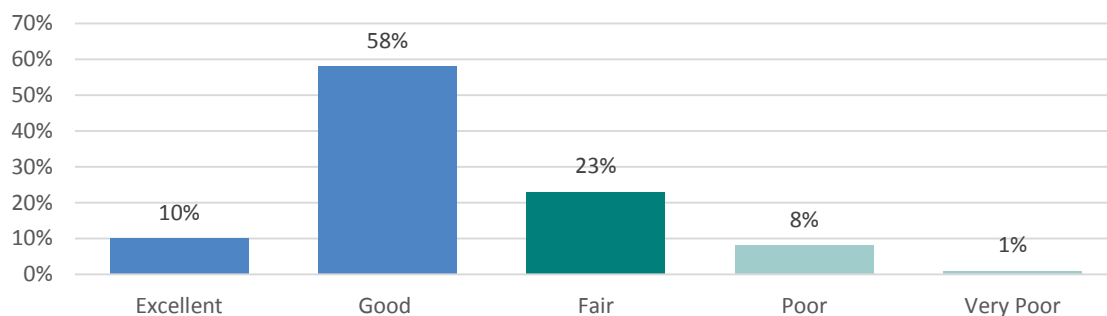
Approximately two-thirds of respondents have heard of the Stark County CHA (69%) or the Stark County CHIP (62%). The majority of respondents who had heard of the CHA or the CHIP use it for planning and implementing strategies.

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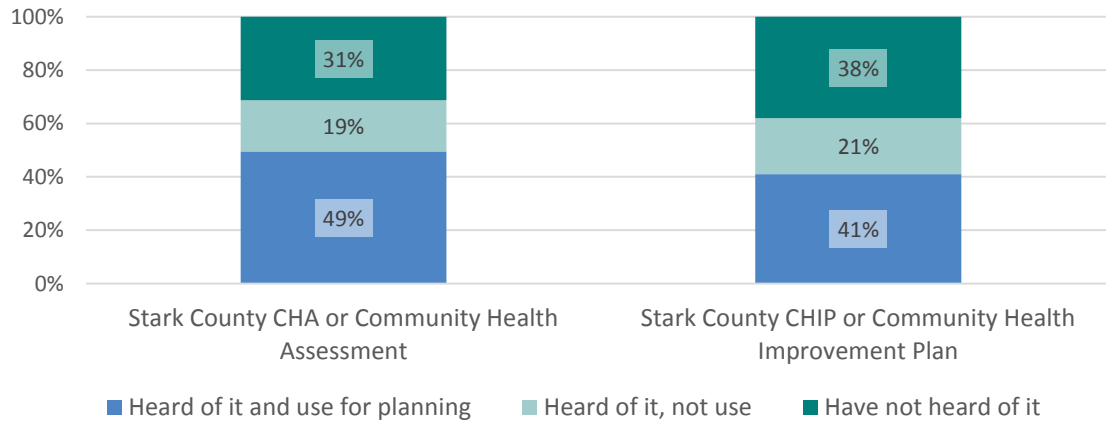
The majority of respondents, 80%, engage community members when setting strategies to improve the community's health. Most respondents, 87%, reported being aware of specific services the local health department in their community provides. The services with the highest level of awareness were Immunizations,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

Community Member Engagement and Service Awareness
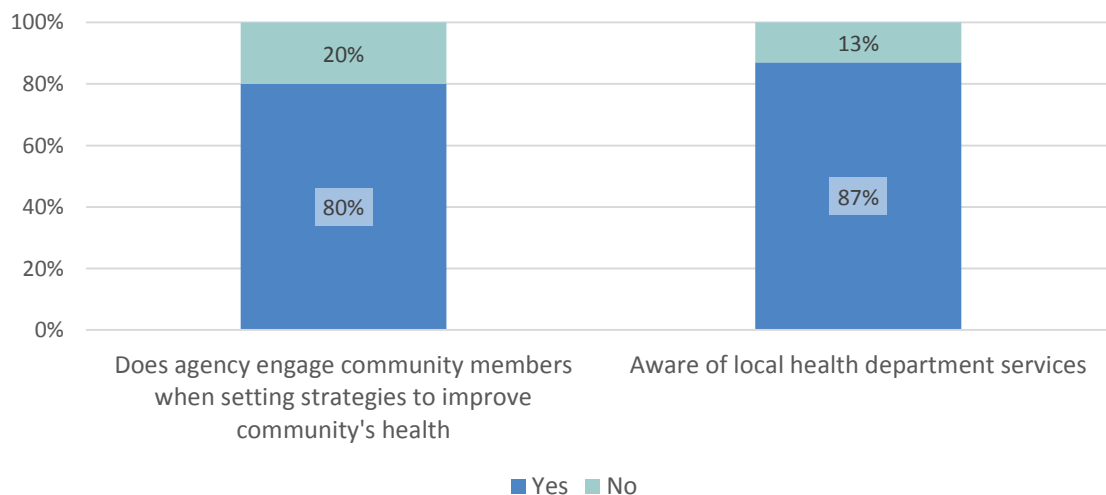
Health Department Services Aware Of	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondents
Immunizations	24	32.4%	47	63.5%
WIC	7	9.5%	27	36.5%
THRIVE	12	16.2%	22	29.7%
Mother/baby or child	7	9.5%	19	25.7%
Health education/outreach	2	2.7%	16	21.6%
STD/STI/HIV	1	1.4%	16	21.6%
Inspections	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%
StarkMHAR	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 in the county than in the state.

Educational Attainment						
	2012	**2013**	**2014**	**2015**	**2016**	**Change 2012-2016**
Percentage that have high school degree or higher, ages 18-24						
Stark	83.7%	84.9%	85.9%	86.4%	87.5%	3.8%
Ohio	84.4%	84.7%	85.2%	85.7%	86.0%	1.6%
Percentage that have high school degree or higher, ages 25 and older						
Stark	88.7%	89.1%	89.8%	89.9%	90.4%	1.7%
Ohio	88.2%	88.5%	88.8%	89.1%	89.5%	1.3%
Percentage that have bachelor's degree or higher						
Stark	20.7%	21.1%	21.5%	21.9%	22.6%	1.9%
Ohio	29.8%	25.2%	25.6%	26.1%	26.7%	-3.1%
SOURCE: United States Census Bureau, American Fact Finder						

The unemployment rate for the county in 2015 was slightly higher for the region than it was for the state, although rates for both the county and state decreased by more than 2% over the five-year period. 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 Rate

Change 2013-2017
Stark: -2.4%
Ohio: -2.5%
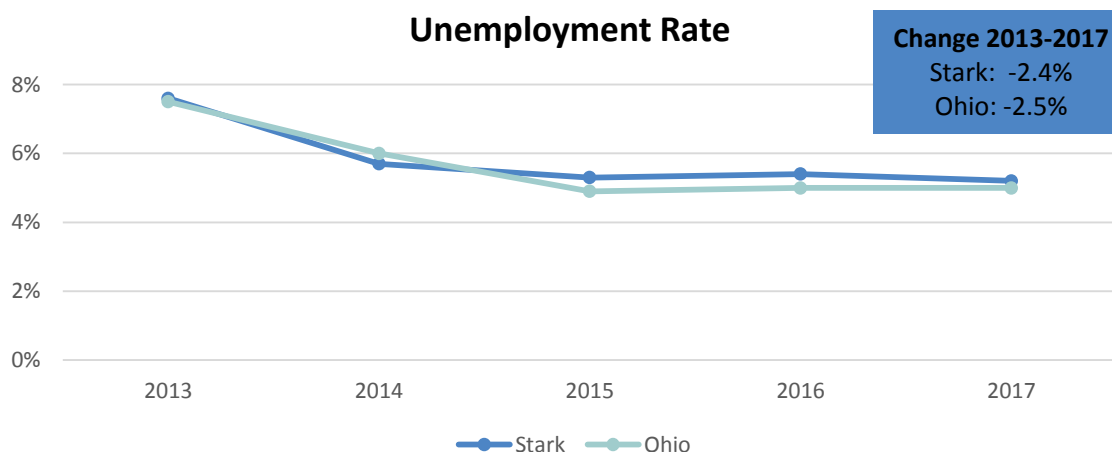
Unemployment Countywide						
	2013	**2014**	**2015**	**2016**	**2017**	**% Change 13 -17**
Stark	7.6%	5.8%	5.3%	5.4%	5.2%	**-2.4%**
Ohio	7.5%	5.8%	4.9%	5.0%	5.0%	**-2.5%**
SOURCE: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, Local Area Unemployment Statistics. Data extracted from Civilian Labor Force Estimates Query tool						

The percentage of the population in poverty is slightly lower in Stark County than it is in the state (14.1% compared to 15.4%).

Percentage of Population in Poverty

Change 2012-2016
Stark: -0.4%
Ohio: 0.0%

Stark County   Ohio
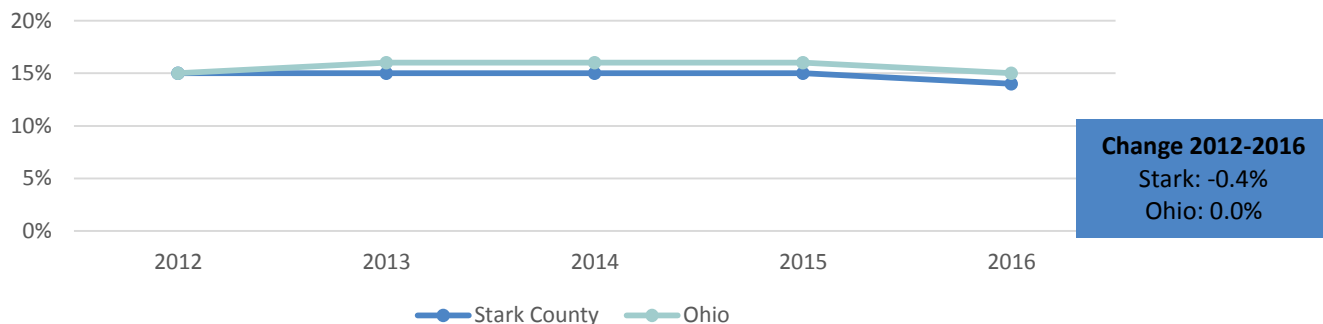
Total Percentage of Population in Poverty							
	# Pop (2016)	2012	2013	2014	2015	2016	Change 2012-2016
Stark	365,197	14.5%	15.0%	15.0%	14.7%	14.1%	**-0.4%**
Ohio	11,267,500	15.4%	15.8%	15.9%	15.8%	15.4%	**0%**
SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates							

Poverty levels for children in the county are similar to poverty levels for the state and have remained relatively unchanged over the past 5 years. When looking specifically at children under the age of 5, the percentage is slightly higher for the county (27.5%) than the state as a whole (26.1%).

Percentage of Children Under 18 in Poverty

Change 2012-2016
Stark: -1.1%
Ohio: -0.1%

Stark County   Ohio
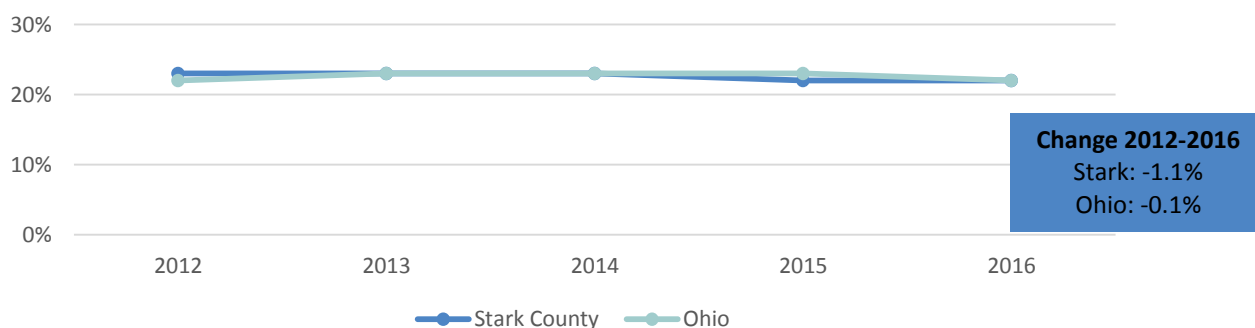
Percentage of Children under 18 in Poverty							
	# Children (2016)	2012	2013	2014	2015	2016	Change 2012-2016
Stark	80,738	22.5%	23.3%	22.9%	22.1%	**21.4%**	-1.1%
Ohio	2,593,893	22.2%	22.8%	23.1%	22.8%	**22.1%**	-0.1%

Percentage of Children under 5 years in Poverty				
	# Children (2016)	2015	2016	Change 2012-2016
Stark	20,462	27.4%	**27.5%**	+0.1%
Ohio	684,033	27.3%	**26.1%**	-1.2%

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Looking specifically at the population in Stark County in poverty by key demographic measures, children under the age of 5 had the highest level of poverty (27.5%), while senior citizens had the lowest level (7.6%). Females were more likely than males to be in poverty (15.4% to 12.7%). In terms of race and ethnicity, black and multi-racial respondents had the highest poverty levels (36.8% and 33.7%) followed by Hispanic or Latino (26.7%). Additionally, the lower the education level, the higher the poverty level for that demographic group (poverty rate for those with less than a high school diploma was 25.5% compared to 3.8% for college graduates). The poverty rate for the unemployed is nearly six times that of the employed population (39.0% compared to 6.8%).

Percentage of Population in Poverty by Age Group, 2016
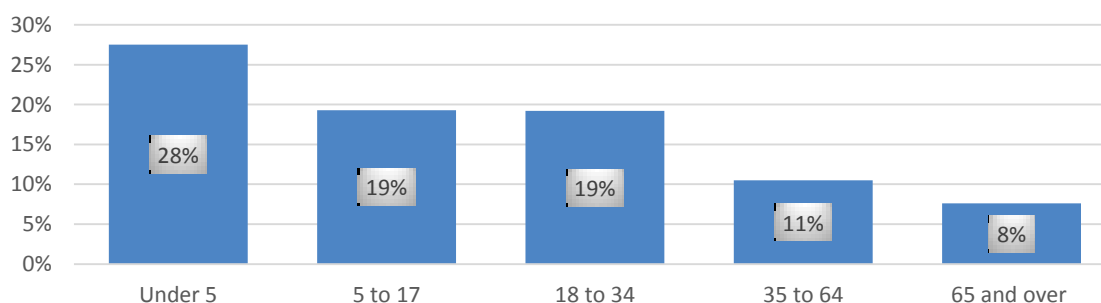
Percentage of Population in Poverty by Age Group							
	# Pop (2016)	2012	2013	2014	2015	2016	Change 2012-2016
Under 5	20,462	22.5%	23.3%	22.9%	27.4%	27.5%	**+5.0%**
5-17	60,276				20.3%	19.3%	**-3.2%**
18-34	72,661	13.6%	14.1%	14.3%	20.1%	19.2%	**+5.6%**
35-64	148,550				11.1%	10.5%	**-3.1%**
65 +	63,248	6.4%	6.6%	7.1%	7.1%	7.6%	**+1.2%**

Percentage of Population in Poverty by Gender, 2016

Percentage of Population in Poverty by Gender							
	Population (2016)	2012	2013	2014	2015	2016	Change 2012-2016
Male	177,765	13.4%	13.9%	14.0%	13.4%	**12.7%**	**-0.7%**
Female	187,432	15.5%	16.0%	16.0%	15.9%	**15.4%**	**-0.1%**

Percentage of Population in Poverty by Race and Ethnicity, 2016

Percentage of Population in Poverty by Race and Ethnicity							
	# Pop (2016)	2012	2013	2014	2015	2016	Change 2012-2016
White	323,364	12.0%	12.7%	12.6%	12.4%	11.6%	**-0.4%**
Black	26,080	35.9%	35.0%	35.2%	34.3%	36.8%	**+0.9%**
Asian	2,864	6.6%	7.6%	8.7%	10.2%	7.5%	**+0.9%**
Two or more	11,240	39.8%	37.8%	39.7%	36.0%	33.7%	**-6.1%**
Hispanic/Latino	6,785	28.6%	29.0%	32.0%	29.0%	26.7%	**-1.9%**
SOURCE: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates							

Percentage of Population in Poverty by Education Level, 2016
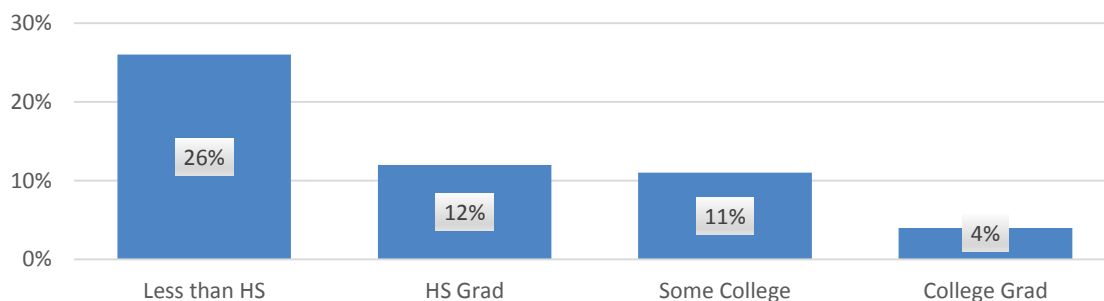
Percentage of Population in Poverty by Education Level							
	Population (2016)	2012	2013	2014	2015	2016	Change 2012-2016
Less than HS	23,617	25.2%	25.7%	25.6%	25.9%	**25.5%**	**+0.3%**
HS grad	95,905	11.9%	11.9%	12.1%	12.0%	**11.7%**	**-0.2%**
Some college	76,798	10.4%	11.1%	11.8%	11.8%	**10.9%**	**+0.5%**
College grad	58,228	3.1%	4.0%	4.1%	3.9%	**3.8%**	**+0.7%**
SOURCE: U.S. Census Bureau, 2011-2015 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, 2016
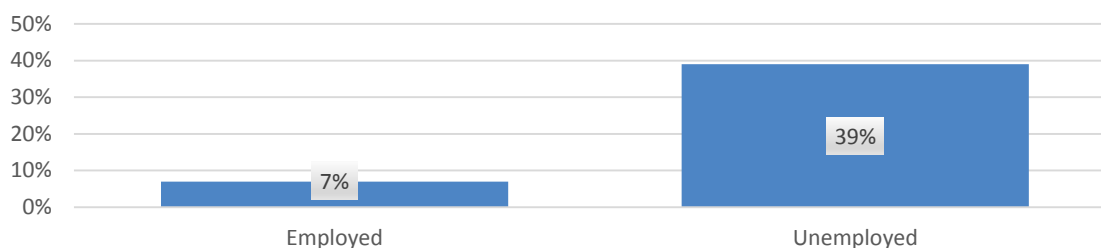
Percentage of Population in Poverty by Employment Status							
	# Pop-2016	2012	2013	2014	2015	2016	12- 16
Employed	175,311	6.8%	7.0%	7.2%	7.2%	**6.8%**	**0%**
Unemployed	14,401	33.9%	34.3%	36.5%	40.7%	**39.0%**	**+5.1%**

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, 2016
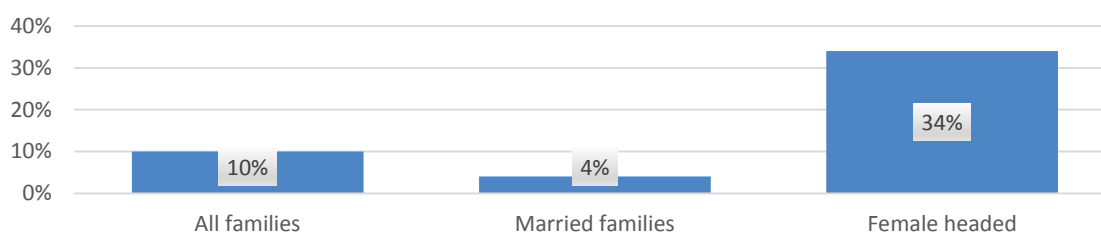
Percentage of Families in Poverty by Family Status							
	# Pop-2016	2012	2013	2014	2015	2016	Change
All families	99,415	10.9%	11.0%	10.9%	10.8%	10.4%	**-0.5%**
Married families	73,126	4.3%	4.6%	4.4%	4.4%	4.1%	**-0.2%**
Female headed	18,459	33.6%	33.7%	33.8%	33.7%	33.6%	**0%**

Percentage of Families with Children in Poverty by Family Type, 2016
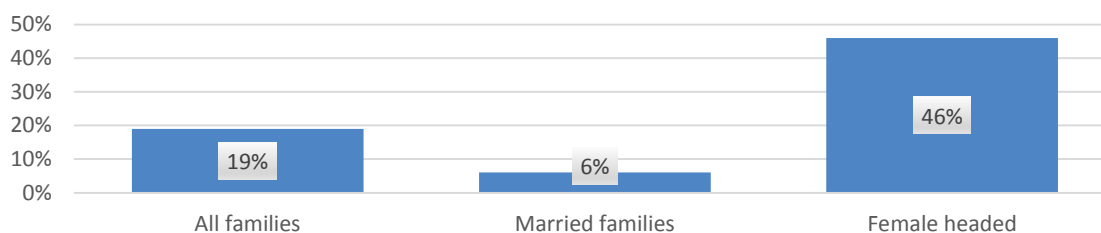
Percentage of Families with Children under 18 in Poverty by Family Status							
	# Pop-2016	2012	2013	2014	2015	2016	Change
All families	43,625	19.4%	19.8%	19.7%	19.2%	**18.7%**	**-0.7%**
Married families	26,603	6.8%	8.0%	7.7%	7.6%	**6.4%**	**-0.4%**
Female headed	11,991	46.1%	45.7%	45.7%	44.6%	**45.8%**	**-0.3%**

SOURCE: U.S. Census Bureau, 2012-2016 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.

Poverty Number and Rates by Zip Code, 2016					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
44702 (Canton)	*797*	*539*	*67.6%*	*584*	*670*
44704 (Canton)	*3,330*	*1,489*	*44.7%*	*1,682*	*2,099*
44707 (Canton/North Industry)	*8,927*	*3,398*	*38.1%*	*4,023*	*5,604*
44703 (Canton)	*7,899*	*2,721*	*34.4%*	*3,337*	*5,008*
44705 (Canton)	*18,927*	*5,977*	*31.6%*	*6,815*	*10,889*
44710 (Canton)	*9,878*	*2,306*	*23.3%*	*2,948*	*4,583*
44706 (Canton)	*17,483*	*3,408*	*19.5%*	*4,727*	*7,342*
44669 (Paris)	*1,245*	*231*	*18.6%*	*284*	*342*
44601 (Alliance)	*33,189*	*6,064*	*18.3%*	*7,849*	*14,399*
44714 (Canton)	*8,406*	*1,498*	*17.8%*	*1,814*	*3,545*
44709 (North Canton/Canton)	*18,047*	*2,800*	*15.5%*	*3,707*	*5,994*
44613 (Brewster)	*2,053*	*309*	*15.1%*	*488*	*807*
44640 (Limaville)	*144*	*21*	*14.6%*	*28*	*53*
44643 (Magnolia)	3,308	467	14.1%	661	1,057
44646 (Massillon)	45,131	6,378	14.1%	8,102	13,825
44688 (Waynesburg)	2,996	414	13.8%	536	929
44708 (Canton)	25,155	3,385	13.5%	4,221	7,615
44647 (Massillon)	18,591	2,210	11.9%	3,021	5,880
44730 (East Canton/Canton)	6,152	670	10.9%	862	2,104
44608 (Beach City)	2,616	252	9.6%	458	659
44657 (Minerva)	9,760	822	8.4%	1,126	2,541
44626 (East Sparta)	3,077	249	8.1%	284	646
44685 (Uniontown)	27,926	2,214	7.9%	2,911	5,108
44662 (Navarre)	9,095	692	7.6%	1,291	2,738
44720 (North Canton/Canton)	38,108	2,324	6.1%	3,396	7,762
44718 (Canton/Jackson Belden)	11,543	673	5.8%	820	1,730
44632 (Hartville)	8,883	490	5.5%	752	2,096
44689 (Wilmot)	685	38	5.5%	67	212
44614 (Canal Fulton)	12,494	660	5.3%	983	2,568
44641 (Louisville)	19,934	1,034	5.2%	1,786	4,499
44666 (North Lawrence)	3,206	161	5.0%	265	840
44721 (Canton)	13,296	659	5.0%	776	1,890
44670 (Robertsville)	381	0	0.0%	0	0
SOURCE: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates					

Poverty Number and Rates by Age and Zip Code, 2016

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	228	82.9%	516	72.3%	1,919	45.4%	667	8.4%
44669	42	73.8%	191	50.8%	683	12.9%	329	4.6%
44707	766	64.4%	1,631	49.8%	5,271	36.7%	1,259	12.6%
44703	480	57.3%	1,351	50.1%	5,248	31.1%	820	16.7%
44705	1,903	52.5%	3,568	47.3%	10,835	27.1%	2,621	13.4%
44643	216	47.2%	656	23.0%	1,713	9.7%	723	6.5%
44710	563	43.0%	1,887	30.5%	5,936	22.0%	1,492	12.3%
44646	2,606	31.5%	7,017	16.6%	27,345	14.3%	8,163	5.8%
44708	1,303	31.5%	3,963	18.6%	15,164	12.8%	4,725	6.3%
44709	1,032	30.4%	2,139	26.1%	11,223	13.5%	3,653	11.2%
44706	1,007	29.5%	3,138	34.2%	10,736	17.6%	2,602	5.6%
44688	122	27.0%	407	13.3%	1,956	16.0%	511	2.9%
44601	1,933	26.8%	5,730	24.8%	19,959	18.2%	5,567	8.9%
44714	430	22.6%	1,256	13.4%	5,107	17.9%	1,613	19.8%
44730	293	20.5%	1,078	12.4%	3,735	9.5%	1,046	11.5%
44647	1,128	17.8%	3,008	19.8%	11,280	10.1%	3,175	8.8%
44721	417	15.1%	2,149	6.5%	8,399	5.1%	2,331	1.2%
44657	567	13.9%	1,382	13.9%	5,983	7.4%	1,828	5.9%
44685	1,565	13.0%	5,421	11.1%	16,389	7.6%	4,551	3.5%
44626	86	12.8%	535	12.7%	1,935	7.0%	521	6.7%
44613	58	12.1%	385	23.6%	1,258	15.9%	352	3.1%
44689	55	11.8%	149	8.1%	399	3.5%	82	0.0%
44720	1,095	11.8%	5,869	5.6%	7,242	9.0%	7,220	5.4%
44632	535	11.6%	1,369	6.7%	5,459	4.7%	1,520	5.3%
44608	88	11.4%	563	6.7%	1,501	11.9%	464	5.4%
44662	470	10.9%	1,441	7.9%	5,513	7.9%	1,671	5.4%
44641	1,025	9.8%	3,273	3.8%	11,858	4.6%	3,751	7.1%
44614	508	8.7%	2,355	4.6%	7,423	5.5%	2,208	4.4%
44718	397	7.1%	1,792	7.9%	7,086	5.1%	2,268	6.3%
44640	1	0.0%	16	25.0%	106	10.4%	21	28.6%
44666	207	0.0%	710	10.7%	1,910	3.9%	379	2.6%
44670	57	0.0%	102	0.0%	210	0.0%	12	0.0%
44702	6	0.0%	13	76.9%	609	69.0%	169	64.5%

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) as well as median gross rent as a percent of household income (renters) is nearly identical for the state and the county.

Homeowner Affordability, 2015			
	Median Monthly Housing Cost for Mortgage Holders	**Median Monthly Housing Cost for Mortgage Holders as % of Household Income**	**Ratio of Median Single-Family Home Value to Median Household Income^**
Stark	$1,137	20.3%	2.63
Ohio	$1,246	21.2%	2.65
^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 2018 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, for the county, the percentage is lower.

Renter Affordability, 2015			
	Median Monthly Gross Rent	**Median Gross Rent as % of Household Income**	**Severe Renter Cost Burden**
Stark	$680	28.4%	23.1%
Ohio	$730	29.5%	25.8%
SOURCE: OHFA, Draft Ohio Housing Needs Assessment, Technical Supplement to the Fiscal Year 2018 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%).

Stark County Homeless Data
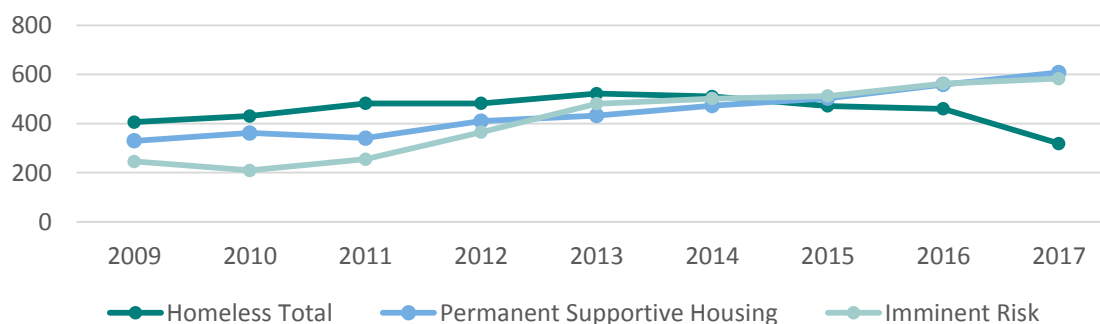
Stark County Homeless Data										
	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**Change**
Homeless Total	**406**	**431**	**482**	**482**	**522**	**510**	**472**	**460**	**319**	**-21.4%**
Street count	*77*	*53*	*68*	*63*	*56*	*38*	*60*	*37*	*22*	*-71.4%*
Emergency 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

■ High (8-10) ■ Medium (4-7) ■ Low (1-3)
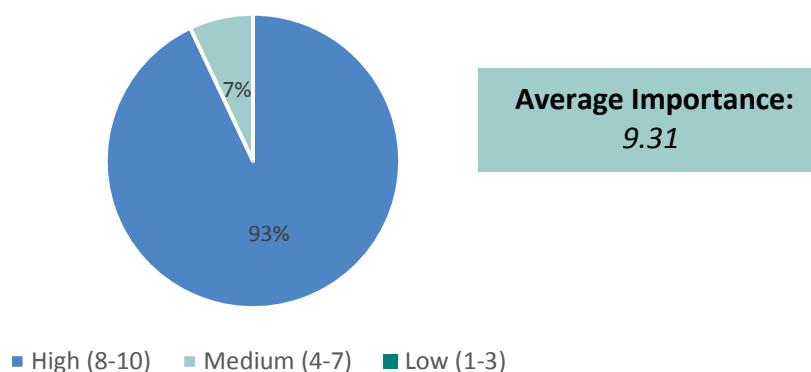
Less than half, 48.5%, of community health leaders feel that there are adequate services and programs in place in the community to address access to health care. The 51.5% of leaders that did not think there were adequate services and programs were asked what is missing. The responses are outlined in 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.

Populations NOT Adequatley Served by Local Health Services

Population	Percentage
People with mental illness	65%
Individuals living in poverty	64%
Homeless/Transient	51%
People addicted to drugs and alcohol	48%
Minority populations	40%
Immigrants/Refugees	37%
Non-English Speaing/ESL	34%
Veterans	31%
Elderly	31%
Overwieght/Obese	31%
LGBTQ	29%
The elderly who are overweight/obese	27%
Children	24%
People with DD	20%
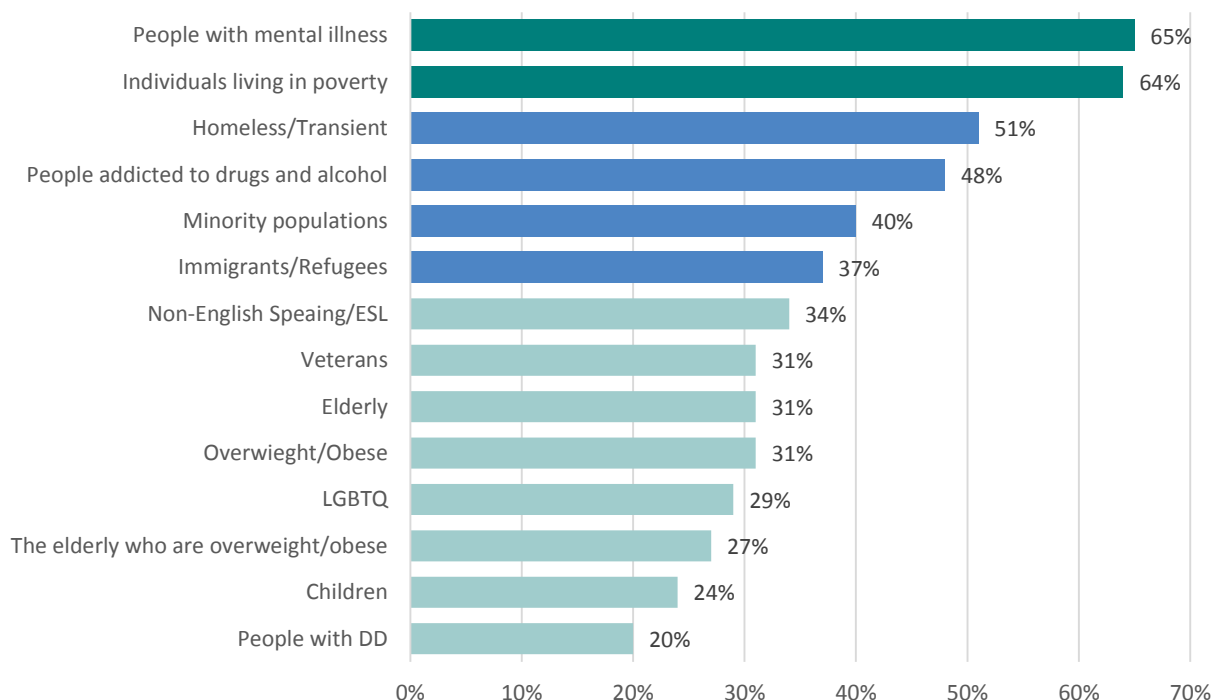
Most respondents, 90.3%, identified lack of transportation as a barrier that prevents residents from receiving the medical care that they need. Other barriers identified by community health leaders include, in order of importance, lack of insurance or the ability to pay, communication issues, lack of 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?				

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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".

Access to Health Care Issues

Issue	Significant issue	Moderate issue	Slight issue	Not an issue
Lack of transportation for medical appointments	64%	31%	4%	2%
Lack of mental and behavioral health providers	52%	29%	13%	6%
Lack of laws/policies and/or environmental changes that support access to care	46%	43%	9%	2%
Residents not able to access specialists when needed	44%	40%	13%	3%
Residents not able to access PCP when needed	44%	40%	11%	4%
Lack of bilingual providers	42%	44%	11%	3%
Lack of providers accepting Medicaid and medical assistance	39%	39%	18%	3%
Residents not able to access dentist when needed	32%	50%	15%	3%
Not enough family planning services to address reproductive health needs	17%	48%	32%	3%

■ Significant issue ■ Moderate issue ■ Slight issue ■ Not an issue

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.

Health Insurance Coverage

	2011	2015	2018
Medicare/Medicaid	26%	43%	41%
Private Insurance	14%	12%	10%
Employer Paid	46%	39%	41%
Not Insured	13%	5%	8%

■ Not Insured ■ Employer Paid ■ Private Insurance ■ Medicare/Medicaid
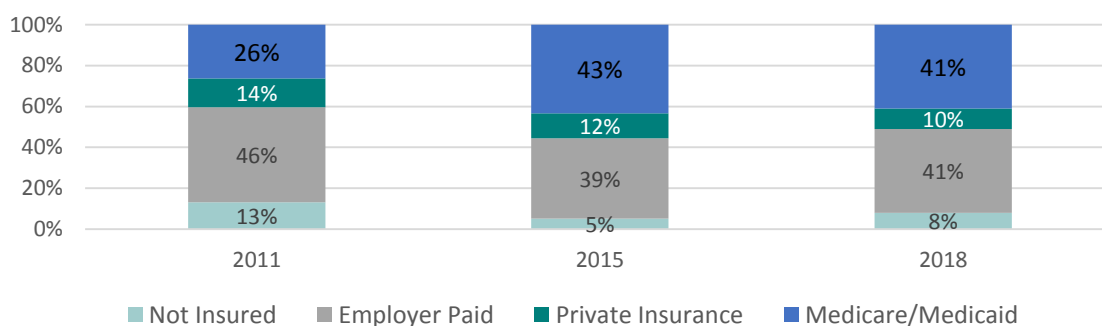
- Three-quarters or 75.9% of respondents indicated they receive their health care most often from a primary care doctor. However 7.9% of respondents relied on an urgent care center as their primary source of health care, while another 5.6% relied on an emergency room. Groups of respondents more likely 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	Yes	*	84.4%	86.1%
	No	*	15.6%	13.9%
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	Yes	*	*	19.5%
	No	*	*	80.5%

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 in Stark County. Over the past five years, the percentage of individuals without health insurance decreased by 7.3%. The percentage of residents without insurance is nearly twice as high for black residents (6.3%) than white residents (3.9%). In addition, the percentage of residents without insurance under the age of 18 (1.3%) is significantly lower than the percentage of residents 18 and over.

Stark County Percent Uninsured						
	2012	**2013**	**2014**	**2015**	**2016**	**% Change**
Stark County	11.5%	10.0%	5.9%	6.3%	4.2%	-7.3%
By Race and Age						
White	10.4%	9.8%	5.6%	6.2%	3.9%	-6.5%
Black	21.9%	11.1%	9.9%	8.0%	6.3%	-15.6%
Under 18	6.9%	5.6%	2.4%	4.7%	1.3%	-5.6%
18 and older	16.3%	14.4%	8.9%	8.8%	6.6%	-9.7%
SOURCE: Ohio Department of Medicaid- ADSS (Quality Decision Support System)						

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 county ratio.

Primary Care Physicians											
	2011		**2012**		**2013**		**2014**		**2015**		**% Change**
	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	# of PCP	Ratio	
Stark	291	1289	293	1279	295	1273	291	1291	293	1280	0.7%
Ohio	8,667	1,332	8,642	1,336	8,925	1,300	8,919	1,300	8,887	1,310	2.5%
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

No 16%

Yes 84%
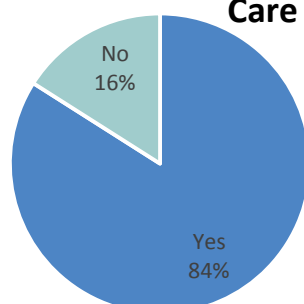
Top Reasons for No Access:
1. Didn't want parents to know
2. Thought problem would go away
3. Didn't know who to see
4. Afraid of what doctor would say

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 a	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 county and the state. Currently, the ratio for the county is slightly better than the ratio for the state.

Ratio of Population per Dentists										
	2012		**2013**		**2014**		**2015**		**2016**		**% Change**
	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	# of Dentists	Ratio	
Stark	211	1,777	216	1,738	228	1,650	229	1,649	238	1,570	**12.8%**
Ohio	-	1,789	-	1,746	-	1,710	-	1,690	-	1,660	-

SOURCE: County Health Ranking. Original Source: HRSA Area Resource File.http://www.countyhealthrankings.org/app/ohio/2018/measure/factors/88/map

The percentage of the population who had visited a dentist or dental clinic 5 or more years ago has increased from 11% to 15% in 2016.

Stark County Oral Health - Last Visited Dentist/Dental Clinic				
	2008	2010	2012-2016	% Change
Within past year	69%	67%	67%	-2%
Within past 2 years	11%	11%	10%	-1%
Within past 5 years	9%	8%	9%	0%
5 or more years ago	11%	13%	15%	+4%

SOURCE: Ohio BRFSS, Chronic Disease and Behavioral Epidemiology, Center for Public Health Statistics and Informatics, ODH

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.

Percent of Adults that Currently Smoke					
	2012	2013	2014	2015	2016
Stark County	22%	22%	19%	19%	20%
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

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
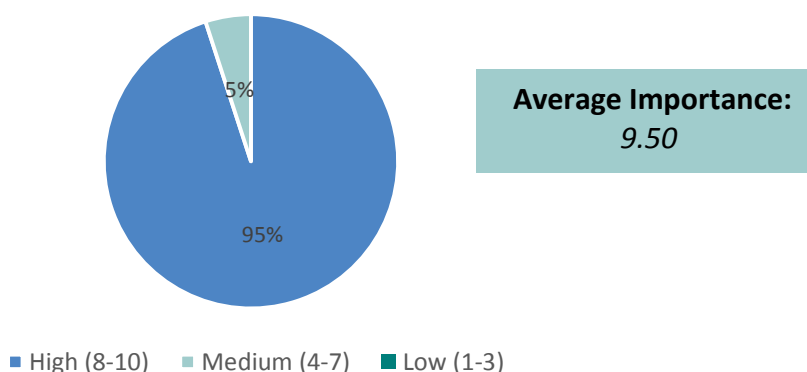
5%

95%

Average Importance:
9.50

■ High (8-10)   ■ Medium (4-7)   ■ Low (1-3)

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 & 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" & "amount of time it takes residents to see a counselor or psychiatrist".

Mental Health Issues

Issue	Significant issue	Moderate issue	Slight issue	Not an issue
Stigma associated with mental health	70%	26%		4%
Amount of time it takes residents to see a counselor or psychiatrist	69%	25%	4%	2%
A limited mental health workforce who are able to meet needs of community	66%	25%	7%	2%
Lack of integrated treatment and early intervention	64%	30%	4%	2%
lack of public education to reduce prejudice and discrimination	57%	36%	4%	3%
Lack of prevention in schools, universities, and communities	57%	34%	8%	1%
Lack of recovery services	56%	38%	4%	2%

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 630 residents. The ratio in Stark County is slightly better.

Mental Health Providers	2013		2014		2015		2016		%
	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	# of Provider	Ratio	Change in #
Stark	368	1019	608	617	676	556	729	515	98.1%
Ohio	11,185	1,023	14,773	778	16,561	700	18,255	630	63.2%
SOURCE: County Health Ranking. Original Source: HRSA Area Resource File.									
http://www.countyhealthrankings.org/app/ohio/2017/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						

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.

Suicide Death Rate							
	2012	2013	2014	2015	2016	2017	% Change
Stark County	14.4	17.1	16.2	17.6	21.7	18.8	30.6%
Ohio	13.3	13.3	12.9	14.1	14.6	15.0	12.8%
Stark County Suicide Death Rate by Age Group							
5-14	0	2.1	2.2	2.2	2.2	2.2	-
15-24	20.3	16.2	14.3	8.3	12.6	23.5	15.8%
25-34	9.5	11.7	23.1	29.9	36.5	38.6	306.3%
35-44	18.1	25.1	30	14.0	14.3	19.1	5.5%
45-54	23.9	22.7	23.1	25.5	41.9	12.2	-49.0%
55-64	22.6	22.4	18.5	27.7	31.2	16.6	-26.6%
65-74	14.9	28.8	11.0	16.0	12.9	35.0	134.9%
75+	9.9	14.9	19.8	14.9	39.4	19.3	94.9%
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 experiencing each was higher than the percentage of male students.

Youth: Adverse Life Experiences
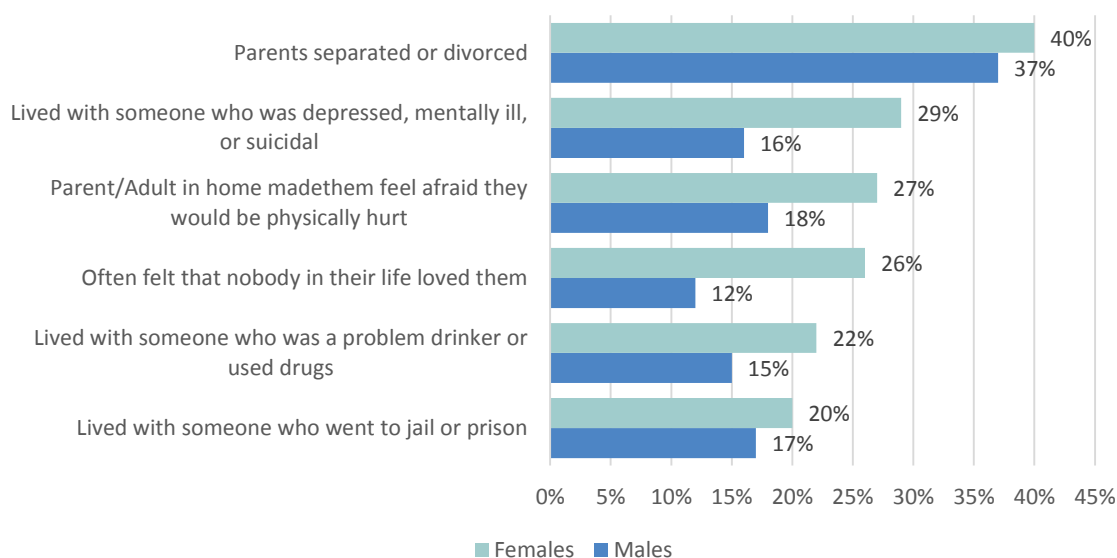
Souce: 2018 Northeast Ohio Youth Health Survey

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.

Youth: History of Mental Health Issues

Category	Females	Males
Any mental health issue	34%	25%
Anxiety	25%	10%
Depression	19%	9%
ADD/ADHD	9%	15%
Other mental health issue	8%	4%
Autism	1%	2%
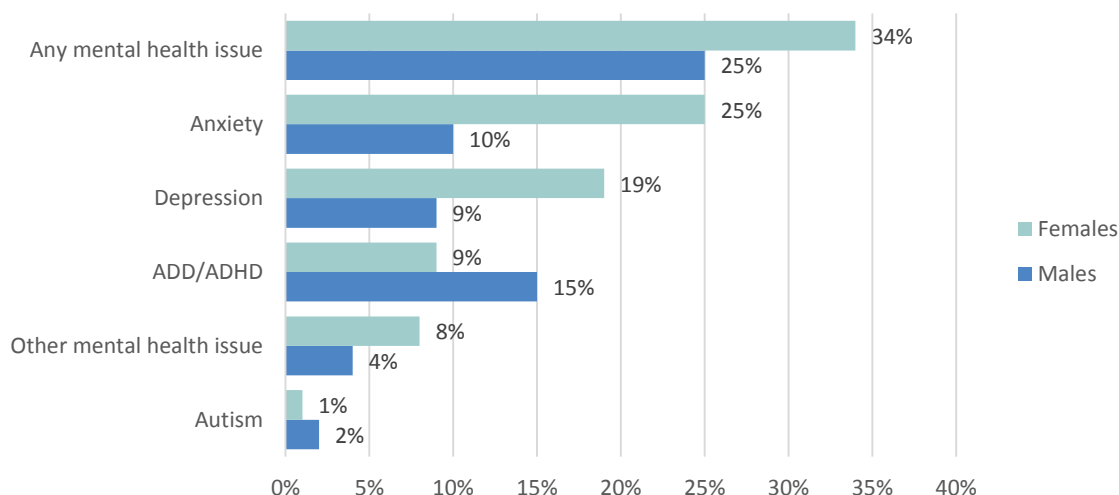
Souce: 2018 Northeast Ohio Youth Health Survey

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 for the state than the county.

Number of Poor Mental Health Days, 2016

	Poor Mental Health Days
Stark	4.1
Ohio	4.3

■ Poor Mental Health Days
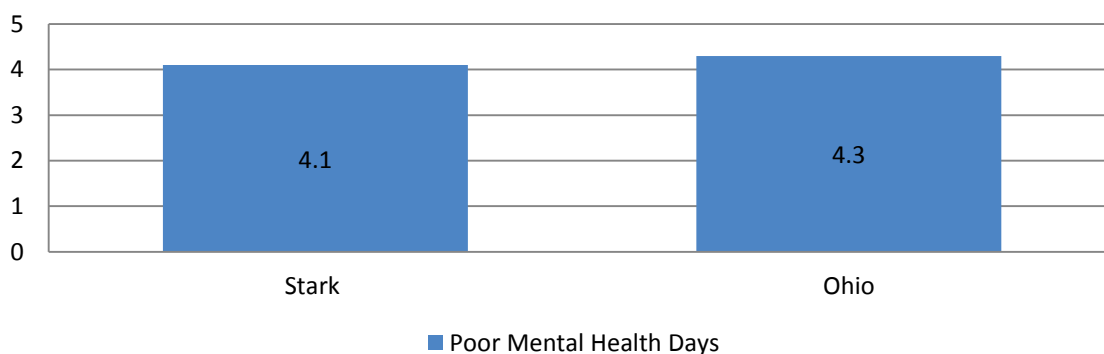
Number of Poor Mental Health Days		
	Poor Mental Health Days	
	2006-2012	2016
Stark	3.9	4.1
Ohio	3.8	4.3
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS), http://www.countyhealthrankings.org/app/ohio/2018/measure/outcomes/36/map		

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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

Average Importance:
9.06

■ High (8-10)　■ Medium (4-7)　■ Low (1-3)
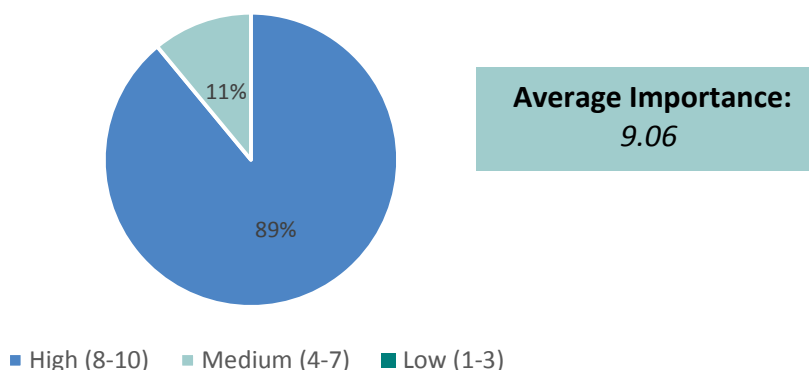
Less than half, 49.5%, of health leaders feel that there are adequate services and programs already in place in the community to address the heroin and opiate crisis. The 50.5% of leaders that did not think there were adequate services and programs were asked what is missing. The responses are outlined 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.

Substance Abuse Issues

	Significant issue	Moderate issue	Slight issue	Not an issue
Heroin	78%	21%	1%	
Stigma associated with substance abuse and addiction	61%	32%	6%	1%
Other illegal drugs	57%	38%	4%	
Marijuana	57%	31%	9%	3%
Prescription drug misuse	56%	36%	8%	
Tobacco	53%	36%	9%	2%
Synthetics	42%	47%	9%	2%
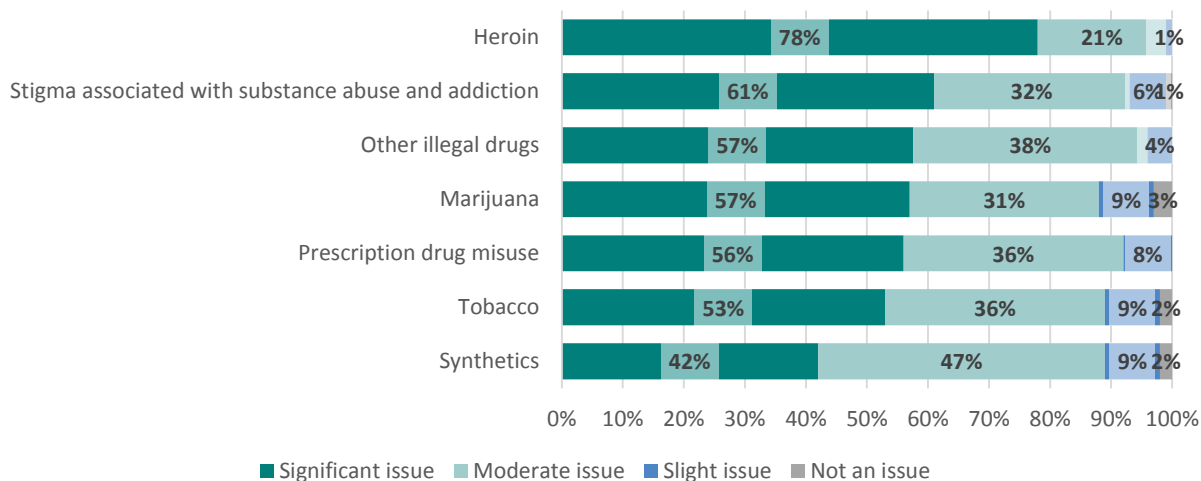
Next, community health leaders were given a list of eleven types of initiatives, programs and services and asked how effective each were in reducing drug and alcohol abuse. The most effective initiatives, programs, and services identified by community health leaders were the adoption of evidence-based 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.

Effectiveness of Initiatives, Programs, Services, in Reducing Substance Abuse

	Very effective	Somewhat effective	Not effective
Adoption of evidence-based guidelines for prescribing opioids	65%	29%	6%
Availability of more detox and treatment centers in community	61%	36%	3%
Implement or strengthen prescription drug monitoring programs	56%	40%	4%
Use of prescription drug monitoring systems by providers	56%	39%	5%
Providing info on treatment options	50%	44%	6%
Substance abuse education on effects on health	47%	50%	4%
Support groups	46%	50%	4%
Increase awareness of drug disposal programs	41%	52%	7%
Increase screening for alcohol/drug use in healthcare setting	37%	54%	9%
Maintain and enforce age 21 minimum legal age	37%	46%	17%
Limit alcohol outlet density	18%	52%	30%

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 Stark County and the state however, Stark County has had a higher increase since 2006 than the state.

Percentage of Adults Reporting Binge or Heavy Drinking					
	2006-2012	2014	2015	2016	Change
Stark County	14%	18%	18%	18%	4%
Ohio	18%	19%	19%	19%	1%
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS)					

In 2012, the percentage of driving deaths with alcohol involvement in Stark County was considerably higher than the state. However, since then the percentage of driving deaths with alcohol involvement in Stark County has decreased more rapidly than the state and as in 2016, the percentage for both Stark County and State was 34%.

Percentage of Driving Deaths with Alcohol Involvement					
	2012	2013	2014	2015	2016	Change
Stark County	45%	45%	39%	37%	34%	-11%
Ohio	36%	36%	35%	34%	34%	-2%
SOURCE: County Health Ranking. Original Source: National Center for Health Statistics					

The number of alcohol related traffic crashes in Stark County has decreased by 16% over the last 5 years.

Number of Alcohol-Related Traffic Crashes					
	2012	2013	2014	2015	2016	Change
Stark County	481	475	491	448	406	-15.6%
Ohio	12,545	12,138	12,480	12,526	12,243	-2.4%
SOURCE: Ohio Department of Public Safety, Traffic Crash Facts Report					

The number of unintentional drug overdose deaths in Stark County has increased steadily each year since 2009 (more than 4 times as great). While the unintentional drug overdose death rate for Ohio was higher than the rate for Stark County, the number of unintentional drug overdose deaths is increasing at a much more rapid pace in Stark County than the state.

Number of Unintentional Drug Overdose Deaths, Stark
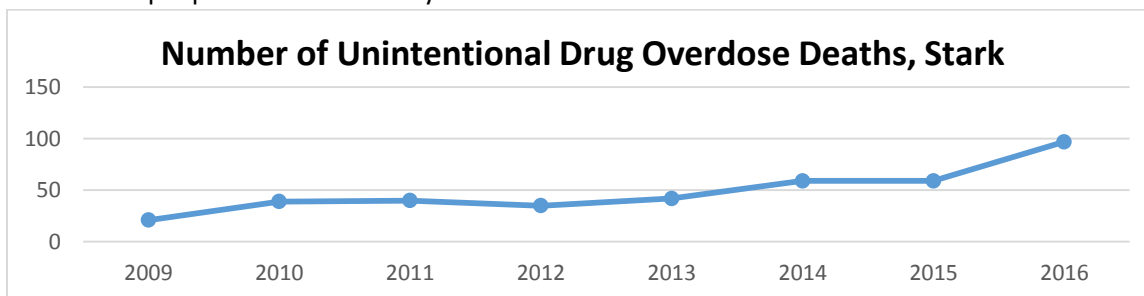
Number of Unintentional Drug Overdose Deaths, 2009-2016									
	2009	2010	2011	2012	2013	2014	2015	2016	Change	Rate*
Stark	21	39	40	35	42	59	59	97	361.9%	14.8
Ohio	1,423	1,544	1,772	1,914	2,110	2,531	3,050	4,050	184.6%	22.2
*Rate per 100,000 Population, SOURCE: 2016 Ohio Drug Overdose Data: General Findings									

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The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of opiate use disorder. On average, 40.0% percent of client admissions in the 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 2011-2016**
Stark	16.6%	23.9%	26.6%	30.0%	40.0%	+23.4%
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 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 the county were higher than the state. Over the five-year time span in which data is available, rates have decreased in both the county and the state although the decrease in the county was slightly higher.

Prescription Opioid Doses per Capita						
	2013	**2014**	**2015**	**2016**	**2017**	**Rate Change 2010-2014**
Stark	73.7	73.0	67.7	59.3	51.8	-29.7%
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 the county were higher than the state. Over the five-year time span in which data is available, rates have decreased in both the county and the state although the decrease in the county was slightly lower.

Prescription Benzodiazepine Doses per Capita						
	2013	**2014**	**2015**	**2016**	**2017**	**Rate Change 2010-2014**
Stark	37.5	37.0	35.7	33.7	31.1	-17.1%
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.

Youth: Substance Abuse
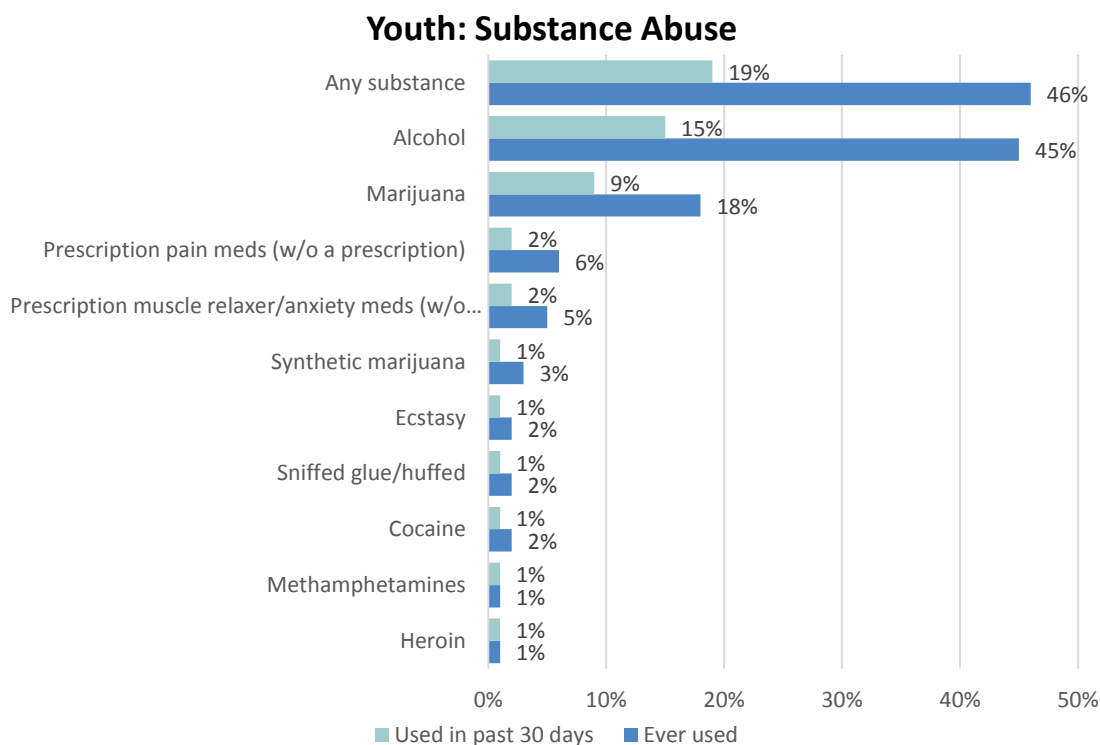
Source: 2018 Northeast Ohio Youth Health Survey

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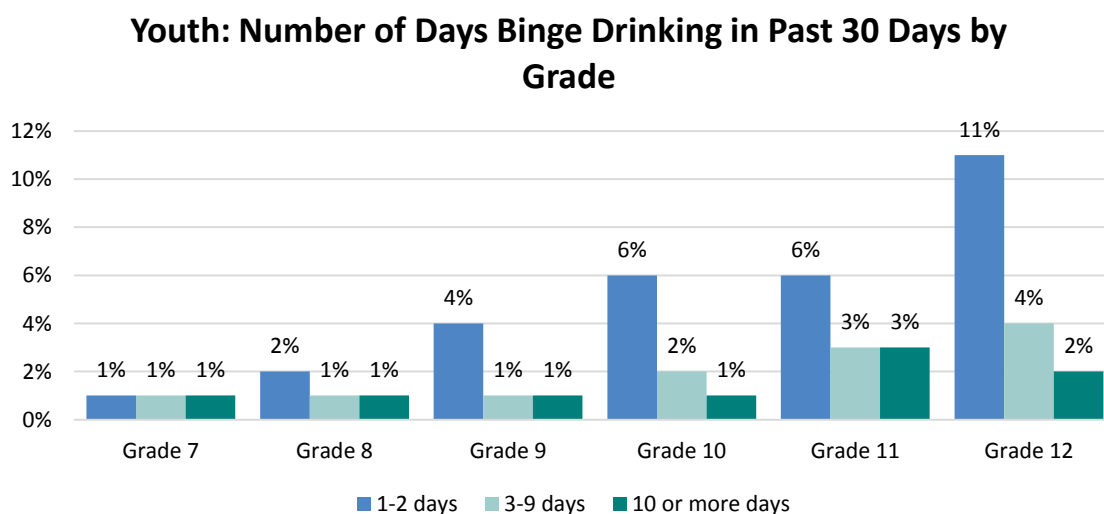
Youth: Number of Days Binge Drinking in Past 30 Days by Grade

Source: 2018 Northeast Ohio Youth Health Survey

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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
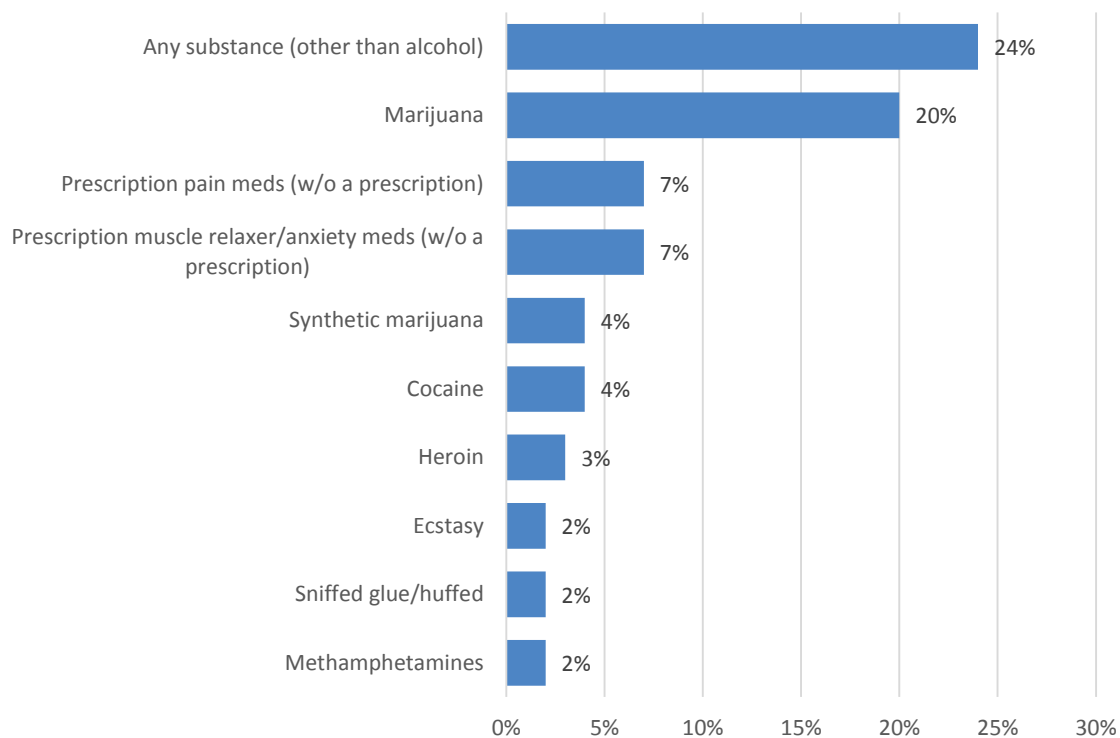
Source: 2018 Northeast Ohio Youth Health Survey

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

10% %

88%

Average Importance:
8.92

■ High (8-10) ■ Medium (4-7) ■ Low (1-3)
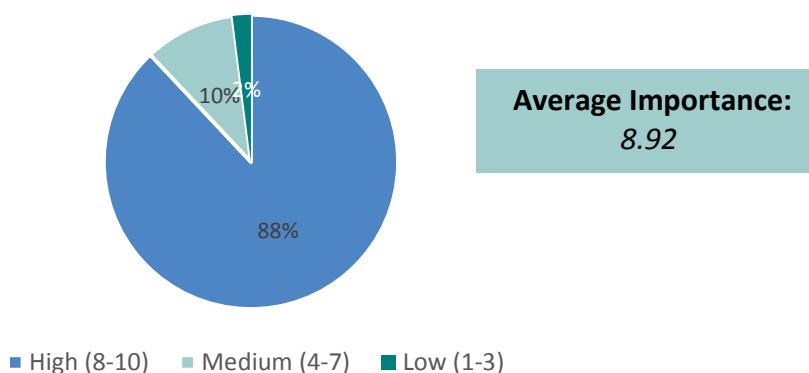
Nearly three-quarters, 74.3%, of community health leaders feel that there are adequate services and programs already in place in the community to address infant mortality. The 25.7% of leaders that did not think there were enough services and programs were asked what is missing. The responses are outlined 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%).

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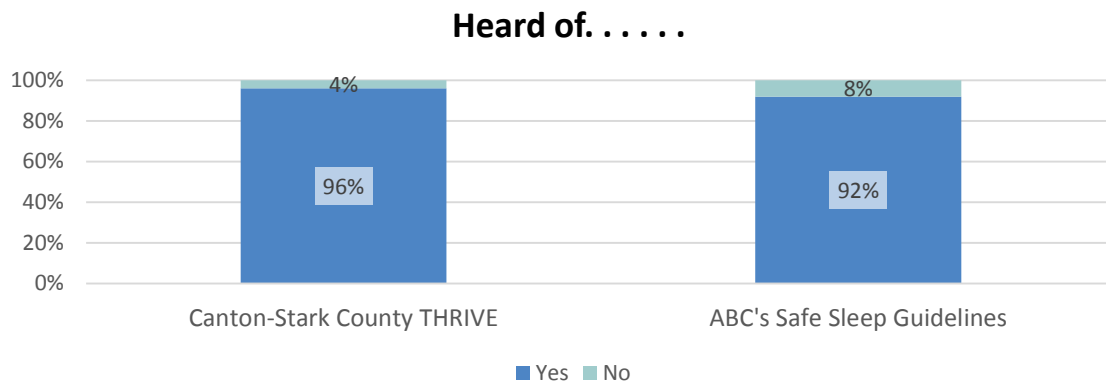
More than two-thirds, 68%, of community health leaders think that the infant mortality rate in Stark County is worse than most counties while 26% think Stark County's rate is somewhere in the middle.

Think Stark County's Infant Mortality Rate is. . . . .
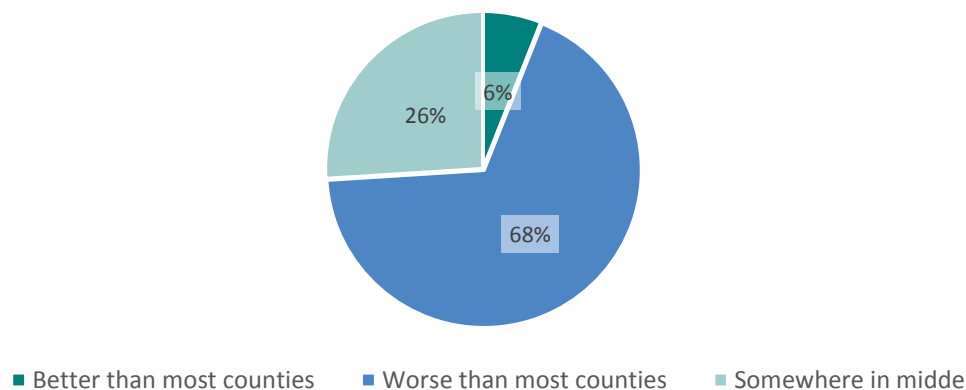
COMMUNITY SURVEY
- More than half of respondents, 54%, feel that infant mortality is a serious problem in Stark County with 20% saying that it is a very serious, and 34% indicating that it is a moderately serious problem.
- More than a third of respondents, 37.5% had heard of the ABC's safe sleep guidelines 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.

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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 Stark County in 2017 were very low birth weight (1.4%) or low birth weight (6.7%).

Stark County Low and Very Low Birth Weight	2013	2014	2015	2016	2017
Very low birth weight (VLBW)	1.7%	2.0%	1.3%	1.5%	1.4%
Low birth weight (LBW)	7.2%	6.8%	6.5%	6.9%	6.7%
VLBW= Births less than 3 pounds, 3 ounces. 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.					

The percentage of pregnant women accessing prenatal care in the first trimester in the county is significantly lower than the state (54% compared to 72%).

Trimester of Entry into Prenatal Care					
	2013	2014	2015	2016	2017
STARK COUNTY					
None	2.8%	2.1%	2.4%	1.6%	0.9%
First Trimester	57.2%	62.1%	52.4%	60.1%	53.7%
Second Trimester	34.3%	30.0%	37.5%	31.6%	34.6%
Third Trimester	5.7%	5.8%	7.7%	6.7%	10.7%
OHIO					
None	1.6%	2.1%	1.8%	1.6%	1.6%
First Trimester	71.4%	70.7%	71.8%	71.8%	71.9%
Second Trimester	22.1%	21.8%	21.3%	21.5%	21.4%
Third Trimester	4.9%	5.4%	5.1%	5.1%	5.0%
SOURCE: Ohio Department of Health Data Warehouse.					

The number of births per 1,000 women of childbearing age is slightly lower in Stark County (61.3) than the state of Ohio (63.1). The live birth rate for both the county and state has increased over the past five years.

Live Birth Rate					
	2011	2012	2013	2014	2015
Stark	60.0	59.8	61.6	62.0	61.3
Ohio	62.2	62.4	62.7	63.0	63.1
Rate is of number of births per 1,000 women of childbearing age (15-44)					
SOURCE: Ohio Department of Health Data Warehouse. 2013- 2015 data is from the Stark County Health Dept.					

The live birth rate for women in the county is much higher for white women than black women, although the gap has been decreasing over recent years.

Stark County Live Birth Rate by Race					
	2011	2012	2013	2014	2015
White	67.0	70.5	81.4	72.3	66.2
Black	58.1	58.1	59.2	59.9	60.1
Rate is of number of births per 1,000 women of childbearing age (15-44)					
SOURCE: Ohio Department of Health Data Warehouse. 2013- 2015 data is from the Stark County Health Dept.					

The number of births to young mothers (19 years of age and younger) decreased significantly from 2013 to 2017 at both the state and county level, although the decrease was slightly more for the county.

Number of Births by Young Mothers, 2013-2017									Change
	2013				2017				2013-2017
	>15	15-17	18-19	Total	>15	15-17	18-19	Total	
Stark	1	89	290	380	0	65	206	271	**-28.7%**
Ohio	113	2,640	7,715	10,468	79	1,867	5,926	7,872	**-24.8%**
SOURCE: Ohio Health Department Secure Data Warehouse									

The adolescent birth rate for teens ages 15-17 in Stark County is slightly lower than the state, while the adolescent birth rate for teens ages 18-19 is slightly higher in Stark County than the state. It should be noted that the adolescent birth rate in both Stark and Ohio has been steadily declining each year.

Adolescent Birth Rate	2011	2012	2013	2014	2015
STARK COUNTY					
15-17	13.6	14.0	11.7	13.0	9.3
18-19	51.8	50.7	60.2	52.8	45.4
OHIO					
15-17	14.0	12.7	11.1	10.6	10.0
18-19	54.9	53.1	48.3	46.9	43.4
SOURCE: Ohio Department of Health Data Warehouse.					

In 2016, the infant mortality rate in Stark County was 9.0, slightly higher than Ohio's infant mortality rate of 7.4 and an increase from 2013 when the rate in Stark County was 6.87. The five-year average annual infant mortality rate was also higher for Stark County (7.7) than the state (7.3).

Infant Mortality Rate, 2013 and 2016	2013			2016		
	# of Deaths	# of Births	Rate*	# of Deaths	# of Births	Rate*
Stark	29	4,223	**6.87**	38	4,232	**9.0**
Ohio	1,024	139,035	**7.37**	1,024	138,198	**7.4**
Number of all infant deaths (within 1 year), per 1,000 live births.						

Ohio 5-Year Average Annual Infant Mortality Rate, 2012-2016	# total births	# total deaths	Rate*
Stark	21,003	162	**7.7**
Ohio	694,343	5,055	**7.3**
Number of all infant deaths (within 1 year), per 1,000 live births.			
SOURCE: Ohio Health Department, 2016 Ohio Infant Mortality Report			

The infant mortality rate for black babies (10.8) is more than twice the rate for white babies (3.9).

Stark County Infant Mortality Rate by Race
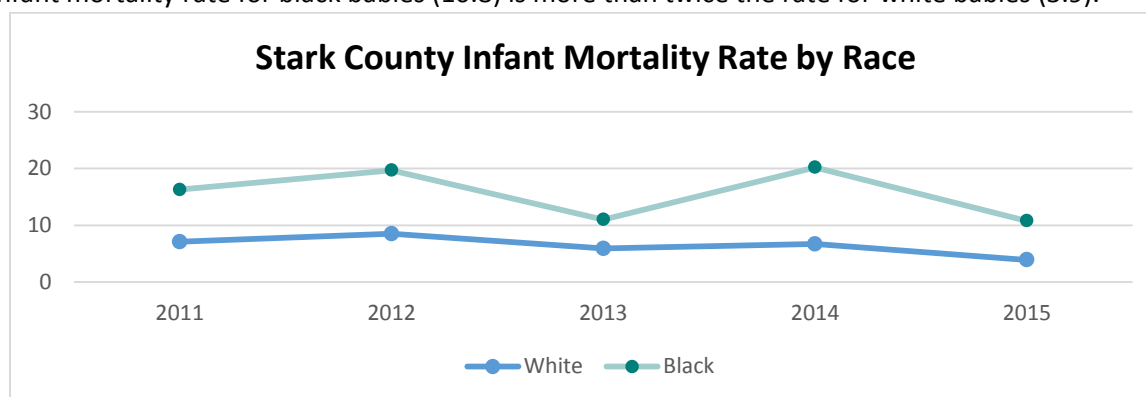
Stark County Infant Mortality Rate by Race	2011	2012	2013	2014	2015
White	7.1	8.5	5.9	6.7	3.9
Black	16.3	19.7	11.0	20.2	10.8
Rate is per 1,000 births, SOURCE: Ohio Department of Health.					

HEALTHY LIVING

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

■ High (8-10) ■ Medium (4-7) ■ Low (1-3)
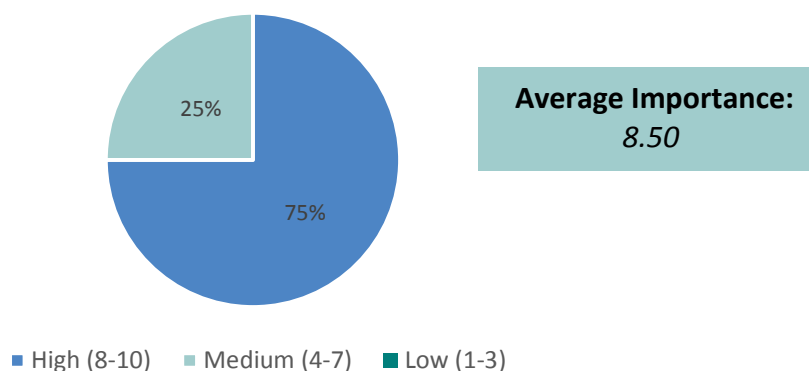
Less than half, 46.5%, of health leaders feel that there are adequate services and programs already in place in the community to address obesity and healthy lifestyle concerns. The 53.5% of leaders that did not think there were enough services and programs were asked what is missing. The responses are 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.
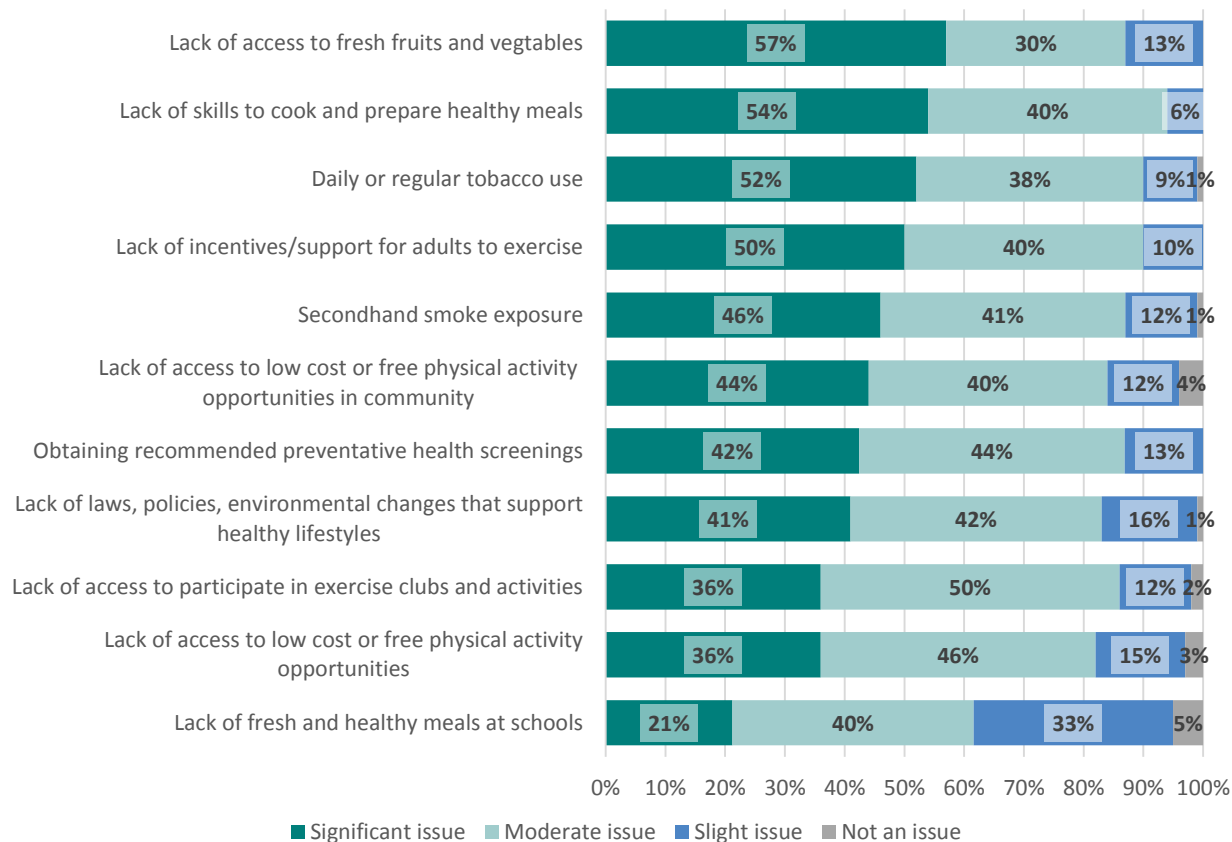
Major Risk Factors and Behaviors that Lead to Poor Health Status				
	# of FIRST Responses	% of FIRST Responses	# of TOTAL Responses	% of Respondent
Food insecurity	18	19.8%	52	57.1%
Low or no finances	19	20.9%	50	54.9%
Use of drugs, alcohol, tobacco	10	11.0%	42	46.2%
Health illiteracy	19	20.9%	37	40.7%
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."

Obesity and Healthy Lifestyle Issues

Issue	Significant issue	Moderate issue	Slight issue	Not an issue
Lack of access to fresh fruits and vegatables	57%	30%	13%	
Lack of skills to cook and prepare healthy meals	54%	40%	6%	
Daily or regular tobacco use	52%	38%	9%	1%
Lack of incentives/support for adults to exercise	50%	40%	10%	
Secondhand smoke exposure	46%	41%	12%	1%
Lack of access to low cost or free physical activity opportunities in community	44%	40%	12%	4%
Obtaining recommended preventative health screenings	42%	44%	13%	
Lack of laws, policies, environmental changes that support healthy lifestyles	41%	42%	16%	1%
Lack of access to participate in exercise clubs and activities	36%	50%	12%	2%
Lack of access to low cost or free physical activity opportunities	36%	46%	15%	3%
Lack of fresh and healthy meals at schools	21%	40%	33%	5%

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 for the state than the county.

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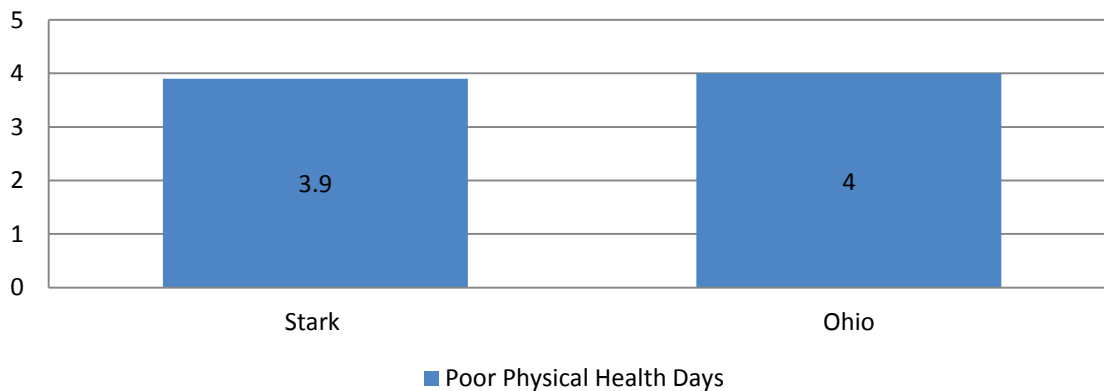
Number of Poor Physical and Mental Health Days		
	Poor Physical Health Days	
	2006-2012	2016
Stark	3.3	3.9
Ohio	3.7	4.0
SOURCE: County Health Ranking. Original Source: The Behavioral Risk Factor Surveillance System (BRFSS), http://www.countyhealthrankings.org/app/ohio/2018/measure/outcomes/36/map		

Physical inactivity is the estimated percent of adults ages 20 and older reporting no leisure time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise. More than a quarter of adults in both Stark County and the state are considered physically inactive, a number that has remained steady over the last several years.

Percentage of Adults Physically Inactive						
	2010	2011	2012	2013	2014	% Change
Stark	27%	27%	26%	25%	27%	-
Ohio	27%	26%	26%	25%	26%	-1%
SOURCE: County Health Rankings. Original Source: National Center for Chronic Disease Prevention and Health Promotion						

Nearly a third of adults in both Stark County and Ohio have a BMI of 30 or more. Once again, the percentage of obese adults has remained steady over the past several years.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2010	2011	2012	2013	2014	% Change
Stark	32%	31%	31%	31%	31%	-1%
Ohio	30%	30%	30%	31%	32%	+2%
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. While the percentage of the population with access to exercise opportunities has been increasing, there is still a significant portion of the population in Stark County, 16%, that lack access.

Access to Exercise Opportunities- Percentage of Population with Access to Locations for Physical Activity					
	2012	2013	2014	2016	% Change
Stark	80%	81%	80%	84%	+4%
Ohio	78%	83%	83%	85%	+7%
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 Stark than Ohio.

Food Environment Index						
	2011	2012	2013	2014	2015	% Change
Stark	7.4	7.1	6.9	7.1	7.3	-1.4%
Ohio	7.4	7.1	6.9	7.0	6.6	-10.8%
SOURCE: County Health Rankings. Original Source: United States Department of Agriculture (USDA)						

Stark County has 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				
	2014	2015	2016	% Change
Stark	15.2%	14.9%	14.4%	-0.8%
Ohio	16.8%	16.0%	15.1%	-1.7%
Source: Feeding America, 2018. Map the Meal Gap: http://map.feedingamerica.org/county/2016/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

Average Importance:
8.16

■ High (8-10)   ■ Medium (4-7)   ■ Low (1-3)
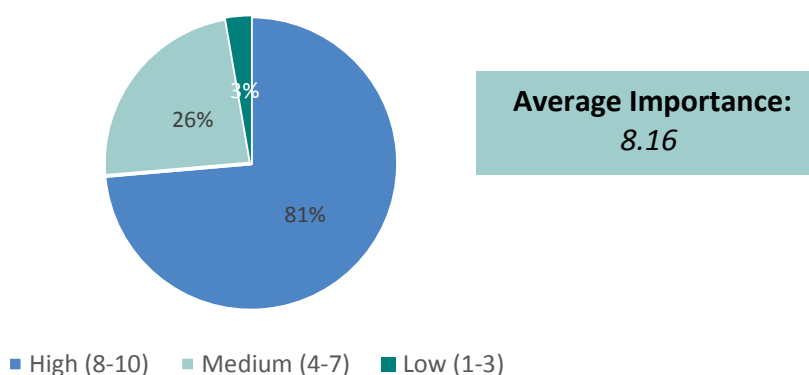
More than half of respondents, 58.8%, identified misconceptions as a barrier that prevents residents from receiving the immunizations they need. Other barriers identified by community health leaders include, in order of importance, lack of insurance or the ability to pay, transportation issues, and people 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 20% in both the county and the state.

Preventable Hospital Stays						
	2011	2012	2013	2014	2015	% Change
Stark	63	58	53	51	50	-20.6%
Ohio	78	72	65	60	57	-26.9%
SOURCE: County Health Rankings. Original Source: Dartmouth Atlas of Health Care http://www.countyhealthrankings.org/app/ohio/2018/measure/factors/5/map						

The table below outlines the percentage of diabetic Medicare enrollees ages 65-75 that receive glycated hemoglobin (HbA1c) monitoring. Diabetic screening is calculated as the percent of diabetic Medicare patients whose blood sugar control was screened in the past year using a test of their HbA1c levels. The majority, 87%, of diabetic Medicare enrollees ages 65-75 currently receive HbA1c monitoring.

Diabetes Monitoring						
	2010	2011	2012	2013	2014	% Change
Stark	86%	88%	87%	86%	87%	+1%
Ohio	83%	84%	84%	85%	85%	+2%
SOURCE: County Health Rankings. Original Source: Dartmouth Atlas of Health Care http://www.countyhealthrankings.org/app/ohio/2018/measure/factors/7/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 two-thirds, 60%, of female Medicare enrollees ages 67-69 reported having a mammogram in the past two years.

Mammography Screening						
	2010	2011	2012	2013	2014	% Change
Stark	65.6%	59.7%	58.8%	58%	60%	-5.6%
Ohio	63.3%	60.4%	60.3%	60%	61%	-2.3%
SOURCE: County Health Rankings. Original Source: Dartmouth Atlas of Health Care http://www.countyhealthrankings.org/app/ohio/2018/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.

Importance of Issue: Chronic Disease Management

Average Importance:
8.25

■ High (8-10) ■ Medium (4-7) ■ Low (1-3)
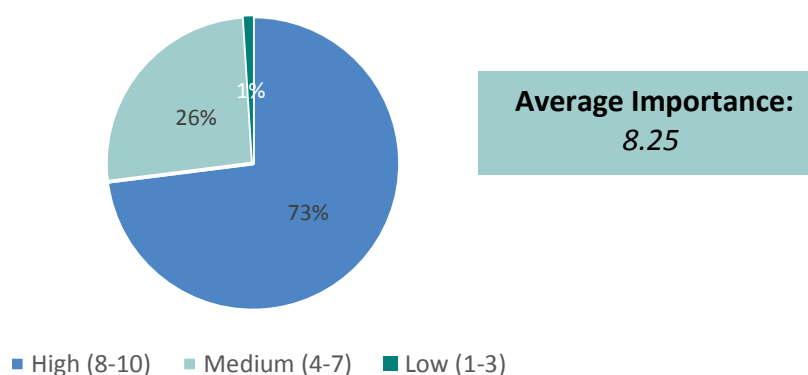
More than two-thirds, 67.3%, of community health leaders feel that there are adequate services and programs already in place in the community to address chronic disease management. The 32.7% of leaders that did not think there were enough services and programs were asked what is missing. The responses 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."

Chronic Disease Management Issues

Legend: ■ Significant issue ■ Moderate issue ■ Slight issue ■ Not an issue
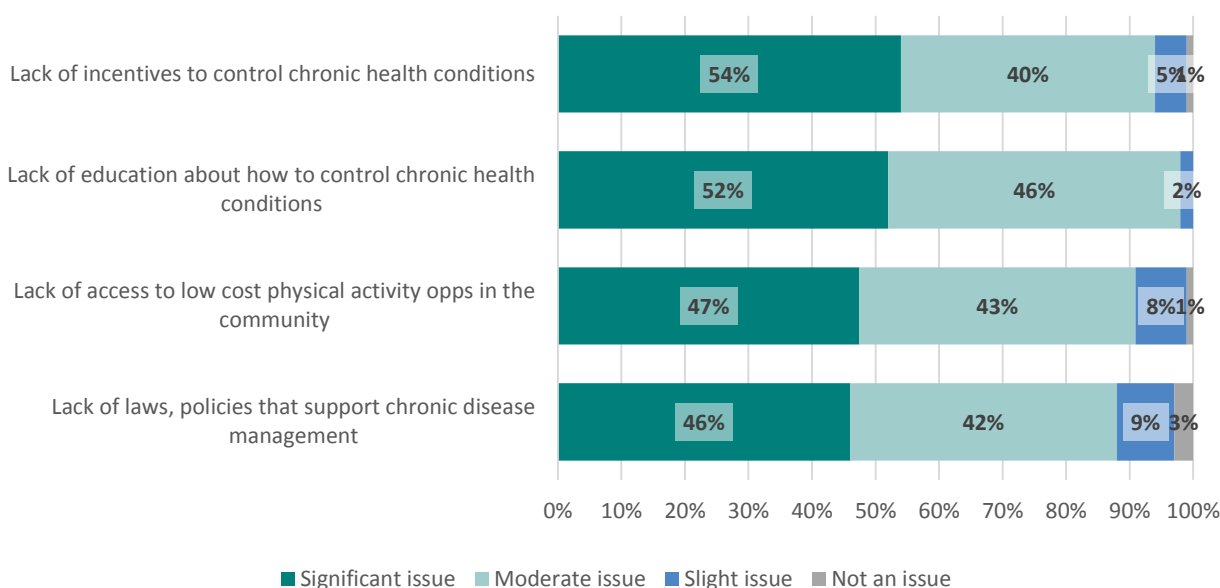
More than half of respondents, 56.5%, identified lack of insurance or an inability to pay as a barrier that prevents residents from receiving the chronic disease management services that they need. Other barriers identified by community health leaders include, in order of importance, lack of knowledge, 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.
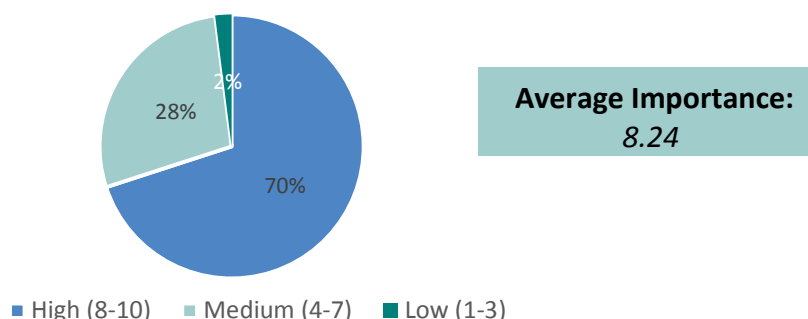
Importance of Issue: Cancer

Average Importance:
8.24

■ High (8-10) ■ Medium (4-7) ■ Low (1-3)

More than three-quarters, 78.2%, of 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, 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 & 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, 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				
	Respondent			Immediate Family Member Diagnosed
	Been Diagnosed	Currently Seeing Doctor*	Referred to Mgt. Program*	
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:
  o Mental health and physical health
  o Unhealthy eating
  o Having a park close to your house that you can run to
  o Worry about running when there's a lot of traffic around me
  o Having insurance doesn't keep you away from high costs if something happens such as needing surgery
  o People neglecting their own health from the fear of what it's going to cost them
  o 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 10% over the past five years. The age group that saw the largest increase in Stark County was ages 25 to 34.

Stark County Resident Deaths							
	2012	2013	2014	2015	2016	2017*	% Change
Stark	4,060	4,043	4,071	4,127	4,378	4,478	10.3%
Ohio	112,418	113,301	114,517	118,014	119,574	123,650	10.0%
STARK COUNTY BY AGE GROUP							
<1	40	29	35	20	38	38	-5.0%
1-4	9	2	6	2	5	4	-55.6%
5-14	8	5	3	4	1	6	-25.0%
15-24	29	32	33	24	28	49	69.0%
25-34	38	45	68	63	85	88	131.6%
35-44	77	75	80	89	122	96	24.7%
45-54	249	229	232	207	269	223	-10.4%
55-64	485	466	525	501	591	577	19.0%
65-74	636	699	681	729	762	842	32.4%
75-84	1043	1007	964	1068	943	1063	1.9%
85+	1437	1449	1443	1420	1534	1492	3.8%

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

The top two causes of death in Stark County in 2017 were cancer and heart disease. When looking at five-year trends, the causes of death that had the largest increase were Alzheimer's disease and unintentional injuries.

Death Rates for General Causes of Death *(death per 100,000 population)*	Stark County						Ohio					
	2013	2014	2015	2016	2017*	Change	2013	2014	2015	2016	2017*	Change
Malignant Neoplasms	229.3	231.9	238.3	244.4	**250.2**	9.1%	216.0	219.2	218.6	219.5	**219.9**	1.8%
Diseases of the heart	229.1	229.0	259.7	262.9	**248.3**	8.4%	232.4	232.7	241.5	235.8	**240.1**	3.3%
Alzheimer's Disease	50.9	56.5	67.0	75.8	**84.6**	66.2%	32.8	35.2	40.0	43.3	**43.9**	33.8%
CLRD	69.3	66.8	67.5	71.5	**79.2**	14.3%	60.6	58.3	62.0	60.3	**62.7**	3.5%
Cerebrovascular	57.1	51.1	45.4	53.3	**64.4**	12.8%	49.2	49.9	51.1	51.5	**55.1**	12.0%
Unintentional Injuries	46.4	58.0	44.3	62.4	**59.6**	28.4%	47.6	53.3	58.0	68.8	**76.9**	61.6%
Diabetes	34.7	33.8	38.2	37.7	**36.0**	3.7%	30.8	31.4	31.4	30.7	**32.1**	4.2%
Suicide	17.6	16.5	17.6	21.7	**18.8**	6.8%	13.2	12.8	14.2	14.7	**14.9**	12.9%
Flu & Pneumonia	24.3	21.0	23.8	20.6	**17.4**	-28.4	20.5	21.1	21.0	18.8	**19.2**	-6.3%

*CLRD- Chronic Lower Respiratory Diseases, SOURCE: Ohio Department of Health, ODH Data Warehouse, *2017 is not yet finalized and may change*

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 higher percentage of students with identified disabilities in the county compared to the state.

Students with Disabilities	2012-2013		2013-2014		2014-2015		% Change 2012-2015
	Total Students	Disabled Students	Total Students	Disabled Students	Total Students	Disabled Students	
Stark	58,246	14.3%	57,102	14.2%	57,464	13.9%	**-0.4%**
Ohio	14.4%		14.4%		13.4%		-1.0%

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

The table below measures the percentage of children with a disability. Disabilities include difficulties with hearing, vision, cognition, ambulation, and self-care. The percentage of children with disabilities is slightly lower in the county than in the state and the percentage has been stagnant over the past three years.

Percentage of Children with Disabilities	2013		2014		2015		% Change 2013-2015
	Under 5	Ages 5-17	Under 5	Ages 5-17	Under 5	Ages 5-17	
Stark	0.4%	6.3%	0.4%	6.1%	0.1%	6.0%	**-0.6%**
Ohio	0.8%	6.3%	0.8%	6.3%	0.8%	6.4%	0.1%

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%	

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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 & sedentary behaviors. Most of the workforce in Stark County, 85%, drives alone to work.

Driving Alone to Work: % of the workforce that drives alone to work					
	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	% Change
Stark	85%	86%	86%	85%	85%	-
Ohio	83%	83%	84%	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 in Stark County was 26%, slightly lower than the state percentage of 30%.

Long Commute Driving Alone to Work: % of that drives alone to work that commute <30 minutes					
	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	% Change
Stark	25%	25%	25%	26%	26%	+1%
Ohio	29%	29%	29%	30%	30%	+1%
SOURCE: County Health Rankings. Original Source: American Community Survey, 5-year estimates http://www.countyhealthrankings.org/app/ohio/2018/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**
Stark	14.2	14.0	12.0	12.2	-15.5%
Ohio	13.4	13.5	11.3	11.5	-15.7%
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.

Stark County Air Quality Index Report						
	2013	**2014**	**2015**	**2016**	**2017**	**% Change**
Good (<=50)	67.1%	77.3%	74.2%	73.0%	68.5%	1.4%
Moderate (51-100)	32.1%	22.2%	23.8%	25.4%	31.0%	-1.1%
Unhealthy- sensitive groups (101-150)	0.8%	0.5%	1.9%	1.6%	0.5%	-0.3%
Unhealthy (>=151)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SOURCE: US EPA - Air Data Air Quality Index Report, www.epa.gov/airdata/ad_rep_aqi.html						

More than one-tenth of the Stark County population, 12.1%, currently have asthma, an increase from 8.1% in 2008-2010.

Stark County Estimated Prevalence of Asthma				
	2008-2010	**2011-2013**	**2014-2016**	**% Change**
Currently have asthma	8.1%	10.2%	12.1%	+4.0%
Ever had asthma	11.8%	13.9%	14.1%	+2.3%
SOURCE: Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health				

INJURY AND VIOLENCE

SECONDARY DATA ANALYSIS

Although the death rate for unintentional injuries in Stark County has increased by 28% over the past five years, the unintentional death rate for the county is significantly lower than the state. The homicide death rate in Stark County has more than doubled over the past five years.

Injury and Homicide Death Rate *(death per 100,000 population)*												
	Stark County						Ohio					
	2013	2014	2015	2016	2017*	Change	2013	2014	2015	2016	2017*	Change
Unintentional Injuries	46.4	58.0	44.3	62.4	59.6	28.4%	47.6	53.3	58.0	68.8	76.9	61.6%
Homicide	3.5	4.8	5.3	4.3	8.6	145.7	5.6	5.0	5.8	6.2	7.1	26.8%
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.

Violent Crime Rate						
	2007-2009	2008-2010	2009-2011	2010-2012	2012-2014	% Change
Stark	323	297	299	297	303	-6.2%
Ohio	360	332	318	307	290	-19.4%
SOURCE: County Health Ranking. Original Source: Uniform Crime Reporting – FBI.						

The percentage of unsubstantiated or pending allegations increased at a higher level for the county than the state (9% compared to 7%). At the same time, the number of substantiated claims decreased for both the state and county.

Count of Maltreatment Allegations by Maltreatment Type TOTAL SUBSTANTIATED ALLEGATIONS						
	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	Change 2012-2016
Stark	1,278	1,238	1,160	754	1,013	**-21%**
Ohio	34,727	33,153	30,455	20,328	27,146	-22%
TOTAL UNSUBSTANTIATED/PENDING ALLEGATIONS						
Stark	3,948	4,139	4,411	3,873	4,303	9%
Ohio	110,787	112,675	116,875	118,177	118,687	7%
SOURCE: Ohio Department of Job and Family Services, Statewide Automated Child Welfare Information System						

Over the past five years, the total number of child abuse and neglect cases where a child was placed with a relative increased by only 3% in the county compared to 11% in the state.

Child Abuse/Neglect Reported TOTAL SCREENED WHERE CHILD PLACED WITH RELATIVE						
	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	Change 2012- 2016
Stark	160	165	183	133	165	3%
OHIO	6,020	6,004	6,043	6,191	6,673	11%
SOURCE: Ohio Department of Job and Family Services, Statewide Automated Child Welfare Information System						

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. Overall, the number of neglect allegations has decreased for both the state and the county. In Ohio, the number of allegations of psychological or emotional maltreatment has decreased by 4% over the past five years, while it increased by 30% in Stark County over the same time.

Total Number of Maltreatment Allegations, SFY 2013- SFY 2016						
	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	Change 2012-2016
Stark	5,226	5,377	5,571	4,627	5,316	**2%**
OHIO	145,514	145,828	147,329	146,057	145,833	0%
Count of Maltreatment Allegations by Maltreatment Type: PHYSICAL ABUSE						
Stark	1,514	1,621	1,709	1,530	1,825	**21%**
Ohio	53,466	54,189	56,731	57,872	59,309	+11%
Count of Maltreatment Allegations by Maltreatment Type: NEGLECT						
Stark	3,066	3,062	3,117	2,444	2,851	**-7%**
Ohio	68,478	67,575	67,232	65,491	64,284	-6%
Count of Maltreatment Allegations by Maltreatment Type: MEDICAL NEGLECT						
Stark	67	70	65	62	63	**-6%**
Ohio,	2,654	2,884	3,117	3,048	3,245	+22%
Count of Maltreatment Allegations by Maltreatment Type: SEXUAL ABUSE						
Stark	426	439	452	409	380	**-11%**
Ohio	13,783	13,749	13,159	13,013	12,144	-12%
Count of Maltreatment Allegations by Maltreatment Type: PSYCH/EMOTIONAL MALTREATMENT						
Stark	150	182	228	181	195	**30%**
Ohio	6,972	7,282	6,958	6,499	6,724	-4%
Count of Maltreatment Allegations by Maltreatment Type: OTHER						
Stark	3	3	0	1	2	**-33%**
Ohio	161	149	132	134	127	-21%
SOURCE: Ohio Department of Job and Family Services, Statewide Automated Child Welfare Information System						

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.

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=LRjWax5QyWg%3d&tabid=117&mid=873.									

REPRODUCTIVE AND SEXUAL HEALTH

SECONDARY DATA ANALYSIS

The HIV infection rate is the number of persons with a reported diagnosis of HIV infection per 100,000 population. Although the HIV infection rate in Stark County has more than doubled over the past five years, it is still lower than Ohio's rate.

HIV Infection Rate						
	2013	2014	2015	2016	2017	Change
Stark	3.2	5.9	6.7	8.6	7.2	+125.0%
Ohio	9.1	8.3	8.1	8.5	8.7	-4.4%

The rate below depicts the number of persons living with diagnosed HIV per 100,000 population. Once again, while the rate in Stark County 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						
	2013	2014	2015	2016	2017	Change
Stark	109.2	110.2	114.3	124.7	130.5	19.5%
Ohio	179.2	185.2	188.5	196.1	202.3	12.9%

The Gonorrhea rate is the number of persons per 100,000 population with Gonorrhea. In 2013, the Gonorrhea Rate for Stark County was higher than the rate for the state. Since then, however, the Gonorrhea rate for Stark County has been declining while the rate for the state has been increasing to the point that Ohio's Gonorrhea rate is now considerably higher than the county rate.

Gonorrhea Rate						
	2013	2014	2015	2016	2017	Change
Stark	161.4	134.4	133.0	178.5	140.8	-12.8%
OHIO	144.0	138.4	143.2	176.8	206.6	43.5%

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

Chlamydia Rate						
	2013	2014	2015	2016	2017	Change
Stark	383.0	395.3	436.9	500.0	476.4	24.4%
OHIO	460.7	468.5	490.0	521.6	528.9	14.8%

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

Syphilis Rate						
	2013	2014	2015	2016	2017	Change
Stark	2.9	1.9	1.6	5.4	7.0	141.4%
OHIO	9.5	10.5	11.7	13.9	16.4	72.6%
SOURCE: Ohio Department of Health, STD Surveillance						

Appendix: Research Methodology

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

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- 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 (StarkMHAR)
- 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.