



2025 Stark County Community Health Assessment

Prepared for:
Stark County Community Health Needs Assessment
Advisory Committee

Research Funded By:



Disseminated February 2026

Prepared by:



Table of Contents

	Page
EXECUTIVE SUMMARY	3
CONTRIBUTING FACTORS TO HEALTH CHALLENGES	4
TIMELINE & PROCESS FOR IDENTIFYING COMMUNITY HEALTH NEEDS	13
PRIORITY HEALTH NEEDS	14
<i>Access to Health Care, Community Conditions, Chronic Diseases, Mental Health, Substance Use disorder</i>	
STARK COUNTY DEMOGRAPHIC PROFILE	22
COMMUNITY ASSETS AND RESOURCES	28
COMMUNITY HEALTH ASSESSMENT: DETAILED RESULTS	37
<i>Community Needs</i>	38
<i>Community Survey</i>	38
<i>Social Barrier Survey</i>	54
<i>Community Partner Survey</i>	57
<i>Older Adult and Rural Resident Focus Group</i>	117
<i>Social Determinants</i>	119
<i>Personal Health Status</i>	130
<i>Access to Health Care</i>	133
<i>Oral Health</i>	147
<i>Mental Health</i>	151
<i>Smoking/Tobacco Use</i>	164
<i>Alcohol and Substance Use</i>	167
<i>Maternal, Infant, and Child Health</i>	182
<i>Healthy Living</i>	186
<i>Communicable Diseases, Vaccinations and Prevention Services</i>	198
<i>Chronic Disease Management</i>	207
<i>Transportation</i>	214
<i>Housing</i>	220
<i>Environmental Quality</i>	225
<i>Safety, Injury and Violence</i>	225
<i>Reproductive and Sexual Health</i>	230
<i>Digital Literacy</i>	231
APPENDIX: SURVEY RESULTS BY GEOGRAPHY	237
APPENDIX: SURVEY RESULTS BY RACE	247
APPENDIX: SURVEY RESULTS BY INCOME	257
APPENDIX: SURVEY RESULTS BY AGE	267
APPENDIX: RESEARCH METHODOLOGY	277
APPENDIX: PARTICIPANT CHARACTERISTICS	289



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
- **IS** - Implementation Strategy

State assessments and plans

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

The following health departments participated in the assessment process:

Alliance City Health Department

537 E. Market St.
Alliance, OH 44601
330-821-7373

www.cityofalliance.com/health



Public Health
Prevent. Promote. Protect.

Massillon City Health Department

610 Erie St. S.
Massillon, OH 44646
330-830-1710

www.massillonohio.com

Canton City Public Health

420 Market Avenue North
Canton, OH 44702
330-489-3231

www.cantonhealth.org/

Stark County Health Department

7235 Whipple Ave. NW
North Canton, OH 44720
330-493-9904

www.starkhealth.org

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 6th St. SW
Canton, OH 44710
330-452-9911

www.aultman.org

Cleveland Clinic Mercy Hospital

1320 Mercy Drive NW
Canton, OH 44708
330-489-1000

www.my.clevelandclinic.org



**Stark County Community Health Needs Assessment Advisory Committee**

The Stark County Community Health Needs Assessment (CHNA) Advisory Committee, referred to as the Advisory Committee from this point forward, is made up of a variety of agencies and volunteers in the community, including: Access Health Stark County (AHSC); Alliance City Health Department (ACHD); Alliance Family Health Center (AFHC); Aultman Health Foundation; Aultman Health System; Aultman Alliance Community Hospital; Beacon Charitable Pharmacy; Canton City Public Health (CCPH); Canton Regional Area Health Education Center (CRAHEC); Cleveland Clinic Mercy Hospital; CommQuest; Connect Well CIE of East Central Ohio; Domestic Violence Project Inc; Jackson Twp Fire; Lifecare Family Health and Dental Center (Lifecare); Margaret B. Shipley Child Health Clinic (Shipley); Massillon City Health Department; Meals on Wheels Northeast Ohio; My Community Health Center (MCHC); North Canton Medical Foundation (NCMF); OSU Extension; Salvation Army of Canton Citadel; Stark Community Foundation; Stark County Community Action Agency (SCCAA); Stark County Educational Services Center (ESC); Stark County Family Council; Stark County Health Department (SCHD); Stark County Mental Health & Addiction Recovery (StarkMHAR); Unite Us; United Way of Greater Stark County; and Youngstown State University (YSU); YMCA of Central Stark County.

The following individuals have been involved in the development of the 2025 CHA:

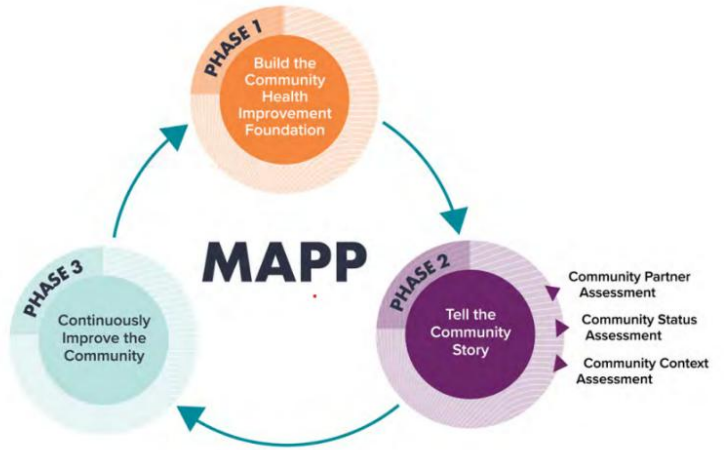
(Chair) Kay Conley, SCHD	Katie Markham, MCHD
Adrienne Price, United Way	Keeley Horning, SCHD
Alexus Kellow, KSU MPH student	Kelly Potkay, SCHD
Allison Esber, Unite Us	Kevin Pete, Aultman Health System
Amanda Archer, CCPH	Kirkland Norris, SCHD
Amanda Kelly, SCHD	LaTrice Snodgrass, Beacon Charitable Pharmacy
Amanda Nelson, AFHC	Libby McGraw, Cleveland Clinic Mercy Hospital
Amy Weisbrod, Shipley	Lori Howerton, Stark Community Foundation
Anju Mader, ConnectWell CIE	Melissa Rudolph, ACHD
Ashley Tucker, AFHC	Michele Heberling, CommQuest
Audrey Sylvester, MCHD	Monika Yadrnak, Aultman Health System
Brittany Knappenberger, Aultman Health	Nicole Borbonus, Aultman Health Foundation
Cindy Linger, AHSC	Nicolette Powe, YSU
Charity Druckenbrod, YMCA	Nora Logsdon, Vantage Aging
Dan Gichevski, Stark County Family Council	Patti Fetzer, ESC
Denny Tan, Jackson Twp Fire	PJ Chavez, Cleveland Clinic Mercy Hospital
Elizabeth Fiordalis, Cleveland Clinic Mercy	Randy Flint, ACHD
Elaine Russell-Reolfi, CommQuest	Randy Ruskowski, ACHD
Eric Niemeyer, Lifecare	Robert Knight, CCPH
Holly Bandy, OSU Extension	Sarah Conley, ACHD
Jamar Williams, Cleveland Clinic Mercy Hospital	Sherry Smith, CCPH
John Humphrey, NCMF	Stacy Remark, NCMF
Jordyn Wheaton, ConnectWell CIE	Stephanie Hann, SCHD
Joy Burch, Aultman Generations	Stephanie Wheeler, Cleveland Clinic Mercy
Juan-Paulo Afable, MCHC	Tasha Catron, SCHD
Julie Donant, DVPI	Terri Argent, MCHD
Kaitlyn Moyes, Salvation Army of Canton	Tracy Figurella, ConnectWell CIE
Karen Able Jepsen, CRAHEC	Yvette Graham, OSU Extension



Community Health Assessment Model & Framework

In 2018, the Advisory Committee adopted the Mobilizing for Action through Planning and Partnerships Framework. MAPP is a community-driven strategic planning process that helps communities assess public health needs and resources, prioritize health issues, develop effective strategies, and mobilize partnerships to improve health outcomes, empower communities to create sustainable and equitable solutions for the well-being of the population.

MAPP 2.0, updated by National Association of County and City Health Officials in 2023, emphasizes the importance of community engagement, data-driven assessments, and focuses on health equity. The new process includes three phases and three assessment tools.



Phases:

1. Build the Community Health Improvement Foundation
2. Tell the Community Story
3. Continuously Improve the Community

Assessments:

1. Community Partners
2. Community Status
3. Community Context



Executive Summary

In 2010, the Stark County Health Department began facilitating the community health assessment (CHA) process to meet requirements of the Affordable Care Act of 2010 (ACA) for nonprofit hospitals and Public Health Accreditation Board standards for health departments. The CHA process is supported and guided by local health departments, health care systems, mental health organizations, social service agencies, and non-profit organizations. The committee meets quarterly to:

- Review data and assist in the development of the Community Health Assessment
- Discuss the work being accomplished within the community that directly aligns to the priority health areas within the Community Health Improvement Plan
- Organize the Health Improvement Summit
- Identify emerging health issues
- Determine the best approach to eliminate health inequities

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. The Center for Marketing and Opinion Research (CMOR) was selected by the Advisory Council to conduct data collection and analysis for the CHA through four project components.

1. The first component of the project, a **Community Survey**, consisted of a random sample survey of Stark County, Ohio households. This ensured representativeness of the adult 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. Oversamples were completed for Canton, Massillon, Alliance as well as with black residents in order to be able to analyze these groups independently.
2. The second component was a **Social Barrier Survey** which consisted of a survey of 137 county residents who were currently receiving services from a social service provider in the county.
3. The third 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 sources of data are outlined in the Research Methodology section of this report. OHYES! Data was included in the phase providing data specific to the county's middle and high school student populations.
4. The final phase consisted of collecting various **qualitative data** to provide some contextual information to the primary and secondary data outlined above. The qualitative data included a **Community Partner Survey** which consisted of an on-line survey completed by 142 community partners with knowledge of and experience in community health related issues as well as **focus groups** of two key demographics: senior citizens and residents of the county's rural areas.

When available, data was compared to previous years' information and other geographic areas such as Ohio or US. Analysis included survey data and health and demographic data. After compiling and analyzing the data from all components, CMOR identified five priority health needs for the county including (in alphabetical order):





Contributing Factors to Health Challenges

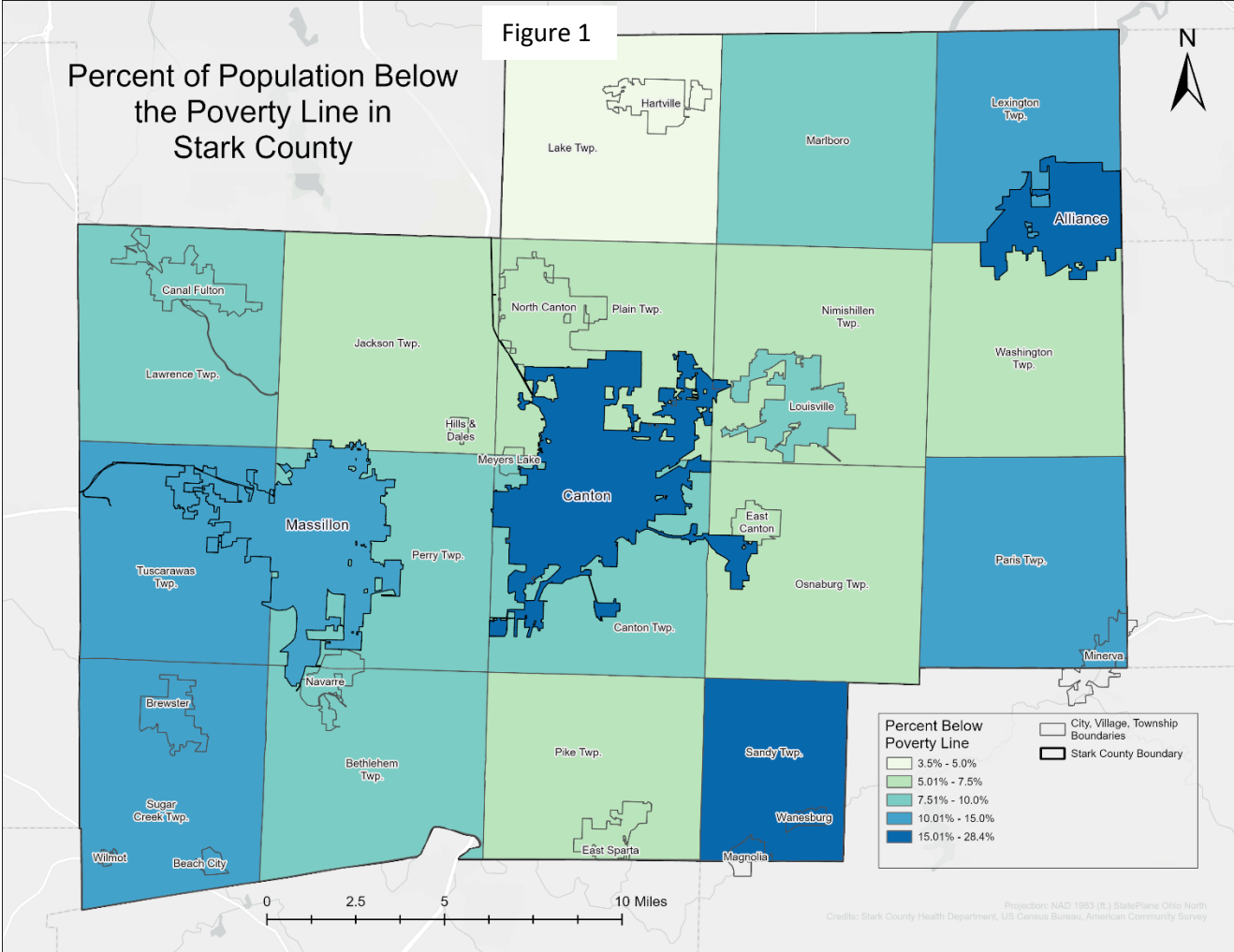
There are a number of factors that affect the health of a community. When asked the most important health related issue or challenge facing the county right now, nearly half of community leaders, 45%, mentioned transportation or other social determinants of health as an important health related issue or challenge. In addition to transportation, this included affordable and available housing, access to food, childcare, and violence. *Community leaders were also asked to list some problems, barriers, or gaps in services that prevent residents from receiving health related care and services they need.* The most common barriers mentioned were transportation issues (62%), costs and finances (32%), limited workforce (32%), health insurance (29%), stigma (22%), social determinants of health (22%), and navigating the system (20%)

Stark County is unique in that it includes multiple urban areas, as well as suburban and rural communities, each of which faces distinct health challenges. Residents living in urban communities such as Canton, Massillon, and Alliance tend to experience higher rates of stress-related illness and mental health concerns (Peen et al., 2010), as well as higher rates of cocaine and heroin use (SAMHSA, 2012). These outcomes are influenced by a concentration of social and environmental stressors more commonly found in urban settings, including higher poverty and unemployment rates, greater exposure to community violence and chronic stress, housing instability, and increased availability of illicit substances. While urban areas may have greater physical proximity to health care services, residents often face barriers such as cost, transportation limitations, long wait times, and shortages of behavioral health providers in high-need neighborhoods, which can limit timely access to care.

In contrast, residents of Stark County's rural areas generally do not have access to the same quality or range of health care providers as those living in urban or suburban communities. Rural residents are more likely to experience provider shortages, longer travel distances to primary and specialty care, limited public transportation options, and fewer behavioral health and substance use treatment services. These barriers can contribute to delayed care, unmet health needs, and poorer management of chronic conditions. Together, these urban and rural access challenges underscore the importance of place-based, tailored public health strategies that address the differing needs of Stark County's diverse communities.



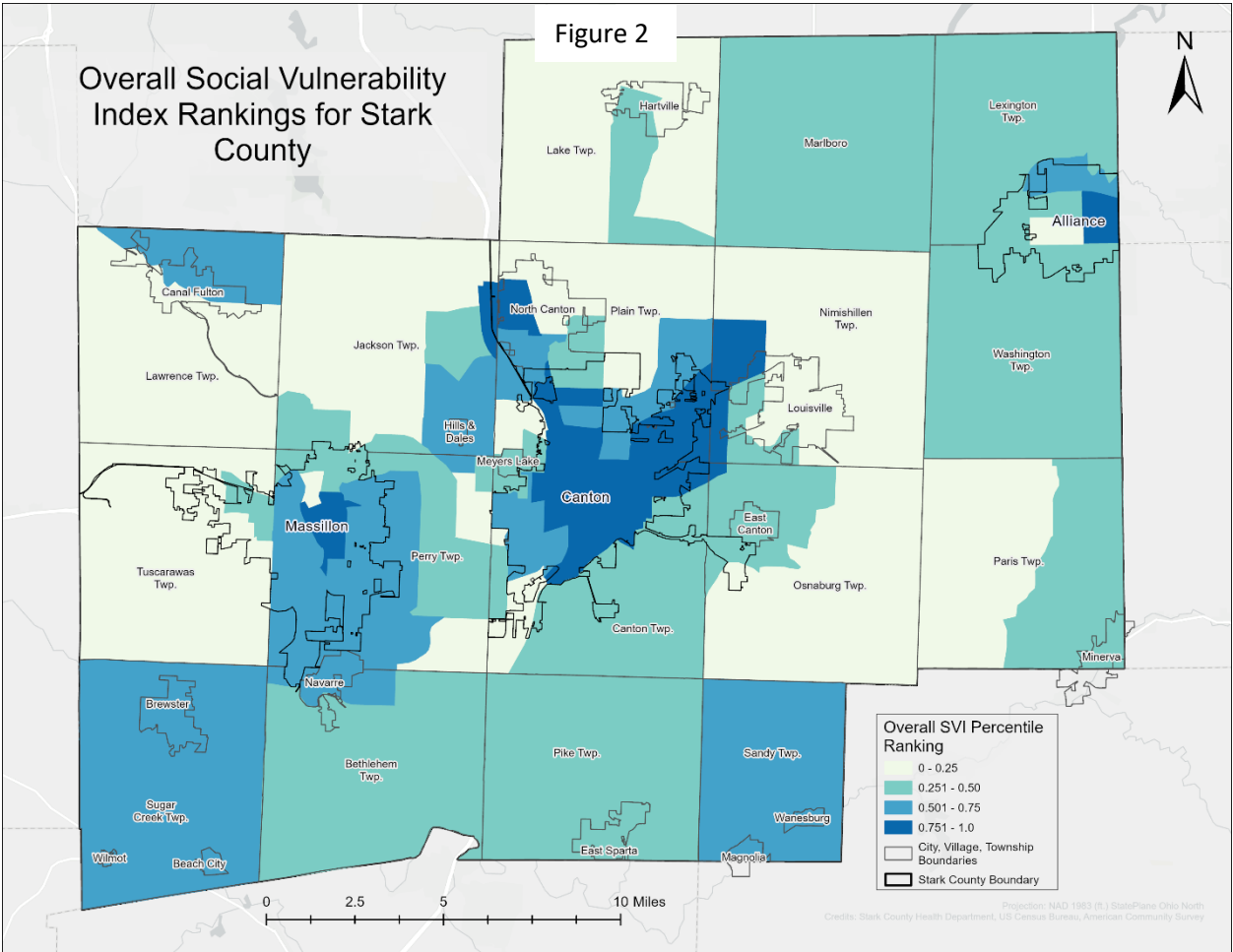
The map below (Figure 1) displays the percentage of residents living below the federal poverty line across townships, cities, and villages in Stark County. Poverty levels vary significantly across the county. The highest concentrations of poverty (15%-28.4%) are found in and around the cities of **Canton**, **Massillon**, and **Alliance**, as well as some southern areas such as **Wilmot** and **Beach City**. Moderate levels of poverty (10%-15%) appear in nearby surrounding communities.





The Social Vulnerability Index (SVI) is a measure developed by the CDC to identify communities that may be more vulnerable during emergencies or public health crises. It incorporates factors such as socioeconomic status, household characteristics, minority status, housing type, and access to transportation. Higher SVI scores indicate areas where residents may face greater challenges in preparing for, responding to, and recovering from health threats or disasters.

The map below (Figure 2) shows that the highest levels of social vulnerability (SVI percentile rankings of 0.751–1.0) are concentrated in and around **Canton**, **Massillon**, and **Alliance**, as well as some southern villages such as **Beach City** and **Wilmot**. These areas are shaded in the darkest blue. Moderate levels of vulnerability (0.501–0.75) extend around these cities into adjacent townships, including parts of **Perry Township**, **Bethlehem Township**, **Sugar Creek Township**, and **Lexington Township**. Much of the northern and eastern portions of the county - including **Plain**, **Lake**, **Washington**, and **Marlboro Townships** - show low to very low SVI rankings (0–0.50), indicating comparatively fewer barriers related to social and economic conditions.

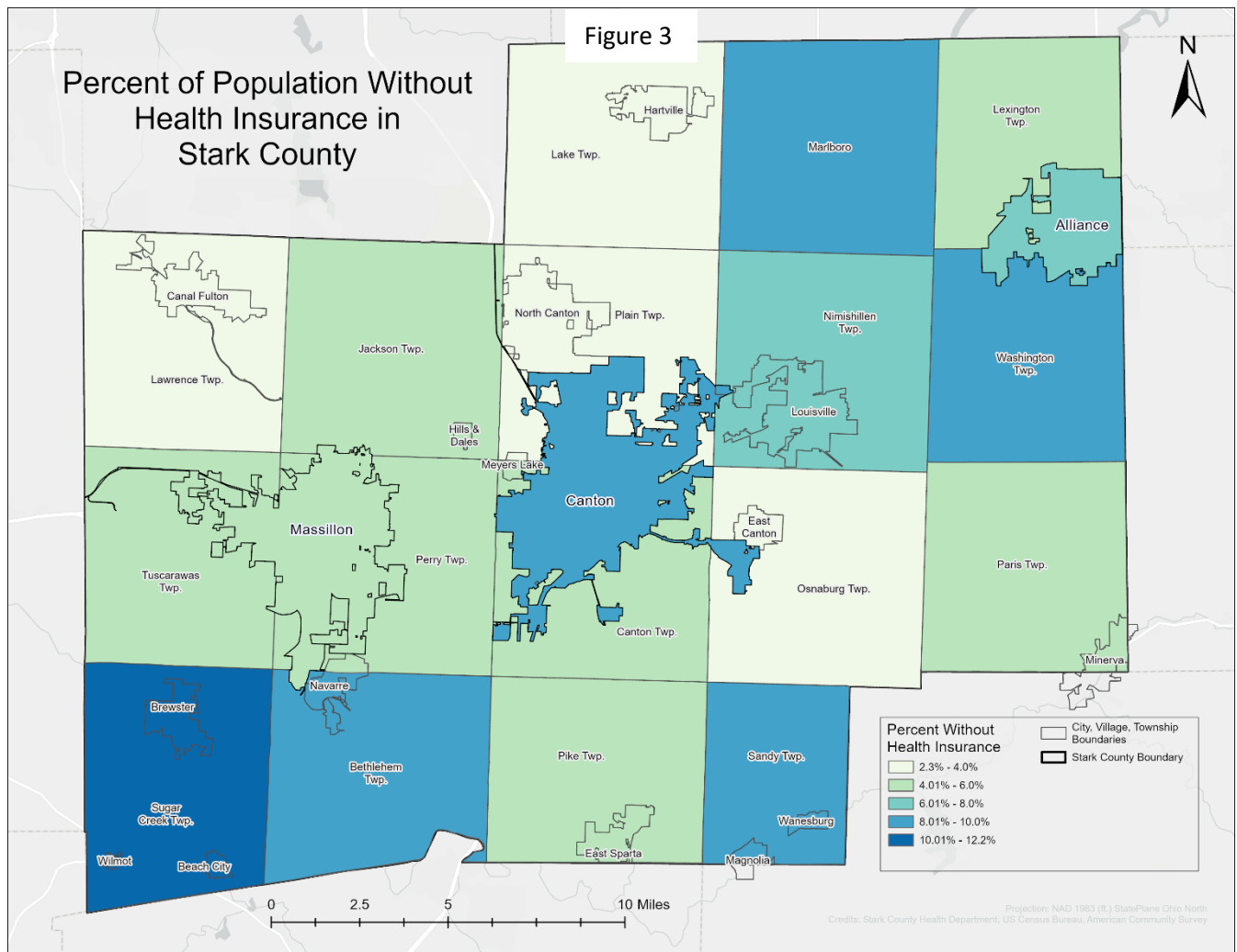




The map (Figure 3) below shows the percentage of residents who lack health insurance across Stark County's townships, cities, and villages. Higher rates of uninsured individuals (8–12.2%) are concentrated in several southern and eastern communities, including Beach City, Sugar Creek Township, Wilmot, Brewster, and Washington Township, as well as parts of Alliance and southern Bethlehem Township. Portions of Canton and Massillon also show moderately elevated uninsured rates (6–10%).

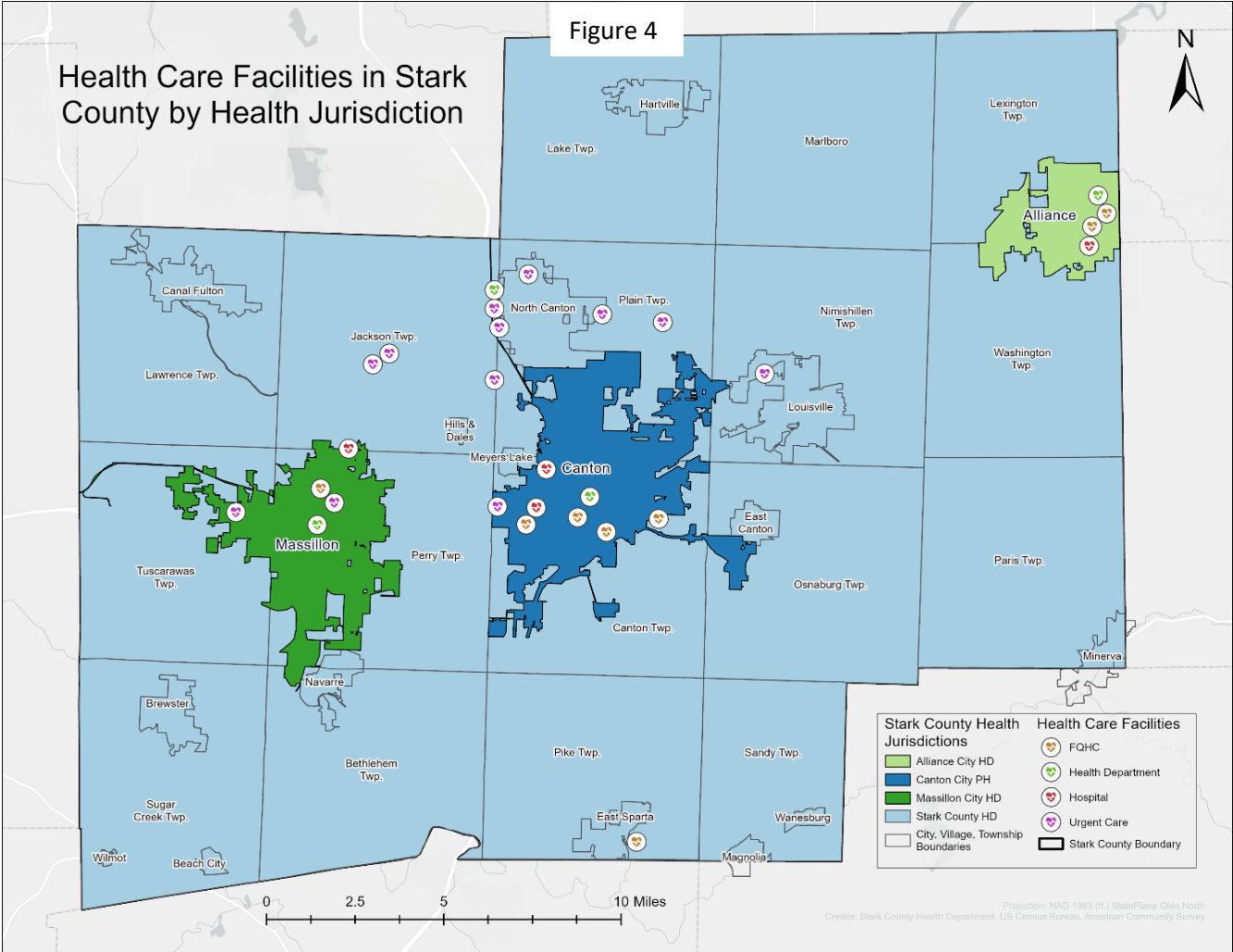
In contrast, many northern and central townships - including Jackson, Plain, Lake, Lawrence, and Osnaburg - have comparatively low uninsured rates (generally below 6%). These areas are shaded in lighter colors on the map.

Overall, the map highlights geographic disparities in access to health coverage, with several southern rural communities and some urban neighborhoods experiencing the highest levels of uninsured residents.



The map below (Figure 4) shows the distribution of health care facilities across Stark County, organized by local health jurisdiction (Canton City, Massillon City, Alliance City, and Stark County Health Department areas). Health services - including hospitals, federally qualified health centers (FQHCs), urgent care centers, and local health departments - are heavily concentrated in and around the urban centers of **Canton**, **Massillon**, and **Alliance**. These cities contain the majority of hospitals and FQHCs, creating clusters of accessible health resources in the central and western portions of the county.

In contrast, many rural and outlying townships - particularly in the southern and eastern parts of the county - have fewer health care facilities and often rely on services located in nearby cities. This geographic distribution highlights potential gaps in proximity to care for residents living outside the major urban areas, underscoring the importance of transportation access and regional service coordination.



Due to the unique makeup of Stark County and varying contributing factors to health challenges based on location within the county, the below narrative is divided among four distinct locations: Stark County as a whole, the City of Alliance, the City of Canton, and the City of Massillon.

STARK COUNTY AS A WHOLE

Personal income and poverty is a 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. The age group with the highest poverty level is children under 5 (*Source: U.S. Census Bureau 2021*). The poverty rates for female headed households with children under 18 is significantly higher than married family households, 30% compared to 3%. Financial difficulties extend well past the county residents that fall below the federal poverty line. ALICE is an acronym that stands for "Asset-Limited, Income-Constrained, Employed". These are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. When looking at three different household types and their household financial status, the most financially vulnerable group was single-female-headed households with children. In Stark County, 75% of households in this classification are below the ALICE threshold meaning that under a quarter, 25%, of single-female-headed households with children can afford the essentials. Comparatively, just 12% of married households with children are below the ALICE threshold (*Source: 2023 ALICE Report Ohio, Stark County*). High poverty levels are associated with increased chronic stress, poorer health outcomes, and greater difficulty accessing health care and other basic needs.

In Stark County, **race** is also a contributing factor to the county's health challenges. In terms of poverty, black and multi-racial respondents had the highest poverty levels (32.3% and 24.9%) followed by Hispanic or Latino (22.1%) (*Source: U.S. Census Bureau 2023*). On the community survey, respondents were asked if they or a loved one had sought assistance in eighteen different areas over the past year. Black residents were much more likely than white residents to need assistance in the following areas: food (40% compared to 21%), transportation (22% compared to 8%), employment (21% compared to 7%), childcare (12% compared to 2%), utilities (19% compared to 9%), and clothing (18% compared to 8%).


Educational attainment also contributed. Only 25% of the county population over the age of 25 have a bachelor's degree or higher (compared to 30.9% in the state) (*Source: US Census Bureau, American Fact Finder*). In Stark County, as in most other geographies, 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 26.1% compared to 3% for college graduates). (*Source: U.S. Census Bureau*).

The **aging population** is also a contributing factor in the county's health challenges which is likely to grow in importance over the next few years. Currently, the median age in the county, 41.8, is higher than the median age of 39.6 for the state. Also, 33.8% of households in the county have someone in the household aged 65 or over (*Source: U.S. Census Bureau*). More than a third of community partners, 38%, felt that there were NOT enough services and programs currently available to meet the needs of the aging population and seniors of Stark County right now.

ALLIANCE CITY

Income and poverty are significant contributing factors to health challenges in the City of Alliance. Nearly one-quarter of Alliance residents (24.2%) live in poverty - almost double the county and state rates (12.7%





and 13.3%, respectively). Children are disproportionately affected, with 39.9% of children living in poverty, compared to 18.4% countywide and 18.0% statewide (*Source: U.S. Census Bureau*). High poverty levels are associated with increased chronic stress, poorer health outcomes, and greater difficulty accessing health care and other basic needs.

Race is also an important factor contributing to health disparities in Alliance. Black residents experience substantially higher poverty rates than white residents (32% compared to 24%). These economic disparities contribute to unequal access to resources that support health, including stable housing, nutritious food, transportation, and preventive health care (*Source: U.S. Census Bureau*).

Educational attainment and **employment** further contribute to health challenges in Alliance. Residents with lower levels of education experience markedly higher poverty rates, with 33% of individuals without a high school diploma living in poverty. Unemployment is also strongly associated with economic hardship, as 23% of unemployed residents live in poverty. Lower educational attainment is linked to reduced access to employer-sponsored health insurance; in Alliance, 21% of residents with less than a high school education do not have health insurance coverage. These factors can limit access to preventive care and timely treatment, increasing the risk of poorer health outcomes (*Source: U.S. Census Bureau*).

Household composition plays a significant role in financial and health vulnerability in Alliance. Married-couple households represent just 34.7% of households, compared to approximately 45% at the county and state levels. Female-headed households with children make up a larger share of households in Alliance (10.1%) than in Stark County (6.8%) or Ohio overall (6.6%). Nearly half (45%) of female-headed households with children in Alliance live in poverty, compared to just 4% of married-couple families. These households often face compounded challenges related to income, childcare, transportation, and access to health care and other supports (*Source: U.S. Census Bureau*).

Access to essential resources such as transportation and food also presents notable challenges for Alliance residents. According to the community survey, six in ten Alliance residents (60%) reported that transportation is a very or moderately serious problem facing the county, compared to 43% of suburban residents. Transportation barriers can limit access to employment, health care, and social services. Food insecurity is also more pronounced in Alliance, with 74% of residents identifying it as a serious problem, compared to 60% of suburban residents. Additionally, more than one-third of Alliance residents on the community survey (34%) reported that it is very or somewhat difficult to obtain fresh fruits and vegetables, exceeding the countywide average (29%). Limited access to nutritious food can contribute to diet-related chronic conditions and poorer overall health outcomes.

CANTON CITY

Income and **poverty** are major contributing factors to health challenges in the City of Canton. More than one-quarter of Canton residents (28.4%) live in poverty - more than twice the county and state rates (12.7% and 13.3%, respectively). Children are particularly impacted, with 43.5% of children living in poverty, compared to 18.4% countywide and 18.0% statewide. High poverty levels are associated with chronic stress, increased risk of poor physical and mental health outcomes, and significant barriers to accessing health care and other basic needs (*Source: U.S. Census Bureau*).



Race and ethnicity are also closely linked to health disparities in Canton. The city has a substantially more diverse population than Stark County and Ohio overall, with 38% of residents identifying as non-white, compared to 12% in the county and 19% statewide. Hispanic or Latino residents make up 6.3% of Canton's population, double the county share (3.1%). Economic inequities are pronounced by race, as 36% of Black residents live in poverty compared to 22% of white residents. These disparities reflect longstanding structural inequities that affect access to income, education, housing, transportation, and health-supporting resources (*Source: U.S. Census Bureau*).

Educational attainment and employment status further contribute to health challenges in Canton. Only 15.4% of Canton residents age 25 and older hold a bachelor's degree or higher, well below the county (25%) and state (30.9%) averages. While 86.7% of adults have at least a high school diploma, this remains lower than the county rate (92.8%). Poverty rates are significantly higher among residents with lower educational attainment, with 35% of those without a high school diploma living in poverty. Unemployment is strongly associated with financial hardship, as nearly half (47%) of unemployed residents live in poverty. Additionally, 18% of residents without a high school diploma lack health insurance, limiting access to preventive and routine care (*Source: U.S. Census Bureau*).


Household composition is another key factor influencing health and economic stability in Canton. Married-couple households account for just 25.7% of households, compared to approximately 45% at the county and state levels. Female-headed households with children represent 12.4% of households—nearly double the county and state proportions. Nearly half (45%) of these households live in poverty, compared to 9% of married-couple families. These households often face compounded challenges related to income instability, childcare access, transportation, and health care affordability (*Source: U.S. Census Bureau*).

Access to essential resources such as transportation and food presents significant challenges for Canton residents. On the community survey, 60% of residents identified transportation as a very or moderately serious problem facing the county, compared to 43% of suburban residents. Nearly one in five Canton residents (19.2%) reported seeking assistance with transportation in the past year, and 20% reported not having reliable transportation when needed. Transportation barriers can limit access to employment, health care, education, and social services. Food insecurity is also more prevalent in Canton, with 37.8% of residents on the community survey seeking assistance for food in the past year, compared to 22.4% countywide. Additionally, 74% of residents identified food insecurity as a serious community problem, and 43% reported difficulty obtaining fresh fruits and vegetables - substantially higher than the county average (29%). Limited access to nutritious food contributes to increased risk of diet-related chronic disease and poorer overall health outcomes.

MASSILLON CITY

Income and poverty contribute to health challenges for residents of the City of Massillon. While the overall poverty rate in Massillon (14.6%) is only slightly higher than the county and state averages (12.7% and 13.3%, respectively), children experience disproportionately higher levels of poverty. Nearly one in four children in Massillon (22.8%) live in poverty, compared to 18.4% countywide and 18% statewide. Childhood poverty is associated with increased risk of adverse health outcomes across the life course, including poorer physical health, developmental challenges, and higher levels of chronic stress (*Source: U.S. Census Bureau*).





Race is a significant factor contributing to health and economic disparities in Massillon. Poverty is highly concentrated among Black residents, with 46% living in poverty compared to just 11% of white residents. These stark disparities reflect broader structural inequities that affect access to employment opportunities, stable housing, education, and health-supporting resources, and they contribute to unequal health outcomes across racial groups (*Source: U.S. Census Bureau*).

Educational attainment and **employment status** further influence health challenges in Massillon. Residents with lower levels of education experience higher poverty rates, with 25% of individuals without a high school diploma living in poverty. Unemployment is also closely tied to economic hardship, as 37% of unemployed residents live in poverty. These factors can limit access to health insurance, reduce financial stability, and create barriers to preventive care and chronic disease management (*Source: U.S. Census Bureau*).

Massillon's **aging population** presents additional health considerations. Nearly one-fifth of the city's population (19.7%) is age 65 or older, exceeding the state average of 17.9%. The median age in Massillon (40.4) is also higher than the Ohio median (39.6). An aging population increases demand for health care services, chronic disease management, mobility supports, and social services, particularly for residents with limited income or fixed resources (*Source: U.S. Census Bureau*).

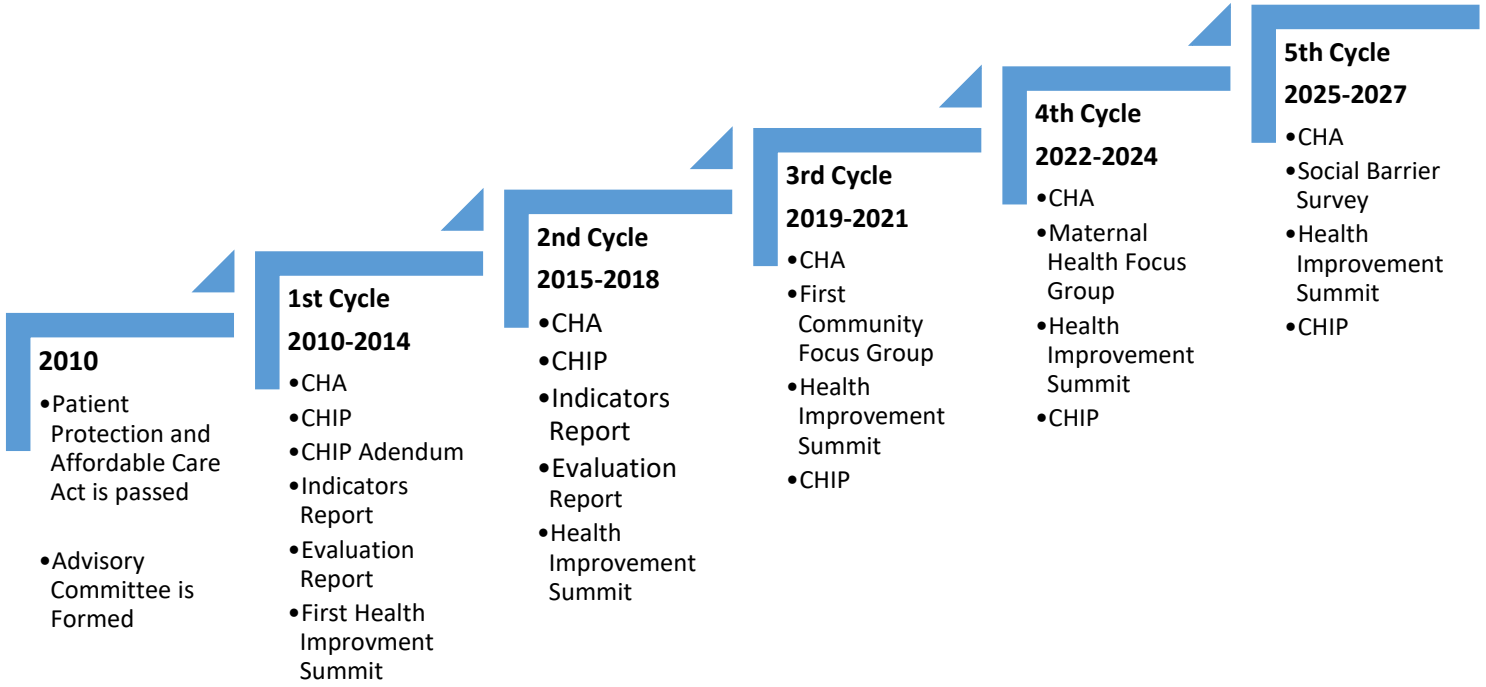
Household composition is another contributing factor to health and economic vulnerability in Massillon. Married-couple households account for 39.5% of households, lower than the county and state averages. Female-headed households with children represent 7.3% of households, slightly higher than county and state levels. Nearly three in ten (29%) of female-headed households with children live in poverty, compared to just 3% of married-couple families. These households may face increased challenges related to income stability, childcare access, transportation, and health care affordability (*Source: U.S. Census Bureau*).





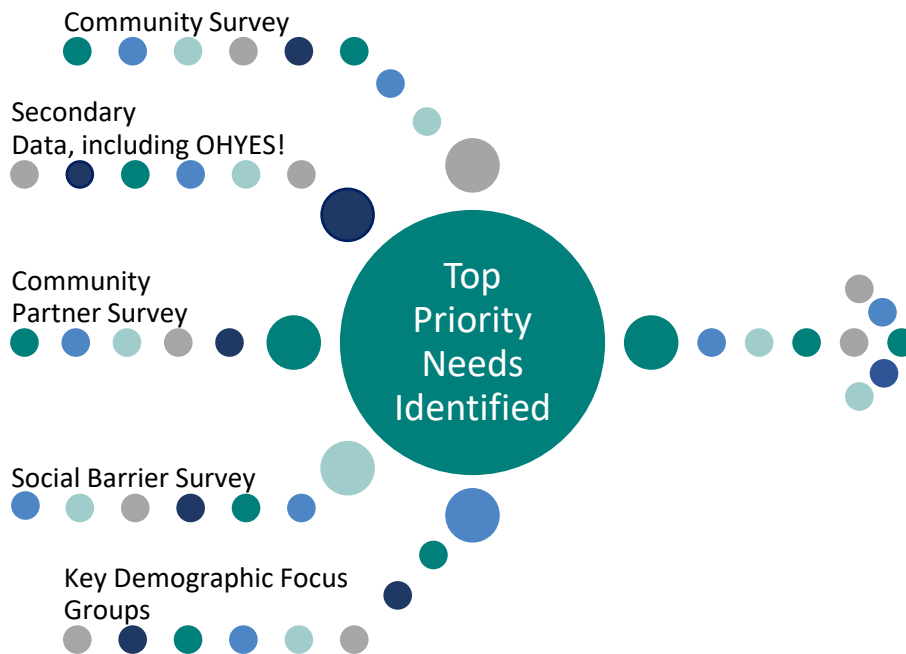
CHA Timeline

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.



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.





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. 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 as 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 portion of county residents do not have access to affordable basic health care services including primary care doctors. Access to medical specialists and dentists were also issues.

PRIMARY CARE

On the *community survey*:

- Two-thirds of residents, 66%, rated access to health care as a moderately or very serious problem facing Stark County.
- More than a tenth, 11% of community residents or a loved one sought assistance for healthcare in the past year while 10% sought assistance for dental care. Similarly, 10%, sought prescription assistance.
- Less than a tenth of respondents, 8%, reported not having health insurance. Residents ages 18 to 44 and black respondents were more likely to not have insurance.
- Nearly a sixth of residents, 15%, reported they do not have one person or group they think of as their doctor or health care provider. Younger residents and those with lower education and income were more likely to report not having a primary care provider.
- Nearly a third of residents, 30%, stated that they most often receive health care from a source other than a primary care or family doctor such as an emergency room (8%) or stat care (11%).
- More than a sixth of residents, 17%, reported there were healthcare services that they or a family member needed in the past two years they were unable to get. The most common reason respondents were unable to get the service was insurance issues.

On the *community partners survey*:

- More than half of community partners, 52%, named access to health care as the most important health related issue or challenge facing Stark County right now.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave access to primary care an importance rating of 8.24.
- More than half, 59%, felt there were NOT enough services and programs currently available to meet the access to primary care needs in Stark County right now.
- Less than half, 42%, indicated that rural residents were not being adequately served by local health services.
- A third of community partners, 33%, disagreed, "*Residents in Stark County are able to access a primary care provider in the area when needed*" while more than half disagreed that "*There are enough PCPs that accept Medicaid (54%)*" and "*There are enough PCPs that accept new patients*" (51%).



DENTAL

On the *community survey*:

- More than half of residents, 56%, rated access to dental care as a moderately or very serious problem facing Stark County.
- Nearly half of residents have not had a routine dental checkup in the past year. Younger adults and those with lower incomes were less likely to have had a checkup in the past year. For youth who completed the OHYes! Survey, more than a third, 38%, reported not visiting the dentist in the past year.
- In addition, over a third of respondents, 38%, reported that they currently have dental issues needing addressed, 14% are unable to get the care they need.

On the *community partners survey*:

- On a scale in which 1 is 'not at all important' and 10 is 'very important', *community partners* gave access to dental care an importance rating of 8.16.
- Nearly three quarters of *community partners*, 70%, felt there were NOT enough services and programs currently available to meet the access to dental care needs in Stark County right now.
- More than half, 52%, of *community partners* disagreed that *"Residents in Stark County are able to access a dentist when needed."*
- In Stark County, there is 1 dentist for every 1,580 residents which is slightly less than the state ratio of 1 dentist for every 1,530 residents. (*Source: County Health Rankings*).

SPECIALISTS

On the *community survey*:

- Nearly a quarter of residents, 24%, reported that they have gone outside of Stark County for healthcare in the past year. The most common reasons for going outside of the county for care were the location and availability of the doctors. Surgery and primary care were the two more common types of services received.

On the *community partners survey*:

- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave access to medical specialists an importance rating of 8.09.
- More than half, 56%, felt there were NOT enough services and programs currently available to meet the medical specialist needs of Stark County right now.
- Nearly half, 46%, disagreed, *"Residents in Stark County are able to access medical specialists LOCALLY when needed (Cardiologist, Dermatologist, etc.)."*



CHRONIC DISEASE

HEALTH NEED: Living a healthy lifestyle means a lower risk of developing many illnesses, like heart disease and diabetes, which are prevalent in the county. Chronic diseases such as these remain the leading causes of illness and reduced quality of life, making prevention and management a critical community health priority.

On the *community survey*:

- The majority of residents, 83%, rated obesity and healthy choices as a moderately or very serious problem facing Stark County, the third highest out of the fourteen issues specifically asked about.
- Currently, 33% of residents report smoking every day or some days while 22% report using electronic cigarettes or vapes some days or every day. Adults ages 18 to 44 were more likely to use electronic cigarettes (36%) than other age groups.
- More than a quarter, 27%, have not exercised in the past month. The most common reasons for not exercising were physical limitations and lack of motivation.
- Nearly two-thirds of respondents, 60%, feel they are overweight.
- Residents spend an average of 3.69 hours a day watching television, 3.37 hours using social media, used their cell phone 3.56 hours a day, and spent 2.84 hours using their computer outside of school or work.
- Nearly a third of respondents, 30%, reported having difficulty getting fresh fruits and vegetables.
- Residents reported an average of 11 days in the past month that they did not get enough rest or sleep.
- Household chronic disease diagnosis was high in the following areas: high blood pressure (44%), high cholesterol (34%), arthritis (31%), and diabetes (23%).

On the *community partners survey*:

- More than a quarter of community partners, 26%, named healthy lifestyle choices as the most important health related issue or challenge facing the county while 22% named chronic diseases specifically.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave chronic diseases management an importance rating of 8.54 while healthy living had an average importance rating of 8.26.
- More than half of community partners, 61%, felt that there were NOT enough services and programs currently available to meet the healthy living needs of Stark County right now while 49% felt there were not enough services and programs to address the chronic disease management needs of the county.

Supplemental data:

- The percentage of Stark County residents with access to locations for physical activity is significantly lower than the state average. Less than three-quarters of county residents, 74%, have access compared to a statewide and national average of 84%. (*Source: County Health Rankings*).
- More than a third of adults, 38%, in Stark County have a BMI of 30 or more, the same as the state average. (*Source: County Health Rankings*).
- Specific to the county youth, 34% of OHYES! Stark County survey respondents are considered overweight (17%) or obese (17%) according to the BMI (*Source: OHYES! Report for Stark County, 2023-2024*).
- The top two causes of death in Stark County in 2024 were heart disease and cancer, with both death rates being higher in Stark County than the state average: 276.4 compared to 246.2 for heart disease and 239.9 compared to 213.9 for cancer. (*Source: ODH Data Warehouse*).



COMMUNITY CONDITIONS

HEALTH NEED: The way communities are created can have positive or negative effects on the physical and mental health of residents. Community conditions must allow for engaging in healthy behaviors. The data collected identified areas of concern in transportation access, access to fresh food, and housing and homelessness.

TRANSPORTATION

On the *community survey*:

- On the *community survey*, more than half of residents, 52%, rated transportation as a moderately or very serious problem facing Stark County. One in ten, or 10%, of *community survey respondents* or a loved one had sought transportation assistance in the past year.
- Nearly a sixth, 14%, of *community survey* respondents reported not having access to reliable transportation when they need it; this percentage was significantly higher for Canton residents (20%) and black residents (21%).
- Nearly a third of *community survey* respondents, 30%, use something other than their own car as a main source of transportation; this percentage was significantly higher for Canton residents (50%) and black residents (55%).

On the *community partners survey*:

- On the *community partner survey*, more than a quarter of community partners, 26%, named transportation as the most important health related issue or challenge facing the county.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', *community partners* gave transportation an importance rating of 8.26.
- More than three quarters, 77%, of *community partners* felt there were NOT enough services and programs currently available to meet the transportation needs of Stark County right now.
- More than half of *community partners*, 57%, **disagreed** that, "*Transportation for medical appointments is available for residents in Stark County when needed.*"
- When asked what problems, barriers, or gaps in services prevent residents from receiving the health-related care and services they need, the most common response, given by 62% of *community partners*, was transportation.
- Nearly half of *social barrier survey respondents*, 46%, indicated that issues related to transportation prevented them or someone in their household from being able to go to the doctors or other health-related appointment.
- Also on the *social barrier survey*, nearly half of respondents, 43%, reported being unable to get there they needed to go because of a lack of transportation once a month or more often.
- Common transportation related issues experienced by *social barrier survey respondents* in the past year include difficulty maintaining or repairing a vehicle (34%), difficulty buying a vehicle because of credit (29%), they do not have others to rely on for a ride (29%), and they are unable to afford a car payment (27%).

Supplemental data:

- The majority of the workforce in Stark County, 79%, drives alone to work which is an indicator of poor public transit infrastructure and sedentary behaviors. In addition, 26% of the workers in the county who drive to work alone commute more than 30 minutes. (*Source: County Health Ranking*).



FOOD INSECURITY

On the *community survey*:

- Two thirds of *community survey respondents*, 66%, rated food insecurity as a moderate or very serious problem facing Stark County. Nearly a quarter, 22% of residents or a loved one had sought food assistance in the past year.
- When asked what were the most important issues facing their family or household, nearly half of *social barrier survey respondents*, 44%, named food insecurity. Nearly a quarter, 23%, indicated that issues related to food insecurity also prevented them or someone in their household from being able to go to the doctors or other health-related appointment. Also on the social barrier survey:
 - Nearly half, 45%, reported running out of food before their next paycheck in the past year. Other common food insecurity experiences included: having trouble getting enough food (39%), couldn't afford to eat healthy meals (34%), and it was too hard to get to the grocery store (30%).
 - More than a third, 37%, reported borrowing from a friend or family member in order make sure that they had enough money for food, 27% reported not paying utilities on time, and 23% reported not paying rent or their mortgage on time.
- More than a half, 53%, of *community residents* reported that the cost of food makes it difficult for them to get fresh fruit and vegetables.

On the *community partners survey*:

- More than a third of *community partners*, 38%, named food insecurity as the most important health related issue or challenge facing Stark County right now.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', *community partners* gave food insecurity/access an importance rating 8.79, the third highest of the seventeen issues listed in the survey. Nearly a third, 31%, of community partners felt that food insecurity/access was one of the top three issues, that if addressed, would have the largest positive impact on county residents.
- Two-thirds, 67%, of *community partners* felt there were NOT enough services and programs currently available to meet the food insecurity/access needs of Stark County right now.
- *Community partners* were also asked to list some challenges residents in the county face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to maintain chronic conditions like diabetes or heart disease. The most common response, given by 64% of respondents, was access to healthy foods.

Supplemental data:

- The percentage of the population who are food insecure or do not have access to a grocery store is slightly higher in Stark County than the state with nearly a sixth, 15%, of county residents being designated as food insecure compared to the state (14%). In addition, 21% of children in the county are food insecure (compared to 20% in the state). Rates for black residents were even higher, 31% (compared to 29% in the state). (*Source: Feeding America, Map the Meal Gap*).



HOUSING

On the *community survey*:

- The majority of *community survey respondents*, 82%, rated the availability of affordable housing as a moderate or very serious problem facing Stark County. More than three-quarters, 76%, rated homelessness as a moderate or very serious problem.
- A tenth, 10%, of *community survey respondents* or a loved one sought utility assistance in the past year while 8% had sought assistance with their rent or mortgage, 6% sought assistance with a house repair, and 6% sought assistance with shelter.
- While the majority of *community survey respondents*, 79%, indicated they have housing, a notable portion, 13%, have housing but are worried about losing it. A small number, 6%, do not have housing and 2% have temporary housing. The percentage of stable housing was significantly lower for both Canton residents (68%) and black residents (64%).
- According to the *community survey*, a tenth, 10%, of respondents have a problem with rodents such as mice or rats while 9% have a problem with mold. Slightly fewer have issues with water leaks (8%) or bug infestation (7%).

On the *community partners survey*:

- On the *community partner survey*, more than a quarter of community partners, 26%, named housing as the most important health related issue or challenge facing the county.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', *community partners* gave availability of affordable housing an importance rating of 9.16, the second highest of the seventeen issues asked about. Homelessness had an average importance rating of 8.52. Nearly half, 48%, of community partners felt that the availability of affordable housing was one of the top three issues, that if addressed, would have the largest positive impact on county residents.
- Most, 90%, of *community partners* felt there were NOT enough services and programs currently available to address the availability affordable housing in Stark County right now while 83% thought there were not enough services and programs to address homelessness.
- Nearly three quarters, 71%, of *community partners* indicated that the homeless/transient population was not adequately served by local health services.
- When asked what were the most important issues facing their family or household, less than half of *social barrier survey respondents*, 41%, named housing. More than a quarter, 30%, indicated that issues related to housing also prevented them or someone in their household from being able to go to the doctors or other health-related appointment.
- More than half of *social barrier survey respondents*, 55%, reported that they have gotten a disconnection notice for electricity, gas or water service in the past while 31% have had their electricity turned off sometime in the past year because they couldn't pay the bill.
- Common issues experienced by *social barrier survey respondents* in the past year because of utility bills include skipped paying a bill or paid less than the whole bill (42%), they used the stove or oven to provide heat (20%), they went without medical or dental care (20%), and they went without food for at least one day (15%).
- Common issues experienced by *social barrier survey respondents* in the past year that made housing difficult include paying rent on time (32%) and lack of credit history or poor credit (18%).

Supplemental data:

- Severe rent burden is defined as a renter household spending at least 50 percent of household income on gross rent or having no income. More than a fifth of renters in Stark County, 20.7%, fall within this category. (*Source: OHFA, 2024 Ohio Housing Needs Assessment*).





MENTAL HEALTH

HEALTH NEED: The need for mental health treatment and intervention continues to increase. High diagnosis rates for anxiety and depression as well as the number of residents feeling stressed or lonely/isolated substantiate this issue.

On the *community survey*:

- Most residents, 86%, rated mental health as a moderate or very serious problem facing Stark County, the second highest of the fourteen issues specifically asked about. Nearly a sixth, 15% of residents or a loved one sought assistance for a mental health issue in the past year.
- A quarter, 25%, stated that their mental health was not good 11 or more days in the past month.
- More than a third of respondents, 35%, felt so sad or hopeless almost every day for two weeks or more in a row in the past year that they stopped doing some usual activities. This percentage was significantly higher for Canton residents (44%) and black residents (42%).
- More than a tenth, 11%, reported seriously considering suicide sometime in their life. This percentage was significantly higher for Alliance residents (15%) and black residents (15%).
- Nearly a quarter, 23%, reported having a high daily stress level while another 41% said that their daily stress level was moderate.
- In terms of social connectedness, more than a quarter of respondents, 26%, only see or talk to someone they care about *once or twice a week* while a fifth, 20%, reported they see or talk to people *less than once a week*.
- Two fifths of respondents, 40%, reported they or someone in their household have been diagnosed with depression while slightly fewer, 39%, reported they or someone in their household have been diagnosed with an anxiety disorder such as obsessive-compulsive disorder (OCD) or panic disorder.

On the *community partners survey*:

- Mental and behavioral health were named as one of the MOST important health related issues or challenges, named by 65% of community partners.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave mental health services an importance rating of 9.27, the second **highest** of the seventeen issues asked about. More than half, 57%, felt that mental health was one of the top three issues, that if addressed, would have the largest positive impact on county residents.
- Most, 82%, of community partners felt there were NOT enough services and programs currently available to meet the mental health needs of Stark County right now.
- More than half, 59%, indicated that people with mental illness were not being adequately served by local health services.
- Nearly half of community partners, 48%, disagreed that, "*Residents are able to access mental and behavioral health providers in the area.*"

Supplemental data:

- The average number of poor mental health days in Stark County was 5.8, slightly less than Ohio, 6.1 but higher than the nationwide average of 5.1 (*Source: County Health Rankings*).
- According to OhioMHAS, in 2022 the most common behavioral health diagnosis for all ages was depressive disorders. For youth, the most common diagnosis was adjustment disorders.
- Specific to the county youth, 32% of OHYES! Stark County survey respondents met the criteria for anxiety issues warranting further exploration by a mental health professional, 24% met the criteria for depression issues and 25% met the criteria for mental health issues. (*Source: OHYES! Report for Stark County, 2023-2024*).
- Also specific to youth in Stark County, less than a third, 29%, of youth reported that they felt sad or hopeless almost every day for two weeks in a row or more that they stopped doing some usual activities during the past year. More than a tenth, 13%, indicated that they seriously considered attempting suicide in the past year. (*Source: OHYES! Report for Stark County, 2023-2024*).



SUBSTANCE USE DISORDER

HEALTH NEED: Community residents and partners are extremely concerned with addiction and overdoses and the toll that it has taken on the community. Excessive alcohol and substance use can lead to an increased risk of other health problems such as injuries, violence, liver disease, and cancer.

On the *community survey*:

- Most residents, 87%, rated heroin or other illegal drug use as a moderate or very serious problem facing Stark County, the highest of the fourteen issues specifically asked about. A notable percentage, 4%, of community survey respondents or a loved one sought assistance with addiction services in the past year.
- Nearly a third of males, 32%, drank five or more drinks on one occasion at least once in the past month. For females, 20% binged at least once (4 or more drinks on one occasion).
- One in ten respondents, 10%, reported driving after drinking any alcoholic beverages during the past month.
- Nearly a third of respondents, 32%, reported that they or someone in their household had used marijuana in the past six months.
- A sixth of respondents, 17%, stated that they, a family member, or friend needed drug or alcohol treatment in the past year.

On the *community partners survey*:

- A third of community partners, 33%, named substance use disorder as the most important health related issue or challenge facing the county.
- On a scale in which 1 is 'not at all important' and 10 is 'very important', community partners gave substance use an importance rating of 8.46.
- More than half, 58% of community partners felt there were NOT enough services and programs currently available to meet the substance use disorder needs of Stark County right now.
- More than a quarter, 27%, indicated that people addicted to drugs and alcohol were not being adequately served by local health services.

Supplemental data:

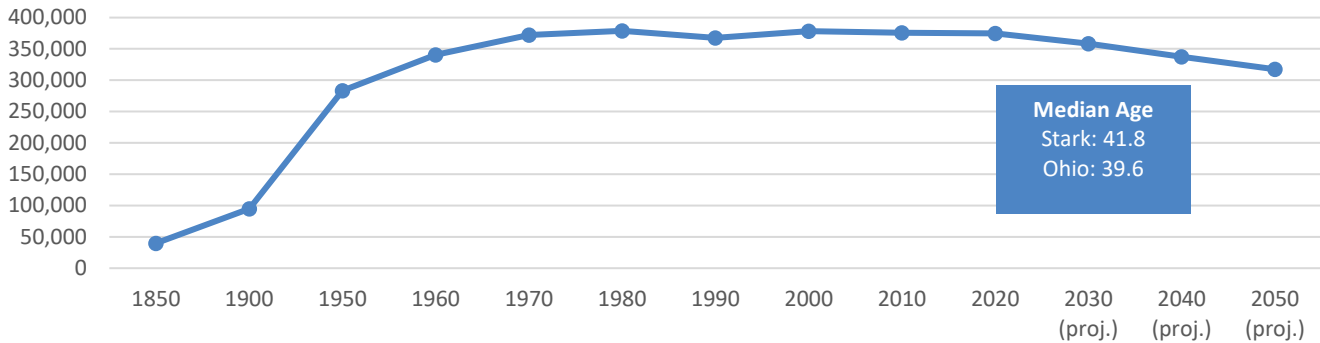
- The percentage of driving deaths with alcohol involvement in Stark County was slightly higher than the state, 34% compared to 32%. (*Source: County Health Ranking*).
- On average, 31% percent of client admissions in the county were associated with a primary diagnosis of alcohol use disorder in SFY 2023, higher than the state average of 23%. (*Source: Ohio Mental Health and Addiction Services*).
- The number of unintentional drug overdose deaths in Stark County has increased significantly since 2019 from 101 to 156. The unintentional drug overdose death rate also increased significantly over the last 5 years from 29.8 to 43.2 which is also higher than the state rate of 39.0. (*Source: Ohio Department of Mental Health and Addiction Services*).
- Specific to the county youth, 26% of OHYES! Stark County survey respondents reported drinking alcohol in the past, 16% reported using marijuana and 6% reported using prescription drugs not prescribed to them. (*Source: OHYES! Report for Stark County, 2023-2024*).



Stark County Demographic Profile

Stark County is located in the northeastern part of Ohio and covers a span of 581 square miles. The county ranks 8 out of 88 in terms of population and has a current population of 372,716. Stark County’s population is projected to decrease by nearly 15% between now and 2050. The median age in the county, 41.8, is higher than the median age of 39.6 for the state.

Stark County Population Trends and Projections



County Population Trends & Projections						
	Stark County		Ohio			
1850	39,878	1,980,329			2010	375,586 / 11,536,504
1900	94,747	4,157,545			2020	374,853 / 11,799,448
1950	283,194	7,946,627			2023	372,716 / 11,785,935
1960	340,345	9,706,397			2030	358,580 / 11,694,767
1970	372,210	10,652,017			2040	337,655 / 11,425,531
1980	378,823	10,797,630			2050	317,552 / 11,123,896
1990	367,585	10,847,115			Change 2023-2050	-14.8% / -5.6%
2000	378,098	11,353,140				

SOURCE: Ohio Development Services Agency, U.S. Census

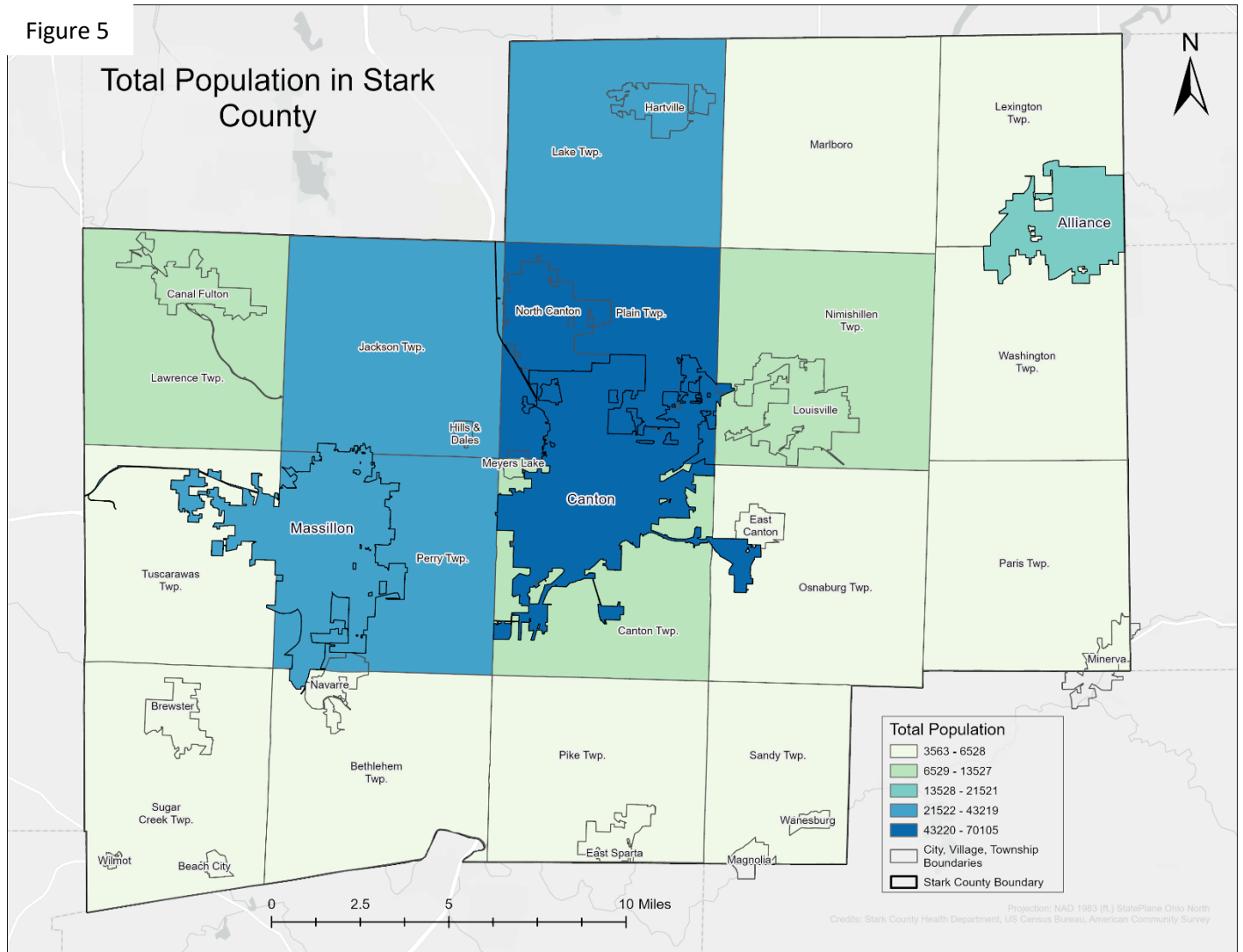
County Population Trends – Children under 18					
	City of			Stark County	Ohio
	Alliance	Canton	Massillon		
2018	4,908	17,556	7,501	81,165	2,618,168
2019	4,663	17,322	7,085	80,421	2,605,010
2020	4,667	17,536	6,904	79,829	2,593,988
2021	4,884	17,819	6,355	81,171	2,629,989
2022	4,558	17,637	6,386	80,110	2,593,322
2023	4,553	17,592	6,478	80,875	2,610,179
Change 2018 to 2023	-7.2%	+0.2%	-13.6%	-0.4%	-0.3%

County Population Trends – Children under 5					
	City of			Stark County	Ohio
	Alliance	Canton	Massillon		
2018	1,348	5,473	2,045	21,034	695,575
2019	1,395	5,030	1,985	20,940	694,456
2020	1,326	5,195	1,827	20,875	692,569
2021	1,323	5,227	1,640	20,906	688,837
2022	1,336	5,196	1,762	20,508	676,198
2023	1,403	4,854	2,044	20,621	675,616
Change 2018 to 2023	+4.1%	-11.3%	0.0%	-2.0%	-2.9%

SOURCE: U.S. Census Bureau 5-year estimates, Table: S0101



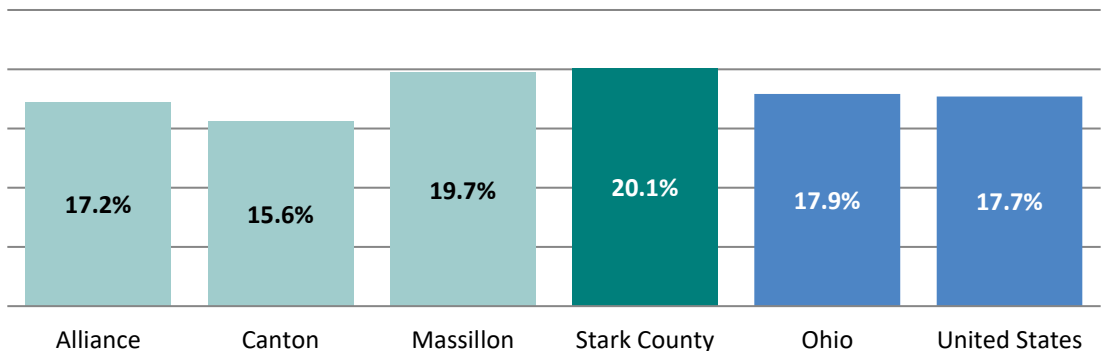
This map (Figure 5) shows the distribution of total population across Stark County. The highest population densities are found in and around the cities of **Canton**, **Massillon**, and **Alliance**, shown in the darkest shades. Surrounding townships such as **Jackson**, **Plain**, and **Perry** also have relatively large populations. In contrast, many rural areas in the southern and eastern parts of the county have smaller populations, reflected in lighter shading. Overall, the map highlights the county's population concentration in its urban centers and immediately adjacent communities.





As shown in the graph below, Stark County as well as the City of Massillon have a higher percentage of the population ages 65 and over compared to both Ohio and the country.

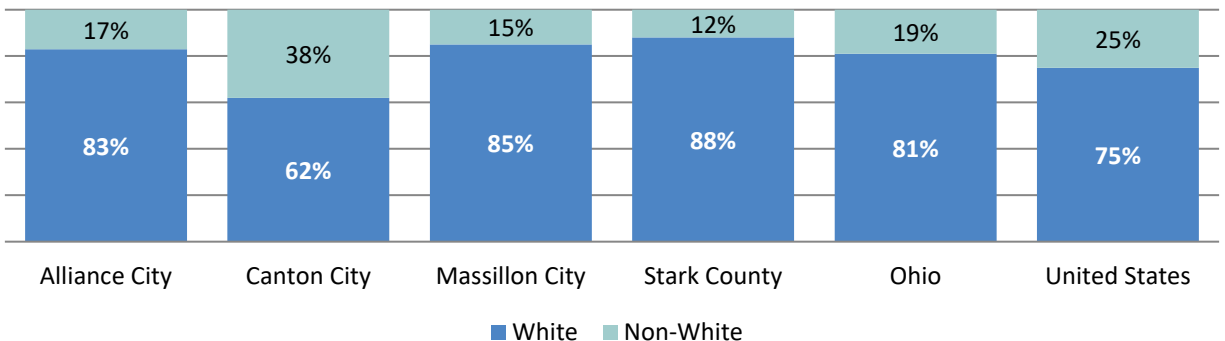
Percentage of Population ages 65+, 2023



Data Source: US Census Bureau, Table: S0101

Stark County as well as the cities of Massillon and Alliance are less diverse than the state of Ohio with 12% of the County population, 15% of Massillon City residents and 17% of Alliance City residents being non-white compared to 19% in the state and 25% in the country.

Population by Race, 2024



County Population by Race, 2024						
	White	Black	Native American	Asian	Pacific Islander	Two or more races
Alliance City	83.2%	8.9%	0.3%	0.3%	0.0%	6.6%
Canton City	62.1%	24.7%	0.1%	0.5%	0.2%	11.4%
Massillon City	85.1%	8.6%	0.2%	0.6%	0.0%	5.0%
Stark County	87.2%	8.2%	0.3%	1.0%	0.1%	3.2%
Ohio	80.6%	13.4%	0.3%	2.8%	0.1%	2.7%
United States	75.3%	13.7%	1.3%	6.4%	0.3%	3.1%

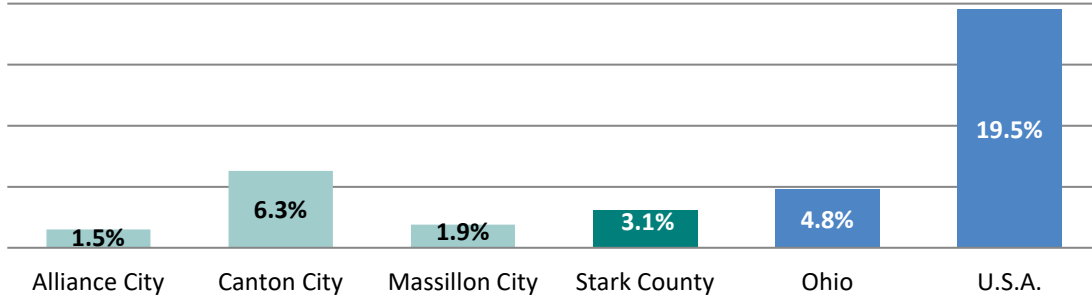
SOURCE: U.S. Census Bureau, QuickFacts: Stark County Ohio, Canton City Ohio, Alliance Ohio, Massillon Ohio





The percentage residents in Stark County that are Hispanic or Latino is also lower, 3.1%, than it is in Ohio (4.8%) and the Country as a whole (19.5%). The percentage of residents that are Hispanic or Latino in both Alliance City (1.5%) and Massillon City (1.9%) are also lower than the state average.

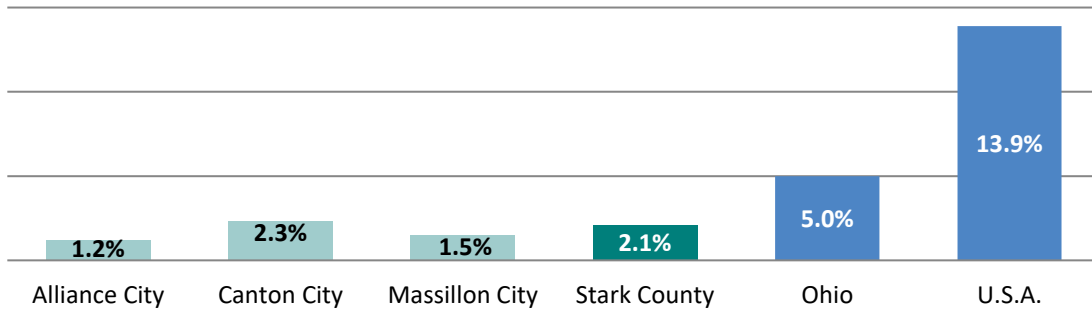
Percentage of Population Hispanic or Latino, 2024



Data Source: U.S. Census Bureau, QuickFacts: Stark County Ohio, Canton City Ohio, Alliance Ohio, Massillon Ohio

The percentage of residents in Stark County that are foreign born is much lower, 2.1%, than it is in Ohio (5.0%) and the Country as a whole (13.9%). The percentage of the population that is foreign born is also lower than the state average in Alliance City (1.2%), Canton City (2.3%), and Massillon City (1.5%).

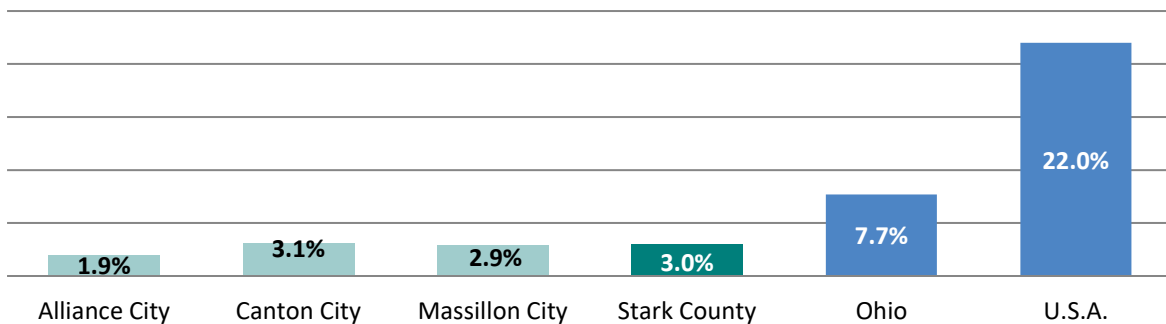
Percentage of Population Foreign Born, 2023



Data Source: US Census Bureau, ACD 5-Year Estimates, Table: DP02

The percentage of residents in Stark County that speak a language in their home other than English only, 3.0%, is significantly lower than it is in Ohio (7.7%) and the Country as a whole (22.0%). The percentage that speak a language other than just English is also lower than the Ohio average in Alliance (1.29%), Canton (3.1%), and Massillon (2.9%).

Percentage Speak Language at Home other than English, 2023



Data Source: US Census Bureau, ACD 5-Year Estimates, Table: S1601



In 2023, less than half, 44.9%, of households in Stark County were married couple households, which was nearly the same as the state, 44.7%. The percentage of married couple households was notably lower in the three urban centers of the county: Massillon City (39.5%), Alliance City (34.7%), and Canton City (25.7%). Nearly half, 44.5%, of households in Stark County have someone in the house ages 60 and over. This is higher than Alliance City (41.8%), Ohio (41.7%), Massillon City (41.6%), and Canton City (37.3%). Average household sizes in 2023 ranged from 2.27 (Canton City and Massillon City) to 2.40 (Alliance City).

Stark County Households by Type over time						
	2019	2020	2021	2022	2023	Change
Total households	153,460	154,322	154,426	154,690	155,366	+1.2%
<i>Family households</i>	<i>64.4%</i>	<i>63.7%</i>	<i>63.5%</i>	<i>62.7%</i>	<i>62.4%</i>	<i>-2.0%</i>
<i>Nonfamily households</i>	<i>35.6%</i>	<i>36.3%</i>	<i>36.5%</i>	<i>37.3%</i>	<i>37.6%</i>	<i>+2.0%</i>
Married couple	46.6%	46.3%	45.8%	45.1%	44.9%	-1.7%
Married couple with kids	15.5%	15.3%	14.9%	14.6%	14.7%	-0.8%
Male, with own kids	2.5%	2.4%	2.4%	2.6%	2.6%	+0.1%
Female, with own kids	7.3%	7.1%	7.3%	7.2%	6.8%	-0.5%
Households with children	28.3%	27.5%	27.5%	27.2%	26.9%	-1.4%
Households with 60+	43.1%	43.8%	44.0%	44.2%	44.5%	+1.4%
Households with 65+	NA	30.3%	32.8%	33.5%	33.8%	+3.5%
Average household size	2.37	2.35	2.37	2.37	2.35	-0.02
Average family size	2.92	2.91	2.94	2.94	2.93	+0.01

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table: S1101

Households by Type, 2023					
	Alliance City	Canton City	Massillon City	Stark County	Ohio
Total households	8,313	29,942	13,882	155,366	4,829,571
<i>Family households</i>	<i>58.8%</i>	<i>52.5%</i>	<i>59.4%</i>	<i>62.4%</i>	<i>61.5%</i>
<i>Nonfamily households</i>	<i>41.2%</i>	<i>47.5%</i>	<i>40.6%</i>	<i>37.6%</i>	<i>38.5%</i>
Married couple	34.7%	25.7%	39.5%	44.9%	44.7%
Married couple with kids	10.7%	8.2%	12.0%	14.7%	16.4%
Male, with own kids	3.4%	6.4%	3.2%	2.6%	2.4%
Female, with own kids	10.1%	12.4%	7.3%	6.8%	6.6%
Households with children	28.1%	28.3%	24.9%	26.9%	28.3%
Households with 60+	41.8%	37.3%	41.6%	44.5%	41.7%
Households with 65+	31.4%	27.1%	31.8%	33.8%	31.3%
Average household size	2.40	2.27	2.27	2.35	2.38
Average family size	2.92	3.02	2.84	2.93	3.01

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table: S1101





Ohio and Canton City have the highest percentage of households with children, 28.3%. Massillon City was the lowest, 24.9%. This percentage has slightly decreased over the past five years in all five geographies.

Families with Children as a Percent of Households						
County	2019	2020	2021	2022	2023	Change
Alliance City	28.4%	26.2%	26.7%	26.7%	28.1%	-0.3%
Canton City	29.4%	28.7%	29.2%	28.6%	28.3%	-1.1%
Massillon City	27.0%	26.7%	25.5%	25.9%	24.9%	-2.1%
Stark County	28.3%	27.5%	27.5%	27.2%	26.9%	-1.4%
Ohio	29.3%	28.9%	28.8%	28.5%	28.3%	-1.0%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table: S1101

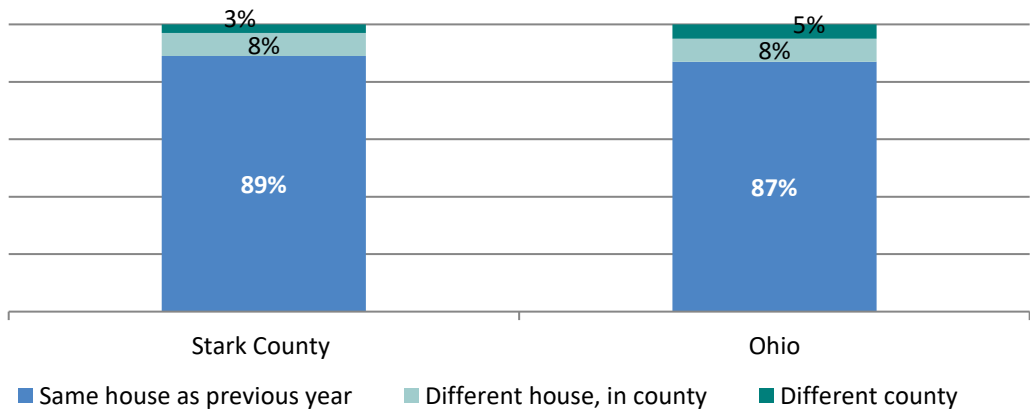
Children living with their grandparents in Stark County has decreased slightly since 2019, (1.6%.) while the percentage at the state level as well as the city levels has decreased more rapidly.

Number of Grandparents Raising Grandchildren						
Geography	2019	2020	2021	2022	2023	% Change
Alliance City	332	255	289	191	215	-35.2%
Canton City	1,220	1,182	1,101	1,039	1,167	-4.3%
Massillon City	401	399	436	406	374	-6.7%
Stark County	4,149	3,961	4,105	3,898	4,084	-1.6%
Ohio	148,313	146,440	145,110	143,159	141,102	-4.9%

SOURCE: US Census Bureau, American Community Survey, Table: B10063

Residents of Stark County tend to be slightly less geographically mobile than Ohio with the majority, 89%, living in the same house as last year and an additional 8% being in a different house within Stark County.

Geographic Mobility, 2024



Geographic Mobility, 2024					
	Same house as previous year	Different house, in county	Different County, in state	Different state	Abroad
Stark County	88.8%	7.9%	2.3%	0.9%	0.2%
Ohio	87.0%	7.7%	3.3%	1.7%	0.3%

SOURCE: Ohio Development Services Agency, Ohio County Profiles



Community Assets & Resources

HEALTH CARE ASSETS AND RESOURCES

The ratio of population to primary care physicians and mental health providers is slightly better in the county than it is for the state. For dentists, the ratio is slightly worse in Stark County than it is in the state. There are four hospitals located in Stark County: Aultman Hospital, Aultman Specialty Hospital, Aultman Alliance Community Hospital, and Cleveland Clinic Mercy Hospital.

Health Care Summary, 2025		
	Stark County	Ohio
Ratio of population to primary care	1,270:1	1,300:1
Ratio of population to mental health	250:1	270:1
Ratio of population to dentists	1,570:1	1,520:1
Number of registered hospitals*	4	200
Number of hospital beds*	1,458	40,232
Licensed nursing homes*	60	1,364
Number of beds*	3,164	82,207
Licensed residential care*	28	824
Number of beds*	2,196	69,556

*SOURCE: County Health Rankings: Original source National Center for Health Statistics
Ohio Development Services Agency, Ohio County Profiles

Community Clinics (Dental, Health Care, Maternal Health, Mental Health):

- [Alliance Family Health Center](#), Alliance, OH
- [Cleveland Clinic Mercy Hospital Dental Services](#), Canton, OH
- [Lifecare Family Health & Dental Center](#), Canton & Massillon, OH
- [My Community Health Center](#), Canton & Magnolia, OH
- [ONE Health Ohio at Good Samaritan Community Health Center](#), Alliance, OH
- [U.S. Department of Veterans Affairs \(VA\)](#), Canton, OH

Hospitals:

- [Aultman-Alliance Community Hospital](#), Alliance, OH
- [Aultman Hospital](#), Canton, OH
- [Aultman Massillon](#), Massillon, OH
- [Cleveland Clinic Mercy Hospital](#), Canton, OH

Health Departments:

- [Alliance City Health Department](#), Alliance, OH
- [Canton City Public Health](#), Canton, OH
- [Massillon City Health Department](#), Massillon, OH
- [Stark County Health Department](#), North Canton, OH



Urgent Care Centers (Health Care, Dental):

- [AultmanNow Urgent Care](#), Canton, Louisville, & North Canton, OH
- [Concentra Urgent Care](#), Canton, OH
- [Cleveland Clinic Mercy Hospital Urgent and Outpatient Care](#), Canton, Massillon, & North Canton, OH
- [Hometown Urgent Care](#), Massillon, OH
- [Hometown Urgent Care](#), North Canton, OH
- [Walk In Urgent Care](#), North Canton, OH

ACCESS TO HEALTH CARE ASSETS AND RESOURCES

Health Care Resources	
Name	<i>Beacon Charitable Pharmacy</i>
Website	www.beaconpharmacy.org
Description	Beacon Charitable Pharmacy provides essential medication and pharmaceutical services to individuals who are uninsured, underinsured, or facing financial hardship.
Name	<i>Margaret B. Shipley Child Health Clinic, Inc.</i>
Website	www.shipleyclinic.org
Description	Shipley Child Health Clinic provides well, sick and mental healthcare to over 6,500 children in Stark and surrounding counties.
Name	<i>Social Service Manual</i>
Website	www.integratedhealthcollaborative.org/about-us/patient-resources/#/ & click 'Social Service Manual'
Description	The Social Service Manual provides a list of community resources to assist with healthcare needs (such as medication assistance, transportation, counseling, etc.).
Name	<i>StarkHelpCentral.com</i>
Website	www.starkhelpcentral.com/
Description	StarkHelpCentral.com connects people of all ages with hundreds of community resources to help them overcome challenges and achieve their full potential.

COMMUNITY CONDITIONS ASSETS AND RESOURCES

Community Conditions Resources	
Name	<i>Access Health Stark County</i>
Website	www.accesshealthstark.org/
Description	Access Health Stark County works with participants to serve as a link between primary care and the community and connects participants with resources like insurance, legal aid, housing, etc., at no cost.
Name	<i>Akron-Canton Regional Food Bank</i>
Website	https://www.akroncantonfoodbank.org/
Description	The Akron-Canton Regional Food Bank serves as a distribution center that provides an efficient operation to collect, sort, store and distribute food. The food bank also includes an onsite food pantry.
Name	<i>Alliance Area Domestic Violence Shelter</i>
Website	www.alliancedomesticviolenceshelter.org
Description	Alliance Area Domestic Violence Shelter provides emergency shelters, support, referrals, case management, safety planning, community education, teen dating education, etc. 24-hour hotline: (330) 823-7223
Name	<i>Domestic Violence Project, Inc.</i>
Website	www.dvpi.org
Description	DVPI provides safety, support, and hope for anyone impacted by domestic violence, sexual assault, Human



Community Conditions Resources	
	trafficking, and stalking. 24- hours hotline: (330) 453-7233
Name	<i>Homeless Continuum of Care of Stark County</i>
Website	www.starkcountyhomeless.org/stark-housing-network/
Description	SHNI provide expert staff and critical resources in support of coordinated efforts to address homelessness throughout Stark County.
Name	<i>Open Discussion Summary Reports 2025</i>
Website	Food Barriers: Key Points & Insights Housing Security: Key Points & Insights Transportation: Key Points & Insights
Description	In 2025, the Stark County Community Health Assessment Advisory Committee hosted 3 open discussions on various community conditions to explore potential solutions and share insights to improve access.
Name	<i>The Salvation Army - Canton Corps</i>
Website	www.easternusa.salvationarmy.org/northeast-ohio/canton/
Description	The Salvation Army helps in the community by overcoming poverty, empowering youth, utility assistance, help disaster survivors, brighten the holidays, and cure hunger.
Name	<i>Stark Area Regional Transit Authority</i>
Website	www.sartaonline.com
Description	SARTA operates 32 fixed routes around Stark County – going to grocery stores, shopping centers, medical facilities, restaurants, schools, the airport, libraries, places of employment and many more
Name	<i>Stark County Community Action Agency</i>
Website	www.sccaa.org/
Description	SCCAA’s mission is to assist Stark County’s low income residents to rebuild their hopes, dreams and dignity toward a better life for themselves and their families.
Name	<i>Stark County THRIVE</i>
Website	www.cantonohio.gov/2040/Infant-Vitality---Stark-County-THRIVE
Description	Stark County THRIVE addresses the complex social, economic, and systematic factors contributing to infant mortality and health inequities. THRIVE ensures that every baby in Stark County reaches their first birthday.
Name	<i>Stark County Safe Sleep/Cribs for Kids Program</i>
Website	www.starkhealth.org/government/offices/public_health/nursing_services/safe_sleep_and_cribs_for_kids
Description	The SCDH holds a monthly Cribs for Kids class for qualified applicants to receive safe sleep education, a cribette, and a sleep sack to those families in need of a safe sleep environment for their child up to age 1.
Name	<i>Stark County Fatherhood Coalition</i>
Website	www.facebook.com/starkcountyfatherhoodcoalition
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.
Name	<i>Stark County Hunger Task Force</i>
Website	www.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.
Name	<i>Stark County Transportation Resource Guide</i>
Website	www.starkhealth.org/government/offices/public_health/community_health_assessment.php
Description	The Stark County Transportation Resource Guide provides various transportation resources from Stark County from managed care organizations, non-emergency medical transport providers, ridesharing, etc.
Name	<i>Stark Metropolitan Housing Authority</i>
Website	www.starkmha.org



Community Conditions Resources

Description	SMHA provides eligible residents of Stark County with decent, safe and affordable housing and contributes to nourishing neighborhood by working in partnerships with the public and private sectors.
Name	<i>United Way of Greater Stark County</i>
Website	www.uwstark.org
Description	United Way's programs and services give kids a strong start early in life to help prevent or lessen the impacts of Adverse Childhood Experiences and improve household stability.

CHRONIC DISEASE ASSETS AND RESOURCES

Chronic Diseases Resources

Name	<i>Access Health Stark County</i>
Website	www.accesshealthstark.org/
Description	Access Health Stark County works with participants to serve as a link between primary care and the community and connects participants with resources like insurance, legal aid, housing, etc., at no cost.
Name	<i>Canton Parks and Recreation</i>
Website	www.cantonparksandrec.com
Description	Canton Parks and Recreation provide parks, recreational programs and events that enrich the community, encourage health and wellness and create memorable experiences that last a lifetime.
Name	<i>Diabetic Resource Manual</i>
Website	www.integratedhealthcollaborative.org/about-us/patient-resources#/ & click 'Diabetic Resource Manual'
Description	The Diabetic Resource Manual provides information and education on how to treat and manage diabetes.
Name	<i>Give It Up! Tobacco Cessation Program</i>
Website	www.aultman.org/home/health-and-wellness/community-programs/tobacco-support/give-it-up/#/
Description	Aultman offers a free tobacco cessation program called "Give It Up"!" This program covers everything from how to create a quitting plan and tips on staying tobacco free.
Name	<i>Green Alliance</i>
Website	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.
Name	<i>Ohio State University Extension</i>
Website	www.stark.osu.edu/home
Description	OSU Extension addresses the needs of local community through program areas like family & consumer sciences, 4-H youth development, community development, and agriculture and natural resources.
Name	<i>Stark Library</i>
Website	www.starklibrary.org
Description	The Stark Library's mission is to strengthen the community by advancing literacy, connecting people, and encouraging exploration. Stark Libraries also offer various health & wellness and recreational activities.
Name	<i>Stark County Park District</i>
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.
Name	<i>Tobacco Free You</i>
Website	https://my.clevelandclinic.org/departments/respiratory/depts/smoking-cessation
Description	Mercy Hospital offers free tobacco cessation classes which consist of barriers to quitting, stress management, avoiding weight gain, and proper use of medications.
Name	<i>VANTAGE Aging</i>

Chronic Diseases Resources	
Website	www.vantageaging.org
Description	VANTAGE Aging has promoted successful aging by providing programs to support the needs of older adults wishing to age in place and live independently with dignity.
Name	<i>YMCA of Central Stark County</i>
Website	www.ymcastark.org
Description	The YMCA of Central Stark County works side by side with their neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow, and thrive.
Name	<i>YMCA of Western Stark County</i>
Website	www.weststarky.org
Description	YMCA is an inclusive organization of men, women and children joined together by a shared commitment to nursing the potential of kids, promoting healthy living and fostering a sense of social responsibility.

MENTAL HEALTH ASSETS AND RESOURCES

Mental Health Resources	
Name	<i>Child and Adolescent Behavioral Health</i>
Website	www.childandadolescent.org/
Description	Child & Adolescent Behavioral Health is a trauma informed mental health organization specializing in the emotional and behavioral needs of children, adolescents, young adults, and their families.
Name	<i>Coleman Professional Services</i>
Website	www.colemanservices.org
Description	Coleman Health Services offers behavioral health, residential, employment, and support services. Coleman also provides mobile response and stabilization services by calling the MRSS phone line – 988.
Name	<i>CommQuest Services Inc.</i>
Website	www.commquest.org/
Description	CommQuest Services Inc. provides a range of services from mental health, addiction recovery, and social services. The agency provides hope to people through prevention, advocacy, treatment, and recovery.
Name	<i>Greater Canton Psychiatry</i>
Website	www.cantonpsychiatry.com
Description	Greater Canton Psychiatry is a psychiatric practice that diagnoses, provides medication management and brief counseling. The agency also provides psychiatric services for children, adolescents, and adults.
Name	<i>Heartland Behavioral Healthcare</i>
Website	www.dbh.ohio.gov/about-us/regional-psychiatric-hospitals/healthcare-facilities/heartland/heartland
Description	Heartland Behavioral Healthcare services include evaluations, intensive psychiatric care, psychiatry, psychology, social services, patient education, occupational and recreational therapy.
Name	<i>OhioGuidestone</i>
Website	www.ohioguidestone.org
Description	OhioGuidestone offers services for mental health, substance use disorder, family care, foster care, juvenile justice, residential treatment, home-based counseling, job training, and more.
Name	<i>NAMI Stark County</i>
Website	www.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.
Name	<i>Phoenix Rising Behavioral Healthcare and Recovery Inc.</i>
Website	www.phoenixrisingbhr.org
Description	Phoenix Rising provides outpatient psychiatric, counseling, and case management services to children, adolescents, and adults.



Mental Health Resources	
Name	<i>Stark County Family Council</i>
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.
Name	<i>Stark County Mental Health and Addiction Recovery</i>
Website	www.starkmhar.org/
Description	StarkMHAR is the county's behavioral health board comprised of expert professionals, dedicated volunteers, and concerned community leaders. The agency believes in hope, wellness, and recovery for everyone.
Name	<i>Summit Psychological Associates, Inc</i>
Website	www.summit-psychological.org
Description	Summit Psychological Associates offers a complete range of mental health and substance use disorder treatments that assist clients in improving their lives.
Name	<i>Sunrise Vista Behavioral Health</i>
Website	www.newvistahealth.com/location/inpatient-psychiatric-facilities/canton/
Description	Sunrise Vista offers acute inpatient, partial hospitalization, and intensive outpatient in their adult and older adult units. Sunrise Vista implements treatment plans based on evidence based care specific to patients.
Name	<i>The Blick Center</i>
Website	www.blickcenter.org
Description	The Blick Center provides care and support to individuals from early childhood through adulthood. The Blick Center has served individuals with developmental, behavioral, physical, and mental health conditions.

SUBSTANCE USE DISORDER ASSETS AND RESOURCES

Substance Use Disorder Resources	
Name	<i>Arrow Passage Recovery</i>
Website	www.arrowpassage.com/
Description	Arrow Passage Recovery provides family and community oriented chemical-dependency treatment programs, placing a great emphasis on rebuilding lives and rebuilding families within the community.
Name	<i>AVO Behavioral Health and Recovery</i>
Website	www.avorecovery.com
Description	AVO Behavioral Health and Recovery provides personalized care for those who are struggling with addiction and mental health with MAT, IOP, individual and group counseling.
Name	<i>BrightView</i>
Website	www.brightviewhealth.com
Description	BrightView offers medicine, counseling, and social support to help those with substance use disorder move towards lasting recovery. BrightView provides MAT, behavioral health therapies, and social support.
Name	<i>Canton Addiction Services, LLC</i>
Website	www.cantonaddiction.com/
Description	Canton Addiction Services provides Suboxone, Buprenorphine, and generic equivalents to treat fentanyl and opiate addiction. The agency also provides psychiatric care, motivational enhancement therapy, and relational psychotherapy during visits to enhance outcomes and abstinence.
Name	<i>Canton Comprehensive Treatment Center</i>
Website	www.ctcprograms.com/location/canton-comprehensive-treatment-center/
Description	Canton CTC offers outpatient treatment for adults age 18 and older who are struggling with opioid use disorder. The center, which is located in Massillon, provides MAT and counseling.



Substance Use Disorder Resources	
Name	<i>Child & Adolescent Behavioral Health</i>
Website	www.childandadolescent.org
Description	Child & Adolescent Behavioral Health is a trauma informed mental health organization specializing in the emotional and behavioral needs of children, adolescents, young adults, and their families.
Name	<i>Coleman Health Services</i>
Website	www.colemanservices.org
Description	Coleman Health Services offers behavioral health, residential, employment, and support services. Coleman also provides mobile response and stabilization services by calling the MRSS phone line – 988.
Name	<i>CommQuest Services Inc.</i>
Website	www.commquest.org/
Description	CommQuest Services Inc. provides a range of services from mental health, addiction recovery, and social services. The agency provides hope to people through prevention, advocacy, treatment, and recovery.
Name	<i>Glenbeigh Outpatient Center of Canton</i>
Website	www.glenbeigh.com/canton
Description	Glenbeigh provides of services from outpatient programs (in person and telehealth), aftercare programs, evaluations & individual sessions, and weekly support groups.
Name	<i>Greater Canton Psychiatry</i>
Website	www.cantonpsychiatry.com
Description	Greater Canton Psychiatry is a psychiatric practice that diagnoses, provides medication management and brief counseling. The agency also provides psychiatric services for children, adolescents, and adults.
Name	<i>Heartland Behavioral Healthcare</i>
Website	www.dbh.ohio.gov/about-us/regional-psychiatric-hospitals/healthcare-facilities/heartland/heartland
Description	Heartland Behavioral Healthcare services include evaluations, intensive psychiatric care, psychiatry, psychology, social services, patient education, occupational and recreational therapy.
Name	<i>OhioGuidestone</i>
Website	www.ohioguidestone.org
Description	OhioGuidestone offers services for mental health, substance use disorder, family care, foster care, juvenile justice, residential treatment, home-based counseling, job training, and more.
Name	<i>Phoenix Rising Behavioral Healthcare and Recovery Inc.</i>
Website	www.phoenixrisingbhr.org
Description	Phoenix Rising provides outpatient psychiatric, counseling, and case management services to children, adolescents, and adults.
Name	<i>Silver Maple Recovery</i>
Website	www.silvermaplerecovery.com
Description	Silver Maple Recovery specializes in addiction treatment services that include sub-acute detox, residential/inpatient treatment, and outpatient treatment.
Name	<i>Stark County HealthMobile</i>
Website	www.savestark-starkcohealthoh.hub.arcgis.com/pages/mobile-unit
Description	The Stark County HealthMobile is a mobile health unit that goes out serving the community with overdose education, naloxone distribution, and linkage to treatment, along with our community partners.
Name	<i>Stark County Mental Health and Addiction Recovery</i>
Website	www.starkmhar.org/
Description	StarkMHAR is the county’s behavioral health board comprised of expert professionals, dedicated volunteers, and concerned community leaders. The agency believes in hope, wellness, and recovery for everyone.
Name	<i>Stark County TASC</i>
Website	www.starktasc.org



Substance Use Disorder Resources	
Description	Stark TASC provides assessment and case management services to their consumers who struggle with mental health, alcohol, and drug abuse issues, linking and assisting them with services to improve their situation.
Name	<i>Stark Pain Management</i>
Website	www.starkpainmanagement.com
Description	Stark Pain Management assists with pain management needs like injections, blocks, or spinal cord stimulators. The agency also offers medication management and medication assisted treatment.
Name	<i>Stark Recovery Associates</i>
Website	www.starkrecoveryassociates.com
Description	Stark Recovery Associates offers treatment and modalities that help a variety of mental health disorders, including treatment resistant depression, addiction, and chronic pain.
Name	<i>Summit Psychological Associates, Inc</i>
Website	www.summit-psychological.org
Description	Summit Psychological Associates offers a complete range of mental health and substance use disorder treatments that assist clients in improving their lives.
Name	<i>Sunrise Vista Behavioral Health</i>
Website	www.newvistahealth.com/location/inpatient-psychiatric-facilities/canton/
Description	Sunrise Vista offers acute inpatient, partial hospitalization, and intensive outpatient in their adult and older adult units. Sunrise Vista implements treatment plans based on evidence based care specific to patients.
Name	<i>SWAP (Stark Wide Approach to Prevention) Canton City Public Health</i>
Website	https://www.cantonohio.gov/2043/SWAP-Syringe-Access-Program
Description	SWAP is a comprehensive, anonymous syringe access program operated by Canton City Public Health. It provides harm-reduction services including wound care, vaccination, testing, and connections to health and social supports for people who use drugs.
Name	<i>SWAP (Stark Wide Approach to Prevention) Alliance City Health Department</i>
Website	https://www.cityofalliance.com/500/SWAP
Description	SWAP is Stark County’s needle service program. SWAP opened in Alliance in 2025 to decrease blood-borne pathogen transmission among individuals who inject drugs.
Name	<i>The Blick Center</i>
Website	www.blickcenter.org
Description	The Blick Center provides care and support to individuals from early childhood through adulthood. The Blick Center has served individuals with developmental, behavioral, physical, and mental health conditions.

Major Employers

Twelve of the major employers in Stark County are listed in the table below.

Stark County Major Employers (in alphabetical order)	
Alliance Community Hospital	Nickles Bakery
Aultman Hospital	Shearer’s Foods
Canton City Schools	Stark County Government
Cleveland Clinic- Mercy Hospital	Stark State College
Fresh Mark	Timken Co
KraftHeinz Foods	Wal-Mart Stores Inc
SOURCE: Ohio County Profiles, Stark County, 2024 Edition, Ohio Department of Development	





Education Assets and Information

There are 19 school districts in the county. The average expenditure per student is less than the state average. The graduation rate for Stark County is slightly lower than the state, 91.1% compared to 91.6%. The average expenditure per student is also slightly less than the state average, \$11,269 compared to \$11,920.

Stark State College is a 2-year public college located within the county. Kent State University also has a branch located in the county. There are four private colleges and universities in Stark County: Malone University, Walsh University, University of Mount Union, and Aultman College.

County Education Information, 2024		
	Stark	Ohio
Public school buildings	91	3,048
# public students	51,975	1,485,528
# public teachers	3,738.3	112,894.2
Expenditures per student	\$11,269	\$11,920
Graduation Rate	91.1%	91.6%
# private schools	20	711
# private students	3,771	169,514
# 4-yr public universities	1	43
# 2-year public colleges	1	19
# Private colleges and universities	3	48
Public libraries (Main/Branches)	7/19	723

SOURCE: Ohio Development Services Agency, Ohio County Profiles



Community Health Assessment:

Detailed Results

The data components included in this assessment include:

- **Community Survey** - A representative sample of 800 adults in the county. Oversamples were completed for Canton, Massillon, Alliance as well as with black residents in order to analyze these groups independently.
- **Social Barrier Survey** - A survey of 137 county residents who were currently receiving services from a social service provider in the county.
- **Community Partner Survey** - In addition to the data mentioned above, additional data was gathered in order to provide some contextual information to the primary and secondary data. This included a Community Partner survey which consisted of an online survey completed by 142 community partners who have knowledge of and/or experience in community health issues.
- **Key Demographic Focus Groups** - Two focus groups were conducted to gather more in-depth information from two key demographics: older adults and adults who live outside of the county's urban core.
- **Secondary Data Analysis** - Main sources of data include the American Fact Finder, Ohio Department of Health, County Health Rankings, and OHYES! Report for Stark County, 2023-2024.

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

THE RESULTS ARE BROKEN DOWN INTO THE FOLLOWING TOPIC AREAS:

- Community Needs
- Social Determinants
- Personal Health Status
- Access to Health Care
- Mental Health
- Oral Health
- Smoking/Tobacco Use
- Alcohol and Substance Use Disorder
- Maternal, Infant, and Child Health
- Healthy Living
- Communicable Diseases, Vaccinations and Prevention Services
- Chronic Disease Management
- Transportation
- Housing
- Environmental Quality
- Safety, Injury and Violence
- Reproductive and Sexual Health
- Digital Access and Wellness





COMMUNITY NEEDS

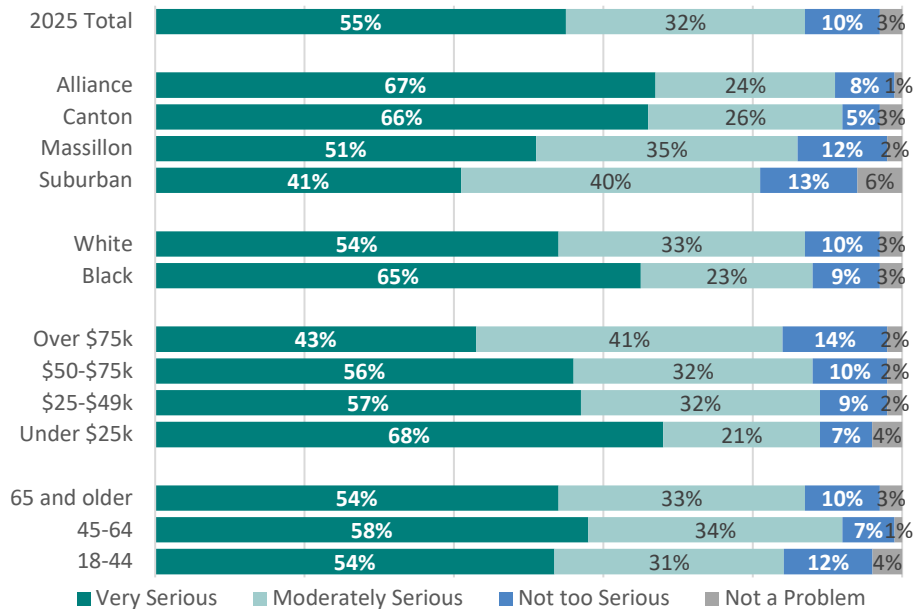
COMMUNITY SURVEY

Summary: Community Needs						
		<i>Stark County</i>	<i>Alliance</i>	<i>Canton</i>	<i>Massillon</i>	<i>Black Residents</i>
Seriousness of problems in Stark County <i>(% rating it as very or moderately serious)</i>	Heroin or other illegal drug use	87.2%	91.0%	91.8%	86.1%	87.9%
	Mental health	86.4%	90.4%	90.8%	86.3%	91.9%
	Obesity and healthy choices	83.0%	86.5%	81.3%	84.0%	79.8%
	Availability of affordable housing	81.5%	90.4%	88.0%	81.1%	87.6%
	Youth vaping	80.4%	80.6%	83.7%	84.6%	83.3%
	Crime and violence	79.7%	84.4%	90.5%	76.4%	88.0%
	Unemployment	78.3%	83.2%	85.9%	78.9%	86.1%
	Homelessness	75.7%	80.8%	88.6%	73.6%	85.6%
	Underage drinking	67.3%	73.5%	75.8%	64.7%	77.0%
	Food insecurity	66.4%	74.4%	74.0%	64.0%	71.8%
	Access to health care	65.6%	71.8%	71.5%	64.4%	73.6%
	Resources/Services for Seniors	56.2%	65.2%	65.9%	54.7%	65.1%
	Access to dental care	56.0%	61.5%	64.4%	56.7%	65.2%
	Transportation	51.7%	59.6%	60.2%	45.3%	57.2%
Sought assistance in past year for . . .	Food	22.4%	24.4%	37.8%	16.2%	39.7%
	Mental health issues	14.9%	17.9%	21.6%	10.3%	17.2%
	Healthcare	10.6%	10.3%	14.1%	8.9%	13.9%
	Utilities	10.4%	16.0%	17.0%	8.9%	19.1%
	Transportation	10.1%	7.7%	19.2%	7.6%	21.5%
	Dental care	10.0%	10.3%	14.3%	7.6%	12.9%
	Prescription assistance	9.8%	9.6%	10.5%	10.3%	8.1%
	Clothing	9.6%	9.0%	19.2%	4.6%	18.2%
	Employment	9.3%	8.3%	14.9%	5.9%	20.6%
	Medicare or other health insurance	8.6%	14.1%	10.8%	7.6%	7.2%
	Rent/mortgage assistance	8.0%	10.3%	13.5%	5.5%	14.4%
	Home repair	6.4%	9.6%	7.0%	6.4%	8.6%
	Shelter	6.3%	4.5%	12.2%	2.5%	9.6%
	Legal aid services	4.1%	8.3%	6.8%	2.1%	7.2%
	Addiction services	3.6%	3.2%	5.1%	0.9%	1.9%
	Childcare	2.6%	3.8%	5.1%	4.6%	12.0%
	Unsafe structural issues with housing	1.1%	2.6%	3.0%	0.5%	4.3%
	Unplanned pregnancy	1.1%	1.9%	1.6%	0.7%	1.4%
None of the above	52.5%	53.2%	34.1%	59.0%	31.6%	

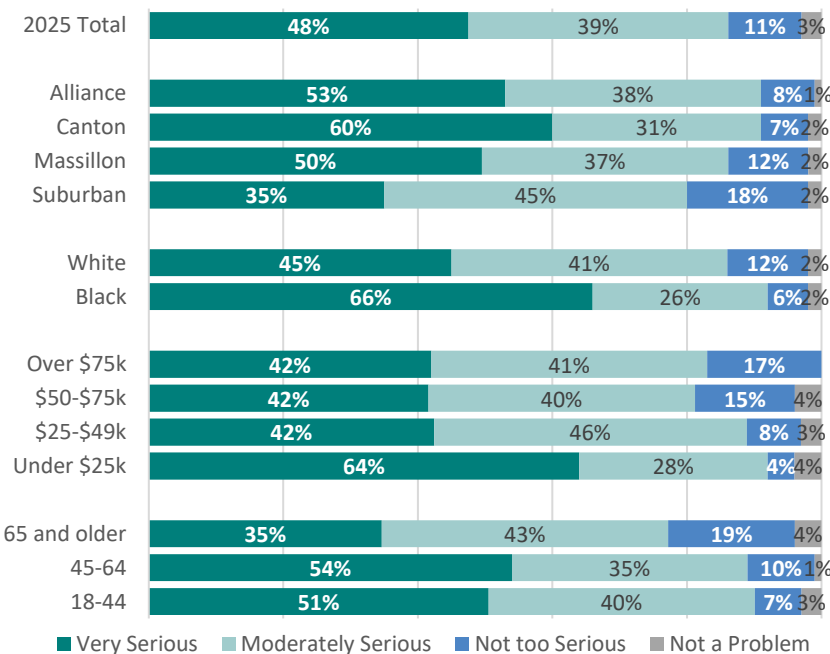
All respondents were given a list of fourteen problems and asked how serious they thought each problem was in Stark County on a scale of very serious, moderately serious, not too serious or not really a problem at all. The five problems that were rated as very or moderately serious by more than 80% of residents were: heroin or illegal drug use, mental health, obesity and healthy lifestyle choices, availability of affordable housing and youth vaping. Each problem is discussed in more detail below.

Heroin or other Illegal Drug Use - The majority of residents, 97%, felt that heroin or other illegal drug use was a serious problem in the county with 55% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, those without stable housing, households with someone with a disability, residents with some college or less education, respondents with an annual income under \$25,000, black residents, renters, those who rate their overall health as fair or poor, straight residents, overweight respondents, Alliance and Canton residents and those who have just have enough to meet basic expenses.

Seriousness of Problem: Substance Abuse



Seriousness of Problem: Mental Health



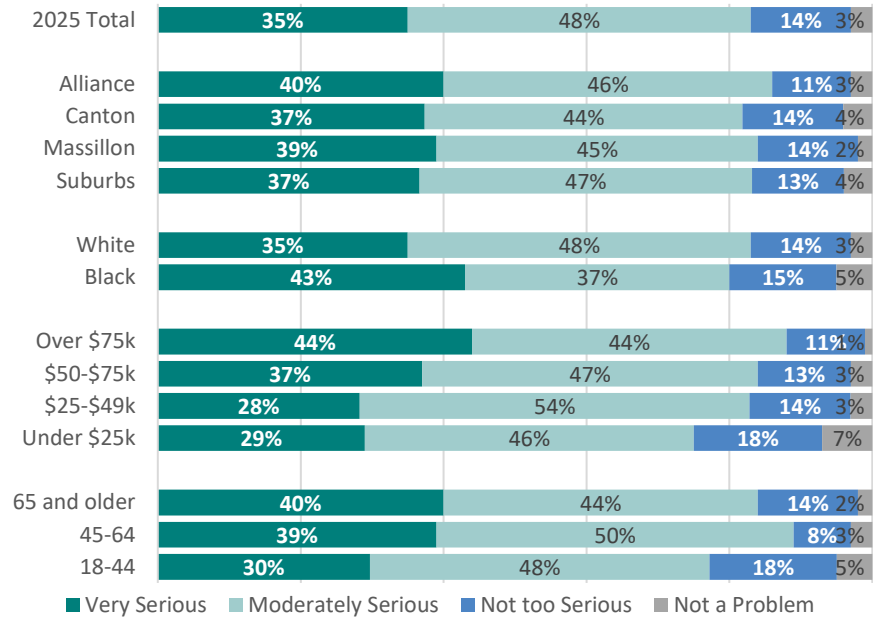
Mental Health - Slightly fewer residents, 86%, felt that mental health was a serious problem in the county with 48% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents without reliable transportation or stable housing, households with someone with a disability, respondents ages 45 to 64, residents with a high school diploma or less education, those who are unemployed or employed full-time, respondents with an annual income under \$25,000, residents who are single or divorced, respondents without health insurance, those who rate their overall health as fair or poor, black residents, renters, residents of Alliance and Canton and those who don't have enough to meet basic expenses.



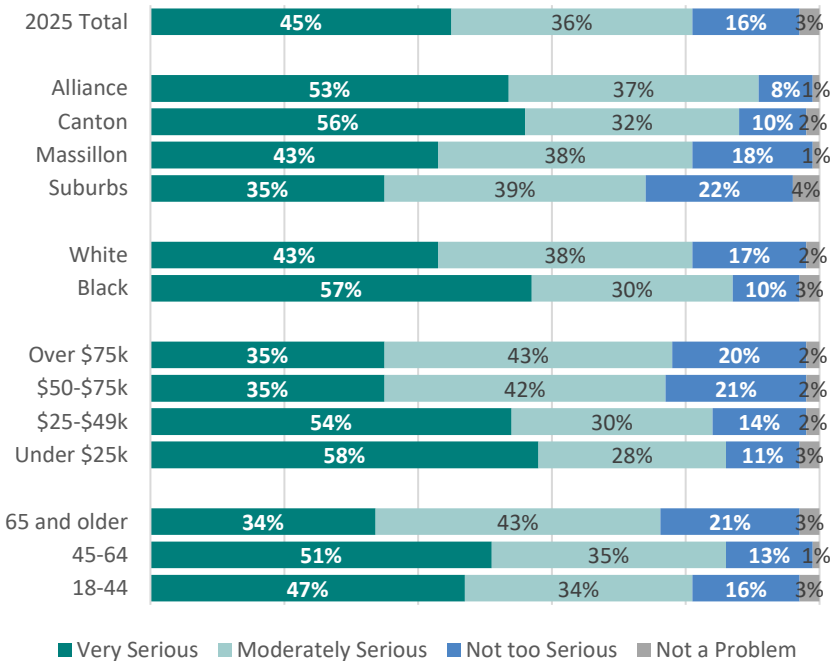
Obesity and Healthy Lifestyle Choices

Most residents, 83%, felt that obesity and healthy lifestyle choices was a serious problem in the county with 35% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents with reliable transportation, those with stable housing, respondents ages 45 and over, college graduates, those who are employed part-time or retired, respondents with an annual income over \$75,000, married residents, homeowners, white respondents, those who rate their overall health as favorable or fair, straight residents, overweight respondents, and those who live comfortably.

Seriousness of Problem: Healthy Lifestyles



Seriousness of Problem: Affordable Housing



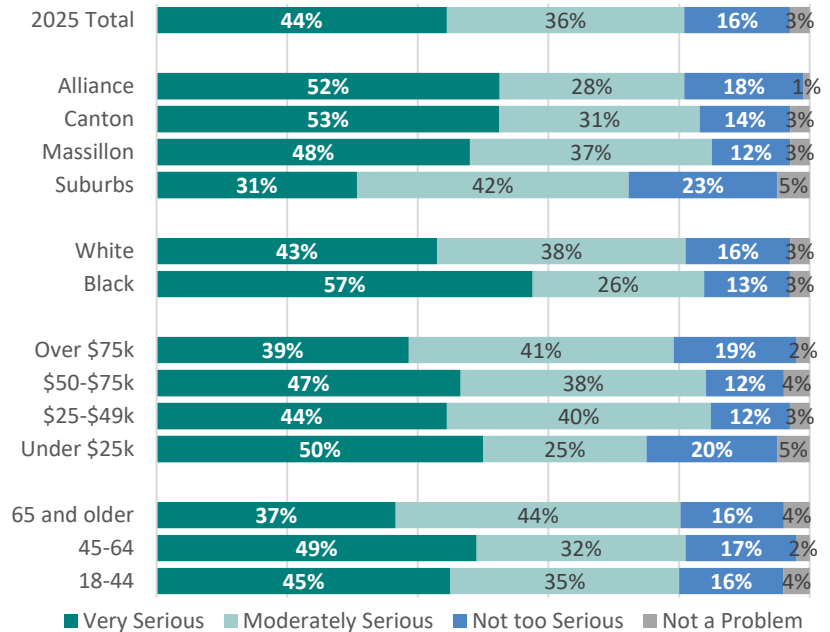
Availability of Affordable Housing - Slightly fewer residents, 82%, felt that the availability of affordable housing was a serious problem in the county with 45% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents without reliable transportation, those without stable housing, households with someone with a disability, respondents ages 18 to 64, residents with some college or less education, those who are unemployed or employed part-time, respondents with an annual income under \$50,000, residents who are single or living with a partner, black residents, those who rate their overall health as fair or poor, renters, non-straight residents, respondents who have not exercised in the past month, residents of Alliance and Canton and those who have enough to just meet basic expenses.



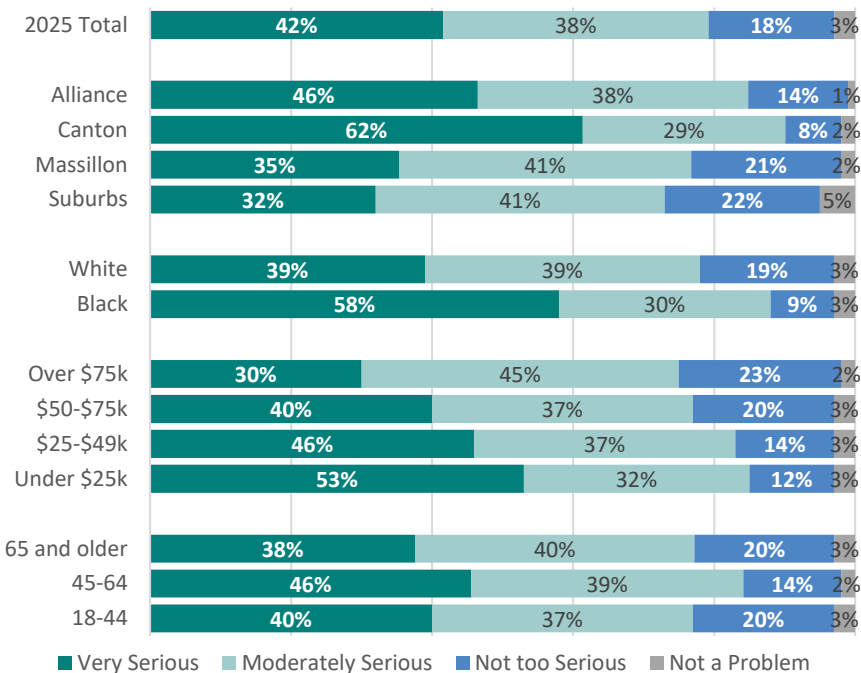


Youth Vaping - Four-fifths of residents, 80%, felt that youth vaping was a serious problem in the county with 44% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, respondents without health insurance, residents with a high school diploma or less education, black respondents, those who are employed part-time, respondents with an annual income under \$25,000, straight residents, those from Alliance, Canton and Massillon, and overweight respondents.

Seriousness of Problem: Youth Vaping



Seriousness of Problem: Crime and Violence

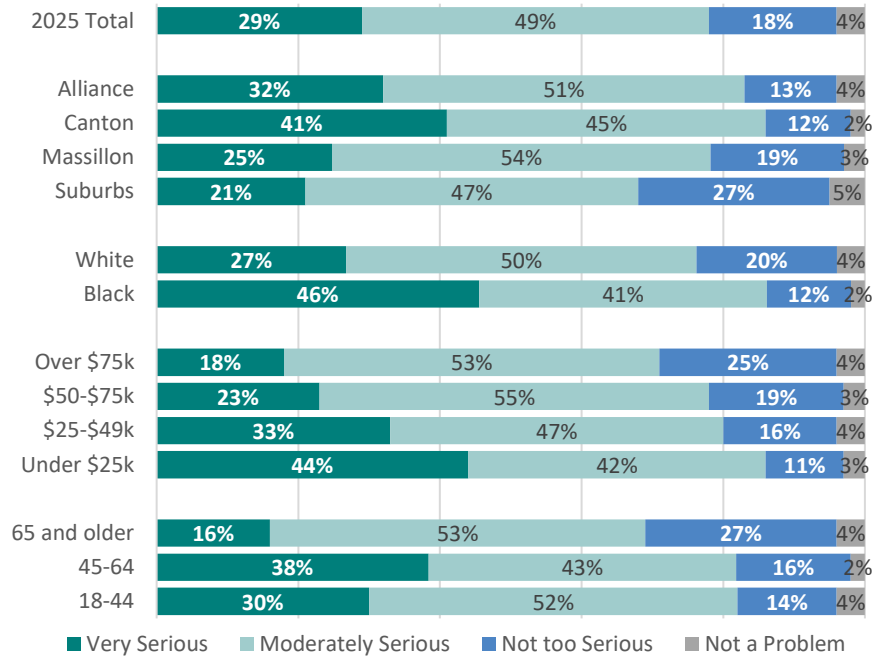


Crime and Violence - The same percentage of residents, 80%, felt that crime and violence was a serious problem in the county with 42% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents without reliable transportation, those without stable housing, households with someone with a disability, residents with a high school diploma or less education, those who are unemployed, respondents with an annual income under \$50,000, residents who are not married or widowed, those who rate their overall health as fair or poor, renters, residents from Alliance and Canton, overweight respondents, black residents, and those who don't have enough to meet basic expenses.

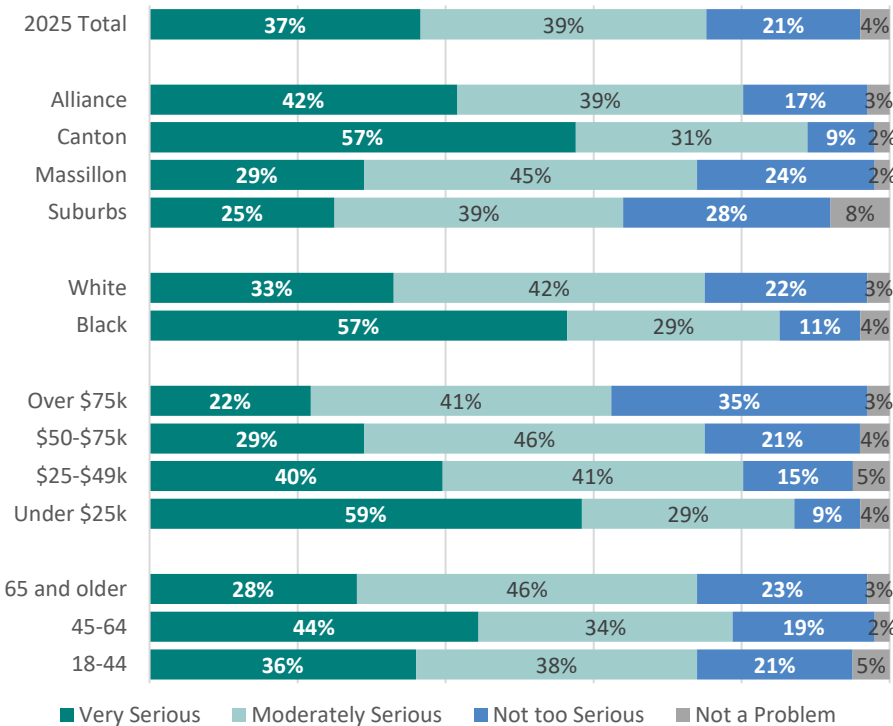


Unemployment - More than three quarters of residents, 78%, felt that unemployment was a serious problem in the county with 29% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents without reliable transportation, those without stable housing, households with someone with a disability, respondents ages 45 to 64, those who are unemployed, respondents with an annual income under \$25,000, residents who are not married or widowed, black residents, renters, those who rate their overall health as fair or poor, non-straight residents, respondents who have not exercised in the past month, Alliance and Canton residents and those who don't have enough to meet basic expenses.

Seriousness of Problem: Unemployment



Seriousness of Problem: Homelessness

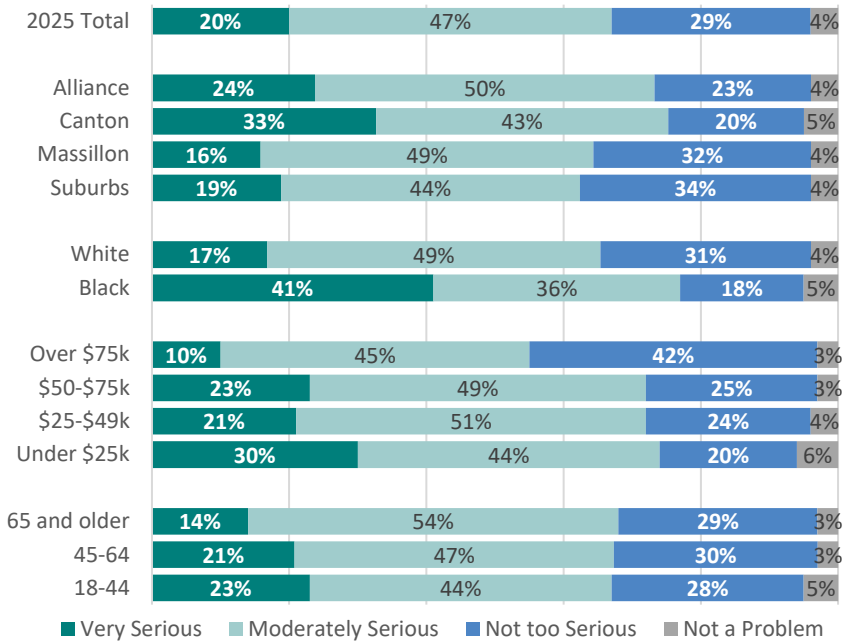


Homelessness - More than three quarters of residents, 76%, felt that homelessness was a serious problem in the county with 37% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents without reliable transportation, those without stable housing, households with someone with a disability, respondents ages 45 to 64, residents with a high school diploma or less education, those who are employed part-time or unemployed, respondents with an annual income under \$25,000, residents who are not married, respondents without health insurance, those who rate their overall health as fair or poor, black residents, renters, overweight respondents, residents of Alliance and Canton, and those who don't have enough to meet basic expenses.

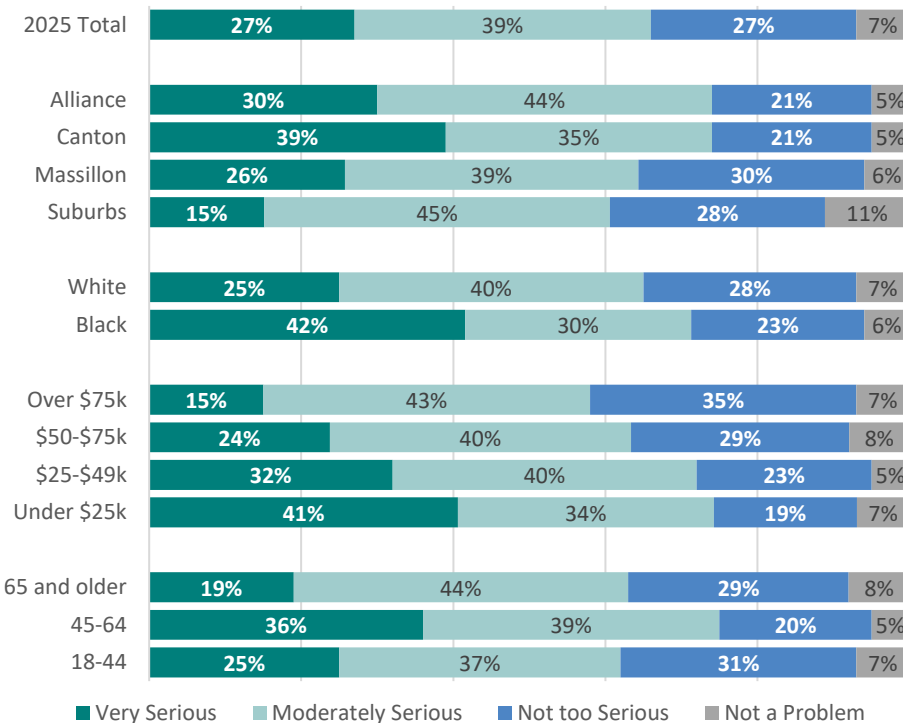


Underage Drinking - Two-thirds of residents, 67%, felt that underage drinking was a serious problem in the county with 20% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include males, residents without reliable transportation, those without stable housing, households with someone with a disability, residents with a high school diploma or less education, those who are employed part-time or unemployed, respondents with an annual income under \$25,000, residents who are not married or widowed, black residents, respondents without health insurance, residents of Alliance and Canton, renters, non-straight residents, and those who rate their overall health as fair or poor.

Seriousness of Problem: Underage Drinking



Seriousness of Problem: Food Insecurity

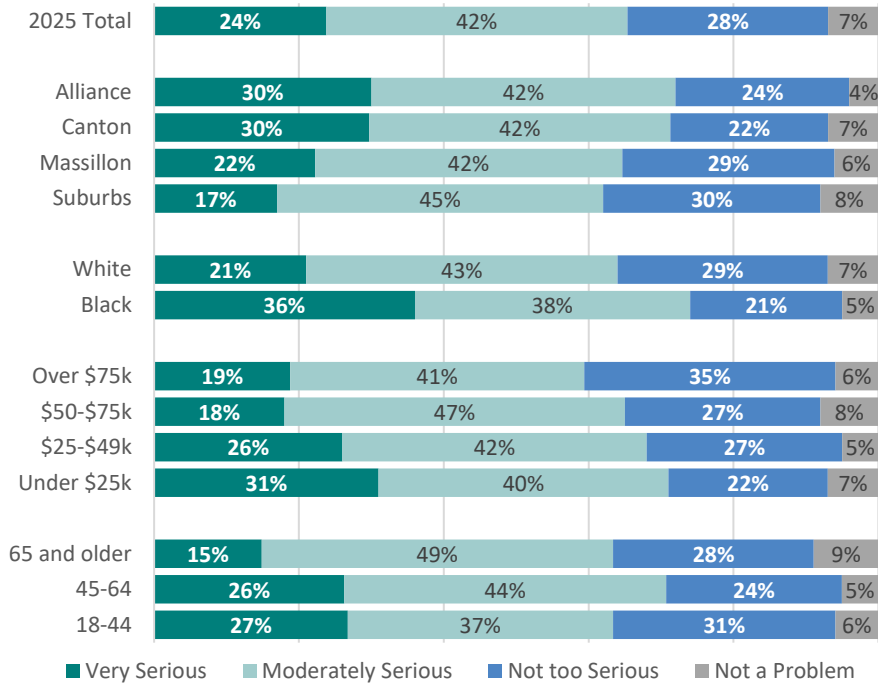


Food Insecurity - Slightly fewer residents, 66%, felt that food insecurity was a serious problem in the county with 27% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents without reliable transportation, those without stable housing, households with someone with a disability, respondents ages 45 to 64, those who are unemployed, respondents with an annual income under \$50,000, residents who are single or divorced, those who rate their overall health as fair or poor, black residents, renters, residents of Alliance and Canton, and those who don't have enough to meet basic expenses.

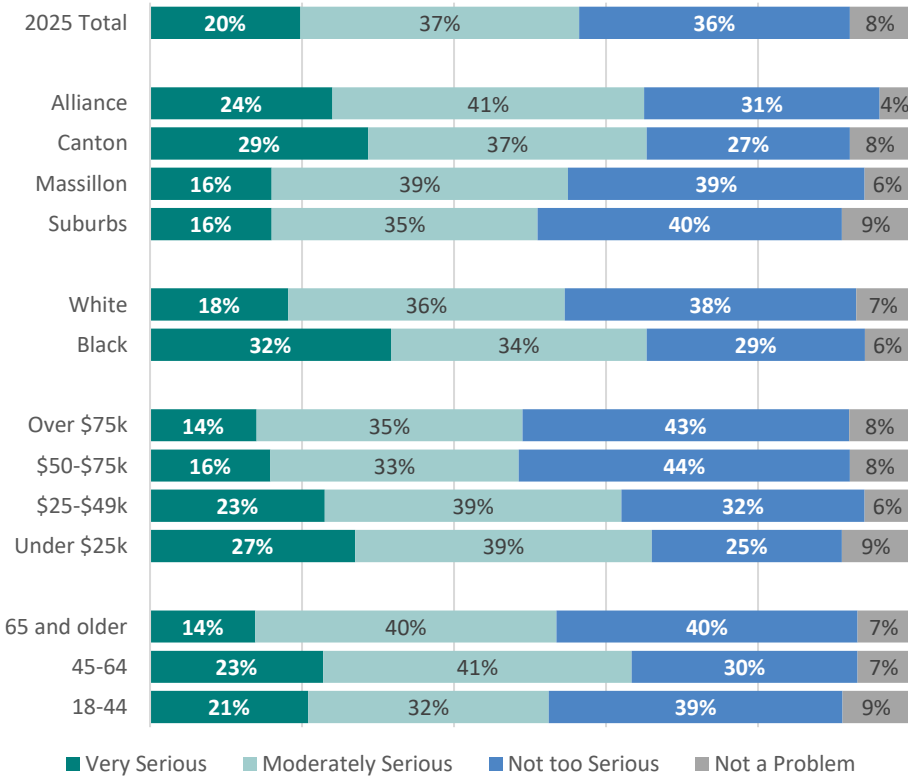


Access to Health Care - The same percentage, 66%, felt that access to healthcare was a serious problem in the county with 24% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, respondents with children in the household, residents without reliable transportation, those without stable housing, households with someone with a disability, respondents ages 18 to 64, residents with a high school diploma or less education, those who are unemployed, respondents with an annual income under \$25,000, single residents, those who rate their overall health as fair or poor, respondents without health insurance, black residents, renters, residents of Alliance and Canton, and those who don't have enough to meet basic expenses.

Seriousness of Problem: Access to Health Care



Seriousness of Problem: Resources for Seniors



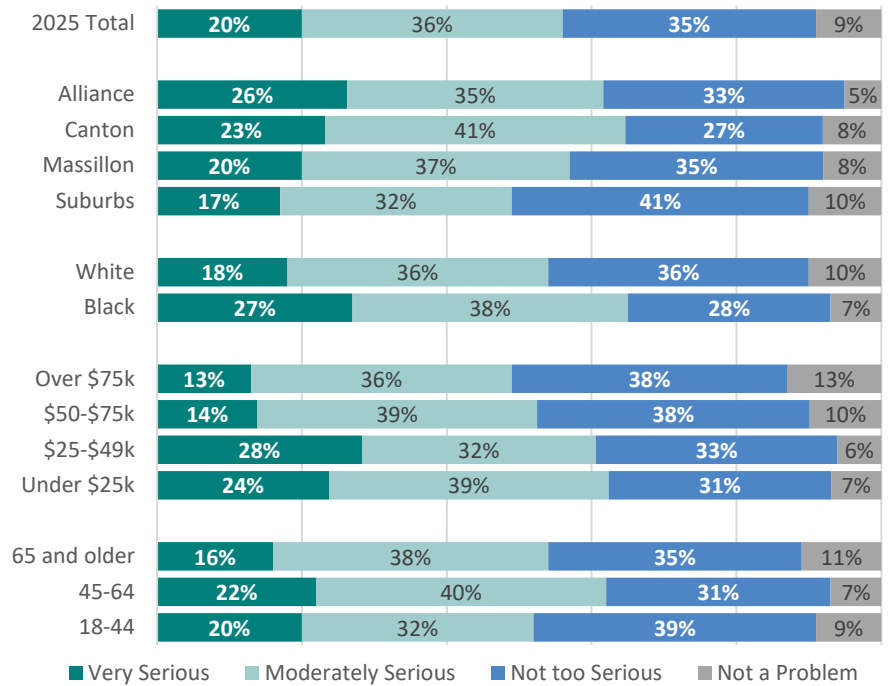
Resources and Services for Seniors - More than half of residents, 56%, felt that resources and services for seniors was a serious problem in the county with 20% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, respondents with children in the household, residents without reliable transportation, those without stable housing, households with someone with a disability, respondents ages 45 to 64, residents with a high school diploma or less education, those who are unemployed, respondents with an annual income under \$25,000, black residents, renters, those who rate their overall health as fair or poor, non-straight respondents, residents of Alliance and Canton and respondents who have not exercised in the past month.



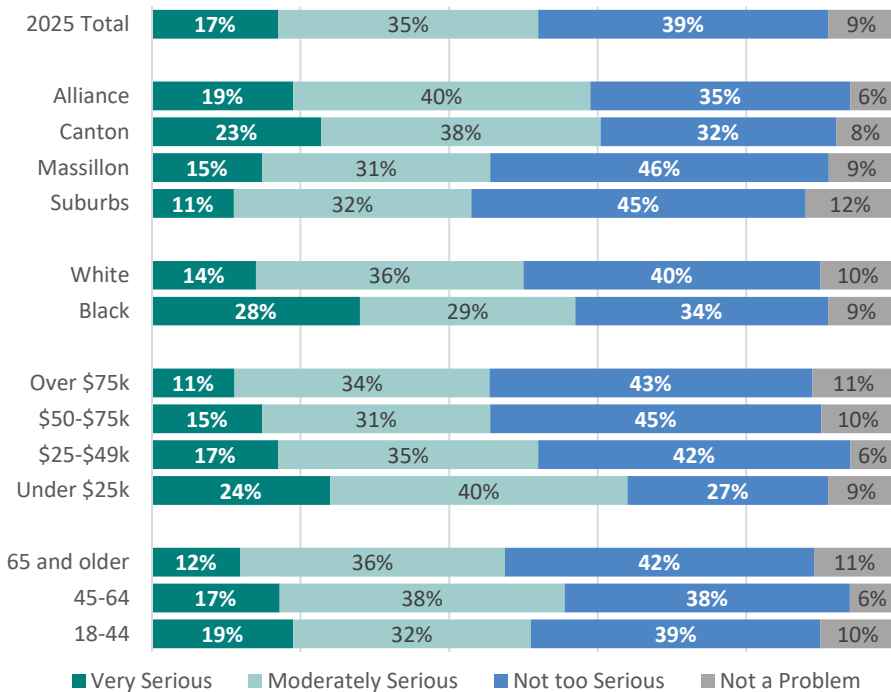


Access to Dental Care - The same percentage, 56%, felt that access to dental care was a serious problem in the county with 20% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, respondents with children in the household, residents without reliable transportation, those without stable housing, respondents without health insurance, households with someone with a disability, respondents with an annual income under \$50,000, black residents, renters, overweight respondents, residents of Alliance and Canton, and those who have enough to just meet basic expenses.

Seriousness of Problem: Access to Dental Care



Seriousness of Problem: Transportation



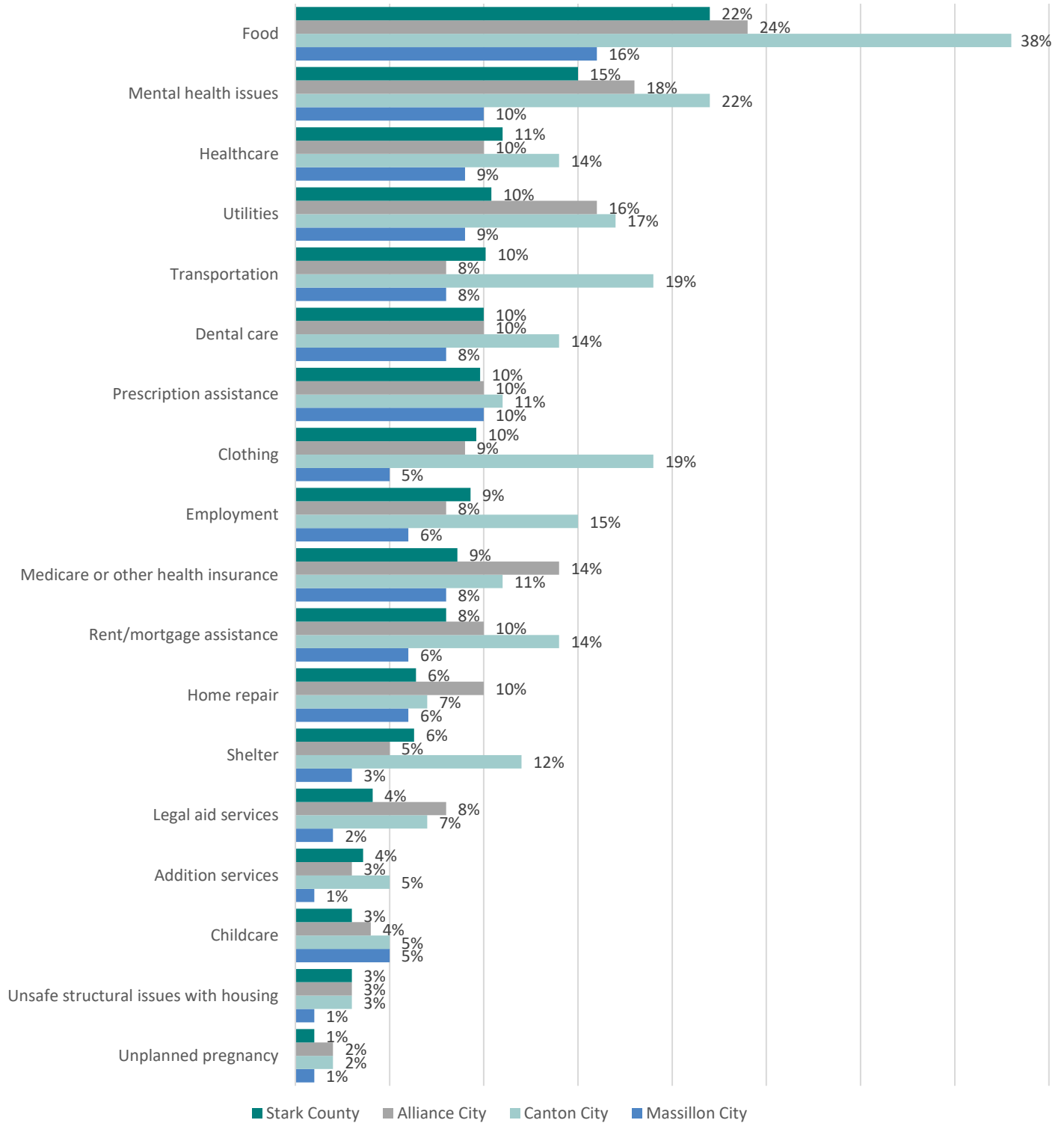
Transportation - More than half of residents, 52%, felt that transportation was a serious problem in the county with 17% rating it as a very serious problem. Groups of residents more likely to rate this as a very serious problem include females, residents without reliable transportation, those without stable housing, households with someone with a disability, those who are unemployed, respondents with an annual income under \$25,000, residents who are single or widowed, those who rate their overall health as poor, black residents, respondents without health insurance, renters, Canton residents, and those who don't have enough to meet basic expenses.



Next, all respondents were given a list of eighteen issues and asked if they sought assistance for each issue in the past year. Each issue is discussed in more detail below.

Sought Assistance For

In the past year, have you sought assistance for any of the following?



- ✓ **FOOD** - Less than one quarter, 22%, of respondents sought assistance for food in the past year. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 64, those with some college or less education, respondents who are unemployed or employed part-time, residents with an annual income under \$50,000 (especially those with an income under \$25,000), those who are not widowed or married, black residents, renters, those without reliable transportation or stable housing, non-Veteran households, respondents who do not have enough to meet basic expenses, households with someone with a disability, residents without health insurance, those who report their overall health as fair or poor, and Canton and Alliance residents.
- ✓ **MENTAL HEALTH ISSUES** - Nearly a sixth, 15%, sought assistance for mental health issues in the past year. Groups of residents more likely to have sought assistance in this area include females, residents ages 18 to 44, those with some college education, unemployed respondents, residents with an annual income under \$25,000, those who are not widowed or married, renters, non-straight residents, those without reliable transportation or stable housing, households with someone with a disability, respondents who do not have enough to meet basic expenses, those who report their overall health as fair or poor, and Alliance and Canton residents.
- ✓ **HEALTH CARE** - More than one in ten residents, 11%, sought healthcare assistance in the past year. Groups of residents more likely to have sought assistance in this area include respondents with children in the home, residents ages 18 to 44, those with some college or less education, respondents who are unemployed or employed part-time, residents with an annual income under \$50,000, those who are living with a partner or divorced, renters, non-straight residents, black respondents, those without stable housing, non-Veteran households, respondents who do not have enough to meet basic expenses, households with someone with a disability, residents without health insurance, those who report their overall health as fair or poor, and Canton residents.
- ✓ **UTILITIES** - One in ten, 10%, sought assistance for utilities in the past year. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, those with some college or less education, unemployed respondents, residents with an annual income under \$50,000, those who are not widowed or married, black residents, renters, those without reliable transportation or stable housing, non-Veteran households, respondents who do not have enough to meet basic expenses, households with someone with a disability, those who report their overall health as poor, and Alliance and Canton residents.
- ✓ **TRANSPORTATION** - Similarly, 10% of respondents sought assistance in the past year for transportation. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, those with some college or less education, unemployed respondents, residents with an annual income under \$25,000, those who are not widowed or married, black residents, renters, non-straight residents, those without reliable transportation or stable housing, non-Veteran households, households with someone with a disability, those who report their overall health as poor, and Canton residents.
- ✓ **DENTAL CARE** - One in ten, 10%, sought assistance in the past year for dental care. Groups of residents more likely to have sought assistance in this area include unemployed respondents, residents with an annual income under \$50,000, those who are living with partner or divorced, respondents who do not have enough to meet basic expenses, renters, those without reliable transportation or stable housing, black respondents, households with someone with a disability, residents who report their overall health as fair or poor, and Canton residents.
- ✓ **PRESCRIPTION ASSISTANCE** - The same percentage of respondents, 10%, sought prescription assistance in the past year. Groups of residents more likely to have sought assistance in this area include females, unemployed respondents, residents with an annual income under \$50,000, those who are divorced, renters, those without reliable transportation or stable housing, households with someone with a disability, respondents who have just enough to meet basic expenses or less, those who report their overall health as fair or poor and white residents.



- ✓ **CLOTHING** - Similarly, 10%, sought assistance in the past year for clothing. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, those with a high school diploma or less education, respondents who are unemployed or employed part-time, residents with an annual income under \$25,000, those who are living with partner or divorced, black residents, renters, respondents who have just enough to meet basic expenses or less, those without reliable transportation or stable housing, households with someone with a disability, residents who report their overall health as fair or poor, and Canton residents.
- ✓ **MEDICARE OR OTHER HEALTH INSURANCE** - Slightly fewer respondents, 9%, sought assistance in the past year for Medicare or other health insurance. Groups of residents more likely to have sought assistance in this area include unemployed respondents, residents with an annual income under \$25,000, renters, those without stable housing, households with someone with a disability, respondents who do not have enough to meet basic expenses, those who report their overall health as fair or poor, white respondents and Alliance residents.
- ✓ **EMPLOYMENT** - The same percentage, 9%, of respondents sought assistance in the past year for employment. Groups of residents more likely to have sought assistance in this area include males, respondents with children in the home, residents ages 18 to 44, respondents who are unemployed or employed part-time, residents with an annual income under \$25,000, those who are living with a partner or single, black residents, renters, respondents who do not have enough to meet basic expenses, non-straight residents, those without reliable transportation or stable housing, residents who report their overall health as poor, households with someone with a disability, residents without health insurance, and Canton residents.
- ✓ **RENT/MORTGAGE ASSISTANCE** - Less than one in ten, 8% sought assistance in the past year for rent/mortgage assistance. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, black respondents, those with some college or less education, unemployed respondents, residents with an annual income under \$25,000, those who are living with a partner or single, renters, non-straight residents, those without reliable transportation or stable housing, households with someone with a disability, respondents who do not have enough to meet basic expenses, those who report their overall health as poor, and Alliance and Canton residents.
- ✓ **HOME REPAIR** - Slightly fewer, 6% of respondents sought assistance in the past year for home repair. Groups of residents more likely to have sought assistance in this area include residents ages 65 and over, retired respondents, residents with an annual income of \$25,000 to \$50,000, homeowners, straight residents, non-Veteran households, and households with someone with a disability.
- ✓ **SHELTER** - The same percentage of respondents, 6%, sought assistance in the past year for shelter. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 64, those with some college or less education, unemployed respondents, residents with an annual income under \$25,000, those who are not married or single, renters, black respondents, those without reliable transportation or stable housing, non-Veteran households, respondents who do not have enough to meet basic expenses, households with someone with a disability, those who report their overall health as poor, and Canton residents.
- ✓ **LEGAL AID SERVICES** - Less than one in twenty respondents, 4%, sought assistance in the past year for legal aid services. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, unemployed respondents, residents with an annual income under \$25,000, those who are divorced, renters, those without reliable transportation or stable housing, respondents who do not have enough to meet basic expenses, black residents, households with someone with a disability, those who report their overall health as or poor, and Alliance and Canton residents.
- ✓ **ADDICTION SERVICES** - The same percentage, 4%, sought assistance in the past year for addiction services. Groups of residents more likely to have sought assistance in this area include residents ages 18 to 44, those with some college or less education, unemployed respondents, residents with an annual income under \$25,000, those who are divorced or living with a partner, renters, those without reliable transportation or stable housing, non-Veteran



households, respondents who do not have enough to meet basic expenses, those who report their overall health as poor, and Canton and suburban residents.

- ✓ **CHILDCARE** - Slightly fewer, 3%, sought assistance in the past year for affordable childcare. Groups of residents more likely to have sought assistance in this area include respondents with children in the home, residents ages 18 to 44, black residents, renters, non-straight residents, and those without reliable transportation or stable housing.
- ✓ **UNSAFE STRUCTURAL ISSUES WITH HOUSING** - Only a small portion, 1%, sought assistance in the past year for unsafe structural issues with housing. Groups of residents more likely to have sought assistance in this area include black residents, those without reliable transportation or stable housing, and Alliance and Canton residents.
- ✓ **UNPLANNED PREGNANCY** - The same small percentage, 1.1%, sought assistance in the past year for unplanned pregnancy. Groups of residents more likely to have sought assistance in this area include females, respondents with children in the home and residents ages 18 to 44.
- ✓ **NONE OF THE ABOVE** - More than half of respondents, 53%, did not seek assistance in the past year for any of the services that were mentioned. Groups of residents more likely to have NOT sought assistance in any of these areas include respondents without children in the home, residents ages 65 and over, college graduates, retired respondents, residents with an annual income over \$75,000, those who are married, homeowners, straight residents, those with reliable transportation and stable housing, Veteran households, respondents who live comfortably, households without someone with a disability, those who report their overall health as excellent or good, white respondents and Massillon and suburban residents.

Summary: Caregiving and Senior Needs

		Stark County	Alliance	Canton	Massillon	Black Residents
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	9.5%	3.2%	7.8%	12.1%	6.2%
	Someone with physical/mental health problem	7.0%	3.8%	8.1%	7.1%	8.6%
	Someone with special needs	5.8%	5.1%	7.3%	3.9%	8.6%
	Children with severe behavioral issues	4.8%	7.1%	5.7%	3.0%	5.7%
	An adult child	3.8%	3.1%	8.4%	4.1%	11.0%
	Grandchildren	3.6%	3.2%	5.4%	3.2%	4.8%
	A foster child or child temporary guardian of	1.1%	1.3%	1.6%	0.2%	1.4%
	Not responsible for caregiving	75.8%	81.4%	71.1%	76.7%	68.9%
Someone provides assistance to them	Yes	17.7%	14.2%	25.9%	14.9%	27.3%
	No	82.3%	85.8%	74.1%	85.1%	72.7%
Challenges facing seniors (% major or moderate challenge)	Having enough money to meet daily expenses	75.0%	78.8%	79.7%	78.7%	75.6%
	Having safe and affordable housing	73.5%	75.5%	78.9%	71.4%	75.8%
	Being a victim of fraud or a scam	73.4%	75.0%	74.9%	74.1%	75.1%
	Feeling depressed, lonely or isolated	72.2%	74.8%	74.8%	72.6%	75.1%
	Not knowing what services are available	67.9%	73.1%	74.0%	69.4%	72.7%
	Getting needed healthcare	63.9%	67.7%	69.5%	63.8%	67.9%
	Maintaining home and yard	63.3%	60.6%	70.4%	65.2%	67.5%
	Understanding public programs	63.2%	65.2%	68.8%	65.7%	65.6%
	Providing care for another person	59.8%	60.3%	60.9%	59.5%	62.0%
	Having safe and affordable transportation	59.3%	57.7%	67.7%	59.3%	70.2%

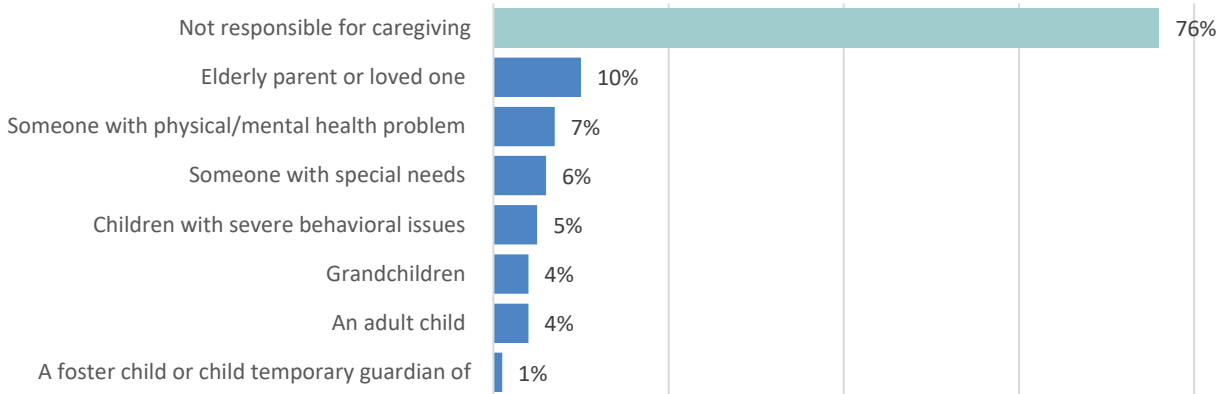




Nearly a quarter of residents, 24%, indicated that they are responsible for providing regular care or assistance to at least one of seven different populations. Each is discussed in more detail below.

Caregiving Responsibility

Are you responsible for providing regular care or assistance to any of the following?



- One in ten residents, 10%, reported providing regular care or assistance to an **elderly parent or loved one**. Groups more likely to provide care or assistance to this population include females, ages 44 to 64, those with an annual income of \$25,000 to \$50,000, homeowners, households with someone with a disability, and Massillon residents.
- Less than one in ten residents, 7%, reported providing regular care or assistance to **a friend, family member or spouse who has a physical or mental health problem**. Groups more likely to provide care or assistance to this population include those with some college or less education, those without reliable transportation or stable housing, veteran households, and households with someone with a disability.
- Slightly fewer, 6%, reported providing regular care or assistance to **someone with special needs**. Groups more likely to provide care or assistance to this population include respondents with children in the home, black residents, those without reliable transportation or stable housing, and households with someone with a disability.
- One in twenty residents, 5%, reported providing regular care or assistance to a **child with severe behavioral issues**. Groups more likely to provide care or assistance to this population include respondents with children in the home, residents ages 18 to 44, those with an annual income under \$50,000, single respondents, renters, non-straight residents, those without reliable transportation or stable housing, veteran households, residents who rate their overall health as poor, and households with someone with a disability.
- Fewer residents, 4%, reported providing regular care or assistance to an **adult child**. Groups more likely to provide care or assistance to this population include black residents, those without reliable transportation, households with someone with a disability, and Canton residents.
- Similarly, 4%, reported providing regular care or assistance to a **grandchild**. Groups more likely to provide care or assistance to this population include ages 45 and over, married or divorced respondents, and veteran households.
- Only a small percentage of residents, 1%, reported providing regular care or assistance to **a foster child or child that they are temporary guardian of**. Groups of residents more likely to provide care or assistance to this population include respondents with children in the home, renters, and those without stable housing.
- More than three-quarters of residents, 76%, reported **NOT** providing regular care or assistance to any of the above populations. Groups of residents more likely to NOT provide care or assistance to any population include respondents without children in the home, residents ages 65 and over, those with an annual income of \$50,000 to \$75,000, respondents who are widowed or living with a partner, white residents, straight residents, those with



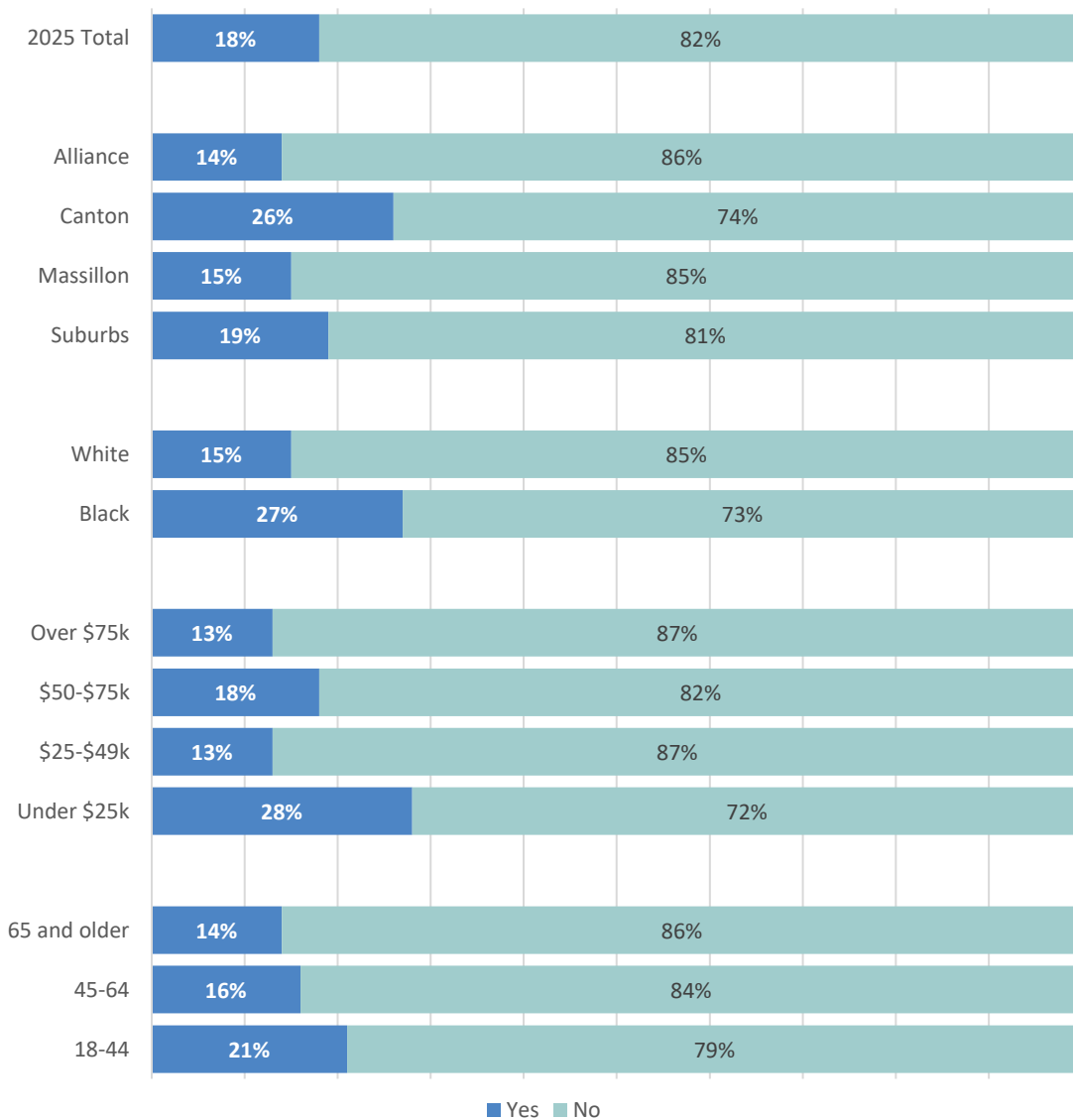


reliable transportation and stable housing, non-veteran households, households without someone with a disability, and Alliance residents.

More than a sixth of residents, 18%, reported that someone they have a significant personal relationship with such as a relative, partner, friend, or neighbor provides assistance to them almost every day. Groups of residents more likely to receive caregiving from someone close to them include respondents without children in the home, those with a high school diploma or less education, unemployed residents, respondents who are living with a partner, black residents, renters, those without reliable transportation or stable housing, households with someone with a disability, residents who rate their overall health as poor, and Canton residents.

Receive Caregiving

Whether or not they live with you, does someone with whom you have a significant personal relationship (such as a relative, partner, friend or neighbor) provide assistance TO YOU almost every day?

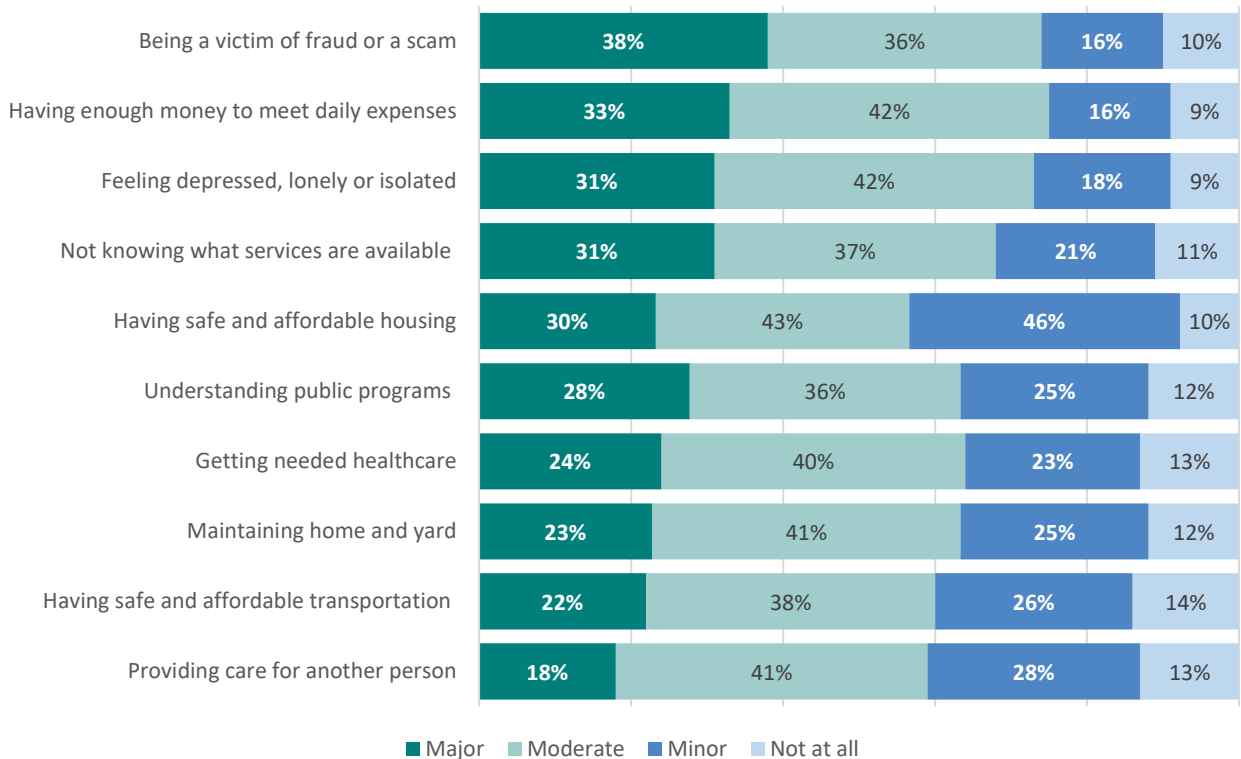




Lastly, residents were given a list of ten challenges that older adults may face and asked how much of a problem they felt each was for older adults in Stark County. Each problem is discussed in more detail below.

Seriousness of Challenges to Seniors

Older adults may face a number of challenges. How much of a problem, if at all, do you think each of the following are for older adults in Stark County?



- Three-quarters of residents, 75%, felt that **having enough money to meet daily expenses** was a problem facing older adults with 33% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents ages 45 to 64, those with some college education, respondents with an annual income under \$50,000, residents who are not married, renters, those without stable housing, residents who have just enough to meet basic expenses or less, households with someone with a disability, Alliance, Canton and Massillon residents and those who rate their overall health as fair or poor.
- Slightly fewer residents, 74%, felt that **having safe and affordable housing** was a problem facing older adults in the county with 30% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents ages 45 to 64, respondents who are employed full-time or unemployed, those with an annual income under \$50,000, residents who are widowed or divorced, renters, those without reliable transportation or stable housing, residents who have just enough to meet basic expenses or less, non-veteran households, residents of Canton, and those who rate their overall health as fair.
- Nearly three-quarters of residents, 73%, felt that **being a victim of fraud or a scam** was a problem facing older adults in the county with 38% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, respondents with children in the home, residents ages 45 to 64, straight residents, those without stable housing, residents who have just enough to meet basic expenses or less, households with someone with a disability, and those who rate their overall health as fair or poor.
- Slightly fewer residents, 72%, felt that **feeling depressed, lonely or isolated** was a problem facing older adults in the county with 31% saying it was a major problem. Groups of residents more likely to feel that this was a problem





facing older adults include females, respondents with children in the home, residents ages 18 to 64, unemployed respondents, those with an annual income under \$50,000, residents who are not married, renters, straight residents, those without reliable transportation or stable housing, non-veteran households, residents who have just enough to meet basic expenses or less, households with someone with a disability, and those who rate their overall health as fair or poor.

- More than two-thirds of residents, 68%, felt that ***not knowing what services are available to adults over 55 in their community*** was a problem facing older adults in the county with 31% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents ages 45 to 64, respondents who are employed full-time, those with an annual income under \$50,000, residents who are widowed or divorced, renters, straight residents, those without reliable transportation or stable housing, veteran households, residents who have just enough to meet basic expenses or less, households with someone with a disability, and those who rate their overall health as fair or poor.
- Less than two-thirds of residents, 64%, felt that ***getting the health care they need*** was a problem facing older adults in the county with 24% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, respondents with children in the home, residents ages 45 to 64, those with an annual income under \$50,000, renters, those without reliable transportation or stable housing, non-veteran households, residents who have just enough to meet basic expenses or less, households with someone with a disability, and those who rate their overall health as fair.
- Slightly fewer, 63%, felt that ***maintaining their home and yard*** was a problem facing older adults in the county with 23% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, respondents with children in the home, those with some college education, those with an annual income under \$50,000, residents who are not married, straight residents, those without reliable transportation or stable housing, residents who have just enough to meet basic expenses or less, households with someone with a disability, residents of Canton, and those who rate their overall health as fair or poor.
- The same percentage of residents, 63%, felt that ***understanding public programs such as Social Security, Medicare, and Medicaid*** was a problem facing older adults in the county with 28% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, residents ages 45 to 64, employed respondents, those with an annual income under \$50,000, straight residents, those without reliable transportation or stable housing, non-veteran households, residents who do not have enough to meet basic expenses, households with someone with a disability, and residents of Canton and Massillon, and those who rate their overall health as fair or poor.
- Fewer residents, 60%, felt that ***having safe and affordable transportation*** was a problem facing older adults in the county with 22% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, respondents with children in the home, residents ages 45 to 64, unemployed respondents, those with an annual income under \$50,000, residents who are not married, black residents, renters, those without reliable transportation or stable housing, residents who have just enough to meet basic expenses or less, households with someone with a disability, residents of Canton, and those who rate their overall health as fair or poor.
- More than half of residents, 59%, felt that ***providing care for another person*** was a problem facing older adults in the county with 18% saying it was a major problem. Groups of residents more likely to feel that this was a problem facing older adults include females, respondents with children in the home, residents ages 45 to 64, those with some college or more education, married residents, straight residents, those without reliable transportation or stable housing, households with someone with a disability, and those who rate their overall health as fair or poor.



SOCIAL BARRIER SURVEY - GIVEN TO COUNTY ADULTS RECEIVING MENTAL HEALTH SERVICES

- When asked the most important issues facing their family or household, the most common issues mentioned by the social barrier survey respondents included financial issues such as lack of money or bills in general (44.9%), food insecurity (44.1%), housing (40.9%), transportation (29.9%), and health care (27.6%).
- When given a list of five different issue areas and asked if any had ever prevented them or anyone in their household from being able to go to the doctors or other health-related appointments, nearly half of the social barrier survey respondents, 46.0%, reported past transportation issues such as not having a way to get to the things they need. Nearly a third, 29.9%, reported experiencing housing issues such as having trouble finding a place to live or paying for house or rent while 29.2% had utility costs issues such as not having enough money or support for electric, gas, water, or other services. Nearly a quarter, 22.6%, had food insecurity issues such as not having enough food for them or their family and 17.5% indicated having health literacy issues such as not understanding their health issues or what they're supposed to do.

Summary Table: Overall Family Needs			
		%	N
Most Important Issue Facing Family <i>(combined mentions: open end – top 3)</i>	Finances, money, bills in general	44.9%	127
	Food insecurity	44.1%	
	Housing	40.9%	
Issue ever kept them/household from doctor or health related appointment <i>(% had issue)</i>	Transportation	46.0%	137
	Housing	29.9%	
	Utility costs	29.2%	
	Food insecurity	22.6%	
	Health Literacy	17.5%	
	None	32.8%	

- Social barrier survey respondents were given a list of ten food insecurity related issues and asked if they or anyone in their household has experienced each issue in the past year. More than two-thirds, 70.1%, reported experiencing at least one of the issues in the past year. The food insecurity related issues most prevalent included running out of food before their next paycheck (45.3%), having trouble getting enough food (39.4%), couldn't afford to eat healthy meals (33.6%), too hard to get to the grocery store (29.9%), and they ate less or skipped meals because there wasn't enough money for food (22.6%).
- Around half of social barrier survey respondents reported that they received food stamps/EBT/SNAP (56.2%) or got help with food from food pantries (46.7%) while a quarter or more received help with food from friends or relatives (27.7%) or WIC (24.8%).
- Social barrier survey respondents were also given a list of nine items and asked if they or anyone in their household did any to make sure they had enough money for food. Things respondents were most likely to do included borrowing from a friend or family (37.2%), not paying utilities on time (27.0%), not paying rent or mortgage on time (23.4%), and neglecting their healthcare needs (16.1%).
- When given a list, the three most common items that would help social barrier survey respondents to get enough food for them and their family were affordable housing (39.4%), affordable utilities (35.0%), and being able to get around easier or having better transportation (32.8%).
- Finally, social barrier survey respondents were asked what they felt was needed in the community to help them get enough food and fresh fruit and vegetables for them and their family. The most common responses were affordable groceries, a closer grocery store, and closer or more food pantries.



Summary Table: Food Insecurity			%	N
Experienced in past year	Running out of food before next paycheck	45.3%	137	
	Have trouble getting enough food	39.4%		
	Couldn't afford to eat healthy meals	33.6%		
	Too hard to get to the grocery store	29.9%		
	Ate less/skipped meals because no money for food	22.6%		
	Not enough time for shopping or cooking	11.7%		
	Lost weight or had a health problem	8.0%		
	No working refrigerator available	6.6%		
	No working stove or cooktop available	5.8%		
	Didn't know how to prepare food	3.6%		
	None of the above	29.9%		
Help received in past year for food	Food stamps/EBT/SNAP	56.2%	137	
	Food pantries	46.7%		
	Friends/relatives	27.7%		
	WIC	24.8%		
	Special food assistance during holidays	17.5%		
	Free or reduced school breakfast or lunch	16.1%		
	Community meal sites	13.1%		
	Shelters	10.2%		
	Home delivered meals	5.8%		
	Summer breakfast programs	5.1%		
	Voucher or coupon program	4.4%		
None of the above	16.8%			
Things done in past year to make sure had enough money for food	Borrowed from a friend or family	37.2%	137	
	Not paid utilities on time (<i>water, electric, phone, etc.</i>)	27.0%		
	Not paid rent or mortgage on time	23.4%		
	Neglected healthcare needs	16.1%		
	Moved in with family or friends	13.9%		
	Didn't take medicine or renew prescription	11.7%		
	Got an additional job	10.9%		
	Used payday loan services	8.8%		
	Moved into a shelter	7.3%		
	None of the above	32.8%		
What would help get enough food	Affordable housing	39.4%	137	
	Affordable utilities (water, electric, phone)	35.0%		
	Being able to get around easier	32.8%		
	Have a grocery store nearby	19.0%		
	Help in applying for food programs	17.5%		
	Affordable childcare	13.1%		
	Have fresh fruits and vegetables in a store nearby	13.1%		
	Learning how to plan money for food	12.4%		
	Having a place to grow your own food	8.0%		
	Learning how to grow your own food	7.3%		
	Learning how to cook	3.6%		
None of the above	23.4%			
What need regarding food (<i>open-end - top 3</i>)	Affordable groceries	21.7%	60	
	Closer grocery store	20.0%		
	Closer/more food pantries	18.3%		



- Social barrier survey respondents were given a list of twelve health literacy related issues and asked if they or anyone in their household has experienced each issue in the past year. More than half, 55.5%, reported experiencing at least one of the issues in the past year. The health literacy related issues most prevalent included finding a doctor or mental health provider (19.7%), completing health questionnaires at the doctor or provider office (19.7%), calling a doctor or provider for appointments or follow-ups (16.1%), using a computer (15.3%), and understanding words used by providers (14.6%).
- A third of social barrier survey respondents, 33.3%, reported that it was very or somewhat hard for them to understand what their doctor or provider tells them during visits or when they got back home.
- Significantly fewer, 18.5%, reported that it was somewhat or very hard for them to understand what their pills or medicines are for and how they take them. A notable portion, 14.5%, reported that they do not take medications.
- Less than three-quarters, 70.9%, reported having access to the internet at home while slightly fewer, 67.0%, had access to the internet someplace else. Less than half of residents reported having a computer at home while slightly more, 50.0% reported having access to a computer someplace else when they need it.
- When asked what doctors or nurses could do to help them understand their health information better, the two most common responses were to provide a simpler/easier explanation and to provide a translator.

Summary Table: Health Information			
		%	N
Had trouble in past year	Finding a doctor or mental health provider	19.7%	137
	Completing health questionnaires at the doctor's	19.7%	
	Calling doctor for appointments or follow-ups	16.1%	
	Using a computer	15.3%	
	Understanding words used by the providers	14.6%	
	Reading English	13.1%	
	Writing English	11.7%	
	Reading	10.9%	
	Math	10.9%	
	Speaking English	10.2%	
	Following written directions from your doctor	9.5%	
	Understanding how risky behaviors impact health	8.8%	
	None of the above	44.5%	
How hard to understand what doctor says	Very hard	8.9%	123
	Somewhat hard	24.4%	
	Not hard at all	66.7%	
How hard to understand what medicines are for	Very hard	0.8%	124
	Somewhat hard	17.7%	
	Not hard at all	66.9%	
	<i>Do not take medications</i>	<i>14.5%</i>	
Has access to	A computer at home	42.0%	119
	A computer somewhere else	50.0%	102
	Internet at home	70.9%	110
	Internet someplace else	67.0%	100
What drs could do to help understand info <i>(open-end - top 3)</i>	Easier/Simple explanation/Speak slowly	30.8%	52
	Translator	19.2%	
	Send home info/Send email	15.4%	



COMMUNITY PARTNER SURVEY

The 143 community partners who completed the on-line survey were asked what they thought were the most important health related issues or needs in Stark County right now. Community partners were then asked a follow-up question as to what needs to be done to address the issue(s) they mentioned. Both questions were open-ended in which the respondents could give multiple responses.

The most common need or issue named was mental and behavioral health issues, mentioned by 65% of community partners. More than half of community partners, 52% named access to healthcare while more than a third of community partners, 38% named food insecurity. A third of community partners, 33%, mentioned substance use disorder as an important health related issue or challenge. Other issues named by community partners include, in order of importance, housing, healthy lifestyle choices, transportation, healthy equity, chronic diseases, social determinants of health, and infant mortality and maternal health.

Most Important Health Related Issue or Challenge		
	# of TOTAL Responses	% of Partners
Mental/Behavioral health	91	64.5%
Access to healthcare	73	51.8%
Food insecurity	54	38.3%
Substance use disorder	47	33.3%
Housing	37	26.2%
Healthy Lifestyle Choices	37	26.2%
Transportation	36	25.5%
Health equity	35	24.8%
Chronic diseases	31	22.0%
Social determinants of health- Transportation, Housing, Food Access, Violence	28	19.9%
Infant mortality and maternal health	24	17.0%
Health/Medical literacy	14	9.9%
Poverty	14	9.9%
Children's/Youth health	13	9.2%
Current healthcare instability in US	12	8.5%
Social services	12	8.5%
Senior care	9	6.4%
Dental care	7	5.0%
STDs	4	2.8%
Communicable diseases	3	2.1%
Women's health	3	2.1%
Total	584	(n=141)
<i>Question: Given your professional experience, what do you think are the most important health related issues or needs in Stark County right now? (could give multiple responses)</i>		

When asked what needs to be done to address these issues, general themes included resources throughout the county, collaboration and coordination, outreach and education, removing barriers, increased capacity and access, and addressing basic needs and root cause. More specific recommendations are outlined in the table below.





What needs done to address issues

Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
<p>Mental/Behavioral health</p>	<ul style="list-style-type: none"> • Additional prevention supports (across the life span). • Mental Health Treatment Services. • Have Mercy or Aultman have a psych unit again. • We need more availability of mental health providers in Stark County. • Continue the emphasis of removing the stigma. Coordinated efforts between schools, service providers, and families. • Consider the root causes of the need for mental health services. Financial instability, lack of good public transit, removal of spaces in the cities for green space (ex: centennial plaza), lack of affordable or free extracurricular activities (for children as well as adults). Mental health services are ineffective if the underlying causes are not addressed first. • Increase home based services, incentives for providers to hire and maintain staff. • Increase in psychiatric care facilities and capacity. It is now a revolving wheel from EMS to the ER and back to the street. • Making sure those with severe and persistent mental health issues have access to behavioral health services in our community. • Accessibility and availability are limited in our community. Many people cannot receive psychiatric medications from other providers and are in need. The long waitlists keep people without their medications for a long time. • More providers and access points. Education and partnerships. • Education, Education, Education; making families and parents aware. • Make sure available in all medical seating to include clinics and hospitals. • Building resiliency at a young age is important as well as having access to the care when you need it. Despite having places to go, the access to mental health care is not as good as advertised. When you call the crisis center, they can't come for hours or the next available time your provider can see you is in 3 weeks. Additionally insurance companies rule the health care system. Depending on your insurance status is what you can have access to. • 1 on 1 support for those most affected in order to get them on the right path/connect with resources. • Decreased wait time for services, reduce the turnover off counselors. • Increase collaboration between mental health/physical health providers to increase access to services. • More Workplace and Community Education. • I believe the awareness surrounding mental health has been greatly enhanced, to the point where the professional field needs time to catch up and match the need. • More staff, trained at public health locations, improve ease of access to available services, mental health in emergency rooms. • Improved access to care, social programs and support for the unhoused, collaboration with Stark Economic Development and Stark Public Health to develop evidence based solutions. • Collaborative efforts (family, school, physical and mental health care providers) that support reduction of stress and anxiety, ranging from social media interactions to peer to peer support systems to counseling that addresses social determinants of health. • Encouraging people to recognize they have issues. Letting them know it's okay to seek help. Breaking down stigmas. Having enough providers. • Getting appointments that are not scheduling a month out or providers that actually answer phones. • An increase in early prevention programming/curriculum would be helpful to children and caregivers. • Expand Medicaid services; train trusted community members to engage w/their peers. Re-evaluate current mental health hospitals for appropriate care. • More access at local clinics and more community access to community family support services. • Help non-independently licensed providers to get licensed through payment for test-prep materials and support.



**What needs done to address issues***Issue***What Needs Done**

PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.

- Increased volumes of adults and children in need of limited resources.
- We need more mental health professionals qualified to provide trauma treatment to children. The ones who are here are good, but there aren't enough of them.
- Raising mental health awareness by displaying coping techniques in the community using visual art. This will reduce the stigma of mental health.
- Operating hours outside of 9-5 for working families. Accessible local spaces outside of Canton.
- Expand Access to Mental Health Services Mobile Clinics & Telehealth: Increase access in underserved areas through mobile mental health units and virtual therapy. School-Based Services: Place licensed therapists or social workers in schools to support students early. Sliding Scale or Free Clinics: Ensure cost is not a barrier by supporting clinics that offer income-based or no-cost services. Support Recovery and Long-Term Stability. Transitional Housing: Provide sober living environments and recovery housing for individuals leaving treatment. Employment Programs: Offer job training and placement services for those in recovery. Community Recovery Centers: Create drop-in centers with peer support, counseling, and wellness resources.
- Our mental health and substance use treatment systems need a serious redesign to be more accessible, equitable, and effective. Stop treating them as separate silos - combine the services into one continuum of care. We also need to move away from law-enforcement-first models for mental health emergencies.
- More hands-on, individual assistance to ensure that those seeking help are not just given a phone number to call and aren't treated with a 'one-size fits all' plan.
- We have a lot of counselors who are not familiar with or feel comfortable with counseling individuals with developmental disabilities.
- There are few, if any, safe spaces for teenagers to be after school, or during the summer that do not cost parents extreme amounts of money. Adults are concerned about too much screen time but the community doesn't offer other areas to be a teenager. Lack of transportation options, teenagers remaining indoors or just roaming offers no outlet to deal with loneliness, bullying, etc. Communities that offer spaces for teens to be, to play video games together, outdoor activities, etc. would be beneficial. Businesses could offer lower rates for students during summer or afternoons.
- More education on Mental Health & Illness.
- We need more mental health professionals qualified to provide anxiety treatment to children. The ones who are here are good, but there aren't enough of them.
- I work with individuals who have SEVERE mental health issue and need to be pink slipped or admitted to get stable. The inability to get someone this care keeps them in a terrible mental state. If they do get initial treatment they are not given the support to transfer to somewhere other than a shelter which causes them great distress as they try to get well.
- More opportunities for low-cost mental health care in the local community through CommQuest / other providers. 'Pro-bono' opportunities and general outreach to the community.
- Social media fasting campaign, advertising the benefits of it with teen ambassadors.
- More local funding targeted to upleveling current mental health providers or feeding programs to access mental health education and licensures.
- Increased recruitment among graduates in this field of study. Educate state legislators about changes to Medicaid and the consequences thereof.
- Addressing mental health starts with funding that truly reflects the cost of care. Many providers struggle to sustain services under current reimbursement rates. Increased investment is needed to support the workforce, expand access through integrated care and telehealth, and strengthen prevention efforts in schools/community. Without stable funding, long term impact is not possible.
- Improving access and lessening the stigma of treatment.
- Response teams for crisis intervention for initial care and transport.





What needs done to address issues

Issue	What Needs Done
-------	-----------------

PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.

	<ul style="list-style-type: none"> • Making mental health services affordable but also addressing the workforce issue for clinicians. • Add Telehealth Services to assist providers in addressing mental health issues. • Increased mental health office hours. Access to inpatient treatment. • Access to EMS or other transportation to mental health hospitals rather than ER, where they pay to sit with and coordinate care to MH hospitals. Need change at state level to allow EMS to transport to BH hospitals. • Health campaigns to reduce stigma, local hospital systems expanding inpatient services, as the only mental health hospital in Stark County is Heartland and not everyone is eligible to go there. More primary care provider training in behavioral health so they feel able to address mild and moderate mental illness. • Having more counsellors in this area. • Put procedures in place so people do not have to wait for long periods of time for an appointment. • While stigma is less vs 10 years ago, mental health is an add-on for people with problems, not a regular, typical, integral part of health. Build it into school days, workdays & volunteer days as the norm to ensure coping skills and capable supporters at various levels. • We label too many issues as 'mental health' when they are just training and development needs to overcome fear of unfamiliar things. • Increased availability of providers. • Continue the good work of StarkMHAR providing resources and assistance. • Staffing levels. • StarkMHAR does a great job with trainings for the community. Continue to provide these trainings. • Education for those organizations that don't deal with individuals with mental health issues daily - for example educating the police officers, grocery store workers, etc. so that they are treated the same way as others and not casted out because someone assumed something about them. • Integrate more with physical health; improve data sharing; enhance workforce; decrease waitlists; share resources more with providers and the community; do more around mental health promotion/resiliency/healthy coping skills. • More counselors and therapists in the area especially from diverse cultures. More cultural competency training. • Again, having more providers available and keeping appointments for those who need it. If we are going to offer Medicaid insurances, we need to have providers that will accept those and accept them in a timely fashion versus months and months out. • Support training for school counselors in trauma informed care, expand telehealth services. • Collaborate with community partners/stakeholders to implement SEL opportunities in community services. Advocate for the continuation of support for SEL in schools with legislators. • Capture and communicate the data consistently - strive for collaborative efforts in care. • Low cost and more accessibility. • The help exists, it's a matter of those who need it accepting it if they're even capable of seeking it. • Revenue and resources. • I don't think this is possible, but have a fund for people with high deductibles (two and three hundred thousand dollars) to at least partially cover the out of pocket costs. • Enforce existing policies. • Stronger partnerships and more information sharing. • Suicide prevention programs and discussions integrated with local churches. • Go out in the community see for yourself. • More therapists and decrease wait time on lists. • I think the community has strong systems but patient resistance is a barrier.
--	---



What needs done to address issues	
Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • Stop hiding overdoses and suicides, continue to stress the importance of fentanyl awareness in prescription and illegal street drugs to curb experimentation. • Behavioral health is an extremely important aspect of care, and access is limited and often the expense of these visits is prohibitive. • Increased pay for early interventionists & education for childcare workers to improve the number of healthy adults modeling or teaching or combatting behaviors. • Affordable health insurance for all. So people can afford to go. • Increase the number of professionals working in mental health/attracting them to Stark County through loan repayment programs; increase the hours clinics are open to evenings and weekends; promoting virtual options; improving bus stops so more people are open to public transportation. • Continue to address behavioral health issues by prioritizing mental health support and continued progress in the following areas, particularly for women of reproductive age, and implementing strategies for suicide prevention among adolescents and young adults, especially given the concerning rise in firearm-related suicides. Additionally, efforts should focus on reducing adolescent substance use by developing targeted programs, including support for first responders facing substance challenges. Lastly, initiatives aimed at preventing and mitigating adverse childhood experiences (ACEs) are essential to fostering healthier future generations. • More accessible and affordable services in places where the people that need them the most are.
<p>Access to health care</p>	<ul style="list-style-type: none"> • Increased staffing of health care providers and support staff. Long term, SC should be looking to support training programs for licensed staff. • More collaboration with universities to retain graduates locally. • Expanding community based care is essential, but many agencies struggle to sustain services due to low Medicaid reimbursement rates and rising operational costs. While most grants focus on launching new programs, the greater need is often support for ongoing operations such as competitive wages, overhead, and staff retention. To truly improve access, funding must also prioritize sustainability so agencies can continue meeting the needs of the communities they serve. • Continued recruiting of physicians and providers. • In general people are having a difficult time finding a primary care physician because of the shortage of them, so increase the number of medical professionals available in our community. Increase the number of minute clinics perhaps for easy access across the county. Include medical services in familiar settings like at the SE. Community Center, in churches, perhaps at food pantry sites. • Containing exploding costs, access to transportation, availability of providers remain concerns. • The need is access, given that the wait time is excessive. I assume the systems is understaffed, so increased capacity may be needed to avoid or reduce wait time for access to care. • Services to help residents to appointments etc. • Informing people of their healthcare benefits by connecting more community health workers with system partners/grass root organizations to reach engagement; understanding of more FQHCs for those with specialized insurance or uninsured. • Hospital Systems providing Support to Beacon Charitable Pharmacy to continue assisting their uninsured and underinsured patients with medication that they would not otherwise receive. • More Home Health Options for Seniors. More Day Care programs with free transport. Free Transport services for elderly living in their homes that do not drive. Food Insecurities in local communities for home bound seniors. • More services in or closer to smaller communities in Stark County like Massillon and Waynesburg. • Work with established practices and support adding practitioners. • Address community conditions that inhibit or challenge people from seeking care.



What needs done to address issues

Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • I don't think people always understand coverage and where their insurance is accepted. Understanding when to go to the emergency vs PCP. Not having and PCP. Transportation to a PCP. That being a reason for not regularly being seen. Same goes for prenatal care. • Integrated health information systems. • Again, medical professionals are privatized so a person's quality of care is directly tied to their income bracket. Providers would have to go against insurance policies to provide care to ALL people. But again, that will not happen in our current economic structure. • Information to public about importance of Primary Care. • Our hospitals could provide incentives to attract PCP's to our area. • Access all over Stark County, not just downtown. • I feel that in the LMI areas, there aren't any doctor offices. I feel that it is sometimes difficult and possibly embarrassing to rely on other means of transportation. Therefore, I feel people omit taking better care of themselves. • Individuals are still struggling to find providers - increase provider access and/or networks, to push for more PCP level care vs. utilizing ER. Include addiction treatment and programs in addition to medical care. Limited providers will see those in active addiction, or treat the withdraw while seeking care. • Establish our proposed local SIEN. • Primary care is the front door to other care and the basis of well care. • Single payer. Medicare for all. • Perhaps market Beacon charitable pharmacy through the food, pantries and other support programs. Perhaps duplicate Beacon charitable pharmacy across the county by quadrant. • Not sure but maybe educating and assisting citizens that do not have health care, as to how to get it. Better and more affordable health care plans as well but that is not something that can be addressed at the local level. • There are many people in our county that don't qualify for Medicaid and Medicare. IF they do have health care the deductibles and coinsurance costs are still high. Something that can help those people that don't qualify for Medicaid and Medicare would be very helpful. • Medicaid has been cut significantly, leaving many without health care. Doctors and hospitals charge high rates for the uninsured. Medicines are insanely expensive. Prescription drug costs need to be cut. • Cost benefit analysis research to share with employers regarding the benefit for recruiting and retaining qualified employees compared to retraining and cost of turnover. Impact on pregnancy outcomes when employees have paid coverage for attending needed prenatal and postpartum and child health appointments and PAID parental leave not just unpaid FMLA. • Expand Access to Sliding Scale Clinics. Support community health centers that offer services based on income, ensuring low-cost or free care for uninsured and underinsured individuals. • Promote Medicaid Enrollment & Marketplace Access. Increase outreach and assistance to help residents enroll in Medicaid or Affordable Care Act (ACA) plans with subsidies. Support Preventive Care Programs. Invest in free or low-cost preventive screenings, immunizations, and chronic disease management to reduce long-term healthcare costs. Integrate Services - Combine physical, mental, dental, and vision care under one roof to reduce duplication and improve access and affordability. Leverage Telehealth. Expand virtual care options to reduce travel barriers and minimize missed work or school for appointments. Partner with Nonprofits & Employers. Collaborate on initiatives that offer healthcare stipends, clinic days, or direct services to underserved populations. • Health systems could step up recruitment in these specialties to compete with the private practice monopolies. • Wait times to see physicians and specialists is outrageous and a deterrent. Need community development to attract and retain good doctors.





What needs done to address issues

Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • Ensure all qualified individuals have health insurance; improve bus stops so people take better advantage of the public transportation (every bus stop in Stark County should have a concrete pad with a shelter and a bench - few people want to use public transportation when the bus stop is a sign next to the highway on a grassy strip of land and it's raining/snowing); increase available hours to evenings and weekends so people who do not have available sick time from jobs can attend appointments; ensure clinics have same day appointments/walk in appointments available. • Open clinic hours so folks don't have the emergency room as only option. • Increased transportation, assistance with understanding service options, and health conditions, treatment, and medications. • (dental) 1. Start a volunteer rotation of dentists (both Medicaid and private insurance) to volunteer one day per every couple of months or longer so they don't need to volunteer as often. 2. Market need for Medicaid dentists to dental programs so new dentists entering the field may be more inclined to provide Medicaid services. 3. Form a partnership with dental school programs that will allow for a clinic that offers basic services plus provides clinical experience for students. 4. Contact a dental chain that offers Medicaid services and contract with them to plan a practice in Stark. Alliance is in desperate need of local dental services for Medicaid. • Make coverage easy to obtain. • Not nearly enough quality healthcare providers and facilities in low-income, high-minority areas.... and again this is not going to change under the current structures. • Health insurance should be afford to all human being . We are the world. • Modeling health care in other countries and incorporating prevention strategies, which do not cost a lot along with medication and procedures. • Increase advertisement of Beacon Pharmacy. • Medicare for All as a minimum, better funding for community health workers that address the social determinants of health. • Very difficult to access healthcare when offices tend to close before 5pm or are only open one time during the evenings. • Staffing levels need to increase.. so more funding. • More funding for those agencies that provide medication assistance. • Establishing a medical home for patients. More same day appointments. • In home follow up care after discharge from the hospital, nursing home, and/or PCP visits. • Address the red tape and remove it through policy changes and enforcement of said changes. • Medicaid/Medicare expansion for working class families, lower copays/out-of-pocket costs for seniors. • Expand Medicaid and avoid work requirements. • Making application process easier. Having someone to assist with application process. • Higher paying jobs w/insurance. • Funding to pay good physicians to do community work. Funding for the people, not just the program. • Help to expand Medicaid and assist low-income populations with their Medicaid application. • This is for both individuals and employers. The high cost of coverage and claims is making it very challenging for employers to keep offering quality health plans to employees, and the raising rates of care and prescription drugs make it difficult for individuals to seek and afford them. • There are no behavioral health beds for youth in the county. • Transportation as well as ease of registering for assistance. • Transportation options, education of students and immigrants available to navigate the difficult health systems that we all deal with. • Community health workers assisting in navigating access and compliance. • Set up clinics (even temporary ones) in high-needs neighborhoods; utilize the HealthMobile for quick check-ups in high-needs neighborhoods; connect folks with Medicaid.



What needs done to address issues

<i>Issue</i>	<i>What Needs Done</i>
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • Coordination and education. • Affordable and accessible care with reduction in the community impediments to same. • Pressure the local healthcare systems to engage in more root cause diagnoses and hiring of more functional medicine doctors. • (dental) Encourage more dentists to see Medicaid and self-pay. • (dental) Lack of dentists throughout the county, especially in rural areas. • (dental) Community efforts to attract pediatric dentistry practices to the community. • (dental) No one takes Medicaid for dental locally, Medicaid recently increased reimbursement, need financial support for operatories and new locations. • (dental) CCPH does sealant on kids, but I think that scope needs to be broadened, to teens and adults. Dental hygiene can effect overall health and cause important health issues. If adults do not have good dental hygiene they are apt to not teach it. • (dental) Service collaboration via mobile unit that may be able to attend schools at least once a month for children. Work with Remote Area Medical to provide at least one medical/dental/vision clinic to Stark County. • I know I'm in the minority, but I believe that I am a proponent of universal health care. We need to take care of our people. We all benefit from a healthy community whose citizens contribute their talents and the entire community benefits. • Lobby to keep or add essential prescription medications on/to Medicare/Medicaid coverage. Really, should we look at some kind of national health insurance? • Increase the amount of clinics that are income adjusted pay. • Work with local government and state legislators to inform policy about the community needs and root causes. Grassroots advocacy.
<p>Food insecurity</p>	<ul style="list-style-type: none"> • Reduce poverty, create foods hubs by partnering with schools, colleges, hotels, universities, incentivize grocers to accept SNAP, WIC, etc., pass a universal school meals program in Stark County, & enable SNAP and WIC to be used for online grocery deliveries. • THE BEST SOLUTION WOULD BE FOR GOVERNEMENT SUBSIDIES BUT GIVEN THE CURRENT POLITICAL CLIMATE, GENEROUS COMMUNITY SUPPORT IS MORE IMPORTANT THAT EVER. • Small steps are being made to introduce food markets in the inner cities, but from the news, it appears that it is not enough. • Make food benefit funding a priority. SNAP benefits. Free food at school. Destigmatize foodbank use. • Neighborhood grocery stores instead of convenience stores and dollar stores. StarkFresh is addressing the issue but there is a huge need. • Restructure of food stamp programs to align with WIC, healthy food sustains a body longer than processed foods. Free school meals for all students regardless of their economic situation. Food insecurity happens in more homes that people think. • Provide vouchers for families to use at farmers' markets and farm stands. Educate families on what foods are best nutritionally; provide cooking classes. • Access to food resources such as Foodbank, feeding children/backpack programs, hot meal sites. • Community supports that provide meals and groceries to families in need, as well as more ways to reach families living in food deserts. • Low income farmers markets, discount produce. I do not believe that community gardens are a quick fix to this problem as most low income families do not have the time to devote to this. • Assist with referrals to food pantries and assist with applications to SNAP benefits via CHWs. • Making more food available to those in need. • More support behind affordable groceries being made available. More subsidies and vouchers to purchase food rather than solely supporting food banks and pantries. • Continuing efforts to ensure ready access to nutritious food for economically stressed children/adults.



What needs done to address issues

Issue	What Needs Done
	<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p> <ul style="list-style-type: none"> • The need for food is increasing throughout Stark County. We need to help families find jobs, or continue their education so they can find better paying jobs to care for their families. • Education and Cooking Classes. • Lower Food Cost. Higher paying jobs. • I'm not sure, outside of a move away from capitalism. • Getting transportation to go to food resources. • We need a complete reform of housing prices in Stark County. • Networking/incentivizing community-based agencies whose mission is to stand in the gap left by grocery store chains who have closed their doors. • Increase WIC farmer's market voucher utilization; partner with food suppliers and grocers to create weekly meal deals; community gardens; incentivize grocers to open small markets in food deserts. • Access to more food pantry delivery options. • Protect SNAP. SUMMER food for kids. • More communication and awareness of the soup kitchens/pantry sites. Increased funding for more local distribution sites. • Education of what is healthy to eat versus what is easy and fast to eat. Again, the cost of groceries is extremely high. I don't know how some families are surviving. • Invest money in blighted neighborhoods and eliminate food deserts by creating community gardens, produce stands, real grocery stores, not dollar stores in neighborhoods. • Duplicate programs like StarkFresh and Sommers market to provide no and low cost healthy food options in every low income area of the county. • Increased ed for communities in food deserts on how to utilize their resources to have a healthy diet. • Lobby current federal administration regarding the high cost of food and what they've done to the balance in the food industry with tariffs and shut down of USAID etc. • Financial literacy. • I feel the ACRFB does a good job at helping people, some of the little pop up pantries are well meaning but take away from the food bank monetarily as they are out seeking grants as well. • Our youth are addicted to all processed foods. If we control food stamps with making them spend a certain amount on whole grains, dairy, fruits and vegetables and less money to be spent on frozen foods, snacks and pop. Children will eat healthy; they do every day at school. Children should also be taught healthy cooking classes in school; this should be required by middle school. • Lower the cost of food. Stop allowing there to be food deserts to exist. • Focusing more on healthy behaviors including food, exercise, and mental health should be a priority over medication. Education, access to food resources, and referrals to dietician etc... • Improved options for local, affordable whole foods, and benefit programs that support purchasing those foods, improved school lunch programs, and free lunch for all students regardless of income. • Incentives for grocery stores to open reasonably priced stores in low income neighborhoods. Fund food banks and summer lunch programs. • More grocery options in downtown Canton (e.g. Dollar General Market); support physical activity groups for people in recovery; link healthy foods and activities to mental health; incentivize healthy activities somehow? • Coordination of services- education. • Access - better grocery stores and less convenience stores. • There are food deserts and imagine buying groceries and taking them on the bus. Very difficult. • Controls on price gouging and profiteering. During and after COVID, prices went up exponentially, as did corporate profits. Need price controls.



What needs done to address issues

Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • Working families with children cannot afford to even purchase fresh organic foods. Healthy foods should be cheaper than unhealthy, not the other way around. Our agriculture system is not supported any longer so as a County we barely have access to actual healthy foods. • Work with local government and state legislators to inform policy about the community needs and root causes. Grassroots advocacy. • Lower cost healthy food centers and resources. Incentives for business to invest in food desert areas. • This connects with the homeless issue. Having more lunches, dinners, keeping behavioral healthcare agencies informed of resources. • Cost of food, utilities, etc. continues to climb and families on the cliff are increasing. • Fight for maintaining the amount of SNAP benefits that go out to recipients. • Nutrition education. Removal of products containing harmful dyes, bioengineered products, additives. • Local choice food pantries in neighborhoods with high levels of poverty or food insecurity.
<p>Substance use disorder</p>	<ul style="list-style-type: none"> • Creating an easy access point to get people into treatment. We have clients who are interested in treatment but can't access it because of the type of insurance that they have. This occasionally prevents someone from seeking help or delays help to when they are no longer interested. • Community education, provide ed (starting in grad school), physician education; stigma reduction; workforce enhancement; more treatment options for stimulant use disorder; improve data sharing. • More awareness through programming. Increased distribution of Narcan and other resources. • Additional prevention services and supports (Across the lifespan). • Increase inpatient services. • Making sure there are programs whether in schools or where youth tend to congregate where they will get the preventative information often and on repeat. • Stronger partnerships and information sharing. • More sober living, especially ones that allow MAT. • More naloxone boxes in schools/communities, more education in school before use begins. • Community education, parent education, primary care education; workforce trained to treat youth/more local youth treatment options, including residential; improve data sharing. • Increased awareness for harm reduction strategies and programs, such as SWAP. • I know funding plays a big role in being able to address this issue and it has a stigma associated with it. However, it is hard to get easy access to care when a person needs it. If you have to wait for a bed or a place in a treatment center when a person wants it, we have completely missed the boat on addressing the issue because they are going to resort back to using. Drugs are much more easily available now and much more laced with more fatal substances. On the treatment side, it is important to build those bonds and give people the tools they need to get sober and stay sober, especially for when hard times come up and they want to use again. I think a lot of people also unintentionally get hooked on drugs through pain pills and for hospitalizations, surgeries or procedures we have to prescribe something other than narcotics. • Testing samples of street drugs to know what is available in the community. Offering testing sites, kits and tutorials. • We need to continue to make substance use disorder issues a priority and continue to refer folks who are having issues to behavioral health organizations who understand the dynamics and can treat those who need these services. • While deaths from overdose may be declining in our community, it appears that more people are using. Similar to my answer regarding mental health, building resiliency at a young age is important. Also ensuring that treatment is available. I hear that the wait to get to treatment is oftentimes long, or they can't go when they made the decision to go, so they end up going back to drugs. • Community support programs and local church partnerships for recovery. • Addressing socioeconomic challenges and improving access.



What needs done to address issues

Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • Do susceptibility testing on wound samples from the clinics. This way the right drug can be subscribed immediately, I also think that a wound clinic should be opened. • Affordable treatment! Medicaid patients can get it for free but it's too expensive for middle class. • Capitalize on the work of Judge Forchione. Coordinate the service providers/care providers by having a lead agency and a stronger referral network. • The statistics have decreased in our county; however we need to continually educate students and families on the danger of drugs and addiction. • Education and more investment in prevention. People drink alcohol to handle stress, trauma and mental health challenges. We need family activities/support in our communities. People want to pay for addiction services but won't give money for wholesome community activities and programs. • While addiction is not my area of direct expertise, I understand from partners in the field that stable funding is critical to support prevention, treatment, and long term recovery. Expanding access to care, supporting peer and community based programs, and addressing stigma are all important steps. I defer to those working on the front lines for deeper insight, but I recognize it remains a serious need in our community. • Advertising about the Ohio Quitline which offers free medication assisted treatments to patients. Baby & Me tobacco free advertising to the larger community. Education about how bad smoking is for you and what it can cause. • Programs like Narcan and syringe exchange. • Prevention. Funding for Education. We need more programs to encourage youth not to start smoking. Youth can be instrumental in encouraging parents to quit smoking. • Additional intervention options for families Mobile health intervention services. • More education and programming for the community. On-site training for schools and other providers in the community. Ties to mental health, child abuse, etc. are concerning. • Universal health care, needle sharing programs, legalization, safe use sites. • Integrate addiction treatment into primary care and mental health services. Increase prevention education in schools. • Further education on the benefits that many who have health insurance have for nicotine replacement treatment and for the available treatment programs in the area.
<p>Housing</p>	<ul style="list-style-type: none"> • Funding/incentives to community-based agencies whose mission is to provide income-based housing. • Hold landlords accountable; Create a housing registry; require annual inspections of rental properties; educate residents on the true cost of homeownership; create pathways to homeownership. • Have more housing options for those in need, along with single parents. • Work with local government and state legislators to inform policy about the community needs and root causes. Grassroots advocacy. • Implementing tenant associations; limiting the number of out of county corps and single landlords ownership, funding, implementing the Birthing Beautiful Communities project for pregnant women. • More affordable housing in safe neighborhoods. • Building additional housing units and shelters. • More units built or renovated using subsidies and cost efficient ways to accommodate for short term, transitional beds, and some subsidized needs for the majority of people in the county. Stark County Median income is \$60,779. Stark County Median Priced home is \$198,595. Principal & Interest payment on home that amount is over \$200 more than 30% of that monthly median income. • Make housing affordable. Force landlords to be held accountable for their deplorable properties. • Research root causes of eviction - Better understand the 'homeless' data - schools versus non-schools. • More affordable housing/rent options. Landlord accountability. • More subsidized construction of housing.





What needs done to address issues

<i>Issue</i>	What Needs Done
	<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p> <ul style="list-style-type: none"> • It's such an undertaking and requires an agencies willingness to take this on, with current leadership cutting funding I don't think there is a solution. • Building more affordable housing/cracking down on investors/scammers (not sure how to do this). • People losing their life. I have a client due to cold weather loss a leg . • Homeless Continuum of Care of Stark County is doing a great job, but I'm sure the need is greater than what is available for families in crisis. • Convert abandoned homes into affordable housing, as well as financial literacy ed on budgeting, etc. • Rent is high, Canton City building code is challenging to work with- always the landlords fault and renters destroy their properties so then that is a reason rent is high. • I'm not sure if this is possible but control who are the landlords. People buy these properties and then just make money off of the applications with no regards to people and never end up renting them out. More people wanted to invest in Stark county and add affordable housing. • Repeal the Faircloth amendment. • Reduce housing stock, increase clean, safe housing options, tighter controls with landlords/housing agencies and less frivolousness at local building departments and focus on getting people housed. • Increased funding to organizations currently offering this service. Expanding such services to other organizations to offer this resource. • Increase subsidized availability. • Increase housing opportunities, i.e., stabilize current housing as well as increase new housing stock. • Develop affordable homes for families to assist them from paying high rent and having no equity. • Creating more affordable housing options. We need a concerted effort to increase safe, affordable housing options for individuals who are working. • Stabilize rent, create more income-appropriate housing, programs to help with re-stabilization. • Availability of quality housing for low income. • More regulation on a worth of the property vs what a landlord can charge for rent, regulation on application fees, late fees, etc. • Community grants for emergency rent relief and renovations on low-income housing units. • More affordable housing. • Communities working with local landlords to provide financial incentive for accepting section 8. Repair on abandoned houses to create affordable living spaces. • County & cities could try to obtain funding for affordable housing development and lobby state and federal administrations when such funding gets cut. Cities could hold absentee landlords accountable for often deplorable conditions (e.g. Skyline Terrace). • Making sure all areas of stark county has access to affordable housing. • No idea how to fix but know it's an issue.
Healthy lifestyle choices	<ul style="list-style-type: none"> • Increased education. • Healthier food options, cheaper food prices, exercise. • Relieve food deserts. Nutritional labeling readily visible at fast food restaurants. Early childhood nutrition education. • Revamp federal Food Stamp Program, less processed/high sugar foods. School exercise programs. • Many families do not have the knowledge of proper nutrition. Educating the public's important, however the cost of groceries are extremely high at this time. • Education and Cooking Instruction. Address Food Deserts. Give families access to healthy food that costs less than processed food. • Access to healthier food options and recreation. • Education; clear nutrition information in stores. • Workshops and collaboration with universities.





What needs done to address issues

Issue	What Needs Done
-------	-----------------

PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.

	<ul style="list-style-type: none"> • Offer free lunches to all schools in Stark County; increase safe walking paths between schools in a school district; Increase the number of sidewalks in communities; increase the number of bike paths; every vending machine should offer at least one healthy option; offer 'scholarships' for children who want to try a sport or offer opportunities for children to try out many sports in a single day - many sports have high fees to start or need specialized equipment; promote WIC. • targeted programs. • This is wide ranging topic. However, I believe that increasing awareness of how small health issues and lack of attention to your wellness can have large impacts later on. Access to low cost exercise programming would be helpful as well as a focus on our park system and ensuring it is safe and welcoming for everyone. I also believe that digital wellness is component and that ensuring our community is well versed in how screen time affects us. • More innovative approaches to wellness prevention, along with medication when needed. • Education; school classes; local campaign. • Increase access to healthy options, health care, and safe spaces for physical activity. • Tackling obesity requires dedicated funding to support long term, community wide solutions. Investments should focus on access to healthy food, safe spaces for physical activity, and school and neighborhood-based wellness programs. Education alone is not enough. Families need real resources and consistent support to make lasting changes. • Medical guidance for weight loss and maintenance of weight loss. Nutrition and physical activity education and programs. • Education - Best Practices, What Works School Food Service Review / Healthier Options Motivational Programs (Work, Church, Stark Parks, Other Settings). • Increase Access to Healthy Foods. Support community gardens, food co-ops, and produce markets. Partner with local corner stores to stock affordable fruits, vegetables, and whole grains. Expand enrollment/access to SNAP/EBT at farmers markets. Create Safe, Active Spaces. Develop or maintain parks, playgrounds, and walking trails in underserved areas. Offer free or low-cost fitness classes (e.g., walking clubs, yoga) in schools, churches, or community centers. Provide Health Ed & Screenings. Host neighborhood-based health fairs that include free screenings for diabetes, hypertension, and BMI. Offer culturally relevant nutrition and cooking classes using affordable ingredients. Promote Healthy School Environments. Implement healthy lunch programs and daily physical activity in local schools. Launch after-school programs focused on wellness, movement, and healthy habits. Partner with Trusted Community Organizations. Work with faith-based groups, nonprofits, and grassroots leaders to deliver health messages and programs. Train community health workers (CHWs) or peer educators to support and guide residents. Advocate for Health-Supportive Policies. Push for zoning that limits fast-food density near schools and encourages grocery development. Advocate for sidewalks, bike lanes, and public transportation options that make healthy choices easier. • Employer sponsored health programs, improved built environment including active transportation options and recreational park and trail development. • Our families are struggling with healthy interactions. This is difficult to address without having access to family coaching programs who are willing to go into people's homes and observe and then model healthy interactions. • Lower Costs to Participate. • Education. • Community health educations; reframe the conversation around the benefits of preventive health measures; support grassroot efforts to promote health in their community/neighborhood. • Education about sleep habits; awareness campaign. • Expanded health education and outreach and community based programs to encourage more active lifestyles and better food choices.
--	---





What needs done to address issues	
Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • More availability of obesity medications that can do more to improve health than all the other medications to treat the problems caused from obesity. • More healthy choices at fast food places, more places to get fruits/vegetables that are closer to food dessert areas. • Not exactly sure. You see a lot of overweight individuals around who eat poorly and don't exercise. Knowing that these 2 things can drastically change your overall health, can be preventative fixes for potential chronic illness, can affect mood/mental health. Healthy food isn't always the cheapest or easiest to access. Exercise isn't always available or it may not even be safe to go out and exercise in your neighborhood. • Targeted programs. • Personal health often takes a backseat when patients cannot afford the cost of living. More follow up from provider offices for needed screening and appointments. Offer screening and prevention education and services at free community events. • Expanding access to healthy foods and encouraging physical activity. • Diet, mental health, and exercise. • Health department education strategies in collaboration with other local agencies. • Reduce pot, booze, and cigarette access by reducing the number of available sellers, increasing taxes, and advertising. Normalize eating foods as they were born, not produced.
Transportation	<ul style="list-style-type: none"> • More bus routes, free or low cost 'uber' type transportation program. • Pass partnerships with the local RTA. Subsidized programs with private providers. Travel training case workers, etc. on services available with the local RTA. Provider fairs where all public and private providers can be available to meet with those in the community so the public can choose which services are right for them. • Increase low cost transportation. • Bringing services to low income areas, educating people of transportation services through their Medicaid plans. • Takes too long to get to places - it would be nice if there were more routes or more places where under one roof so people did not have to travel to several different places. • Increase access to public transportation or other forms of transportation (medical appointments, mental health appointments/counseling/case management, etc.) for low/moderate income. • Increased community based or mobile health care options. • Improve access to resources, keep Pro-Line services. • Better access to transportation and programs providing transportation. • We need other transportation options other than bussing. Is there a program that assists people getting their driver's license if it hasn't been renewed recently? More ride share options would be nice or a more affordable form of uber or an uber that accepts Medicaid for medical transport. • Clients not understanding resources available. • Increased range and community perception of public transportation options, reducing stigma of services like busses. • Help with people using the bus and more bus stops. • More access to bus lines, uber, Lyft. • I am not sure, have statutes in place that treat this is a true medical emergency. • More partnerships with transportation companies for awareness of how to access services and bill insurance. Expanded hours and service areas of current vendors. • Additional transport resources available that are affordable if not covered by insurance. • I'm not sure, outside of a move away from capitalism. • LOCAL SUPPORT THROUGH LEVIES AND EDUCATION. • Maintain Medicaid funding. Increased grant funding to assist with transportation needs.





What needs done to address issues	
Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • Stop decreasing routes and more on-demand options. • Additional financial resources provided to social service agencies to support transportation initiatives, re: expand discounted public transportation passes to all low-income families. • I think Affordable Housing and Livable wages are connected to this as well. If people can live in a house they can afford and have good paying jobs, they typically have money to afford a car or some other means of transportation. Other than that, I think having more programs that help people with car repairs, match down payment programs (on cars that are affordable), and things that help aid people in that way. • Transportation in Stark County is an ongoing issue for individuals with disabilities to get to appointments. Virtual services should be an alternative and not a fail all for those who cannot find a ride to face to face services. • Engage the transportation leaders (SARTA, ABCD, koala cruisers, Relia-ride etc.) across the county and ask them to brainstorm potential solutions. • The local transit authority and various transit providers while performing well, are just not meeting the needs for access to care, either because of wait times or scheduling hours. • Increased bike lanes and sidewalks in areas where residents may not have access to transportation. • Limited transportation options in the community and even fewer cross counties. No Lyft or uber in many parts. Would like to see more nonprofit transport services, partner with businesses for group purchasing like savings. • Build transportation infrastructure, more funding, more buses, trains, trams, etc. • Free bus passes. Discounted auto repair service for those in need. • The few who are willing to work some of the jobs they will be qualified for are overnight or evening and the busses do not run at those times. More programs who offer ride share vouchers. • Address the red tape and remove it through policy changes and enforcement of said changes. • Identify a pool of affordable car options and associated funding options - provide additional funds for car repairs - create accessible drivers training program. • Assistance to people in need with bus passes and ride share programs. Maybe vouchers?
Health equity	<ul style="list-style-type: none"> • Provide agency resources that respond to referrals with status updates so Primary Care Providers can have patient's EMR updated. • Integration with hospital services. See Summa in Akron and hospitals in Cuyahoga County as examples. • Increased education opportunities throughout the county for non-English speakers, provided in their native language. • More education to the general public about what CHWs do and how to access them. • Nothing unfortunately. The American medical system is privatized and fueled by capitalistic principles. The entire system needs revamped in terms of cost. • CHW going out in the community and are explored to various of thing and people. • Federal government expand not cut Medicaid funding. • Expand sliding scale and/or free care. Lobby for guaranteed retention of ACA (especially with the 'Big Beautiful Bill' looming). • Clearly communicate low cost options in the areas that would benefit. • Market better to get more community awareness. • One of the biggest challenges we face when it comes to minority health disparities is not just access, but the quality of care, especially when it comes to being heard and taken seriously. Far too often, Black/Brown patients are dismissed, misdiagnosed, or not given the follow-up and attention they deserve. To address this, I think we have to start by building trust and accountability. That means investing in cultural competency training that actually makes providers stop and reflect on their biases, not just check a box. It also means increasing the number of Black and minority professionals in health care, representation matters. Just as important, we need to educate and empower our own





What needs done to address issues

Issue	What Needs Done
-------	-----------------

PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.

	<p>communities. When we know our bodies, know the right questions to ask, and advocate for ourselves without hesitation, we shift the dynamic. But it shouldn't be on us alone. The system needs to be held accountable for doing better, because everyone deserves to be heard, respected, and cared for.</p> <ul style="list-style-type: none"> • Finance and Health fairs where people who may not have health coverage can learn how to enroll in supplemental or full coverage programs. • Transportation, stigma, and cost are significant. we need community rooted strategies. make essential services universally affordable or free at point of care. Bring healthcare to people. Care needs to be respectful, safe, and tailored to the population being served. • Improve access to care, strengthen community partnerships, address bias in access/delivery. • Develop relationships with those who work with undocumented individuals to better identify and meet their needs. • Health care providers and professionals should be trained in cultural competencies and racial bias. There is tons of research that cites huge disparities in healthcare and bedside manner for minority patients (black, brown, immigrant). As a black woman, I've experienced racial bias in healthcare more than once. • With our client's, they tell us they are not worried about getting to a Doctor's appointment when they do not have a safe place to sleep at night or they haven't eaten in two days. Their focus is on the SDOH first. Once we get passed those issues, they are more likely to comply improving the overall health. • Avoid short sighted federal reductions in funding at other federal and state levels. • Collaboration with Stark County public agencies that work to address the needs of climate impacts on health in Stark County from heat related illness, to flooding impacts, and air quality concerns. • Education, Education, Education and then accountability. • Medical staff should take cultural competency trainings as an ongoing continuous education. Their skill sets should reflect their knowledge of populations they serve.
Chronic diseases	<ul style="list-style-type: none"> • Targeted programs. • Disconnect between doctors instructions and clients understanding. • Diet. • More focus and funding for prevention, not treatment. • The community is aging and people are living longer with chronic diseases, and at advanced stages. This puts a burden on the person, the family, the healthcare system, etc. Aside from encouraging healthy lifestyles from an early age, increase in programming and support for the aging community to help them remain active and engaged could be helpful. • Businesses provide more affordable access to healthy activities that include incentives. Provide education on reducing the disease at different places outside of the medical fields. • Marketing and coordination with community based providers to increase education services for increased diagnosis and education. • Education and insurance support for those suffering from chronic disease. • Educate the parents the symptoms so they don't think everything is a cold. • Improve education awareness and improved quality of foods. • Preventing obesity with relief of fresh food deserts. Better access to diabetes care. • Expanded health education. • Environmental survey to understand rates and trends occurring in Stark County. • Health campaigns about healthy eating, exercise, less focus on medication-based treatment and more on lifestyle changes. • Focus on heart disease, cancer, and obesity through programs and policies promoting healthier lifestyles and creating supportive environments. For example, increase access to affordable, healthier foods, develop more healthy food policies, provide more nutrition education and support for all





What needs done to address issues	
Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<p>people, increase physical activity programs targeted at different groups, and increase community engagement and collaboration to get buy-in.</p> <ul style="list-style-type: none"> • Examine environmental causes. • Diet and proper rest. • Nothing because it's a communication between the parents and the childcare staff. • Prevention across the lifespan and improved management for those already diagnosed. Clinical care alone is ineffective if basic needs aren't met. co-locate services. • Provide advanced strategies to reduce hypertension alongside of medication. • Yes, high blood pressure is a major issue in our community, and many people don't even realize they have it until it's serious. To tackle it, we need more free, convenient blood pressure checks in the community, at places people already go, like churches and barbershops. We also need to break down what high blood pressure really means and how things like food, stress, and sleep affect it, using language people can understand. And we have to make healthy choices more realistic by improving access to fresh food, safe places to exercise, and real support for managing stress. It's about prevention, awareness, and giving people the tools to take control of their health. • Home Health Options for patients unable to attend meds clinic visits. Telehealth monitoring programs for difficult to manage patients. • Increased treatment/follow up. • More diabetes education and prevention information in areas with highest incidence of this disease. • Diet, exercise. • Address the obesity issue, lower the Type 2 diabetes rates. • Start early education on the effects of arthritis at younger ages. • Additional opportunities for preventive behaviors and hypertension control. • Healthy eating and physical activity programs and education starting at a young age in order to prevent heart disease early on.
<p>Social determinants of health</p>	<ul style="list-style-type: none"> • Advocacy around Medicaid changes and the potential impact on non-profits. • More funding for community resources. • Better resources and programs to mitigate homelessness. • More funding resources to those agencies that help with daily needs such as food, clothing and taxables helping to supplement the spending on these items by low income families. • Ensuring that we utilize the resources in place such as Class II Residential Group Homes for those with SPMI instead of paying late rent and fees month after month attempt to access them and place them in the correct environment to thrive. • Patients are having difficulty paying rent and utilities. While there are agencies that provide assistance they seem to be underfunded as my patients have rarely been able to get assistance. • Pay employees a living wage with sufficient time off for medical appointments (including mental health), approved sick time for when dependent family members are ill, affordable health insurance. • Increase in minimum wage would be beneficial. The cost of food and housing has increased dramatically in the last couple of years making it difficult to meet daily needs. More trade school training opportunities. • More hands-on assistance to help those seeking help to submit their necessary forms/paperwork. • Bring the key players who are attacking this problem into a routine meeting sequence to coordinate community assets. Then, have a strong and focused communication plan so that the community can correctly direct individuals to the proper care facilities/services. • More resources that can be utilized immediately, no waiting for help. • Continued police engagement in communities. • Definitely a need for additional homeless shelters and resources to support those shelters. • More housing, improved access to mental health care, more education on budgeting.





What needs done to address issues	
Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • We must look at homelessness and understand the dynamics of how this affects all facets of health. We can look at our housing portfolio, we can look at our vouchers, we can look at our underdeveloped areas. We can talk to our landlords etc. • Education; mentoring programs; finding programs that care and are capable to help. • Safe storage ed to prevent theft and access by those who are likely to cause harm to themselves and others, advocacy for common sense laws like red flag laws and universal background checks. • Strengthen coordinated entry system and invest in permanent supportive housing for people with mental health challenges, expand emergency services shelters. • Housing, livable wages, and mental health have a big part in this as well because crime and crime indexes are indicators of desperation and disparity. Better living conditions and access to essential needs typically show better improvements in this area. • Ask legal departments of top 10 corporations if they will do pro bono work once a month or once a quarter for expungement filings - find a fund that can be used to pay fines & fees in these cases - option to consider in family justice center. • Economic Stability: Ensuring families have steady employment and sufficient income is crucial. Programs that provide job training, employment opportunities, and financial assistance can help lift families out of poverty. For instance, conditional cash transfer programs, which provide financial incentives for families to engage in health-promoting behaviors. Education Access and Quality: Early childhood education programs like Head Start have demonstrated long-term benefits in improving educational outcomes for children from low-income families. Investing in quality education and ensuring access to resources can break the cycle of poverty. Healthcare Access and Quality: Expanding access to affordable healthcare services ensures that children receive necessary preventive care, vaccinations, and treatment for illnesses. Integrating social services with health care, such as through Medicaid programs addressing social needs, can enhance overall well-being. Neighborhood and Built Environment: Improving housing conditions, ensuring access to nutritious food, and creating safe spaces for physical activity are vital. Community initiatives like urban gardens and safe recreational areas contribute to healthier lifestyles. Social and Community: Strengthening community networks and support systems can provide families with the resources and resilience needed to overcome challenges. Programs that foster mentorship and community engagement. • Use data to target equity. Empower trusted community partners. • This is not a problem only for individuals experiencing homelessness, but it also becomes a safety and health hazard for those who live or work near where the homeless are congregating. More direct focus needs to be made on helping these individuals at the root cause of their issues, which is often mental health, and handling the physical issues of sanitation and cleanliness. • Set up portable shower sites that give individuals the opportunity to shower and wash their hair. Maybe once or twice a week. This will also give them some self-pride, and they may try to search for employment if they are not ashamed of their appearance.
<p>Infant mortality and maternal health</p>	<ul style="list-style-type: none"> • Safe sleep education within OBGYN offices, hospital stays and pediatrician visits. Support for post-partum women. • Offer paid time off for parents after the birth of a baby; increase physician involvement in delivering the infant safe sleep message at every prenatal appointment and infant well child visit until age 1; promote CHWs and Help Me Grow; promote breastfeeding and increase the number of workplaces with lactation policies; improve safe housing availability; improve access to healthcare with more hours available in the evenings and on weekends; increase the use and available of doulas. • Growing maternal desert resulting in an increase in drive time to deliver babies. Need financial support to expand on birthing centers and other like projects. • Large health systems must recognize that Stark County has such a shortage of OBGYN providers, especially those that offer delivery in local hospitals. Funding needs to be directed towards expanding OBGYN efforts in the county.



What needs done to address issues

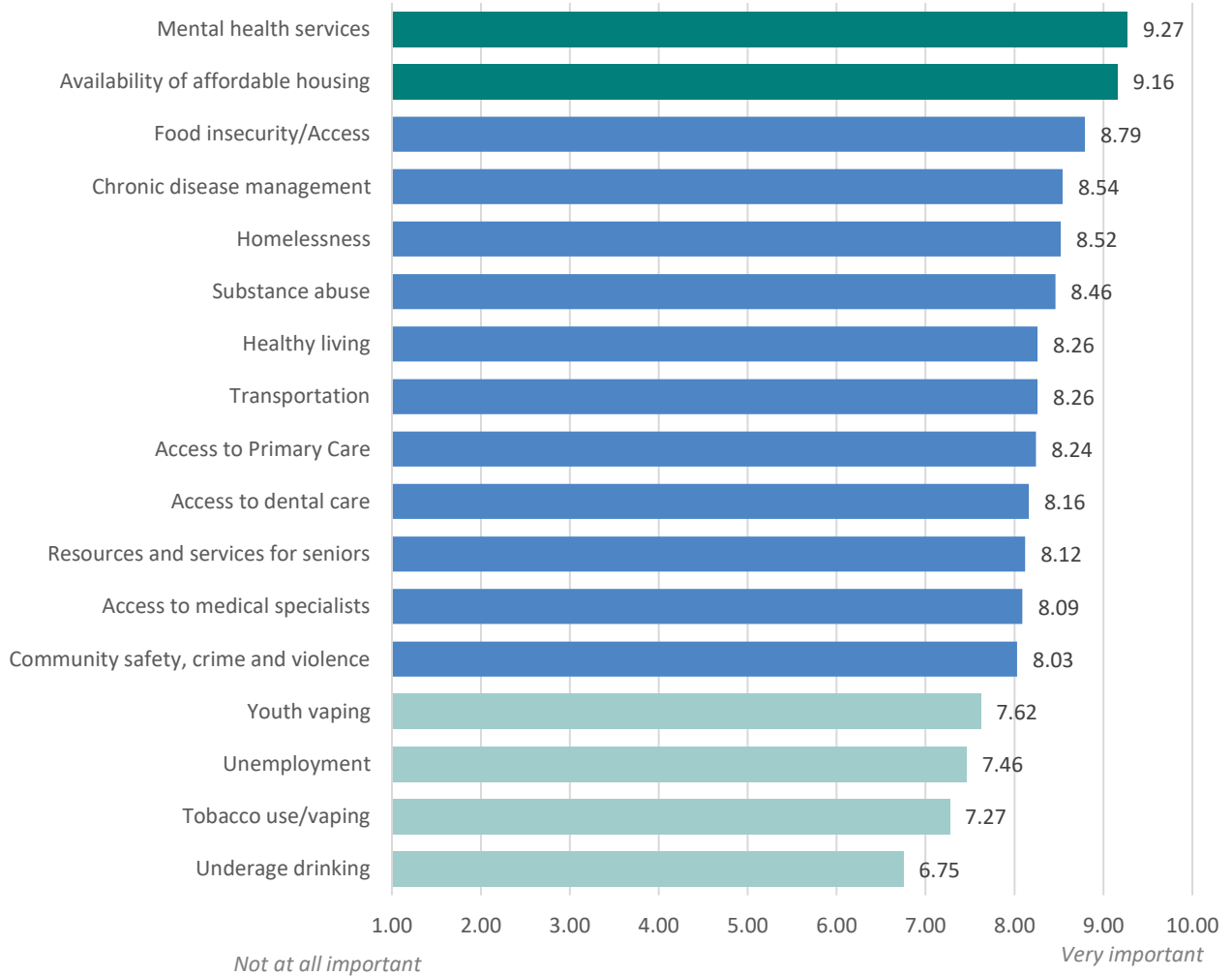
Issue	What Needs Done
<p><i>PLEASE NOTE: recommendations are verbatim/word-for word; only minor grammatical changes were made to the responses given by community partners below.</i></p>	
	<ul style="list-style-type: none"> • Preventative education to moms in captive audience spaces. • Fund public health. Ohio's public health system is considered one of the worst funded in the country and it is only getting worse. More funding supporting overall wellness programs in the form of education, home visiting, and clinical programs supporting mothers, infants, and children. • Not sure what it would look like, but a plan to attract providers to the Stark County area. • Patient satisfaction surveys accompanied by reports of the physicians, nurses, etc. that cared for the mother and baby prior to their death to identify any trends and which providers truly care about patient outcomes. • Clinics dedicated solely to infant care including after hours. • We deal with pregnant and new mothers a lot. So post-partum care and education is critical for new and expecting moms. To show how to keep themselves and children in safe healthy environment. • Health Care provider education to improve quality of care, funding for programs that assist with positive maternal health outcomes. • With the passing of Dr. Domingo, it's a fear that his target client population won't seek out an OBGYN. We need more providers to put in the time and energy to market services to these individuals. • Educate people. • Allow/assist primary care physicians and OBGYNs with educating pregnant parents and caregivers. • So many have babies and have no idea how to care for them. Again, education. • IM rate of black infants is about 2.5 times higher than white infants. Need to have the various stakeholders collaborate on a higher level. • Education. • Access. A lot of women still don't have consistent OB-GYN care or have to travel far just to be seen. Bringing more women's health services into our neighborhoods, places where women already feel safe, could make a big difference. • Expanding prenatal care and improving education of mothers. • Continue the Existing Healthy Moms Programs; SNAP/WIC; Baby Shower Programs; Home Visits; Food in Backpacks Programs for Toddlers; Expand Programs that Currently Exist at Libraries, Churches and Community Centers. • Expand Access to Prenatal/Postnatal Care. Offer free or low-cost clinics, mobile health units, and telehealth for expecting mothers. Increase Medicaid coverage/remove transportation or scheduling barriers. Support Community-Based Doulas and Midwives. Train and fund culturally competent doulas and midwives to provide personalized care and advocacy throughout pregnancy and childbirth. Improve Health Education. Provide classes on nutrition, breastfeeding, safe sleep, and birth preparedness in accessible locations like schools, churches, and shelters. Address Racial and Economic Disparities. Implement bias training for healthcare providers and ensure equal treatment and respect for all mothers. Expand maternal mental health screening and support services. Strengthen Home Visiting Programs. Expand nurse- or peer-led home visits that support mothers from pregnancy through the baby's first years. Enhance Coordination of Care. Integrate services like WIC, early intervention, housing, and transportation to ensure mothers have stable, supportive environments. • Hospitals need to create a long term plan for staffing at labor and delivery departments. Who will be providing the service in 5 years? More discussion on this hot topic is needed. • Infant mortality is not an area I work in directly, but I know it is a significant concern in our community. From what I have learned, addressing it requires strong support for maternal health, access to prenatal care, and targeted outreach to communities facing the highest risk. I rely on the expertise of local public health leaders and programs. • Increased focus on the THRIVE initiative. • Increased office hours/afterhours appointments.



Community Partners were given a list of health-related issues that were identified through the community survey and secondary data analysis and asked, based on their professional experience, how important they thought the issue was on a scale of 1=Not at all Important to 10=Very Important. Responses were averaged in order to rank the importance of the issues. The top three issues, based on the rankings, were (1) mental health services, (2) availability of affordable housing, and (3) food insecurity/access. These were also the top three issues named when partners were asked which three issues, if addressed, would have the largest positive impact on the county.

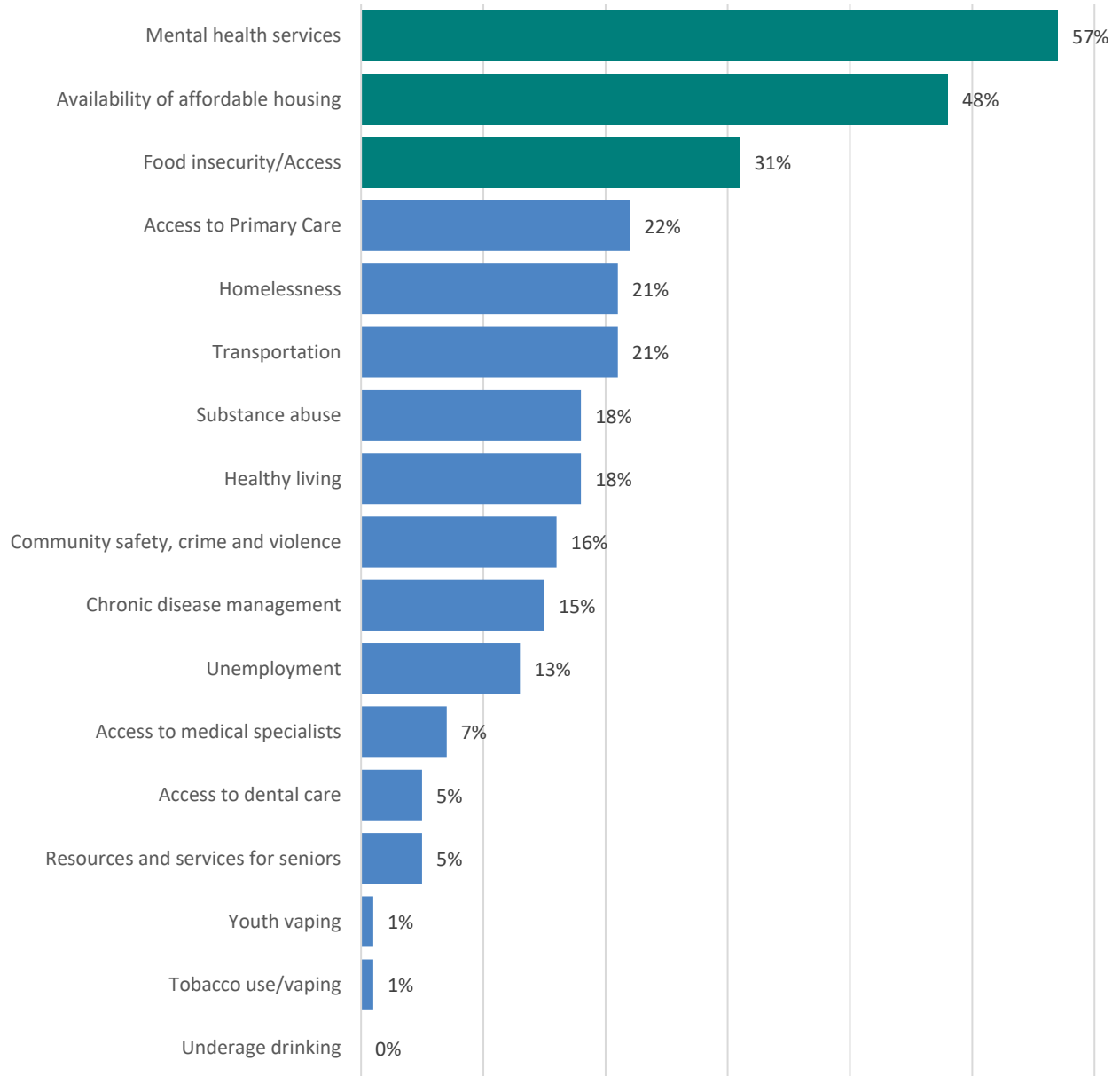
Importance of Issues

Based on your professional experience, on a scale in which 1 is 'Not at All Important' and 10 is 'Very Important', how important do you think each issue is in STARK COUNTY?



Top 3 Most Important Issues

Which THREE of the following issues do you feel, if they were addressed, would have the largest POSITIVE impact on County residents?

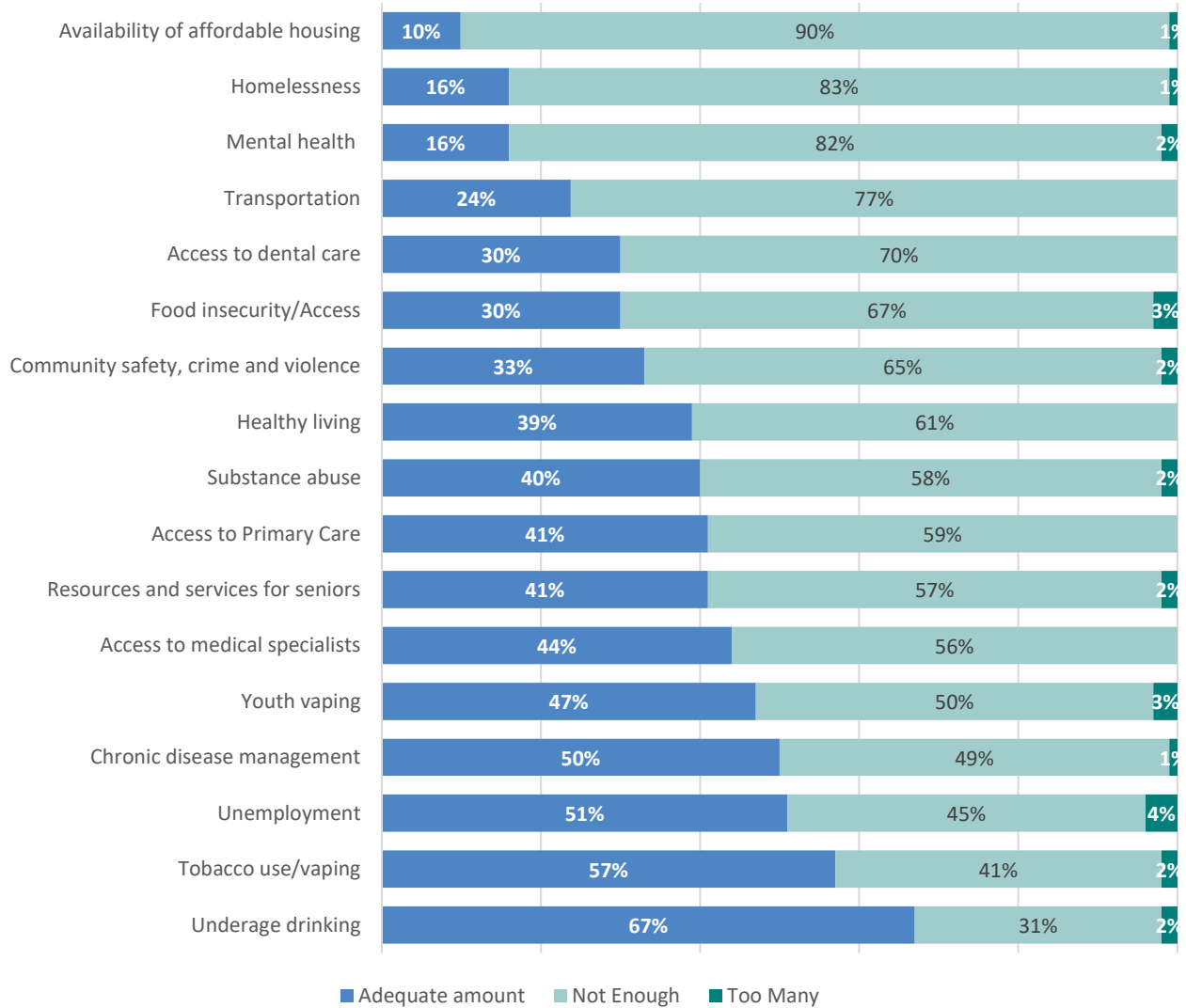




Community Partners were also asked if they thought there were adequate services and programs already in place to address each issue. Community Partners thought unemployment, tobacco use and vaping and underage drinking were issues that already have adequate services and programs in place. The availability of affordable housing, homelessness, and mental health were the top three issues that partners thought did not have enough services and programs in place to meet the current need. If they indicated there were not enough services or programs in place, they were then asked what is missing. Responses to this question are listed, verbatim, in the table below.

Adequate Services and Programs Available to Address Issue

Do you feel that there are an adequate amount, not enough or too many services and programs already in place in Stark County to address each of these issues?





What is missing from Stark County to address issue	
Issues	What is Missing
Availability of affordable housing	<p>Access/Limited Housing Stock</p> <ul style="list-style-type: none"> • Access. • Access is extremely limited, and availability is scarce. The process to apply is very difficult. • Affordable housing. • Affordable housing is hard to find. • All of them. Affordable housing shouldn't just include public or gov housing. Landlords have gouged rent prices to an unsustainable level to the point hard working people who ear a 'decent wage' STILL can't afford to live in a nice home in a safe neighborhood. It's either the projects or the projects. No in-between options for affordable housing. • Building free and affordable high-quality housing at scale to meet everyone's needs. • Funding and actual housing. • Homes that are affordable. • Homes that are affordable often are not up to standards from a health and safety perspective. • Housing costs are high and I don't understand how someone working a minimum wage job can pay for housing. Even with two incomes. There needs to be another option because someone has to do those jobs; they're not going away. We almost need mini apartments where people can afford to live but could move on or save to buy a house down the road. • Housing has skyrocketed, making it very hard for people to afford any type of housing. • Housing including rent is so expensive. More programs like the down payment assistance program could help revitalize neighborhoods and help people buy their own homes. • Housing prices are rising and putting safe, affordable housing out of reach. • Housing stock is aging, and newer homes have exponentially increased in cost. • Increased number of affordable housing complexes. • Innovative ways to addresses this national issue. Funding and local developers to build housing. • Lack of housing and people not treating properties with respect. • Lack of quality housing at a reasonable price. Affordable housing tends to be in areas of old homes, food deserts, and is not well maintained. (lead hazards/ safety hazards). • More affordable housing, jobs, financial literacy. • More homes in more areas of Stark County. • More housing. • Need additional housing options for individuals and families. • Not enough housing. • Promote establishing more safe affordable housing. • Quality affordable housing is short. • The issue with affordable housing particularly in the low/moderate income levels is partially attributed to household income levels and also attributed to a diminished housing stock. • The volume of affordable housing options that are available - need to be more. • There is not enough affordable housing. Instead of tearing down vacant houses or building on lots, the city and other investors put up apartments that have high rent. Take the new apartments on Tusc, for example. That should have been made into a shelter or affordable housing. • There needs to be more. • There's not enough. • Underserved communities face a critical shortage of affordable housing, and several key programs and services are missing to address this growing crisis. There is an insufficient supply of low-income rental units, and waitlists for subsidized housing can stretch for years. Many areas lack programs that support the development of affordable housing through incentives, grants, or partnerships with nonprofit developers. In addition, rent control policies and protections against eviction are limited or nonexistent, leaving many families vulnerable to displacement. Homeownership remains out of reach for many due to a lack of down payment assistance, financial literacy programs, and credit repair services. Zoning laws and land use policies often restrict the development of multi-family or mixed-income housing, further limiting options. There are also not enough supportive housing options for



What is missing from Stark County to address issue	
Issues	What is Missing
	<p>individuals with disabilities, seniors, and those transitioning from homelessness. Services to help individuals navigate the housing system - such as housing counseling, legal aid for tenants, and case management - are often underfunded or inaccessible. To address these gaps, communities need targeted investments in affordable housing construction, rental assistance programs, tenant protections, and comprehensive housing support services. A coordinated, long-term strategy is essential to ensuring stable housing for all, especially those with the greatest need.</p> <ul style="list-style-type: none"> • Very difficult for individuals entering the work force or young families to find acceptable and affordable housing that they can maintain independently with local wages. • We need more housing at cheaper rates so that people can afford them. Whichever programs or services help us achieve that... that's what we need. • We need more safe, clean affordable housing.
	<p>Landlord/Code Enforcement</p> <ul style="list-style-type: none"> • Accountability of landlords, wait lists for SMHA are too long. • Better code enforcement. Programs that encourage home ownership. More housing units through new construction and rehab. • Building inspections, prompt follow up on reports of safety issues. • Especially in Alliance, housing is unaffordable and what is affordable is in no condition to be lived in. Residents have been asking landlords to fix deplorable living conditions for years, and nothing has been done. The county needs to step into these efforts. • Insufficient, decent, housing stock at reasonable rates with responsive landlords. • Just a lack of and horrible landlords that rent slum apartments or just make a living off of application fees with no plans to rent. • Landlord/owner taskforces, organizations. • Regulations regarding rent prices. • Rent control policies; set standards on eligibility for assistance with securing housing. • Rent is too high for many and oversight is not being provided at housing complexes. • Rent to Buy. Landlord accountability. Reasonable rent options. • Rising rent and interest rates have made the cost of housing skyrocket. • There are an abundance of slum lords who aren't held accountable, high housing costs, shortage of affordable units, barriers for individuals with poor credit. • Too many to address the needs of the community. But definitely landlord tenant mediation. Lack of oversight for slum landlords that have families living in hazardous environments. • Too much blight. Children living in deplorable conditions because residents cannot afford better housing. Many are desperate to find a place large enough for their families so they resort to living in whatever they can get. Slumlords are taking advantage of the poor. • Too much housing stock has created lazy landlords and rental units that are unfit for living in.
	<p>Assistance/Incentives</p> <ul style="list-style-type: none"> • Assistance. • Assistance for working lower income families. • Families need help finding affordable places to live where they will feel safe. • Financial supports, budgeting, life skills (home economics) actually learning how to be a homeowner. • A cap on rent so lower income individuals do not have to pay more than what they can earn. Need to supplement for certain type of housing with incentives for getting out of assisted housing. Also education on maintaining and taking care of rental or home. • More building of affordable housing and tax breaks / incentives / educational programming for purchasers to make buying these homes successful. • More programs to assist homebuyers. Lower-cost homes to be more in line with area's avg income. • Need more voucher programming. • Offer discounts on home vouchers for individuals that remain drug free, keep the housing clean. Vouchers or discounts for individuals that volunteer in the community. Voucher or discount for





What is missing from Stark County to address issue	
Issues	What is Missing
	<p>individuals that stay out of jail and have good records. Have people help build the houses they are going to live in.</p> <ul style="list-style-type: none"> • Provision of tax and other incentives for developers to provide lower cost housing. • Public-Private sector partnerships to develop affordable housing. Higher quality project-based housing. Remove barriers to home ownership. More affordable rental housing. • Self-Setting higher standards of quality for any property that can be classified to receive government subsidies. Ensuring that rent gouging is not occurring within the community and holding landlords accountable to maintaining their properties inside and out. • Streamlining zoning and permitting processes while offering tax breaks to incentivize development. Specific programs can include Home Maintenance Grants or Loans for repairs, Property Tax Relief Programs to reduce financial burdens on long-term homeowners, and community workshops on home maintenance and energy efficiency. Additionally, Neighborhood Improvement Initiatives, such as community gardens, can foster pride and involvement, while creating a network of resources for homeowners will facilitate access to services for repairs and financial advice. Lastly, focusing on preserving existing affordable housing units is essential for maintaining community stability. • Too much greed. If the State could take over housing to set the rent standards. Working families cannot afford the outrageous rent. • What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late.
	<p>Awareness of Available Programs, Service Navigation, Education</p> <ul style="list-style-type: none"> • Grassroots advocacy and education regarding the economic issues impacting limited affordable housing, barriers to the voucher program, and how venture capital is impacting the housing market. We need to build relationships with legislators so they can understand the issues in the communities they represent. • Help that is easy to get. • Incentives for development of quality home choices. • I see little to no information on affordable housing. I know there is a waitlist for Metro and they never answer their phone.
	<p>SMHA, Public Housing</p> <ul style="list-style-type: none"> • Increase Section 8 housing options outside of Canton. • Increase the number of low to middle-income housing projects. • It can be a very long wait to get SMHA housing. • promotion of section 8 housing and making this available to those who are applying for SNAP and Medicaid benefits. • Shortage of income-based housing. • There are not enough of them. SMHA has a 2-3 year wait list. Besides I-Can. we don't have any other stable options here for families. • We seem to have a lot of government housing in our county, but it does feel like you hear the wait lists are pretty long. Just in general those housing areas aren't always the best areas and come with other associated barriers and complications not necessarily associated with the housing itself.
	<p>Mental Health</p> <ul style="list-style-type: none"> • Need more support around MH and homelessness to ensure once housed, residents can keep housed. Increase programs to incentive landlords to create more affordable housing. • Who can afford rent of \$800 a month or more when they are mentally ill or medically unable to work?
	<p>Other</p> <ul style="list-style-type: none"> • Focused, progressive plan for housing - adjust definition of 'affordable' that is more inclusive - the right house in the right place at the right time for the right price = affordability of housing.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • Many folks just look for the handouts. • This is in conjunction with the homelessness needs. Affordable housing often has its own issues - lead paint, bad neighborhoods, pest problems. More affordable housing is needed in areas with strong school districts.
Homelessness	<p>Affordable Housing</p> <ul style="list-style-type: none"> • Affordable housing. • Affordable housing and ability to help this population where they are at. • Affordable housing that is humane. • Affordable housing, proper definition to homelessness. • Availability of affordable housing; not doing enough around supportive services (connecting those formerly incarcerated or in recovery with a supportive community and resources needed to thrive). • Availability of PSH housing to serve the most severe MH and Addicts in our community. • Creation of affordable housing and job opportunities would address a lot of this. • Ensure equity in housing. Innovations in housing development. Mental health and addiction services. • Housing. • Housing for everyone. • Housing, mental health services. • Increase the number of low to middle-income housing projects. • Insufficient affordable housing to allow homeless to access shelters because shelter residents stay longer than is recommended because there's nowhere affordable & decent to go. • Lack of access to affordable housing. • Lacking affordable housing which increases homelessness. Need more landlord control to weed out the 'bad' landlords and incentivize new or 'good' landlords who want to keep people safe and housed. • Limited funding, expensive, outdated spaces, unkept. • Not enough affordable housing or independent housing navigators to assist with application process. • Not enough affordable housing stock close to social services/safety net for the individual. • Not enough housing available to place individuals, inadequate transitional and permanent housing options, barriers to accessing services, lack of targeted programs for youth and young adults.
	<p>Shelters/Transitional Housing</p> <ul style="list-style-type: none"> • There are not enough shelters. • A place for them to go. Kicking them out on the streets just because their house looks bad. Offer classes on home care, housekeeping, mowing. Instead of taking down the messy houses, restore them, pay the homeless to help and let them live in them? • Access to homeless shelters and for those in homeless shelters, providing resources via CHWs. • Adequate numbers of shelters; community areas designated as public shelters. • Improve access to safe living accommodations to the homeless. • It should not take an hour to assess someone who is homeless. We should have immediate beds. • Keep the shelters that are in place - funding do not remove. • Lack of adequate bedspace. • Lack of shelters for families. Huge Lack of shelters for men young and older men. • More availability to homeless shelters. If calling after hours or on a weekend it is hard to find. • More emergency shelters. More navigators to help people get through waitlists and red tape. • More homeless shelters, I know Alliance is filled frequently. • More robust rehousing; mental health and drug counseling; financial literacy. • More shelter availability. • More shelter space, transitional housing, wrap around services once housed, being place in unaffordable rentals under the 'housing first' model. • More shelters and houses that can accept homeless persons for an extended period of time and offer services to them to get them back on their feet. • More shelters, transitional housing.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> No emergency housing for those that are homeless. Not enough space for men. Not enough space in shelters. Better life skills training to help people transition to being housed. Rapid rehousing, programs to assist teens aging out of foster care. Safe places for people to go when they have children so that their family won't be separated. Resources for teens who are homeless and don't feel safe going back home. Shelter spots are very limited. Shelters and housing is definitely missing. Shelters for specific populations. Shelters that can be made available 24/7 and allow for pets and varying work shifts. I have heard where someone will refuse services because they work until 11pm and the curfew is earlier at the shelter. Some don't allow pets. Temporary shelters, warming centers in the winter. There is limited homeless shelters, especially for men. We have several locations that provide temporary housing support (Refuge of Hope, men's shelters). Survey what is available in the county - does it meet the needs of our homeless? We need more shelters that are staffed 24.7. Women's locations. Programs to assist before someone is homeless - i.e.. couch surfing in the interim.
	<p>Awareness and Access to Available Services, System Navigation/Coordination</p> <ul style="list-style-type: none"> Access to help. Some people don't have phones, and the HUD guidelines are absurd to actually helping. Accurate assessment of needs for those dealing with SPMI. Help that is easy to get. Coordination between shelters and centers so that there is development of job training and substance use disorder treatment. HMIS system that is more flexible with hours and innovative ways to deal with the homeless issue. Best practices from other cities. I see little to no information on homelessness in Stark County. Lack of coordination among government on how to handle/ care for these individuals. Lack of warming/ cooling centers. Sometimes the service is there but people do not know how to connect. Underserved communities lack comprehensive, coordinated services to effectively address homelessness. There is a shortage of affordable housing, emergency shelters, and transitional housing, leaving many individuals and families without safe, stable places to live. Existing shelters are often overcrowded, under-resourced, or inaccessible to people with disabilities, mental health conditions, or substance use issues. Programs offering long-term support—such as permanent supportive housing and Housing First models—are limited or underfunded. Additionally, services that address the root causes of homelessness—like job training, mental health care, addiction recovery, and legal aid—are often missing or difficult to access. Many unhoused individuals also face challenges in obtaining identification, accessing public benefits, and navigating complex social service systems without consistent case management or advocacy support. Youth, LGBTQ+ individuals, and seniors experiencing homelessness are especially underserved, lacking targeted services that consider their unique risks and needs. There is also a need for mobile outreach teams that connect people to resources directly where they are, including encampments and street locations. To reduce homelessness, communities need holistic strategies that combine housing, health care, employment, and wraparound support. Investment in preventative services, affordable housing development, and cross-agency collaboration is critical to breaking the cycle of homelessness. What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention,



What is missing from Stark County to address issue	
Issues	What is Missing
	<p>support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late.</p> <p>Showers, Clothes, Employment, Education, Other Resources</p> <ul style="list-style-type: none"> • Access to showers for hygiene and dignity. Programs to bridge them to an affordable living situation. We need more local homeless shelter beds in Alliance but we also need a special housing unit that has the basics that someone who has disability or some sort of benefits could afford and still have money for food etc. We need something to try to bridge the gap between the mental health issues that prevent someone from working with services to get a living space and still having a safe place to sleep at night. Veterans should be accepted immediately. • If homeless folks were sat down and actually interviewed, many could be assisted into jobs, assistance. • Prevention!! • Resources. • Resources prior to homelessness in places that can be easily accessible. A checklist of steps to take when homeless. • Safe homeless resources throughout the county. • We need more resources for the homeless. One organization cannot possibly assist all the homeless. <p>Mental Health Related</p> <ul style="list-style-type: none"> • Better mental health services. More housing options and social services. • Mental health care for homeless persons. • Mental health services. • More intensive mental health and substance use disorder programs will help individuals address problems that partially cause homelessness. Rent and mortgage assistance. • Not sure - it is just my heart speaking that no one should be outside sleeping. Mental health treatment is not big dollars so most places have closed their doors and we need to do better especially since many of them are veterans. • Understanding that not every unhoused person WANTS to go to shelter and that homelessness is multi-faceted with mental health, substance use and other social determinants of health issues. <p>Homeless Hotline</p> <ul style="list-style-type: none"> • Homeless hotline is not adequate for homelessness. It is very limiting and then they don't have the space to send people to. • Everything! The homeless Hotline can only do so much. Follow-up services are limited in Stark county. HUD standards are a joke! What sense does it make to kick a family out of a shelter for 10 days and then let them come back?? They were there because they were homeless! • Leading people to the homeless hotline is sometime difficult. • The current homeless hotline is ineffective. People who are trying to prevent homelessness have very few resources. This leads people to have to sleep in their cars before the homeless hotline will assist. Better infrastructure is needed to help people prior to them becoming homeless. • The Homeless Hotline is sometimes overwhelmed. Not enough housing is available. <p>Other</p> <ul style="list-style-type: none"> • If you are homeless and alone, you only have a certain amount of hours per day to focus on finding shelter if you are even in the frame of mind to do that. You don't have a lot of time to focus on improving your life. Again, not everyone needs to hit rock-bottom. • There needs to be more done than one or two nonprofits in this area - this is a bigger problem that needs to be solved.
	<p>Timely Care/Accessibility</p> <ul style="list-style-type: none"> • Access to providers in house treatment. • Access to services, ed surrounding services, long wait times to be seen/get established with care team. • Accessibility for smaller communities. Programs to help individuals with mental illness function better. • After hours. • Availability in general - waitlists are too long.





What is missing from Stark County to address issue	
Issues	What is Missing
Mental health services	<ul style="list-style-type: none"> • Availability of mental health counselors/appointments/insurances taken. • Easy access. • Help that is easy to get. • Hours outside of the workday. Locations outside of Canton. • Increased access to providers, reduced fees. • Increased availability of clinic hours (evenings/weekends); availability of appointments (people report waiting weeks for an initial appointment); availability of specialized counselors (people who are able to work with at-risk youth). • Not enough capacity and transportation to existing resources. • The ability to get individuals who are in crisis evaluated and treated.
	<p>More Providers/Locations/Treatment Centers</p> <ul style="list-style-type: none"> • Adequate number of practitioners and funding of their agencies. • In person/ follow up programs throughout the county. • Inpatient services, intensive outpatient services, support groups within county. • 1 on 1 for those individuals who do not have any support. • Alternative therapies, access in all of stark county. • Depression and anxiety community forums for all employers and schools. • In patient care. Finding providers in the individuals medical care network. • Access to counselors and prevention services. • Counseling and support to identify needs and offer treatment options. • Counseling services. • Counseling, residential care in our community, as needed, community psychiatrists. • Lack of counselors, crisis counseling. • Lack of inpatient and outpatient treatment centers. Lack of available counseling services. • Maybe more availability of inpatient care, partial hospitalization, day programs in the county. • More access to counseling. • More autism testing; more streamlined access to mental health professionals. • More community opportunities (meet people where they are). • More peer support and follow up care. • More treatment providers; parity in payment; support for MH staff. • Need more Mental Health Facilities for youth in area so inpatient youth don't have to be. • Not enough facilities. • Not enough programs or training to handle situations or needs. • Not enough providers in County that don't have revolving door with service delivery. • Not enough services, period. Not enough empathy. It is not 'one-size fits all' and the people who are aware of an issue need real support from their friends, family, employers, and the service providers. Real support = unconditional help. • Programs and support groups for certain groups of people (i.e. post-partum moms, single parents, young caregivers, different types of addictions, etc.). • Providers. • Psychiatric care; inpatient care; crisis care. • Services available especially for youth. • Telehealth, mobile units, real-time crisis evaluations, timely assistance in ED, more inpatient beds, inpatient beds that do not limit by insurance. • There are none really in the community besides calling a crisis line. We need to discuss everyday stress and depression in ways that don't isolate those who are going through it. • Too few providers. • We have strong services but we don't have enough to support youth, young adults, and seniors. • We need more mental health care providers.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> We need more mental health providers in general, and a more diversity in the pool of providers that are available. More training for culturally competent providers. What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late.
	<p>Workforce/Staff Shortages</p> <ul style="list-style-type: none"> A major gap in mental health care is access, driven by a shortage of licensed therapists in community based settings. Many agencies struggle to hire and retain qualified staff because wages often cannot compete with private practice or hospital systems. At the same time, fewer people are entering the field, and those who do often carry high student debt with limited financial incentive to work in high need areas. Without a strong workforce, wait times grow and families go without care. Addressing this issue requires investment in workforce development, competitive pay, and long-term funding to strengthen the community based mental health system. Adequate number of trained professionals to meet the need of our community. Since, COVID there has been a significant workforce issue. Adequate staffing and resources for families. including school-based access to services. And mental health support for families with high need children (involved in DD services). Need more local therapist to handle large stark county case load. Need more mental health professionals. Not enough mental health counselors that can be accessed at a low cost. Not enough awareness and community outreach around mental health conditions and their treatment options. Not enough or life coaches without experience trying to help. Quality mental healthcare is incredibly hard to find. Gov agencies often have under experienced grad students doing intakes which typically makes the experience useless and a disaster for the patient who may then never returns for help again. I'm speaking from experience! Workforce large enough to address the need. Workforce shortages, limited services for youth and adolescents, insufficient crisis intervention resources, inadequate integration with primary care.
	<p>Education, Awareness/Stigma Reduction</p> <ul style="list-style-type: none"> Adults often have a hard time knowing what to do if a family or friend is having a mental health crisis. How to talk about mental health what are possible treatments to mental health. I think we have great mental health resources; I think that most people don't know how to access them or they can't or feel like they can't afford services. Knowing where to go when a need arises. Missing more of mental health programs. Need more promotion of the awareness, and more places to go get help. More education on how to seek help, more providers, more trained staff. More social emotion learning for youth, parents, and adults for mental health prevention. Education to address stigma. NAMI Education. There are orgs providing care not sure if community at large is aware of them if not directly referred. There are programs for mental health but we need to continue to educate on proper and continuity of taking medications daily. I believe it will help reduce mental health crisis. We have good mental health programs in the county. Maybe these resources need to be better advertised to the public/families. Youth education.
	<p>Diversity/Cultural Competency</p>





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • Access to diverse providers. • Engaging/diversified staff. • Equitable Access to Diverse providers. • Minority based programming. • Not enough mental health professionals. Not enough African Americans/women in this field in County.
	<p>Funding/Insurance/Affordability</p> <ul style="list-style-type: none"> • Affordable outpatient care. • Affordable treatment options. • Cost effective availability for therapy or medical providers. • Everything from cost, access, quality, workforce. • Free counseling for everyone. • More resources for programs already in place. • Resources for Continuity of care. • Still short on providers for Medicaid.
	<p>Ability to Prescribe Medication</p> <ul style="list-style-type: none"> • Access to mental health doctors to prescribe mental health medication. • Access to psychiatric services, mental health clinics with access to providers who can prescribe mental health medications.
	<p>Other Missing Items</p> <ul style="list-style-type: none"> • Mental Health is just ignored. There are no good outpatient facilities, there are very few inpatient facilities. They are pink slipped for 48 or 72 hours and let go with no constant follow up. There needs to be more avenues of help, places to go.
Transportation	<p>SARTA/Public Transportation Related</p> <ul style="list-style-type: none"> • A more robust county-wide transportation system. • Additional bus routes. • Bus system especially if you have multiple children is daunting. • Efficient and affordable public transportation. • Encouraging safety and use of SARTA. • Improved bus stops - concrete pads, shelters, benches. Medicaid transportation is difficult to use - it would be beneficial to improve the transportation options we have available in Stark County. • Improved lengthy public transportation wait times and improved circuit routes. Improved walking and biking routes. • Lack of routes - if it takes me two hours on a bus to get a \$50 food voucher, most likely I am not going to do it. People are tired!!! • More access to public transportation in communities surrounding Canton proper. • More accessible public transportation. • Need more public transportation and appropriate bicycle access to share the roads. • Public transportation can be limited & expensive. • Public transportation needs more routes to locations where users don't have to navigate areas that lack safety. The hub in Belden Village is a good example, SARTA should have located that hub somewhere on the vastly underused parking area of the mall. • Reliable public transportation. • SARTA can be improved significantly. Instead of making us the Hydrogen capital of the world how about getting people in need to places they need to go. SARTA needs to refocus its attention on the people it serves, instead of looking forward to federal awards and kudos. The agency has lost its way. • SARTA messed up having to cut funding and cut routes this year. This has left a lot of residents stranded without transportation. Public transport needs a lot of work compared to surrounding counties, such as Summit county. • SARTA schedule needs to be expanded in the evenings and on weekends to accommodate peoples' work schedules.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> SARTA's cutback hurt public transportation and ride share voucher programs. Sunday public transportation. We have buses but living on the east side of the county in alliance the bus is a problem when trying to get to appointments could take a couple hours.
	<p>Cost/Affordability/Funding</p> <ul style="list-style-type: none"> Affordability is a concern I hear. Affordable and flexible options available in short notice for grocery shopping, medical appointments and social needs. Affordable options. Clear type/cost of transportation. Access to quick service. Cost and reliability. Free buses, trams, increased # of buses and stops. Funding issues have resulted in cutbacks to our public transportation system. Gas prices, lack of bus stops in the area. Grant money to get more bus passes for our clients. Lack of programs and services are not always the issue with transportation. Coverage and funding can be the hold backs from people getting adequate transportation. Low-cost immediate access to transportation (that isn't the bus), a program like Hope on Wheels. More affordable, Medicaid covered transport options besides SARTA. Need more affordable transportation services. Not enough low cost, flexible and immediate options. The buses cost money, and is not very safe. Uber cost money. We live in Ohio where the weather is snowing one hour and 90 the next, people need fast safe bussing. There are transportation options but the private vehicles are very expensive and the bus routes are terribly inefficient to get where you need to go. affordable, efficient transportation is what is needed.
	<p>Access and Availability</p> <ul style="list-style-type: none"> Help that is easy to get. I am not sure - point to point and/or off hours are issues we hear in workforce. Lack of convenient neighborhood resources. Lack of transportation to get to appointments/ food ext. Limited resources for transportation outside of medical appointments. Limited service hours and coverage, healthcare access challenges. Limited transportation throughout the county. More access to transportation and free services. Need better access to transportation. There is transportation with the Medicaid plans and people do not use it. None in smaller towns within the county. Same day rides. Services to additional areas. Single mothers need access to transportation. I would not ride a SARTA bus and take my kids to daycare and then go to my job and have to do the same with pick up. Most moms are staying home and do not have the energy to complete this just to go to work. There needs more access and more programs with gas cards for those who may need them who are financially burdened. Transport to appointments, transport to local stores, transport to community service organizations. We don't have taxis or van services available on Sundays and after 5:00 pm.
	<p>Education and Awareness</p> <ul style="list-style-type: none"> Ease of public transit; education on process of securing transportation from each MCO; how to access 'day of' transportation. Education of available resources.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> Increased availability and education of transportation services currently available. Information not always available for free rides with Medicaid. Knowledge on how to use public transportation - SARTA's new program is helping with this. Utilizing the insurance rides, but the availability of drivers and timeframes to schedule rides are common complaints we hear from clients. Lack of information regarding how to get training on SARTA, pro-line being reduced. Transportation in general is hard to navigate. To get to appointments on time or with short notice is difficult. When making appointments sometimes they are far enough out to be able to schedule transportation, but sometimes it is not in that window of time. Navigating the bus system can be difficult or getting to a bus stop. If you don't have insurance, all of the Medicaid options are unavailable. If using the bus system for an appointment, it could literally take all day by the time you get a bus to get there on time and wait for a bus to get home. What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late.
	<p>Auto Repair</p> <ul style="list-style-type: none"> Car repair dollars - affordable cars and associated realistic financing. Discounted auto repair services. I think more programs that help with vehicle repairs, down payments, and things like that. I know some of these programs exist but a lot of times they have restrictions based on location, certain schools, etc. They help those people but still leave some folks out.
	<p>More Transportation Providers/Options</p> <ul style="list-style-type: none"> All of them. Stark county has zero reasonable, reliable transportation services. And as we speak SARTA (mass transportation for area) is planning to cut routes even further. Bike lanes/safe sidewalks in areas of the county where people may not have access to transportation. Door to door for those who cannot use public. Having more than SARTA. If you do not have a vehicle, it's hard to get around Stark County. There are limited options for public transportation for people with disabilities and limited resources. More places to use for transportation. More door to door opportunities. Not enough services for the people who rely on transportation services. Bus line can be unreliable and takes too long to travel between cities within Stark County, which makes it difficult to send a patient out of town to access specialists, etc. Seems like SARTA is the only option that most people know about. There is not adequate transportation for those who have Medicare.
	<p>Medical Transportation</p> <ul style="list-style-type: none"> Access to dialysis services could stand to be increased. Bus line that runs to Akron Children's Hospital. Free or low cost transportation for medical appointments when insurance does not provide it. More convenient public transportation in areas outside of the urban centers. Lack of coverage from commercial insurances and Medicare. Our families struggle with transportation to medical appointments for their children. Managed care services are limited. Transportation remains a major barrier to health care, employment, education, and other essential services in underserved neighborhoods. Many areas lack reliable, affordable, and accessible public transit options, especially during evenings and weekends when buses may run infrequently or not at





What is missing from Stark County to address issue	
Issues	What is Missing
	<p>all. There is a need for non-emergency medical transportation (NEMT) programs that are easy to schedule and available to all, not just Medicaid recipients. Similarly, on-demand shuttle services or ride-share partnerships could help residents without cars access clinics, jobs, grocery stores, and schools. First- and last-mile connections—like safe sidewalks, bike paths, and local circulators—are also missing, making it difficult for people to reach major transit routes. Seniors, people with disabilities, and families with young children are particularly affected by these gaps. Additionally, there is a lack of transportation assistance programs offered through community organizations, such as gas vouchers, volunteer driver programs, or transit fare subsidies. Expanding these services would greatly reduce missed medical appointments, increase employment opportunities, and improve overall quality of life in underserved areas. Equitable transportation is essential for health equity and community well-being.</p>
Access to dental care	<p>Affordability/Cost/Insurance</p> <ul style="list-style-type: none"> • Affordable dental care, most dental insurance is minimal. • Affordable insurance coverage for dental care. • Cost (2). • Cost makes it impossible for most to get dental care.. • Dental Care is just so expensive people can't afford it and insurance pay very little for dental care. • Dental providers need to be contracted with Medicaid, particularly CareSource!! • Dentists are beginning to limit insurance carriers and without insurance won't see you • Dentists who accept Humana are few and far between. Hardly any Medicaid providers, especially important for kids and pregnant women. • Dentists who take Medicaid and Complex Medical Help (CMH) insurances. Evening and weekend hours. • Free services. • If you have Medicaid, you don't have choices. • Increased access to sliding scale clinics for those who may be uninsured and may not be established at a dental practice already. • Insurance. • Insurance coverage programs for those without insurance through their employer. • Lack of Medicaid dental providers, especially in Alliance. • Large lack of providers who accept Medicaid. • Lifecare offers affordable dental care, but beyond that dental care is expensive. • Limited provider availability for Medicaid patients, transportation barriers, health literacy, no emphasis on importance of dental care. • Low income/no insurance/Medicaid providers. • Medicaid dental providers and pediatric providers. • Medicaid dentists, dental clinics for the uninsured, dentist who are specific to treating young children. • Medicaid reimbursement rates and number of dentists who take Medicaid. • Most do not take Medicaid or uninsured. • Need more dentists who will take Medicaid. • No local and affordable dentists. • Not enough dentist that accept Medicaid. • Not enough dentists locally who take Medicaid. • Not enough providers that will take Medicaid. • Our clients state they can see LifeCare but that is the only one that will see them. • Pop-up dental services for low-income families. • Programs that accept Medicaid. • Providers that accept all forms of coverage. • Providers who accept kids and/or Medicaid. • There are not enough Dentists in the area that except Medicaid. • There seem to be very few providers that accept Medicaid/any of the managed care plans through JFS.



What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> This has been an ongoing issue for individuals in poverty or who need special support due to anxiety/behavior. To enhance dental care access, you also have to look at dental care affordability, which includes strengthening dental coverage, incentivizing dental professionals to serve in underserved areas like in the urban and rural areas of our county, and expanding the workforce with dental therapists and hygienists. Key strategies involve expanding dental coverage benefits to cover a wider range of dental services and increasing reimbursement rates to attract more providers. Financial incentives, such as scholarships and debt relief, to encourage dental students preparing to graduate to work here. Expanding the roles of dental therapists and hygienists. Community engagement through educational programs, volunteer dental events, and partnerships with local organizations is essential for fostering good oral hygiene practices and improving overall access to care. Underserved communities face significant barriers to dental care due to a lack of affordable providers, limited insurance coverage, and transportation challenges. Many areas have a shortage of dentists who accept Medicaid or offer sliding-scale fees, making routine and emergency dental care inaccessible for low-income families. Mobile dental clinics and school-based dental programs are often underfunded or unavailable, leaving children and seniors especially vulnerable to untreated dental issues. Additionally, there is a lack of culturally competent care and dental education programs that address preventive care and oral hygiene. Integrating dental services into community health centers and expanding tele-dentistry options could help bridge the gap. Increased funding for public dental health programs and incentives for dentists to serve in high-need areas are also critical. Without targeted solutions, dental health disparities will continue to impact overall well-being in underserved populations.
	<p>Accessibility/Hours of Operation</p> <ul style="list-style-type: none"> Appointment wait time, availability. Dentists with openings, unaffordability for the underinsured or uninsured. Easy access. Help that is easy to get. Transportation to the service.
	<p>More Providers</p> <ul style="list-style-type: none"> Available of dentists who accept Medicaid. Available professionals. Clinics in high-needs areas. Finding a dentist in the county is very hard for adults. Pediatric dentists are much easier find. I had to go outside of the county to find a dentist because I, nor my wife, have not had good experiences. Finding a provider and access to the provider. Providers that accept all forms of insurance. Lack of adequate pediatric dentistry, particularly ones that take Medicaid. Limited dentist for low income/no access to dental specialist for this group/shortage of dentists. More dental clinics, access to clinics, school support for oral health and education. More dentists. More dentists accepting Medicaid and available during nontraditional hours. Services are not missing there is an extreme shortage of pediatric dentist, accepting Medicaid. The Sealant program is the only true dental program CCPH has. There are very few options to help with the cost of bigger dental needs like root canals, crowns, or extractions. Even for people with insurance, coverage is often limited and the out-of-pocket expenses are too high. Families are left delaying care or going without it entirely. We need more affordable programs that cover major dental work. We need more dentists, and more that accept Medicaid. We need more providers.
	<p>Education/Awareness of Services</p> <ul style="list-style-type: none"> Education of available resources.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • Education on importance of dental care; distribution of dental care in county; affordable care for all; more dental payers. • I believe that there are opportunities, just not as much awareness. • School dental health education. • Wellness fairs often have booths where individuals can sign up for free dental care. We need to reach out to more dental practitioners to sign up to assist, and spread the word. • What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late.
	<p>Quality/Preventative Dentistry</p> <ul style="list-style-type: none"> • Good dental care. These dentists who take Medicaid remove unnecessary teeth and fill cavities, not just to get paid. Faster and better care. • I see so many people who have dental issues or loss of teeth. Chewing is the first part of digestion and having a full mouth of teeth assists in digestion. • Not enough providers doing actual preventative dentistry work and relying too much on lazy alternatives such as pulling treatable teeth and pulling them instead. • Quality dentists serving Medicaid population; not just letting primary teeth ROT in the child's mouth saying, 'We don't want to cause the child pain by removing them since they are going to fall out anyway'. PREVENTION, PREVENTION, PREVENTION!!
Food insecurity/access	<p>Affordability/Cost</p> <ul style="list-style-type: none"> • Access to affordable foods. • Cost, access to healthier options, quality of food. • Funding. • Funding for SNAP/free school breakfasts/lunches. Food delivery for those that can't get to food banks. • Having enough funding to adequately equip food pantries and programs providing food. Also education related to stretching food dollars and how to create healthy inexpensive meals. • I think there are a lot of programs for folks to go and get food, particularly in the city of Canton. I know they have taken a bit of a hit recently with state and Federal budgets getting hit though. Typically when they are fully funded, they put a significant dent in this. • Low-cost options in high risk areas; a better map/list of food pantries and what they offer; shelf stable 'meals in a bag' with recipe cards. • Not enough low cost grocery stores. too many dollar stores without fresh produce. • Stark County has good resources for providing food and meal services - Food Banks, local church food handouts, pantries, meal kitchens, meals-on-wheels, etc. Continue to check on these organizations to see if they are still providing support. Food expense today is a big issue. Can we augment these programs? Reach out for donations?
	<p>Food deserts/Lack of Grocery Stores</p> <ul style="list-style-type: none"> • Access to actual grocery stores. • Access to fresh foods in food deserts. • Addressing food deserts more support of the Foodbank and food pantries. • East side of alliance is a food desert. Hard to attract businesses to that side of town due to numbers. So unless they tap into some kind of large scale chain not sure what can be done. • Food deserts exist throughout our cities and townships. • Dollar General is not a grocery store. Save-a-Lot limits healthy choices. Too many food deserts exist in a community of our size. • Grocery stores in neighborhoods. Neighborhood gardens. • Grocery stores within a one mile radius of downtown.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> Lack of food banks within Stark County; many are income based so some people are automatically ineligible. I think advertising can be better for existing resources such as food banks or hot meals. Markets and pantries in food deserts throughout the county to ensure there is access to healthy food. More access to fresh, nutritious, and affordable foods in Stark County food deserts. More grocery models like Sommers Market could benefit similar neighborhoods in the greater Canton area that have been deemed food deserts due to lack of fresh food suppliers and transportation. More support behind neighborhood level grocery access, not just pantries or food banks. Neighborhood food centers. Reduces the need for travel, given that many do not have trans options. Neighborhood stores instead of dollar stores and convenience stores. There is limited food in the food banks. Classes on things to make with few items. Too many food deserts. Food Banks are limited and some run out of food quickly. Others have restrictions on when you can go.
	<p>Fresh/Healthy Food</p> <ul style="list-style-type: none"> Access to variety of fresh foods. Cooking classes education programs of nutrition. Expanded fresh food access. Healthy food education and healthy but cheap recipe preparation. Healthy foods being less expensive. Increase various programs, including community gardens and farmer's markets, and free nutrition education programs to teach all individuals how to prepare affordable, healthy meals. Additionally, community food projects can unite stakeholders to enhance local food systems, while advocacy for policy changes can support initiatives like expanding access to nutrition programs. Lack of fresh food in SE Canton area. More fruit/vegetable markets, healthier, inexpensive choices at fast food establishments. We need more programs like Stark Fresh bringing fresh food and produce to low income families.
	<p>Children/Families</p> <ul style="list-style-type: none"> Afterschool/weekend/summer program for families/kids. Children are the real victims, the adults in their lives are selling their food stamps or purchasing food that will not sustain a child. We have children that are eating one meal a day specifically in the summer months when the children are out of school.
	<p>Awareness/Education</p> <ul style="list-style-type: none"> Although we have a lot of food pantries, there are many that either don't know about them or, for some reason, don't access them. There is a significant number of children who only eat at school. Providing schools with more backpacks from the food pantry, The food pantry going to homes and dropping off care packages. I feel we have a lot of services as far as food pantries, hot meals, Stark Hunger, etc. but they are underutilized by our community. The backpack program is phenomenal for our schools.
	<p>Barriers and Access</p> <ul style="list-style-type: none"> Delivery options for those who do not have transportation. Diversified food pantries throughout county; delivery services for those who are unable to access food pantries; healthy food options. Easy access. Food banks, hot meal services. Help that is easy to get. Limited evening and weekend hours, transportation. Limited food banks not sure where to look or how to get transportation there. More accessibility to all of stark county. More home food bank deliveries. Need more. Need to create more access points in communities of poverty.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • Not enough delivery services for seniors. • Promoting food availability through churches and foundations. • SC would benefit from a true food pantry- a place staffed with nurses/healthcare professionals to help users access healthy and filling foods - and learning how to eat for a healthy lifestyle. • There are food banks available, but many are only open during daytime hours, so evening/weekends are needed. Transportation needs are also a barrier for people to access the foods. • Transportation to pantries, home delivery for the homebound, variety of available foods, food deserts. • Underserved communities often face significant gaps in programs and services that address food insecurity and access. Many neighborhoods lack grocery stores with affordable, fresh, and healthy options, often referred to as 'food deserts.' This leads to a reliance on convenience stores and fast food, which contribute to poor nutrition and chronic disease. Programs such as community gardens, mobile food markets, and subsidized CSA (Community Supported Agriculture) deliveries are often limited or nonexistent. Food pantries and meal programs may be underfunded, operate with restricted hours, or lack culturally relevant food choices. Additionally, there are often barriers to accessing existing government assistance programs like SNAP and WIC, including limited outreach, complicated application processes, and social stigma. Schools may lack funding for free meal programs or after-school food support, leaving children vulnerable to hunger. Seniors and individuals with disabilities may also struggle with meal access due to transportation or mobility issues. Expanding food education, urban farming initiatives, meal delivery services, and support for local food systems would significantly improve access. More inclusive policies, better infrastructure, and targeted funding are needed to ensure every family has consistent access to nutritious food regardless of income or location. • We need increased food donation sites throughout the month that are easily accessible and geographically in the neighborhoods with the highest need. • What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late.
	<p>Other</p> <ul style="list-style-type: none"> • Ensure social protection policies. Support for food banks to meet the need. • It would be great to see more opportunities. • The need overshadows the great efforts of the Akron/Canton Food Banks and numerous provider orgs. • With prices skyrocketing and allocations being reduced it is going to get worse before it gets better.
Community safety, crime, and violence	<p>Police Related</p> <ul style="list-style-type: none"> • Adequate training for Canton PD--notorious for terrorizing citizens. • Better cops. • Building trust & relationships with local law enforcement, especially young people & minorities. • Classes on self-defense, self-awareness, More trust in the police, Police cracking down on crime. • Community Policing. Bridging the police and community. • Community policing. • Crime is a huge problem. Not enough police, not enough enforcement, tougher penalties are needed. • Educating police and those with involved with the law on assistance rather than violence. • More police but also community workers to help deal with social issues. • More police needed in cities. • Moving in the right direction in police community relations and BEING PRESENT! • Police educating in school and more direct police - community education. • Responsive police willing to take action and not just close the case. • Shorthanded police and fire crews. Fear of reprisal against the police .





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • There are neighborhoods where periodic vandalism has occurred and some feel that more patrols of law enforcement could be beneficial. • There are not enough police to go around. This can't be changed. Canton has the second highest crime rate in Ohio. • Training on how to interact with residents with varied needs. Helps families and first responders, if training to address MH needs was provided more routinely. • Use of CIT officers, community policing so people see the police as friends and not the enemy, ensure that repeat offenders receive the maximum sentences.
	<p>Awareness, Education, Prevention</p> <ul style="list-style-type: none"> • Awareness, education, prevention, intervention, postvention; too many systemic barriers form all levels for this to be solved in one sweep. • Community awareness and training. • Help that is easy to get. • I don't know if there are any programs that are missing, but maybe that people do not use them and have little regard for others. • I don't know if there are programs missing, but more proactive work needs to be done in this area as a method of prevention and awareness. • I hear Stark County has the highest Domestic violence rate. That is startling. WE need preventative programming. Where? In the schools - where youth congregate? • I'm blank on this except more education. • Increased outreach to the communities where the most crime is seen to educate them on the resources available. • More Positive programs and services addressing crime, safety and violence. • More prevention programs. • Programs for offenders to assist in making better choices for youth and adults. • We need more prevention based programs that start early and build strong relationships with youth and families, especially those who may be at higher risk. At C&A, we see the impact of untreated trauma, unmet mental health needs, and lack of safe spaces every day. More support for community outreach, school partnerships, trauma informed care, and coordinated efforts between agencies could make a real difference in preventing violence before it starts.
	<p>Youth Related</p> <ul style="list-style-type: none"> • Children need to be held accountable for their actions. • Early identification of career pathways/options for young people so they can make stronger choices. • I think that there are some good youth programs like Men of Tomorrow, Walking with a Purpose, Be a Better Me, EN-RICH-MENT, and others but I don't think there are a lot of programs of support once people age out of those programs. I think the prevailing elements of poverty often times rule out. • No sure exactly; possibly more prevention and activities for youth. • Begins with mental health, healthy relationships with adults and peers. Increase mentoring & afterschool programming to reduce out of school time and build support network. • Out of school time options for youth. • People are hurting and desperate, the community also lacks many outlets for children to stay busy and out of trouble. • Safety town education for children. • Youth intervention and prevention programs.
	<p>Gun Control</p> <ul style="list-style-type: none"> • Better gun control, taking heavy duty guns off the streets, especially if they are underage or involved in any type of crime. • Gun control laws, public education on laws regarding guns. • Not sure about specific programs, but in general there is a lot of guns, drugs, violence, sex deterring families or children to want to be outside even in their own home.





What is missing from Stark County to address issue	
Issues	What is Missing
	<p>Community Engagement</p> <ul style="list-style-type: none"> • Citizens who actually care about where they live. The Police are here to help, they are not the answer to all the problems in the city. • Community workgroups. • General community groups to engage youth in positive activities, more of a police presence in high crime areas, foot patrol. • In Stark County, addressing crime, safety, and violence can be effectively approached through various community-focused programs. Key initiatives in the Violence Interruption and Intervention Programs that are missing or that are not well known are: training of local credible figures to mitigate retaliatory violence and connect high-risk individuals to essential social services. Homicide Review Commissions and Violence Reduction Councils engage law enforcement and community members to analyze violence patterns, identify systemic gaps, and propose policy solutions. Additionally, addressing environmental risk factors through community improvements—like enhancing lighting and beautifying vacant lots—can deter illegal activities. Community-Based Public Safety initiatives focus on prevention and reducing incarceration, while Youth Development Programs promote conflict resolution and emotional growth in young people. Lastly, integrating Crime Prevention Through Environmental Design and Neighborhood Associations can help create safer physical spaces in the community. • More neighborhood and community groups to support the efforts of the police. • No willing community members wanting to look out for their neighborhoods. • Some cities are enhancing surveillance and other programs to address community safety (shot stopper, etc.) Work with local law enforcement to see what geographic areas need more support. Some local communities set up 'neighborhood watch' groups that are effective and send a message that they will not tolerate crime in their neighborhoods. <p>Community Conditions/Basic Needs/Barriers</p> <ul style="list-style-type: none"> • Create/launch programs that really reduce crime, like employment placement/sourcing, expungement and amnesty programs to give people an opportunity to correct their behavior and strive for better lives through opportunities. Just telling their behavior is wrong won't change a thing. • If people have better ways to take care of their primary needs (food, shelter, childcare, medical care), there would be a decrease in crime and violence. • Alliance has a high population of people that walk for transportation and many places do not have sidewalks or safe sidewalks that someone could walk on without tripping. • Safe spaces for people to gather for free fun/enrichment activities. • Underserved communities often lack comprehensive programs that address community safety, crime, and violence at the root. Missing services include youth engagement and mentorship programs, conflict resolution and trauma-informed care, and community policing strategies that build trust between residents and law enforcement. There's often limited access to mental health and substance use disorder support, both of which are linked to crime rates. Reentry programs for formerly incarcerated individuals are also scarce, making reintegration difficult and increasing recidivism. Neighborhoods need more investment in lighting, safe public spaces, and violence prevention initiatives. Expanding job training, after-school programs, and community outreach can help deter crime by providing alternatives and support. Addressing safety holistically—through education, prevention, and strong community ties—is essential for long-term change. <p>Other</p> <ul style="list-style-type: none"> • Crime is an issue. We need to push the drug dealers out to protect our children and grandchildren. • Perceptions are not always correct. Key communities need to focus - overlaps with drug usage and mental health issues. • You're not going to catch every crime that happens but household cameras provide a majority of crime so more cameras to hopefully deter such crimes.
Healthy living	<p>More Programs, Education, Information</p> <ul style="list-style-type: none"> • Accessible programming to help educate community members on smarter choices they can make that do not cost them any money.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • Adult education on how to feed you and your family with a certain amount of \$\$ per month. • At-home training programs with flexible hours for working families, food bank deliveries available to everyone. • Early education programs for school agers regarding healthy eating and exercise. Incorporate this as team approach in physician offices. However, this may be unrealistic due to their packed schedules and time constraints. • Education and support. • Education at all levels (schools, work) to show the cause and effect of healthy lifestyle choices and overall health. Obesity is a big contributor to many chronic health issues. • Education programs among children. • Education, PCPs need to care more to provide educational resources for dealing with these conditions. • Education, Support groups, access to medications and other resources that will support weight loss. • Educational programming needs to be community based as much as possible. • Health Education across the entire county. • Informational programs surrounding options for weigh loss. • More proactive programs for elementary and teen students when formative habits are developing especially regarding healthy food and exercise. • Moving beyond reactive care to proactive measures- transforming diet and lifestyle choices through subsidized food vouchers and one-on-one guidance from a health professional. • Positive chronic disease prevention education. • Programs do exist; maybe they need to be closer to identified neighborhoods to make it easier for people to participate. • Programs educating and financial support. • Programs educating the public about the foods we eat and how they lead to obesity and health issues. • Programs that make learning fun and informative to change unhealthy habits. • Programs to target low socioeconomic populations. • School-related health programs.
	<p>Food Access/Nutrition</p> <ul style="list-style-type: none"> • Access to affordable healthy food. • Access to healthy food. • Assistance for healthy grocery shopping, shopping and creating easy meal programs that families can sustain over time. • Availability of healthy food choices. • Easy access to nutritionists; affordable healthy food with easy access; safe and adequate green spaces; education programs to discuss healthy choices. • Expanded access to fresh food. • General education on nutrition and healthy eating. Education on how terrible processed food and sugar are. Promotion of whole foods. • Fresh, healthy, affordable, and accessible food options. • Healthy recipes and all around lifestyle changes. • Key initiatives making healthy foods more affordable for everyone through voucher programs by offering nutrition education to improve meal planning and cooking skills and enhancing access to fresh produce via community gardens and farmers markets. Additionally, creating free, safe recreational spaces, such as parks and community centers, provides opportunities for physical activity. Finally, addressing the financial aspects of health by supporting weight loss medications and treatments for obesity-related chronic diseases is also crucial. • Lack of access to dieticians at reasonable cost. Lack of free, engaging education on how to eat healthy. • More nutrition programs in the schools. • Need to Expand Nutrition Education Programs. • Places for people living in low-income areas to by healthy food, fresh produce, etc.



What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> The cheapest food is the unhealthiest for you - programs could be led by health departments or food banks to help with the availability of healthy foods and meal choices.
	<p>Affordability</p> <ul style="list-style-type: none"> Affordable services for in home care. Affordable support for medication and programs for healthy eating and exercising. Affordable weight loss and nutrition programs. Community access to free resources in evenings on weekends. Example: Gym memberships at a reduced price, healthy eating classes, etc. Free/low cost programs such as Walk With a Doc; healthy vending machine foods; community gardens; sidewalks/bike lanes in more communities. Low-cost access to fitness programs; low cost healthy food options. More affordable programs and services. More free activities for community to get exercise/healthy lifestyle education out in the community.
	<p>Accessibility/Ease</p> <ul style="list-style-type: none"> Help that is easy to get. More consistent access to affordable fitness, practical nutrition education, and support for making healthy changes at home could make a real difference. I would look to public health experts and community partners for more detailed insight. There are no areas available for showering, brushing teeth, exercise. All that is done is flyers and reading materials. Transportation barriers, nutrition counseling services, workforce shortages.
	<p>Mind-Set, Buy-In</p> <ul style="list-style-type: none"> Need people to be motivated to get active.
	<p>Outreach/Marketing/Creativity</p> <ul style="list-style-type: none"> Creative and relatable ways to help people lose weight in relatable ways. Not programs that cost money to join or gimmicks that leave people defeated. I really can't remember seeing any campaign focused on that area here in Alliance or the county. More advertising for the benefits of enjoying a walk in the park/trails, increasing general knowledge of how obesity directly decreases life expectancy. Community walking groups. Access to fresh food. Other than primary care doctors there isn't a lot of information out there.
	<p>Exercise, Parks and Recreation</p> <ul style="list-style-type: none"> Accessibility to recreational facilities, a community wide effort to increase physical activity. Green spaces. Need more opportunities for healthy aging. Parks,(for walking) pickleball, gathering.
	<p>Community Based</p> <ul style="list-style-type: none"> Community and peer-based groups. Community Based Programs. What's missing are consistent, neighborhood-based programs that make healthy living realistic and accessible. We lack affordable nutrition education, fitness classes, and culturally relevant wellness support right where people live. Many residents want to make healthier choices, but the resources just aren't in reach—whether it's due to cost, location, or lack of awareness. Until we bring these services directly into the community, we'll keep seeing preventable health issues like obesity go unaddressed.
	<p>Other Missing Items</p> <ul style="list-style-type: none"> Not sure, if people were healthier that would lead to less overall illness whether acute or chronic.
Substance Use disorder	<p>Treatment Services/Programs/Supports</p> <ul style="list-style-type: none"> Additional treatment centers and rehab. Not missing just more programs are needed throughout the County. Community based programs that are convenient and close to residents homes. Direct patient in home care.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • I know there are few in the area. • Immediate care, also more naloxone boxes in the schools and community. • Maybe the programs or services that can help at the very right time for each person. More availability of inpatient care may be helpful. • More choices of facilities. There are very few choices. • In order to meet the complex and growing health needs of residents, especially those facing chronic illness, mental health challenges, and specialized conditions, it is essential to expand access to health services beyond Stark County—and even beyond Ohio when necessary. While local providers offer critical support, the reality is that some patients require advanced treatment, specialty care, or innovative therapies that may not be available within county lines. Currently, barriers such as insurance restrictions, lack of transportation, and limited referral networks often prevent patients from receiving optimal care. These limitations can delay treatment, increase the risk of complications, and reduce quality of life—particularly for vulnerable populations like children with rare conditions, individuals battling addiction, or mothers facing high-risk pregnancies. Ensuring patients can access the best care available—regardless of location—should be a public health priority. Solutions include building more partnerships between local providers and leading regional or national institutions. By streamlining referrals and allowing Medicaid and private insurance to cover out-of-area services when needed, we can ensure patients receive timely, effective care. Community health organizations and nonprofits can play a key role by offering navigation support, travel assistance, and case management to help patients overcome logistical and financial barriers. Furthermore, increased access to telehealth services from top specialists outside Stark County can bring expert care directly to patients, eliminating the need for costly and time-consuming travel in many cases. Ultimately, improving health outcomes in Stark County will require looking beyond geographic boundaries. By advocating for policies and programs that allow greater mobility and medical choice, we can ensure that no resident is limited by their ZIP code when it comes to lifesaving and life-changing healthcare. Access to the best care—wherever it is—should be a right, not a privilege. • Options for services. • Programs designed to help a local community clinics. • Programs that address everyday substance use disorder such as drinking and smoking weed. That combat the perception that its ok and acceptable. • Providers. • There are services/ programs in place, seems an expansion of what we have would be beneficial. • Timely rehab. • Treatment for stimulant use disorder; youth residential. • Treatment programs. However, substance misuse is increased by other poor life conditions. Improving unemployment, poverty and general conditions of daily living will decrease the problem significantly. • Unsure what could be offered, ? mobile crisis, hold beds, etc. • Welcoming, impactful programs that actually get to the root of the dependency (usually mental health, trauma, financial hardships) also offer quality in-patient rehabilitation centers with mental health/wellness focus.
	<p>Accessibility/Affordability</p> <ul style="list-style-type: none"> • Access to rehabilitation services. • Accessibility to treatment that isn't based on someone's type of insurance. • Cost of access. • Help that is easy to get. • Lack of enough mental health counselors who can see patients at a low cost. Lack of community outreach to provide resources to the communities most impacted. • From what I hear in community conversations, there is a continued need for timely access to treatment, especially for youth & those without insurance.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • There are lots of programs available, the problem I see is it's unaffordable for normal middle class people to receive help. Low income individuals on benefits have tons of options but those that are for lack of a better term 'functioning addicts' who hold employment but aren't necessarily high income, struggle to find supports. • What's missing are accessible, community-based prevention and recovery programs that meet people where they are, especially in neighborhoods hit hardest by substance use disorder. There's a lack of consistent education, early intervention, and stigma free support services. Many residents don't know where to turn or can't get to the help that does exist. Without local, visible, and trusted programs in place, the cycle continues. • Where/how to get treatment. • Work programs/income assistance during recovery periods, more safe use sites, Syringe services/needle exchange programs. • Workforce reintegration programs.
	<p>Marijuana Legalization</p> <ul style="list-style-type: none"> • Challenge is that the lines are blurred with regards to illegal drugs and substance use disorder, given the legalized use of marijuana. • Impact of recreational marijuana use on developing children, population specific programs.
	<p>Prevention/Education/Awareness/Stigma Reduction</p> <ul style="list-style-type: none"> • Don't see public campaign. • Early education. • Education needs to start earlier for kids. Parents and families need to be part of these programs. • Educational services regarding the connection of mental health & substance use. • Helping with Narcan distribution and education on drug safety. • Increased awareness of the need programs to aid in recovery. • More education on the impact of addiction more mental health/substance courts. • More harm reduction strategies to ensure our communities are safe. • More resources for programs already in place. • More treatment centers/providers/availability of appointments/resources after leaving treatment. • More treatment providers; affordable treatment; supportive housing. • Need more prevention. • Overall it's improving but dealing with the stigma is the biggest barrier. We need to continue to connect and form facilities that can take people after hours and transportation that can do that as well. • Positive reinforcement for not doing substance use disorder. • Solid education in all schools; treatment programs and facilities for all ages. • We had to search out and assemble our own group of experts to speak to staff. Would be nice to have a task force available to speak and provide education to community service providers and educators.
	<p>Mental Health/Physical Service Integration</p> <ul style="list-style-type: none"> • Integrating services into medical treatment - i.e. when wounds are bad and they need to seek medical care, but cannot be left to sit in a waiting room, refusal to treat when in active addiction, or to treat withdraw at same time. • Mental health services. • More addiction recovery programs linked to health care. • More physicians referring to and understanding recovery program options. • There needs to be more mental health treatment centers. The majority of substance use disorder is brought on by mental issues, depression, anxiety, loneliness, self-loathing. The two issues go hand in hand.
	<p>Youth/Families</p> <ul style="list-style-type: none"> • I am not sure; a lot of our youth are seeing their parents abuse drugs and alcohol. • Systems/programs to help break the cycle in families and neighborhoods.
	<p>Inpatient/Residential/Long-Term Care</p>





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> A lot of inpatient treatments or residential treatment centers are located in surrounding counties or further, not within Stark County. In patient treatment. In-patient treatment services, youth-focused prevention and early intervention, culturally relevant services, sustained housing/recovery support. Lack of inpatient treatment centers. Long term programs and transitional programs. You cannot go back to the same triggers when trying to move your life forward. Long-term treatment. In-person facilities (like QDH) have cut stays from 90+ days to 30. There is now way for someone to get a good hold on their sobriety and plan going forward in 30 days.
	<p>Other Missing Items</p> <ul style="list-style-type: none"> Right now, I think, it is 'one size fits all' and that prevents many from seeking assistance. People don't always want to hit 'rock-bottom' but the system treats everyone the same and it scares the people who have self-awareness and want autonomy away from treatment.
Access to primary care	<p>More Providers/Locations</p> <ul style="list-style-type: none"> Adequate number of primary providers. Available Professionals. Basic preventative care/maintenance. I get the sense that there may not be enough providers. Leadership convening between primary care, OB/GYN'S to create and monitor a plan for succession planning for retirements, relocation and supporting those interested in the medical profession to remain in the community. Especially for the un/under-served populations. Think the TV show Northern Exposure!! Limited spots and availability for PCP, access to care - linkage to providers who will work through active addiction. More primary care doctors accepting Medicaid and located in rural areas. More primary care doctors in the smaller communities. Not enough providers. Not enough to go around. Not enough African Americans. Number of physicians who take Medicaid. Primary care doctors aren't available we just have nurse practitioners. Then we have those who provide great service is not taking clients especially those with Medicaid. Providers who are willing to treat persons with SPMI/SUD diagnoses. Support to established practices to help add providers. There is a shortage of providers, especially in lower income areas. Virtual and follow up programs. Potential to partner with local fire departments to fund programs for in home care with direction with PCP's. We need more PCPs to open access to the under-served. We need more primary care doctors. We need more primary care providers in the community.
	<p>More Hours/Days/Accessibility</p> <ul style="list-style-type: none"> During off hours, the only options for some is the ER. After hour clinics could help lessen the burden on the ER with some of the issues folks seek help. Easy access. Help that is easy to get. Increased evenings/weekend hours; providers who are willing to allow patients to bring their children with them if needed; providers who are willing to see Medicaid/people without insurance; doctors who are located out the outskirts of Stark County. It's challenging for individuals to make appointments - limited availability of providers. Meeting people where they're at.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> Underprivileged access.
	<p>Education /Service Awareness/FQHC</p> <ul style="list-style-type: none"> Education on the importance of having a primary care instead of using the emergency room. More awareness for the FQHC's in the area, provide stop-in clinics (blood pressure checks and other easy checks) in high traffic areas of the county. Need more funding support for FQHC's to increase outreach and education. Or require other private offices to accept (and fully support) high need populations. Referral information and education about what primary care providers do.
	<p>Transportation and Other Social Determinants/Barriers</p> <ul style="list-style-type: none"> Access to primary care remains a major challenge in many communities due to a shortage of providers, cost barriers, and transportation issues. One key missing component is the availability of community-based clinics that offer extended hours, same-day appointments, and sliding-scale fees for uninsured or underinsured patients. Many areas, especially rural and low-income urban neighborhoods, lack sufficient clinic coverage to meet demand. There is also a shortage of primary care physicians, nurse practitioners, and physician assistants, especially those who reflect the cultural and linguistic diversity of the populations they serve. Incentive programs, such as student loan forgiveness or housing stipends, are needed to attract and retain providers in underserved areas. Mobile health units and telehealth expansion are underutilized solutions that could significantly improve access, particularly for homebound patients or those without reliable transportation. In addition, more support is needed for patient navigation services to help individuals schedule appointments, understand insurance options, and follow through with care plans. Lack of coordination among health and social services further complicates access. Addressing these gaps with targeted investments and partnerships will ensure that more people receive timely, preventive care, reducing emergency room visits and improving long-term health outcomes. Services brought to community members that have mobility concerns, transportation issues, lack of support system. Transportation, I also think available helps are underutilized by African American clients. Transportation assistance, prompt payment by insurance providers so patients do not get dropped. Transportation to appointments.
	<p>Costs/Insurance Issues /Medicaid</p> <ul style="list-style-type: none"> Affordability and helping people navigate through the bureaucracy. Cost, awareness, education. Free services. I think the same thing that people don't know how or where to start and feel like or can't afford the cost of what services cost. Insurance can make accessing providers difficult. PCPs that aren't on health plans or won't see patients due to lack of insurance. Physicians at capacity for certain MCP's, unaffordability for those uninsured or underinsured, lack of communication. Primary care in general, and ones that are accepting new patients that have Medicaid. Or that there is not a long wait to see them. Providers that accept all forms of coverage. The community needs more providers that accept Medicaid but that's not easy. The doctor has the right to refuse patients without insurance or low paying insurance. The people that are being served by the health departments are no likely to come back or make an appointment. The PCP needs to be available at the site. There needs to be more pediatric clinics. There is a diminished level of providers accepting Medicaid and the level of pediatric dental providers is almost nonexistent . This depends on what insurance you have. There are not enough physician's that take the uninsured or those on Medicaid, specifically dentists.





What is missing from Stark County to address issue	
Issues	What is Missing
	<p>Assistance/Navigation</p> <ul style="list-style-type: none"> • Help with locating a doctor and/or making an appointment. • How to locate. • Many underserved currently use emergency rooms for health services. Every state will need to look at health support as individuals may be dropped from Medicare/Medicaid programs. This will not just effect Stark County; this is nationwide. Might be good to look at what other states are doing / share best practices. • Teaching people, from school age to seniors and immigrants how to navigate a difficult system.
	<p>Quality Physicians</p> <ul style="list-style-type: none"> • Increased training for physicians that are required to serve in primary care, underserved areas. • Primary care docs seem to just read from their screens in most cases. Quality healthcare should include a deep dive into family medical histories, lifestyle choices, nutrition and mental health. But often they just take vitals and ask if anyone in the home is violent. Fast forward 20 years and the person now has a condition that could have prevented had deeper conversations and care been a priority. • They need decent doctors who genuinely care about their patients and take the time to listen to them. Just don't want to give them the 15 minutes that Medicaid allows.
Resources and services for seniors	<p>Housing/Basic Needs</p> <ul style="list-style-type: none"> • Access to food, housing, transportation, community activities, financial assistance. • Affordable housing. • Locations of senior housing, walkability to services, improved transportation. Not all seniors want to live in a nursing home or senior care facility. • More programs offered to assist seniors in their home and available for groups. • Need more professionals to assist seniors remain capable of staying at home or transitioning to assisted living. • We have many calls to our company to help with rent payments. Landlords are charging high rent visits and seniors are having difficulty paying.
	<p>Awareness/Knowledge/Service Coordination</p> <ul style="list-style-type: none"> • Awareness of services. • Education and navigation services for Medicare resources and providers. Mental and behavioral support. Technology support. • I believe that there are opportunities, just not as much awareness. • I think seniors need to be educated on community resources. I believe seniors also need assistance with navigating new ways of doing business such as technology. • Many seniors are not aware of resources. • Maybe a 'Seniors advocate' to help seniors in many aspects of life, loneliness, scheduling specialists, senior living options, taxes, etc. • Medicare counseling before signup. • More programs, social media and resources to hand out to residents. • Navigation of needed services and primary care. • Not enough outreach going on to educate the community on the resources that are available to them / lack of enough educated individuals who can consult the community on their options. • Not sure if there is a resource or point of contact to refer to. • Really not sure what all programs are available. Most seniors don't know where to turn or who to call. • To enhance accessibility for seniors, it is essential to raise awareness of available services through user-friendly resource directories and outreach initiatives in communities, churches, and senior centers. Addressing the need for affordable, senior-friendly, handicap-accessible transportation is also crucial, which can involve creating a senior-focused transportation network, including volunteer driving programs and partnerships with public transit. Prioritizing end-of-life planning is important, encompassing the drafting of wills, obtaining legal assistance, and organizing death and burial services.
	<p>Accessibility and Affordability</p>





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • Accessible programs for seniors, including affordable in-home care, transportation to medical appointments, and mobile health clinics. There is also a shortage of culturally relevant wellness programs, social engagement opportunities, and tech training to reduce isolation. Many seniors need help navigating benefits, housing support, and mental health resources. Expanding outreach, creating senior hubs, and increasing funding for aging services would help bridge these gaps. • Affordable food, transportation, and housing for people on a fixed income. • Easy access. • Funding for Community Based Programs. We are full of ideas: Computer Classes, Senior only activities and recreation. Adult/Senior home aids for the elderly. • Help that is easy to get. • Home visiting, access to services. • Making these programs where no seniors will be left behind regardless of their income. • More assistance for the seniors. • Our population is growing older and has increased needs. Programs need to be spun up more quickly or need more resources to create more services. Direction Home serves multiple counties. We need something with a focus on our county. • Seniors are missing support in everything. • Some seniors fall through the cracks and are not eligible for some programs and services but then they can't afford to pay out of pocket for them either. • There are limited resources available, limited group offerings, limited programming aimed at improving quality of life for this group. • There are not enough to choice from. Most of the services first come first serve or they can only access it once a year and they may need more help than that.
	<p>Aging Population</p> <ul style="list-style-type: none"> • The county should begin to focus on services for seniors ASAP since baby boomers are aging and the majority of our population will be 65+.
	<p>Social Engagement</p> <ul style="list-style-type: none"> • Community meetings. • Day care for seniors. Enrichment programs and programs to promote socialization. • Gerontologists senior centers. • Increase socialization opportunities. Please support our 'Age Friendly' initiatives. • More Senior programs for those who aren't low income. more focused on community/togetherness than meeting basic needs. Our seniors are losing contact with community and increasing time of aging. • Opportunities to combat loneliness and opportunities to increase strength and coordination to decrease risks of falls. • Social activities; ed around mental health/substance use, particularly around impacts of medication. • There aren't many programs or things for seniors to do. I know the Shorb Market and Connection Center has seen some success hosting Senior parties and bingo nights and things like that. I think just having some things for them to do.
	<p>Health Related</p> <ul style="list-style-type: none"> • Access to care for older individuals who need medical care but might not meet the threshold of a nursing home. • At-home healthcare available to everyone. • Community based Medicaid and Medicare educational/enrollment services. • Education, mental health. • Mental health services, activities that are more than just going to a room and playing Bingo. • Seniors need good healthcare that includes Medicare and Medicaid, home healthcare nurses, cleaning services, faster appointments with neurologists for brain concerns, and more than one neurologist. • Services to promote healthy living; preventive care to avoid multiple comorbidities; injury prevention. • Specialists in geriatrics.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • There needs to be more free clinics for the seniors, blood testing, colon screening, breast exams, Pap smears, cancer screening. • Wonder about mental health.
	<p>Transportation</p> <ul style="list-style-type: none"> • This goes back to the transportation issue of coverage. Is there enough service coverage to help seniors get to where they need to go when they can no longer provide this for themselves.
	<p>Other Missing Items</p> <ul style="list-style-type: none"> • Safety.
Access to medical specialists	<p>Access/Hours/Timeliness</p> <ul style="list-style-type: none"> • Access. • Access to medical specialists is limited for many due to provider shortages, long wait times, and geographic barriers. In underserved areas, there are not enough specialists in key fields like cardiology, endocrinology, psychiatry, and neurology. Many patients must travel long distances or wait months for appointments, which can delay diagnosis and treatment. Missing services include specialist outreach clinics in rural or low-income areas and tele-specialty programs that connect local providers and patients with remote specialists for faster care. Insurance limitations also restrict access, as some plans don't cover out-of-network or out-of-area specialists, leaving patients without viable options. There is also a need for care coordination and referral navigation, especially for patients with complex or chronic conditions who struggle to manage multiple appointments and treatment plans. More financial assistance programs for specialty care and related costs (travel, lodging, co-pays) are also lacking. Expanding telehealth, offering transportation assistance, incentivizing specialists to serve underserved regions, and improving referral systems would significantly increase access and reduce disparities in specialty care. Without these supports, patients risk worsening health outcomes and increased hospitalizations due to delayed or unavailable specialist care. • Access to providers - referral process - and active addiction. • Easy access. • Have specialists travel to more rural areas some days of the week to allow for easier access for those who may not be able to travel to their main office. • Help that is easy to get. • Long waiting list. • Specialists often have too long of wait lists, indicating a shortage of providers. For patients with Medicaid or social determinants of health issues, this can be an even bigger barrier for access to scheduled availability and allowing a patient to keep returning to office.
	<p>More Needed/Locations</p> <ul style="list-style-type: none"> • Available professionals. • I get the sense that there may not be enough providers. • Limited number of specialists; mostly congregated in Beldon area. • Limited providers in some specialty areas, dermatology is one I am aware of. • Locations - medical specialists are not local which effects transportation costs. • Majority of medical specialists are located in Canton/North Canton area. More specialists are needed on the outskirts of Stark County. • More in the smaller communities. Maybe even create satellite offices and hours. • Need for more functional specialists. • Need specialists in Alliance related to neurology, Vascular, GI, Urology, Dermatology, Rheumatology, Nephrology, Pulmonology. Patients don't have access nor want to go to Canton for specialist services. • Neurologists, pediatric dentists, and other specialty doctors. • Not enough providers. • Patients are often traveling to Akron or Cleveland for specialists (cancer treatment, stroke recovery). • Pharmaceutical Services for the uninsured and underinsured.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> Strategic initiatives should focus on recruiting and retaining specialists, particularly in high-demand fields such as surgical and medical specialties, to better serve the community. Existing workforce programs should be expanded to ensure these areas receive the necessary support, thereby improving healthcare access for residents in need. There are hardly any medical specialists in low-income healthcare centers and clinics. And if so, they only visit the area periodically creating huge wait times for patients to receive care or treatment plans only exasperating the illness even further. They need eye doctors, dieticians, and pain management. Too few and too long of wait times to get into specialists. We need more providers who specialize in pregnancy and anti-natal care, especially for black and brown mothers.
	<p>Cost/Insurance/Medicaid</p> <ul style="list-style-type: none"> Affordability and office hours limit. Cost, awareness, education; waitlist time is extremely long. Free services. If you don't have insurance many specialists won't see you. If you don't have insurance many specialists won't see you. Insurance can make accessing providers difficult. Insurances taken/availability to get into appointments. Jobs offering health insurance.. Many owned by Aultman, don't always take all insurances Medical specialists in this community who accept Medicaid. Minimal number of specialists who accept Medicaid. Number of physicians who take Medicaid - long waiting times. Providers that accept all forms of coverage. The doctor has the right to refuse patients without insurance or low paying insurance. The people that are being served by the health departments are no likely to come back or make an appointment. The specialist needs to be available at the site. There needs to be more pediatric clinics. Typically, you pay a larger copay to see a specialist. I can only imagine the cost if no insurance.
	<p>Assistance/Navigation</p> <ul style="list-style-type: none"> Assistance at the PCP to locate, schedule, and check up on patients needing specialists. I think the same thing that people don't know how or where to start and feel like or can't afford the cost of what services cost.
	<p>Barriers</p> <ul style="list-style-type: none"> It's hard to see a medical specialist without going to a primary 12 times before you get a referral and as much cancer is running rampant we don't have many oncologists and those that are here don't specialize in different cancers. It's a one size fit all no matter what type of cancer you have. Services brought to community members that have mobility concerns, transportation issues, lack of support system. They have to make doctor appointments to be referred. Transportation. Transportation and specialists willing to treat individuals with disabilities. Transportation services, insurance issues, timely access to providers, finding a provider.
	<p>Other</p> <ul style="list-style-type: none"> Lack of integration with hospital services.
Youth vaping	<p>Awareness/Education/Prevention</p> <ul style="list-style-type: none"> Awareness and education and intervention. Cause and effect education in schools starting at elementary school level. Don't see enough anti prevention adds. Educating on dangers.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> • Education. • Education as well as youth programs to keep them active to minimize exposure to and time for vaping. • Education programs in the schools discussing youth vaping/tobacco use; sports coaches discussing the cost of vaping. • Education to the specific population. • Education/marketing. • Educational programs for youth regarding the dangers. • Educational programs in the schools. Enforcement of vape shops. • Engaging education. • Factual info. about the dangers and consequences vaping can present later. • I have not researched to know exactly but having preventative programs would be wonderful. I am not sure kids seeing the long-term effects is being communicated. • I just don't think it addressed as much as other things. Adults still vape. The outcome of vaping is not stressed enough. • The research is coming out that it IS bad for you and there are long term problems that we now know happening to the lungs. Maybe just get that word out because before people didn't think it hurt your lungs and was actually better than smoking. Now we have data to show it is not. • I'm unsure if education is being provided to youth about this weather at school or doctor's appts. • Impact of youth vaping targeted to youth, led by youth. • Info about long term effects and education to vape shops about selling and marketing to underage. • Lack of connection and awareness of parents - lack of consequences and ownership by youth - schools are driving the prevention, identification, and education on this topic - bigger than they can handle. • Marketing restrictions for targeted ads at youth. • Maybe they address in school not sure don't see anything in the community. • More focus on preventing youths from obtaining nicotine delivery systems. • More information and prevention I think legislation needs to end the use of tobacco and vaping period. • More support at the school level. • Peer education and leadership. • Prevention programs. • Prevention, treatment, and education for parents. • Programming in schools and other youth orgs to emphasize the importance of taking care of your body. • The dangers and side effects of vaping need to be shared. Lots of new research is available now about additives in the vapes that affect health. Place bans on vaping at schools, playgrounds, sports areas. • School & parent education related to seriousness of risks. • School program to teach the dangers of youth vaping. • Solid education in all schools; public awareness programs. • We're missing proactive, neighborhood-based youth vaping prevention/support programs that actually reach teens in the places they gather. There's no consistent, peer-led education that speaks their language, no early-warning routines like regular check-ins or screenings, and no safe, non-judgmental spaces for teens to talk about pressures to vape. Until we establish programs that are visible, relatable, and available where and when young people need them, we'll continue to see vaping rates rise. • Youth Community Based Education.
	<p>Sales Ban/Criminalization/Consequences</p> <ul style="list-style-type: none"> • A ban on local sales. Early childhood education. • Criminalize sales of vaping materials for youth; education for youth and their parents are risks and consequences of vaping. • Legislation. • Too many vape shops with little to no monitoring of age restrictions.
	<p>Treatment/Help/Programs</p> <ul style="list-style-type: none"> • Help that is easy to get.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> I'm not certain what programs exist on vaping. However, I think more programs would help as many of the students are vaping. I have not seen many programs that address this issue outside of schools. Local quitting resources/programs; provider and parent education around youth vaping. Not familiar with any programs taking place to reach youth regarding vaping prevention.
	<p>Other</p> <ul style="list-style-type: none"> Parents do not care that their kids vape. They think it is less harmful than other things so they allow it. Parents need resources and a reality check.
Chronic disease	<p>Education, Promotion</p> <ul style="list-style-type: none"> Better promotion for healthy diets and motivation to make appropriate choices. Community based education and access services. Community education programs, education classes for management, telehealth services for programs that people may not be able to access if they do not have transport. Education. Education (hospital services) Diet and lifestyle classes. Support groups, similar to the Canton Project for healthy heart support (Adene Keller and Dr. Tejtmeier). Education about healthy lifestyle habits in our schools. Incorporate this in the individuals care team as well for treatment. Education programs embedded in the community. People are reluctant to go to medical buildings and offices. Mobile vans and embedding in community centers would attract more families to come to education programs and events. Education, preventative care & management. Education, starting with the family doctor, personal care physician. Educational programming to help inform the populations that may be suffering from one of those chronic diseases on how to make healthy lifestyle changes that can not only benefit their health, but also help to decrease their symptoms from their chronic disease. I think more community awareness is necessary as well as more prevention education in schools. Improved education. More education and medications available more widespread to control chronic disease. Provide more food and exercise prescriptions along with medications and make it part of the cultural norm. More education, specifically in black churches. More health education. Preventative education.
	<p>Access to Care/Medications</p> <ul style="list-style-type: none"> Access to that are not costly. Access and medication costs. Communities often lack the programs and services necessary to effectively prevent and manage chronic diseases such as diabetes and high blood pressure. Access to affordable and consistent primary care is limited, making early diagnosis and regular monitoring difficult. Many residents face barriers to obtaining prescription medications, lab testing, and specialist care, especially if they are uninsured or underinsured. There is a shortage of culturally tailored education and prevention programs focused on healthy eating, physical activity, and disease self-management. Nutrition counseling, diabetes education classes, and community fitness programs are either unavailable or inaccessible due to cost, transportation, or language barriers. Mobile health units and community-based screenings are also limited, reducing opportunities for early detection and intervention. Pharmacy-based care, peer support groups, and case management services are underutilized but could greatly support ongoing disease management. Additionally, many individuals lack access to affordable, healthy food options and safe spaces to exercise—social determinants that directly impact chronic disease outcomes. To reduce disparities, communities need more comprehensive chronic disease programs embedded in schools, churches, community centers. Increased funding, local partnerships, and a focus on prevention and education are essential to improving long-term health outcomes in high-risk populations.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> I don't know if there are any programs of services missing, but sometimes getting appointments with a primary care can be difficult. Many people still do not have primary care doctors, so are not following for these conditions until they are so severe that they are hospitalized. Help that is easy to get. In home care. Primary care with reasonable access/timing of visits and transportation to those offices. Telemedicine. Programs to help identify people the untreated DM or HTN and refer to treatment centers. Providers that accept all forms of coverage.
	<p>Healthy Eating and Behaviors</p> <ul style="list-style-type: none"> At-home healthcare, free gym, trainer, and dietician access. Diet information (sugar/sugar derivatives; glucose) and insurance & tax incentives for healthy lifestyles. Health care makes a dietician a part of preventative health care. Healthy Food or Produce prescriptions/vouchers beyond the limited availability offered in the area. Healthy lifestyles. I think the best service for this is making sure all our residents have access to fresh produce and foods without preservatives, sugars etc. that drive these things up. More opportunities for healthy aging. Relates to food access and primary care access. See a lot of obesity. Lack of access to food on east side on alliance could be part of problem. Shortage of specialists and long wait times to see, barriers for uninsured and underinsured patients. Social services to help families decrease their stress level by increasing access to healthy food, safe housing, medical care, etc. would result in less (or less severe) chronic diseases. This goes with the issues with obesity/active living. More program encouraging people to walk, such as Walk With A Doc. Programs to teach people about what high blood pressure means/risks for cardiac diseases. Free screening events. More sidewalks, safe walking paths to schools, safe walking paths between schools and after school programs, bike paths. To effectively address chronic diseases in the community, it is crucial to enhance health programs that promote healthy behaviors such as physical activity and balanced nutrition. This can be accomplished by implementing more educational initiatives in schools, workplaces, and community centers that provide individuals with the resources and tools they need to manage their health effectively. By fostering more partnerships with local organizations and health professionals, the community can develop comprehensive programs that raise awareness, encourage participation in wellness activities, and support individuals in making informed lifestyle choices. Additionally, it is important to advocate for policy changes that expand health benefits to cover all approved chronic disease and chronic disease related like obesity medications and treatments.
	<p>Screenings and Prevention</p> <ul style="list-style-type: none"> Colon cancer. Pre-screening for breast cancer. Pre-screening for cervical cancer. Wound healing. I would like to see a greater increase in screening at public events and places where those who might be at risk would frequent. Many people to not realize the importance of CHWs and how they can work on behalf of primary care to educate patients. More free blood pressure checks. Prevention that garners attendance. Utilizing grant funds to provide blood pressure machines to PCP or cardiology patients suffering from hypertension.
	<p>Care Coordination/Continuity of Care</p> <ul style="list-style-type: none"> Care Coordination services from nurses needs to expand so health care teams can be more actionable in between provider visits. More hands on approach from healthcare is needed, which requires sufficient staff and pay rates. Continuity of support. Not enough partnership between hospitals, healthcare plans and grocery stores.





What is missing from Stark County to address issue	
Issues	What is Missing
	<p>Other</p> <ul style="list-style-type: none"> • What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late.
Unemployment	<p>Adult Job/Skill Training</p> <ul style="list-style-type: none"> • Affordable education for older adults. • Career training. • Career training that should be utilized more often. • Counseling, trade schools/programs, supports to help someone keep a job (transportation support). • Employment assistance with resumes, and applications. • More educational and vocational training for young adults. • More job training, how to do resume, applying on-line etc. Interview skills. • To effectively combat unemployment, several key programs and services are still lacking or insufficiently available. First, there is a strong need for accessible job training and upskilling programs that align with today's labor market, particularly in trades, healthcare, technology, and remote work opportunities. Many unemployed individuals lack the credentials or digital literacy required for in-demand jobs. Second, wraparound support services—such as childcare, transportation assistance, and mental health counseling—are often missing but are crucial for helping individuals sustain employment. Without these supports, people face significant barriers to attending training or maintaining a job. Additionally, career counseling and job placement services tailored to different age groups, including youth, returning citizens, and older adults, are underdeveloped. Programs need to be more localized, culturally competent, and personalized to meet people where they are. There is also a lack of employer partnerships and apprenticeship opportunities that offer real pathways to permanent jobs with livable wages. Many communities also lack centralized hubs or workforce centers that can serve as a one-stop-shop for job seekers. Filling these gaps with targeted, well-funded programs will not only reduce unemployment but also help lift individuals and families out of poverty. • Training programs in auto repair, HVAC, provide incentives for smaller employers to provide benefits.
	<p>More Jobs/Livable Wage/Health Insurance</p> <ul style="list-style-type: none"> • Jobs guarantee program (\$50k a year), programs designed to eradicate poverty. • Jobs with livable wage and health insurance. • How are we assisting the public in finding jobs? Is the service working? Do we have enough positions available to help people find work? Do we have employers willing to train and mentor potential hires? • I think we need more jobs/programs that provide livable income/pathways to career development. • Work incentive programs.
	<p>Programs/Services</p> <ul style="list-style-type: none"> • In school programs to introduce various types of employment and offering experiences in various trades or professions. • Need more job navigators and supportive services to bridge the benefits cliff issues. • Program to help people find jobs, especially those with a criminal record, resume writing, interviewing practice, work clothes. • Programs available to help counsel those struggling with unemployment through the application and hiring process, and help with job readiness (practice interviews, resume guidance, etc.). • Programs connecting and maintaining employment offering living wage, benefits, and expungement support for those with minor felonies. • Programs to teach basic life skills. • Real assistance at job centers to help navigate. • Support systems for individuals whose unemployment benefits run out and they still don't have a job.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> Targeted - focused efforts on job creation and job skill development - this would drive changes to transportation, housing, and education. What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late. When someone signs up for welfare programs, an employment counselor should be available to help procure employment.
	<p>Employer Specific</p> <ul style="list-style-type: none"> Economic tax breaks for potential companies.
	<p>Employment Barriers</p> <ul style="list-style-type: none"> Childcare and readiness programs provide the resources needed to cover the barriers people may face in getting a job, including transportation. Incentive to work- a lot of handouts and obstacles to work. Employers willing to hire those with a criminal record and/or recovery/mental health needs. More access to background friendly employment, and some substance friendly employment. More programs/services for those who have committed crimes in the past, but have rehabilitated themselves. Policy changes and enforcement of them to remove barriers as well as self-motivation. Programs to help people find gainful employment without losing their assistance for food, medical care or housing, and without having to spend more than they make on childcare. Transportation assistance for workers.
	<p>Awareness and Accessibility</p> <ul style="list-style-type: none"> Awareness and education. Help that is easy to get. Increased availability of services. Lots of people speak regarding unemployment, maybe it is more about connecting people to services. More awareness about trades that pay while you learn. We have a good amount of services, but I feel they are underutilized by the community.
	<p>Other Missing Items</p> <ul style="list-style-type: none"> Issue with unemployment, frankly, is a livable wage. I believe there is genuine opportunities for employment, however the level of compensation does support living in this high economy. The unemployment system itself is not user friendly, it is not helpful. It needs to be easier to use and offer placement in jobs that fall under someone's experience or what they may be good at. The system does not help people find jobs. How if I am unemployed or homeless am I going to use a computer to sign up? Some people never had computer classes or training.
Tobacco use/vaping	<p>Education and Prevention</p> <ul style="list-style-type: none"> Adult education on the effects on children. Cause and effect education along with cessation programs. Change in the way they present these programs insomuch that it will grab the attention of the smoker. Communities often lack targeted programs/services to address tobacco use/ vaping, especially among youth/low-income populations. Many areas do not have culturally relevant prevention campaigns or education programs in schools that address the rising popularity of vaping/flavored tobacco products. There is also limited access to cessation resources such as free or low-cost nicotine replacement therapies, counseling services, and support groups tailored to the needs of diverse populations. Health clinics in underserved neighborhoods may not routinely screen for tobacco use or offer integrated cessation support during visits. Youth-focused initiatives, including peer-led education and media literacy programs, are often underfunded or absent. Additionally, enforcement of policies that limit the





What is missing from Stark County to address issue	
Issues	What is Missing
	<p>sale of tobacco and vaping products near schools or in vulnerable communities is inconsistent. Many residents are unaware of or unable to access statewide quit lines, apps, and telehealth options due to lack of internet access or outreach. Programs that address co-occurring issues—such as stress, mental health, or substance use—are also limited, despite their connection to tobacco use. To reduce tobacco-related health disparities, more investment is needed in prevention, education, cessation services, policy enforcement, and culturally competent outreach across underserve.</p> <ul style="list-style-type: none"> • Education (3). • Education. Bans - playgrounds, schools, community centers, etc. • Education and legislation. • Education and proper coping skills. • Education in the schools. Enforcement of sales laws. Additional cessation treatment services. • I think more community awareness is necessary as well as more prevention education in schools. • Improved education in homes and schools. • Increased educational programming on the dangers of tobacco and vaping. • Preventative health care in the schools - where kids congregate? • Prevention, education, and treatment. <p>Advertisement and Outreach</p> <ul style="list-style-type: none"> • Advertising around the dangers of vaping. • All sorts missing: smoke outside campaigns, or fetus/child exposure, or reduced costs for employers who refuse to hire smokers. • More advertisement on the repercussions of smoking and vaping maybe helpful. • Outreach education to teens & adults. <p>Make It Harder to Get (Legislation, Tax)</p> <ul style="list-style-type: none"> • Higher taxes on products. • Tobacco and vapes are so readily available. <p>Cessation Programs</p> <ul style="list-style-type: none"> • Help that is easy to get. • Income assistance during recovery programs. • Making users aware of the local programs available to them that would help address their addiction. Also, providing more local programs. <p>Other</p> <ul style="list-style-type: none"> • What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late. • Vaping is an unknown as far as the damage it does to a student's lungs. We know tobacco causes cancer and vaping may be worse than tobacco.
Underage drinking	<p>Awareness and Education, Prevention</p> <ul style="list-style-type: none"> • More parent and youth outreach programs to educate families on the risks of underage drinking. • Not sure what is done in the schools but this ties into general substance use disorder education for youth. • Again, this needs to be addressed at an early age in school programs. Include parents in the mix so a strong message is conveyed to both kids and adults. • Awareness and education. • Early childhood education. • Education on long term effects, consequences of binge drinking. • I think having a robust preventative program is needed. • More educational materials distributed through social media to grab the attention of younger people.





What is missing from Stark County to address issue	
Issues	What is Missing
	<ul style="list-style-type: none"> Prevention education. Solid education in all schools, public awareness campaigns. There is not enough outreach.
	Adults/Parents <ul style="list-style-type: none"> Adult supervision. Parents need to be held more accountable for their children's actions, we need more education and help from the government in ending the use of these things they allow it to happen because it makes them money, the dollar is more important than the life.
	Less Availability of Alcohol/Consequences <ul style="list-style-type: none"> Ease of access to alcohol, limited youth engagement, insufficient parent involvement, inconsistent school-based programs. Help that is easy to get. Less availability, enforcement of laws, reduce marketing and additional education. Local restrictions to advertisements for alcohol products, media literacy programs, creating/communicating and enforcing social hosting laws. Penalties.
	Programs/Resources <ul style="list-style-type: none"> I have not heard of any resources addressing underage drinking. Identify effective programs nationally that deter underage drinking. More community services. More resources for programs already in place. Programming to keep youth busy. Programs that reach youth consistently in all sectors of the city and community. Support and Funding for community based programs. What's missing are neighborhood-level programs that are rooted in the community and led by trusted peers who understand the lived experiences of the people they're serving. Too often, resources are housed in institutions or systems that feel out of reach or disconnected from the day-to-day realities of our neighborhoods. We need consistent, accessible services, whether it's health education, prevention, support groups, or skill-building, offered right where people live, by people they know and trust. Without that local, peer-led approach, many of these issues go unaddressed until it's too late. Youth programs and activities to lessen the temptation to drink.

More than a quarter, 26%, of community partners reported that there were additional important health issues that they would like to see the Stark County Health Department focus on over the next three years. The most common responses related to youth and infant mortality. Other issues are listed on the table below.

Other health issues residents would like health department to address		
	# Responses	% of Partners
Youth related programs	5	15.2%
Infant mortality	4	12.1%
Mental Health related	3	9.1%
Sexually transmitted disease related	3	9.1%
Housing related	3	9.1%
Digital wellness	2	6.1%
Chronic diseases	2	6.1%
Shower and personal hygiene support	1	3.0%
Wound healing and antibiotic resistance	1	3.0%
Water related	1	3.0%
Social determinants	1	3.0%



Other health issues residents would like health department to address		
	# Responses	% of Partners
Racism	1	3.0%
Medication related	1	3.0%
LGBTQ+ health	1	3.0%
Home health care	1	3.0%
Agency collaboration	1	3.0%
Healthy behaviors	1	3.0%
Help for people with disabilities	1	3.0%
Total	33	N=33

Community partners were also asked what they felt were the underlying causes of the health issues. The most common responses were poverty, economic instability, decreased funding, health literacy, and education.

Underlying causes		
	# Responses	% of Partners
Poverty	31	27.7%
Economic instability	29	25.9%
Decreased funding	27	24.1%
Health literacy	23	20.5%
Education	22	19.6%
Mental health	20	17.9%
Lack of family system	12	10.7%
Social impediments	11	9.8%
Social determinants	10	8.9%
Non-nutritious foods	10	8.9%
Physically inactive	10	8.9%
Addiction	7	6.3%
Generational trauma	7	6.3%
Collaboration needed	7	6.3%
Housing insecurity	6	5.4%
Social/Community context	4	3.6%
Transportation	4	3.6%
Chronic illness	2	1.8%
Total	242	N=112
<i>Question: Thinking of the issues mentioned earlier in the survey, what do you think are the underlying causes of these issues in Stark County</i>		

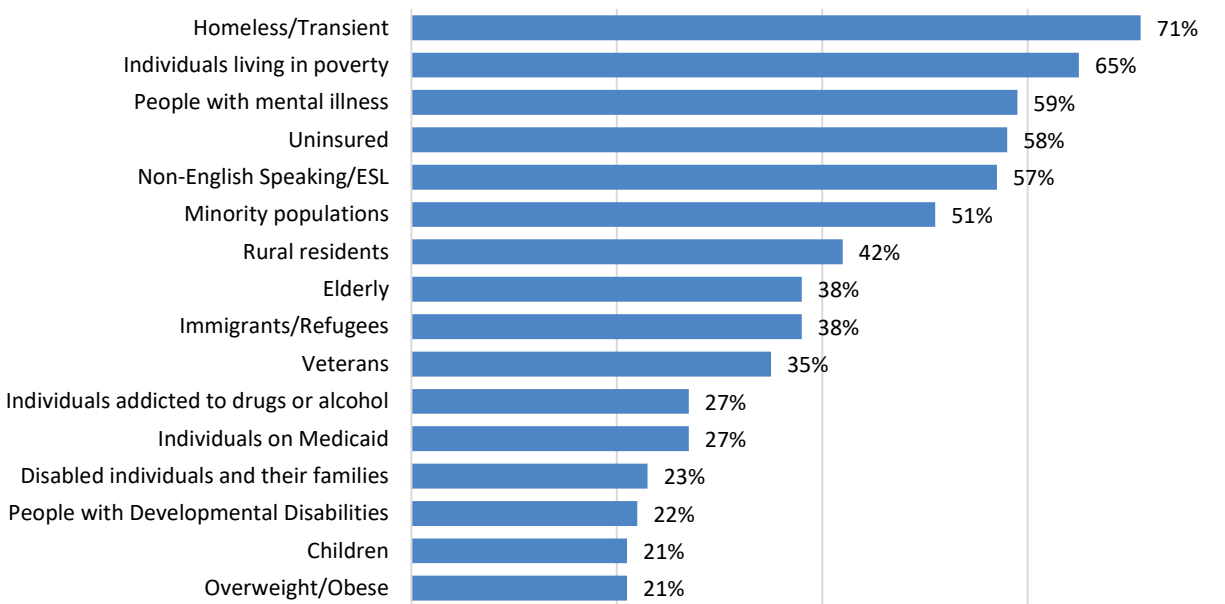
Community partners were given a list and asked how important it was for local health services to address each **demographic group**. Most community partners (50% or more) thought it was very important to address the following groups: the homeless/transient, individuals living in poverty, people with mental illness, the uninsured, non-English speaking/ESL, and minority populations.





Populations NOT Adequately Served by Local Health Services

Which of the following populations in Stark County, if any, do you think are not being adequately served by local health services?



Community partners were also asked to list some **problems, barriers, or gaps in services** that prevent residents from receiving health related care and services they need. This was an open-ended question in which the respondent could give multiple responses. The most common barriers mentioned were transportation issues (62%), finances or cost (45%), knowledge of resources or services (33%) and limited workforce (32%).

Problems, barriers, or gaps in services		
	# of TOTAL Responses	% of Partners
Transportation	68	61.8%
Finances	49	44.5%
Knowledge of services	36	32.7%
Limited workforce	35	31.8%
Health insurance	32	29.1%
Stigma	24	21.8%
Social determinants	24	21.8%
Navigating the system	22	20.0%
Literacy	20	18.2%
Childcare/Leave work to go to appt.	16	14.5%
Prioritizing health	8	7.3%
Proximity	8	7.3%
Coordination in care	8	7.3%
Trust	4	3.6%
Total	354	(n=110)
<i>Question: What are some problems, barriers, or gaps in services that prevent residents from receiving health related care and services they need? (could give multiple responses)</i>		



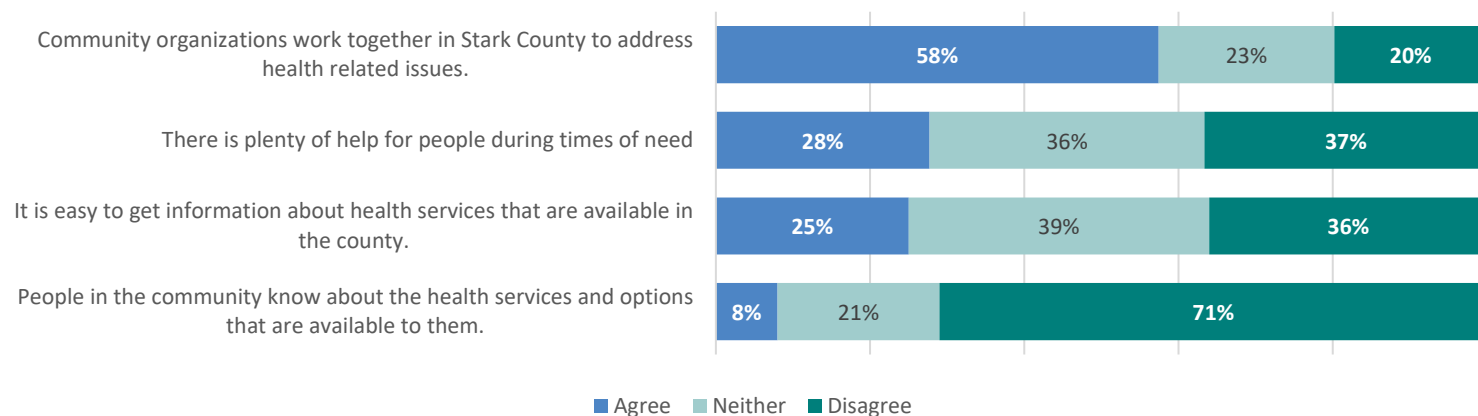


Community Partners were asked what is being done well in the County in the areas of health and quality of life. This was open ended question in which the respondent could give multiple responses. More than a third of partners, 36%, mentioned the coordinated efforts. Additional things that are being done well include, in order of importance, access to healthcare for all (28%), parks and recreational opportunities (21%), and a focus on mental health (16%).

Being done well in Stark County		
	# of TOTAL	% of Partners
Coordinated efforts	36	35.6%
Access to healthcare for all	28	27.7%
Parks and recreational opportunities	21	20.8%
Focus on mental health	16	15.8%
Improving health and quality of life in many areas	13	12.9%
Nutritious foods opportunities	13	12.9%
Outreach	12	11.9%
Harm reduction techniques (addiction)	10	9.9%
Community events	8	7.9%
Thrive (infant mortality)	6	5.9%
Safe community	6	5.9%
GPR Dental clinics	1	1.0%
DEI initiatives	1	1.0%
Total	171	(n=101)
<i>Question: In your opinion, what is being done well in Stark County in the areas of health and quality of life? (respondent could give multiple responses)</i>		

More than half of community partners, 58%, agreed, “Community organizations work together in Stark County to address health related issues,” with 15% strongly agreeing. One-fifth, 20%, disagreed. More than a quarter of community partners, 28%, agreed, “There is plenty of help during times of need in Stark County.” Over a third, 37%, disagreed. A quarter, 25%, agreed, “It is easy to get information about health services that are available in the county,”. Over a third, 37%, disagreed. Finally, jut 8% agreed, “People in the community know about the health services and options that are available to them”. The majority, 71%, disagreed.

Agreement with Statements





OLDER ADULT AND RURAL RESIDENT FOCUS GROUPS

Both groups described rising day-to-day strain: higher living costs, greater stress, and a sense that services are clustered in the core cities while needs are county-wide. Seniors emphasized **transportation gaps** for non-drivers and the **loss of long-time doctors**, while rural residents added **housing pressure** (evictions, doubling up) and noted few local options beyond town centers. Seniors framed needs around aging in place and walkability; rural residents framed them around being **time-poor** and physically distant from hubs.

Rural Focus Group Key Themes:

- **Mental health tops the list.** Stress is up “for everyone,” including people who hadn’t previously struggled with mental health.
- **Housing pressure.** Rising rents and evictions; more “doubling up” of families in households.
- **Transportation.** SARTA routes are sparse or limited in rural areas; even when service exists, frequency is low and timing inflexible.
- **Food insecurity.** More families are using food banks; affordability of food was cited more than availability.

Older Residents Focus Group Key Themes:

- **Transportation:** Non-drivers struggle to reach appointments; scheduled rides sometimes cancel (including VA). There is limited public transit in some townships; getting to Cleveland for complex care is common and time-consuming.
- **Local care vs. regional hubs:** Mercy/Aultman were seen as capable for many needs, but for major procedures (e.g., open-heart, complex oncology) participants were often sent to Cleveland Clinic in Cleveland.
- **Primary care capacity:** Many long-time physicians have retired and the number of people becoming physicians is rapidly declining; participants notice more nurse practitioners and longer waits in order to be seen.
- **Information vacuum:** There is a strong appetite for a countywide senior advisory/information hub—a human to call or visit for “where do I go for...?” guidance. It was mentioned multiple times that many seniors are not comfortable with technology and finding information online.

In terms of caregiving, both groups are actively caregiving and want clear, human guidance on available benefits and assistance. Seniors pointed to respite, case managers/CHWs, and home tools (medication logs) but said information is scattered and often digital-only (with many seniors not being comfortable with technology); rural residents highlighted paid family caregiver options (often unknown) and praised independent pharmacies that reduce drug costs. Seniors’ stories often involved multi-system navigation (Medicare, VA); rural stories focused on co-pay shock and keeping parents’ complex regimens on track.

Rural Focus Group Key Themes:

- **Family load.** Many care for parents while working and raising kids—managing complex medication regimens, appointments, and insurance.
- **What helps.** Local independent pharmacies (e.g., discount programs) can **greatly reduce costs**; respite care benefits exist on some plans but are underused; home-made **medication matrices** shared across providers help coordination.
- **Missed opportunities.** Residents want clear guidance on **paid family caregiver options** through insurance and how to navigate approvals.



**Older Residents Focus Group Key Themes:**

- **“Front door” missing:** 211 has largely moved online (Stark Help Central exists), but many seniors lack internet or smartphones or comfort with technology with limited access to these resources.
- **Non-digital outreach:** There was preference for print guides, TV/radio PSAs, resource tables at libraries/pantries, and in-person navigators.
- **Navigation helpers:** Community Health Workers/case managers (e.g., Alzheimer’s Association) were praised for proactive calls and problem-solving.
- **Transport to supports:** Even when services exist (paratransit/“Proline,” classes at libraries), getting there can be the barrier, especially for those without a personal vehicle.

The final “big picture” question in each focus group was if they would make one change that would improve health and quality of life for others like them, what would it be. Common priorities in both groups were **affordability** (medications, care, healthy food) and **making essential information impossible to miss**. Seniors framed the “one change” as **advocacy + navigation** to reduce confusion and isolation. Rural residents added a call for **compassionate policy** and **active awareness**—bringing services and clear guidance **out to townships** with small incentives to engage.

Rural focus group key themes:

- **Active awareness:** Make essential health information impossible to miss - delivered in person and across channels.
- **Compassion & affordability:** Policies that lower **medication and treatment costs**; more empathetic system responses.
- **Multi-channel outreach:** Not everyone uses news or social media - use **billboards, libraries, clinics, churches, schools**, and traveling events.

Older Adults Focus Group Key Themes:

- **Affordability:** Lower out-of-pocket costs for medications and healthy food.
- **Advocacy & communication:** A neutral, well-publicized Senior Navigation Line/desk (with print + broadcast outreach).
- **Neighborhood connection:** Normalize checking on neighbors and provide simple tools to do it.





SOCIAL DETERMINANTS

SECONDARY DATA ANALYSIS

In terms of educational attainment for adults ages 18 to 24, the percentage of the population with a high school degree or more education is slightly higher in Stark County than in the state as is the percentage of the population with a high school degree or more education for those ages 25 and older is also slightly higher than the state average (92.8% for Stark County and 91.9% for state). Although trending in a positive direction, only 25.0% of Stark County residents ages 25 and older have a bachelor’s degree or more education, significantly less than the state average, 30.9%. For the city of Canton, the percentage of educational attainment was much lower than both the county and state average in all three areas.

Educational Attainment						
	2019	2020	2021	2022	2023	Change 2019-2023
Percentage that have high school degree or higher, ages 18-24						
Canton City	86.5%	87.4%	87.8%	84.7%	82.7%	-3.8%
Stark County	88.1%	89.3%	88.6%	87.7%	88.3%	+0.2%
Ohio	86.9%	87.3%	87.5%	87.5%	87.7%	+0.8%
Percentage that have high school degree or higher, ages 25 and older						
Canton City	86.1%	85.9%	86.4%	87.1%	86.7%	+0.6%
Stark County	91.6%	92.1%	92.3%	92.7%	92.8%	+1.2%
Ohio	90.4%	90.8%	91.1%	91.4%	91.6%	+1.2%
Percentage that have bachelor’s degree or higher, ages 25 and older						
Canton City	13.9%	13.7%	13.9%	14.2%	15.4%	+1.5%
Stark County	22.8%	23.5%	23.6%	24.1%	25.0%	+2.2%
Ohio	28.3%	28.9%	29.7%	30.4%	30.9%	+2.6%

SOURCE: United States Census Bureau, American Community Survey, Table S1501

The unemployment rate for the county in 2024 was slightly higher than it was for the state (4.5% for Stark County and 4.3% for the state.) When compared to other counties in the state, Stark County ranked 41 out of the 88 counties in terms of unemployment rates. Overall, rates for both the county and state have remained stable over the five-year period (with the exception of 2020 and the COVID pandemic). For this table, unemployment includes persons who were not employed, but who were actively seeking work, waiting to be called back to a job from which they were laid off, or waiting to report within thirty days.

Unemployment Countywide							
	2019	2020	2021	2022	2023	2024	% Change 19 -24
Stark County	4.5%	8.1%	5.2%	4.0%	3.7%	4.5%	-
Ohio	4.1%	8.2%	5.1%	4.0%	3.5%	4.3%	+0.2%

SOURCE: ODJFS Office of Workforce Development, Bureau of Labor Market Information, Local Area Unemployment Statistics





The percentage of the population in poverty in Stark County is slightly lower than the state, 12.7% compared to 13.3%. The percentage of the population in poverty in both the cities of Alliance and Canton is considerable higher than both the county and state average at 24.2% and 28.4% respectively.

Total Percentage of Population in Poverty							
	# Pop (2023)	2019	2020	2021	2022	2023	Change 2019-2023
Alliance City	19,952	24.6%	24.9%	25.9%	23.2%	24.2%	-0.4%
Canton City	67,627	30.8%	30.6%	30.3%	30.2%	28.4%	-2.4%
Massillon City	31,613	17.3%	14.9%	14.5%	14.5%	14.6%	-2.7%
Stark	365,306	13.6%	13.3%	13.4%	13.2%	12.7%	-0.9%
Ohio	11,479,820	14.0%	13.6%	13.4%	13.3%	13.3%	-0.7%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701

One fifth of children under the age of 5, 20.7%, are in poverty in Stark County, slightly more than the state percentage of 20.0%. For the main cities in the county, the percentage was much higher: 24.8% in Massillon, 39.8% in Alliance and 45.2% in Canton. When looking just at children under the age of 18 in poverty, the percentage is once again slightly higher than in the state, 18.4% (state, 18.0%). For the main cities in the county, the percentage was also much higher: 22.8% in Massillon, 39.9% in Alliance and 43.5% in Canton.

Stark County Percentage of Children under 18 in Poverty							
	# Children (2023)	2019	2020	2021	2022	2023	Change 2019-2023
Alliance	4,500	31.2%	30.3%	36.1%	34.2%	39.9%	+8.7%
Canton	17,008	51.6%	48.9%	48.7%	47.4%	43.5%	-8.1%
Massillon	6,377	25.2%	21.1%	22.7%	21.8%	22.8%	-2.4%
Stark	79,140	21.4%	20.4%	20.6%	19.7%	18.4%	-3.0%
Ohio	2,566,266	19.9%	19.1%	18.6%	18.3%	18.0%	-1.9%

Percentage of Children under 5 years in Poverty							
	# Children (2023)	2019	2020	2021	2022	2023	Change 2019-2023
Alliance	1,403	33.7%	37.0%	41.7%	40.6%	39.8%	+6.1%
Canton	4,604	57.8%	50.9%	47.6%	46.8%	45.2%	-12.6%
Massillon	2,044	30.2%	26.0%	23.8%	22.7%	24.8%	-5.4%
Stark	20,164	25.8%	23.7%	22.5%	21.9%	20.7%	-5.1%
Ohio	663,522	23.0%	21.8%	21.4%	20.7%	20.0%	-3.0%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701



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 (20.7%), while those ages 65 and over had the lowest level (8.0%). Females were more likely than males to be in poverty (14.6% to 10.8%). In terms of race and ethnicity, Black residents had the highest poverty levels (32.3%) followed by multi-racial residents (24.9%). 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 26.1% compared to 3.0% for college graduates). The poverty rate for the unemployed is significantly higher than that of the employed population (33.1% compared to 5.5%).

Stark County Percentage of Population in Poverty by Age Group							
	Pop 2023	2019	2020	2021	2022	2023	Change
Under 5	20,164	25.8%	23.7%	22.5%	21.9%	20.7%	-5.1%
5-17	58,976	19.8%	19.3%	20.0%	18.9%	17.6%	-2.2%
18-34	72,717	18.2%	17.4%	17.1%	16.6%	15.5%	-2.7%
35-64	141,193	9.9%	10.2%	10.3%	10.5%	10.6%	+0.7%
65+	72,256	7.2%	7.4%	7.5%	7.8%	8.0%	+0.8%
Stark County Percentage of Population in Poverty by Gender							
Male	179,060	12.0%	12.1%	11.9%	11.6%	10.8%	-1.2%
Female	186,246	15.0%	14.5%	14.7%	14.7%	14.6%	-0.4%
Stark County Percentage of Population in Poverty by Race and Ethnicity							
White	311,647	10.8%	10.5%	10.5%	10.5%	10.1%	-0.7%
Black	27,157	37.8%	34.3%	34.5%	34.0%	32.3%	-5.5%
Asian	3,224	6.6%	4.4%	5.9%	7.7%	9.6%	+3.0%
Two or more	20,559	31.7%	35.3%	32.5%	28.7%	24.9%	-6.8%
Hispanic/Latino	10,721	23.6%	28.0%	33.6%	27.2%	22.1%	-1.5%
Stark County Percentage of Population in Poverty by Education Level (ages 25 and over)							
Less than HS	18,276	26.1%	24.6%	25.4%	25.4%	26.1%	-
HS grad	94,931	12.5%	13.1%	13.1%	13.1%	13.4%	+0.9%
Some college	80,012	9.8%	10.2%	10.3%	10.8%	10.2%	+0.4%
College grad	64,939	2.8%	2.9%	2.8%	3.1%	3.0%	+0.2%
Stark County Percentage of Population in Poverty by Employment Status							
Employed	178,400	6.6%	6.3%	6.3%	5.9%	5.5%	-1.1%
Unemployed	7,228	39.0%	34.8%	33.3%	32.2%	33.1%	-5.9%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701



Looking specifically at the population in **Alliance City** in poverty by key demographic measures, children ages 5 to 17 had the highest level of poverty (39.9%), while those ages 65 and over had the lowest level (14.7%). Females were more likely than males to be in poverty (29.6% to 18.4%). In terms of race and ethnicity, Black residents had the highest poverty levels (31.7%). 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 33.3% compared to 10.5% for college graduates). The poverty rate for the unemployed is significantly higher than that of the employed population (23.0% compared to 10.2%).

Alliance Percentage of Population in Poverty by Age Group							
	Pop 2023	2019	2020	2021	2022	2023	Change
Under 5	1,403	33.7%	37.0%	41.7%	40.6%	39.8%	+6.1%
5-17	3,097	30.1%	27.6%	34.0%	31.6%	39.9%	+9.8%
18-34	4,367	32.0%	34.1%	33.1%	25.2%	24.2%	-7.8%
35-64	7,636	22.3%	20.8%	19.8%	18.0%	19.1%	-3.2%
65+	3,449	11.0%	14.6%	16.0%	16.9%	14.7%	+3.7%
Alliance Percentage of Population in Poverty by Gender							
Male	9,683	22.0%	21.1%	21.4%	17.5%	18.4%	-3.6%
Female	10,268	27.0%	28.6%	30.3%	28.7%	29.6%	+2.6%
Alliance Percentage of Population in Poverty by Race and Ethnicity							
White	16,635	22.3%	22.8%	23.2%	21.5%	23.8%	+1.5%
Black	1,671	38.2%	45.7%	50.3%	36.8%	31.7%	-6.5%
Two or more	1,373	31.8%	26.3%	28.9%	26.6%	19.8%	-12.0%
Hispanic/Latino	266	31.3%	31.6%	44.4%	16.3%	11.3%	-20.0%
Alliance Percentage of Population in Poverty by Education Level (ages 25 and over)							
Less than HS	1,320	37.0%	34.2%	33.6%	33.9%	33.3%	-3.7%
HS grad	6,342	22.2%	23.6%	24.5%	22.0%	23.5%	+1.3%
Some college	3,670	16.0%	17.7%	16.6%	16.1%	13.4%	-2.6%
College grad	2,392	8.2%	10.2%	8.7%	9.4%	10.5%	+2.3%
Alliance Percentage of Population in Poverty by Employment Status							
Employed	9,329	12.7%	12.4%	12.7%	10.4%	10.2%	-2.5%
Unemployed	417	55.7%	37.9%	36.4%	20.8%	23.0%	-22.7%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701





Looking specifically at the population in **Canton City** in poverty by key demographic measures, children under the age of 5 had the highest level of poverty (45.2%), while those ages 65 and over had the lowest level (16.6%). Females were more likely than males to be in poverty (31.4% to 25.2%). In terms of race and ethnicity, multi-racial residents had the highest poverty levels (42.0%) followed by Hispanic/Latino residents (36.7%). 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 35.3% compared to 4.0% for college graduates). The poverty rate for the unemployed is significantly higher than that of the employed population (46.7% compared to 12.8%).

Canton Percentage of Population in Poverty by Age Group							
	Pop 2023	2019	2020	2021	2022	2023	Change
Under 5	4,604	57.8%	50.9%	47.6%	46.8%	45.2%	-12.6%
5-17	12,404	49.0%	48.1%	49.1%	47.7%	42.9%	-6.1%
18-34	15,786	33.8%	35.1%	33.7%	34.2%	29.4%	-4.4%
35-64	24,501	22.2%	21.9%	21.9%	22.8%	22.3%	+0.1%
65+	10,332	12.0%	12.3%	12.6%	13.5%	16.6%	+4.6%
Canton Percentage of Population in Poverty by Gender							
Male	32,121	28.0%	29.1%	28.8%	28.5%	25.2%	-2.8%
Female	35,506	33.4%	32.1%	31.7%	31.9%	31.4%	-3.0%
Canton Percentage of Population in Poverty by Race and Ethnicity							
White	41,389	22.8%	22.8%	23.0%	23.5%	21.9%	-0.9%
Black	17,041	46.2%	41.1%	38.7%	38.6%	35.7%	-10.5%
Asian	322	20.5%	27.4%	25.3%	7.0%	22.7%	+2.2%
Two or more	7,970	50.1%	53.7%	53.2%	47.1%	42.0%	-8.1%
Hispanic/Latino	4,346	41.2%	49.5%	58.4%	45.4%	36.7%	-4.5%
Canton Percentage of Population in Poverty by Education Level (ages 25 and over)							
Less than HS	5,859	40.6%	35.2%	35.7%	35.3%	35.3%	-5.3%
HS grad	16,648	23.9%	25.4%	25.3%	25.7%	25.8%	+1.9%
Some college	15,126	21.7%	23.2%	22.8%	24.0%	23.0%	+1.3%
College grad	6,966	5.6%	6.4%	5.9%	5.9%	4.0%	-1.6%
Canton Percentage of Population in Poverty by Employment Status							
Employed	29,188	14.1%	14.3%	14.7%	14.3%	12.8%	-1.3%
Unemployed	2,452	54.7%	52.6%	50.6%	49.5%	46.7%	-8.0%

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701



Looking specifically at the population in **Massillon City** in poverty by key demographic measures, children under the age of 5 had the highest level of poverty (24.8%), while those ages 65 and over had the lowest level (8.5%). Females were more likely than males to be in poverty (17.6% to 11.5%). In terms of race and ethnicity, Black residents had the highest poverty levels (45.6%). 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 25.2% compared to 3.6% for college graduates). The poverty rate for the unemployed is significantly higher than that of the employed population (36.5% compared to 5.7%).

Massillon Percentage of Population in Poverty by Age Group							
	Pop 2023	2019	2020	2021	2022	2023	Change
Under 5	2,044	30.2%	26.0%	23.8%	22.7%	24.8%	-5.4%
5-17	4,333	23.2%	19.3%	22.3%	21.5%	21.8%	-1.4%
18-34	7,134	19.9%	16.4%	15.8%	14.2%	15.3%	-4.6%
35-64	12,039	15.6%	14.2%	13.1%	13.9%	12.8%	-2.8%
65+	6,063	8.9%	8.0%	8.1%	8.6%	8.5%	-0.4%
Massillon Percentage of Population in Poverty by Gender							
Male	15,735	14.6%	13.4%	12.8%	12.2%	11.5%	-3.1%
Female	15,878	19.9%	16.3%	16.2%	16.7%	17.6%	-2.3%
Massillon Percentage of Population in Poverty by Race and Ethnicity							
White	26,985	15.7%	13.0%	12.0%	12.0%	10.7%	-5.0%
Black	2,668	31.6%	29.6%	33.6%	37.1%	45.6%	+14.0%
Two or more	1,544	21.0%	23.9%	28.3%	24.1%	29.1%	8.1%
Hispanic/Latino	581	10.1%	18.8%	22.1%	30.1%	28.9%	+18.8%
Massillon Percentage of Population in Poverty by Education Level (ages 25 and over)							
Less than HS	1,700	30.7%	27.1%	26.5%	25.2%	25.2%	-5.5%
HS grad	9,682	14.5%	13.5%	12.2%	13.2%	13.6%	-0.9%
Some college	7,609	14.2%	12.1%	12.0%	14.4%	13.6%	-0.6%
College grad	3,878	4.2%	4.7%	4.7%	3.3%	3.6%	-0.6%
Massillon Percentage of Population in Poverty by Employment Status							
Employed	15,772	10.6%	7.3%	6.6%	5.9%	5.7%	-4.9%
Unemployed	595	36.0%	34.9%	30.3%	32.4%	36.5%	+0.5%
<i>SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table: S1701</i>							



The poverty rates for female headed households, both overall and with children under 18, are significantly higher than married family households in all geographies listed below. In Stark County as a whole, 34.2% female headed households were in poverty compared to 8.9% for all families. For families with children under 18, 46.1% of female headed households were in poverty compared to 7.3% for all families with children under 18.

Percentage of Families in Poverty by Family Status							
	# Families (2023)	2019	2020	2021	2022	2023	Change
CITY OF ALLIANCE							
All families	4,886	20.2%	19.4%	19.3%	17.1%	17.9%	-2.3%
Married families	2,883	9.0%	6.5%	6.5%	3.9%	3.8%	-5.2%
Female headed	1,504	39.0%	44.3%	45.9%	43.8%	45.0%	+6.0%
CITY OF CANTON							
All families	15,721	26.5%	26.3%	26.0%	25.6%	23.6%	-2.9%
Married families	7,710	7.7%	7.5%	7.9%	9.1%	9.3%	+1.6%
Female headed	6,100	51.0%	49.5%	48.1%	47.2%	44.6%	-6.4%
CITY OF MASSILLON							
All families	8,244	13.0%	10.4%	10.0%	10.1%	9.2%	-3.8%
Married families	5,489	4.1%	2.8%	2.3%	3.0%	3.2%	-0.9%
Female headed	1,817	37.8%	30.0%	29.2%	29.4%	29.4%	-8.4%
STARK COUNTY							
All families	96,986	10.0%	9.5%	9.6%	9.4%	8.9%	-1.1%
Married families	69,817	3.0%	2.8%	2.9%	3.1%	3.0%	-
Female headed	19,312	34.1%	32.8%	32.7%	31.2%	30.0%	-4.1%
OHIO							
All families	2,971,285	9.9%	9.6%	9.3%	9.3%	9.2%	-0.7%
Married families	2,158,565	3.9%	3.8%	3.6%	3.7%	3.7%	-0.2%
Female headed	580,941	30.0%	29.2%	28.5%	28.5%	28.3%	-1.7%
Percentage of Families with Children under 18 in Poverty by Family Status							
CITY OF ALLIANCE							
All families	2,207	27.0%	29.9%	32.1%	30.0%	32.6%	+5.6%
Married families	955	10.6%	8.3%	9.0%	4.0%	5.1%	-5.5%
Female headed	918	46.0%	56.0%	58.6%	59.2%	63.5%	+17.5%
CITY OF CANTON							
All families	8,381	44.5%	43.3%	42.5%	39.9%	35.6%	-8.9%
Married families	2,859	12.3%	11.7%	14.6%	17.9%	16.4%	+4.1%
Female headed	4,169	66.0%	64.6%	60.4%	56.3%	55.0%	-11.0%
CITY OF MASSILLON							
All families	3,440	23.2%	18.5%	19.3%	19.4%	18.7%	-4.5%
Married families	1,722	5.6%	2.8%	3.6%	5.0%	5.5%	-0.1%
Female headed	1,148	43.9%	38.0%	38.4%	40.3%	43.3%	-0.6%
STARK COUNTY							
All families	41,051	18.6%	17.8%	17.6%	16.9%	15.4%	-3.2%
Married families	24,193	4.0%	3.6%	3.9%	4.3%	4.0%	-
Female headed	12,173	46.8%	45.3%	43.5%	40.9%	39.1%	-7.7%
OHIO							
All families	1,344,220	16.8%	16.1%	15.6%	15.4%	15.2%	-1.6%
Married families	841,141	5.5%	5.2%	5.0%	4.9%	4.9%	-0.6%
Female headed	369,229	40.4%	39.3%	38.4%	38.7%	38.4%	-2.0%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1702





Below are tables with poverty rates by zip code which are highest in Canton, Middlebranch, Waynesburg and Alliance.

Stark County Poverty Number and Rates by Zip Code, 2023					
Zip Code	Population	# below poverty	% below poverty	# at 125% of poverty level	# at 200% of poverty level
Alliance					
44601	31,124	6,104	19.6%	8,059	12,716
Canton					
44702	843	468	55.5%	528	765
44703	8,399	3,046	36.3%	4,335	5,545
44704	3,510	875	24.9%	1,202	1,905
44705	16,991	4,454	26.2%	5,113	9,576
44706	16,365	3,257	19.9%	3,764	6,161
44707	8,686	2,880	33.2%	3,446	4,650
44708	24,483	3,034	12.4%	3,716	7,869
44709	17,894	2,465	13.8%	3,221	6,689
44710	8,155	1,403	17.2%	1,840	3,318
44714	9,895	1,392	14.1%	1,996	3,617
44718	12,690	842	6.6%	946	2,077
44721	13,722	806	5.9%	1,078	2,219
Massillon					
44646	47,308	5,377	11.4%	7,688	13,465
44647	17,761	1,866	10.5%	2,445	4,917
Other Stark County					
44608-Beach City	2,702	377	14.0%	890	1,221
44613-Brewster	1,914	178	9.3%	223	630
44614- Canal Fulton	12,887	1,059	8.2%	1,266	2,431
44626- East Sparta	2,729	118	4.3%	265	623
44630- Greentown	180	0	0.0%	0	0
44632- Hartville	10,532	618	5.9%	1,059	2,031
44640- Limaville	94	0	0.0%	0	14
44641- Louisville	19,134	1,283	6.7%	1,735	4,258
44643- Magnolia	3,666	242	6.6%	892	1,424
44652- Middlebranch	615	128	20.8%	128	329
44657- Minerva	9,481	1,494	15.8%	1,917	2,910
44662- Navarre	9,689	1,208	12.5%	1,503	2,795
44666- North Lawrence	3,082	236	7.7%	363	593
44669- Paris	1,835	93	5.1%	165	395
44670- Robertsville	115	10	6.5%	10	10
44685- Uniontown	28,574	1,190	4.2%	1,690	3,462
44688- Waynesburg	2,864	566	19.8%	828	1,123
44689- Wilmont	479	44	9.2%	47	85
44720- North Canton	38,489	2,252	5.9%	3,255	6,499
44730- East Canton	5,965	371	6.2%	569	1,172

SOURCE: U.S. Census Bureau, American Fact Finder, American Community Survey 5-Year Estimates, Table S1701

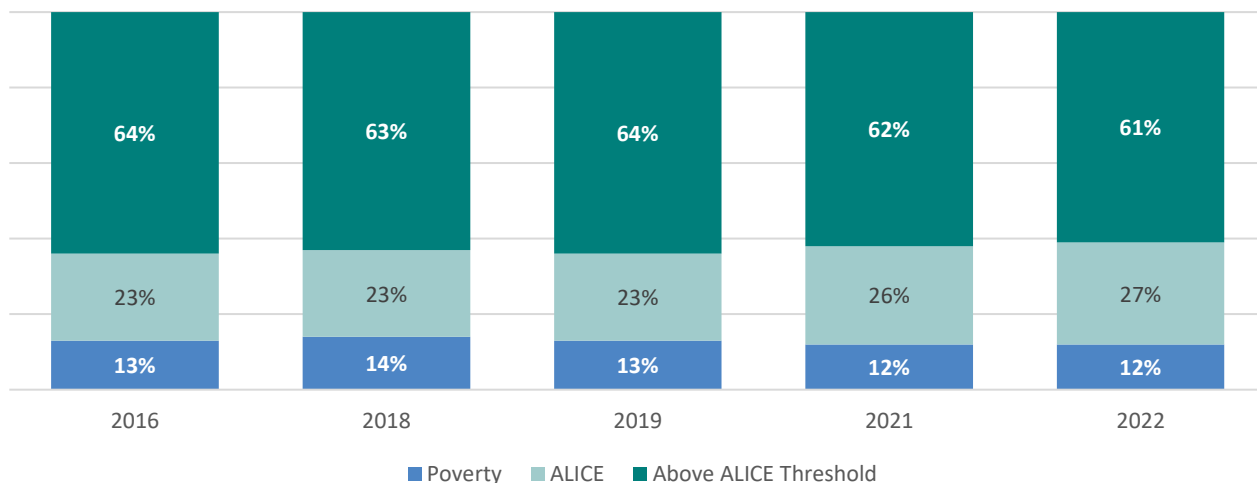




SECONDARY DATA ANALYSIS- ALICE DATA

ALICE is an acronym that stands for “Asset-Limited, Income-Constrained, Employed”. These are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. This is referred to as the ALICE Threshold. Households below the ALICE Threshold can’t afford the essentials. In Stark County, 27% of households are considered ALICE Households, slightly higher than the state average of 25%.

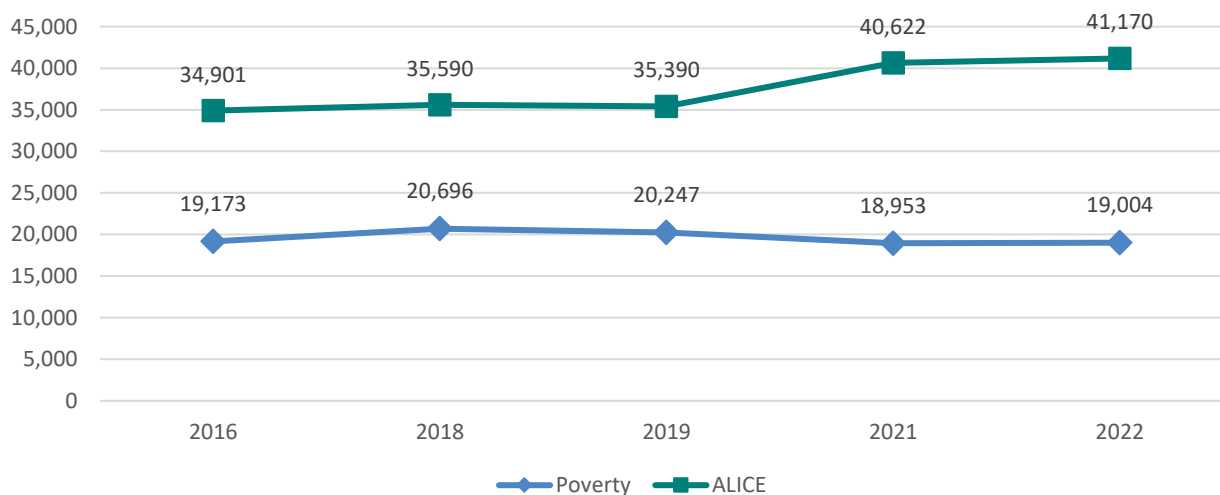
Financial Hardship by Percentage of Households, Stark County



SOURCE: 2022 ALICE REPORT Ohio, Stark County

When looking at how financial hardship has changed over time, the number of households in poverty remained relatively stable between 2016 and 2022 (decreased by less than 1%). At the same time, the number of ALICE households has increased at a much higher level rate over the same time period from 34,901 to 41,170, a 18% increase.

Financial Hardship Over Time, Stark County



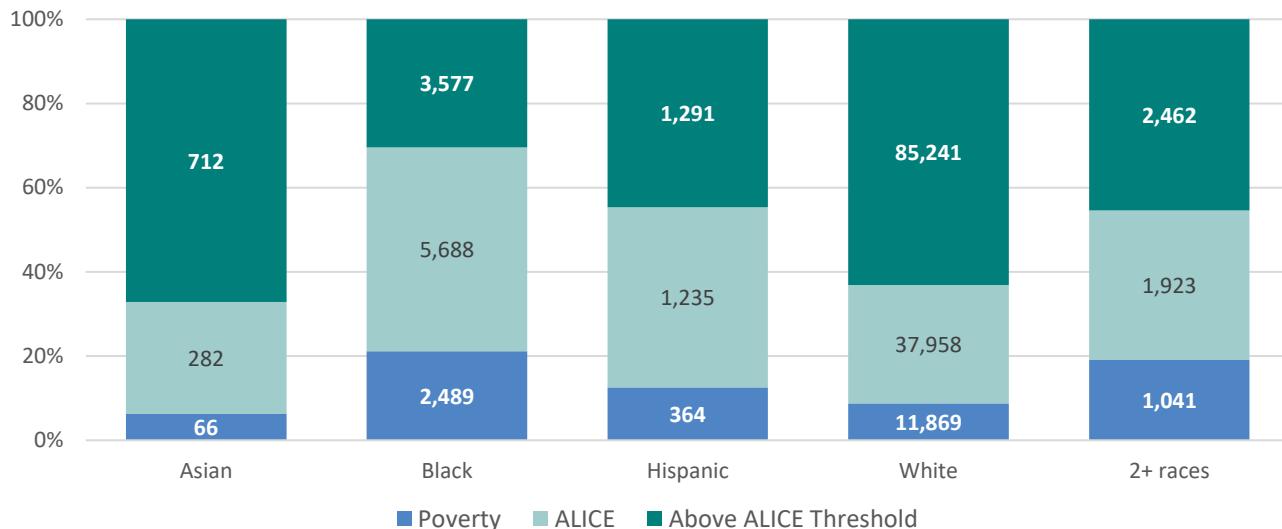
SOURCE: 2024 ALICE REPORT Ohio, Stark County





Black, Hispanics and multi-racial residents were much more likely to be ALICE than white households.

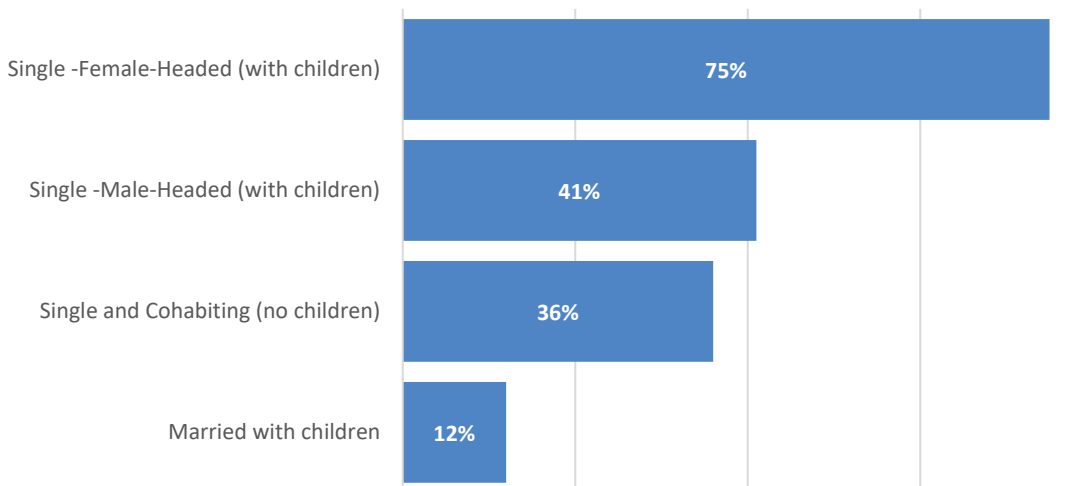
Household Financial Status by Race/Ethnicity, Stark County, 2022



SOURCE: 2024 ALICE REPORT Ohio, Stark County

When looking at three different household types and their household financial status, the most financially vulnerable group was single-female-headed households with children. In Stark County, 75% of households in this classification below the ALICE threshold meaning that just 25% of single-female-headed households with children can afford the essentials. Comparatively, 12% of married households with children are below the ALICE threshold.

Percent of Households below ALICE Threshold by Household Type, Stark County, 2022



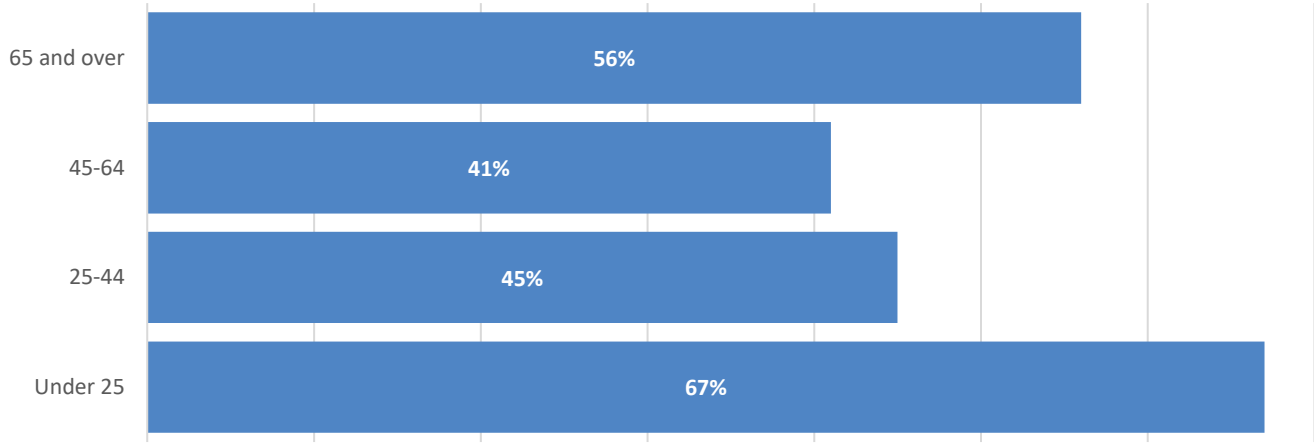
SOURCE: 2024 ALICE REPORT Ohio, Stark County





Two thirds of young household, under the age of 67, are below the ALICE threshold. More than half of all senior households, 56%, are below the ALICE Threshold.

% of Households below ALICE Threshold by Age, Stark County 2022



SOURCE: 2024 ALICE REPORT Ohio, Stark County





PERSONAL HEALTH STATUS

COMMUNITY SURVEY

Summary: Personal Health Status						
		Stark County	Alliance	Canton	Massillon	Black Residents
Personal description of health	Excellent	13.1%	10.3%	12.4%	11.9%	15.3%
	Good	51.4%	48.1%	43.2%	55.1%	40.7%
	Fair	28.8%	32.7%	34.9%	27.7%	35.4%
	Poor	5.8%	9.0%	8.1%	4.3%	8.1%
	Very Poor	1.0%	-	1.4%	0.9%	0.5%
Number of days in past month that PHYSICAL health was not good	Average number of days not well	5.78	6.20	7.09	5.35	6.10
	None	38.9%	30.1%	34.2%	42.3%	34.1%
	1-5	33.9%	39.9%	31.0%	33.3%	34.6%
	6-10	10.2%	31.0%	12.5%	7.8%	12.0%
	11 or more	17.0%	17.6%	22.3%	16.6%	19.2%

All respondents were asked to describe their health. Less than one-sixth of respondents, 13%, rated their health as excellent. More than half, 51%, rated their health as good. Combined, 65% had a favorable rating of their health. More than a quarter, 29% of respondents rated their health as fair. Less than one-tenth of respondents, 7%, had an unfavorable rating of their health, with 6% rating their health as poor and 1% as very poor. Groups more likely to rate their health **favorably** include males, ages 65 and over, college graduates, respondents who were employed full-time, those with an annual income over \$50,000, married residents, homeowners, straight residents, those with reliable transportation and housing, veteran households, households without someone with a disability, residents who describe their weight as 'about right', and suburban residents and residents of Massillon those who are exercised in the past month. Groups more likely to have an **unfavorable** rating of their health include residents with some college or less education, unemployed respondents, those with an annual income under \$50,000, residents who are divorced or widowed, renters, non-straight residents, those without reliable transportation or housing, households without someone with a disability, very overweight respondents, residents of Alliance and Canton, and those who have not exercised in the past month.

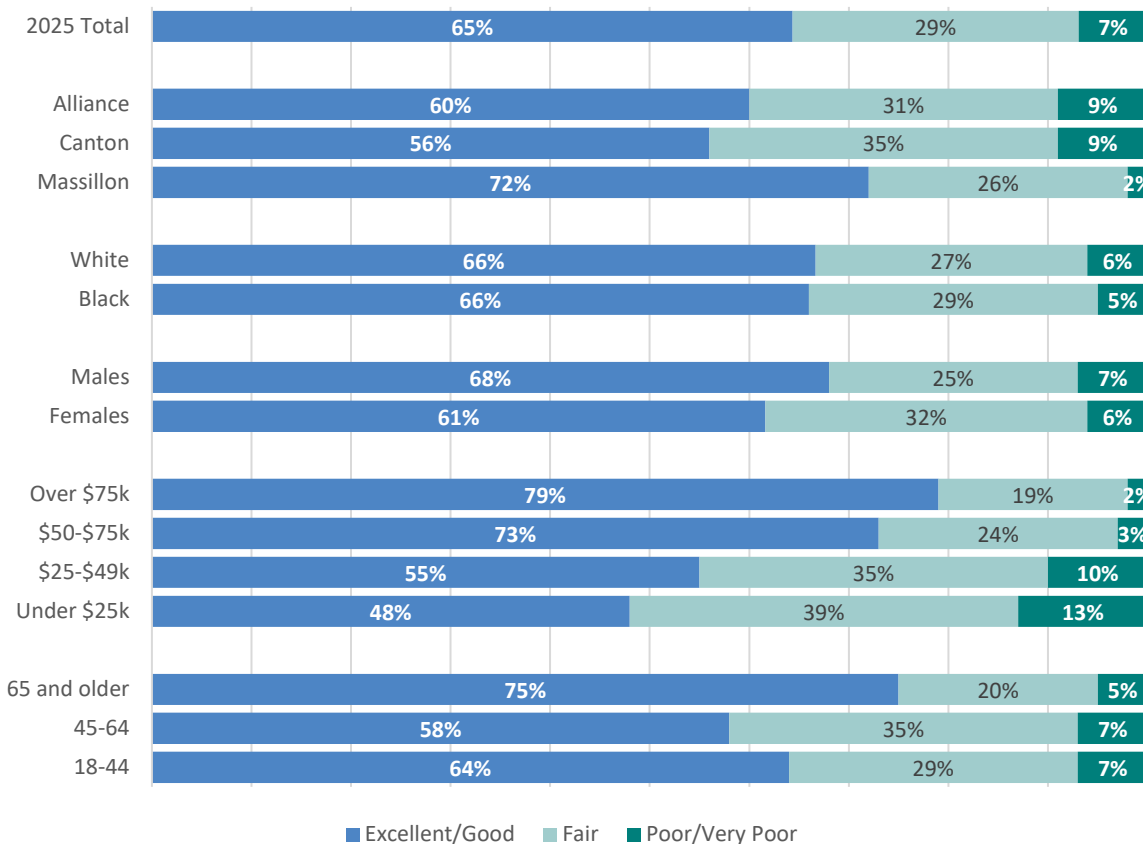
More than one-third of respondents, 39%, reported they didn't have any days in the past 30 days in which their **physical health** was not good (which includes physical illness and injury) while another one-third, 34%, reported that their physical health was not good one to five days in the past 30 days, followed by 10% reporting it was not good 6-10 days in the past 30 days. Nearly one tenth, 9%, indicated it was not good 11-20 days. Less than one-tenth of respondents 9%, indicated that their physical health was not good for 20 or more days in the past month. The average number of days that residents were physically not well was 5.78. Groups more likely to have 11 or more **bad physical health days** in the past 30 days include residents without children in the home, ages 45 to 64, those with some college education, unemployed residents, respondents with an annual income under \$50,000, those who are divorced or living with a partner, renters, residents without reliable transportation or stable housing, households with someone with a disability, respondents who have not exercised in the past month, Canton residents, and those who are overweight.





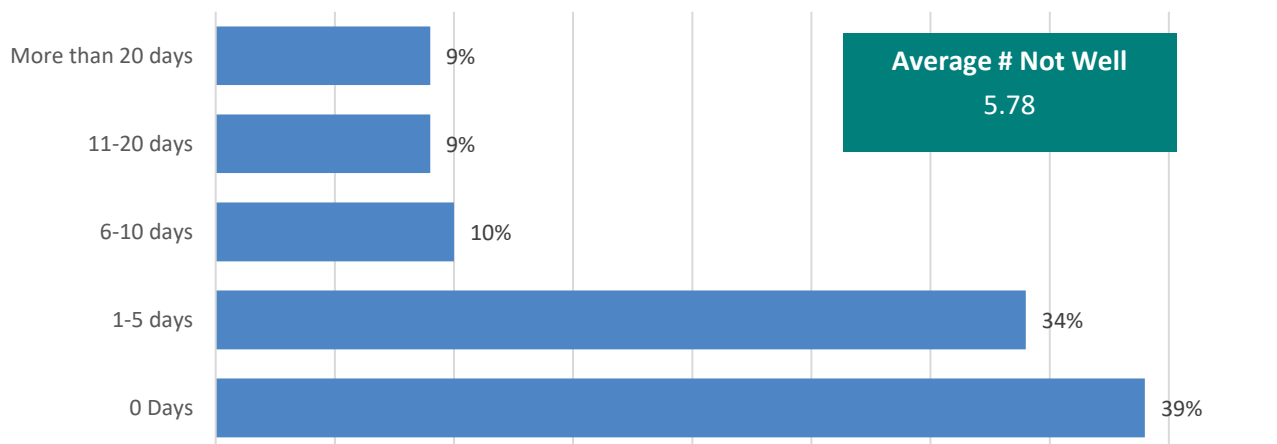
Personal Health Rating

Generally, how would you describe your health: excellent, good, fair, poor or very poor?



Number of Days Physical and Mental Health Not Good Last Month

Now thinking about your **physical health**, which includes physical illness and injury, for how many days during the past 30 was your physical health not good?



**SECONDARY DATA ANALYSIS**

Poor physical health days are 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 lower in the county as it was in the state but higher than the national average.

Number of Poor Physical Health Days						
	2018	2019	2020	2021	2022	Change
Stark County	4.3	4.4	3.2	3.9	4.1	-0.2
Ohio	4.1	4.2	3.2	3.6	4.3	+0.2
United States	3.7	3.9	3.0	3.3	3.9	+0.2

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

In Stark County, Ohio, 16% of adults reported that they consider themselves in fair or poor health which is slightly better than the statewide (18%) and national (17%) average.

Percentage of Adults Reporting Fair or Poor Health						
	2018	2019	2020	2021	2022	Change
Stark County	19%	20%	15%	16%	16%	-3%
Ohio	18%	18%	15%	16%	18%	0%
United States	17%	17%	12%	14%	17%	0%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System





ACCESS TO HEALTH CARE

COMMUNITY SURVEY

Summary: Insurance Coverage						
		Stark County	Alliance	Canton	Massillon	Black Residents
Currently has health insurance	Insured	91.6%	92.3%	91.4%	93.1%	86.1%
	Not insured	8.4%	7.7%	8.6%	6.9%	13.9%
Type of Insurance coverage (of those with insurance)	Private insurance- employer paid	33.2%	25.7%	20.8%	41.0%	21.8%
	Private insurance- self paid	7.9%	9.0%	7.4%	7.1%	8.4%
	Medicare	33.6%	30.6%	27.6%	34.6%	25.1%
	Medicaid	21.4%	29.9%	38.6%	13.5%	38.5%
	Medical Cost Sharing Plan	1.4%	1.4%	1.8%	0.5%	0.6%
	VA Coverage or Military Coverage	1.8%	0.7%	2.1%	1.5%	3.4%
	Other	0.7%	2.8%	1.8%	1.7%	2.2%
Services covered by insurance (of those with insurance)	Preventative or routine medical care	86.4%	84.0%	80.2%	91.4%	73.3%
	Emergency room care	83.4%	81.9%	78.1%	86.2%	71.1%
	Hospitalization	82.1%	75.0%	74.0%	88.0%	66.1%
	Prescription assistance	80.2%	84.0%	74.3%	86.2%	71.1%
	Dental services	72.7%	71.5%	76.0%	73.5%	75.6%
	Vision services	71.6%	73.6%	75.4%	71.0%	75.0%
	Mental health	64.8%	66.0%	63.3%	64.1%	57.8%
	Alcohol and drug treatment	41.6%	38.2%	42.0%	40.8%	38.9%
	Prenatal/maternity	40.1%	35.4%	41.7%	42.8%	38.3%
	Family planning (birth control)	36.8%	36.1%	39.3%	36.4%	37.8%
	Home Care	32.6%	29.9%	31.1%	34.2%	27.2%
	Long term care	32.5%	24.3%	38.2%	33.4%	32.8%
Hospice	27.4%	23.6%	27.8%	29.2%	25.0%	

All respondents were asked if they had health insurance coverage. Less than one tenth, 8%, did not have health insurance. Of those with insurance, one third, 33% were covered by employer paid plans, 8% were covered by private insurance (self-paid), 34% were covered by Medicare, 21% by Medicaid, 2% had VA or military coverage, and just 1% had a medical cost sharing plan. The most common reason for not having health insurance was not being able to afford it.

Whether a respondent had health insurance coverage and what type of insurance they held varied according to several demographic and other identifying characteristics. Groups of respondents more likely to

NOT have insurance coverage include males, respondents ages 18 to 44, those with a high school diploma or less education, residents who are employed part-time or unemployed, respondents with an annual income under \$50,000, those who are single or living with a partner, black residents, renters, non-straight respondents, those without reliable transportation or stable housing, and residents who have not exercised in the past month. Groups of respondents more likely to **have private insurance** include residents with children in the home, respondents ages 45 to 64, college

Why No Insurance (asked of those with no insurance)		
	#	%
Can't afford	32	64.0%
No need	7	14.0%
Not offered at job	5	10.0%
Lost coverage	4	8.0%
Unemployed	2	4.0%
Total	50	(n=50)

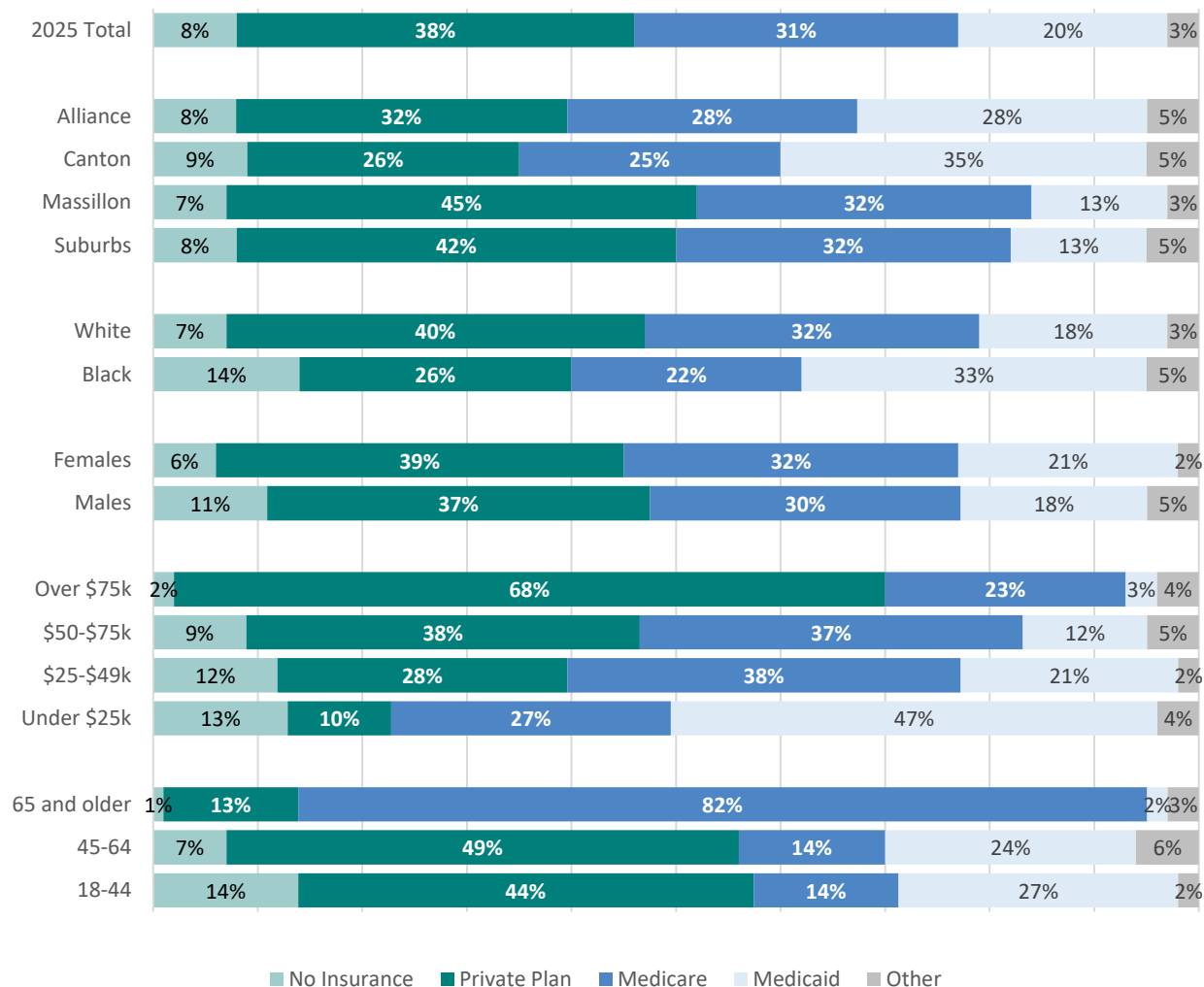




graduates, residents who are employed full-time, respondents with an annual income over \$75,000, those who are married, white residents, homeowners, straight respondents, those with reliable transportation or stable housing, households without someone with a disability, Massillon and suburban residents, and respondents who have exercised in the past month. Groups of respondents more likely to **have Medicare** include residents without children in the home, respondents ages 65 and over, retirees, respondents with an annual income between \$25,000 to \$75,000, those who are widowed or divorced, homeowners, straight respondents, veteran households, suburban residents, and respondents who have not exercised in the past month. Groups of respondents more likely to **have Medicaid** include residents with children in the home, respondents ages 18 to 44, those with a high school diploma or less education, residents who are employed part-time or unemployed, respondents with an annual income under \$25,000, those who are single or living with a partner, black residents, renters, non-straight respondents, those without reliable transportation or stable housing, non-veteran households, households with someone with a disability, residents of Alliance and Canton, and respondents who have not exercised in the past month.

Currently Has Health Insurance

Do you currently have health insurance? Which one of the following categories best describes your current health insurance plan?

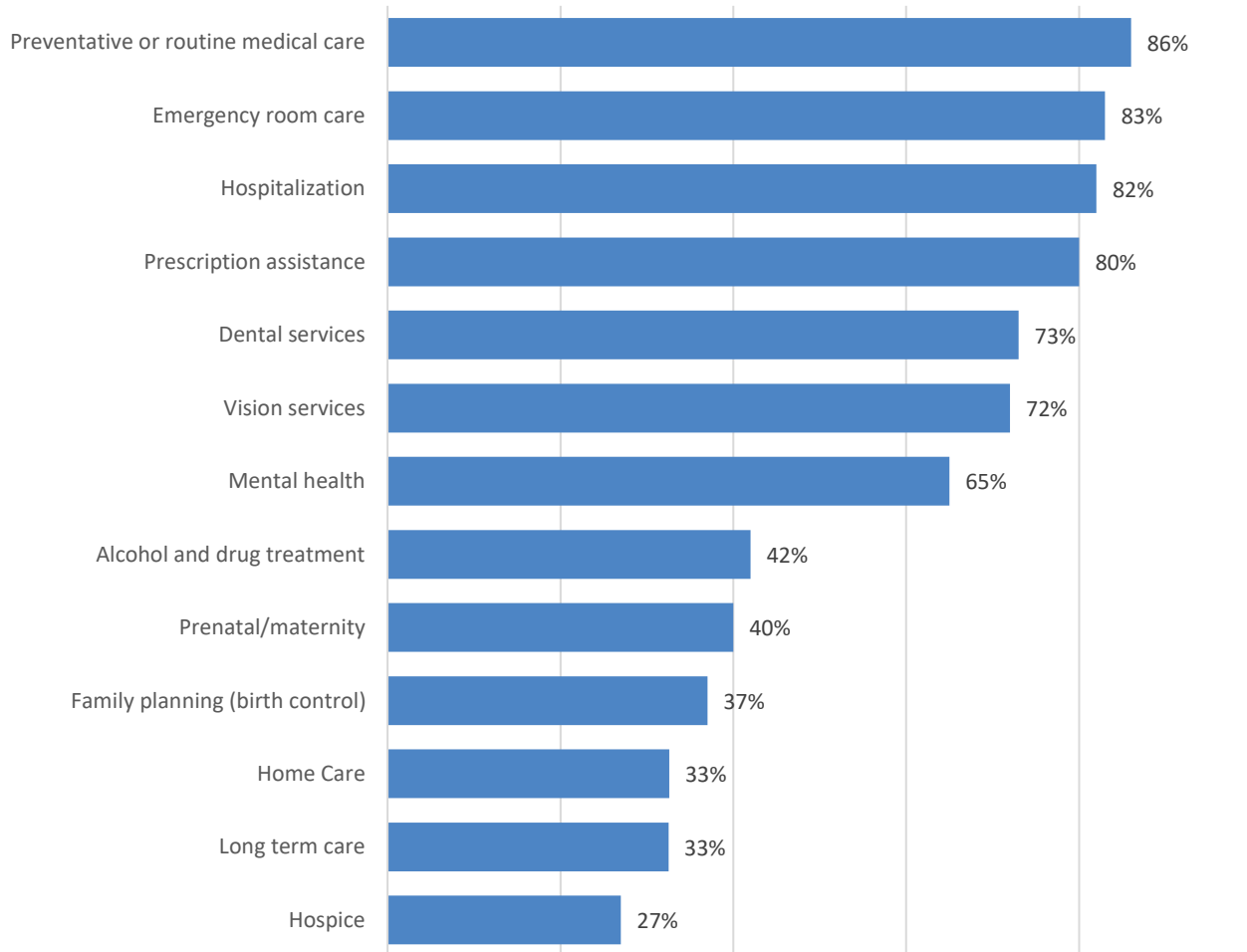




Respondents with health insurance were given a list of services sometimes covered by insurance and asked if their insurance covered each service or not. The services that were covered for most respondents were preventative or routine medical care (86%), emergency room care (83%), hospitalization (82%), and prescription assistance (80%). About three-quarters of respondents with insurance have vision coverage (72%) or dental (73%) while nearly two-thirds, 65%, have mental health coverage. Less than half of respondents have coverage for alcohol and drug addiction treatment (42%), prenatal/ maternity coverage (40%), family planning (birth control) (37%), home care (33%), and long term care (33%). Less than one third of insured respondents have hospice (27%).

Services Covered by Insurance

*Below is a list of services that are sometimes covered by health care plans.
Are the following services covered by YOUR health insurance?*



Summary: Access to Health Care						
		Stark County	Alliance	Canton	Massillon	Black Residents
Have primary care provider	Yes	85.3%	86.5%	79.2%	88.6%	74.2%
	No	14.8%	13.5%	20.8%	11.4%	25.8%
Length of time since last routine check-up	Within past year	76.6%	77.6%	73.0%	80.3%	71.3%
	Within past 2 years	10.1%	11.5%	11.9%	9.8%	14.4%
	Within past 5 years	5.6%	7.1%	5.7%	4.1%	7.2%
	5 or more years ago	6.6%	3.8%	8.4%	4.8%	6.7%
	Never	1.0%	0.0%	1.1%	0.9%	0.5%
Where receive health care most often	Primary care or family doctor	70.4%	68.6%	64.1%	73.7%	57.9%
	Stat Care	11.4%	13.5%	9.5%	13.0%	12.9%
	Emergency room	8.4%	8.3%	13.5%	6.2%	15.3%
	Hospital clinic	2.6%	1.9%	3.2%	2.5%	4.8%
	Telemedicine	1.6%	0.6%	0.5%	1.1%	0.0%
	VA hospital/Clinic	1.5%	1.3%	1.6%	1.4%	1.4%
	Free clinic	1.5%	0.6%	3.0%	0.2%	2.9%
	Community health center	1.4%	5.1%	1.9%	0.5%	1.4%
	Something else not mentioned	0.9%	0.0%	1.4%	1.4%	1.4%
Health department clinic	0.4%	0.0%	1.4%	0.0%	1.9%	
Needed to go outside of county for healthcare		23.5%	22.4%	13.5%	23.8%	14.8%
Services needed unable to get in past 2 years		17.4%	21.2%	20.0%	16.2%	19.6%

Primary Care Provider

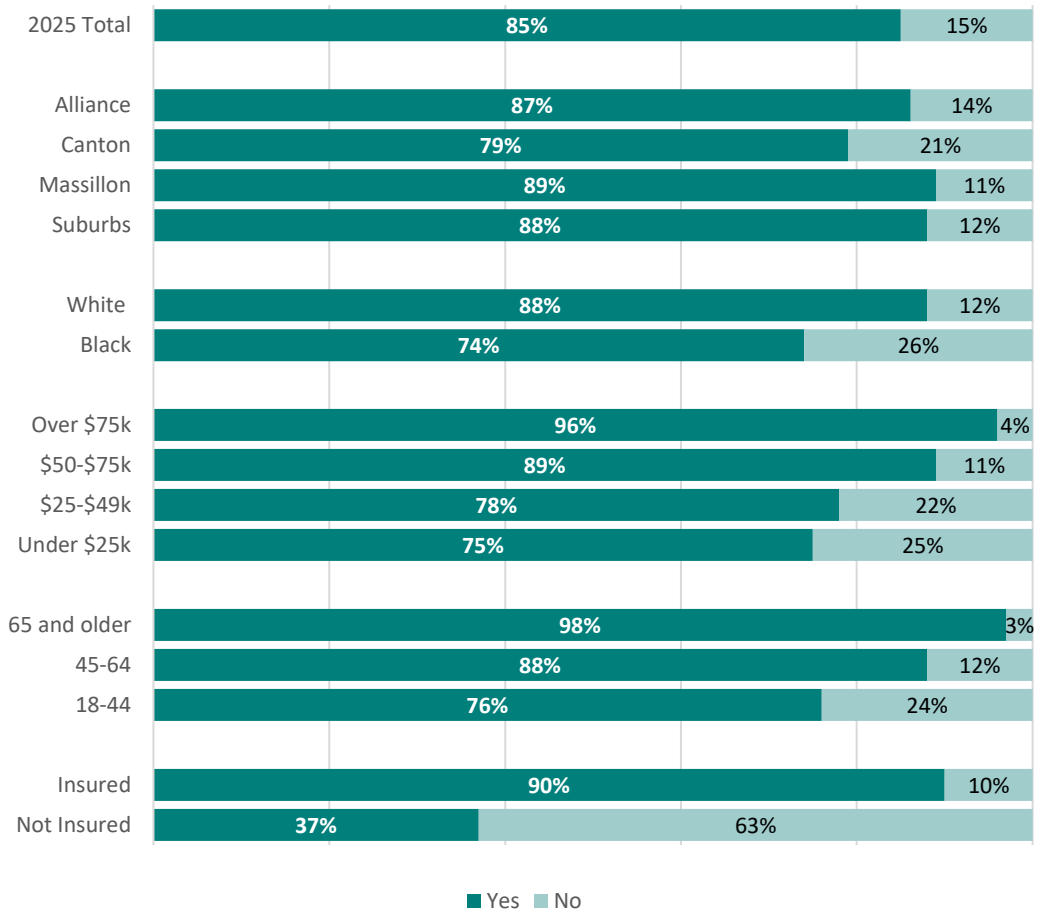
Most respondents, 85%, reported having one person or group they think of as their doctor or health care provider. Groups of residents more likely to NOT have a primary care doctor or health care provider include males, residents ages 18 to 44, respondents with a high school diploma or less education, those who are unemployed, residents with an annual income under \$50,000, respondents who are single or living with a partner, black residents, renters, non-straight respondents, those without reliable transportation or stable housing, non-veteran households, residents who haven't exercised in the past month, Canton residents, and respondents without health insurance.

Residents without a doctor, 15% of respondents, were asked why they did not have a regular doctor or healthcare provider. The most common reasons were that they have no insurance (27%), they are trying to find a new doctor (20%), see no need for a doctor (20%), and it's too expensive (17%). Other reasons are listed in the table below.

Why No Doctor <i>(asked of those with no doctor)</i>		
	# of responses	% of responses
No insurance	26	26.5%
Trying to find new doctor	20	20.4%
No need	20	20.4%
Too expensive	17	17.3%
Don't like going to doctors	8	8.2%
Insurance coverage issues	6	6.1%
Long wait times for appointments	1	1.0%
Total	98	(n=98)

Has Primary Doctor

Do you have one person or group you think of as your doctor or healthcare provider?

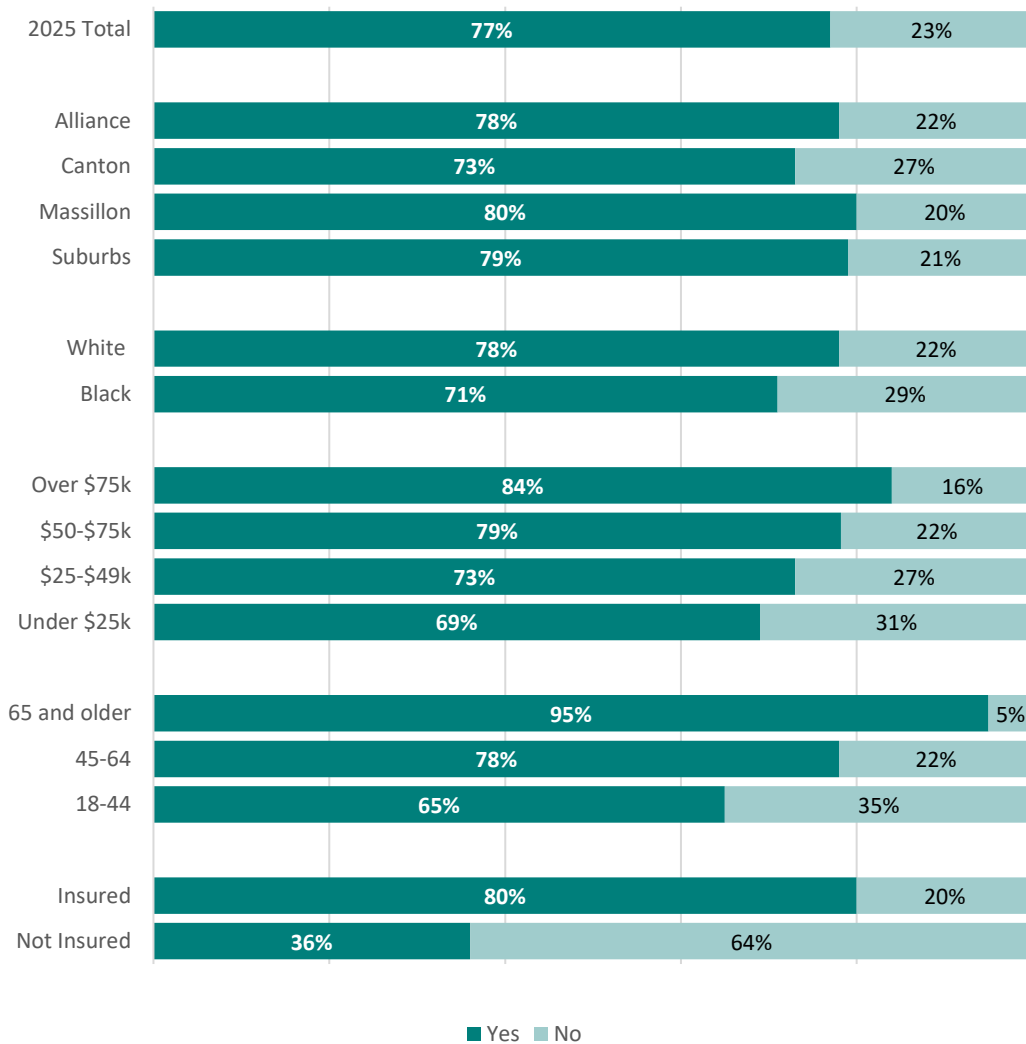




More than three-quarters of respondents, 77%, received a routine checkup within the past year. A small percentage, 7%, had not received a routine medical checkup in five or more years, while 1% indicated they never had a routine checkup. Not surprisingly, the older the respondent, the more likely they were to have had a routine checkup in the past year (as seen in the graph below). Groups more likely to NOT have had a routine checkup in the last year include males, residents with children in the home, respondents ages 18 to 44, those with a high school diploma or less education, residents who are employed full-time or unemployed, respondents with an annual income under \$50,000, those who are single or living with a partner, black residents, renters, non-straight respondents, those without reliable transportation or stable housing, Canton residents, and respondents without health insurance.

Had Routine Checkup in Past Year

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.





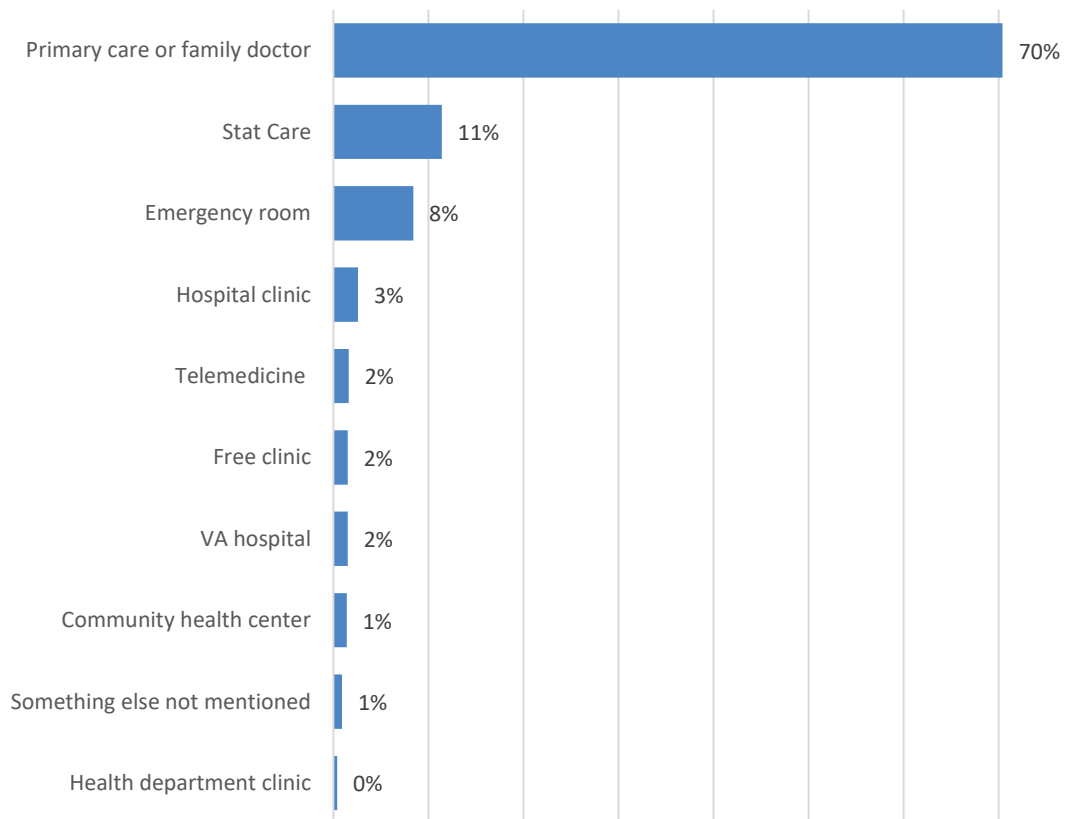
Access to Care

Next, respondents were asked when they receive health care and where they receive it most often: a primary care or family doctor, the emergency room, stat care, a health department clinic, a community health center, a free clinic, telemedicine, a VA hospital or somewhere else. Less than three-quarters, 70% of respondents indicated they receive their health care most often from a primary care doctor. Another 11% of respondents relied on stat care, while another 8% relied on an emergency room. All other potential responses were mentioned by 3% or less of respondents.

Groups of residents more likely to use a **primary care or family doctor** include females, residents without children in the home, respondents ages 65 and over, college graduates, retired residents, respondents with an annual income over \$50,000, those who are married or widowed, white residents, homeowners, straight respondents, those with reliable transportation and stable housing, residents who have exercised in the past month, suburban and Massillon residents, and those with health insurance. Groups of residents more likely to use something **other than a primary care or family doctor** include males, residents with children in the home, respondents ages 18 to 44, those with a high school diploma or less education, unemployed residents, respondents with an annual income under \$50,000, those who are single or living with a partner, black residents, renters, non-straight respondents, those without reliable transportation or stable housing, residents who have not exercised in the past month, Canton residents, and those without health insurance.

Where Residents Receive Healthcare Most Often

When you are in need of health care, where do you receive it MOST often?



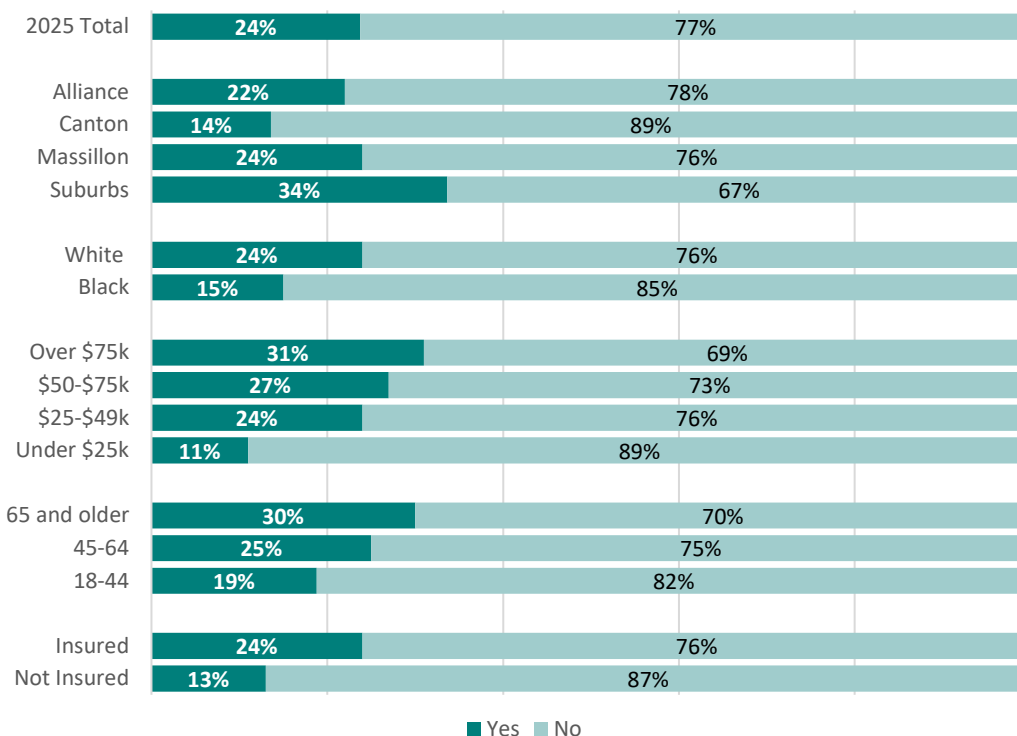


Needed Services

Less than a quarter of respondents, 24%, reported they have had to go outside of Stark County in the past twelve months for health care. Groups more likely to have needed to go outside the county for healthcare include males, residents with children in the home, ages 65 and over, those with some college or more education, retired residents, respondents with an annual income over \$75,000, those who are married, homeowners, residents with reliable transportation, veteran households, white respondents, suburban residents, and those with health insurance.

Needed to Go Outside County for Care

In the past 12 months, have you gone outside of Stark County for health care?



The most common reasons for going outside the county for healthcare were the location of their doctor or service and there is better care available. The most common services that were received outside of the county were to see a primary care or routine checkup, surgery, and an oncologist.

Why went outside of county		
	#	%
Doctor / Specialist is there	117	72.7%
Better care available	11	6.8%
Services not available in county	10	6.2%
Was out of town at the time	8	5.0%
Insurance coverage issues	7	4.3%
Location is still close to home	4	2.5%
Lower cost	3	1.9%
Could not get appointment closer	2	1.2%
Work outside county	2	1.2%
Total	164	(n=161)

Question: Why did you have to go outside of the county for health care?



What services received outside county		
	#	%
Surgery	34	19.7%
Primary care	34	19.7%
Oncologist	17	9.8%
Cardiologist	11	6.4%
Dental	11	6.4%
Orthopedist	11	6.4%
Testing	10	5.8%
All health services	10	5.8%
Emergency room care	10	5.8%
Mental health	8	4.6%
Gastroenterologist	8	4.6%
Rheumatologist	7	4.0%
OB/GYN	7	4.0%
Dermatologist	4	2.3%
Ophthalmologist	4	2.3%
Endocrinologist	3	1.7%
Inpatient hospital stay	3	1.7%
Pulmonologist	2	1.2%
Sleep specialist	2	1.2%
Chiropractor	2	1.2%
Pain management	2	1.2%
Miscellaneous	5	2.9%
Total	205	(n=173)

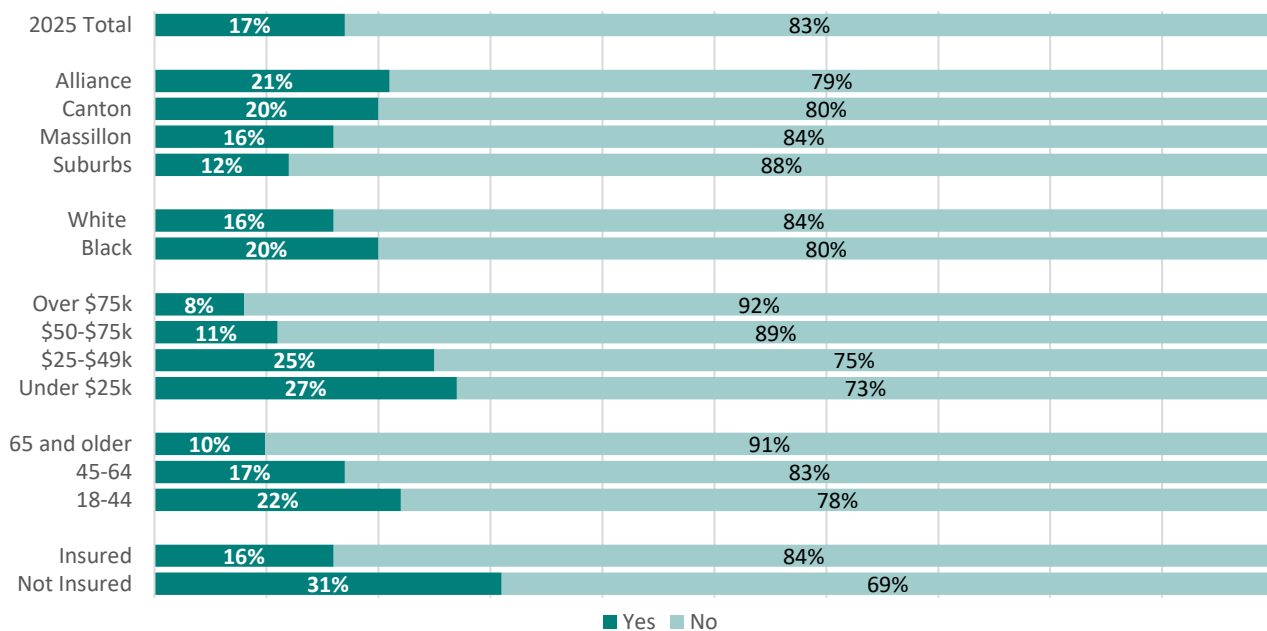




One-sixth of respondents, 17%, reported there were healthcare services that they or a family member needed in the past two years that they were unable to get. Groups of residents more likely to have needed services they were unable to get include residents with children in the home, respondents ages 18 to 44, those with a high school diploma or less education, unemployed residents, respondents with an annual income under \$50,000, those who are not married, renters, respondents without reliable transportation or stable housing, households with someone with a disability, Alliance and Canton residents, and those without health insurance. The three services that were needed most often were dental, mental health, and prescriptions. The most common reasons for not being able to get the needed service were insurance issues, the high cost of the service, and long wait times.

Needed Healthcare Unable to Get

Were there any healthcare services that you or a family member needed in the past two years that you were unable to get?



Services Needed	#	%
Dental	22	17.7%
Mental health	17	13.7%
Needed medicine	17	13.7%
Testing	14	11.3%
More affordable care	11	8.9%
Surgery	10	8.1%
Primary care	8	6.5%
Cardiologist	4	3.2%
Orthopedist	3	2.4%
Transportation	3	2.4%
Oncologist	3	2.4%
Treatment for broken bone	3	2.4%
Ophthalmologist	2	1.6%
Pain management	2	1.6%
Miscellaneous	5	4.0%
Total	124	(n=124)

Question: What was it that you needed?

Why Unable to Get Service	#	%
Insurance issues	44	38.3%
High cost	33	28.7%
Long wait time	16	13.9%
Not available in county	7	6.1%
Transportation issues	7	6.1%
Poor quality care	7	6.1%
Lack access to pain medicine	2	1.7%
Total	116	(n=115)

Question: Why were you unable to get the needed service?





OLDER ADULT AND RURAL RESIDENT FOCUS GROUPS

Both groups said **specialty care** often means traveling outside the county to Akron or Cleveland and that insurance rules and co-pays create added stress and complexity. Seniors focused on **specialist wait times**, Medicare vs. Advantage hurdles, and the desire for a **neutral navigator** to help guide them through the system. Rural residents highlighted **primary-care consolidation/closures**, crowded **urgent care** in smaller towns, and teaching-hospital handoff issues. Preventive services (vaccines/screenings) felt generally accessible to both groups.

Both groups discussed the need for a **neutral “front door”** that isn’t just a website. Seniors asked for **live navigators**, printed large-print guides, TV/radio PSAs, and resource tables in places they already go. Rural residents pushed for **mobile, in-person outreach** (traveling health fairs), school-based touchpoints, and a **multi-channel mix** (billboards, libraries, clinics, churches, social media) to reach people who don’t use news or Facebook.

Rural Focus Group Key Themes:

- **Primary care consolidation.** Closures and physicians moving to health-system employment; some residents lost long-time PCPs and haven’t re-established care with a new PCP.
- **Specialists & facilities.** Many travel to Cleveland Clinic/Akron General or VA sites (e.g., Willoughby Hills, Ravenna) due to perceived quality, insurance acceptance, or shorter waits there—though travel is time-consuming.
- **Crowded urgent care.** Limited local options (e.g., single urgent care in Hartville) means long waits or travel to surrounding communities.
- **Inpatient experience.** Teaching-hospital rotations led to frustrations (too many providers, poor communication handoffs).
- **Insurance friction.** Co-pays for serious conditions (e.g., cancer) are “astronomical”; open-enrollment timing can delay switching to better-fit plans.
- **Preventive care.** Screenings and vaccines are generally **accessible and easy** (examples of places given were pharmacies, community events, and church-based screenings).

Older Residents Focus Group Key Themes:

- **Specialists:** Long wait times to get an appointment; insurance type affects speed (Medicare + supplement sometimes faster than some Advantage plans that require extra approvals).
- **Navigation pain:** Phone trees, authorizations, and billing disputes were common frustrations faces by the older adults.
- **Positive outliers:** Oak Street Health was praised for respectful care and transportation to and from visits.
- **VA access:** Some rely on telehealth due to provider shortages; rides to Cleveland can be canceled or require all-day bus trips.
- **Preventive care:** Annual wellness visits, vaccines, and standard screenings are generally easy under Medicare and routinely prompted.





SECONDARY DATA ANALYSIS

A higher percentage of black residents were uninsured than white residents in all geographies. The age group with the highest level of being uninsured was 19 to 64 while residents ages 65 and over had the lower percentage of uninsured. Males were more likely than females to be uninsured in all geographies. Generally speaking, lower education attainments and income levels equated to higher percentages of being uninsured.

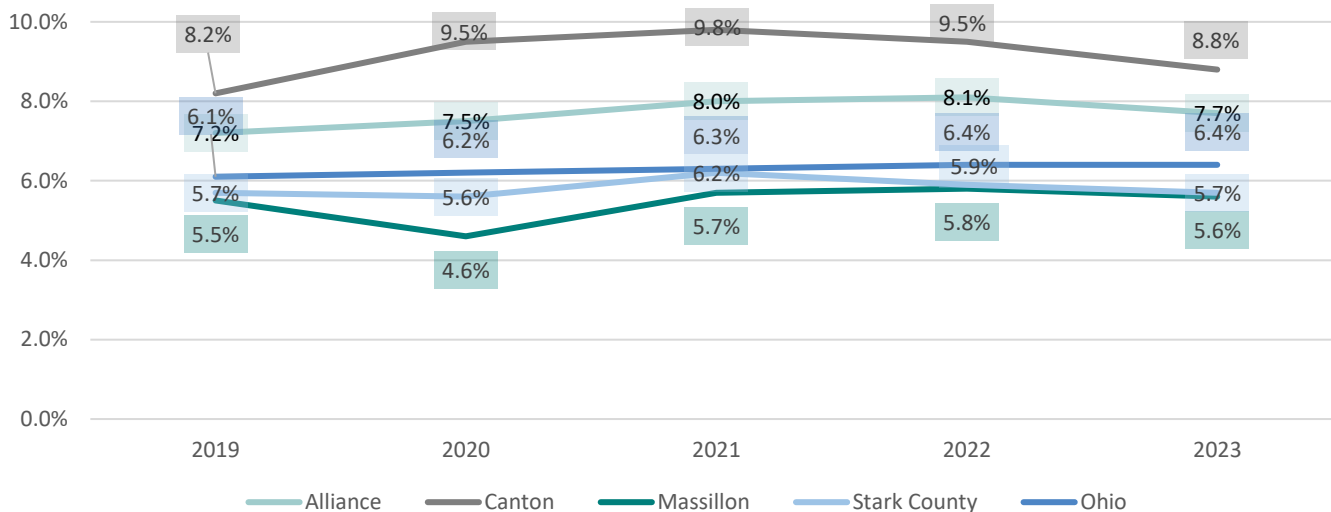
Percent Uninsured, 2023						
	Alliance	Canton	Massillon	Stark	Ohio	U.S.
Total	7.7%	8.8%	5.6%	5.7%	6.4%	8.6%
White	7.0%	8.3%	5.1%	5.3%	5.7%	6.6%
Black	11.5%	9.0%	7.5%	7.9%	7.8%	9.5%
2 or more races	9.7%	9.5%	2.6%	6.8%	8.8%	13.0%
Hispanic or Latino	21.1%	18.1%	4.3%	12.4%	15.6%	17.5%
Under 19 years	3.5%	2.5%	2.0%	3.2%	4.7%	5.4%
19 to 64 years	11.4%	13.8%	8.6%	8.6%	8.8%	12.0%
65 and older	0.0%	0.8%	0.0%	0.3%	0.5%	0.8%
Male	9.9%	11.7%	7.1%	6.9%	7.4%	9.6%
Females	5.5%	6.3%	4.1%	4.6%	5.4%	7.5%
Less than high school grad	20.7%	18.2%	10.4%	13.8%	15.8%	21.7%
High school grad	7.8%	10.9%	7.5%	7.2%	8.0%	11.9%
Some college or Associates	8.8%	10.4%	6.4%	6.2%	5.9%	8.0%
Bachelor’s degree or more	1.9%	2.8%	2.2%	1.9%	2.8%	3.7%
Under \$25,000	5.8%	9.1%	5.5%	7.7%	8.1%	12.4%
\$25,000 to \$49,999	13.1%	11.5%	9.8%	8.4%	9.2%	13.0%
\$50,000 to \$74,999	12.0%	6.9%	5.8%	7.7%	8.5%	11.5%
\$75,000 to \$99,999	2.6%	9.7%	2.4%	5.6%	6.7%	9.5%
\$100,000 or over	3.2%	5.9%	3.9%	3.1%	4.0%	5.2%
<i>SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates , Table S2701</i>						

The graph below represents the estimated percentage of the population under the age of 65 without health insurance coverage in Stark County, each of the three largest cities in the county, and the state of Ohio. In 2023, the percentage of residents without health insurance was higher than the county average (5.7%), in the state of Ohio (6.4%), Alliance City (7.7%), and Canton City (8.8%). Over the past five years, the percentage of individuals without health insurance has increased in all geographies but Stark County, where it has remained the same.





Percent Uninsured Overtime



SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S2701

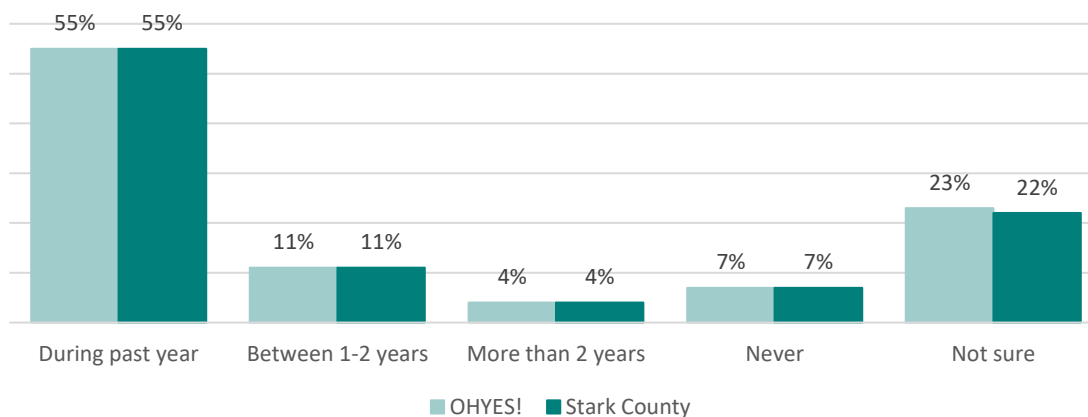
Primary Care Physicians is the ratio of the population to primary care physicians in the chart below. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. In Ohio and the United States as a whole, there is 1 Primary Care Physician for every 1,330 residents. Stark County's ratio is a little better than Ohio ratio at 1 Primary Care Doctor for every 1,290 residents.

Population to Primary Care Physician Ratio						
	2017	2018	2019	2020	2021	Change
Stark County	1,250:1	1,260:1	1,260:1	1,230:1	1,290:1	+40:1
Ohio	1,310:1	1,300:1	1,290:1	1,290:1	1,330:1	+20:1
United States	1,330:1	1,320:1	1,310:1	1,310:1	1,330:1	0

SOURCE: County Health Rankings, Original Source: National Center for Health Statistics

More than half of Stark County youth, 55%, reported visiting a doctor or a nurse for a physical exam when they were not sick or injured in the past year while an additional 11% reported receiving a physical exam in the past 1-2 years.

YOUTH: Recency of Physical Exam (not sick or injured)



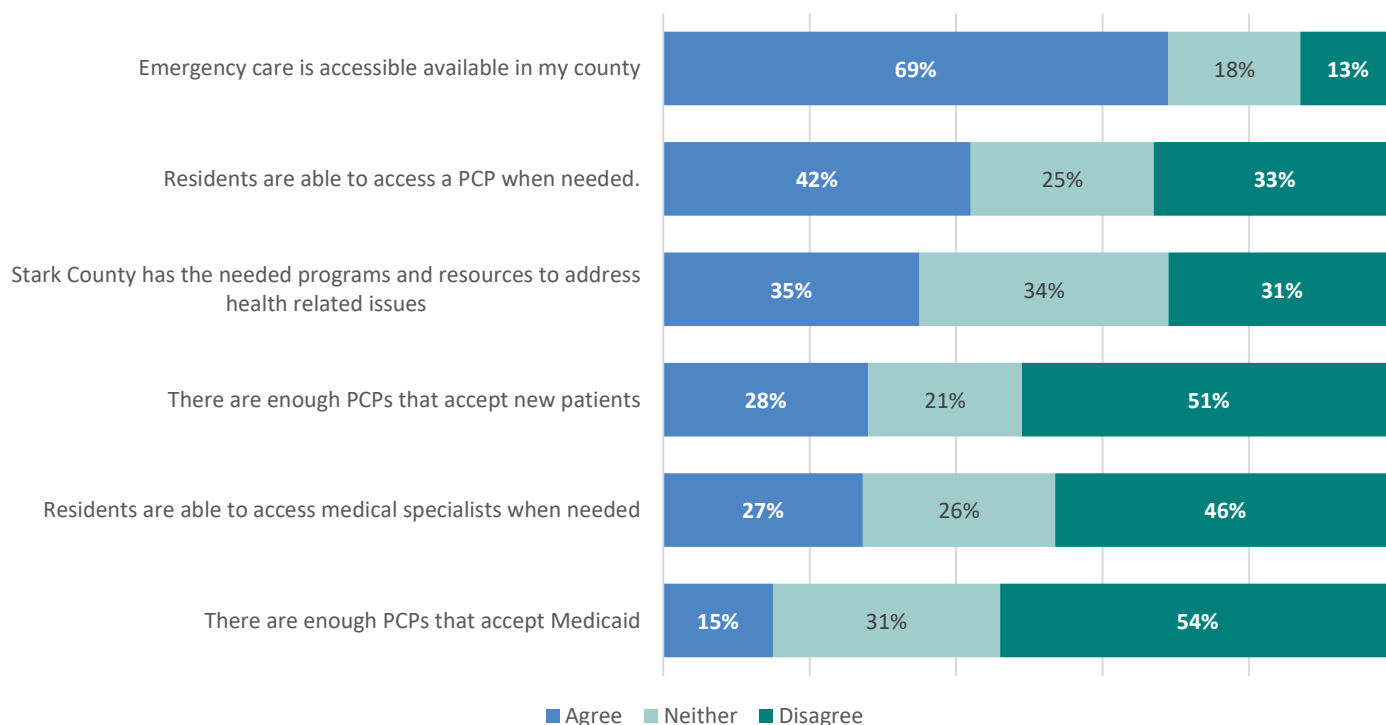
Source: OHYES! Report for Stark County, 2023-2024



**COMMUNITY PARTNER SURVEY**

The community partners were given a list of six statements about access to care issues and asked how much they agreed with each.

- More than two-thirds community partners, 69%, agreed, *“Emergency care is available in my county,”* with 16% strongly agreeing. Less than one-sixth, 13% disagreed with this statement.
- Less than half of community partners, 42%, agreed, *“Residents in Stark County are able to access a primary care provider in the area when needed,”* with just 4% strongly agreeing. One-third, 33%, disagreed with this statement.
- More than a third of community partners, 35%, agreed, *“Stark County has the needed programs and resources to address health related issues,”*. Nearly a third of partners, 31%, disagreed with the statement.
- More than a quarter of community partners, 28%, agreed, *“There are enough primary care providers in the area that accept new patients”*. More than half, 51%, disagreed.
- Slightly fewer, 27%, agreed, *“Residents in Stark County are able to access medical specialists LOCALLY when needed (Cardiologist, Dermatologist, etc.,”*. Nearly half, 46%, disagreed.
- Less than a sixth of respondents, 15%, agreed, *“There are enough primary care providers in the area that accept Medicaid”*. More than half, 54%, disagreed.

Agreement with Access to Care Statements



ORAL HEALTH

COMMUNITY SURVEY

Summary: Dental Care						
		Stark County	Alliance	Canton	Massillon	Black Residents
Length of time since last visited the dentist	Within past year	55.2%	46.8%	46.6%	61.3%	46.9%
	Within past 2 years	14.1%	24.4%	19.0%	11.9%	23.0%
	Within past 5 years	12.4%	15.4%	14.4%	10.3%	6.3%
	5 or more years ago	15.9%	12.2%	16.5%	14.2%	10.0%
	Never	2.4%	1.3%	3.5%	2.3%	3.8%
Currently have dental issues that need addressed	Yes and able to get care needed	23.4%	19.2%	28.9%	24.0%	29.7%
	Yes and unable to get care needed	14.4%	18.6%	18.6%	12.4%	15.8%
	No	62.3%	62.2%	52.4%	63.6%	54.5%

More than half of respondents, 55%, had seen a dentist in the past year. An additional 14% had seen a dentist in the past two years and 12% in the last five years. One-sixth of respondents, 16%, had not seen a dentist in five or more years, a small portion, 2% had never seen a dentist. Groups of residents most likely to have NOT had a dental visit in the past year include males, respondents without health insurance, residents without a primary doctor, those who rate their overall health as fair or poor, residents who haven't exercised in the past month, respondents without reliable transportation or stable housing, those who have children in the home, residents who have just enough to meet basic expenses or less, renters, respondents ages 18 to 44, those with some college or less education, unemployed residents, respondents with an annual income under \$50,000, those who are single or living with a partner, black respondents, and residents of Alliance and Canton.

The 45% of respondents who had not been to the dentist in the past year were asked the main reason for not seeing a dentist in the past year. This was an open-ended question in which the respondent could give one response. The most common reasons for not visiting a dentist in the past year were that it's too expensive, they have dentures or no teeth, they don't like going to the dentist and they have no insurance.

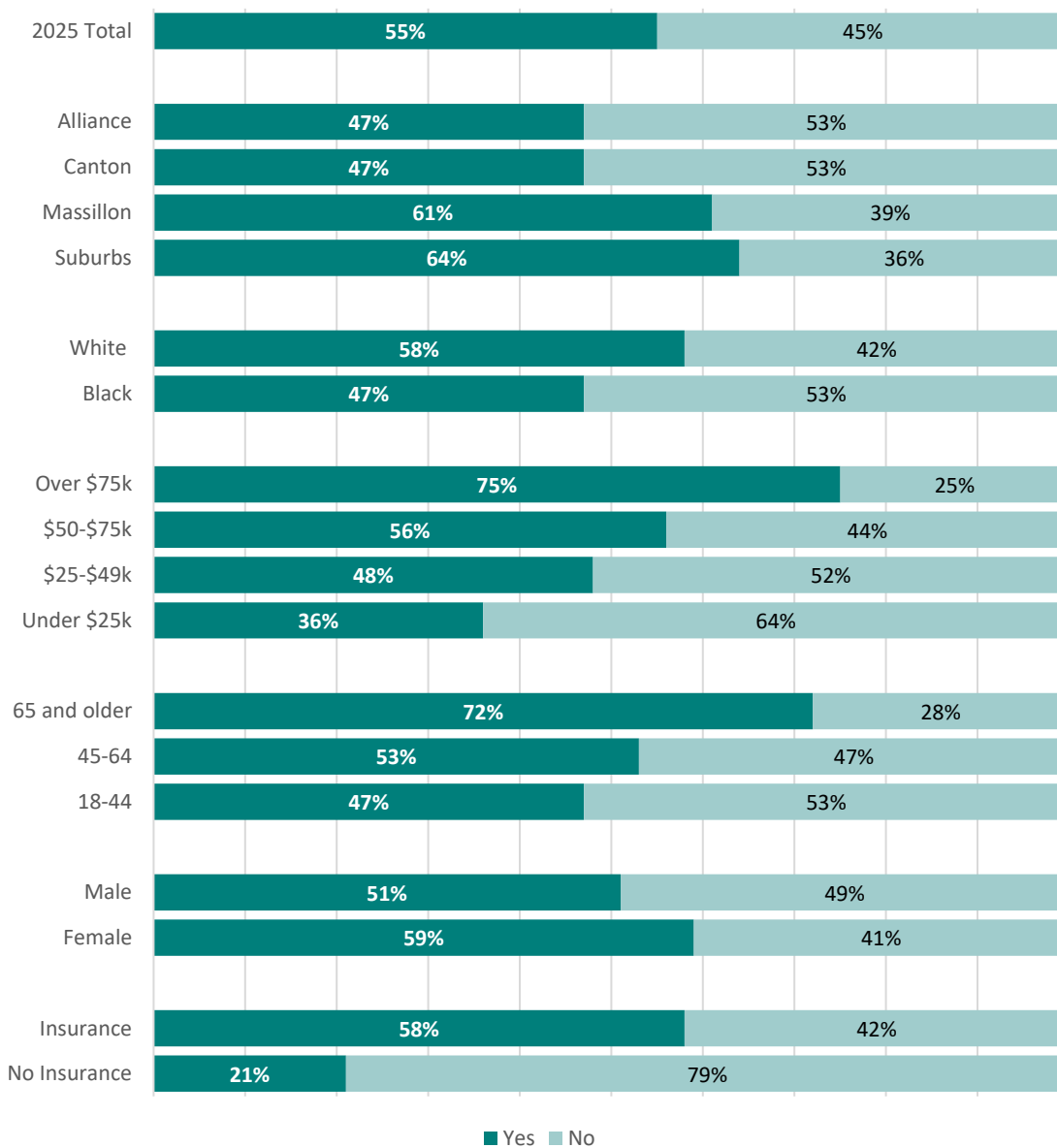
Reason Not Visited the Dentist		
	# of Responses	% of Responses
Too expensive	56	17.9%
Have dentures / No teeth	46	14.7%
Don't like going to dentist	44	14.1%
No insurance	41	13.1%
Too busy	32	10.3%
No need	29	9.3%
Insurance not accepted	17	5.4%
Lack of transportation	14	4.5%
Long wait for appointment	10	3.2%
Do not currently have a dentist	10	3.2%
Procrastination	8	2.6%
Previous bad experience at dentist	3	1.0%
Medical reasons for not seeing dentist	2	0.6%
Total	312	(n=312)
<i>Question: What is the MAIN reason you have not visited the dentist in the last year?</i>		





Seen Dentist in Past Year

How long has it been since you last visited a dentist or a dental clinic for a routine checkup? A routine checkup is a cleaning, x-rays, dentist evaluation, not a visit for a specific tooth condition.

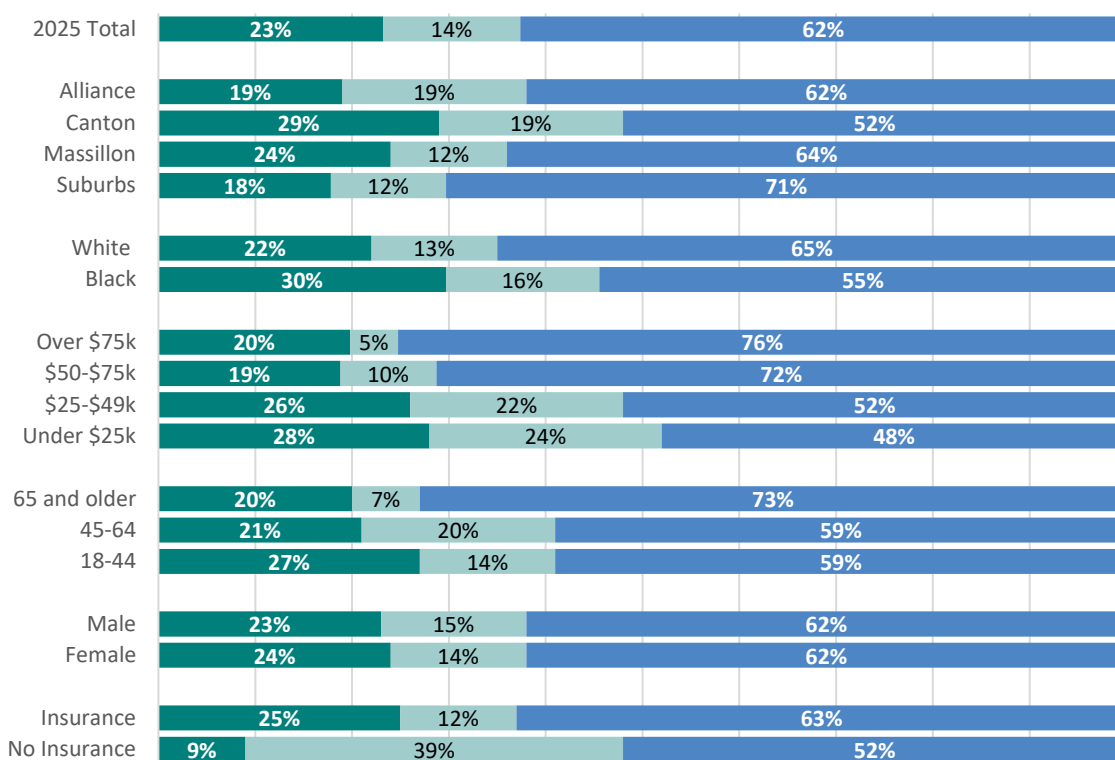




More than a third, 38%, reported they currently have dental issues that need to be addressed with 14% saying they had dental issues that needed addressed but were unable to get the care that they needed. Groups more likely to currently **have dental issues that need addressed but are unable to get the care they need** include those without a primary doctor, residents without health insurance, those who describe their overall health as fair or poor, respondents without reliable transportation or stable housing, households with someone with a disability, residents who have just enough to meet basic expenses or less, renters, non-straight residents, ages 45 to 64, respondents with a high school diploma or less education, unemployed residents, those with an annual income under \$50,000, respondents who are not married, residents of Alliance and Canton, and black respondents. The most common reasons for not being able to get the care they needed was the cost, their insurance was not accepted, and that they didn't have insurance coverage.

Have Dental Issues that Need Addressed

*Do you currently have any dental issues that need to be addressed?
If yes: Are you able to get the dental care that you need?*



■ Yes, and able to get care needed ■ Yes, but UNABLE to get care needed ■ No unresolved issues

Reason Unable to Get Dental Care Needed		
	# of Responses	% of Responses
Too expensive	61	56.5%
Insurance not accepted	18	16.7%
No dental insurance	15	13.9%
Transportation issues	6	5.6%
Poor quality care	3	2.8%
Can't find a dentist	3	2.8%
Can't get time off work / Can't find childcare	2	1.9%
	108	(n=108)
<i>Question: Why not?</i>		





SECONDARY DATA ANALYSIS

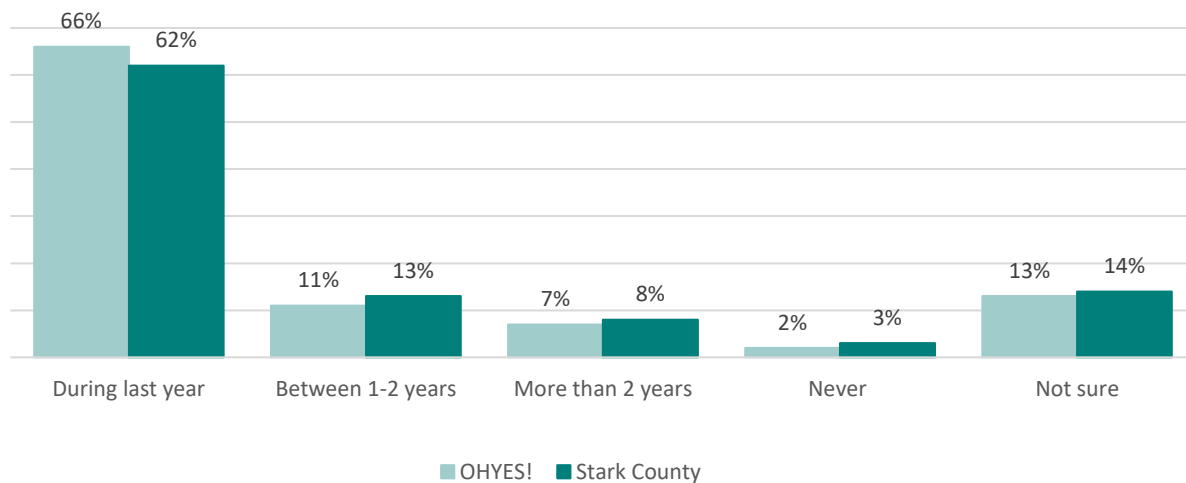
The ratio below represents the population per dentist in the county. In Ohio, there is 1 dentist for every 1,530 residents. The ratio in Stark County is slightly worse with 1 dentist for every 1,580 county residents. Over the past five years, the dentist ratio has slightly improved.

Population to Dentist Ratio						
	2018	2019	2020	2021	2022	Change
Stark County	1,590:1	1,540:1	1,550:1	1,570:1	1,580:1	-10:1
Ohio	1,610:1	1,560:1	1,570:1	1,550:1	1,530:1	-80:1
United States	1,450:1	1,400:1	1,400:1	1,380:1	1,360:1	-90:1

SOURCE: County Health Rankings, Original Source: Bureau of Health Workforce

Less than two-thirds of Stark County youth, 62%, reported seeing a dentist for a check-up, exam, teeth cleaning or other dental work in the past year while an additional 13% reported seeing a dentist in the past 1 to 2 years.

YOUTH: Recency of Last Visit to Dentist

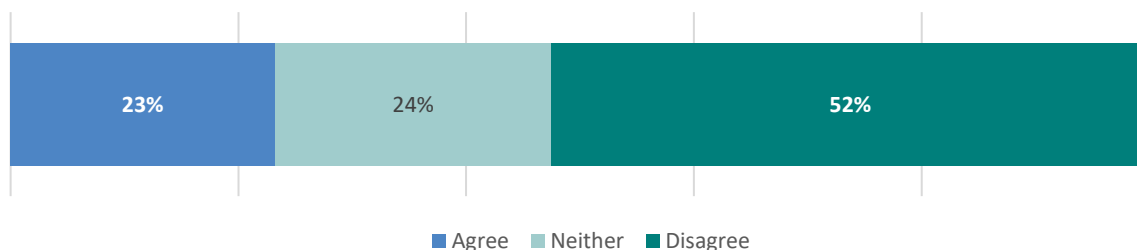


Source: OHYES! Report for Stark County, 2023-2024

COMMUNITY PARTNER SURVEY

Less than a quarter of community partners who were surveyed, 23.3%, agreed, "Residents in Stark County are able to access a dentist when needed,". Nearly more than half, 52.5%, disagreed with 13.3% strongly disagreeing.

Residents are able to access a dentist when needed





MENTAL HEALTH

COMMUNITY SURVEY

Summary: Mental Health						
		<i>Stark County</i>	<i>Alliance</i>	<i>Canton</i>	<i>Massillon</i>	<i>Black Residents</i>
Number of days in past month that MENTAL health was not good	Average number of days not well	7.16	8.27	9.43	6.08	8.39
	None	36.7%	31.4%	26.0%	39.5%	26.8%
	1-5	29.9%	30.1%	29.8%	32.2%	32.5%
	6-10	8.5%	10.9%	10.3%	7.4%	12.9%
	More than 11	24.8%	27.6%	27.6%	20.9%	27.8%
During past 12 months...	Felt sad or hopeless 2+ weeks	34.8%	37.8%	44.1%	28.1%	41.6%
	Ever seriously consider suicide	11.3%	14.7%	12.4%	8.5%	14.8%
Do you know someone who...	Has died by suicide	46.4%	51.3%	58.9%	49.4%	33.5%
	Has talked about thoughts of suicide	40.0%	41.0%	41.9%	37.8%	40.7%
	Has attempted suicide, but did not die	30.3%	28.2%	35.7%	24.9%	34.9%
Stress level on typical day	Low	36.3%	22.4%	30.0%	19.2%	29.2%
	Moderate	41.3%	42.9%	46.2%	41.9%	45.0%
	High	22.5%	34.6%	23.8%	38.9%	25.8%
Medical Professional Ever Diagnosed someone in household with. . .	Depression	40.0%	48.1%	47.3%	37.3%	38.8%
	Anxiety disorder such as OCD or panic	39.0%	42.9%	43.0%	35.7%	32.5%
	ADD/ADHD	22.4%	26.9%	23.8%	20.6%	18.7%
	Bipolar	15.1%	21.2%	20.8%	9.8%	15.8%
	Posttraumatic stress disorder	14.0%	13.5%	18.6%	12.1%	11.5%
	Alcohol/Substance Use disorder/Dependence	12.0%	16.0%	11.9%	8.7%	9.6%
	Seasonal affective disorder	6.5%	7.7%	5.1%	5.9%	3.3%
	Postpartum depression	6.3%	8.3%	5.9%	6.6%	8.1%
	Eating disorder	4.9%	3.8%	7.3%	3.2%	6.7%
	Schizophrenia	4.4%	3.8%	6.5%	2.7%	6.2%
	Developmental disability	3.5%	6.4%	5.7%	2.1%	3.8%
	Problem gambling	1.6%	1.3%	2.7%	0.7%	1.9%
Other mental health disorder	4.6%	2.6%	5.7%	3.2%	2.9%	
Social Connectiveness- How often see people care about	Less than once a week	19.5%	19.9%	25.7%	14.6%	21.1%
	1 to 2 times a week	26.0%	26.3%	28.1%	26.8%	30.1%
	3 to 5 times a week	23.8%	21.8%	22.4%	23.6%	27.8%
	More than 5 times a week	30.8%	32.1%	23.8%	35.0%	21.1%



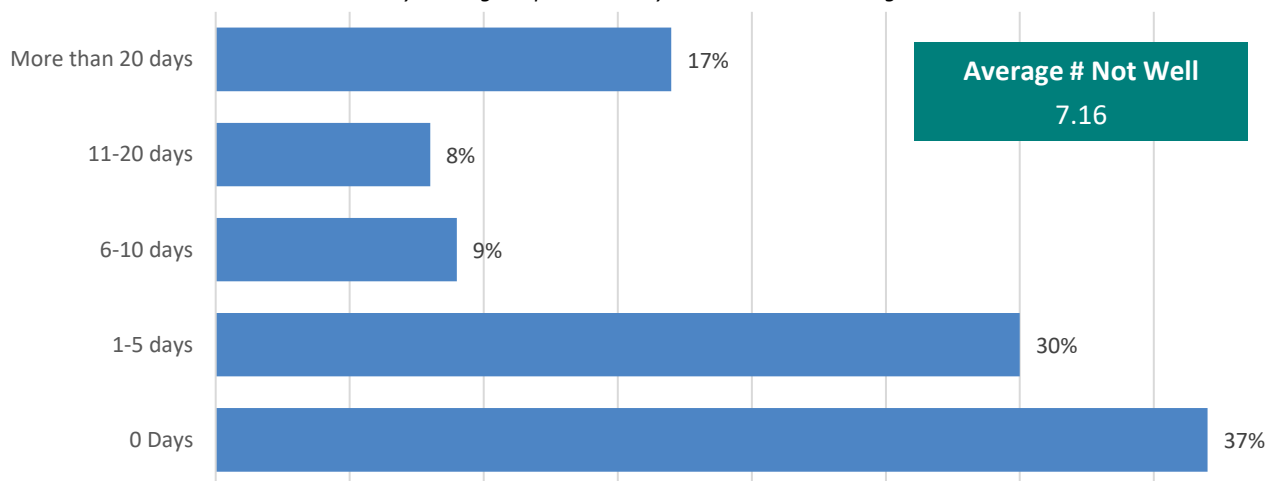


More than a third of respondents, 37%, reported they didn't have any days in the past 30 days in which their **mental health** was not good (which includes stress, depression, and problems with emotions) while fewer, 30%, reported that their mental health was not good one to five days in the past 30 days, followed by 9% reporting it was not good six to ten days in the past 30 days. Less than a tenth of respondents, 8%, indicated their mental health was not good 11-20 days in the past month. One-sixth of respondents, 17%, indicated that their mental health was not good for 20 or more days in the past month. The average number of days that residents were mentally not well was 7.16.

Groups more likely to have 11 or more **bad mental health days** in the past 30 days include females, residents with children in the home, respondents ages 18 to 44, those with some college or less education, unemployed residents, respondents with an annual income under \$50,000, black residents, those who are not married, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, those who have not exercised in past month, residents of Alliance and Canton, and residents without health insurance.

Number of Days Mental Health Not Good Last Month

*Thinking about your **mental health**, which includes stress, depression and problems with emotions, for how many days during the past 30 was your mental health not good?*

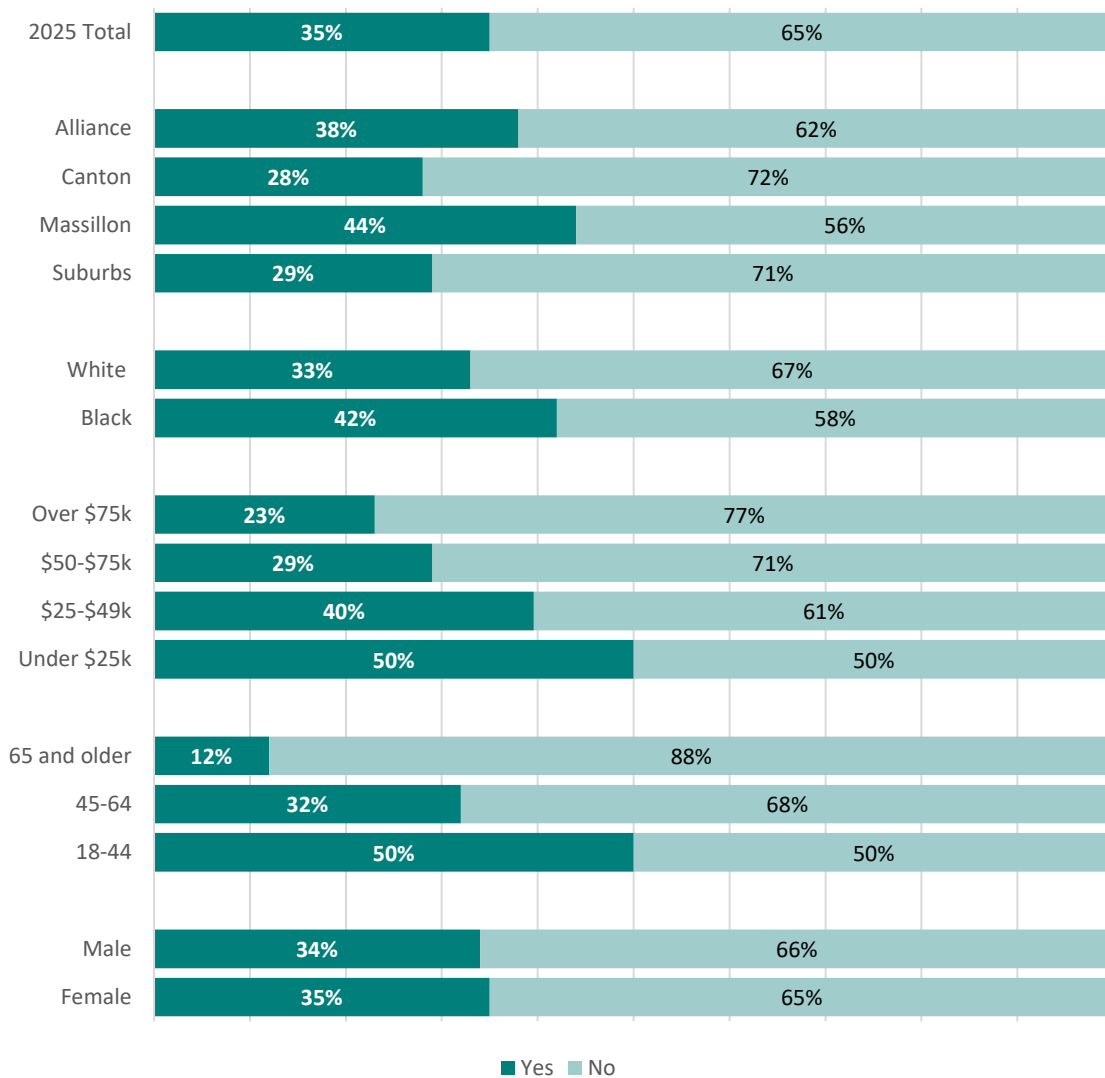




More than a third of residents, 35%, *felt so sad or hopeless for two or more weeks that they stopped doing some usual activities* in the past 12 months. Groups of respondents more likely to have felt sad or hopeless for two weeks or more in a row include residents with children in the home, respondents ages 18 to 44, those with some college or less education, unemployed residents, respondents with an annual income under \$50,000 (especially with an income under \$25,000), those who are not married, black residents, renters, non-straight respondents, those without reliable transportation or stable housing, households with someone with a disability, residents of Alliance and Canton and residents without health insurance.

Felt Sad or Helpless for Two+ Weeks

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

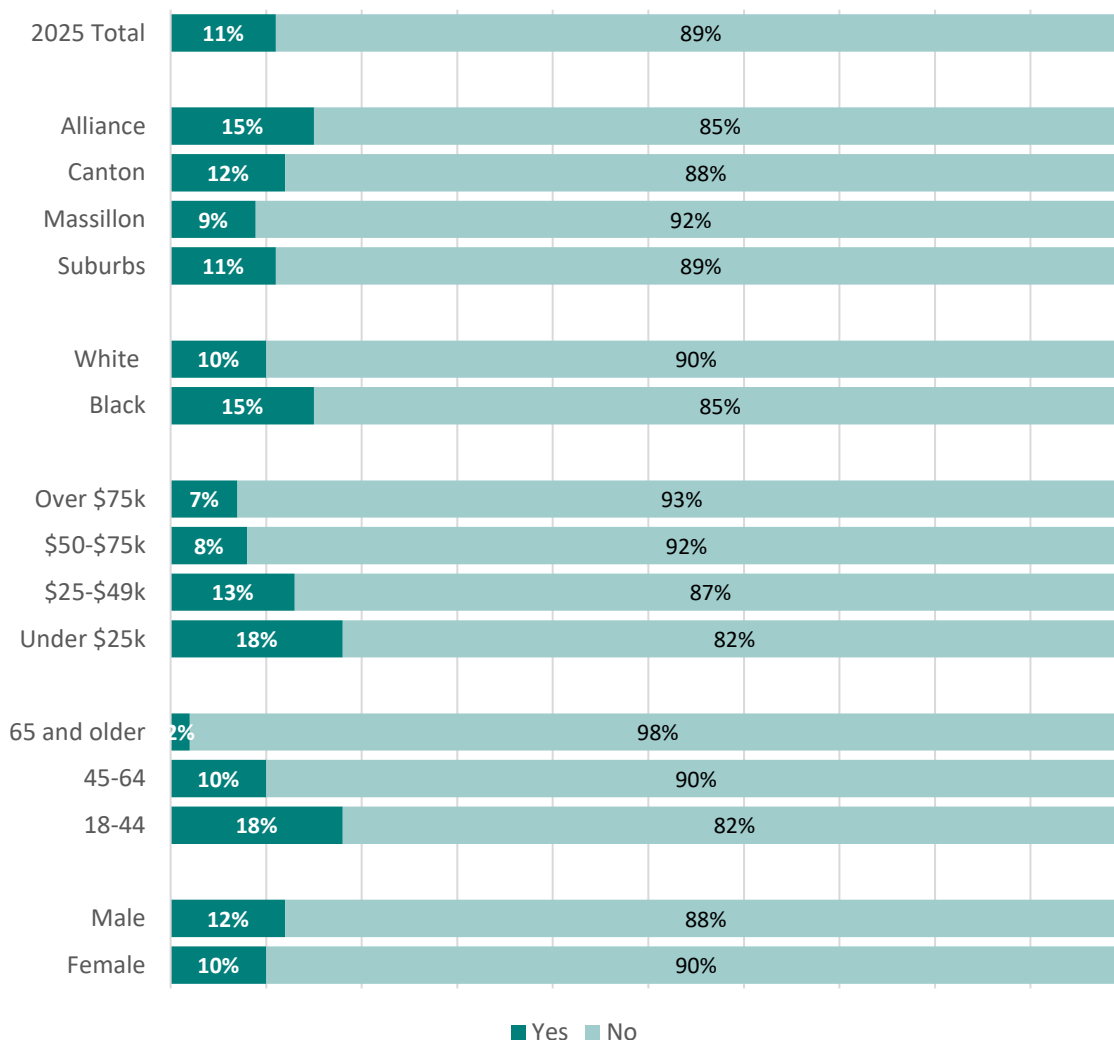




More than a tenth of respondents, 9.5%, indicated having *seriously considered suicide*. Groups of respondents more likely to have seriously considered suicide include residents with children in the home, respondents ages 18 to 44, those with some college or less education, unemployed residents, respondents with an annual income under \$25,000, those who are not married, renters, non-straight residents, black respondents, those without reliable transportation or stable housing, and households with someone with a disability.

Seriously Considered Suicide

During the past 12 months, did you ever seriously consider attempting suicide?



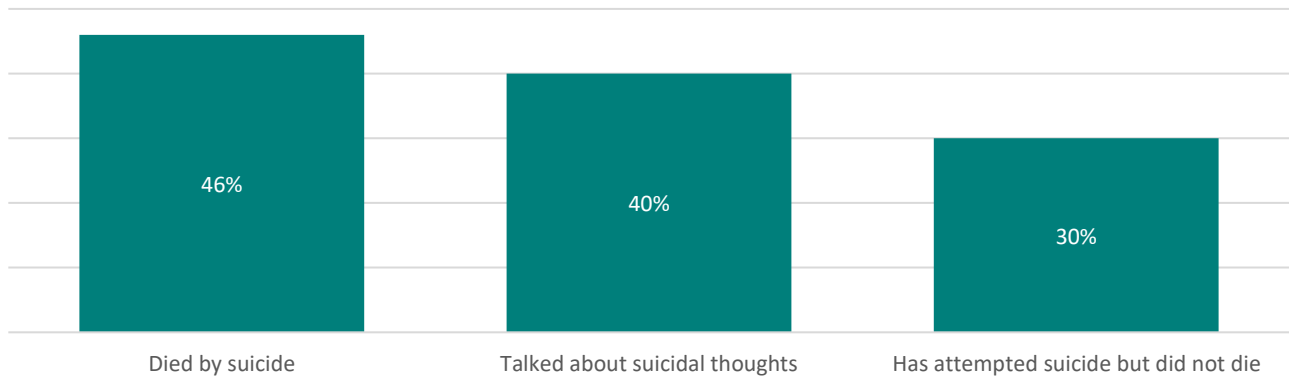


Nearly half of respondents, 46%, reported knowing someone who has *died by suicide*. Groups of respondents more likely to know someone who has died by suicide include residents without reliable transportation or stable housing, households with someone with a disability, those from Massillon or Alliance, and respondents who don't have enough to meet basic expenses.

Fewer respondents, 40%, reported knowing someone who has *talked about thoughts of suicide*. Groups of respondents more likely to know someone who has talked about suicidal thoughts include residents with children in the home, respondents ages 18 to 64 (especially ages 18 to 44), those with some college education, residents who are not retired, respondents with an annual income under \$50,000, those who are not married or widowed, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, respondents who don't have enough to meet basic expenses, and those without health insurance.

Less than a third, 30%, reported knowing someone who has *attempted suicide, but did not die*. Groups of respondents more likely to know someone who has attempted suicide but did not die include residents with children in the home, respondents ages 18 to 44, those with some college education, residents who are not retired, respondents with an annual income under \$50,000, those who are not married or widowed, black residents, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, respondents who don't have enough to meet basic expenses, Canton residents, and those without health insurance.

Know Someone Who.

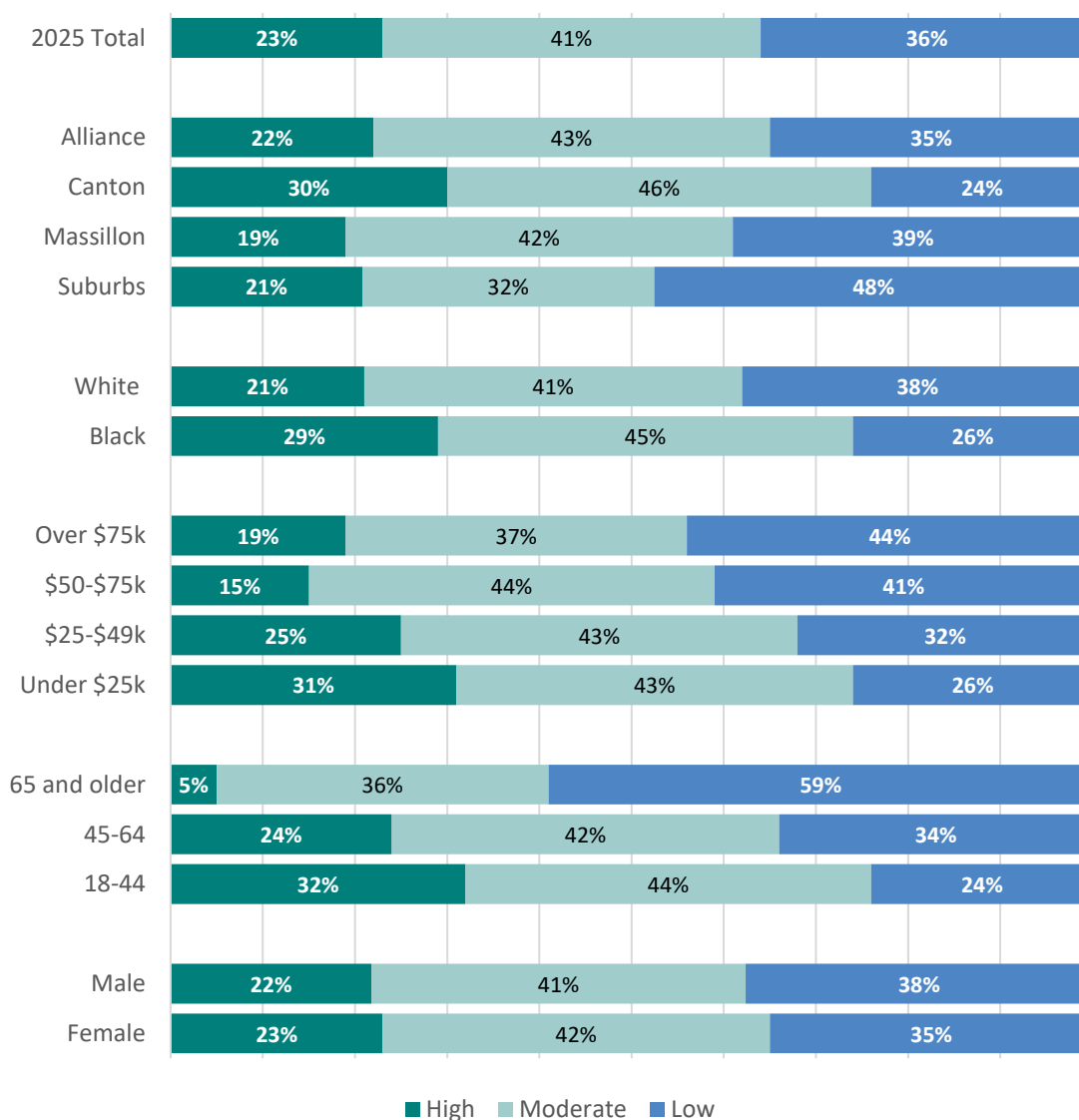




Nearly a quarter of residents, 23%, reported having a high stress level on a typical day (16% high and 6% very high) while another 41% said that their daily stress level was moderate. More than a third of residents, 36%, reported having a low stress level on a typical day (27% low and 9% very low). Groups of residents more likely to have a **high** level of stress include residents with children in the home, respondents ages 18 to 44, those who are unemployed or employed part-time, residents with an annual income under \$25,000, respondents who are single or living with a partner, black residents, renters, non-straight respondents, those who don't have reliable transportation or stable housing, households with someone with a disability, residents who don't have enough to meet basic expenses, respondents without health insurance, residents of Canton, and those who rate their overall health as poor.

Stress Level on Typical Day

On a typical day, how would you rate your stress level?

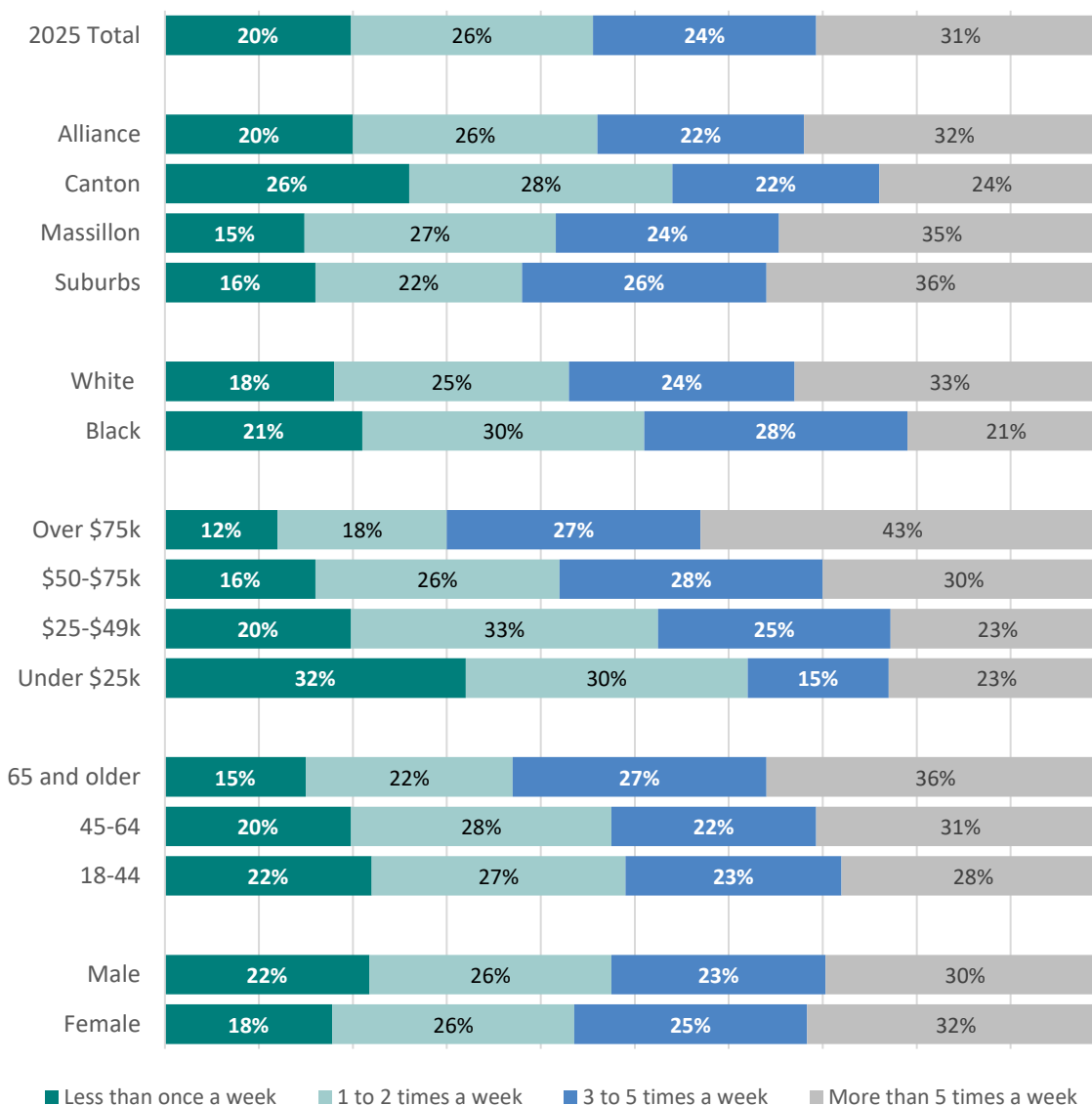




All respondents were next asked how often they see or talk to people they care about or feel close to. Nearly a third of residents, 31%, see or talk to someone they care about **more than 5 times a week** while an additional 24% see people they care about **3 to 5 times a week**. More than a quarter, 26%, only see or talk to someone they care about **once or twice a week**. A fifth of residents, 20%, said that see or talk to people **less than once a week**. Groups of respondents more likely to report seeing or talking to people they care about **less than once a week** include residents with a high school diploma or less education, unemployed respondents, those with an annual income under \$25,000, residents who are not married, renters, non-straight residents, those without reliable transportation or stable housing, households with someone with a disability, black residents, respondents who don't have enough to meet basic expenses, Canton residents, and those who rate their overall health as fair or poor.

Social Connectiveness

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

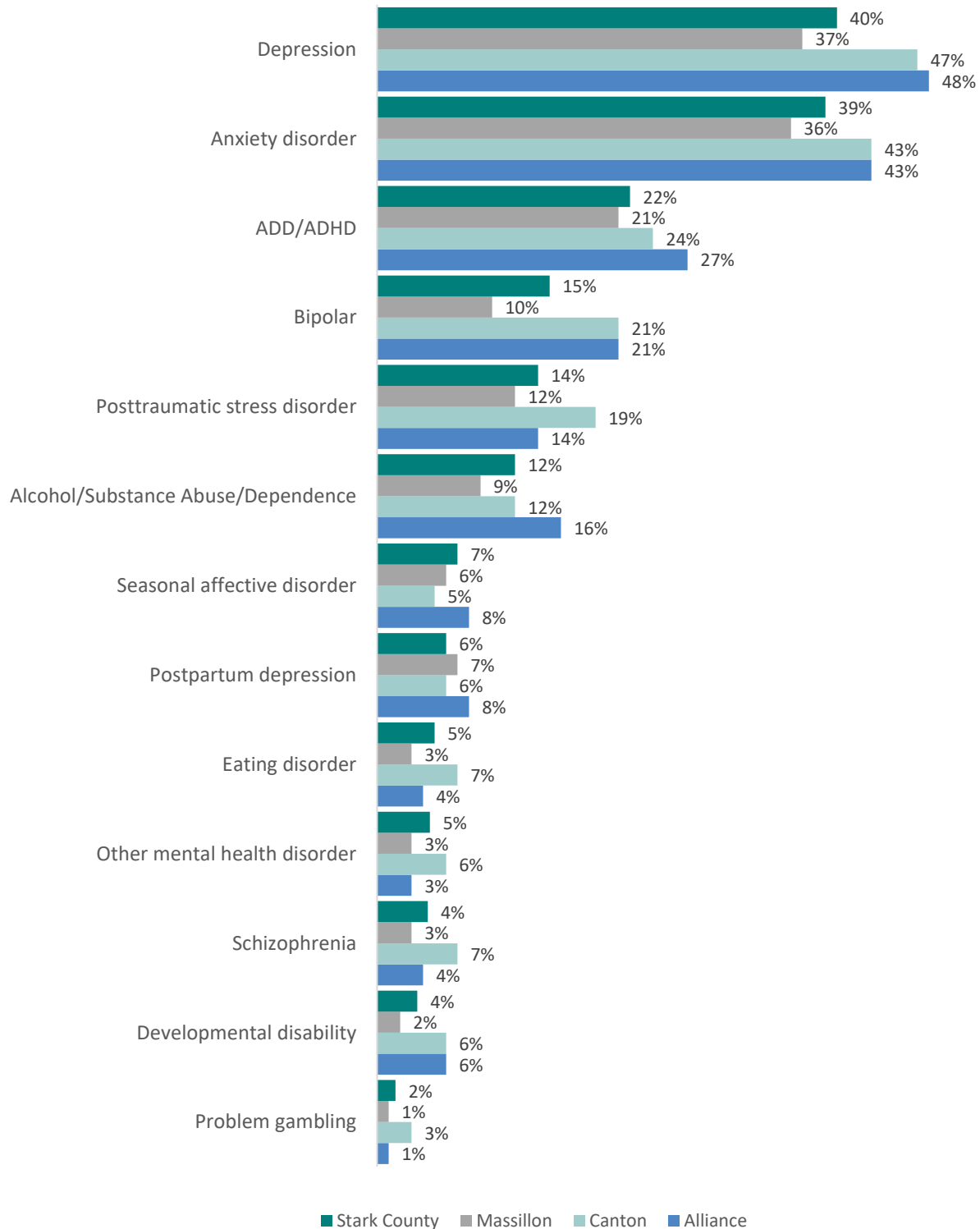




Next, all residents were given a list of thirteen different mental health conditions and asked if they or any member of their immediate family had ever been diagnosed with each. Each condition is discussed in more detail below.

Resident/Household Member Diagnosed With. . .

Has a doctor or other health professional EVER diagnosed you or someone in your household with any of the following mental or behavioral health issues:





Depression - Less than half of respondents or someone in their household, 40%, have been diagnosed with depression. Groups more likely to have been diagnosed or had someone in their household diagnosed with depression include females, residents with children in the home, respondents ages 18 to 44, those with some college or less education, unemployed residents, respondents with an annual income under \$50,000, those who are divorced or living with a partner, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, those who have just enough to meet basic expenses or less, overweight residents, white respondents, Alliance and Canton residents, and respondents who rate their overall health as fair or poor.

Anxiety Disorder such as OCD or Panic Disorder - More than a third respondents, 39%, have been diagnosed with an anxiety disorder such as Obsessive-Compulsive Disorder (OCD) or Panic Disorder or someone in their household has been diagnosed. Groups of residents more likely to have been diagnosed or have someone in their household diagnosed with an anxiety disorder include females, residents with children in the home, respondents ages 18 to 44, unemployed residents, respondents with an annual income under \$25,000, those who are divorced or living with a partner, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, those who have just enough to meet basic expenses or less, white respondents, and respondents who rate their overall health as fair or poor.

ADD/ADHD - Nearly a quarter of respondents, 22%, have been diagnosed with attention deficit disorder or ADD/ADHD, or have someone in their household who has been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with ADD or ADHD include residents with children in the home, respondents ages 18 to 44, residents who are unemployed or employed full-time, those who are living with a partner, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, those who do not have enough to meet basic expenses, white respondents, and respondents who rate their overall health as poor.

Bipolar - Less than one-sixth respondents, 15%, have been diagnosed with bipolar or have someone in their household who has been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with bipolar include respondents ages 18 to 44, those with a high school diploma or less education, unemployed residents, respondents with an annual income under \$25,000, those who are not married or widowed, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, those who do not have enough to meet basic expenses, Alliance and Canton residents, and respondents who rate their overall health as fair or poor.

Posttraumatic Stress Disorder - Slightly fewer, 14%, have been diagnosed or had someone in their household with posttraumatic stress disorder or PTSD. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with PTSD include females, residents with children in the home, respondents ages 18 to 64, unemployed residents, respondents with an annual income under \$25,000, those who are divorced or living with a partner, renters, non-straight residents, respondents without reliable transportation or stable housing, households with someone with a disability, those who do not have enough to meet basic expenses, Canton residents, and respondents who rate their overall health as fair or poor.

Alcohol/Substance Use Disorder Dependence - More than a tenth, 12%, have been diagnosed with alcohol/substance use disorder dependence or have someone in their household who has been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with alcohol/substance use disorder dependence include respondents ages 18 to 64, those with some college or less education, unemployed residents, respondents with an annual income under \$25,000, those who are divorced or living with a partner, renters,





respondents without reliable transportation or stable housing, households with someone with a disability, those who do not have enough to meet basic expenses, Alliance residents, and respondents who rate their overall health as fair or poor.

Seasonal Affective Disorder - Less than a tenth of respondents, 7%, have been diagnosed with seasonal affective disorder or have someone in their household who had been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with seasonal affective disorder include college graduates, households with someone with a disability, and white respondents.

Postpartum Depression - Even fewer respondents, 6%, have been diagnosed with postpartum depression or have someone in their household who has been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with postpartum depression include respondents ages 18 to 44, unemployed residents or homemakers, renters, non-straight residents, and those with health insurance.

Eating Disorder - Similarly, 5%, have been diagnosed with an eating disorder or have someone in their household member who has been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with an eating disorder include females, respondents ages 18 to 44, unemployed residents, those living with a partner, renters, non-straight residents, respondents without stable housing, Canton residents, and households with someone with a disability.

Schizophrenia - Slightly fewer, 4%, have been diagnosed with schizophrenia or have someone in their household who has been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with schizophrenia include residents without children in the home, respondents ages 18 to 44, those with some college or less education, unemployed residents, respondents with an annual income under \$25,000, those who are widowed or divorced, renters, respondents without reliable transportation or stable housing, households with someone with a disability, those who have just enough to meet basic expenses or less, Canton residents, and respondents who rate their overall health as poor.

Developmental Disability - Similarly, 4%, have been diagnosed with a developmental disability or have someone in their household who has been diagnosed. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with a developmental disability include respondents ages 18 to 64, unemployed residents, respondents with an annual income under \$50,000, renters, households with someone with a disability, those who do not have enough to meet basic expenses, and Alliance and Canton residents.

Problem Gambling - Fewer respondents, 2%, have a problem gambling or someone in their household with this problem. Groups of residents more likely to have been diagnosed or had someone in their household diagnosed with problem gambling include respondents ages 18 to 44, those with some college or less education, unemployed residents, those who are widowed or divorced, renters, and respondents without stable housing.

Other Mental Health Disorder - A small percentage of respondents, 5%, have another mental health disorder that was not listed.





OLDER ADULT AND RURAL RESIDENT FOCUS GROUPS

There was agreement in both groups that **stress is up** and access to mental health care is hard: long waits, unclear entry points, stigma. Seniors emphasized **loneliness**, caregiver burnout, and the value of counseling/check-ins; rural residents emphasized **system capacity** (closed/limited beds), crises routed to **jail**, and the difficulty finding a clinician who “fits.” Both suggested **broader literacy** outside social services (schools, courts, faith/community leaders).

Rural Focus Group Key Themes:

- **Access & continuity.** Long waits (“months to get in”), unclear entry points (therapist vs. prescriber), and drop-off in follow-through were all mentioned.
- **System capacity.** Fewer/closed facilities and limited overnight/stabilization options; people in crisis often routed to **jail** for short stays and released without a care plan.
- **Stigma & fit.** Fear of judgment, clinician “pill-pushing” concerns, and the challenge of finding a therapist who matches culture/age/specific needs.
- **Education ideas.** Train beyond social services (schools, justice system, judges) to recognize and respond to mental-health and trauma indicators.

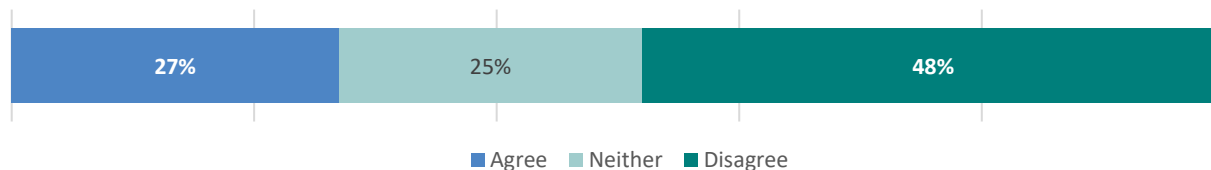
Older Residents Focus Group Key Themes:

- **Loneliness & stigma:** Isolation is common; stigma is a big issue with this age group and still suppresses older adults from seeking help with their mental health.
- **Caregiver strain:** Spouses and adult children value counseling and case-management check-ins; several shared how therapy helped them cope and prevent escalation.
- **Normalization:** Families making mental health “ordinary” (talking in their own words) reported better engagement.

COMMUNITY PARTNER SURVEY

More than a quarter of community partners, 26.9%, agreed that “Residents are able to access mental and behavioral health providers in the area.” Nearly half, 47.9%, disagreed with this statement with 9.2% strongly disagreeing.

There are enough mental and behavioral health providers in area





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 Ohio, there is 1 Mental Health Provider for every 290 residents. The ratio in Stark County is just a little better with 1 Mental Health Provider for every 270 county residents.

Population to Mental Health Providers Ratio						
	2020	2021	2022	2023	2024	Change
Stark County	340:1	320:1	310:1	290:1	270:1	-70:1
Ohio	380:1	350:1	330:1	310:1	290:1	-90:1
United States	380:1	350:1	340:1	320:1	300:1	-80:1

SOURCE: County Health Rankings, Original Source: National Center for Health Statistics

The number of suicide deaths in Stark County has decreased by 33% over the past 5 years. In Ohio, the number of suicide death has also declined slightly over the same period.

Number of Suicides by Year						
	2019	2020	2021	2022	2023	% Change
Stark County	73	52	74	52	49	-32.9%
Ohio	1,812	1,645	1,765	1,795	1,789	-1.3%

SOURCE: Ohio Department of Health, Data Warehouse, Mortality report

Poor mental health days are 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 indicates the average number of days a county’s adult residents report that their mental health was not good. The average number of poor mental health days in Stark County was 5.8, slightly less than Ohio, 6.1, and higher than 2018, 5.0.

Average Number of Poor Mental Health Days in Past 30 Days						
	2018	2019	2020	2021	2022	Change
Stark County	5.0	5.3	5.5	4.9	5.8	+0.8
Ohio	4.8	5.2	5.0	5.5	6.1	+1.3
United States	4.1	4.5	4.4	4.8	5.1	+1.0

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

In 2022, the most common behavioral health diagnosis for all ages was depressive disorders. For youth, the most common diagnosis was adjustment disorders.

Primary BH Diagnosis Information (Publicly Funded; SFY 2022, unique BH client count)							
	ADHD & other Conduct, Disruptive Disorders	Adjustment Disorders	Anxiety Disorders	Bipolar Disorders	Depressive Disorders	All other Mood Disorders	Schizophrenia & Other Psychotic Disorders
All ages	1,112	3,546	2,425	1,905	4,273	762	1,100
Youth <18	927	1,833	971	NA	1,026	337	NA

NA= Counts suppressed for cells fewer than 50, SOURCE: OhioMHAS County Profiles- Stark County, 2023-2025 ADAMH Community Plan, March 2024

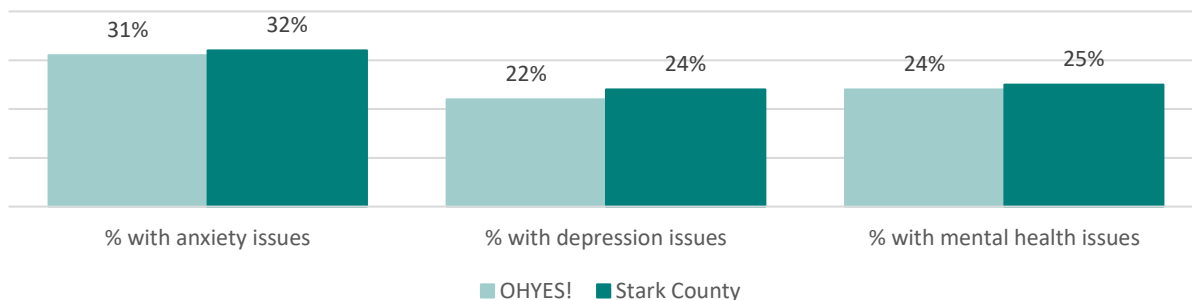




On the OHYES! Youth Survey, subscales were used to assess anxiety and depression. Participants answered two questions on anxiety (Feeling nervous, anxious or on edge; Not being able to stop or control worrying) and two questions on depression (Feeling down, depressed or hopeless; Little interest or pleasure in doing things) with responses that ranged from “Not at all” to “Nearly every day.” To create the subscales, each response was given a numerical value and the participant’s responses for the two questions were summed up (score range, 0 to 6). A score of three or greater was considered positive for screening purposes.

Responses from the two questions on anxiety and the two questions on depression were assigned values and combined for each participant (score range, 0 to 12). A score of 6 or greater (defined as moderate or severe) was considered positive for screening purposes when considering the total score across anxiety and depression. In Stark County, 32% met the criteria for anxiety issues warranting further exploration by a mental health professional, 24% met the criteria for depression issues and 25% met the criteria for mental health issues.

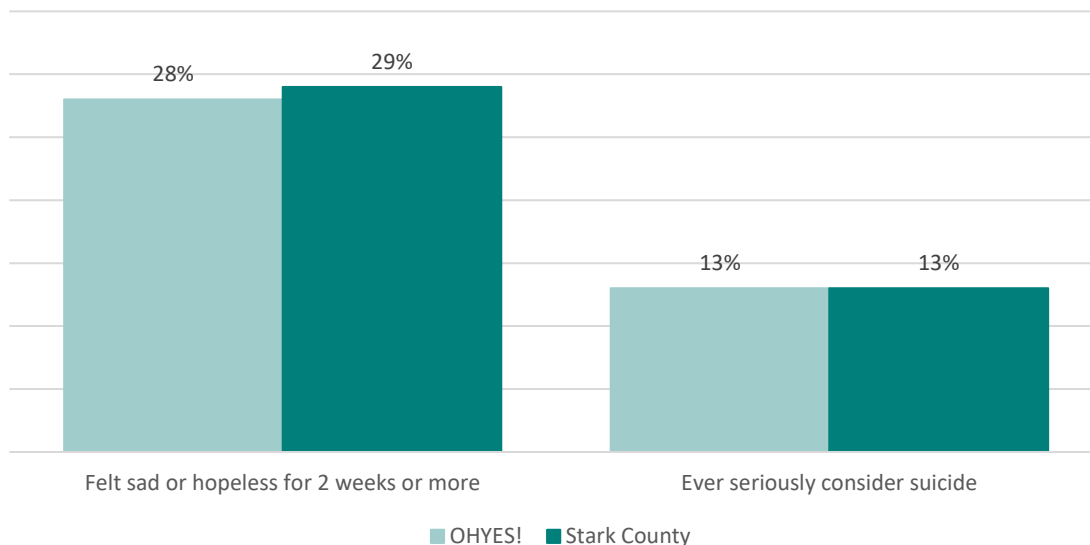
YOUTH: Patient Health Questionnaire for Psychological Distress



Source: OHYES! Report for Stark County, 2023-2024

In Stark County, less than a third, 29%, of youth reported that they felt sad or hopeless almost every day for two weeks in a row or more that they stopped doing some usual activities during the past year. More than a tenth, 13%, indicated that they seriously considered attempting suicide in the past year.

YOUTH: Suicide Questions (past 12 months)



Source: OHYES! Report for Stark County, 2023-2024





SMOKING/TOBACCO USE

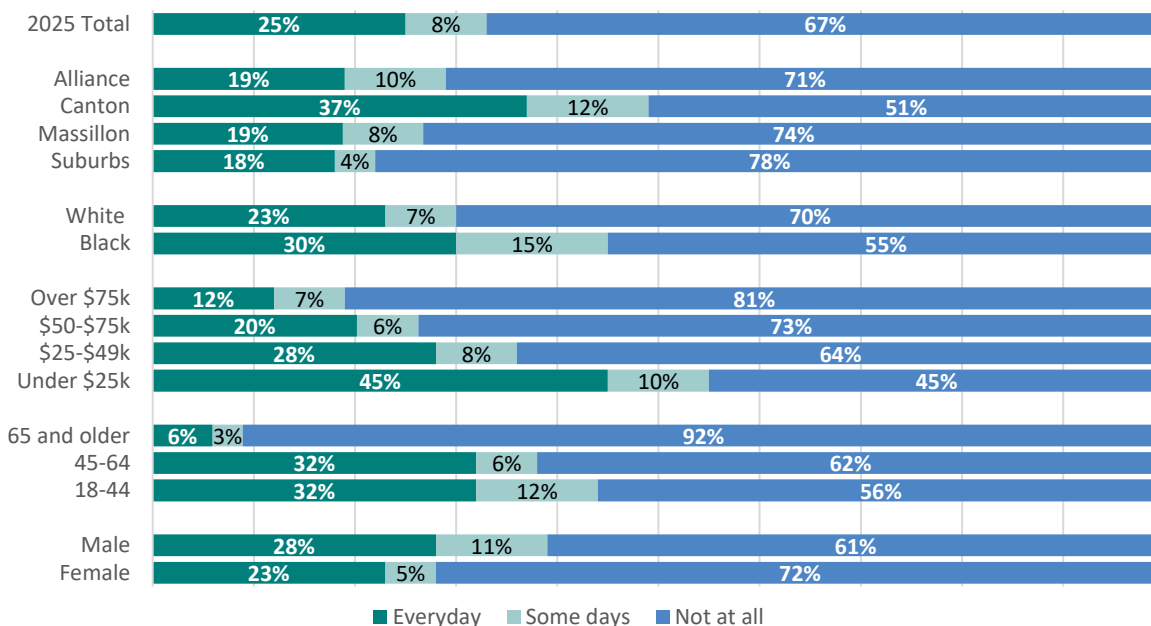
COMMUNITY SURVEY

Summary: Smoking and Tobacco Use		Stark County	Alliance	Canton	Massillon	Black Residents
Tobacco usage	Everyday	25.4%	19.2%	36.5%	18.5%	29.7%
	Some days	7.8%	9.6%	12.2%	7.6%	15.3%
	Not at all	66.9%	71.2%	51.4%	73.9%	55.0%
Electronic Cigarette/ Vape Usage	Everyday	13.8%	12.2%	19.2%	8.0%	13.9%
	Some days	7.8%	8.3%	12.7%	6.2%	14.4%
	Not at all	78.5%	79.5%	68.1%	85.8%	71.8%
Trying or willing to quit smoking (of tobacco users)	Yes, and have resources needed	32.5%	25.0%	31.5%	41.5%	35.3%
	Yes, but don't have resources needed	17.4%	30.4%	18.3%	12.3%	27.5%
	No	50.0%	44.6%	50.3%	46.2%	37.3%

A quarter of respondents, 25%, indicated they currently smoke cigarettes, cigars, chewing tobacco, or use other tobacco **every day**, while 8% indicated they smoke cigarettes or use tobacco less frequently or only **some days**. The remaining portion, 67% indicated **not at all**. Groups more likely to smoke or use tobacco include males, respondents without a primary doctor, residents without health insurance, those who describe their overall health as fair or poor, respondents who haven't exercised in the past month, residents with children in the home, those without reliable transportation or stable housing, households with someone with a disability, respondents who have just enough to meet basic expenses or less, renters, residents ages 18 to 44, those with a high school diploma or less education, respondents who are unemployed or employed part-time, residents with an annual income under \$25,000, those who are not married or widowed, Canton residents, and black respondents.

Tobacco Use

Do you currently smoke cigarettes, cigars, chewing tobacco, or use other tobacco products every day, some days, or not at all?

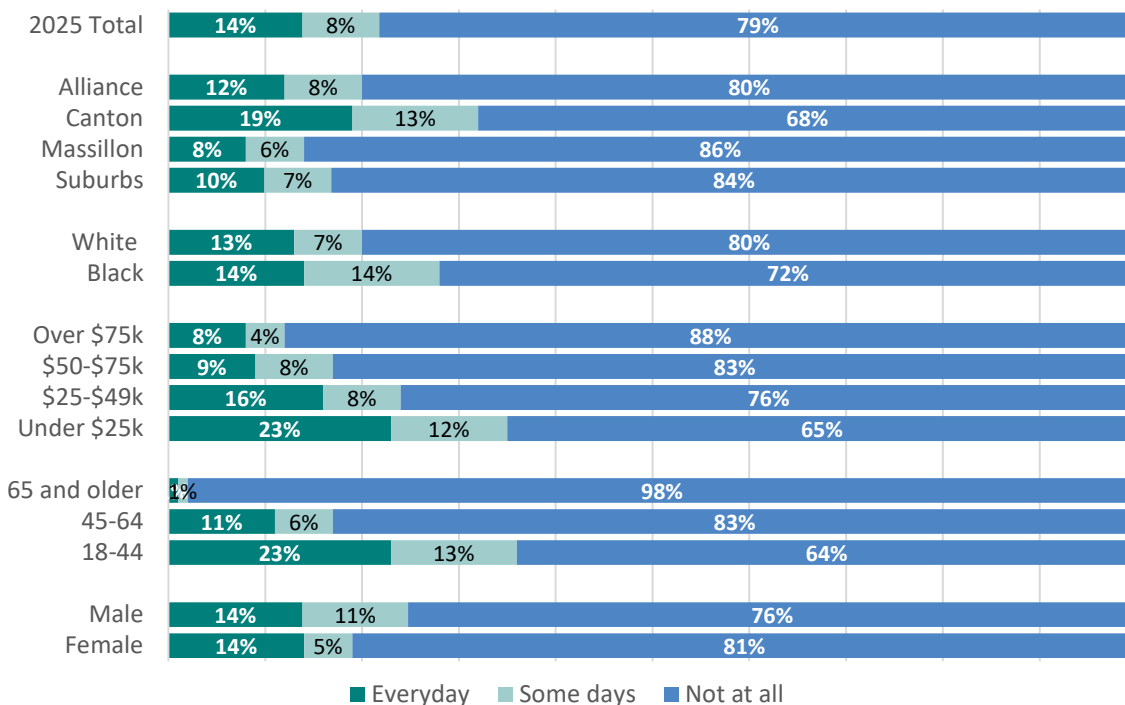




More than a tenth, 14% of respondents indicated they currently smoke e-cigarettes or vape **every day**. While less, 8% indicated using e-cigarettes or vaping **some days**, and the majority or 79% indicated **not at all**. Groups of residents that were more likely to smoke e-cigarettes or vape include males, respondents without a primary doctor, residents who describe their overall health as fair or poor, those without reliable transportation or stable housing, respondents who have just enough to meet basic expenses or less, renters, non-straight residents, those ages 18 to 44, respondents with a high school diploma or less education, those who are unemployed or employed part-time, residents with an annual income under \$25,000, respondents who are single or living with a partner, Canton residents, and black respondents.

E-Cigarette Use

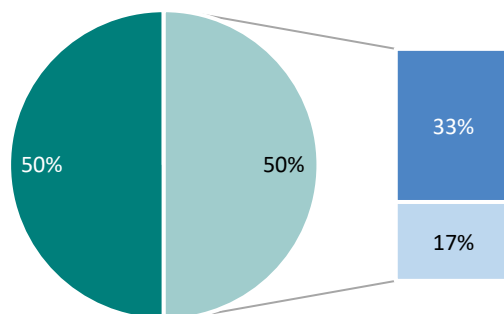
Do you currently use electronic cigarettes, e-cigarettes, or vape every day, some days, or not at all?



Half of those who currently use tobacco or vape, 50%, are trying to quit or willing to try to quit. Of those trying or willing to quit, 65% feel that they have the resources they need to help them quit (33% of current tobacco users) while 35% indicated that they do NOT have the resources they need to quit (17% of current tobacco users).

Trying to Quit and Have Resources Needed

Are you trying to quit or willing to quit smoking? IF YES: Do you have the resources you need to help you quit?



■ No ■ Yes, and have resources needed ■ Yes, don't have needed resources



**SECONDARY DATA ANALYSIS**

Adult smoking prevalence is the estimated percent of the adult population that currently smokes every day or “most days” and has smoked at least 100 cigarettes in their lifetime. The percentage of adults who smoke in the county is slightly lower than the state average but significantly higher than the country average; 17% in the county compared to 18% in Ohio and 13% in the United States.

Adult Smoking						
	2018	2019	2020	2021	2022	Change
Stark County	24%	23%	22%	21%	17%	-7%
Ohio	21%	22%	20%	19%	18%	-3%
United States	17%	16%	16%	15%	13%	-4%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

A small percentage of youth in Stark County, 5.5%, reported using cigarettes, cigars, chewing tobacco, snuff or dip on one or more of the past 30 days. This was nearly the same as the state average of 5.4%.

Tobacco Use- Last 30 days				
	Smoke all or part of cigarette	Chewing tobacco	Smoke cigars	Combined Use
Stark County	2.6%	2.1%	3.8%	5.5%
OHYES!	3.2%	2.4%	3.1%	5.4%

SOURCE: OHYES! Report for Stark County, 2023-2024





ALCOHOL AND SUBSTANCE USE DISORDER

COMMUNITY SURVEY

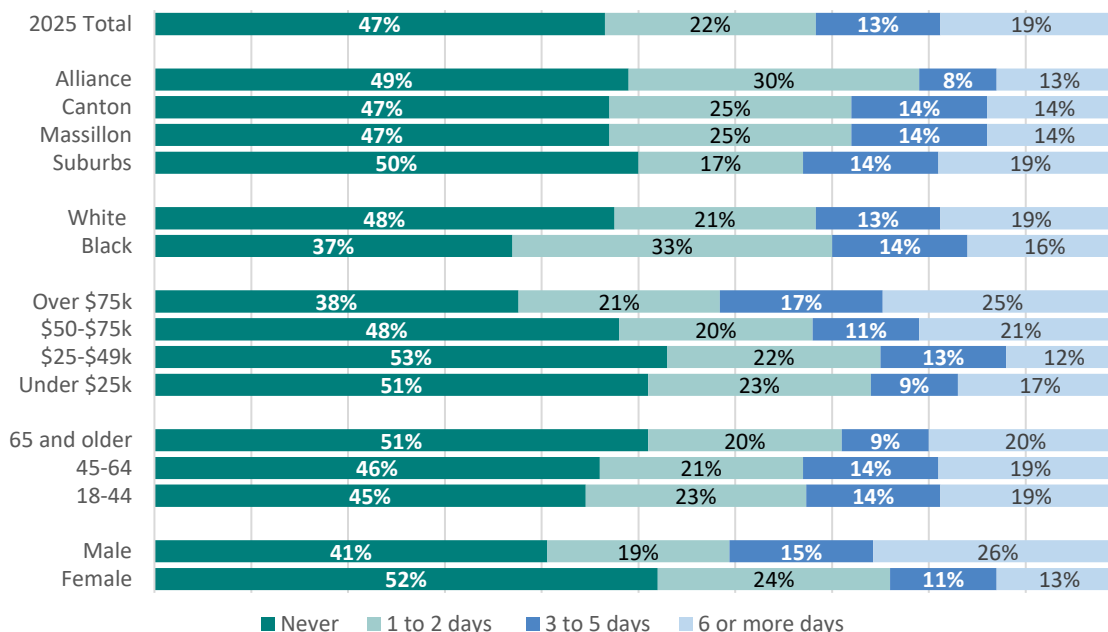
Summary: Alcohol Use						
		Stark County	Alliance	Canton	Massillon	Black Residents
Alcohol consumption	Never	46.8%	48.7%	46.5%	45.5%	37.3%
	1-2 days	21.5%	30.1%	25.1%	22.2%	32.5%
	3-5 days	12.8%	8.3%	13.5%	12.1%	13.9%
	6-10 days	6.4%	3.2%	3.2%	8.2%	4.3%
	10 days or more	12.6%	9.6%	11.6%	11.9%	12.0%
# of days had 5+ drinks past month (men)	None	68.0%	65.0%	58.1%	74.2%	46.3%
	1	10.3%	20.0%	15.4%	6.2%	19.4%
	2 or more	21.7%	15.0%	26.5%	19.7%	34.3%
# of days had 4+ drinks past month (women)	None	80.0%	79.2%	68.2%	82.6%	61.0%
	1	11.4%	16.7%	16.3%	10.1%	22.7%
	2 or more	8.6%	4.2%	15.5%	7.4%	16.3%
Driven after drinking alcohol in past month		10.1%	7.1%	11.4%	10.3%	14.8%

During the last 30 days, nearly half of respondents, 47%, reported NEVER having at least one drink of any alcoholic beverage. Nearly a quarter, 22%, reported drinking alcoholic beverages on just one or two days in the past month while another 13% reporting drinking 3 to 5 days. About one in twenty residents, 56%, reporting drinking 6 to 10 days and 13% reported drinking 10 or more days. Groups of residents more likely to drink alcoholic beverages 6 or more days a month include males, households without someone with a disability, respondents who live comfortably, college graduates, residents who are employed full-time, those with an annual income over \$75,000, married respondents, suburban residents, and white respondents.

Alcohol Use in Past 30 Days

During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

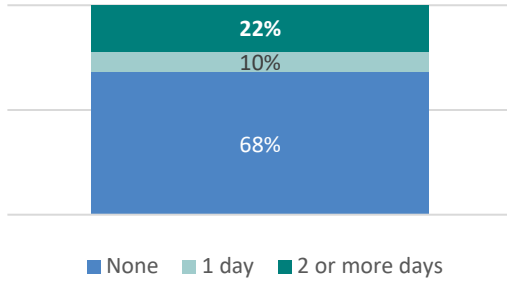
Never, 1-2 Days, 3-5 Days, 6-10 days, 10 Days or more



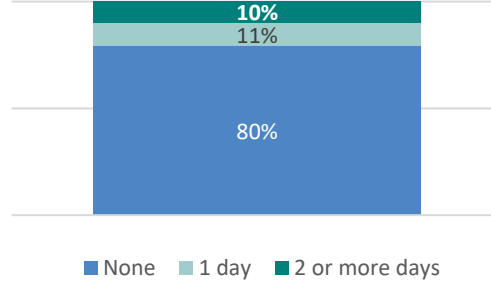


All men were asked how many days during the past month they had five or more alcoholic drinks on an occasion. Women were asked about how many days they had four or more alcoholic drinks on an occasion. For males, two-thirds, 68%, did not drink five or more alcoholic drinks at all while 10% binged one time. The remaining 22% of males drank five or more drinks on one occasion two or more times in the past month. For females, more than three quarters, 80%, did not drink four or more alcoholic drinks at all while 11% binged one time. The remaining 10% of females drank four or more drinks on one occasion two or more times in the past month.

**# Of Days Had 5+ Drinks
Past Month (Men)**



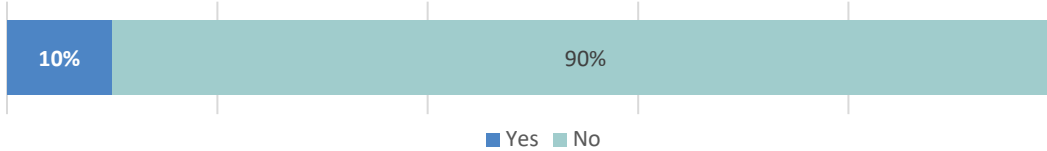
**# Of Days Had 4+ Drinks
Past Month (Women)**



One in ten respondents, 10%, reported driving after drinking any alcoholic beverages during the past month. Groups of residents more likely to report driving after drinking include households without someone with a disability, respondents who live comfortably, residents with an annual income over \$50,000, and black respondents.

Drove after Drinking Alcohol in Past Month

During the past month, have you ever driven after drinking any alcoholic beverages?



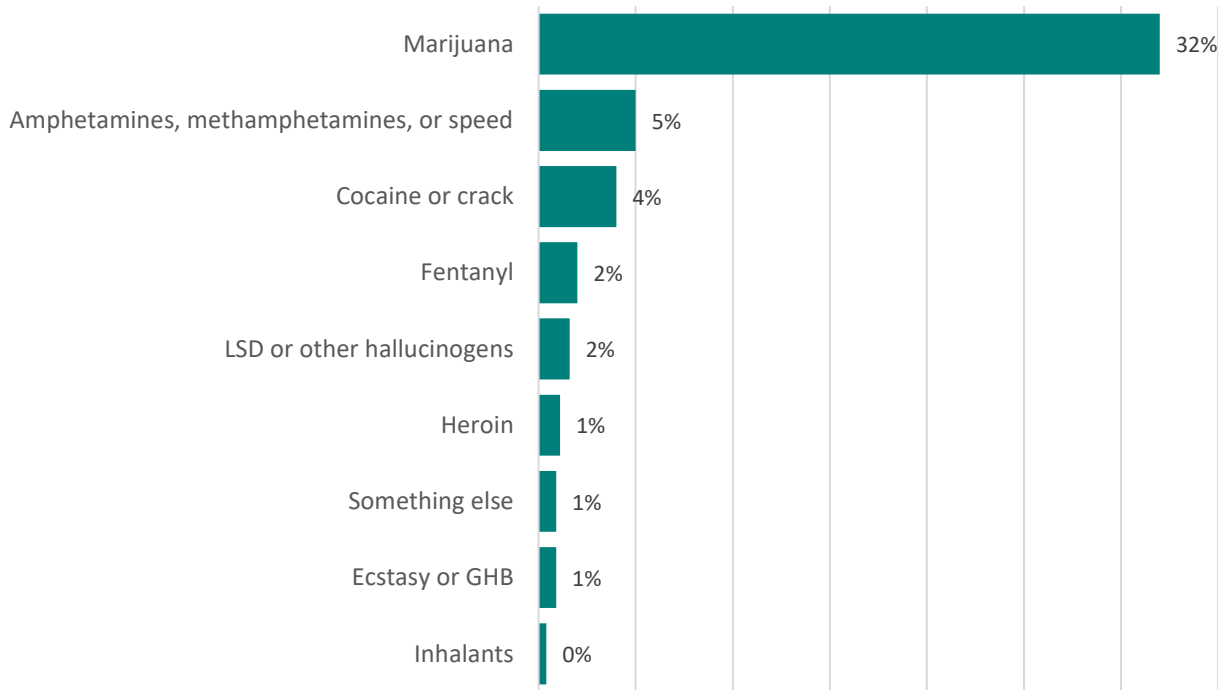
Summary: Substance Use						
		Stark County	Alliance	Canton	Massillon	Black Residents
During the last 6 month, anyone in household use. . .	Marijuana	32.0%	31.4%	43.8%	24.0%	43.1%
	Amphetamines, meth, or speed	5.4%	6.4%	4.6%	3.9%	4.3%
	Cocaine or crack	3.5%	1.9%	5.7%	1.6%	3.3%
	Fentanyl	2.1%	0.0%	1.6%	1.8%	1.0%
	LSD or other hallucinogens	1.6%	2.6%	1.6%	0.7%	0.5%
	Heroin	1.1%	0.6%	2.2%	0.5%	1.0%
	Something else	0.9%	2.6%	1.1%	0.7%	1.4%
	Ecstasy or GHB	0.9%	0.6%	1.1%	0.5%	1.0%
	Inhalants	0.4%	0.0%	0.5%	0.0%	0.0%
None of the above	65.1%	66.7%	53.8%	73.5%	55.0%	
<i>Marijuana Use Questions (asked only of those who have used marijuana in past 6 months)</i>						
How used marijuana in past 6 months	Smoked	77.7%	77.6%	85.8%	79.0%	87.8%
	Vaped	35.5%	49.0%	36.4%	31.4%	36.7%
	Consumed in food, drink	40.6%	36.7%	32.1%	45.7%	28.9%
	Other	5.1%	8.2%	4.3%	4.8%	4.4%
How often use marijuana in past 6 months	Once or twice	30.3%	14.9%	28.6%	31.1%	22.2%
	Monthly	10.4%	19.1%	11.8%	10.7%	13.3%
	Weekly	16.3%	19.1%	16.1%	14.6%	12.2%
	Daily/Almost daily	43.0%	46.8%	43.5%	43.7%	52.2%
Reasons used marijuana	To relax	70.3%	73.5%	71.0%	72.4%	68.9%
	To deal with anxiety or stress	62.9%	57.1%	66.7%	62.9%	66.7%
	Pain management	48.8%	46.9%	45.7%	54.3%	37.8%
	To help sleep	46.9%	38.8%	46.9%	50.5%	38.9%
	To feel good or get high	36.3%	38.8%	37.7%	30.5%	40.0%
	To get through the day	25.4%	30.6%	31.5%	22.9%	35.6%
	To have a good time with friends	12.1%	20.4%	12.3%	14.3%	15.6%
	To enhance other drug(s)	3.5%	4.1%	5.6%	0.0%	3.3%
	Other	6.3%	6.1%	6.2%	6.7%	8.9%
Problems caused by marijuana use	Less interested in other activities	16.0%	22.4%	17.9%	12.4%	24.4%
	Interfered with ability to think clearly	12.5%	12.2%	12.3%	11.4%	5.6%
	Created problems with family	9.8%	8.2%	9.3%	5.7%	7.8%
	Gotten into trouble with the police	9.4%	10.2%	8.0%	7.6%	7.8%
	Mental health problems	8.6%	8.2%	13.0%	2.9%	16.7%
	Lost a job or didn't get a job	6.6%	4.1%	11.7%	5.7%	12.2%
	Behaved in impulsive ways	4.3%	4.1%	6.8%	2.9%	6.7%
	Physical health problems	3.5%	2.0%	6.8%	0.0%	5.6%



Nearly a third of respondents, 32%, reported that they or someone in their household had used marijuana in the past six months. Only a small fraction of respondents reported that they or someone in their household had used amphetamines, methamphetamines or speed, 5%; cocaine or crack, 4%; fentanyl, 2%; LSD or other hallucinogens, 2%; heroin, 1%; and ecstasy or GHB, 1%. Groups of residents more likely to have used **marijuana** in the past six months include males, respondents without a primary doctor, residents without health insurance, those who describe their overall health as fair or poor, respondents with children in the home, residents without reliable transportation or stable housing, households with someone with a disability, those who have just enough to meet basic expenses or less, renters, non-straight respondents, residents ages 18 to 44, those with a high school diploma or less education, respondents who are employed part-time or unemployed, residents with an annual income under \$25,000, those who are single or living with a partner, Canton residents, and black respondents. Groups of residents more likely **to NOT use any of the drugs** or substances mentioned include females, respondents with a primary doctor, residents with health insurance, those who describe their overall health as excellent or good, respondents without children in the home, residents with reliable transportation or stable housing, households without someone with a disability, those who live comfortably, homeowners, straight respondents, residents ages 65 and over, college graduates, retirees, those with an annual income over \$75,000, respondents who are married or widowed, Massillon and suburban residents, and white respondents.

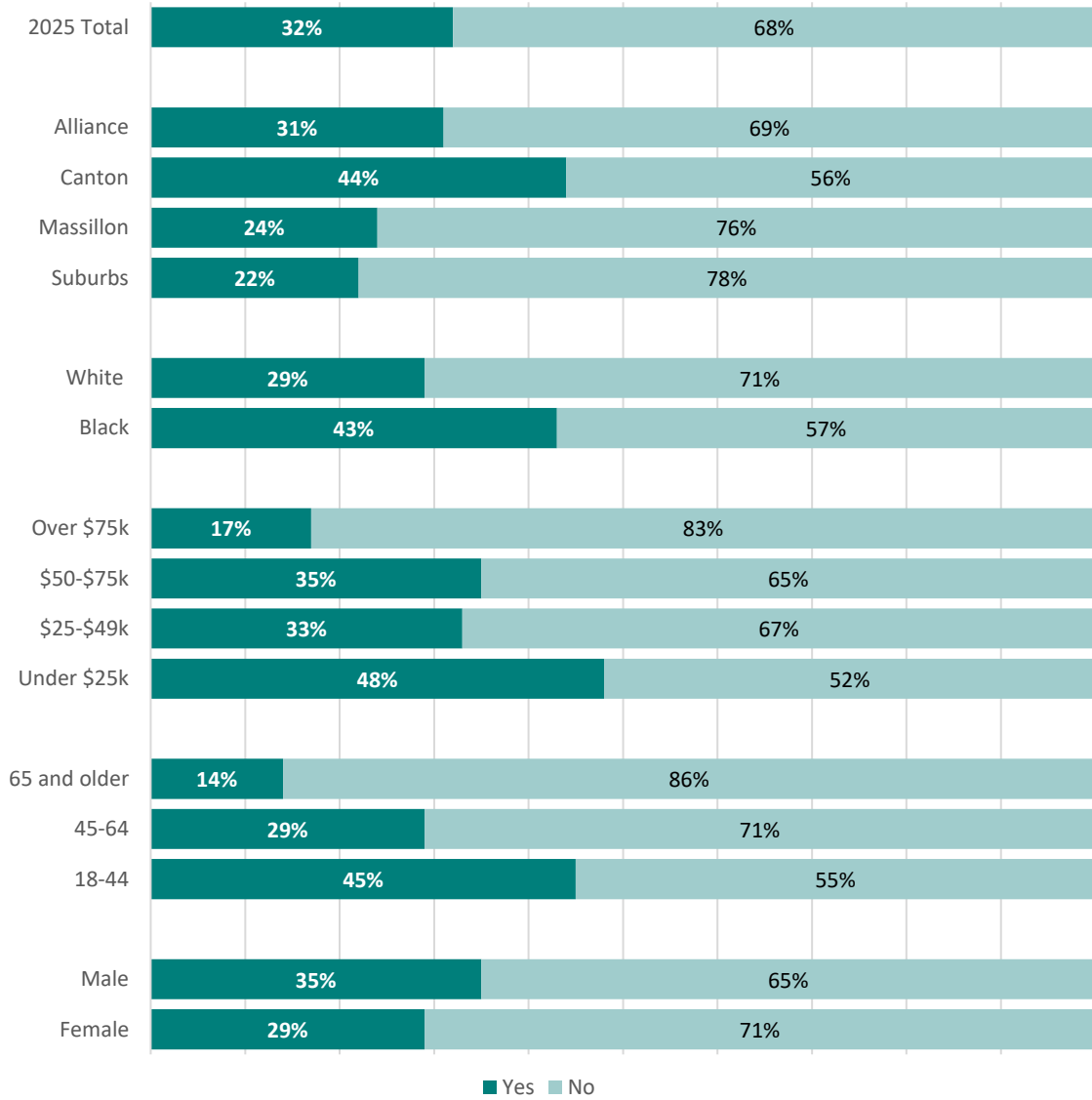
Household Member Used in Last 6 Months

During the past six months, have you or an immediate family member used any of the following?



Marijuana Use

During the past six months, have you or an immediate family member used any of the following?

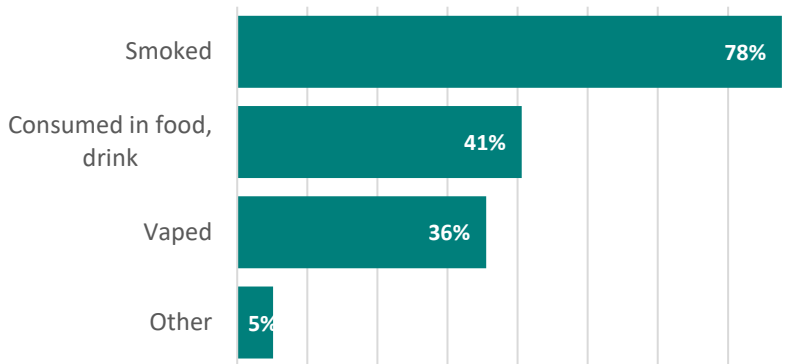




The 32% of respondents who reported that they or someone in their household has used marijuana in the past six months were asked a series of follow-up questions. More than three-quarters, 78%, indicated that they smoked marijuana while another 41% reported consuming it in food, drink, or edibles. More than a third, 36%, reported vaping marijuana and 5% said they used marijuana in another way not already mentioned.

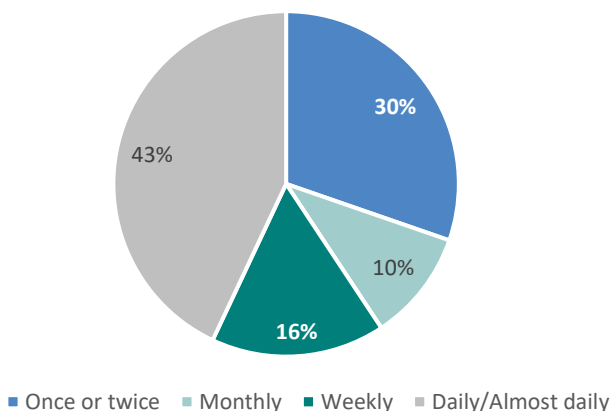
How Used Marijuana in Last 6 Months

During the past 6 months, in which of the following ways did you use marijuana or any marijuana product?



How Often Used Marijuana

During the past 6 months, how often did you use marijuana?



Less than a third, 30%, of users reported using marijuana only once or twice in the past six months while 10% reported using monthly. One-sixth, 16%, use marijuana weekly and less than half, 43%, use it daily or almost daily.

The most common reasons for using marijuana were to relax (70%) and to deal with anxiety or stress (65%). Nearly half use marijuana for pain management (49%) and to help sleep (47%). Over one-third, 36%, used marijuana to feel good or get high while 25% used it to get through the day.

Reasons Used Marijuana

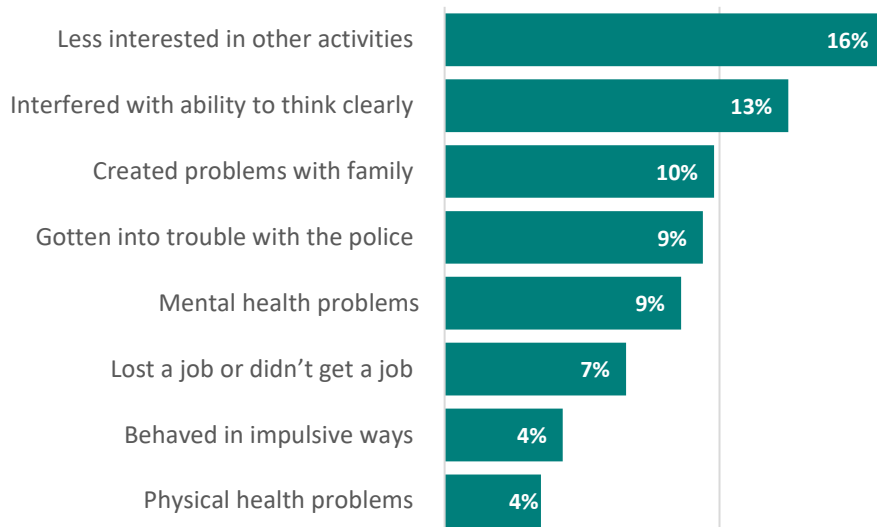
For which of the following reasons have you used marijuana?





Problems Caused by Marijuana Use

Has your use of marijuana ever caused any of the following problems for you?



Lastly, respondents who reported household use of marijuana were asked if the marijuana use had caused a series of problems for them. The two most common problems that respondents encountered were that it caused them to be less interested in other activities (16%) and it interfered with their ability to think clearly (13%).

Summary: Substance Use		Stark County	Alliance	Canton	Massillon	Black Residents
Perceived Harm (% very harmful)	Smoking/Tobacco Use	67.7%	74.8%	62.8%	68.8%	61.5%
	E-cigarettes or vaping	63.0%	65.4%	60.2%	67.4%	61.5%
	Alcohol	34.8%	43.9%	40.8%	35.2%	43.5%
	Marijuana	23.6%	23.2%	23.4%	27.4%	26.0%
Taken prescriptions . . .	Differently than prescribed	4.9%	5.1%	5.7%	4.1%	5.7%
	To feel high or more alert	5.6%	3.8%	7.0%	3.2%	8.6%
How typically get rid of left over or unused prescription medication	Take to a Take Back Center or event	32.4%	34.0%	27.0%	38.4%	20.6%
	Keep them in case need in future	34.5%	25.6%	34.6%	32.7%	29.2%
	Throw them in the trash	22.9%	26.3%	27.3%	19.5%	34.9%
	Flush them down the toilet	14.5%	16.7%	17.8%	13.0%	21.5%
	Give them to someone else	3.4%	2.6%	4.3%	2.5%	4.3%
Permanent drug collection boxes	Something else	8.6%	7.1%	7.6%	8.7%	7.2%
	Aware and used in past	23.3%	19.2%	14.9%	29.5%	10.0%
	Aware, but not used	21.3%	22.4%	23.5%	18.8%	23.4%
	Not aware	55.5%	58.3%	61.6%	51.7%	66.5%
Needed drug or alcohol treatment in past year		16.9%	14.1%	19.5%	12.6%	18.2%
Know where to go for services (of those seeking treatment)		85.2%	81.8%	83.3%	85.5%	81.6%
Able to find services in a timely manner (of those seeking treatment)		79.3%	63.6%	79.2%	81.8%	76.3%





All respondents were asked how harmful they thought four behaviors were to the people who used them. More than two-thirds, 68%, felt that **smoking cigarettes, cigars, chewing tobacco, or use of other tobacco** was very harmful to the people who do so while another 24% felt that it was somewhat harmful. Less than a tenth, 9%, felt that it was not harmful to smoke. Groups of respondents more likely to feel that smoking was **not** harmful include males, residents without a primary doctor, respondents without health insurance, those without reliable transportation or stable housing, respondents who don't have enough to meet basic expenses, renters, non-straight residents, those ages 18 to 44, respondents with a high school diploma or less education, residents who are employed part-time or unemployed, those with an annual income under \$25,000, single residents, Canton residents, and black respondents.

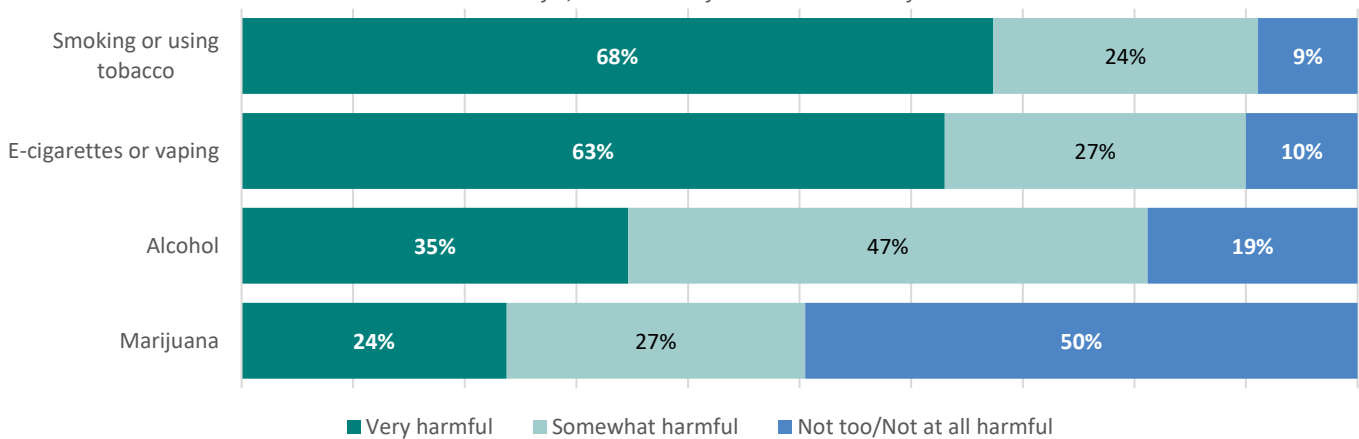
Almost two-thirds, 63%, felt that using **e-cigarettes or "vaping"** was very harmful to the people who use them while another 27% felt that it was somewhat harmful. One tenth, 10%, felt that it was not harmful to vape. Groups more likely to feel that vaping was not harmful include males, residents without a primary doctor, respondents without health insurance, those without reliable transportation or stable housing, renters, non-straight residents, those ages 18 to 44, respondents with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, residents who are single or living with a partner, Canton residents, and black respondents.

More than one-third, 35%, felt that drinking **alcohol** was very harmful to the people who do so while another 47% felt that it was somewhat harmful. Nearly a fifth, 19%, felt that it was not harmful to drink alcohol. Groups of respondents more likely to feel that drinking alcohol was not harmful include males, respondents without health insurance, residents who live comfortably, non-straight residents, those with an annual income over \$75,000, residents who are married or living with a partner, suburban residents, and black respondents.

Less than a quarter, 24%, felt that using **marijuana** was very harmful to the people who use it while another 27% felt that it was somewhat harmful. Half, 50%, felt that it was not harmful to use marijuana. Groups of respondents more likely to feel that using marijuana was not harmful include males, respondents without health insurance, residents who describe their overall health as fair or poor, those without reliable transportation or stable housing, respondents who have just enough to meet basic expenses or less, renters, non-straight residents, those ages 18 to 44, respondents with a high school diploma or less education, unemployed residents, those with an annual income under \$25,000, residents who are single or living with a partner, Canton residents, and black respondents.

Perceived Harm

In general, how harmful do you feel each of the following is to people who use them -- very harmful, somewhat harmful, not too harmful or not at all harmful?



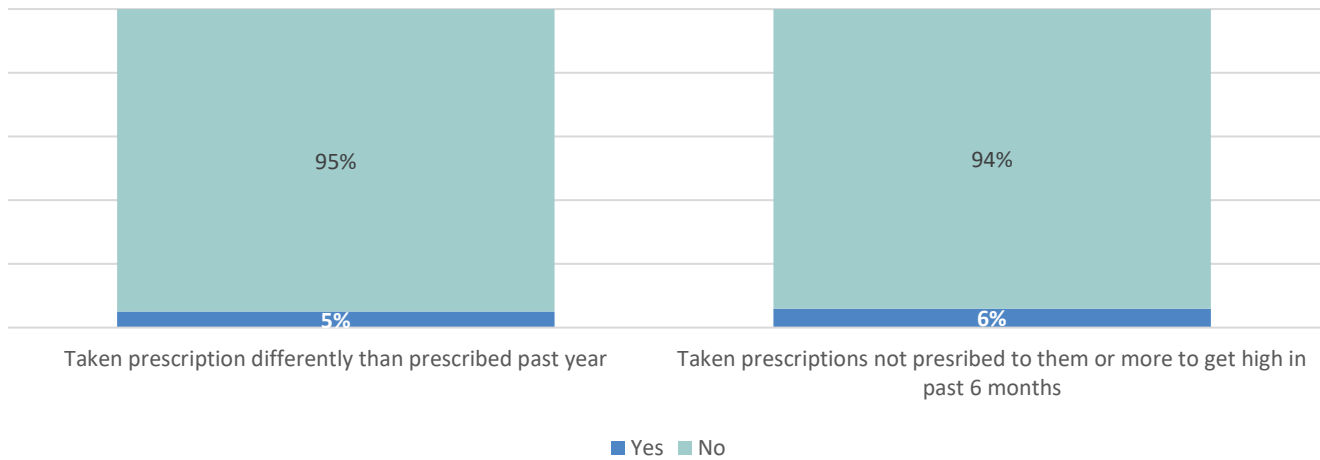


Only a small percentage of respondents, 5%, reported **taking prescriptions differently than prescribed** such as more frequently or in higher doses than directed by your doctor. Groups of residents more likely to take prescriptions differently than prescribed include residents who describe their health as poor, respondents with children in the home, those without reliable transportation or stable housing, households with someone with a disability, renters, non-straight residents, respondents ages 18 to 44, unemployed residents, and those with an annual income under \$25,000.

Slightly more, 6%, reported **using medications that were either not prescribed to them** or took more than what was prescribed to feel good, high, or more active or alert. Groups of residents more likely to use prescriptions this way include males, residents without health insurance, respondents with children in the home, those without reliable transportation or stable housing, renters, non-straight residents, respondents ages 18 to 44, those with a high school diploma or less education, unemployed and employed full-time residents, divorced respondents, Canton residents, and black respondents.

Prescription Medication

In the past year, did you use any of the medication differently than prescribed such as more frequently or in higher doses than directed by your doctor?



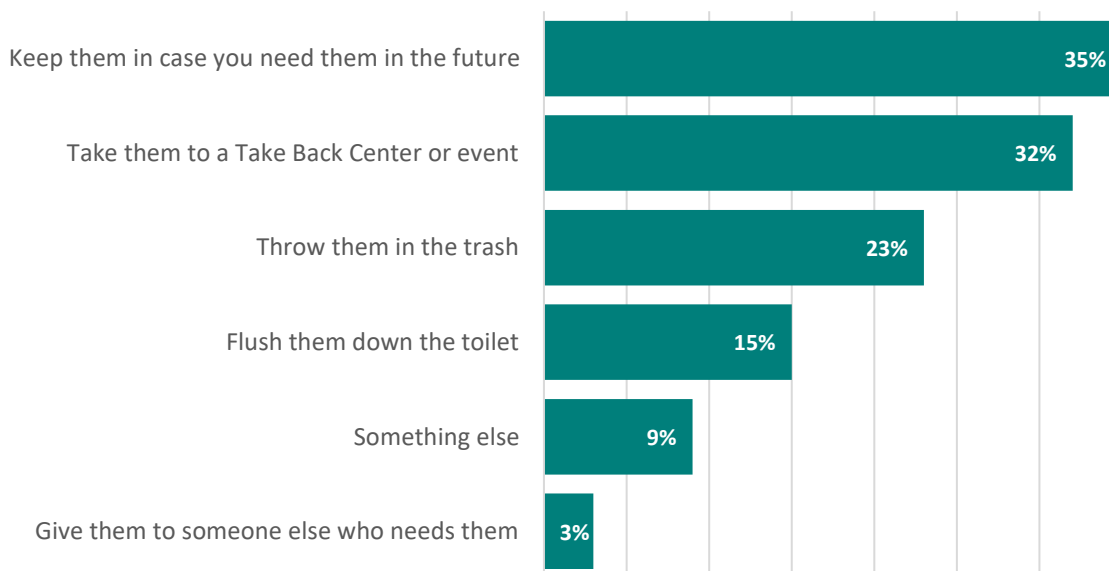


Residents were asked how they typically handle left over or unused prescription medications given five different choices. Each is discussed in more detail below.

- More than a third, 35%, of residents reported **keeping unused medication** in case they need them in the future. Groups of residents more likely to handle medications this way include respondents with children in the home, residents without stable housing, non-straight residents, respondents ages 18 to 44, suburban residents, and white respondents.
- Slightly fewer, 32%, of respondents reported taking their unused medications to a **Take Back Center** or event. Groups of residents more likely to get rid of medications this way include females, residents with a regular healthcare provider, respondents without children in the home, respondents with reliable transportation and stable housing, those who meet their basic expenses with a little extra or more, homeowners, straight residents, respondents ages 65 and over, college graduates, retirees, those with an annual income of \$50,000 to \$75,000, married or widowed residents, Massillon residents, and white respondents.
- Less than a quarter, 23%, reported **throwing unused medications in the trash**. Groups of residents more likely to get rid of medications this way include residents without a regular healthcare provider, respondents without reliable transportation, respondents ages 18 to 44, those who are not retired, single residents, respondents from Alliance or Canton, and black residents.
- Around a sixth, 15%, reported **flushing** their unused medications down the toilet. Groups of residents more likely to get rid of medications this way include households with someone with a disability, renters, respondents ages 45 to 64, residents with an annual income under \$75,000, those who are single or divorced, and black respondents.
- A small percentage, 3%, reported **giving their unused medication to someone else** who needs them. Groups of residents more likely to get rid of medications this way include males, respondents with children in the home, residents without stable housing, respondents ages 18 to 44, and those who are employed full-time.

How Get Rid of Unused Medication

How do you typically get rid of left over or unused prescription medications?

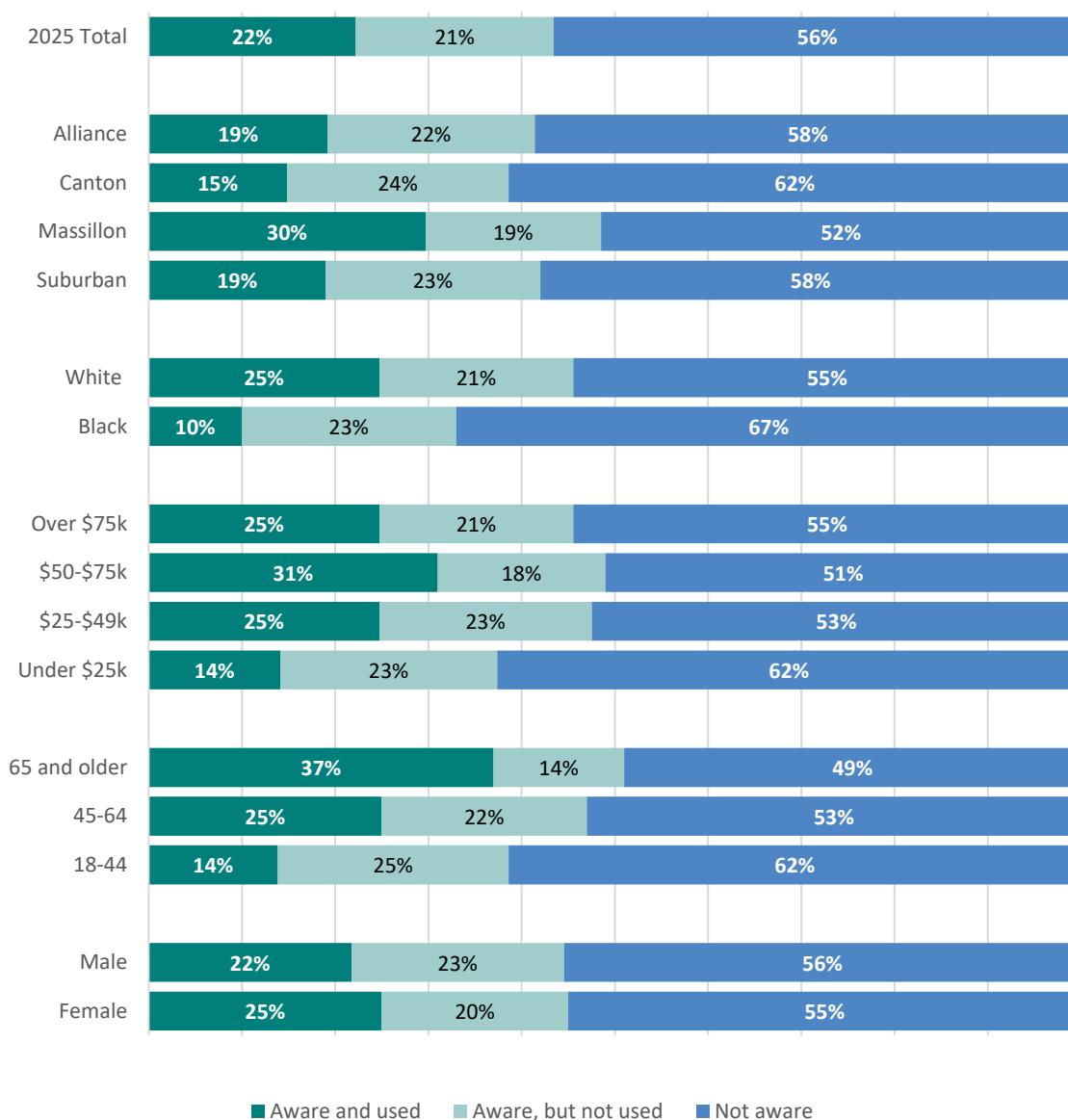




More than half of respondents, 56%, were NOT aware that Stark County has permanent drug collection boxes located in police departments across the county. Less than a quarter of respondents, 23%, reported being aware of the drug collection boxes AND using them in the past while the remaining 21% indicated that they were aware of the boxes, but had not used them. Groups of respondents more likely to NOT be aware of the drug collection boxes include respondents without a regular healthcare provider, residents without health insurance, those with children in the home, residents without reliable transportation, respondents with just enough to meet basic expenses or less, renters, those ages 18 to 44, residents with a high school diploma or less education, respondents who are employed part-time or unemployed, those with an annual income under \$25,000, single residents, black respondents, and Canton residents.

Awareness and Use of Permanent Drug Collection Boxes

Were you aware that Stark County has permanent drug collection boxes located at police departments across the county?



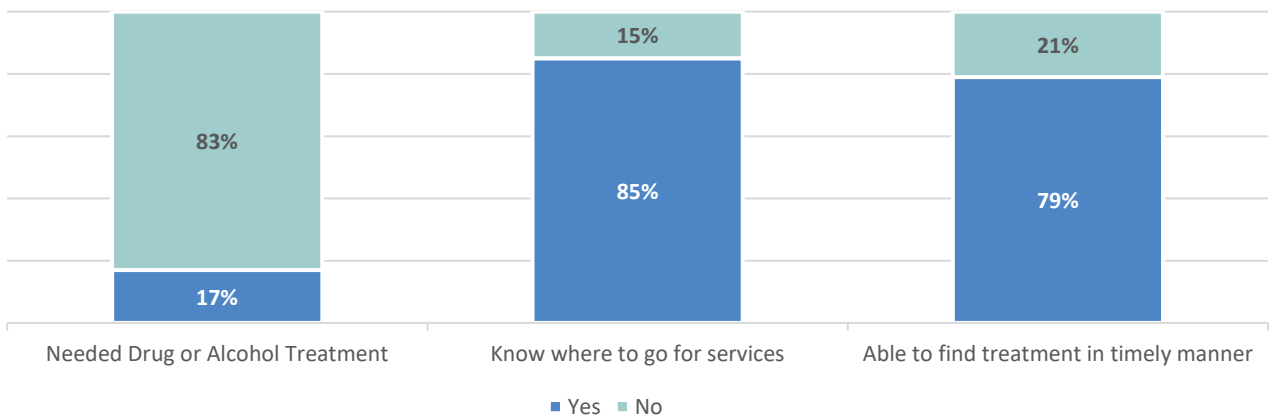


One sixth of, 17%, reported that they, a family member, or friend needed drug or alcohol treatment in the past year. Groups of residents more likely to have needed these types of services include residents ages 18 to 44, respondents with some college or less education, those who are unemployed or employed part-time, residents with an annual income under \$25,000, respondents who are divorced or living with a partner, those with children in the home, residents without reliable transportation or stable housing, respondents that don't have enough to meet basic expenses, renters, non-straight residents, and Canton residents.

The majority of those who needed services, 85%, knew where to go for services and even more, 79%, were able to find them in a timely manner.

Drug/Alcohol Treatment Needed

Have you, a member of your family or close friend needed drug or alcohol treatment services in the past year? IF YES: Did they know where to go to find services? Were they able to find the services they needed in a timely mann





SECONDARY DATA ANALYSIS

Excessive drinking reflects the percent of adults who report either binge drinking, defined as consuming more than four (women) or four (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average. The percentage of adults reporting binge or heavy drinking was slightly lower in Stark County, 20%, than the state's, 21%.

Percentage of Adults Reporting Binge or Heavy Drinking						
	2018	2019	2020	2021	2022	Change
Stark County	19%	19%	19%	17%	20%	+1%
Ohio	18%	21%	19%	20%	21%	+3%
United States	19%	20%	19%	18%	19%	-

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

In 2022, the percentage of driving deaths with alcohol involvement in Stark County was slightly higher than the state, 34% compared to 32%.

Percentage of Driving Deaths with Alcohol Involvement						
	2018	2019	2020	2021	2022	Change
Stark County	32%	31%	34%	33%	34%	+2%
Ohio	33%	32%	33%	32%	32%	-1%
United States	27%	27%	27%	26%	26%	-1%

SOURCE: County Health Rankings, Original Source: Fatality Analysis Reporting System

The number of unintentional drug overdose deaths in Stark County has increased significantly since 2019 at a much higher percentage than the increase for the state. The unintentional drug overdose death rate was higher in Stark County in 2023 than the state. This rate has increased considerably in the county over the past five years of data.

Unintentional Drug Overdose Death Count						
	2019	2020	2021	2022	2023	Change
Stark County	101	119	142	143	156	+54.5%
Ohio	4,028	5,017	5,174	4,915	4,452	+10.5%

Unintentional Drug Overdose Death Rate						
	2019	2020	2021	2022	2023	Change
Stark County	29.8	35.5	39.8	40.3	43.2	+13.4
Ohio	36.4	45.6	46.8	43.6	39.0	+2.6

SOURCE: ODH Ohio Unintentional Drug Overdose Report

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of alcohol use disorder. On average, 31.3% percent of client admissions in the county were associated with a primary diagnosis of alcohol abuse or dependence in SFY 2023, significantly higher than the state average of 23.2%. It should be noted that this data comes from OhioMHAS Community Behavioral Health Claims Data. While this data is required for billing purposes, there are minimal sanctions for failing to submit so underreporting of these numbers is likely. This data reflects only those clients who received services via public dollars; private insurance and self-pay clients are not reflected in this data.

Percentage of Unduplicated Clients - Treatment for Alcohol Use Disorder						
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	Change
Stark County	35.8%	29.2%	29.1%	28.6%	31.3%	-4.5%
Ohio Avg.	21.5%	19.2%	20.2%	20.6%	23.2%	+1.7%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data





The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of opiate use disorder. On average, 34.9% percent of client admissions in the county were associated with a primary diagnosis of opiate abuse or dependence in SFY 2023, significantly lower than the state average, 44.0%

Percentage of Unduplicated Clients - Treatment for Opiate Use Disorder						
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	Change
Stark County	34.2%	36.1%	39.5%	37.8%	34.9%	+0.7%
Ohio Avg.	48.4%	49.4%	51.5%	47.2%	44.0%	-4.4%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of cannabis use disorder. On average, 16.5% percent of client admissions in the county were associated with a primary diagnosis of cannabis abuse or dependence in SFY 2023 which was slightly higher than the state average, 12.1%.

Percentage of Unduplicated Clients - Treatment for Cannabis Use Disorder						
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	Change
Stark County	17.6%	15.2%	17.2%	17.5%	16.5%	-1.1%
Ohio Avg.	14.7%	12.0%	11.9%	12.7%	12.1%	-2.6%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of amphetamine (including methamphetamine) use disorder (AUD). On average 8.8% percent of client admissions in the county were associated with a primary diagnosis of Amphetamine Use Disorder in SFY 2023 which was slightly lower than the state average, 11.6%.

Percentage of Unduplicated Clients - Treatment for Amphetamine Use Disorder						
	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	Change
Stark County	5.7%	7.1%	8.8%	10.3%	8.8%	+3.1%
Ohio Avg.	7.2%	7.9%	9.6%	12.1%	11.6%	+4.4%

SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data

The table below represents the percentage of unduplicated clients in treatment with a primary diagnosis of cocaine use disorder (CUD). On average 4.5% percent of client admissions in the county were associated with a primary diagnosis of cocaine use disorder in SFY 2022 which was slightly lower than the state average, 5.3%.

Percentage of Unduplicated Clients - Treatment for Amphetamine Use Disorder						
	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Change
Stark County	5.6%	5.0%	5.2%	4.1%	4.5%	-1.1%
Ohio Avg.	5.0%	5.2%	4.9%	4.6%	5.3%	+0.3%

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 2021, the rates for the county were slightly higher than the state (29.8 compared to 27.2 for the state). Over the five-year time span in which data is available, rates have decreased in both the county and the state.

Prescription Opioid Doses per Capita						
	2017	2018	2019	2020	2021	Rate Change
Stark County	51.8	43.1	38.3	34.1	29.8	-22.0
Ohio	49.3	40.5	36.0	30.4	27.2	-22.1

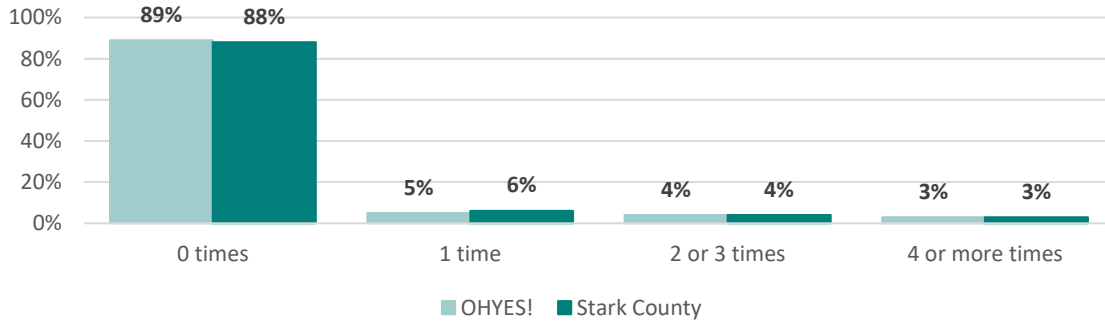
SOURCE: Ohio Mental Health & Addiction Services, Community Behavioral Health Claims Data





More than a tenth, 12%, of Stark County youth reported riding in a car driven by someone who had been drinking in the past 30 days. This is nearly the same as the state average, 11%.

YOUTH: # of Times Rode in Car Driven by Someone Drinking Alcohol- last 30 days



Source: OHYES! Report for Stark County, 2023-2024

In Stark County, more than a quarter 26% had drunk alcohol in the past, while 16% reported using marijuana. A small percentage, 6%, reported using prescription drugs that were not prescribed to them.

Youth Alcohol and Drug Use		Ever drank alcohol	Prescription Drugs, not prescribed	Marijuana
Stark County	Ever	26.0%	5.5%	15.7%
	Last 30 days	7.6%	1.3%	7.2%
OHYES!	Ever	28.6%	5.6%	13.6%
	Last 30 days	8.7%	1.2%	5.9%

SOURCE: OHYES! Report for Stark County, 2023-2024





MATERNAL, INFANT AND CHILD HEALTH

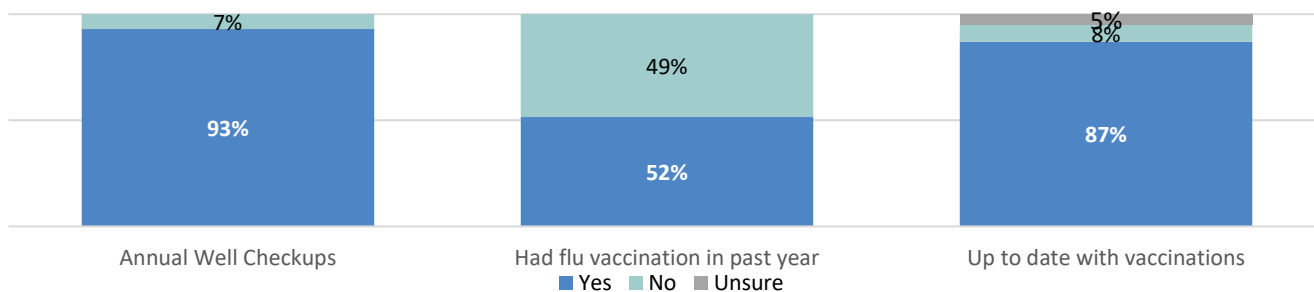
COMMUNITY SURVEY

Summary: Child Health						
	Stark County	Alliance	Canton	Massillon	Black Residents	
Children in home under 18	29.6%	33.3%	30.0%	31.4%	43.1%	
<i>Below questions only asked of respondents with children</i>						
Children get annual well check-ups	92.8%	90.4%	92.8%	97.1%	91.1%	
Child had flu vaccination in last year	51.5%	50.0%	52.3%	49.6%	57.8%	
Children up to date on recommended vaccines	Yes	86.5%	88.5%	82.0%	90.5%	83.3%
	No	8.4%	7.7%	8.1%	6.6%	6.7%
	Don't know	5.1%	3.8%	9.9%	2.9%	10.0%
How often children use car seats/booster seats <i>(asked if have children under 9)</i>	Never	10.7%	27.6%	5.9%	6.0%	5.4%
	Seldom/Sometimes	6.6%	3.4%	11.7%	0.0%	10.7%
	Almost always/always	82.8%	69.0%	76.5%	94.0%	83.9%

Nearly a third of respondents, 30%, reported having children under 18 in their home. Of those with children, the majority, 93%, reported their children receive annual well-children check-ups from a pediatrician or family doctor. More than half, 52%, of children have had a flu vaccination in the past year and most, 87%, reported that their children were up to date on their vaccinations. The most common reason for not having a child vaccinated was personal beliefs.

Child Health (of those with Children)

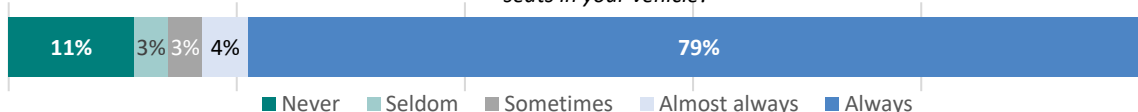
Has your child had a flu vaination in the last year? Besides the flu vaccine, are the children in your household up to date on their vaccinations? Do your children get annual well-child checkups from a pediatrician?



Respondents with children ages 8 and under were also asked how often their child uses a car seat or booster seat when in their vehicle. The majority of these respondents, 79%, reported that their child always uses a car/booster seat while an additional 4% almost always use one. Less than a tenth of respondents, 6%, indicated that their child sometimes (3%) or seldom (3%) use a car/booster seat. More than a tenth, 11%, said that they never use a booster seat or car seat. The most common reason for not always using a car/booster was that their child hit the recommended weight/height limit.

How Often Children Use Car/Booster Seats

(Ask if have children in the household ages 8 and under) How often do you use car seats or booster seats in your vehicle?





SECONDARY DATA ANALYSIS

In 2024, nearly a tenth of births were low birth weight, 8.9%, and a small percentage were very low birth weight, 1.7%.

Birth Weight Distribution- Stark County Summary						
	2020	2021	2022	2023	2024	Change
TOTAL	3,964	3,918	3,662	3,731	3,445	-13.1%
Very low (<1500g)	1.9%	1.5%	1.8%	1.7%	1.7%	-0.2%
Low (1500g-2499g)	8.3%	7.4%	7.3%	6.8%	8.9%	+0.6%
Normal (2500g-3999g)	82.4%	84.2%	83.2%	84.3%	83.1%	+0.7%
High (4000g+)	7.3%	6.9%	7.6%	7.0%	6.3%	-1.0%
Data Missing	0.0%	0.1%	0.1%	0.1%	0.0%	-

*SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality*

More than a tenth of births in Stark County, 12.5%, in 2024 were pre-term which was slightly higher than the state, 11.0%.

Gestational Age Distribution- Summary						
	2020	2021	2022	2023	2024	Change
STARK COUNTY						
TOTAL	3,964	3,918	3,662	3,731	3,445	-13.1
Preterm	11.3%	10.8%	12.0%	10.8%	12.5%	+1.2%
Term	88.7%	89.2%	87.9%	89.2%	87.5%	-1.2%
Unknown	0.0%	0.1%	0.1%	0.0%	0.0%	-
OHIO						
TOTAL	129,320	129,925	128,315	126,957	126,834	-1.9%
Preterm	10.3%	10.6%	10.8%	10.7%	11.0%	+0.7%
Term	89.6%	89.3%	89.1%	89.2%	88.9%	-0.7%
Unknown	0.1%	0.1%	0.1%	0.1%	0.0%	-

*SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality*





The percentage of pregnant women accessing prenatal care in the first trimester in the county is slightly lower than the state (66.1% compared to 68.8%) and has declined slightly over the last five years.

Trimester of Entry into Prenatal Care						
	2020	2021	2022	2023	2024	Change
STARK COUNTY TOTAL	3,964	3,918	3,662	3,731	3,445	-13.1%
None	0.9%	1.2%	1.4%	1.3%	1.2%	+0.3%
First Trimester	66.7%	67.6%	67.5%	69.2%	66.1%	-0.6%
Second Trimester	25.4%	25.0%	24.6%	24.3%	26.5%	+1.1%
Third Trimester	5.6%	4.3%	4.0%	3.9%	4.8%	-0.8%
Unknown	1.4%	1.9%	2.5%	1.3%	1.5%	+0.1%
OHIO TOTAL	129,320	129,925	128,315	126,957	126,834	-1.9%
None	1.5%	1.6%	1.7%	1.7%	1.6%	+0.1%
First Trimester	68.9%	70.1%	68.6%	68.8%	68.8%	-0.1%
Second Trimester	19.5%	18.3%	19.2%	19.6%	20.5%	+1.0%
Third Trimester	4.2%	3.9%	4.2%	4.5%	4.4%	+0.2%
Unknown	5.9%	6.2%	6.4%	5.4%	4.6%	-1.3%

*SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality*

In Stark County more than half of births in 2024 were to married couples. Although this is slightly higher than 2020, the percentage of births to married couples is still significantly lower in the county than the state (53.2% compared to 58.2%).

Marital Status- Summary						
	2020	2021	2022	2023	2024	Change
STARK COUNTY						
TOTAL	3,964	3,918	3,662	3,731	3,445	-13.1%
Married	51.0%	49.8%	51.6%	49.9%	53.2%	+2.2%
Unmarried	49.0%	50.2%	48.4%	50.0%	46.8%	-2.2%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
OHIO						
TOTAL	129,320	129,925	128,315	126,957	126,834	-1.9%
Married	56.4%	57.4%	57.6%	57.6%	58.2%	+1.8%
Unmarried	43.6%	42.6%	42.3%	42.4%	41.7%	-1.9%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality*

The number of births to young mothers decreased from 2020 to 2024 in both Stark County and the state.

Number of Births to Young Mothers						
	2020	2021	2022	2023	2024	Change
STARK COUNTY						
Less than 15	*	*	*	*	*	-
15 to 17	48	51	47	42	49	+2.1%
18 to 19	213	175	156	181	127	-40.4%
OHIO						
Less than 15	90	102	70	70	40	-55.6%
15 to 17	1,480	1,381	1,340	1,358	1,284	-13.2%
18 to 19	4,926	4,411	4,282	4,121	3,946	-19.9%

*SOURCE: Ohio Department of Health Data Warehouse, * Number less than 5, blinded to protect confidentiality*





The adolescent birth rate for teens ages 15-19 in the county is higher in Stark County than the state. It should be noted that the teen adolescent birth rate in both the county and Ohio has declined significantly over the past five years.

Teen Birth Rate						
	2018	2019	2020	2022	2023	Change
Stark County	26	25	23	21	20	-6
Ohio	24	22	21	18	17	-7
United States	23	21	19	17	16	-7

Rate is the Number of births per 1,000 female population ages 15-19, SOURCE: County Health Rankings

The Child Fatality Review (CFR) and Fetal Infant Mortality Review (FIMR) completed a detailed comprehensive local review of the circumstances surrounding the deaths to all infants and children in Stark County from 2020 to 2024 which amounted to a total of 38 deaths. 61% of these deaths were children under the age of 1. The most common manners of death were natural (65%) and accidental (29%). While overall approximately 15% of children in Stark County are non-white, 42% of childhood deaths between the years of 2020 and 2024 were non-white.

Childhood Deaths in County- 2020 to 2024					
Ages	# of deaths	Death by Manner	%	Death by Race	%
Under age 1	23	Pending	2.6%	White	57.9%
		Suicide	2.6%	African American	23.7%
Age 1-17	15	Natural	65.2%	Multi-Racial	13.2%
		Homicide	2.6%	Asian	2.6%
		Accidental	28.9%	Other	2.6%
Total	38		100%		100%

SOURCE: Stark County Child Fatality Review & Fetal Infant Mortality Report: 2024 Annual Report





HEALTHY LIVING

COMMUNITY SURVEY

Summary: Healthy Living- Weight, Exercise, and Sleep

	Stark County	Alliance	Canton	Massillon	Black Residents	
Exercise in past month	73.1%	66.0%	67.8%	74.4%	70.8%	
How often exercised in an average week (of those who exercise)	None	6.3%	6.8%	6.4%	6.2%	7.4%
	1-2 times	46.7%	54.4%	45.8%	44.3%	43.2%
	3-4 times	30.8%	27.2%	30.7%	31.1%	33.8%
	5-7 times	16.2%	11.7%	17.1%	18.5%	15.5%
Self-described weight	Overweight	59.6%	63.5%	54.6%	63.4%	48.3%
	About right	34.4%	30.8%	35.9%	33.2%	45.0%
	Underweight	6.0%	5.8%	9.5%	3.4%	6.7%
Thought about or tried to lost weight	64.5%	63.5%	58.4%	70.3%	58.4%	
Have resources needed (of those trying to lose weight)	76.8%	65.7%	62.3%	80.7%	66.1%	
Average number of hours per day on activities	Watch TV	3.69	3.16	4.33	3.52	4.26
	Use social media	3.37	3.22	4.68	3.14	5.43
	Use Computer outside of work/school	2.84	2.52	3.17	2.54	3.51
	Use cellphone	3.56	3.26	4.32	3.40	4.32
	Sleep per 24 hour period	6.88	6.60	6.93	7.01	6.91
Avg. # of days did not get enough rest in past 30	11.01	11.15	11.70	10.82	10.52	

Respondents were asked if other than their regular job, they participated in any physical activity or exercise such as walking, running, lifting weights, team sports, golf, or gardening for exercise. Nearly three quarters, 73%, had exercised in the past month. Groups more likely to NOT exercise included females, those with some college or less education, unemployed or retired, those with an annual income under \$50,000, not married, those without a regular healthcare provider, those without health insurance, respondents who describe their overall health as fair or poor, overweight residents, those without children in the home, respondents without reliable transportation or stable housing, households with someone with a disability, residents with just enough to meet basic expenses or less, renters, non-straight respondents, and residents of Alliance and Canton.

Respondents who exercised in the past month ,73% of all respondents, were asked how often they exercise in an average week. Of those who exercise, 6% answered not at all. Nearly half of exercising respondents, 47%, exercise one to two times a week, another 31% of exercising respondents exercise 3 to 4 times per week. One-sixth, 16%, exercise 5 to 7 times a week.

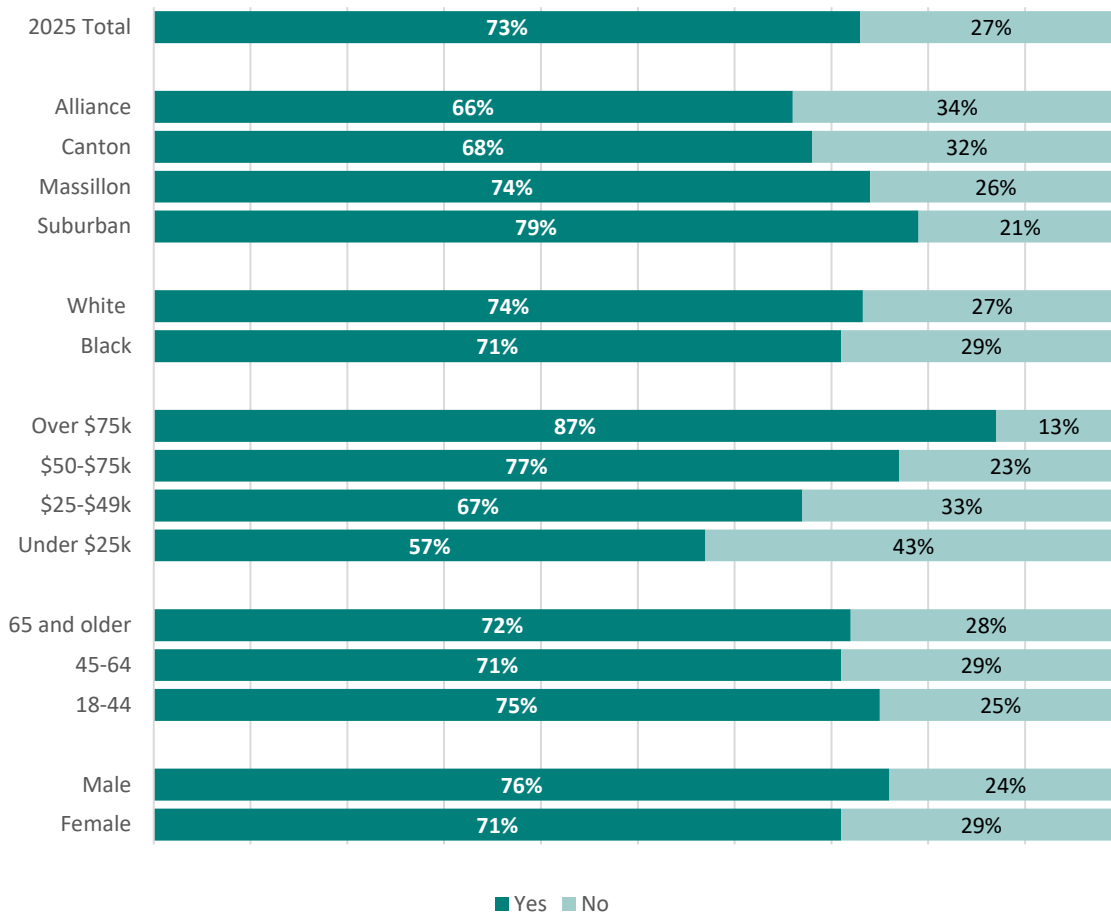
The 27% of respondents who did not exercise in the past month were asked for some of the reasons that exercising is difficult. The most common response, given by more than half, 49%, was that they had a physical limitation that prevented them from exercising. The second most common reason, given by 24% of respondents, was that they lacked the motivation to exercise. Other reasons that exercise was difficult include, in order of importance, not enough time (15%) and no place to exercise (4%).





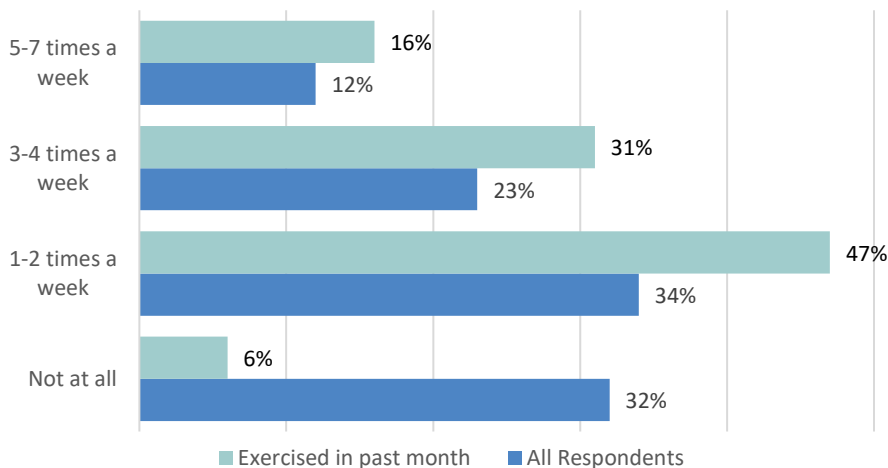
Exercised in Past Month

During the past month, other than your regular job, did you participate in any physical activity or exercise such as walking, running, lifting weights, team sports, golf or gardening for exercise?



How Often Exercise In A Week

How often do you exercise in an average week?



Reasons Exercising Is Difficult		
	#	%
Physical limitations	88	48.9%
Lack motivation	44	24.4%
Not enough time	27	15.0%
No place to walk/exercise	13	7.2%
Not enough energy	7	3.9%
No interest	6	3.3%
Depression / Anxiety	3	1.7%
Total	188	(n=180)

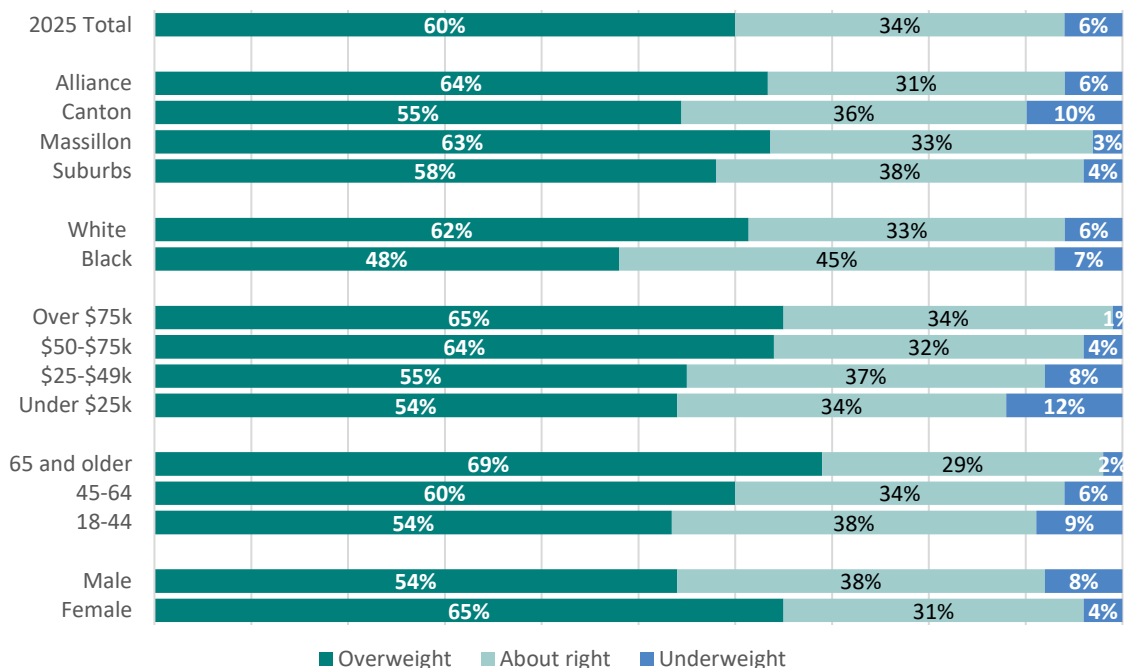




Less than two thirds of respondents, 60%, reported that they are overweight and a small portion, 6%, reported being underweight. The remaining 34% of respondents described their weight as about right. Groups of residents more likely to report being overweight include females, residents ages 65 and over, respondents with some college education, retirees, those with an annual income over \$50,000, residents who are divorced, widowed, or married, respondents with a regular healthcare provider, those with health insurance, residents who describe their overall health as fair, respondents without children in the home, those who have reliable transportation and stable housing, households with someone with a disability, homeowners, residents who have not exercised in the past month, white respondents and residents of Alliance and Massillon. Nearly two-thirds, 65%, reported thinking about or trying to lose weight in the past year. Of those who thought about or tried to lose weight, more than three-quarters, 77%, feel they have the resources they need to lose weight.

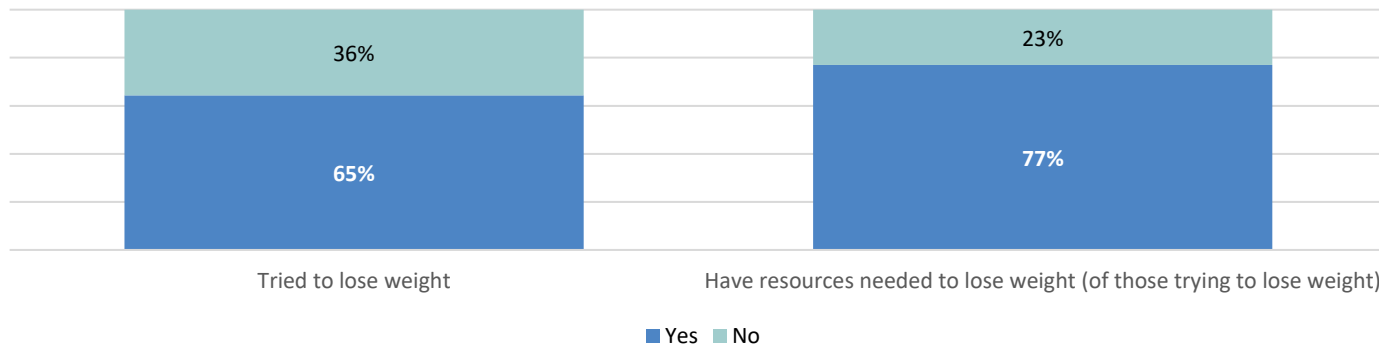
Self-Described Weight

How would you describe your own personal weight situation right now -- very overweight, somewhat overweight, about right, somewhat underweight, or very underweight?



Experience with Weight

*During the past 12 months, have you thought about or tried to lose weight?
IF YES: Do you have the resources you need to help you lose weight?*





Residents were given a list of four sedentary activities and asked about how many hours a day do they spend doing each on average. Each activity is discussed in more detail below.

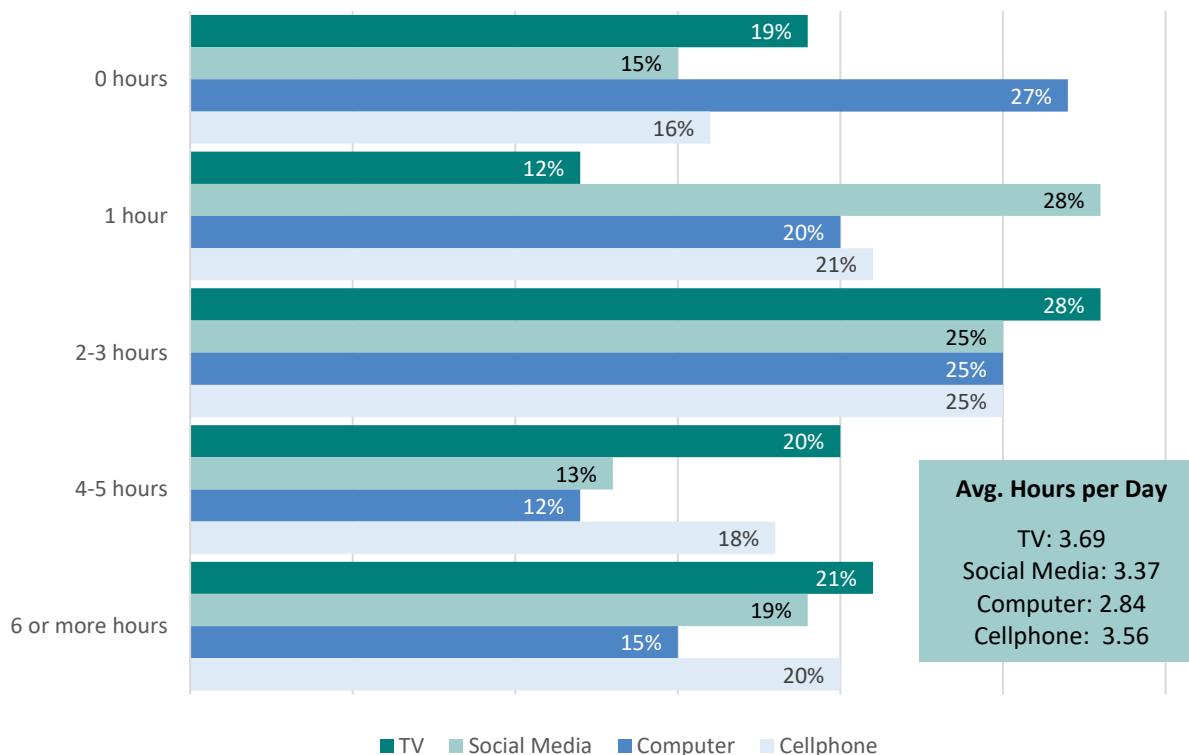
- The activity with the highest daily average hours was **watching TV**. On average, residents spend 3.81 a day watching television. Less than a fifth, 19%, reported not watching TV at all while an additional 12% watch TV for 1 hour. Over a quarter of residents, 28%, watch 2 to 3 hours of TV a day while another 20% watch 4 to 5 hours. Less than a quarter, 21%, report watching TV for six or more hours a day. Groups of respondents more likely to report watching TV 4 or more hours a day include residents ages 65 and older, respondents with a high school diploma or less education, those who are retired or unemployed, residents with an annual income under \$75,000, respondents who are not married or widowed, those who rate their overall health as fair, residents without children in the home, respondents without reliable transportation or stable housing, those who have just enough to meet basic expenses or less, renters, residents who haven't exercised in the past month, Canton residents, and black respondents.
- On average, residents spend 3.57 hours a day **using their cell phone** which includes talking, texting, or going on the internet. Nearly a sixth, 16%, reported not using a cellphone at all while 21% use their cell phone for an hour. A quarter of residents, 25%, use their cell phone 2 to 3 hours a day while another 18% use it 4 to 5 hours. One-fifth, 20%, report using their cell phone six or more hours a day. Groups of respondents more likely to report using their cell phone 4 or more hours a day include residents ages 18 to 44, respondents with some college or less education, those who are unemployed or employed full-time, residents with an annual income under \$50,000, respondents who are not married or widowed, those without a regular healthcare provider, residents with children in the home, respondents without reliable transportation or stable housing, those who don't have enough to meet basic expenses, renters, non-straight residents, residents who haven't exercised in the past month, Canton residents, and black respondents.
- On average, residents spend 3.42 a day **using social media** such as Facebook, Instagram, YouTube or X. Nearly a sixth, 15%, reported not using social media at all while 28% use social media an hour. One quarter of residents, 25%, use social media 2 to 3 hours a day while another 13% use it 4 to 5 hours. Nearly one-fifth, 19%, report using social media six or more hours a day. Groups of respondents more likely to report using social media 4 or more hours a day include females, residents ages 18 to 44, respondents with a high school diploma or less education, those who are unemployed or employed full-time, residents with an annual income under \$50,000, respondents who are single or living with a partner, those without a regular healthcare provider, residents without health insurance, those who rate their overall health as fair or poor, residents with children in the home, respondents without reliable transportation or stable housing, those who don't have enough to meet basic expenses, renters, non-straight residents, residents who haven't exercised in the past month, Canton residents, and black respondents.
- The activity with the lowest daily average hours was **using their computer outside of work or school**. On average, residents spend 2.86 hours a day using their computer outside of work or school. More than a quarter of residents, 27%, reported not using a computer at all while 20% use their computer for an hour. A quarter of residents, 25%, use their computer two to three hours a day while another 12% use it for four to five hours. Less than a sixth, 15%, report using their computer six or more hours a day. Groups of respondents more likely to report using their computer 4 or more hours a day include males, residents ages 18 to 44, respondents with a high school diploma or less education, those who are unemployed or employed part-time, residents with an annual income under \$50,000, respondents who are single or living with a partner, those without a regular healthcare provider, residents without health insurance, those who rate their overall health as fair or poor, residents with children in the home, respondents without reliable transportation or stable housing, those who don't have enough to meet basic expenses, renters, non-straight residents, and residents who haven't exercised in the past month.





Hours Spent on Activities

On an average day, about how many hours do you spend doing the following activities?



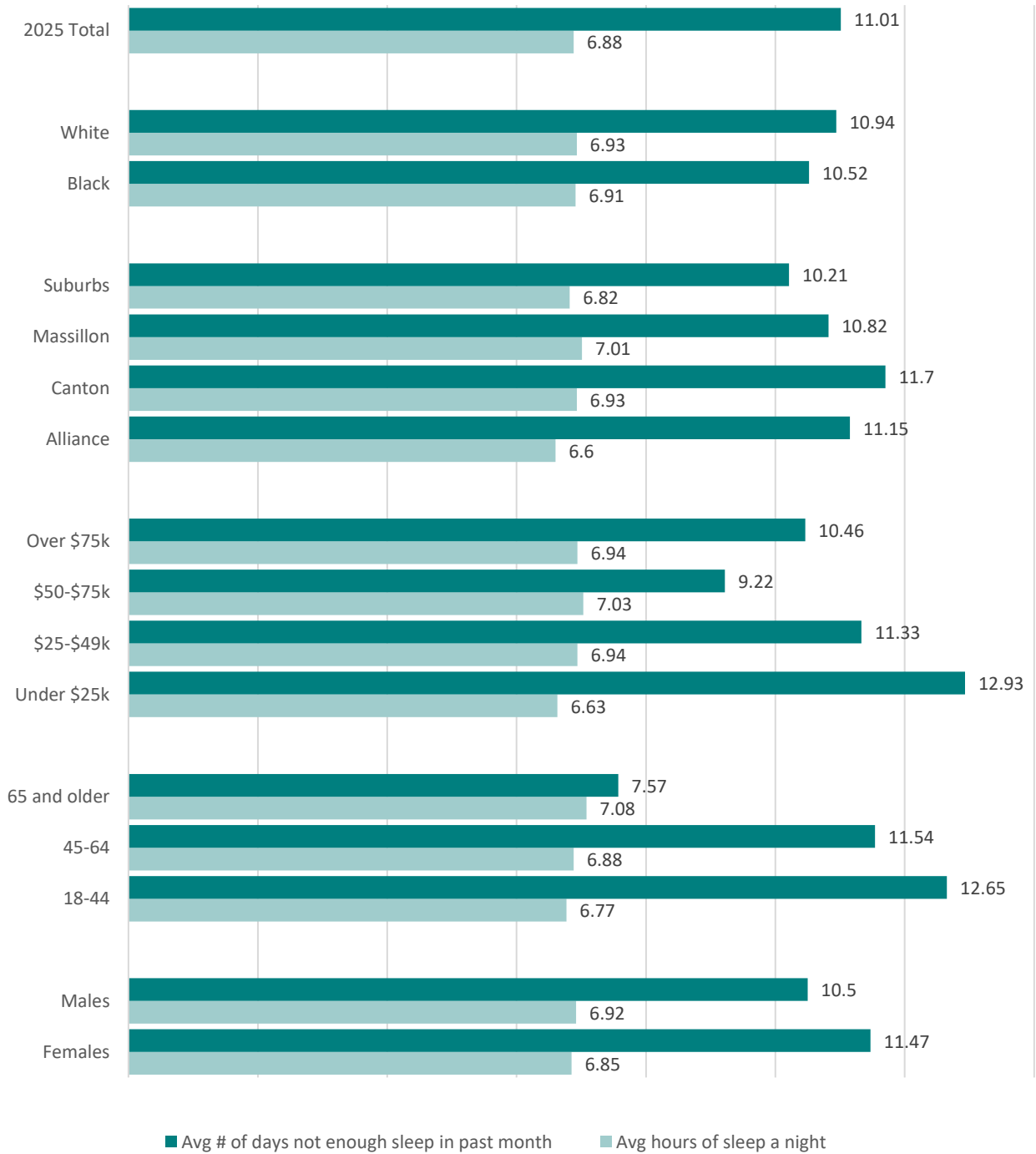
In terms of sleep, residents reported getting an average of 6.88 *hours of sleep a night*. Less than half, 42%, report sleeping 6 or less hours a night. Groups of respondents more likely to report getting 6 or less hours of sleep a night on average include residents ages 18 to 44, those who are unemployed or employed part-time, residents with an annual income under \$25,000, respondents who are not married, those without a regular healthcare provider, residents without health insurance, those who describe their overall health as fair or poor, respondents without reliable transportation or stable housing, households with someone with a disability, residents who have just enough to meet basic expenses or less, renters, non-straight respondents, and those who have not exercised in the past month.

Residents were also asked about *how many days in the past 30 that they felt that they did not get enough rest or sleep*. The average number of days without enough rest or sleep for all residents was 11.01. More than a third, 36%, report having 12 or more days without enough sleep in the past month. Groups of residents more likely to report having 12 or more days without enough sleep in the past month include females, residents ages 18 to 44, respondents with some college education, those who are unemployed, residents with an annual income under \$25,000, respondents who are single or living with a partner, those without a regular healthcare provider, residents without health insurance, those who describe their overall health as fair or poor, residents with children in the home, respondents without reliable transportation or stable housing, households with someone with a disability, residents who have just enough to meet basic expenses or less, renters, those who have not exercised in the past month, and overweight residents.



Sleep

*On average, how many hours of sleep do you get in a 24-hour period?
During the last 30 days, for about how many days have you felt you did not get enough rest or sleep?*

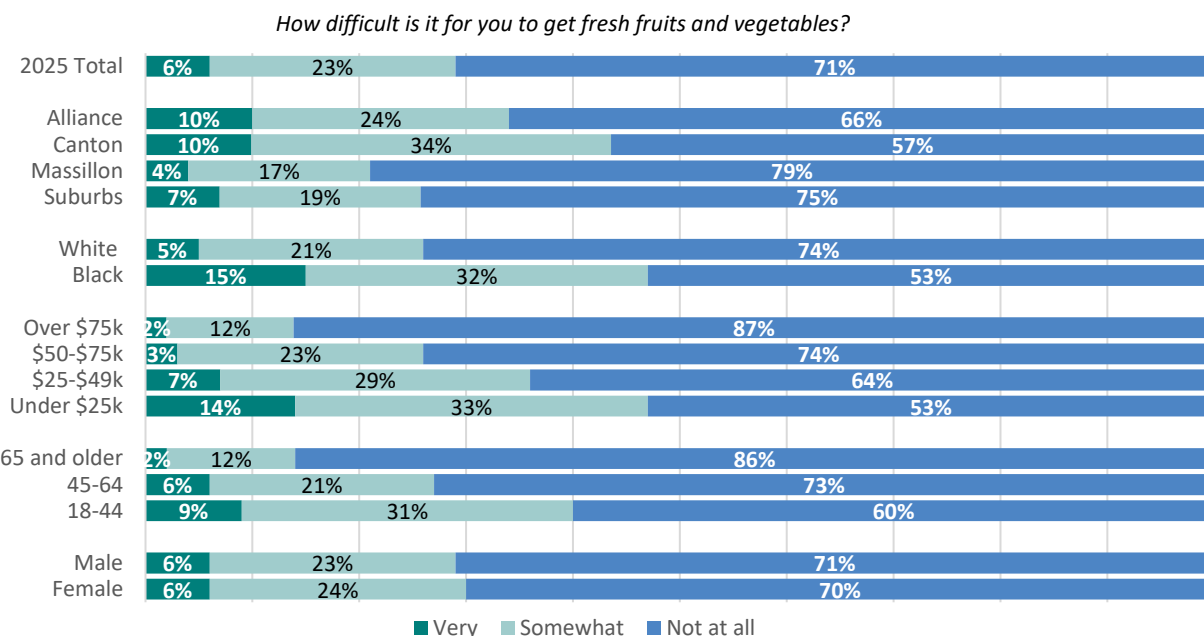




Summary: Healthy Living- Food and nutrition						
		Stark County	Alliance	Canton	Massillon	Black Residents
How difficult to get fresh fruits & vegetables	Very difficult	6.3%	9.6%	9.5%	4.1%	14.8%
	Somewhat difficult	23.3%	24.4%	33.5%	16.9%	32.1%
	Not at all difficult	70.5%	66.0%	57.0%	78.9%	53.1%
What makes it difficult to get food needed	Cost of food	52.9%	56.4%	57.8%	51.7%	52.6%
	Quality of food	25.4%	15.4%	33.0%	21.7%	32.5%
	The season/weather	25.1%	20.5%	24.1%	25.9%	18.7%
	Time for shopping	14.5%	11.5%	14.9%	14.0%	14.4%
	Distance from the store	15.4%	12.2%	21.9%	10.1%	21.1%
	Safety	4.5%	4.5%	7.6%	2.1%	11.0%
How often eat fresh fruit or vegetables	0 to 1 times a week	20.0%	24.4%	24.6%	16.9%	21.5%
	2 to 4 times a week	40.1%	38.5%	40.8%	41.0%	43.5%
	Once a day	22.1%	20.5%	18.9%	23.3%	16.7%
	2 to 4 times a day	13.4%	10.9%	11.1%	14.9%	13.4%
	5 or more times a day	4.4%	5.8%	4.6%	3.9%	4.8%

Nearly three-quarters of residents, 71%, said that it was not at all difficult to get fresh fruit and vegetables in their neighborhood. Nearly a quarter, 23%, of residents reported having a somewhat difficult time and less than one in ten, 6%, have a very difficult time getting fresh fruits and vegetables. Groups of residents more likely to have difficulty getting fresh fruits and vegetables in their neighborhood include residents ages 18 to 44, respondents with a high school diploma or less education, those who are unemployed, residents with an annual income under \$50,000, respondents who are single or divorced, those without a regular healthcare provider, residents without health insurance, respondents who describe their overall health as fair or poor, those without reliable transportation or stable housing, households with someone with a disability, residents with just enough to meet basic expenses or less, renters, non-straight respondents, residents of Alliance and Canton and black respondents.

How Difficult to Get Fresh Fruit/Vegetables

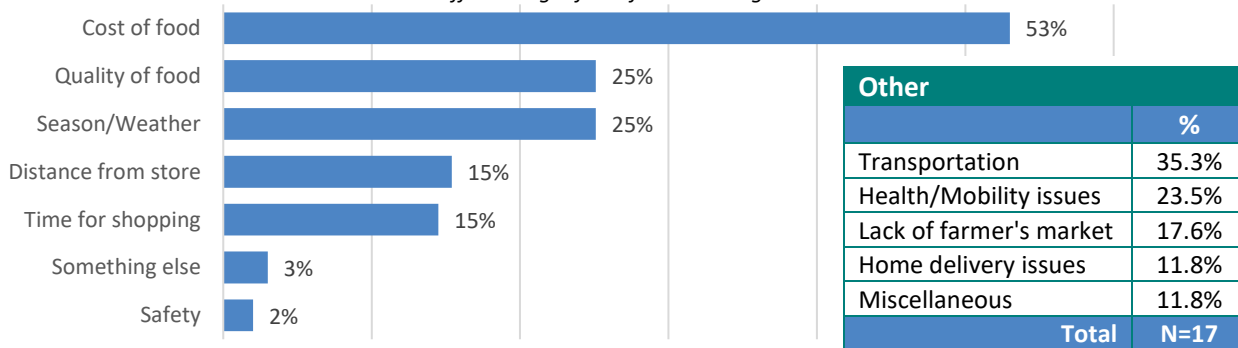




When asked what makes it difficult to get fresh fruit and vegetables, the most common problem cited was cost with more than half, 53%, stating this to be the case. A quarter of respondents, 25%, stated that quality of food made it difficult for them to get the food they need while the same percentage said that the season or weather made it difficult. Other things that made it difficult for respondents to get the food they need include, in order of importance, distance from the store (15%), time for shopping (15%), and safety.

What Makes it Difficult to Get Needed Food

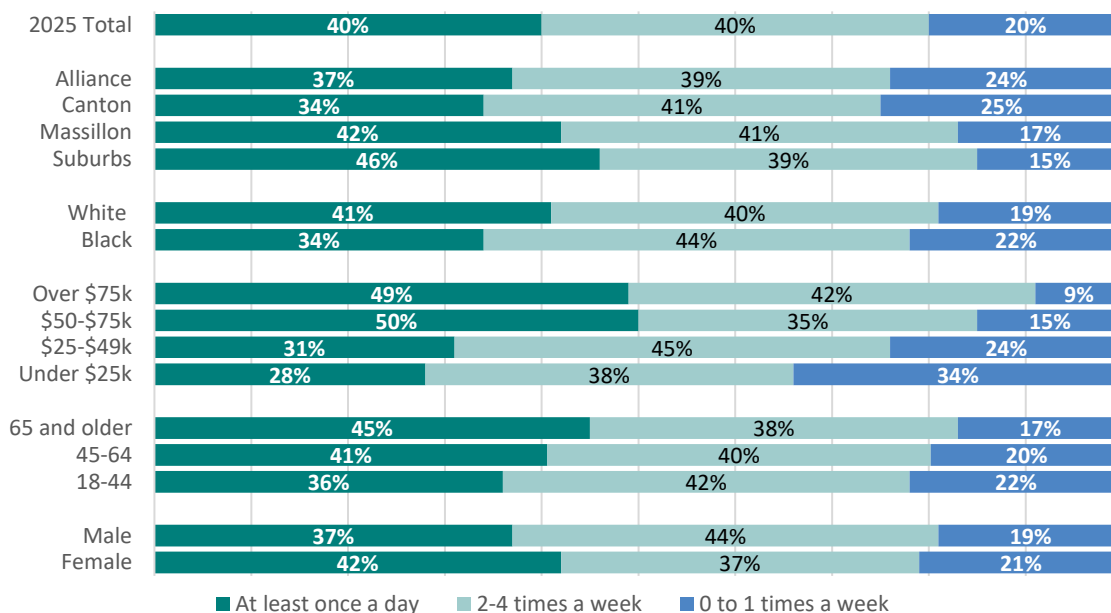
What makes it difficult to get fresh fruits and vegetables?



Less than half of respondents, 40%, reported that they eat fresh fruit and vegetables at least once a day (22% eat them once a day, 13% eat them 2 to 4 times a week and 4% eat them 5 or more times a week). The same percentage of respondents, 40%, eat fresh fruits and vegetables 2 to 4 times a week and one-fifth, 20%, eat them 0 to 1 times a week. Groups of residents more likely to NOT eat fresh fruit and vegetables at least once a day include residents with a high school diploma or less education, respondents who are employed part-time or unemployed, those with an annual income under \$25,000, residents who are not married or divorced, respondents without a regular healthcare provider, those who describe their overall health as fair or poor, residents without reliable transportation or stable housing, households with someone with a disability, residents who have just enough to meet basic expenses or less, renters, and respondents who haven't exercised in the past month.

How Often Eat Fresh Fruit/Vegetables

How often to you eat fresh fruits and vegetables?





OLDER ADULT AND RURAL RESIDENT FOCUS GROUPS

Both groups mentioned the following difficulties: **cost of healthy foods**, fluctuating produce quality/price, and limited **time, energy, and motivation** to use parks or programs. Seniors talked more about **mobility limitations and issues**, motivation, and pantry options skewing towards processed, more unhealthy food; rural residents noted **restaurant options tend to be unhealthy**, farmers' markets are time-bound, and **OTC food/benefit cards** are inconsistently accepted at checkout. Both rely on practical routines (walking, gardening); seniors often mentioned **volunteering** as an activity lifeline.

In terms of stroke awareness, both groups endorsed simple cues (e.g., **BE-FAST**) and **blood-pressure control**. Seniors asked for **take-home visuals** (like refrigerator magnets) and BP cuffs; rural residents stressed that **strokes aren't just "for older people,"** citing younger cases and calling for school/parent-night education. Seniors' prevention asks leaned toward routine Medicare wellness support; rural participants stressed **fast action** and **multi-channel outreach**.

Rural Focus Group Key Themes:

- **Activity assets vs. time.** Parks/trails are plentiful, but many are time-poor (multiple jobs, caregiving responsibilities). Rural living/animal care helps some stay active.
- **Food environment.** Healthier restaurants exist but are **expensive**; produce prices/quality fluctuate; farmers' markets are time-bound (e.g., Saturdays).
- **Benefits friction.** **OTC grocery cards** aren't consistently accepted (e.g., Meijer not accepting; Walmart system down), creating embarrassment and wasted trips; transport to lower-cost produce outlets is a barrier.
- **Chronic conditions.** Diabetes and multimorbidity (e.g., hypertension, kidney disease) common in families. Practical tools that help: **medication "matrix" logs** for appointments; **pill-packaging**—though pharmacy changes can disrupt routines.
- **Stroke awareness.** Participants see more strokes in younger people; interest in simple cues (BE-FAST) and fast action.

Older Residents Focus Group Key Themes:

- **Barriers to living a healthy lifestyles and remaining active:** Aches, post-surgery limitations, Parkinson's/MS fatigue, and motivation. Some Y/fitness offerings feel mis-matched to age groups (60s vs 80s).
- **Food environment & cost:** Fresh produce and "organic" items are expensive; pantry/free-food options often skew processed. Nutrition knowledge varies; some prefer snacks/sugary items over fresh produce.
- **Local bright spots:** Summer's Market (SE Canton) increases access to affordable produce; federal Senior Box and farmers' market produce cards help—but awareness is low.
- **Self-management:** Home blood pressure cuffs, simple walking routines, gardening, and volunteering help.





SECONDARY DATA ANALYSIS

Physical inactivity is the estimated percent of adults ages 20 and older reporting no physical activity during leisure time. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise. Nearly a quarter, 23%, of adults in Stark County are considered physically inactive, a number that has steadily decreased over the last several years.

Percentage of Adults Physically Inactive						
	2018	2019	2020	2021	2022	% Change
Stark County	28%	28%	26%	26%	23%	-5%
Ohio	26%	28%	24%	25%	24%	-2%
United States	23%	26%	22%	23%	23%	0%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

The table below represents the percentage of population with adequate access to locations for physical activity. Locations for physical activity are defined as parks or recreational facilities. The percentage of Stark County residents with access to locations for physical activity is significantly lower than the state average. Less than three-quarters of county residents, 74%, have access compared to a statewide and national average of 84%.

Access to Exercise Opportunities- % of Population with Access to Locations for Physical Activity						
	2019	2021	2022	2023	2024	% Change
Stark County	80%	68%	75%	74%	74%	-6%
Ohio	84%	77%	84%	84%	84%	0%
United States	84%	80%	84%	84%	84%	0%

SOURCE: County Health Rankings, Original Source: ArcGIS Business Analyst and Living Atlas of the World; YMCA; US Census

More than a third of adults in both Stark County, 38%, have a BMI of 30 or more, the same as the state average and slightly higher than the national average of 34%. The percentage of obese adults has increased over the past several years in all three areas.

Adult Obesity - Percentage of Adults that Report a BMI of 30 or More						
	2018	2019	2020	2021	2022	% Change
Stark County	37%	36%	39%	42%	38%	+1%
Ohio	34%	35%	36%	38%	38%	+4%
United States	30%	32%	32%	34%	34%	+4%

SOURCE: County Health Rankings, Original Source: Behavioral Risk Factor Surveillance System

The Food Environment Index equally weighs 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 zero (worst) to ten (best). The Food Environment Index is slightly better in Stark County than Ohio.

Food Environment Index						
	2018	2019	2020	2021	2022	% Change
Stark County	7.4	7.4	7.3	7.4	7.4	0.0
Ohio	6.8	6.8	6.8	7.0	7.0	+0.2
United States	7.8	7.8	7.0	7.7	7.4	-0.4

SOURCE: County Health Rankings, Original Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America





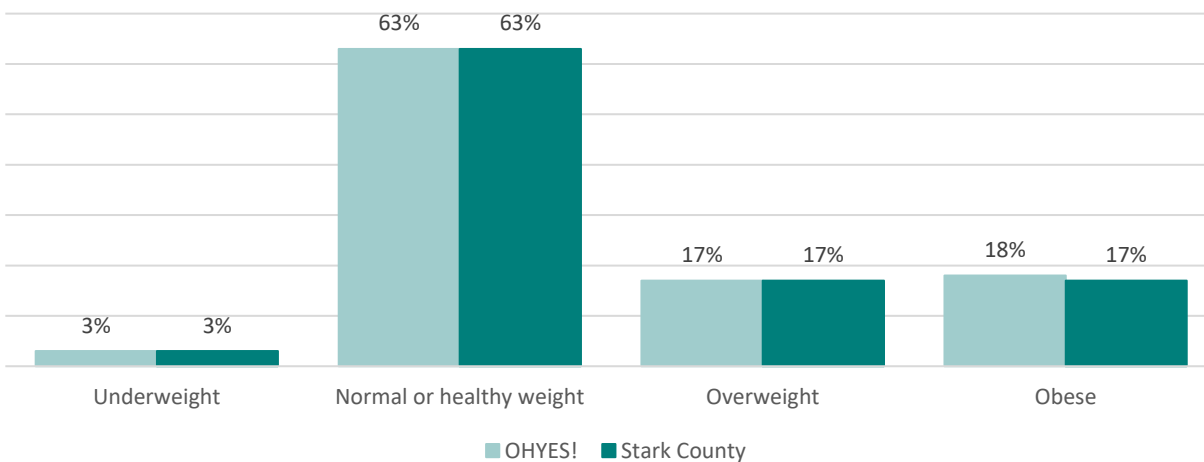
Food insecurity refers to the USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. The percentage of the population who are food insecure or do not have access to a grocery store is slightly higher in Stark County than the state with nearly a sixth, 14.5%, of county residents being designated as food insecure, slightly higher than the state average of 14.1%. Food insecure children are defined as children living in households experiencing food insecurity. Nearly a quarter, 20.5%, of children in Stark County are food insecure which is slightly higher than the state average of 19.8%.

Food Insecurity Rate						
	2018	2019	2020	2021	2022	% Change
Overall						
Stark County	13.5%	13.4%	13.1%	12.0%	14.5%	+1.0%
Ohio	13.9%	13.2%	11.6%	11.8%	14.1%	+0.2%
Children						
Stark County	19.8%	18.2%	18.0%	14.9%	20.5%	+0.7%
Ohio	18.9%	17.4%	15.9%	14.8%	19.8%	+0.9%
White						
Stark County	NA	12.0%	10.0%	10.0%	12.0%	-
Ohio	NA	12.0%	10.0%	10.0%	12.0%	-
Black						
Stark County	NA	29.0%	27.0%	27.0%	31.0%	+2.0%
Ohio	NA	25.0%	25.0%	25.0%	29.0%	+4.0%

Source: Feeding America, Map the Meal Gap

More than a third of students in both Stark County and the state are considered overweight or obese.

YOUTH: Calculated Body Mass Index (BMI)



Source: OHYES! Report for Stark County, 2023-2024



**COMMUNITY PARTNER SURVEY**

Community partners were also asked to list some challenges residents in the county face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to maintain chronic conditions like diabetes or heart disease. This was an open-ended question in which the respondent could give multiple responses. The most common challenges mentioned were lack of cost and access to healthy foods (64%) , finances/cost (57%), and health literacy (40%). Other challenges mentioned are listed on the table below.

Challenges faced in the community		
	# of TOTAL Responses	% of Partners
Access of nutritious food	72	63.7%
Affordability	64	56.6%
Health literacy	45	39.8%
Places for exercise	34	30.1%
Supportive environment/Motivation	33	29.2%
Available healthcare	27	23.9%
Time constraints	20	17.7%
Transportation	20	17.7%
Societal determinants/pressures	17	15.0%
Community safety	17	15.0%
Prioritizing a healthy lifestyle	16	14.2%
Mental health	11	9.7%
Environmental	2	1.8%
Total	378	(n=113)
<i>Question: What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease? (could give multiple responses)</i>		





COMMUNICABLE DISEASES, VACCINATIONS AND PREVENTION SERVICES

COMMUNITY SURVEY

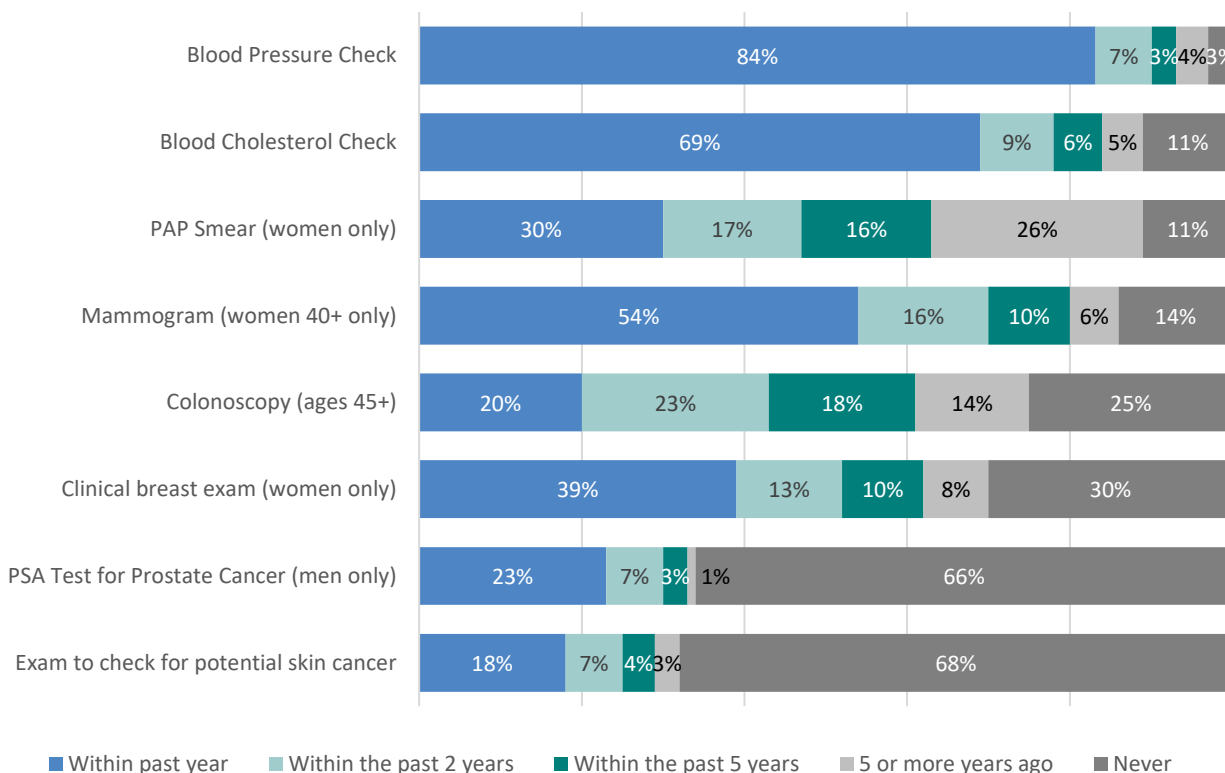
Summary: Prevention, Testing and Screening		Stark County	Alliance	Canton	Massillon	Black Residents
How long since: had blood cholesterol checked	Within the past year	69.1%	67.9%	61.1%	74.8%	56.9%
	Within the past 2 years	9.0%	10.9%	10.5%	7.8%	10.5%
	Within the past 5 years	6.0%	4.5%	8.6%	2.5%	8.6%
	5 or more years ago	5.4%	5.8%	5.7%	6.2%	8.1%
	Never	10.5%	10.9%	14.1%	8.7%	15.8%
How long since: had blood pressure checked	Within the past year	83.6%	84.0%	79.2%	89.2%	76.6%
	Within the past 2 years	7.1%	8.3%	7.6%	3.9%	9.6%
	Within the past 5 years	2.5%	1.9%	4.3%	1.4%	4.3%
	5 or more years ago	4.1%	2.6%	5.1%	3.2%	3.8%
	Never	2.6%	3.2%	3.8%	2.3%	5.7%
Have ever: colonoscopy (asked if 45 or older)		75.3%	75.3%	61.2%	81.4%	65.4%
Have ever: skin cancer exam		32.3%	26.5%	21.0%	40.0%	14.5%
Have ever: mammogram (Asked only of females 40+)		86.5%	85.3%	81.0%	89.2%	78.3%
Have ever: clinical breast exam (Asked only of females)		70.5%	69.8%	63.9%	76.0%	61.0%
Have ever: PAP smear (Asked only of females)		89.5%	89.6%	82.8%	92.6%	80.1%
Perform breast self-exams (asked only of females)	No	25.5%	38.5%	33.5%	20.5%	39.0%
	Yes, every month, always	25.7%	17.7%	29.2%	26.4%	27.7%
	Yes, but skip sometimes	17.6%	17.7%	14.2%	20.9%	13.5%
	Yes, every so often	31.2%	26.0%	23.2%	32.2%	19.9%
Have ever: test for prostate cancer (Asked only of males)		33.6%	35.0%	22.8%	46.1%	25.4%
Perform self-testicular exams (asked only of males)	No	53.4%	48.3%	57.4%	53.4%	62.7%
	Yes, every month, always	14.6%	20.0%	11.8%	17.4%	17.9%
	Yes, but skip sometimes	8.5%	3.3%	8.1%	5.1%	6.0%
	Yes, every so often	23.5%	28.3%	22.8%	24.2%	13.4%
Vaccinations received	COVID-19	57.8%	61.5%	42.2%	64.3%	43.5%
	Annual flu	49.8%	52.6%	39.2%	53.5%	38.3%
	Measles vaccine in lifetime	48.6%	52.6%	35.1%	52.6%	28.2%
	Tetanus Booster	43.3%	44.2%	30.0%	47.4%	24.9%
	Chicken pox vaccine in lifetime	38.5%	41.7%	33.2%	40.3%	29.2%
	Pneumonia vaccine in lifetime	34.4%	30.8%	28.9%	36.4%	25.4%
	Hepatitis B vaccine in lifetime	31.5%	37.2%	25.7%	33.4%	24.9%
	Shingles vaccine in lifetime	26.5%	31.4%	20.0%	27.7%	16.7%
	Hepatitis A vaccine in lifetime	21.8%	23.1%	18.6%	22.2%	14.8%
	RSV	13.9%	18.6%	10.5%	14.0%	7.7%
	HPV vaccine in lifetime	11.5%	13.5%	13.2%	7.8%	11.5%





Residents were given a list of up to eight tests (specific tests varied based on age and gender), asked if they have ever had them and, if so, when did they last have the test. Each is discussed in more detail below.

Length of time since resident had. . . .



Blood Pressure Check - The majority of respondents, 97%, had their blood pressure checked sometime in the past with 84% having it checked within the past year. A small percentage of respondents, 7%, have never had their blood pressure checked or have not had it checked in the past five years. Groups of residents more likely to **NOT** have had their blood pressure checked **in the past year** include Canton residents, black respondents, males, those ages 18 to 44, residents with a high school diploma or less education, respondents who are not retired, those with an annual income under \$25,000, residents who are single or living with a partner, those without a doctor or provider, respondents without health insurance, residents without reliable transportation or stable housing, those who rate their personal health as poor, renters, non-straight respondents, and residents who don't have enough to meet basic expenses.

Blood Cholesterol Check - The majority of respondents, 89%, had their blood pressure checked sometime in the past, with 69% having it checked within the past year. One-sixth of respondents, 16%, have never had their blood cholesterol checked or have not had it checked within the past five years. Groups of residents more likely to **NOT** have had their blood cholesterol checked **in the past year** include Canton residents, black respondents, those ages 18 to 44, residents with a high school diploma or less education, respondents who are employed full-time or unemployed, those with an annual income under \$25,000, residents who are single or living with a partner, respondents with children in the home, those without a doctor or provider, respondents without health insurance, residents without reliable transportation or stable housing, those who rate their personal health as poor, renters, non-straight respondents, and residents who just have enough to meet basic expenses or less.





PAP Smear (women only) - The majority of female respondents, 89%, have had a PAP Smear sometime in the past with 30% having one within the past year. More than one in ten female respondents, 11%, have never had a PAP Smear. Groups more likely to **NOT** have had a pap smear **in the past** include Canton residents, black respondents, ages 18 to 44, those with a high school diploma or less education, respondents who are employed full-time or unemployed, those with an annual income under \$50,000, residents who are single or living with a partner, those without a doctor or provider, respondents without health insurance, those without stable housing, renters, and non-straight respondents.

Mammogram (women only) - The majority of female respondents ages 40 and over, 86%, have had a PAP Smear sometime in the past with 54% having one within the past year. Nearly one-sixth of female respondents, 84%, have never had a mammogram. Groups of residents more likely to **NOT** have had a mammogram **in the past** include black respondents, residents ages 18 to 44, those who are employed full-time or unemployed, respondents with an annual income under \$50,000, residents who are not married, those without a healthcare provider, respondents without health insurance, residents who describe their health as fair, renters, non-straight respondents, those who don't have enough to meet basic expenses, and residents without reliable transportation or stable housing.

Clinical Breast Exam (women only) - Nearly three-quarters of female respondents, 70%, have had a clinical breast exam sometime in the past with 39% having one within the past year. Nearly a third of female respondents, 30%, have never had a clinical breast exam. Groups of residents more likely to **NOT** have had a clinical breast exam **in the past** include Canton residents, black respondents, those ages 18 to 44, residents with a high school diploma or less education, unemployed respondents, those with an annual income under \$50,000, residents who are single or living with a partner, those without a doctor or provider, respondents without health insurance, residents without reliable transportation or stable housing, those who rate their personal health as fair or poor, renters, non-straight respondents, and residents who just have enough to meet basic expenses or less.

Colonoscopy (ages 45 and over) - Three quarters of respondents ages forty five and older, 75%, have had a colonoscopy sometime in the past with 27% having the test within the past year. A quarter, 25%, have never had a colonoscopy and an additional 14% have not had a colonoscopy in the past five years. Groups of residents more likely to **NOT** have had a colonoscopy **in the past** include Canton residents, black respondents, those ages 45 to 64, residents with a high school diploma or less education, those with an annual income under \$25,000, residents who are single, divorced, or living with a partner, respondents with children in the home, those without a doctor or provider, respondents without health insurance, residents without reliable transportation or stable housing, those who rate their personal health as poor, renters, non-straight respondents, and residents who just have enough to meet basic expenses or less.

PSA test for Prostate Cancer (men only) - A third of male respondents, 34%, have had a PSA test sometime in the past with 23% having the test within the past year. Two-thirds of male respondents, 66%, have never had a PSA test. Groups of male residents more likely to **NOT** have had a PSA test **in the past** include Canton residents, black respondents, those ages 18 to 44, residents with a high school diploma or less education, those who are not retired, those with an annual income under \$50,000, residents who are single or living with a partner, respondents with children in the home, those without a doctor or provider, respondents without health insurance, residents without reliable transportation or stable housing, those who rate their personal health as fair or poor, renters, non-straight respondents, and residents who just have enough to meet basic expenses or less.



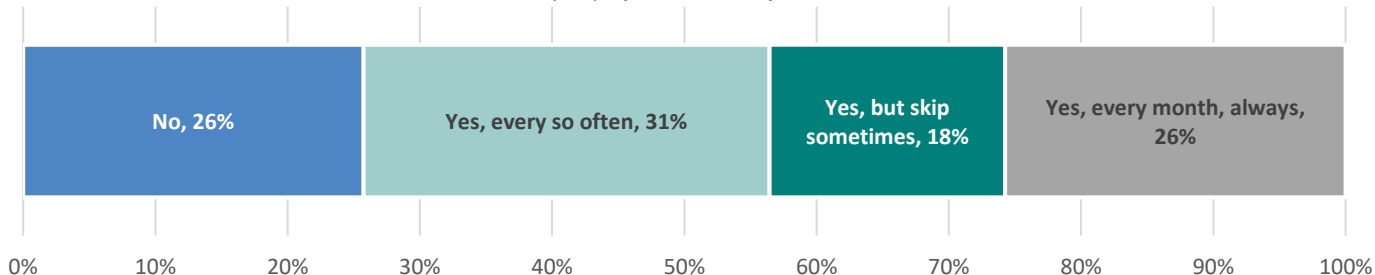


Skin Cancer Exam - Nearly a third of respondents, 32%, have had an exam to check for potential skin cancer sometime in the past with 18% having the test within the past year. More than two-thirds, 68%, have never had a skin cancer exam and an additional 3% have not had one in the past five years. Groups of residents more likely to **NOT** have had a skin cancer exam **in the past** include Alliance and Canton residents, black respondents, males, those ages 18 to 64 (especially those ages 18 to 44), residents with a high school diploma or less education, respondents who are not retired, those with an annual income under \$50,000, residents who are single or living with a partner, respondents with children in the home, those without a doctor or provider, respondents without health insurance, residents without reliable transportation or stable housing, those who rate their personal health as fair or poor, renters, and residents who just have enough to meet basic expenses or less.

Performed self-breast exam (women only) - Less than three-quarters of female respondents, 71% have performed a self-breast exam in the past. Nearly a quarter of female residents, 23%, reported performing a self-breast exam, every month, always while 16% reported doing breast self-exams but skipping sometimes and the remaining 33% report doing self-breast exams every so often. Groups of female residents more likely to **NOT** perform self-breast exams include Alliance and Canton residents, black respondents, those ages 18 to 44, residents with a high school diploma or less education, unemployed respondents, those who are single, residents who rate their health as fair or poor, renters, non-straight respondents, and those without stable housing.

Self-Breast Exam (asked of females only)

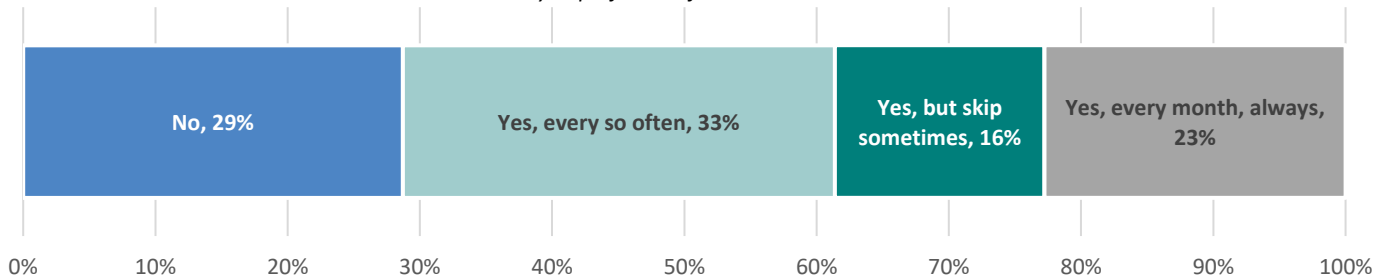
Do you perform breast self-exams?



Performed self-testicular exam (men only) - Less than half of male respondents, 47% have performed a self-testicular exam in the past. Less than a sixth of male residents, 15%, reported performing a self-testicular exam, every month, always while 9% reported doing self-testicular exams but skipping sometimes and the remaining 24% report doing self-breast exams every so often. Groups of male residents more likely to **NOT** perform self-testicular exams include black respondents, and unemployed residents.

Self-Testicular Exam (asked of males only)

Do you perform self-testicular exams?



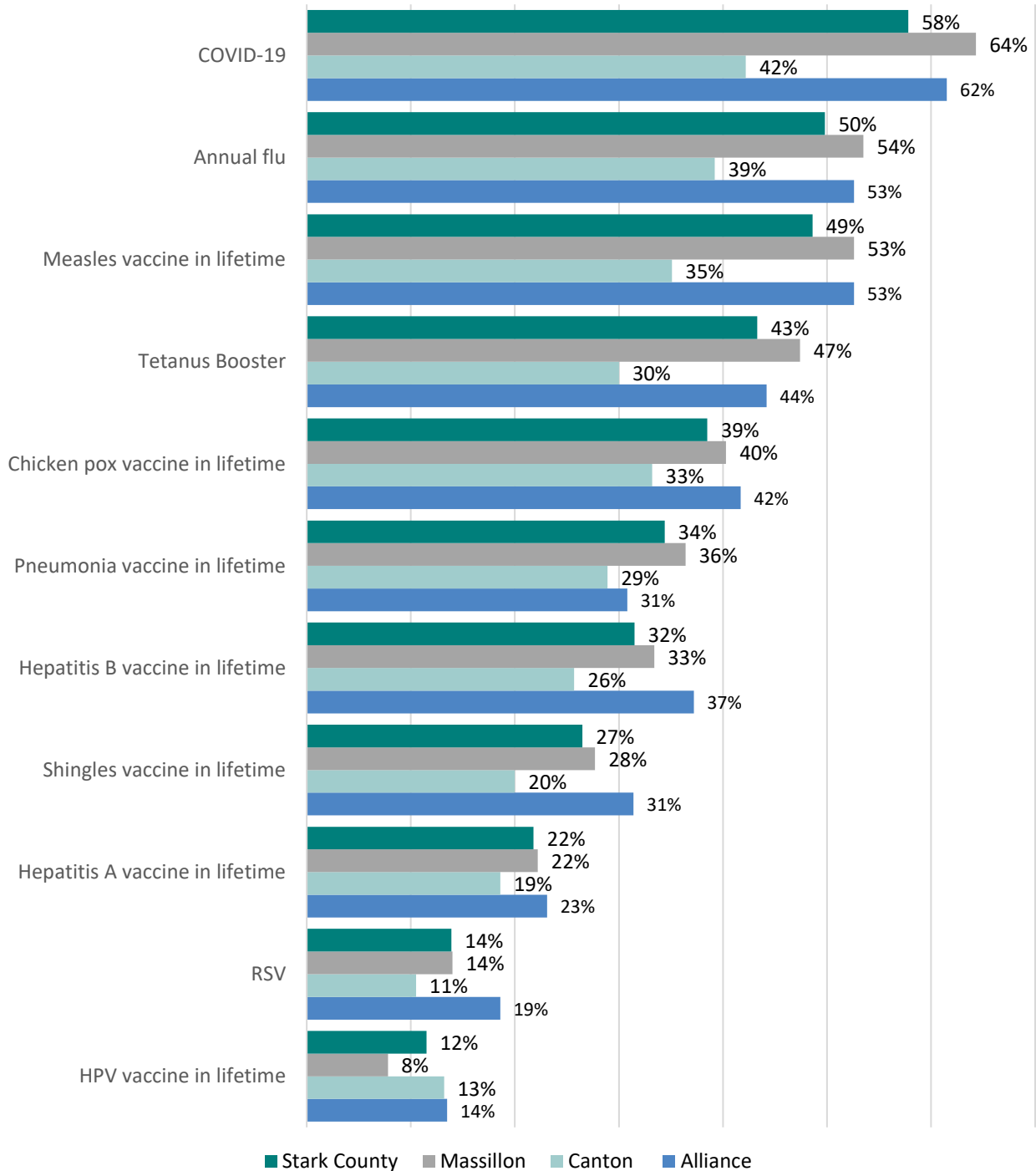


VACCINATIONS

Residents were given a list of 10 vaccinations and asked if they have received them. Each vaccine is discussed in more detail below.

Received the Following Vaccines

Have you received any of the following vaccines?





- **COVID-19 Vaccine** - More than half of respondents, 58%, had received a COVID-19 vaccine. Groups of residents more likely to have NOT received their COVID-19 vaccine include Canton residents, black respondents, males, those ages 18 to 64, residents with a high school diploma or less education, respondents who are unemployed or employed part-time, those with an annual income under \$25,000, residents who are not married or widowed, those with children in the home, renters, respondents who have just enough to meet basic expenses or less, residents without a regular healthcare provider, those without health insurance, respondents without stable housing or reliable transportation, and residents who rate their health as poor.
- **Flu Vaccine** - Half of respondents, 50%, had received their annual flu vaccine. Groups of residents more likely to have NOT received their flu vaccine include Canton residents, black respondents, males, those ages 18 to 64, residents with a high school diploma or less education, respondents who are unemployed or employed part time, those with an annual income under \$25,000, residents who are not married, those with children in the home, renters, respondents who don't have enough to meet basic expenses, residents without a regular healthcare provider, those without health insurance, respondents without stable housing or reliable transportation, and residents who rate their health as poor.
- **Measles Vaccine** - Slightly fewer respondents, 49%, had received a Measles vaccine in their lifetime. Groups of residents more likely to have NOT received their Measles vaccine include Canton residents, black respondents, males, those ages 18 to 44, residents with a high school diploma or less education, unemployed respondents, those with an annual income under \$50,000, residents who are not married or widowed, renters, non-straight respondents, those who don't have enough to meet basic expenses, residents without a regular healthcare provider, those without health insurance, respondents without stable housing or reliable transportation, and residents who rate their health as poor.
- **Tetanus Booster** - Less than half of respondents, 43%, had received a tetanus booster in the past ten years. Groups of residents more likely to have NOT received their tetanus booster include Canton residents, black respondents, males, those ages 18 to 64, residents with a high school diploma or less education, unemployed respondents, those with an annual income under \$25,000, residents who are not married, those without children in the home, renters, non-straight respondents, those who have just enough to meet basic expenses or less, residents without a regular healthcare provider, those without health insurance, respondents without stable housing or reliable transportation, and residents who rate their health as poor.
- **Chicken Pox Vaccine** - Fewer respondents, 39%, had received a Chicken Pox vaccine in their lifetime. Groups of residents more likely to have NOT received their Chicken Pox vaccine include black respondents, those ages 45 to 64, residents with a high school diploma or less education, respondents who are unemployed, renters, residents without a regular healthcare provider, respondents without stable housing or reliable transportation, and those without health insurance.
- **Pneumonia Vaccine** - More than a third of respondents, 34%, had received a Pneumonia vaccine in their lifetime. Groups of residents more likely to have NOT received their Pneumonia vaccine include Alliance and Canton residents, black respondents, those ages 18 to 64, residents with a high school diploma or less education, respondents who are unemployed or employed full time, those with an annual income under \$25,000, single residents, those with children in the home, renters, respondents who don't have enough to meet basic expenses, residents without a regular healthcare provider, respondents without stable housing or reliable transportation, and those without health insurance.





- **Hepatitis B Vaccine** - Slightly fewer, 32%, had received a Hepatitis B vaccine in their lifetime. Groups more likely to NOT have received their Hepatitis B vaccine include Canton residents, black respondents, males, those ages 65 and over, residents with a high school diploma or less education, those with an annual income under \$50,000, respondents who are single, divorced or widowed, those without children in the home, renters, residents without a regular healthcare provider, respondents without reliable transportation, and those without health insurance.
- **Shingles Vaccine** - More than a quarter of respondents, 27%, had received a Shingles vaccine in their lifetime. Groups of residents more likely to have NOT received their Shingles vaccine include Canton residents, black respondents, those ages 18 to 64, residents with a high school diploma or less education, respondents who are not retired, those with an annual income under \$25,000, residents who are not married or widowed, those with children in the home, renters, respondents who don't have enough to meet basic expenses, residents without a regular healthcare provider, those without health insurance, respondents without stable housing or reliable transportation, and residents who rate their health as poor.
- **Hepatitis A Vaccine** - Fewer respondents, 22%, had received a Hepatitis A vaccine in their lifetime. Groups of residents more likely to have NOT received their Hepatitis A vaccine include black respondents, males, those ages 65 and over, residents with a high school diploma or less education, unemployed or retired respondents, those with an annual income under \$50,000, residents who are divorced or widowed, those without children in the home, renters, residents without a regular healthcare provider, respondents without stable housing or reliable transportation, and those without health insurance.
- **RSV Vaccine** - Less than a sixth of respondents, 14%, had received an RSV vaccine in their lifetime. Groups of residents more likely to have NOT received their RSV vaccine include Canton residents, black respondents, those ages 45 to 64, respondents who are unemployed or employed fulltime, residents who are single or divorced, renters, respondents without stable housing or reliable transportation, and residents without a regular healthcare provider.
- **HPV Vaccine** - Just over one in ten respondents, 12%, had received an HPV vaccine in their lifetime. Groups of residents more likely to have NOT received their HPV vaccine include Massillon residents, those ages 45 and older, retired respondents, residents who are divorced or widowed, those without children in the home, homeowners, and straight respondents.





SECONDARY DATA ANALYSIS

Communicable disease rates were higher for most communicable diseases in the state of Ohio when compared to Stark County. The communicable diseases that had higher rates in Stark County than the state of Ohio were Campylobacteriosis (+13.1 difference), Lyme Disease (+7.8 difference), Legionnaire’s disease (+5.3 difference), and Salmonellosis (+2.5 difference).

Communicable Disease Number and Rates, 2024					
	Stark County		Ohio		Difference per 100,000
	Case Count	Rate per 100,000	Case Count	Rate per 100,000	
	Population	374,091	Population	11,883,304	
Campylobacteriosis	132	35.3	2,634	22.2	13.1
CPO	36	9.6	1,299	10.9	-1.3
Cryptosporidiosis	19	5.1	742	6.2	-1.1
E-coli	22	5.9	647	5.4	0.5
Giardiasis	20	5.3	540	4.5	0.8
Haemophiles influenzae	10	2.7	378	3.2	-0.5
Hepatitis A	1	0.3	22	0.2	0.1
Hepatitis E	0	-	1	0.0	-
Legionnaire’s disease	38	10.2	582	4.9	5.3
Lyme disease	85	22.7	1,773	14.9	7.8
Meningitis, aseptic/viral	13	3.5	427	3.6	-0.1
Meningitis, bacterial	3	0.8	142	1.2	-0.4
Meningococcal disease	0	-	17	0.1	-
Mumps	1	0.3	26	0.2	0.1
Pertussis	15	4.0	1,773	14.9	-10.9
Salmonellosis	65	17.4	1,775	14.9	2.5
Shigellosis	7	1.9	448	3.8	-1.9
Streptococcal, Group A, invasive	37	9.9	939	7.9	2
Streptococcus pneumoniae, invasive	46	12.3	1,337	11.3	1
Varicella	10	2.7	232	2.0	0.7

SOURCES: Ohio Department of Health, Summary of Infectious Diseases in Ohio. Rate=per 100,000 population using 2024 pop estimates, number of cases is confirmed and probable.

Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 100,000 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. In Stark County, Ohio, 2,711 hospital stays per 100,000 people enrolled in Medicare might have been prevented by outpatient treatment. This number has steadily decreased over the past five years and is slightly lower than the state average.

Preventable Hospital Stays						
	2018	2019	2020	2021	2022	% Change
Stark County	4,008	3,710	2,904	2,499	2,711	-32.4%
Ohio	4,901	4,338	3,278	3,111	3,033	-38.1%
United States	4,236	3,767	2,809	2,681	2,666	-37.1%

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool





Mammography screening represents the percent of female Medicare enrollees aged 65-74 that had an annual mammography screening. Less than half, 35%, of female Medicare enrollees ages 65-74 in Stark County reported having an annual mammogram screening which is slightly lower than the state average of 47%.

Mammography Screening						
	2018	2019	2020	2021	2022	% Change
Stark County	44%	45%	40%	45%	45%	+1%
Ohio	43%	45%	40%	46%	47%	+4%
United States	42%	43%	37%	43%	44%	+2%

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool

In Stark County, more than half, 52%, Pe of fee-for-service (FFS) Medicare enrollees had an annual flu vaccination. This was slightly higher than the state average of 51%.

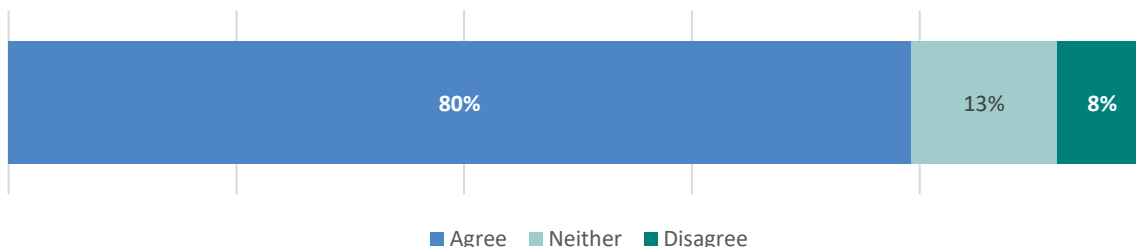
Flu Vaccine						
	2018	2019	2020	2021	2022	% Change
Stark County	51%	51%	54%	50%	52%	+1%
Ohio	51%	51%	53%	49%	51%	0%
United States	48%	48%	51%	46%	48%	0%

SOURCE: County Health Rankings, Original Source: Mapping Medicare Disparities Tool

COMMUNITY PARTNER SURVEY

The majority of community partners, 80%, agreed, "Immunizations are accessible and available in Stark County," with 25% strongly agreeing.

Immunizations are Accessible and Available in Stark County





CHRONIC DISEASE MANAGEMENT

COMMUNITY SURVEY

Respondents were given a list of thirteen chronic diseases and risk factors and asked if they or someone in their household have ever been diagnosed with the disease or risk factor by a health care professional. The chronic diseases and risk factors most prevalent were high blood pressure, high cholesterol, arthritis, diabetes, and asthma. Each chronic disease and risk factor is discussed in more detail below.

Summary: Chronic Disease Diagnosis: ALL RESPONDENTS				
	<i>Someone in Household</i>	<i>Resident</i>	<i>Member of Household</i>	<i>Currently Seeing Doctor for Condition</i>
High blood pressure	43.8%	34.5%	15.9%	89.8%
High cholesterol	33.5%	28.9%	10.7%	87.0%
Arthritis	30.5%	25.4%	10.1%	69.8%
Diabetes	22.5%	15.3%	10.1%	90.1%
Asthma	16.5%	12.9%	5.2%	65.7%
Any form of cancer	15.0%	10.8%	5.8%	64.0%
Heart disease or heart attack	14.6%	10.4%	5.6%	88.0%
Respiratory disease	7.4%	4.9%	2.9%	76.9%
Stroke	5.6%	3.5%	2.2%	67.9%
Kidney disease	5.4%	3.5%	2.0%	85.7%
Sexually transmitted disease	4.4%	3.4%	1.8%	40.7%
Chronic or long COVID	4.0%	2.9%	2.0%	34.8%
Alzheimer's/dementia	1.5%	0.1%	1.4%	100.0%

Summary: Chronic Disease Diagnosis: Someone in Household by Location and Race					
	<i>Stark County</i>	<i>Alliance</i>	<i>Canton</i>	<i>Massillon</i>	<i>Black Residents</i>
High blood pressure	43.8%	51.9%	41.9%	47.6%	39.2%
High cholesterol	33.5%	31.4%	25.4%	37.8%	17.2%
Arthritis	30.5%	32.1%	29.2%	34.1%	22.5%
Diabetes	22.5%	22.4%	24.3%	26.1%	21.5%
Asthma	16.5%	19.9%	21.1%	16.7%	22.5%
Cancer	15.0%	10.3%	12.4%	15.3%	5.3%
Heart disease or heart attack	14.6%	7.7%	11.6%	15.3%	8.6%
Respiratory disease	7.4%	8.3%	8.6%	6.4%	6.7%
Stroke	5.6%	3.8%	7.8%	4.6%	8.6%
Kidney disease	5.4%	5.1%	4.3%	6.6%	2.9%
Sexually transmitted disease	4.4%	3.2%	6.5%	2.1%	5.3%
Chronic or long COVID	4.0%	2.6%	2.4%	5.0%	1.0%
Alzheimer's/dementia	1.5%	1.9%	1.6%	1.8%	2.9%





- **HIGH BLOOD PRESSURE:** Less than half of respondents, 44%, reported that either they or a member of their household was diagnosed with high blood pressure. More specifically, 35% of respondents have been diagnosed with high blood pressure and 16% have a member of their household with the risk factor. Households more likely to have someone diagnosed with high blood pressure include Alliance residents, white respondents, residents ages 65 and over, those with some college education, retired respondents, residents with an annual income of \$50,000 to \$75,000, those who are married or divorced, respondents without children in the home, homeowners, straight residents, households with someone with a disability, respondents with a regular healthcare provider, those with health insurance, overweight residents, and those who describe their overall health as fair.
- **HIGH CHOLESTEROL:** A third of respondents, 34%, reported that either they or a member of their household was diagnosed with high cholesterol. More specifically, 29% of respondents have been diagnosed with high cholesterol and 11% have a member of their household with the risk factor. Households more likely to have someone diagnosed with high cholesterol include Massillon and suburban residents, white respondents, residents ages 45 and over, females, those with some college education, retired respondents, residents with an annual income of \$75,000 or more, those who are married or divorced, respondents without children in the home, homeowners, straight residents, households with someone with a disability, respondents with a regular healthcare provider, those with health insurance, overweight residents, respondents with stable housing and reliable transportation, and those who describe their overall health as fair.
- **ARTHRITIS:** Less than a third of respondents, 31%, reported that either they or a member of their household was diagnosed with arthritis. More specifically, 25% of respondents have been diagnosed with arthritis and 10% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with arthritis include white respondents, residents ages 65 and over, females, retired respondents, those who are divorced or widowed, respondents without children in the home, homeowners, straight residents, households with someone with a disability, respondents with a regular healthcare provider, those with health insurance, overweight residents, and those who describe their overall health as poor.
- **DIABETES:** Less than a quarter of respondents, 23%, reported that either they or a member of their household was diagnosed with diabetes. More specifically, 15% of respondents have been diagnosed with diabetes 10% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with diabetes include residents ages 45 and over, retired respondents, residents with an annual income of \$25,000 to \$75,000, straight residents, households with someone with a disability, respondents with a regular healthcare provider, those with health insurance, overweight residents, and those who describe their overall health as fair.
- **ASTHMA:** A sixth, 17%, reported that either they or a member of their household was diagnosed with asthma. More specifically, 13% of respondents have been diagnosed with asthma and 5% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with asthma include black respondents, ages 18 to 44, females, unemployed respondents, those with an annual income under \$25,000, households with children, renters, non-straight residents, those who don't have enough to meet basic expenses, households with someone with a disability, those with health insurance, overweight residents, respondents without stable housing or reliable transportation, and those who describe their overall health as fair or poor.
- **CANCER:** Less than a sixth of respondents, 15%, reported that either they or a member of their household was diagnosed with any form of cancer. More specifically, 11% of respondents have been diagnosed with cancer and 6% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with cancer include suburban residents, white respondents, residents ages 65 and over, those with some college or more education, retired respondents and those who are employed part-time, those who are divorced or widowed, respondents without children in the home, homeowners, straight residents, households with someone with a disability, and those with health insurance.





- **HEART DISEASE:** The same percentage, 15%, reported that either they or a member of their household was diagnosed with heart disease or heart attack. More specifically, 10% of respondents have been diagnosed with heart disease and 6% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with heart disease include suburban residents, white respondents, residents ages 65 and over, retired respondents, residents with an annual income of \$25,000 to \$50,000, those who are divorced or widowed, respondents without children in the home, households with someone with a disability, those with health insurance, overweight residents, and those who describe their overall health as fair or poor.
- **RESPIRATORY DISEASE:** Less than one in ten respondents, 7%, reported that either they or a member of their household was diagnosed with a respiratory disease such as COPD or emphysema. More specifically, 5% of respondents have been diagnosed with respiratory disease and 3% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with respiratory disease include residents ages 45 to 64, females, retired respondents, residents with an annual income under \$50,000, those who are divorced or widowed, respondents without children in the home, renters, those who don't have enough to meet basic expenses, households with someone with a disability, respondents with a regular healthcare provider, overweight residents, respondents without stable housing or reliable transportation, and those who describe their overall health as poor.
- **STROKE:** Slightly fewer respondents, 6%, reported that either they or a member of their household was diagnosed with Stroke. More specifically, 4% of respondents have been diagnosed with stroke and 2% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with stroke include black respondents, unemployed residents, those who are divorced, renters, those who don't have enough to meet basic expenses, households with someone with a disability, overweight residents, respondents without stable housing or reliable transportation, and those who describe their overall health as fair or poor.
- **KIDNEY DISEASE:** One in twenty respondents, 5%, reported that either they or a member of their household was diagnosed with kidney disease. More specifically, 4% of respondents have been diagnosed with kidney disease and 2% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with kidney disease include white respondents, residents ages 65 and over, retired respondents, residents with an annual income under \$50,000, respondents without children in the home, straight residents, households with someone with a disability, respondents with a regular healthcare provider, those with health insurance, overweight residents, and those who describe their overall health as fair or poor.
- **SEXUALLY TRANSMITTED DISEASE:** A small percentage of respondents, 4%, reported that either they or a member of their household was diagnosed with a sexually transmitted disease. More specifically, 3% of respondents have been diagnosed with a sexually transmitted disease and 2% of respondents have a member of their household with the disease. Households more likely to have someone diagnosed with a sexually transmitted disease include Canton and suburban residents, residents ages 18 to 44, unemployed respondents, residents with an annual income under \$50,000, those who are divorced or living with a partner, renters, non-straight residents, those who don't have enough to meet basic expenses, households with someone with a disability, respondents without stable housing or reliable transportation, and those who describe their overall health as poor.
- **COVID:** The same percentage of respondents, 4%, reported that either they or a member of their household was diagnosed with chronic or long COVID. More specifically, 3% of respondents have been diagnosed with long or chronic COVID and 2% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with heart disease include white respondents, and households with someone with a disability.
- **ALZHEIMER'S/DEMENTIA:** Even fewer respondents, 2%, reported that either they or a member of their household was diagnosed with Alzheimer's or dementia. More specifically, just 0.1% of respondents have been diagnosed with Alzheimer's and 1% have a member of their household with the chronic disease. Households more likely to have someone diagnosed with Alzheimer's include those who are divorced.





SECONDARY DATA ANALYSIS

The number of resident deaths in Stark County has decreased by 15.2% over the past five years. The only age groups that saw an increase in the last five years in Stark County was ages 5 to 14.

Stark County Resident Deaths						
	2020	2021	2022	2023	2024	% Change
Stark	5,286	5,411	4,811	4,615	4,484	-15.2%
Ohio	143,660	147,583	138,037	127,769	126,761	-11.8%
STARK COUNTY BY AGE GROUP						
<1	31	22	23	26	23	-25.8%
1-4	*	7	7	*	*	-
5-14	7	5	6	6	14	+100%
15-24	36	43	31	17	20	-44.4%
25-34	82	79	73	65	67	-18.3%
35-44	109	149	122	123	101	-7.3%
45-54	270	329	276	224	200	-25.9%
55-64	648	743	587	535	534	-17.6%
65-74	1,036	1,187	998	970	993	-4.2%
75-84	1,391	1,296	1,238	1,199	1,208	-13.2%
85+	1,674	1,551	1,450	1,447	1,320	-21.1%
Unknown	0	0	0	*	*	-

*SOURCE: Ohio Department of Health Data Warehouse, *under 5, blinded to protect confidentiality*

The top two causes of death in Stark County in 2024 were heart disease and cancer. When looking at five-year trends, the causes of death that had the largest increases in Stark County were suicide and chronic liver disease.

Death Rates for Leading Causes of Death (death per 100,000 population)												
	Stark County						Ohio					
	2020	2021	2022	2023	2024	Change	2020	2021	2022	2023	2024	Change
Diseases of the heart	278.8	252.0	269.6	264.5	276.4	-2.4	261.1	261.4	256.6	240.4	246.2	-14.9
Malignant Neoplasms	239.3	251.0	216.3	237.2	239.9	0.6	212.6	214.3	210.3	211.8	213.9	1.3
Not a leading cause	221.8	222.3	206.1	220.1	200.1	-21.7	186.3	182.9	182.7	188.6	192.9	6.6
Unintentional Injuries	72.2	82.2	80.0	79.8	72.7	0.5	80.7	84.8	82.5	79.6	65.2	-15.5
CLRD	66.3	63.6	64.9	69.8	63.8	-2.5	60.2	55	58.2	54.7	57.2	-3
Cerebrovascular	60.8	61.7	54.9	64.1	57.3	-3.5	60.3	61.9	61.5	60.9	63.7	3.4
Alzheimer’s Disease	82.8	74.1	75.5	79.8	73.3	-9.5	50.9	42.3	42.3	41.5	42.3	-8.6
Diabetes	40.6	44.6	49.2	33.8	33.8	-6.8	37.5	38.1	36.5	34.5	32.0	-5.5
Septicemia	18.9	14.6	13.0	16.2	18.1	-0.8	17.5	17.5	16.9	16.7	15.8	-1.7
COVID-19	174.2	216.1	96.0	18.7	10.0	-164.2	116.5	156.3	79.8	18.5	10.0	-106.5
Suicide	14.3	20.0	14.1	13.0	18.9	4.6	14	15.1	15.4	15.2	15.2	1.2
Nephritis	21.6	27.0	25.7	24.9	23.0	1.4	18.7	19.6	21.8	19.8	19.3	0.6
Flu & Pneumonia	20.8	15.1	18.1	15.7	14.3	-6.5	17.5	14.3	16.3	14.8	14.9	-2.6
Chronic liver disease	16.8	25.2	19.7	23.0	21.4	4.6	15.4	17.3	17.2	16.2	15.3	-0.1

CLRD- Chronic Lower Respiratory Diseases, SOURCE: Ohio Department of Health, ODH Data Warehouse
**Indicates rates have been suppressed for counts <10*



The most prevalent cancers in Stark County in 2022 were breast, lung and bronchus, melanoma of the skin, and prostate. Cancer incidence rates were considerably higher in Stark County than Ohio for the following types of cancer: thyroid, testis, melanoma of the skin, and bladder.

Cancer Incidences in Stark County and Ohio							
	Number of Cases					2022 Age Adjusted Rate	% Change
	2018	2019	2020	2021	2022		
STARK COUNTY							
Bladder	107	137	126	148	131	22.9	22.4%
Brain and other CNS	32	40	31	30	35	7.6	9.4%
Breast	385	404	387	450	377	76.3	-2.1%
Cervix	18	18	20	10	13	3.9	-27.8%
Colon & Rectum	174	172	177	202	157	31.7	-9.8%
Esophagus	36	24	21	35	28	5.0	-22.2%
Hodgkin's Lymphoma	10	11	8	15	9	2.3	-10.0%
Kidney & Renal Pelvis	76	71	88	83	73	14.2	-3.9%
Larynx	21	21	21	28	19	3.2	-9.5%
Leukemia	73	82	53	52	69	14.0	-5.5%
Liver & Intrahepatic Bile Duct	36	57	30	44	39	7.0	8.3%
Lung and Bronchus	342	363	325	322	336	60.4	-1.8%
Melanoma of the Skin	217	223	220	290	300	59.7	38.2%
Multiple Myeloma	41	27	29	22	18	3.2	-56.1%
Non-Hodgkin's Lymphoma	76	101	96	79	86	16.8	13.2%
Oral Cavity & Pharynx	61	67	60	75	64	12.8	4.9%
Other Sites/Types	191	212	201	227	205	40.1	7.3%
Ovary	31	35	37	27	33	6.4	6.5%
Pancreas	98	74	66	70	73	13.1	-25.5%
Prostate	281	319	264	258	285	49.0	1.4%
Stomach	34	26	21	29	23	4.1	-32.4%
Testis	10	13	14	16	20	6.0	100.0%
Thyroid	57	58	63	55	77	18.1	35.1%
Uterus	70	79	60	74	78	15.6	11.4%
OHIO							
Bladder	3,437	3,410	3,329	3,421	3,293	20.5	-4.2%
Brain and Other CNS	983	983	874	888	842	6.2	-14.3%
Breast	12,159	12,360	11,511	12,991	12,328	84.6	1.4%
Cervix	460	515	444	476	498	4.1	8.3%
Colon & Rectum	6,169	5,877	5,404	5,869	5,541	37.3	-10.2%
Esophagus	908	973	880	884	961	6.0	5.8%
Hodgkin's Lymphoma	294	356	309	330	296	2.4	0.7%
Kidney & Renal Pelvis	2,668	2,771	2,584	2,950	2,809	18.5	5.3%
Larynx	598	627	573	631	603	3.7	0.8%
Leukemia	1,876	1,898	1,744	1,911	1,863	12.8	-0.7%
Liver & Intrahepatic Bile Duct	1,242	1,312	1,167	1,301	1,160	7.0	-6.6%
Lung and Bronchus	10,481	10,619	9,671	10,163	9,922	60.6	-5.3%
Melanoma of the Skin	6,564	7,444	6,305	7,396	8,529	57.1	29.9%
Multiple Myeloma	1,006	1,011	989	963	1,030	6.5	2.4%
Non-Hodgkin's Lymphoma	2,874	2,947	2,745	2,821	2,653	17.5	-7.7%
Oral Cavity & Pharynx	1,934	2,033	1,969	2,069	2,071	13.5	7.1%
Other Sites/Types	5,595	5,729	5,560	6,034	5,745	37.9	2.7%
Ovary	739	755	715	812	726	5.0	-1.8%
Pancreas	2,316	2,245	2,205	2,179	2,147	13.5	-7.3%

Cancer Incidences in Stark County and Ohio

	Number of Cases					2022 Age Adjusted Rate	% Change
	2018	2019	2020	2021	2022		
Prostate	9,084	9,450	8,673	9,782	9,836	58.2	8.3%
Stomach	868	833	821	920	901	5.8	3.8%
Testis	312	316	334	331	327	3.0	4.8%
Thyroid	1,902	1,908	1,647	1,849	1,696	13.3	-10.8%
Uterus	2,508	2,579	2,306	2,571	2,428	15.8	-3.2%

*SOURCE: ODH Data Warehouse, *indicates where rates may be unstable for case counts less than five*

The table below measures the percentage of the county population with a disability. Disabilities include difficulties with hearing, vision, cognition, ambulation, and self-care. The percentage of the population with disabilities has slightly increased over the past five years. The most common types of disabilities in 2023 were ambulatory and cognitive difficulties.

Stark County Disability Status by Age

	2019	2020	2021	2022	2023	Change
Total Population	367,654	366,799	370,139	369,662	369,417	0.5%
# with a Disability	49,105	48,810	50,388	51,740	51,649	5.2%
% with a Disability	13.4%	13.3%	13.6%	14.0%	14.0%	+0.6%
By Age						
# with disability under 5	127	123	97	96	34	-73.2%
# with disability 5-17	3,452	3,493	3,874	3,930	4,475	29.6%
# with disability 18-34	4,956	5,299	6,219	6,490	6,889	39.0%
# with disability 35-64	18,846	18,656	18,849	18,929	18,744	-0.5%
# with disability 65-74	8,570	8,516	9,052	9,455	9,411	9.8%
# with disability 75 yrs+	13,154	12,723	12,297	12,840	12,096	-8.0%
By Disability Type						
# with hearing difficulty	12,938	13,397	13,922	14,423	13,947	7.8%
# with vision difficulty	6,805	7,553	7,999	8,410	8,313	22.2%
# with cognitive difficulty	18,286	18,157	19,196	19,732	20,702	13.2%
# with ambulatory difficulty	25,488	24,598	24,529	24,877	24,334	-4.5%
# with self-care difficulty	9,347	8,707	8,363	7,843	7,740	-17.2%
# with independent living difficulty	16,804	16,299	16,743	16,908	16,712	-0.5%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810

Disability Status by Age for Alliance, Canton, and Massillon

	2019	2020	2021	2022	2023	Change
Alliance						
Total Population	21,405	21,283	21,516	21,217	21,195	-1.0%
# with a Disability	3,785	3,752	3,958	3,802	4,155	9.8%
% with a Disability	17.7%	17.5%	18.4%	17.9%	19.6%	+1.9%
Canton						
Total Population	69,880	69,524	69,743	69,231	68,758	-1.6%
# with a Disability	11,122	10,857	11,320	11,694	11,405	2.5%
% with a Disability	15.9%	15.6%	16.2%	16.9%	16.6%	+0.7%
Massillon						
Total Population	31,773	31,824	31,550	31,638	31,656	-0.4%
# with a Disability	5,210	5,067	5,100	5,191	5,302	1.8%
% with a Disability	16.4%	15.9%	16.2%	16.4%	16.7%	+0.3%

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810





The percentage of students with disabilities in the county is outlined in the table below. These children will have Individual Education Plans (IEPs) at school. Alliance City has the highest percentage of students with disabilities.

Stark County Students with Disabilities, District Level Data			
District	# Total Students	# Students Disabilities	% Students Disabilities
Alliance City	2,862	584	20.4%
Louisville City	2,767	490	17.7%
Canton City	7,650	1,255	16.4%
Fairless Local	1,215	199	16.4%
Canton Local	1,779	289	16.3%
Massillon City	4,107	660	16.1%
Sandy Valley Local	1,224	193	15.8%
Minerva Local	1,616	236	14.6%
Osnaburg Local	881	127	14.4%
Tuslaw Local	1,206	172	14.2%
Plain Local	5,794	809	14.0%
North Canton City	4,348	605	13.9%
Jackson Local	5,741	759	13.2%
Perry Local	4,181	530	12.7%
Marlington Local	1,825	232	12.7%
Northwest Local	1,642	205	12.5%
Lake Local	3,196	372	11.6%
COUNTY TOTAL	52,034	7,717	14.8%
<i>SOURCE: Ohio Department of Education</i>			





TRANSPORTATION

COMMUNITY SURVEY

Summary: Transportation and Safe Driving						
		Stark County	Alliance	Canton	Massillon	Black Residents
Have access to reliable transportation		86.4%	86.5%	80.0%	93.1%	78.9%
Type of transportation used MOST often	Own car	69.6%	75.0%	49.5%	81.9%	45.0%
	Walk	13.4%	12.8%	21.9%	8.0%	24.4%
	Family member/friend	7.1%	4.5%	8.9%	5.0%	8.6%
	SARTA	4.1%	1.3%	3.5%	0.2%	10.5%
	Bike	1.9%	1.9%	3.5%	0.2%	1.9%
	Uber or Lyft	1.5%	0.6%	2.2%	1.4%	4.8%
	Borrowed car	1.4%	0.6%	2.2%	1.4%	3.3%
	Insurance Transportation	0.9%	1.3%	0.5%	0.7%	1.0%
	Other	0.1%	0.6%	0.5%	0.0%	0.5%
How often use a seat belt while driving or riding in a car	Always	84.0%	78.8%	71.9%	90.6%	70.8%
	Very often	7.5%	11.5%	10.8%	5.5%	11.0%
	Sometimes/Rarely	6.0%	7.0%	12.7%	2.0%	12.9%
	Never	2.5%	2.6%	4.6%	1.8%	5.3%

The majority of respondents, 86%, have access to reliable transportation when they need it. Groups of respondents more likely to NOT have reliable transportation include Canton residents, black respondents, those ages 18 to 44, residents with a high school diploma or less education, unemployed respondents, those with an annual income of \$25,000 or less, residents who are not married, renters, non-straight respondents, households with someone with a disability, those who don't even have enough to meet basic expenses, residents without stable housing, respondents without children in the home, those without a regular healthcare provider or health insurance, and residents who rate their health as poor.

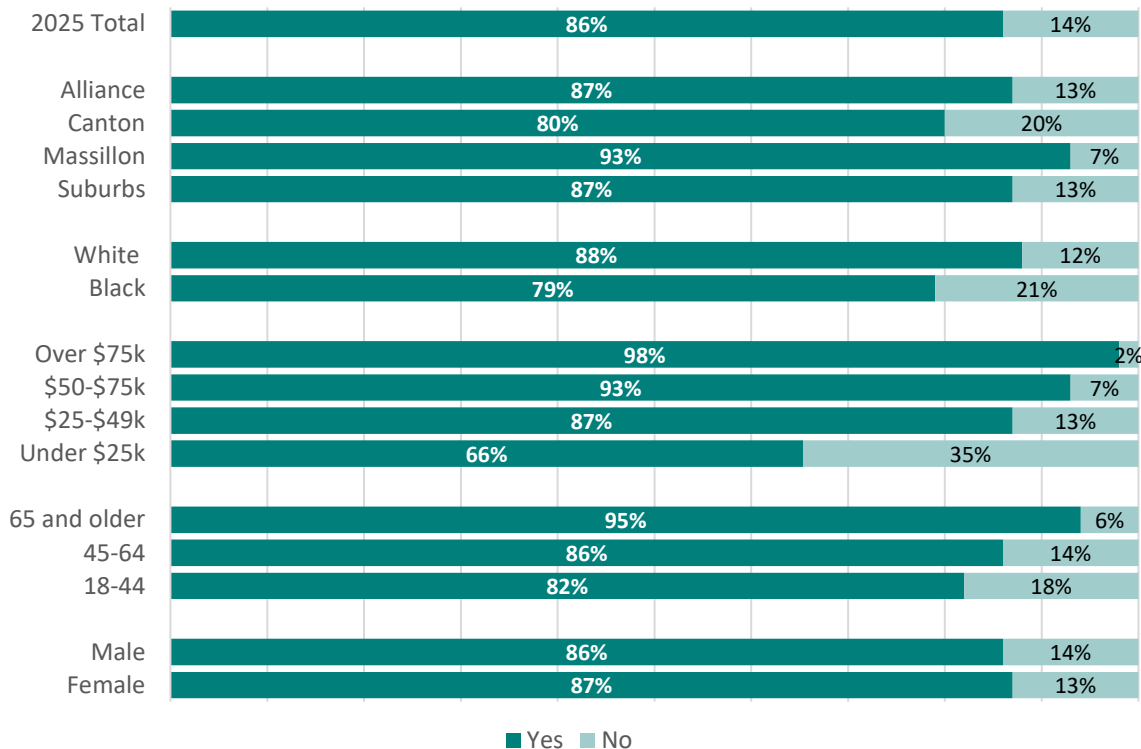
More than two-thirds of respondents, 70%, reported using their own car when they need to go somewhere. A much smaller percentage of respondents, 13%, regularly **walk** when they need to go somewhere. Even fewer respondents regularly get to where they need to go **by rides from family and friends (7%)** or **SARTA (4%)**. Other modes of transportation were used much less often: **bike (1.9%)**, **Uber or Lyft (1.5%)**, **borrowing a car (1.4%)**, **insurance transportation (0.9%)**, and **other (0.1%)**. Groups of residents more likely to NOT **own a car** include Canton residents, black respondents, those ages 18 to 44, residents with a high school diploma or less education, unemployed respondents, those with an annual income of \$50,000 or less (especially \$25,000 or less), residents who are not married, renters, non-straight respondents, households with someone with a disability, those who have just enough to meet basic expenses or less, residents without stable housing, respondents without children in the home, those without a regular healthcare provider or health insurance, and residents who rate their health as fair or poor.





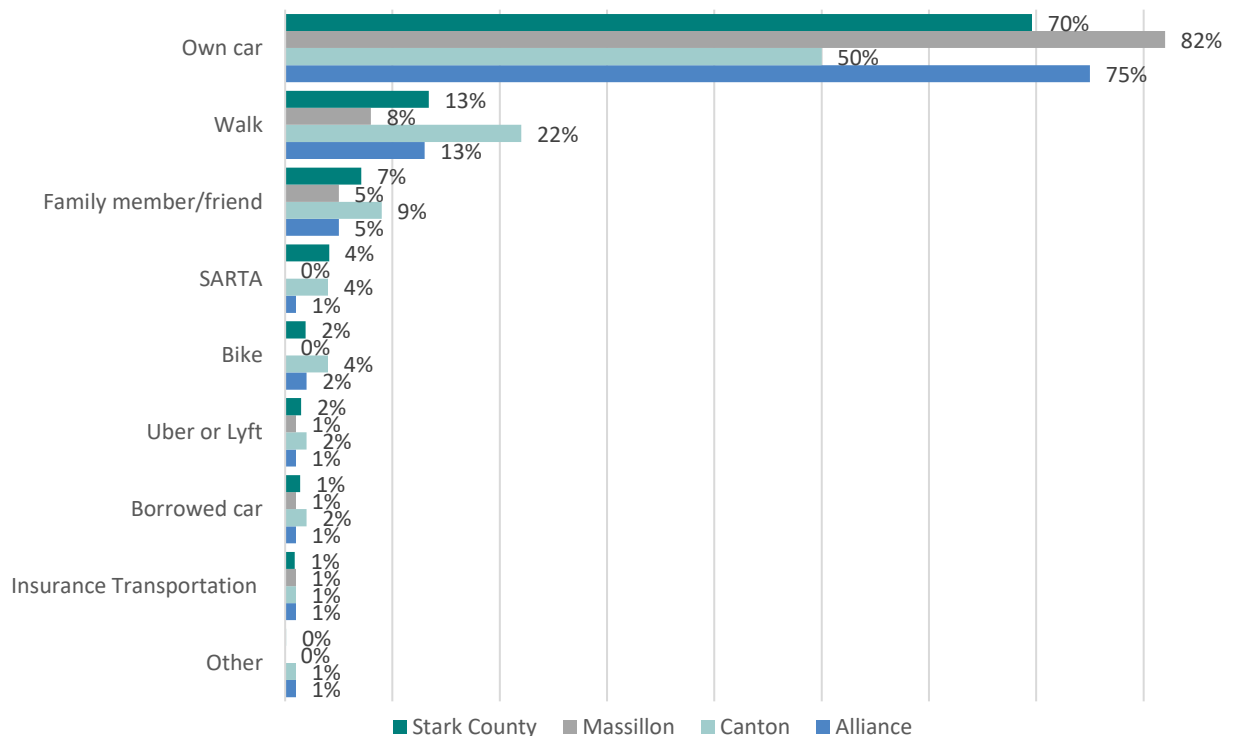
Have Access to Reliable Transportation

Do you have access to reliable transportation when you need it?



Type of Transportation Used Most Often

How do you regularly get to where you need to go MOST often?

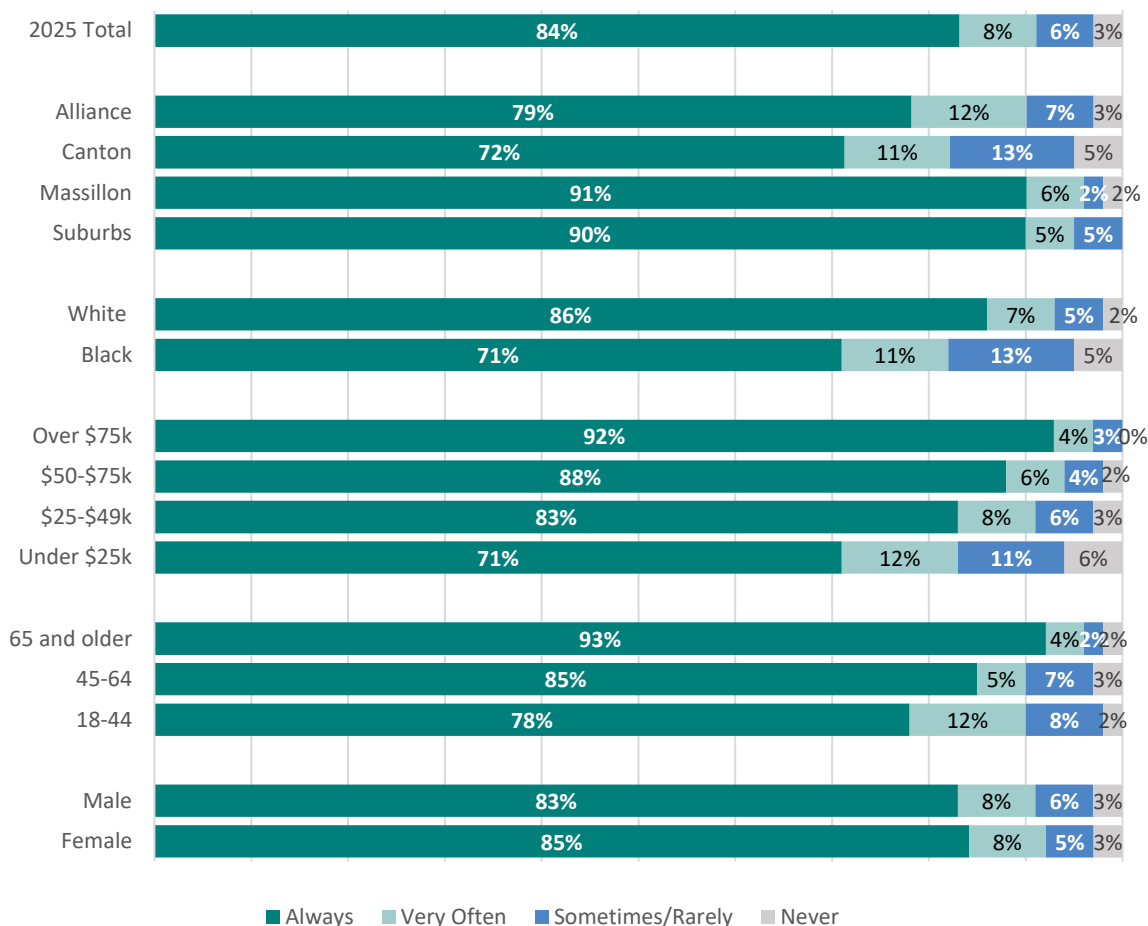




Respondents were asked how often they use a seat belt while driving or riding in a car. Most respondents, 84%, responded they always wear a seatbelt. A small portion, 8%, said most of the time, 4% sometimes, 2% rarely and 3% reporting they never wear a seatbelt. Groups of residents more likely to NOT always wear a seatbelt include Alliance and Canton residents, black respondents, those ages 18 to 44, residents with a high school diploma or less education, respondents who are unemployed or employed part-time, those with an annual income under \$25,000, residents who are not married, renters, non-straight respondents, households with someone with a disability, those who have just enough to meet basic expenses or less, residents without stable housing or reliable transportation, respondents without a primary care provider or health insurance, and those who describe their health as fair or poor.

How Often Use Seatbelt

How often do you use a seat belt when you drive or ride in a car?





BARRIER SURVEY

- Less than half, 40.9%, reported rarely or never being unable to get where they needed to go because of not having a way to get there while 15.7% reported having this issue several times a year. Over a third, 34.6%, reported they were unable to get where they needed to go because of transportation more than once a month or more often.
- When given a list of fifteen transportation related issues and asked if they or anyone in their household has experienced each in the past year, a majority, 76.9%, reported experiencing at least one of the issues. The transportation issues most often cited were being unable to afford Uber, Lyft, or cab services (35.0%), difficulty maintaining or repairing a vehicle (34.3%), difficulty buying a vehicle because of credit (29.2%), not having others to rely on for a ride (29.2%), unable to afford a car payment (27.0%), a ride from friends or family fell through (27.0%), and not having a valid driver’s license (26.3%).

Summary Table: Transportation Needs			
		%	N
How often unable to get where need to go because of no transportation	Rarely or never	40.9%	127
	Several times a year	15.7%	
	About once a month	8.7%	
	More than once a month	17.3%	
	Once a week or more often	17.3%	
Experienced in past year	Unable to afford Uber, Lyft, or cab services	35.0%	137
	Difficulty maintaining or repairing a vehicle	34.3%	
	Difficulty buying a vehicle because of credit	29.2%	
	Do not have others to rely on for a ride	29.2%	
	Unable to afford car payment	27.0%	
	Ride from friends or family fell through	27.0%	
	No valid driver’s license	26.3%	
	Difficulty keeping vehicle insurance coverage	24.8%	
	Unable to get gas because of cost of gas	24.1%	
	No access to a household vehicle	22.6%	
	Closest bus stop was too far away, unable to use	13.1%	
	Unable to use bus service because cost	13.1%	
	Unable to pay fines or tickets	12.4%	
	Work schedule changed and affected trans options	11.7%	
	Unable to drive/use bus because of a disability	9.5%	
<i>Had none of the issues</i>	24.1%		





- Respondents were also given a list of twelve different activities and asked how often transportation prevented them from getting to the activity in the past year. Nearly a sixth or more of respondents were always or often not able to get to the following due to transportation issues: personal care such as hair, shopping, or errands (20.5%), social or recreational issues (20.4%), food or grocery store (18.2%), religious or spiritual activities (16.6%), and behavioral/mental health services (15.6%).
- A car or vehicle and gas money or gas card were mentioned most often when asked what they need to make sure that they and their families can get to the places they need to be at like a job or doctor’s appointment.

Summary Table: Transportation Needs			
		%	N
How often transportation prevented them from getting to . . . <i>(% often or always)</i>	Personal care (hair, shopping, errands, etc.)	20.5%	107
	Social/recreational activities	20.4%	113
	Food/grocery stores	18.2%	115
	Religious/spiritual activities	16.6%	114
	Behavioral/mental health services	15.6%	115
	A Job	14.4%	111
	Somewhere in the community to pay a bill	13.8%	109
	Medical care	13.0%	115
	A job interview	11.6%	112
	Legal appointment	8.2%	110
What need regarding transportation (top 2)	Car/vehicle	32.0%	75
	Gas money/gas card	20.0%	

OLDER ADULT AND RURAL RESIDENT FOCUS GROUPS

Both groups mentioned that public transit **doesn’t meet medical needs well** outside core corridors; most rely on cars. Seniors worried more about **walkability** and non-drivers being able to get the services they need; rural residents described **long drives, Amish buggy road risks**.

Rural Focus Group Key Themes:

- **Transport.** Many areas lack practical public transit; SARTA offers limited rural service with smaller buses, but frequency/scheduling can make medical trips impractical.
- **Road realities.** High-speed corridors and **Amish buggies** add travel risk. Most participants rely on personal vehicles for all needs.

Older Adults Focus Group Key Themes:

- **Care requires long trips:** Many major and specialty appointments are in Cleveland, turning a single visit into an all-day trek—this is especially hard for non-drivers.
- **Inconsistent ride options:** VA/Veterans Service Commission rides and Medicaid transport can be unreliable or uncomfortable to use; paratransit (e.g., SARTA/Pro-Line) exists but awareness and utilization is low.
- **Car-dependence in suburbs/townships:** Limited public transit means seniors rely on family and friends; when that fails, appointments get missed and isolation grows.
- **What helps:** Providers that offer transportation (e.g., Oak Street Health pickups) and human navigators/CHWs to connect seniors to the right option and handle sign-ups.





SECONDARY DATA ANALYSIS

Driving alone to work is the percentage of the workforce that usually drives alone to work. The numerator is the number of workers who commute alone to work via a car, truck, or van. The denominator is the total workforce. Driving alone to work is an indicator of poor public transit infrastructure and sedentary behaviors. The majority of the workforce in Stark County, 79%, drives alone to work and this percentage has decreased slightly over time.

Driving Alone to Work: % of the workforce that drives alone to work						
	2019	2020	2021	2022	2023	% Change
Stark County	85%	84%	82%	80%	79%	-6%
Ohio	83%	82%	80%	78%	77%	-6%
United States	76%	75%	73%	72%	70%	-6%

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%, significantly less than the state and national average. The mean travel time for workers in Stark County is 21.5 minutes (source: Ohio County Profiles).

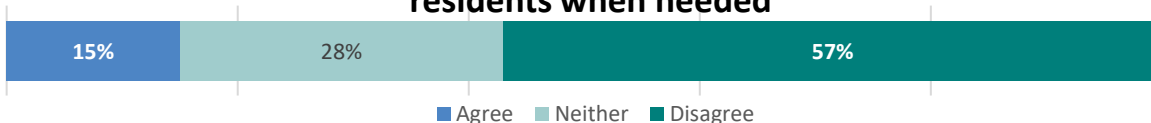
Long Commute Driving Alone to Work: % of that drives alone to work that commute <30 minutes						
	2019	2020	2021	2022	2023	% Change
Stark County	26%	26%	25%	26%	26%	0%
Ohio	31%	31%	31%	31%	31%	0%
United States	37%	37%	37%	36%	37%	0%

SOURCE: County Health Rankings, Original Source: American Community Survey 5-year estimates

COMMUNITY PARTNER SURVEY

Less than a sixth of community partners, 15.0%, agreed, "Transportation for medical appointments is available for residents in Stark County when needed,". More than a half, 56.6%, disagreed with 10.8% strongly disagreeing.

Transportation for medical appointments is available for residents when needed





HOUSING

COMMUNITY SURVEY

Summary: Housing

		<i>Stark County</i>	<i>Alliance</i>	<i>Canton</i>	<i>Massillon</i>	<i>Black Residents</i>
Housing situation today	Do not have housing	5.6%	5.1%	11.6%	2.3%	12.9%
	Have temporary housing	2.0%	2.6%	2.7%	1.1%	3.8%
	Have it, but worried about losing	13.4%	9.6%	17.3%	10.3%	19.6%
	Have housing	79.0%	82.7%	68.4%	86.3%	63.6%
Have problems in place live in with..	Rodents such as mice or rats	9.8%	7.1%	15.7%	4.8%	14.8%
	Mold	8.6%	7.1%	14.1%	5.9%	12.4%
	Water leaks	7.6%	7.1%	10.0%	5.9%	11.0%
	Bug infestation	7.4%	5.1%	14.3%	3.9%	14.8%
	Smoke detector issues	5.4%	7.7%	6.5%	3.2%	5.3%
	Inadequate heat/oven, stove	3.5%	3.8%	5.1%	1.6%	5.3%
	Unsafe water supply	2.5%	2.6%	1.6%	2.1%	1.9%
	Lead paint or pipes	2.1%	4.5%	4.3%	1.8%	4.8%
No Housing problems	72.1%	74.4%	57.8%	81.5%	60.8%	

More than three-quarters of respondents, 79%, indicated they have housing. Less than a sixth of respondents, 13%, have housing but are worried about losing it. A small number, 6%, do not have housing and are staying at a hotel, shelter, friend’s house or on the street and even fewer, 2%, have temporary housing such as a tent or camper. Groups of residents more likely to NOT have housing, have temporary housing or are worried about losing it include Canton residents, black respondents, those ages 18 to 44, those with a high school diploma or less education, unemployed residents, respondents with an annual income under \$25,000, those who are single or divorced, renters, non-straight residents, respondents who don’t have enough to meet basic expenses, households with someone with a disability, those without reliable transportation, residents with children in the home, respondents who rate their personal health as poor, and those without a primary care provider or without health insurance.

Respondents were asked if they have any problems where they live with a list of eight situations. A tenth, 10% have a problem with rodents such as mice or rats and nearly one in ten respondents, 9%, have a problem with mold. Slightly fewer have issues with water leaks (8%) or bug infestation such as insects, cockroaches, bedbugs, mosquitos or ticks (7%). One twentieth, 5%, reported having smoke detector issues. Less than one in twenty residents had the following issues: inadequate heat or oven or stove not working (4%), unsafe water supply (3%), or lead paint or pipes (2%). Less than three-quarters of residents, 72%, did not have any of the listed issues.

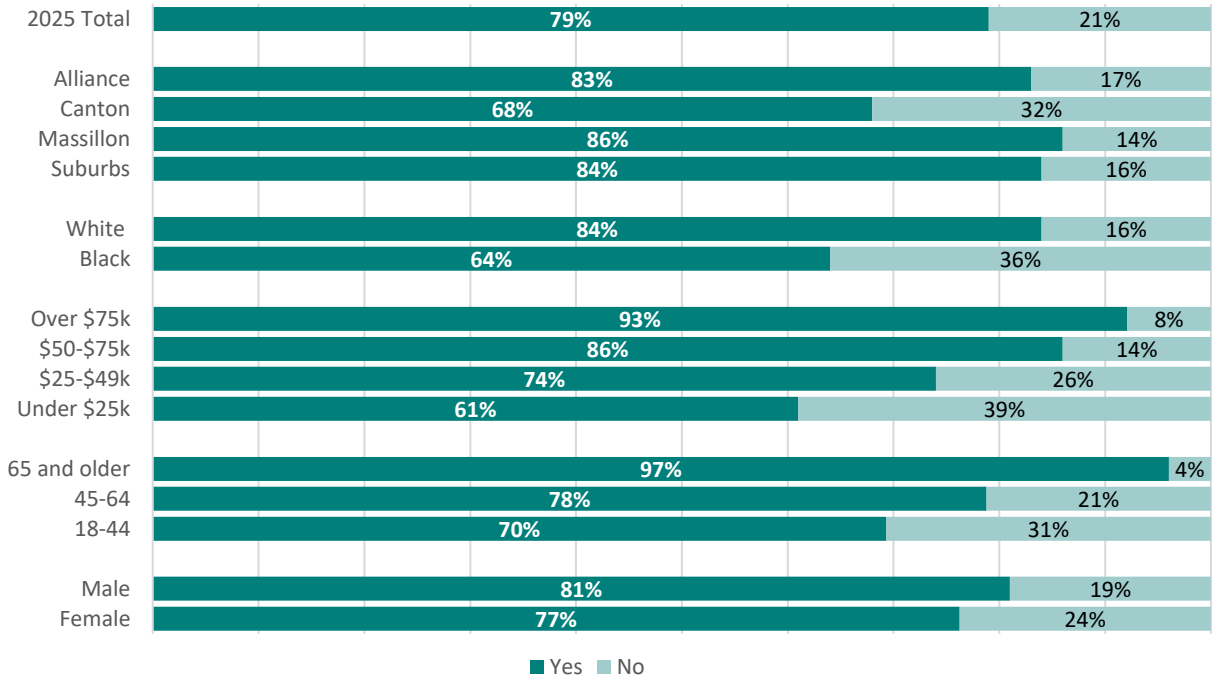
Groups of residents more likely to **have one or more of these issues** include Canton residents, black respondents, those ages 18 to 44, residents with some college education, unemployed respondents, those with an annual income under \$50,000, residents who are divorced, single or living with a partner, renters, non-straight respondents, those who don’t have enough to meet basic expenses, households with someone with a disability, residents without stable housing or reliable transportation, and respondents who rate their personal health as fair or poor.





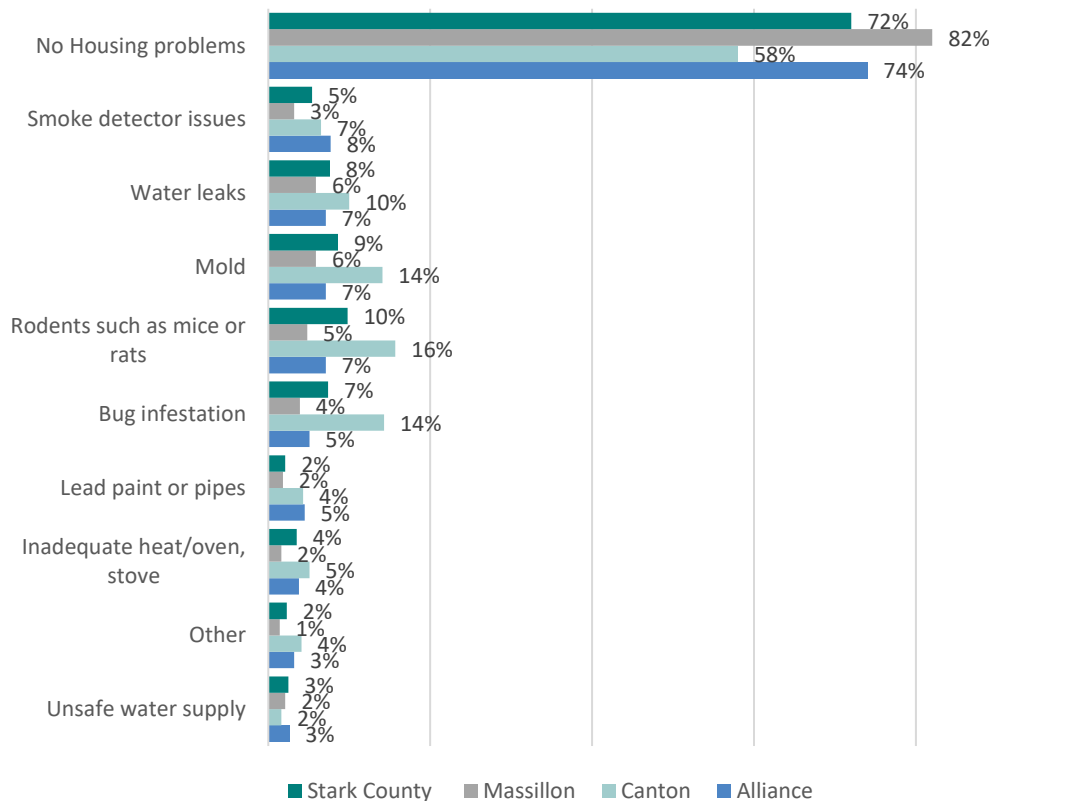
Have Stable Housing

What is your housing situation today?



Housing Related Issues

Thinking about the place you live. Do you have problems with the following?





BARRIER SURVEY

UTILITY ASSISTANCE

- More than half of respondents, 55.1%, reported a disconnection notice for electricity, gas or water service while nearly a third, 31.3%, indicated their electricity was turned off due to non-payment in the past year. One fifth, 20.2%, reported their water was turned off for nonpayment in the past year while slightly fewer, 18.1%, reported their gas had been turned off.
- Respondents were given a list of problems and asked if they or anyone in their home experienced any because of their utility bills. More than two-thirds of respondents, 67.8%, reported at least one of the problems in the past year. The problems respondents were most likely to experience included: skipped paying a bill or paid less than the whole bill (41.6%), used kitchen stove or oven to provide heat (20.4%), and went without medical or dental care (20.4%).
- Respondents were also asked what they felt would help them make it easier to pay their electric bills. The most common responses included being on HEAP or another utility assistance program, for the utilities to be more affordable, and cash assistance.

Summary Table: Utilities			
		%	N
Have. . .	Ever gotten a disconnection notice for utility	55.1%	118
	Electricity got turned off in last year	31.3%	115
	Gas got turned off in last year	18.1%	116
	Water got turned off in last year	20.2%	114
Problems had in past year because of utility bills	Skipped paying a bill or pay less than whole bill	41.6%	137
	Used kitchen stove or oven to provide heat	20.4%	
	Went without medical or dental care	20.4%	
	Went without food for at least one day	15.3%	
	Moved in with friends or family	14.6%	
	Moved into a shelter or been homeless	13.1%	
	Kept home at a temperature that felt unsafe	10.2%	
	Closed off part of home	9.5%	
	Got a payday loan to cover expenses	8.0%	
	Heating system broke and were unable to pay	8.0%	
	Didn't fill a prescription/took less than prescribed	7.3%	
	Air conditioner was broken and were unable to pay	6.6%	
	Had a foreclosure on mortgage	2.2%	
	None of the above	32.1%	
What need regarding utilities (open-end – top 3)	Being on HEAP/Other program	25.9%	54
	Affordable costs	22.2%	
	Cash assistance	16.7%	





HOUSING ASSISTANCE

- More than a third of respondents, 36.0%, reported that more than half of their monthly income goes to their rent or mortgage while 32.4% reported that between a third and a half of their monthly income goes towards housing.
- Nearly two-thirds, 62.4%, currently rent while 14.4% live with family or friends. About one in ten, 10.4%, stay in a shelter or are homeless while slightly fewer, 8.0%, own their home.
- When given a list of seventeen housing related issues and asked if they or anyone in their household experienced each issue in the past year, two-thirds, 66.4%, reported experiencing at least one of the issues. Housing related issues reported most often included paying rent on time (32.1%), lack of credit history or poor credit (17.5%), taking care of things around the house (15.3%), bug infestation (15.3%), and being wait listed for public housing (15.3%).
- Housing documents respondents are most likely to need help obtaining are birth certificate or proof of citizenship (13.9%) and social security card (10.2%). When respondents were asked what would make it easier to meet their housing needs, the most common responses included more affordable rent or housing, employment, and assistance with bills.

Summary Table: Housing Assistance		%	N
Amount of income that goes to rent/mortgage	Less than a third	31.5%	111
	Between a third and half	32.4%	
	More than half	36.0%	
Housing description	Rent home	62.4%	125
	Live with family or friends	14.4%	
	Staying in shelter or homeless	10.4%	
	Own home	8.0%	
	Other	4.8%	
Issues had in past year that made housing difficult	Paying rent on time	32.1%	137
	Lack of credit history or poor credit	17.5%	
	Taking care of things around the house	15.3%	
	Bug infestation	15.3%	
	Wait list for public housing	15.3%	
	Rodents such as mice or rats	14.6%	
	Poor relationship with landlord or neighbors	13.9%	
	Lack of rental history or previous eviction	10.2%	
	One or more misdemeanor or felony convictions	9.5%	
	Being evicted	7.3%	
	Mold	7.3%	
	Heat or oven/stove not working	7.3%	
	Lead paint or lead pipes	6.6%	
	Water leaks	6.6%	
	No or not working smoke detectors	5.1%	
	Owe a previous landlord money	4.4%	
	Unsafe Water Supply or no running water	2.2%	
None of the above	33.6%		
Need help obtaining housing documents	Birth certificate or proof of citizenship	13.9%	137
	Social security card	10.2%	
	Government issued photo ID	8.8%	
	Other income or asset documentation	4.4%	
	Proof of income letter from Social Security	1.5%	
	Current bank statement(s)	1.5%	
None of the above	60.6%		
What need regarding housing (open-end – top 3)	More affordable rent/housing	30.2%	43
	Employment	14.0%	
	Assistance with bills	11.6%	





SECONDARY DATA

More than two-thirds of housing units in Stark County, 68.2%, are owner occupied while 31.8% are renter occupied. The percentage of vacant houses is slightly lower in Stark County (7.4%) than Ohio (8.8%). The median value of a house in Stark County (\$164,900) is slightly lower than the state (\$183,300). Monthly expenses for both homeowners renters are slightly lower in Stark County than the state.

Housing Data, 2024							
	% Owner Occupied	% Renter Occupied	% Vacant	Median Year Built	Median Value	Median Gross Rent	Median Monthly Owners Cost
Stark County	68.2%	31.8%	7.4%	1965	\$164,900	\$838	\$1,269
Ohio	66.8%	33.2%	8.8%	1970	\$183,300	\$945	\$1,429

SOURCE: Ohio Development Services Agency, Ohio County Profiles

The mortgage loan denial rate is slightly lower in Stark County (15.2%) than the State (16.2%). *Mortgage loan denial rate is the percentage of total mortgage loan applications (including pre-approvals) denied by lenders. Applications approved-not accepted count as approved. Applications withdrawn, closed for incompleteness and loans purchased by a financial institution are excluded from the analysis.* Severe mortgage burden is also lower in Stark County than the state, 6.32% compared to 8.38%. *Severe mortgage burden is defined as an owner-occupied household spending at least 50 percent of income on homeowner costs or having no income.* Severe rent burden is defined as a renter household spending at least 50 percent of household income on gross rent or having no income. More than a fifth of renters in Stark County, 20.7%, fall within this category. Less than a twentieth, 4.08%, of Stark County homes rely on the Home Energy Assistance Program (HEAP) to help with the cost of utilities; this is slightly lower than the state average of 4.87%.

Additional Housing Data

	Mortgage Loan Denial Rate	Severe Mortgage Burden	Severe Rent Burden	% of Households in HEAP	Median Year Moved into Unit
Stark County	15.2%	6.32%	20.7%	4.08%	2010
Ohio	16.2%	8.38%	24.7%	4.87%	2011

SOURCE: OHFA, 2024 Ohio Housing Needs Assessment

Stark County's 90-day delinquency rate is slightly lower than the state average, 1.52% compared to 1.78%. The foreclosure rate is also lower in the county than the state, 0.42% compared to 0.58%. The eviction filing rate is lower in Stark County than the state 5.36% compared to 6.43%. The eviction filing rate is the number of new eviction filings per 100 renter-occupied households. A small percent of students in Stark County, 1.30%, meet the McKinney-Vento definition of homeless: lacking a fixed, regular, adequate nighttime residence.

Housing Insecurity

	90-Day Delinquency Rate	Foreclosure Rate	Eviction Filing Rate	Homeless Students
Stark County	1.52%	0.42%	5.36%	1.30%
Ohio	1.78%	0.58%	6.43%	1.52%

SOURCE: OHFA, 2024 Ohio Housing Needs Assessment

Around three quarters of housing units in Stark County, 75.4%, are single-detached dwellings, slightly higher than the state percentage, 69.2%. The percentage of housing units that are mobile homes or multi-family properties are lower in Stark County than the state average.

Housing Stock

	Change in # of Housing Units, 2020-2022	Single-Detached	Units of Multi-family Properties	Mobile Homes
Stark County	+0.69%	75.4%	9.84%	2.01%
Ohio	+0.90%	69.2%	14.81%	3.44%

SOURCE: OHFA, 2024 Ohio Housing Needs Assessment





ENVIRONMENTAL QUALITY

SECONDARY DATA

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. Particulate matter has been getting slightly better in the county since 2014 and is slightly higher than the state and national average.

Air Pollution - Particulate matter						
	2014	2016	2018	2019	2020	% Change
Stark County	12.2	9.5	10.0	10.3	9.1	-3.2
Ohio	11.5	9.0	9.0	8.9	7.9	-3.6
United States	8.6	7.2	7.5	7.4	7.3	-1.3

SOURCE: County Health Rankings, Original Source: Environmental Public Health Tracking Network

SAFETY, INJURY AND VIOLENCE

COMMUNITY SURVEY

Summary: Abuse and Gun Safety

	Stark County	Alliance	Canton	Massillon	Black Residents	
Ever been abused	44.4%	48.1%	53.5%	40.7%	45.5%	
Firearms kept in or around home	30.9%	27.6%	20.1%	38.4%	17.7%	
Firearms locked and loaded (those with firearms)	Firearms locked	77.9%	83.7%	78.4%	80.0%	86.5%
	Firearms loaded	31.7%	27.9%	43.2%	28.5%	37.8%

Less than half of residents, 44%, reported being physically, sexually, emotionally, financially, or verbally abused sometime in their lifetime. Groups of residents more likely to have been abused in the past include Alliance and Canton residents, females, respondents ages 18 to 64, those with some college education, residents who are unemployed or employed part-time, respondents with an annual income under \$50,000, those who are not married, renters, non-straight residents, respondents who have just enough to meet basic expenses or less, households with someone with a disability, those without stable housing or reliable transportation, residents without a regular healthcare provider or without health insurance, and respondents who rate their overall health as fair or poor.

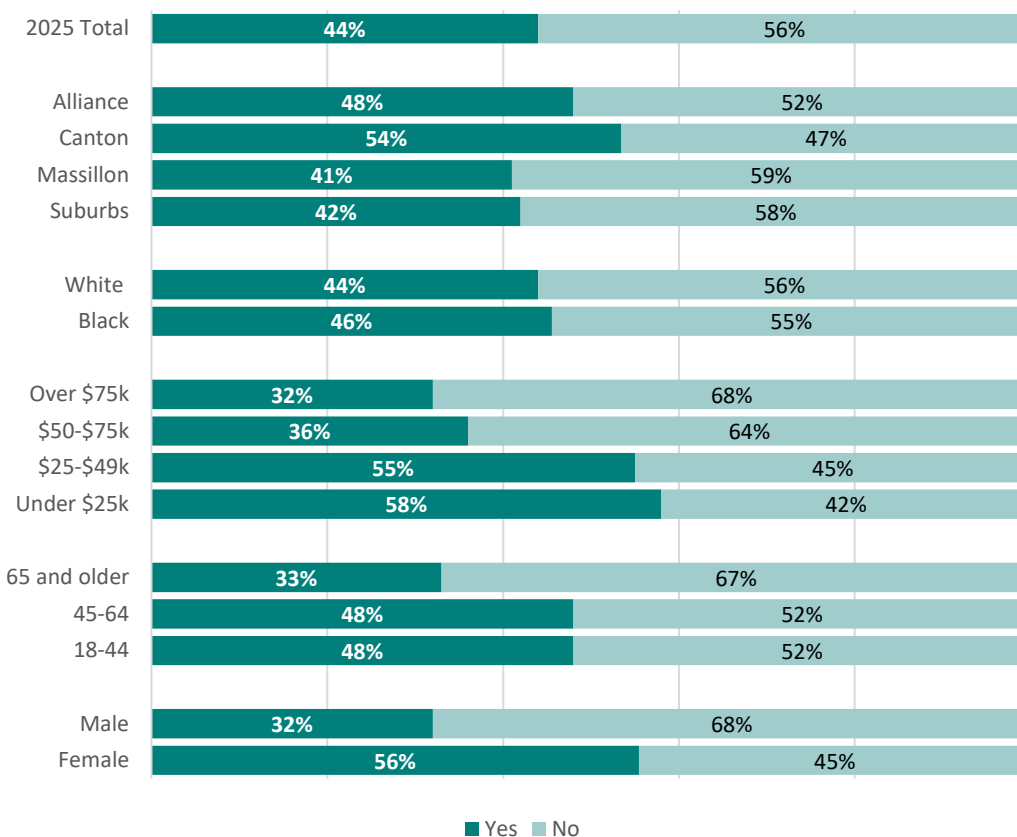
Less than of third, 31%, of residents currently keep firearms in or around their home. Of those with firearms, more than three-quarters, 78%, keep them locked and 32% keep them loaded. Groups of residents more likely to have firearms in or around their home include Massillon residents, white respondents, males, college graduates, those who are retired, residents with an annual income over \$50,000, married respondents, homeowners, those who live comfortably, residents with stable housing and reliable transportation, respondents with children in the home, those with a regular healthcare provider, and those who rate their personal health favorably.





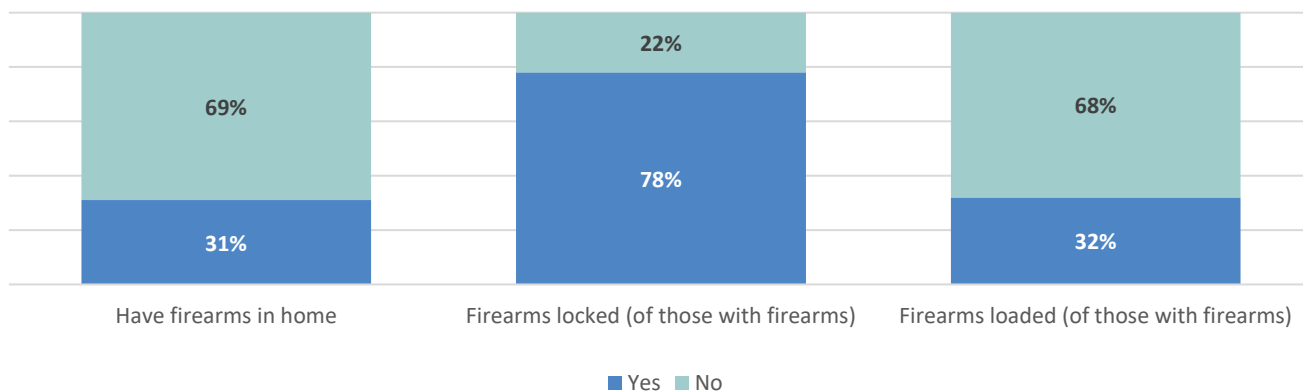
Ever Abused

Were you EVER physically, sexually, emotionally, financially or verbally abused?



Firearms in Home

Are any firearms now kept in or around your home?
 IF YES: Are the firearms locked? Are the firearms loaded?





OLDER ADULT AND RURAL RESIDENT FOCUS GROUPS

Seniors worried more feeling vulnerable outside the home; rural residents said neighborhood crime feels low but **cyber-scams** against older relatives are a rising threat. Seniors discussed home security and neighbor check-ins; rural participants emphasized **knowing your neighbors** and locking vehicles.

Rural Focus Group Key Themes:

- **Neighborhood safety.** Generally **feel safe** locally; issues include vehicle thefts from unlocked cars.
- **Cyber safety.** Big concern—**scams** targeting older relatives via phone/social media; local caller IDs make fraud harder to spot.

Older Adults Focus Group Key Themes:

- **At home:** Some feel secure (cameras, lights), yet others experienced break-ins—even in gated communities.
- **Out and about:** Perceived risk is higher outside the home; many avoid going out alone.
- **Neighbors matter:** Knowing neighbors, informal check-ins, and intergenerational contact improve safety and peace of mind.

SECONDARY DATA ANALYSIS

The death rate for both unintentional injuries and homicides in Stark County has decreased slightly between 2020 to 2024. The unintentional injury death rate is slightly higher in Stark County than the state average while the homicide death rate is lower in Stark County than the state average.

Injury and Homicide Death Rate (death per 100,000 population)												
	Stark County						Ohio					
	2020	2021	2022	2023	2024	Change	2020	2021	2022	2023	2024	Change
Accidental	68.7	78.4	72.2	77.1	67.3	-1.4	81.3	85.3	83.5	80.5	66.8	-14.5
Homicide	5.9	6.5	6.8	6.2	3.8	-2.1	8.9	9.1	8.4	7.7	7.1	-1.8

*SOURCE: Ohio Department of Health, ODH Data Warehouse *Indicates rates have been suppressed for counts <10, ^change based off 2017 to 2020- * - Indicates that the cell value has been blinded to protect confidentiality.*

The firearm fatality rate, or number of deaths due to firearms per 100,000 population, in Stark County (14) is right between the state (15) and national (13) rate.

Firearm Fatality Rate						
	2018	2019	2020	2021	2022	Change
Stark County	13	14	14	14	14	+1
Ohio	13	13	14	14	15	+2
United States	12	12	12	13	13	+1

SOURCE: County Health Rankings, Original Source: National Center for Health Statistics





The table below shows the number of youths under age 18 adjudicated for felony-level offenses over a five-year period. The rate is the number of adjudications per 1,000 youths in the population. The rate of youth adjudicated for felonies was the same in Stark County as the state, 1.1. Overall, 93 youths in Stark County were adjudicated for felony-level offenses in 2022. This number has been steadily decreasing over the past few years.

Adolescents Adjudicated for Felonies						
	2018	2019	2020	2021	2022	Change
Stark County						
Number	111	113	92	112	93	-16.2%
Rate	1.4	1.4	1.2	1.4	1.1	-0.3
Ohio						
Number	4,195	3,635	3,075	3,075	2,825	-32.6%
Rate	1.6	1.4	1.2	1.2	1.1	-0.5
<i>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.</i>						
<i>SOURCE: Kids Count Data Center</i>						

In SFY 2024, a total of 2,532 reports were screened in by Children Services. The most common type of report were neglect (31%) followed by multiple allegations (24%) and physical abuse (19%).

Children Services Profile, SFY 2024				
		Stark County	Ohio	Difference
Reports Screened in by agency		2,532	80,065	-
<i>By Type</i>	Physical abuse	19%	30%	-11%
	Neglect	31%	25%	+6%
	Sexual Abuse	10%	8%	+2%
	Emotional Maltreatment	1%	1%	-
	Multiple Allegations	24%	20%	+4%
	Family in need of services	13%	13%	-
<i>By Category</i>	Abuse/Neglect (traditional response)	18%	46%	-28%
	Abuse/Neglect (alternative response)	69%	41%	+28%
	Dependency	5%	4%	+1%
	Family in need of services	8%	9%	-1%
<i>SOURCE: Public Children Services Association of Ohio (PCSAO,) PCSAO Factbook</i>				

The number of substantiated reports of child abuse and neglect, including emotional maltreatment, neglect, physical abuse, and sexual abuse, in Stark County was 290 in 2021, a decrease over the past five years. The rate, or number of substantiated reports of child abuse and neglect per 1,000 children in the population, is about half the size of the state rate; 3.6 compared to 6.9.

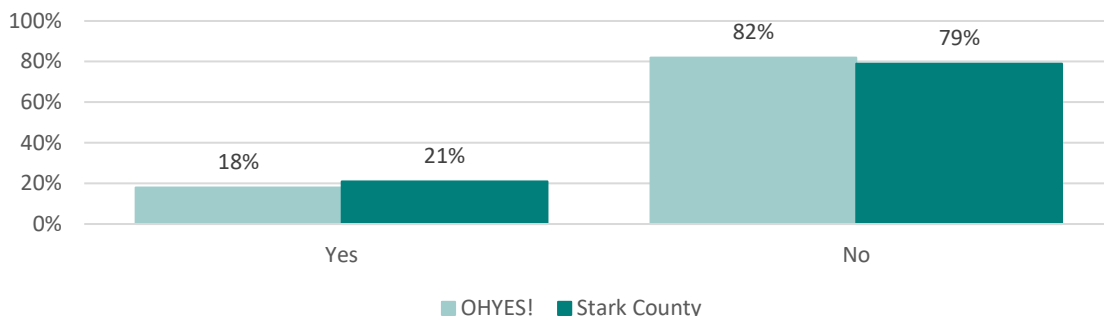
Children Abused and Neglected						
	2017	2018	2019	2020	2021	Change
Stark County						
Number	532	328	276	270	290	-45.5%
Rate	6.6	4.1	3.5	3.4	3.6	-3.0
Ohio						
Number	18,991	19,193	19,571	17,608	17,878	-5.9%
Rate	7.3	7.4	7.6	6.8	6.9	-0.4
<i>The # of those under age 18 adjudicated for felony-level offenses. The rate is the number of adjudications per 1,000 adolescents in the population.</i>						
<i>SOURCE: Kids Count Data Center, Original Source: Children’s Defense Fund- Ohio</i>						





More than a fifth of youth, 21%, reported seeing someone get physically attacked, beaten, stabbed or shot in their neighborhood. This was slightly higher than the state average, 18%.

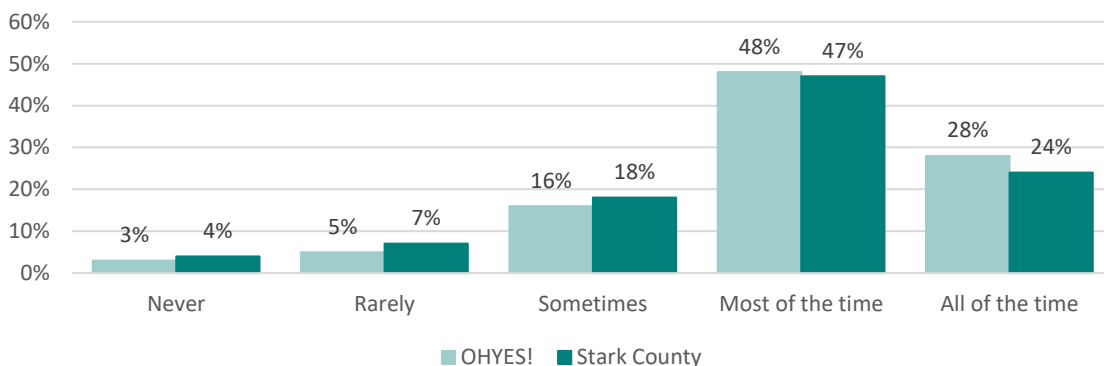
YOUTH: Seen Violence in Neighborhood



Source: OHYES! Report for Stark County, 2023-2024

More than a tenth of youth, 11%, reported that they never or rarely felt safe at school during the past year while 18% reported sometimes feeling safe. Less than three quarters, 71%, of Stark County youth reported feeling safe at school most or all of the time. This is less than the state average of 76%.

YOUTH: Sense of Safety at School



Source: OHYES! Report for Stark County, 2023-2024

COMMUNITY PARTNER SURVEY

Nearly two thirds, 60.5%, of community partners agreed, "Stark County is a safe place to live," with 10.9% strongly agreeing. A sixth, 16.8%, disagreed.

Stark County is a Safe PLace to Live





REPRODUCTIVE AND SEXUAL HEALTH

SECONDARY DATA ANALYSIS

The Gonorrhea rate is the number of persons per 100,000 population with Gonorrhea. While the rate in Stark County has increased over the past five years, it is still slightly lower than the state rate.

Gonorrhea Rate						
	2019	2020	2021	2022	2023	Change
Stark County	145.2	212.6	219.5	199.9	164.0	+18.8
Ohio	223.8	262.5	237.4	195.8	168.8	-55.0

Source: Ohio Department of Health, STD Surveillance

The Chlamydia rate is the number of persons per 100,000 population with Chlamydia. The Chlamydia rate for Stark County is lower than the state's rate and has been steadily decreasing over the past five years.

Chlamydia Rate						
	2019	2020	2021	2022	2023	Change
Stark County	484.6	441.4	435.2	438.2	436.6	-48.0
Ohio	561.8	505.1	481.7	464.5	464.2	-97.6

Source: Ohio Department of Health, STD Surveillance

The Syphilis rate is the number of persons per 100,000 population with Syphilis. The Syphilis rate for Stark County is lower than the state's rate but has been steadily increasing over the past five years.

Syphilis Rate						
	2019	2020	2021	2022	2023	Change
Stark County	9.4	12.2	17.9	30.3	35.4	+26.0
Ohio	17.3	20.9	33.8	45.2	42.3	+25.0

SOURCE: Ohio Department of Health, STD Surveillance





DIGITAL LITERACY

COMMUNITY SURVEY

Summary: Digital Literacy						
		<i>Stark County</i>	<i>Alliance</i>	<i>Canton</i>	<i>Massillon</i>	<i>Black Residents</i>
Have.	Computer	70.6%	71.8%	51.1%*	79.4%	49.8%*
	Smartphone	90.4%	90.4%	84.6%*	93.4%	80.9%*
	Internet access	84.3%	84.0%	77.6%*	89.5%	75.1%*
	Tablet	49.6%	53.2%	36.5%*	55.6%	40.2%*
	Smartwatch	31.8%	33.3%	23.5%*	36.8%	24.9%*
	Online gaming console	34.5%	35.3%	27.3%	33.6%	28.2%
	None of the above	2.0%	1.9%	3.2%	1.1%	5.3%*
Usage of digital device interfere (% often or always)	Sleep	12.9%	12.8%	17.1%	12.6%	24.0%*
	Mental health	9.5%	11.6%	11.9%	9.4%	17.3%*
	Time with family/friends	11.5%	12.3%	15.7%	8.9%	15.8%
	Work or school	9.1%	11.6%	11.7%	7.6%	15.4%*
Digital device practices	Take regular breaks	44.1%	37.2%	41.6%	48.1%*	45.5%
	Limit negative content	36.0%	32.7%	27.8%	41.9%*	26.3%*
	Have device free time	31.9%	28.8%	25.7%	37.8%*	30.1%
	Good sleep hygiene	27.6%	21.8%	24.6%	31.4%*	23.0%*
	Limit screen time	26.9%	24.4%	25.9%	29.7%	36.4%*
	Active relaxation techniques	16.3%	12.8%	15.4%	15.3%	15.8%
	Seek professional help	5.0%	3.8%	7.6%*	2.7%	5.3%
	Other	0.4%	1.3%	0.3%	0.2%	0.0%
None of the above	26.4%	33.3%*	28.6%	22.9%	28.2%	
Limit child's use of digital devices (asked only if have children 9 and over)	Often	32.0%	25.7%	22.1%	33.3%	27.5%
	Sometimes	39.2%	34.3%	45.6%	37.9%	37.3%
	Rarely	14.4%	14.3%	17.6%	18.4%	19.6%
	Never	14.4%	25.7%	14.7%	10.3%	15.7%

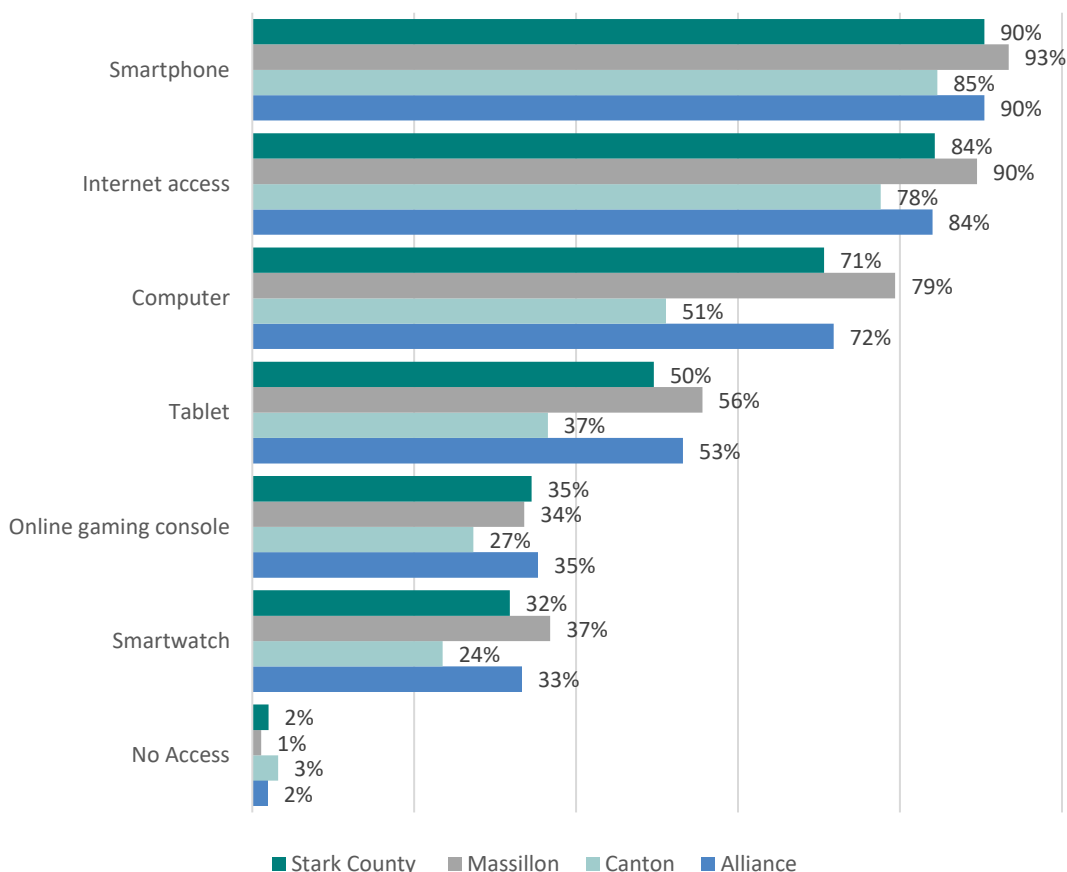




Respondents were asked if they had six different digital access points. Each is discussed in more detail below.

Digital Access

Do you have. . . .



- **SMARTPHONE:** The majority of respondents, 90%, report having a smartphone which is defined as is a cell phone that can be used to access the internet. Groups of residents more likely to NOT have access to a smartphone include Massillon and suburban residents, females, respondents ages 45 to 64, residents with some college or more education, those who are employed full-time, respondents with an annual income over \$75,000, married residents or those living with a partner, white respondents, homeowners, straight residents, and respondents with stable housing and reliable transportation.
- **INTERNET:** Most respondents, 84%, report having internet access. Groups of residents more likely to NOT have access to the internet include Massillon and suburban residents, females, respondents ages 65 and over, college graduates, retirees, respondents with an annual income over \$50,000, married residents, white respondents, homeowners, straight residents, those who are able to meet basic expenses with some left over or more, and respondents with stable housing and reliable transportation.
- **COMPUTER:** Nealy three-quarters of respondents, 71%, report having a desktop or laptop computer. Groups of residents more likely to NOT have access to a computer include respondents ages 65 and over, college graduates, those who are retired or employed full-time, respondents with an annual income over \$75,000, married residents, white respondents, homeowners, straight residents, those who are able to meet basic expenses with some left over or more, households without anyone with a disability, those who rate their overall health favorably, respondents with stable housing and reliable transportation, and residents with children in the home.





- **TABLET:** Half of respondents, 50%, report having a tablet like an iPad, Samsung Galaxy, or Kindle Fire. Groups of residents more likely to NOT have access to a tablet include Massillon and suburban residents, respondents ages 65 and over, college graduates, retirees, respondents with an annual income over \$75,000, married residents, white respondents, homeowners, straight residents, those who live comfortably, respondents who rate their overall health favorably, respondents with stable housing and reliable transportation, and residents with children in the home.
- **ONLINE GAMING CONSOLE:** More than a third of respondents, 35%, report having an online gaming console. Groups of residents more likely to NOT have access to an online gaming console include males, respondents ages 18 to 44, those who are employed, respondents with an annual income over \$75,000, residents who are single or living with a partner, households without anyone with a disability, respondents with stable housing and reliable transportation, and residents with children in the home.
- **SMARTWATCH:** Less than a third of respondents, 32%, report having a smartwatch. Groups of residents more likely to NOT have access to a smartwatch include Massillon and suburban residents, respondents ages 18 to 44, college graduates, those who are employed full-time, respondents with an annual income over \$75,000, married residents, white respondents, homeowners, straight residents, those who are able to meet basic expenses with some left over or more, households without anyone with a disability, those who rate their overall health favorably, respondents with stable housing and reliable transportation, and residents with children in the home.

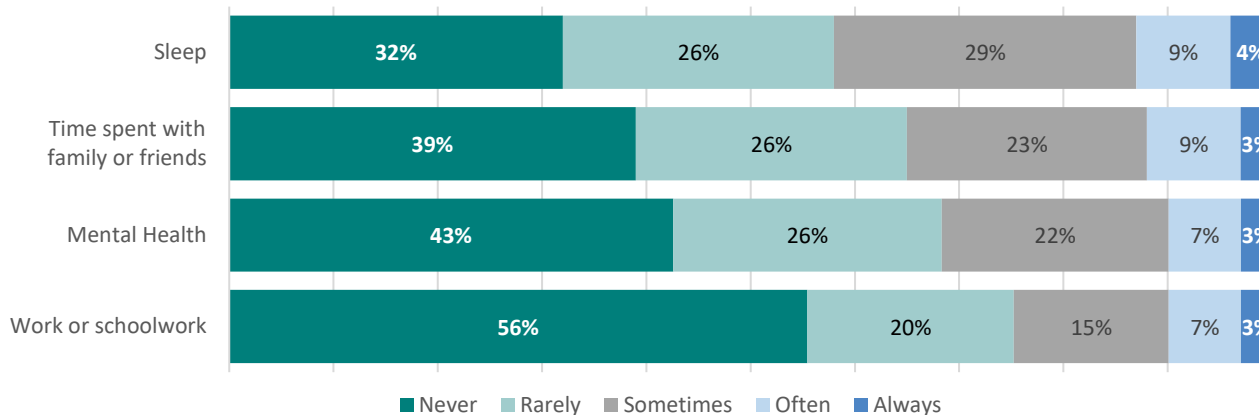




Respondents were also asked how often their digital device usage or screen time interfered with four different life aspects. Each is discussed in more detail below.

Digital Device Usage Interference

Thinking about these digital devices. . . . How often do you feel that your digital device usage or screen time interfered with the following?



- **SLEEP:** Less than a third, 32%, report their device usage or screen time **never** interferes with their sleep while an additional 26% said that it **rarely** interferes, 29%, said it **sometimes** interferes and 13% said it **often** (9%) or **always** (4%) interferes with their sleep. Groups more likely to report interference with sleep **often or always** include males, ages 18 to 44, employed full-time or unemployed, residents who are single or living with a partner, black respondents, renters, those who don't have enough to meet basic expenses, respondents without reliable transportation, and residents with children in the home.
- **TIME SPENT WITH FAMILY/FRIENDS:** More than a third, 39%, report their device usage or screen time **never** interferes with time with their family or friends while an additional 26% said that it **rarely** interferes, nearly a quarter, 23%, reported it **sometimes** interferes with time with their family or friends and the remaining 12% said it **often** (9%) or **always** (3%) interferes with time with their family or friends. Groups more likely to report interference with time with their family or friends **often or always** include ages 18 to 44, those with a high school diploma or less education, unemployed, respondents with an annual income under \$25,000, residents who are living with a partner, renters, non-straight residents, those who don't have enough to meet basic expenses, those who rate their overall health as poor, respondents without stable housing, and residents with children.
- **MENTAL HEALTH:** Less than a half, 43%, report their device usage or screen time **never** interferes with their mental health while an additional 26% said that it **rarely** interferes, 22%, reported it **sometimes** interferes and 10% said it **often** (7%) or **always** (3%) interferes with their mental health. Groups more likely to report interference with their mental health **often or always** include ages 18 to 44, those who are employed, residents who are single or living with a partner, black respondents, renters, non-straight residents, those who rate their overall health as fair, respondents without stable housing or reliable transportation, and residents with children in the home.
- **WORK OR SCHOOL WORK:** More than a half, 56%, report their device usage or screen time **never** interferes with their work or schoolwork while an additional 20% said that it **rarely** interferes, 15%, reported it **sometimes** interferes and 10% said that it **often** (7%) or **always** (3%) interferes with their work or schoolwork. Groups more likely to report interference with their work or schoolwork **often or always** include males, ages 18 to 44, employed full-time or are a student not employed, single or living with a partner, black respondents, renters, non-straight residents, households without anyone with a disability, respondents without stable housing or reliable transportation, and residents with children in the home.

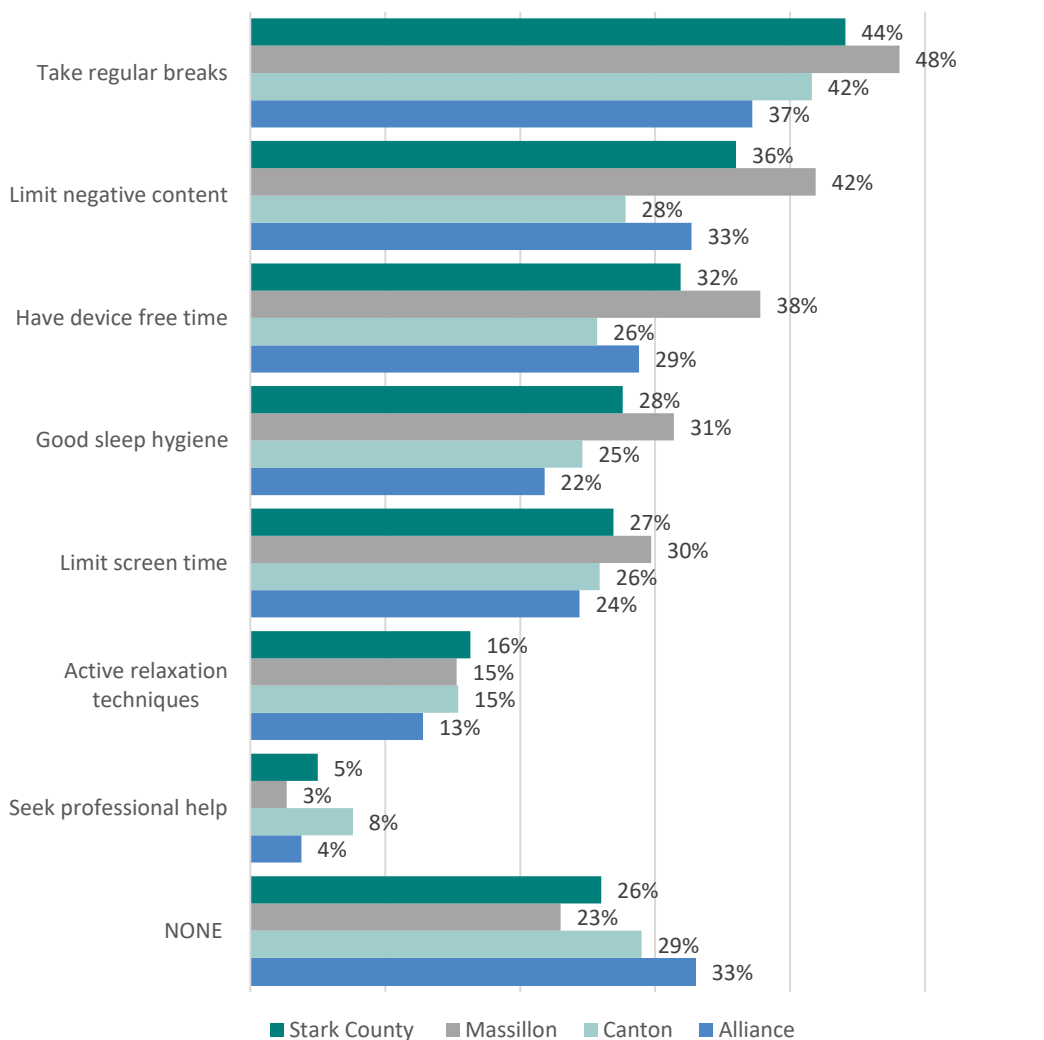




Respondents were asked if they had six different digital access points. Each is discussed in more detail below.

Digital Device Practices

Do you engage in any of the following when it comes to your digital devices?



- ➔ **BREAKS:** Less than half of respondents, 44%, report taking regular breaks from their digital devices. Groups of residents more likely to do this include females, and straight residents.
- ➔ **LIMIT NEGATIVE CONTENT:** More than a third, 36%, report limiting exposure to negative content on their digital devices. Groups of residents more likely to do this include Massillon residents, females, college graduates, respondents with an annual income of \$25,000 to \$50,000 or over \$75,000, white respondents, homeowners, households with someone with a disability, and respondents with reliable transportation.
- ➔ **DEVICE FREE TIME:** Less than a third of respondents, 32%, report having device free time such as during meals or family activities. Groups of residents more likely to do this include Massillon residents, females, college graduates, respondents with an annual income over \$75,000, married and divorced residents, respondents with reliable transportation, and residents with children in the home.
- ➔ **GOOD SLEEP HYGIENE:** More than a quarter of respondents, 28%, report practicing good sleep hygiene. Groups of residents more likely to do this include respondents ages 65 and over, college graduates, retirees, white respondents, homeowners, those who are able to meet basic expenses with some left over or more, and respondents with stable housing and reliable transportation.



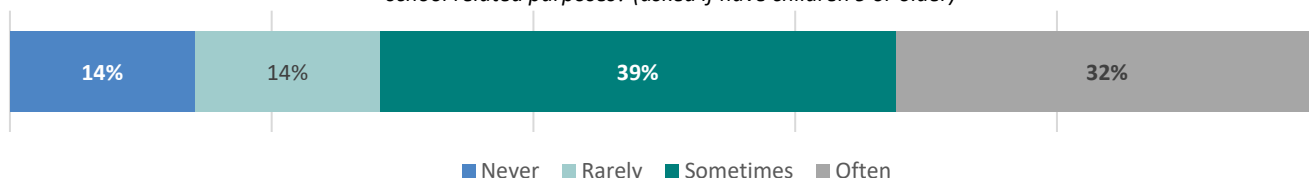


- **LIMIT SCREEN TIME:** Slightly fewer respondents, 27%, report limiting screen time. Groups of residents more likely to do this include respondents ages 18 to 44, college graduates, married residents, black respondents, respondents with reliable transportation, and residents with children in the home.
- **RELAXATION TECHNIQUES:** A sixth of respondents, 16%, report using active relaxation techniques like meditation or deep breathing. Groups of residents more likely to do this include females, respondents ages 18 to 44, households with someone with a disability, respondents without stable housing, and residents with children in the home.
- **PROFESSIONAL HELP:** Only a small percentage of respondents, 5%, report seeking help or support. Groups of residents more likely to do this include Canton residents, respondents ages 18 to 44, those who are unemployed, renters, respondents without stable housing or reliable transportation, and residents with children in the home.
- **NONE OF THE ABOVE:** More than a quarter of respondents, 26%, report NOT using any of the digital wellness practices mentioned above. Groups of residents more likely to NOT use any of the digital wellness practices include males, respondents ages 65 and over, residents with a high school diploma or less education, those who retired or unemployed, respondents with stable housing, and residents without children in the home.

Respondents with children ages 9 and over (19% of all respondents, or 153 respondents) were asked how often they limit the times of day or length of time that their child can use electronic devices. Nearly a third, 32%, of parents said that they **often** limit their child’s use of digital devices while an additional 39% **sometimes** limit the usage. More than a quarter of parents, 28%, **rarely** (14%) or **never** (14%) limit their child’s use of digital devices.

Limiting Child's Use of Digital Devices

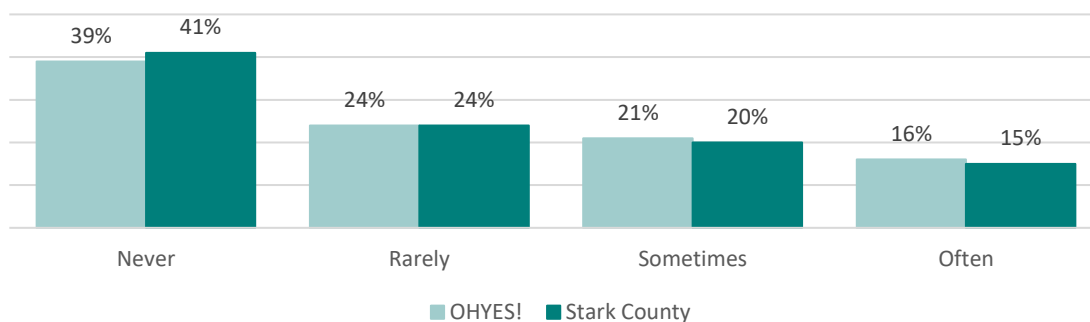
How often do you limit the times of day or length of time when your child can use an electronic device for non-school related purposes? (asked if have children 9 or older)



SECONDARY DATA ANALYSIS

According to youth, parents in Stark County were slightly less likely than the parents in the state as a whole to limit the times of day or length of time that their child could use an electronic device (including TV, computer, tablet, cellphone or other electronic device) for non-school related purposes such as watching/streaming TV series or movies, playing games, accessing the internet, or using social media.

YOUTH: Frequency that Parents Limit Electronics



Source: OHYES! Report for Stark County, 2023-2024



Appendix: Survey Results by Geography

Summary: Community Needs						
		Stark County	Alliance	Canton	Massillon	Suburbs
Seriousness of Problems in Stark County (% rating it as very or moderately serious)	Heroin or other illegal drug use*	87.2%	91.0%	91.8%	86.1%	82.7%
	Mental health*	86.4%	90.4%	90.8%	86.3%	79.8%
	Obesity and healthy choices	83.0%	86.5%	81.3%	84.0%	83.4%
	Availability of affordable housing*	81.5%	90.4%	88.0%	81.1%	73.6%
	Youth vaping*	80.4%	80.6%	83.7%	84.6%	72.6%
	Crime and violence*	79.7%	84.4%	90.5%	76.4%	73.0%
	Unemployment*	78.3%	83.2%	85.9%	78.9%	68.8%
	Homelessness*	75.7%	80.8%	88.6%	73.6%	64.5%
	Underage drinking*	67.3%	73.5%	75.8%	64.7%	63.4%
	Food insecurity*	66.4%	74.4%	74.0%	64.0%	61.7%
	Access to health care*	65.6%	71.8%	71.5%	64.4%	63.0%
	Resources/Services for Seniors*	56.2%	65.2%	65.9%	54.7%	52.8%
	Access to dental care	56.0%	61.5%	64.4%	56.7%	50.9%
	Transportation*	51.7%	59.6%	60.2%	45.3%	43.7%
Sought assistance in past year for . . .	Food*	22.4%	24.4%	37.8%	16.2%	14.7%
	Mental health issues*	14.9%	17.9%	21.6%	10.3%	10.4%
	Healthcare	10.6%	10.3%	14.1%	8.9%	9.2%
	Utilities*	10.4%	16.0%	17.0%	8.9%	5.5%
	Transportation*	10.1%	7.7%	19.2%	7.6%	4.9%
	Dental care*	10.0%	10.3%	14.3%	7.6%	6.7%
	Prescription assistance	9.8%	9.6%	10.5%	10.3%	8.0%
	Clothing*	9.6%	9.0%	19.2%	4.6%	6.1%
	Employment*	9.3%	8.3%	14.9%	5.9%	8.6%
	Medicare or other health insurance	8.6%	14.1%	10.8%	7.6%	7.4%
	Rent/mortgage assistance*1.2%	8.0%	10.3%	13.5%	5.5%	3.1%
	Home repair	6.4%	9.6%	7.0%	6.4%	4.3%
	Shelter*	6.3%	4.5%	12.2%	2.5%	2.5%
	Legal aid services*	4.1%	8.3%	6.8%	2.1%	3.1%
	Addition services*	3.6%	3.2%	5.1%	0.9%	5.5%
	Childcare	2.6%	3.8%	5.1%	4.6%	1.8%
	Unsafe structural issues with housing	1.1%	2.6%	3.0%	0.5%	1.2%
	Unplanned pregnancy	1.1%	1.9%	1.6%	0.7%	0.0%
	None of the above*	52.5%	53.2%	34.1%	59.0%	60.7%

Summary: Caregiving and Senior Needs						
		Stark County	Alliance	Canton	Massillon	Suburbs
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	9.5%	3.2%	7.8%	12.1%	9.2%
	Someone with physical/mental health problem	7.0%	3.8%	8.1%	7.1%	5.5%
	Someone with special needs	5.8%	5.1%	7.3%	3.9%	6.1%
	Children with severe behavioral issues	4.8%	7.1%	5.7%	3.0%	3.1%
	An adult child	3.8%	3.1%	8.4%	4.1%	3.7%
	Grandchildren	3.6%	3.2%	5.4%	3.2%	3.7%
	A foster child or child temporary guardian of	1.1%	1.3%	1.6%	0.2%	1.2%
Not responsible for caregiving		75.8%	81.4%	71.1%	76.7%	76.1%
Someone provides assistance to them*	Yes	17.7%	14.2%	25.9%	14.9%	17.3%
	No	82.3%	85.8%	74.1%	85.1%	82.7%
Challenges facing seniors (% major or moderate challenge)	Having enough money to meet daily expenses*	75.0%	78.8%	79.7%	78.7%	65.6%
	Having safe and affordable housing*	73.5%	75.5%	78.9%	71.4%	70.5%
	Being a victim of fraud or a scam	73.4%	75.0%	74.9%	74.1%	72.9%
	Feeling depressed, lonely or isolated*	72.2%	74.8%	74.8%	72.6%	68.1%
	Not knowing what services are available	67.9%	73.1%	74.0%	69.4%	64.4%
	Getting needed healthcare	63.9%	67.7%	69.5%	63.8%	63.2%
	Maintaining home and yard*	63.3%	60.6%	70.4%	65.2%	58.7%
	Understanding public programs*	63.2%	65.2%	68.8%	65.7%	57.1%
	Providing care for another person	59.8%	60.3%	60.9%	59.5%	60.2%
Having safe and affordable transportation	59.3%	57.7%	67.7%	59.3%	54.0%	
Summary: Personal Health Status						
Personal description of health*	Excellent	13.1%	10.3%	12.4%	11.9%	20.2%
	Good	51.4%	48.1%	43.2%	55.1%	50.9%
	Fair	28.8%	32.7%	34.9%	27.7%	22.1%
	Poor	5.8%	9.0%	8.1%	4.3%	6.1%
	Very Poor	1.0%	-	1.4%	0.9%	0.6%
Number of days in past month that PHYSICAL health was not good*	Average number of days not well	5.78	6.20	7.09	5.35	5.36
	None	38.9%	30.1%	34.2%	42.3%	39.9%
	1-5	33.9%	39.9%	31.0%	33.3%	33.7%
	6-10	10.2%	31.0%	12.5%	7.8%	12.3%
	11 or more	17.0%	17.6%	22.3%	16.6%	14.1%

Summary: Insurance Coverage						
		Stark County	Alliance	Canton	Massillon	Suburbs
Currently has health insurance	Insured	91.6%	92.3%	91.4%	93.1%	92.6%
	Not insured	8.4%	7.7%	8.6%	6.9%	7.4%
Type of Insurance coverage (of those with insurance)	Private insurance- employer paid	33.2%	25.7%	20.8%	41.0%	35.8%
	Private insurance- self paid	7.9%	9.0%	7.4%	7.1%	9.9%
	Medicare	33.6%	30.6%	27.6%	34.6%	35.8%
	Medicaid	21.4%	29.9%	38.6%	13.5%	14.6%
	Medical Cost Sharing Plan	1.4%	1.4%	1.8%	0.5%	2.0%
	VA Coverage or Military Coverage	1.8%	0.7%	2.1%	1.5%	2.0%
	Other	0.7%	2.8%	1.8%	1.7%	0.0%
Services covered by insurance (of those with insurance)	Preventative or routine medical care*	86.4%	84.0%	80.2%	91.4%	88.1%
	Emergency room care*	83.4%	81.9%	78.1%	86.2%	82.1%
	Hospitalization*	82.1%	75.0%	74.0%	88.0%	83.4%
	Prescription assistance*	80.2%	84.0%	74.3%	86.2%	76.2%
	Dental services	72.7%	71.5%	76.0%	73.5%	72.2%
	Vision services	71.6%	73.6%	75.4%	71.0%	71.5%
	Mental health	64.8%	66.0%	63.3%	64.1%	62.3%
	Alcohol and drug treatment	41.6%	38.2%	42.0%	40.8%	40.4%
	Prenatal/maternity	40.1%	35.4%	41.7%	42.8%	38.4%
	Family planning (birth control)	36.8%	36.1%	39.3%	36.4%	38.4%
	Home Care	32.6%	29.9%	31.1%	34.2%	35.1%
	Long term care*	32.5%	24.3%	38.2%	33.4%	28.5%
Hospice	27.4%	23.6%	27.8%	29.2%	27.2%	
Summary: Access to Health Care						
Have primary care provider*	Yes	85.3%	86.5%	79.2%	88.6%	89.6%
	No	14.8%	13.5%	20.8%	11.4%	10.4%
Length of time since last routine check-up	Within past year	76.6%	77.6%	73.0%	80.3%	79.8%
	Within past 2 years	10.1%	11.5%	11.9%	9.8%	9.8%
	Within past 5 years	5.6%	7.1%	5.7%	4.1%	4.9%
	5 or more years ago	6.6%	3.8%	8.4%	4.8%	4.3%
	Never	1.0%	0.0%	1.1%	0.9%	1.2%
Where receive health care most often*	Primary care or family doctor	70.4%	68.6%	64.1%	73.7%	76.1%
	Stat Care	11.4%	13.5%	9.5%	13.0%	11.7%
	Emergency room	8.4%	8.3%	13.5%	6.2%	1.8%
	Hospital clinic	2.6%	1.9%	3.2%	2.5%	2.5%
	Telemedicine	1.6%	0.6%	0.5%	1.1%	3.7%
	VA hospital/Clinic	1.5%	1.3%	1.6%	1.4%	1.2%
	Free clinic	1.5%	0.6%	3.0%	0.2%	1.2%
	Community health center	1.4%	5.1%	1.9%	0.5%	1.2%
	Something else not mentioned	0.9%	0.0%	1.4%	1.4%	0.0%
	Health department clinic	0.4%	0.0%	1.4%	0.0%	0.6%
Needed to go outside of county for healthcare*	23.5%	22.4%	13.5%	23.8%	35.0%	
Services needed unable to get in past 2 years*	17.4%	21.2%	20.0%	16.2%	12.9%	





Summary: Dental Care						
		Stark County	Alliance	Canton	Massillon	Suburbs
Length of time since last visited the dentist*	Within past year	55.2%	46.8%	46.6%	61.3%	64.4%
	Within past 2 years	14.1%	24.4%	19.0%	11.9%	11.0%
	Within past 5 years	12.4%	15.4%	14.4%	10.3%	8.6%
	5 or more years ago	15.9%	12.2%	16.5%	14.2%	14.7%
	Never	2.4%	1.3%	3.5%	2.3%	1.2%
Currently have dental issues that need addressed*	Yes and able to get care needed	23.4%	19.2%	28.9%	24.0%	17.8%
	Yes and unable to get care needed	14.4%	18.6%	18.6%	12.4%	12.3%
	No	62.3%	62.2%	52.4%	63.6%	69.9%
Summary: Mental Health						
Number of days in past month that MENTAL health was not good*	Average number of days not well	7.16	8.27	9.43	6.08	5.54
	None	36.7%	31.4%	26.0%	39.5%	42.9%
	1-5	29.9%	30.1%	29.8%	32.2%	30.7%
	6-10	8.5%	10.9%	10.3%	7.4%	8.0%
	More than 11	24.8%	27.6%	27.6%	20.9%	18.4%
During past 12 months...	Felt sad or hopeless 2+ weeks*	34.8%	37.8%	44.1%	28.1%	29.4%
	Ever seriously consider suicide*	11.3%	14.7%	12.4%	8.5%	11.0%
Do you know someone who...	Has died by suicide	46.4%	51.3%	58.9%	49.4%	44.2%
	Has talked about thoughts of suicide*	40.0%	41.0%	41.9%	37.8%	36.8%
	Has attempted suicide, but did not die*	30.3%	28.2%	35.7%	24.9%	31.9%
Stress level on typical day*	Low	36.3%	22.4%	30.0%	19.2%	46.6%
	Moderate	41.3%	42.9%	46.2%	41.9%	33.1%
	High	22.5%	34.6%	23.8%	38.9%	20.2%
Medical Professional Ever Diagnosed someone in household with.	Depression*	40.0%	48.1%	47.3%	37.3%	36.2%
	Anxiety disorder such as OCD or panic	39.0%	42.9%	43.0%	35.7%	41.1%
	ADD/ADHD	22.4%	26.9%	23.8%	20.6%	20.9%
	Bipolar*	15.1%	21.2%	20.8%	9.8%	12.3%
	Posttraumatic stress disorder*	14.0%	13.5%	18.6%	12.1%	11.0%
	Alcohol/Substance Use disorder/Dependence*	12.0%	16.0%	11.9%	8.7%	10.4%
	Seasonal affective disorder	6.5%	7.7%	5.1%	5.9%	8.0%
	Postpartum depression	6.3%	8.3%	5.9%	6.6%	7.4%
	Eating disorder*	4.9%	3.8%	7.3%	3.2%	5.5%
	Schizophrenia*	4.4%	3.8%	6.5%	2.7%	2.5%
	Developmental disability	3.5%	6.4%	5.7%	2.1%	3.1%
	Problem gambling	1.6%	1.3%	2.7%	0.7%	1.2%
Other mental health disorder	4.6%	2.6%	5.7%	3.2%	4.3%	
Social Connectiveness- How often see people care about*	Less than once a week	19.5%	19.9%	25.7%	14.6%	16.6%
	1 to 2 times a week	26.0%	26.3%	28.1%	26.8%	21.5%
	3 to 5 times a week	23.8%	21.8%	22.4%	23.6%	25.8%
	More than 5 times a week	30.8%	32.1%	23.8%	35.0%	36.2%



Summary: Smoking and Tobacco Use						
		Stark County	Alliance	Canton	Massillon	Suburbs
Tobacco usage*	Everyday	25.4%	19.2%	36.5%	18.5%	19.0%
	Some days	7.8%	9.6%	12.2%	7.6%	3.7%
	Not at all	66.9%	71.2%	51.4%	73.9%	77.3%
Electronic Cigarette/Vape Usage*	Everyday	13.8%	12.2%	19.2%	8.0%	9.8%
	Some days	7.8%	8.3%	12.7%	6.2%	6.1%
	Not at all	78.5%	79.5%	68.1%	85.8%	84.0%
Trying or willing to quit smoking (of tobacco users)*	Yes, and have resources needed	32.5%	25.0%	31.5%	41.5%	40.0%
	Yes, but don't have resources needed	17.4%	30.4%	18.3%	12.3%	25.0%
	No	50.0%	44.6%	50.3%	46.2%	35.0%
Summary: Alcohol Use						
Alcohol consumption	Never	46.8%	48.7%	46.5%	45.5%	49.7%
	1-2 days	21.5%	30.1%	25.1%	22.2%	17.2%
	3-5 days	12.8%	8.3%	13.5%	12.1%	12.9%
	6-10 days	6.4%	3.2%	3.2%	8.2%	6.7%
	10 days or more	12.6%	9.6%	11.6%	11.9%	13.5%
# of days had 5+ drinks past month (men)*	None	68.0%	65.0%	58.1%	74.2%	75.3%
	1	10.3%	20.0%	15.4%	6.2%	9.1%
	2 or more	21.7%	15.0%	26.5%	19.7%	15.6%
# of days had 4+ drinks past month (women)	None	80.0%	79.2%	68.2%	82.6%	87.1%
	1	11.4%	16.7%	16.3%	10.1%	8.2%
	2 or more	8.6%	4.2%	15.5%	7.4%	4.7%
Driven after drinking alcohol in past month		10.1%	7.1%	11.4%	10.3%	11.0%
Summary: Substance Use						
Perceived Harm (% very harmful)	Smoking/Tobacco Use*	67.7%	74.8%	62.8%	68.8%	74.5%
	E-cigarettes or vaping*	63.0%	65.4%	60.2%	67.4%	65.4%
	Alcohol*	34.8%	43.9%	40.8%	35.2%	29.0%
	Marijuana*	23.6%	23.2%	23.4%	27.4%	22.8%
Taken prescriptions . . .	Differently than prescribed	4.9%	5.1%	5.7%	4.1%	6.1%
	To feel high or more alert	5.6%	3.8%	7.0%	3.2%	6.1%
How typically get rid of left over or unused prescription medication	Take to a Take Back Center or event*	32.4%	34.0%	27.0%	38.4%	33.1%
	Keep them in case need in future	34.5%	25.6%	34.6%	32.7%	41.1%
	Throw them in the trash	22.9%	26.3%	27.3%	19.5%	20.2%
	Flush them down the toilet	14.5%	16.7%	17.8%	13.0%	13.5%
	Give them to someone else	3.4%	2.6%	4.3%	2.5%	3.7%
	Something else	8.6%	7.1%	7.6%	8.7%	6.1%
Permanent drug collection boxes*	Aware and used in past	23.3%	19.2%	14.9%	29.5%	20.2%
	Aware, but not used	21.3%	22.4%	23.5%	18.8%	23.3%
	Not aware	55.5%	58.3%	61.6%	51.7%	56.4%
Needed drug or alcohol treatment in past year*		16.9%	14.1%	19.5%	12.6%	15.3%
Know where to go for services (of those seeking treatment)		85.2%	81.8%	83.3%	85.5%	92.0%
Able to find services in a timely manner (of those seeking)		79.3%	63.6%	79.2%	81.8%	84.0%



Summary: Substance Use						
		Stark County	Alliance	Canton	Massillon	Suburbs
During the last 6 month, anyone in household use. . .	Marijuana*	32.0%	31.4%	43.8%	24.0%	22.7%
	Amphetamines, meth, or speed	5.4%	6.4%	4.6%	3.9%	4.9%
	Cocaine or crack*	3.5%	1.9%	5.7%	1.6%	1.8%
	Fentanyl	2.1%	0.0%	1.6%	1.8%	3.1%
	LSD or other hallucinogens	1.6%	2.6%	1.6%	0.7%	1.2%
	Heroin	1.1%	0.6%	2.2%	0.5%	1.2%
	Something else*	0.9%	2.6%	1.1%	0.7%	0.6%
	Ecstasy or GHB	0.9%	0.6%	1.1%	0.5%	0.6%
	Inhalants	0.4%	0.0%	0.5%	0.0%	0.6%
	None of the above*	65.1%	66.7%	53.8%	73.5%	73.6%
Marijuana Use Questions (asked only of those who have used marijuana in past 6 months)						
*NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE						
How used marijuana in past 6 months	Smoked*	77.7%	77.6%	85.8%	79.0%	56.8%
	Vaped*	35.5%	49.0%	36.4%	31.4%	29.7%
	Consumed in food, drink	40.6%	36.7%	32.1%	45.7%	48.6%
	Other	5.1%	8.2%	4.3%	4.8%	5.4%
How often use marijuana in past 6 months	Once or twice	30.3%	14.9%	28.6%	31.1%	40.0%
	Monthly	10.4%	19.1%	11.8%	10.7%	8.6%
	Weekly	16.3%	19.1%	16.1%	14.6%	8.6%
	Daily/Almost daily	43.0%	46.8%	43.5%	43.7%	42.9%
Reasons used marijuana	To relax	70.3%	73.5%	71.0%	72.4%	56.8%
	To deal with anxiety or stress	62.9%	57.1%	66.7%	62.9%	59.5%
	Pain management	48.8%	46.9%	45.7%	54.3%	43.2%
	To help sleep	46.9%	38.8%	46.9%	50.5%	43.2%
	To feel good or get high	36.3%	38.8%	37.7%	30.5%	29.7%
	To get through the day*	25.4%	30.6%	31.5%	22.9%	13.5%
	To have a good time with friends*	12.1%	20.4%	12.3%	14.3%	5.4%
	To enhance other drug(s) *	3.5%	4.1%	5.6%	0.0%	0.0%
Other	6.3%	6.1%	6.2%	6.7%	13.5%	
Problems caused by marijuana use	Less interested in other activities	16.0%	22.4%	17.9%	12.4%	10.8%
	Interfered with ability to think clearly	12.5%	12.2%	12.3%	11.4%	13.5%
	Created problems with family	9.8%	8.2%	9.3%	5.7%	10.8%
	Gotten into trouble with the police	9.4%	10.2%	8.0%	7.6%	8.1%
	Mental health problems	8.6%	8.2%	13.0%	2.9%	5.4%
	Lost a job or didn't get a job*	6.6%	4.1%	11.7%	5.7%	0.0%
	Behaved in impulsive ways	4.3%	4.1%	6.8%	2.9%	2.7%
	Physical health problems*	3.5%	2.0%	6.8%	0.0%	2.7%



Summary: Child Health						
		Stark County	Alliance	Canton	Massillon	Suburbs
Children in home under 18		29.6%	33.3%	30.0%	31.4%	28.2%
<i>Below questions only asked of respondents with children *NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE</i>						
Children get annual well check-ups		92.8%	90.4%	92.8%	97.1%	93.5%
Child had flu vaccination in last year		51.5%	50.0%	52.3%	49.6%	58.7%
Up to date on recommended vaccines*	Yes	86.5%	88.5%	82.0%	90.5%	93.5%
	No	8.4%	7.7%	8.1%	6.6%	6.5%
	Don't know	5.1%	3.8%	9.9%	2.9%	0.0%
How often use car seats (asked if have children under 9)*	Never	10.7%	27.6%	5.9%	6.0%	5.9%
	Seldom/Sometimes	6.6%	3.4%	11.7%	0.0%	11.8%
	Almost always/always	82.8%	69.0%	76.5%	94.0%	82.4%
Summary: Healthy Living- Weight, Exercise, and Sleep						
Exercise in past month*		73.1%	66.0%	67.8%	74.4%	79.8%
How often exercised in an average week (of those who exercise)	None	6.3%	6.8%	6.4%	6.2%	8.5%
	1-2 times	46.7%	54.4%	45.8%	44.3%	45.4%
	3-4 times	30.8%	27.2%	30.7%	31.1%	29.2%
	5-7 times	16.2%	11.7%	17.1%	18.5%	16.9%
Self-described weight	Overweight	59.6%	63.5%	54.6%	63.4%	58.3%
	About right	34.4%	30.8%	35.9%	33.2%	38.0%
	Underweight	6.0%	5.8%	9.5%	3.4%	3.7%
Thought about or tried to lost weight*		64.5%	63.5%	58.4%	70.3%	65.6%
Have resources needed (of those trying to lose weight)*		76.8%	65.7%	62.3%	80.7%	84.1%
Average number of hours per day on activities	Watch TV	3.69	3.16%	4.33%	3.52%	4.25%
	Use social media	3.37	3.22%	4.68%	3.14%	3.21%
	Use Computer outside work	2.84	2.52%	3.17%	2.54%	3.57%
	Use cellphone	3.56	3.26%	4.32%	3.40%	3.44%
	Sleep per 24 hour period	6.88	6.60%	6.93%	7.01%	6.78%
Avg. # of days did not get enough rest in past 30		11.01	11.15%	11.70%	10.82%	11.01%
Summary: Healthy Living- Food and nutrition						
How difficult to get fresh fruits & vegetables*	Very difficult	6.3%	9.6%	9.5%	4.1%	6.7%
	Somewhat difficult	23.3%	24.4%	33.5%	16.9%	19.0%
	Not at all difficult	70.5%	66.0%	57.0%	78.9%	74.2%
What makes it difficult to get food needed	Cost of food	52.9%	56.4%	57.8%	51.7%	47.9%
	Quality of food*	25.4%	15.4%	33.0%	21.7%	25.2%
	The season/weather	25.1%	20.5%	24.1%	25.9%	21.5%
	Time for shopping	14.5%	11.5%	14.9%	14.0%	15.3%
	Distance from the store*	15.4%	12.2%	21.9%	10.1%	12.3%
	Safety*	4.5%	4.5%	7.6%	2.1%	6.7%
How often eat fresh fruit or vegetables*	0 to 1 times a week	20.0%	24.4%	24.6%	16.9%	14.1%
	2 to 4 times a week	40.1%	38.5%	40.8%	41.0%	38.7%
	Once a day	22.1%	20.5%	18.9%	23.3%	28.2%
	2 to 4 times a day	13.4%	10.9%	11.1%	14.9%	14.1%
	5 or more times a day	4.4%	5.8%	4.6%	3.9%	4.9%



Summary: Prevention, Testing and Screening						
		Stark County	Alliance	Canton	Massillon	Suburbs
How long since: had blood cholesterol checked*	Within the past year	69.1%	67.9%	61.1%	74.8%	74.2%
	Within the past 2 years	9.0%	10.9%	10.5%	7.8%	8.6%
	Within the past 5 years	6.0%	4.5%	8.6%	2.5%	6.1%
	5 or more years ago	5.4%	5.8%	5.7%	6.2%	3.1%
	Never	10.5%	10.9%	14.1%	8.7%	8.0%
How long since: had blood pressure checked*	Within the past year	83.6%	84.0%	79.2%	89.2%	88.3%
	Within the past 2 years	7.1%	8.3%	7.6%	3.9%	6.7%
	Within the past 5 years	2.5%	1.9%	4.3%	1.4%	1.8%
	5 or more years ago	4.1%	2.6%	5.1%	3.2%	1.8%
	Never	2.6%	3.2%	3.8%	2.3%	1.2%
Have ever: colonoscopy (asked if 45 or older)*		75.3%	75.3%	61.2%	81.4%	82.1%
Have ever: skin cancer exam*		32.3%	26.5%	21.0%	40.0%	41.1%
Have ever: mammogram (Asked only of females 40+)*		86.5%	85.3%	81.0%	89.2%	89.7%
Have ever: clinical breast exam (Asked only of females)*		70.5%	69.8%	63.9%	76.0%	82.4%
Have ever: PAP smear (Asked only of females)*		89.5%	89.6%	82.8%	92.6%	90.6%
Perform breast self-exams* (asked only of females)	No	25.5%	38.5%	33.5%	20.5%	22.4%
	Yes, every month, always	25.7%	17.7%	29.2%	26.4%	23.5%
	Yes, but skip sometimes	17.6%	17.7%	14.2%	20.9%	14.1%
	Yes, every so often	31.2%	26.0%	23.2%	32.2%	40.0%
Have ever: test for prostate cancer (Asked only of males)*		33.6%	35.0%	22.8%	46.1%	36.4%
Perform self-testicular exams (asked only of males)	No	53.4%	48.3%	57.4%	53.4%	55.8%
	Yes, every month, always	14.6%	20.0%	11.8%	17.4%	9.1%
	Yes, but skip sometimes	8.5%	3.3%	8.1%	5.1%	14.3%
	Yes, every so often	23.5%	28.3%	22.8%	24.2%	20.8%
Vaccinations received	COVID-19*	57.8%	61.5%	42.2%	64.3%	63.2%
	Annual flu*	49.8%	52.6%	39.2%	53.5%	57.7%
	Measles vaccine in lifetime*	48.6%	52.6%	35.1%	52.6%	55.2%
	Tetanus Booster*	43.3%	44.2%	30.0%	47.4%	49.7%
	Chicken pox vaccine in lifetime*	38.5%	41.7%	33.2%	40.3%	40.5%
	Pneumonia vaccine in lifetime*	34.4%	30.8%	28.9%	36.4%	38.0%
	Hepatitis B vaccine in lifetime*	31.5%	37.2%	25.7%	33.4%	33.7%
	Shingles vaccine in lifetime*	26.5%	31.4%	20.0%	27.7%	30.7%
	Hepatitis A vaccine in lifetime	21.8%	23.1%	18.6%	22.2%	23.9%
	RSV	13.9%	18.6%	10.5%	14.0%	15.3%
	HPV vaccine in lifetime*	11.5%	13.5%	13.2%	7.8%	12.9%

Summary: Chronic Disease Diagnosis: Someone in Household by Location and Race

	<i>Stark County</i>	<i>Alliance</i>	<i>Canton</i>	<i>Massillon</i>	<i>Suburbs</i>
High blood pressure	43.8%	51.9%	41.9%	47.6%	41.1%
High cholesterol*	33.5%	31.4%	25.4%	37.8%	37.4%
Arthritis	30.5%	32.1%	29.2%	34.1%	31.9%
Diabetes*	22.5%	22.4%	24.3%	26.1%	21.5%
Asthma	16.5%	19.9%	21.1%	16.7%	17.8%
Cancer*	15.0%	10.3%	12.4%	15.3%	19.0%
Heart disease or heart attack*	14.6%	7.7%	11.6%	15.3%	20.2%
Respiratory disease	7.4%	8.3%	8.6%	6.4%	8.6%
Stroke	5.6%	3.8%	7.8%	4.6%	3.7%
Kidney disease	5.4%	5.1%	4.3%	6.6%	4.3%
Sexually transmitted disease*	4.4%	3.2%	6.5%	2.1%	6.1%
Chronic or long COVID	4.0%	2.6%	2.4%	5.0%	4.9%
Alzheimer's/dementia	1.5%	1.9%	1.6%	1.8%	1.2%

Summary: Transportation and Safe Driving

Have access to reliable transportation*		86.4%	86.5%	80.0%	93.1%	87.1%
Type of transportation used MOST often*	Own car	69.6%	75.0%	49.5%	81.9%	77.9%
	Walk	13.4%	12.8%	21.9%	8.0%	6.1%
	Family member/friend	7.1%	4.5%	8.9%	5.0%	10.4%
	SARTA	4.1%	1.3%	3.5%	0.2%	0.0%
	Bike	1.9%	1.9%	3.5%	0.2%	1.8%
	Uber or Lyft	1.5%	0.6%	2.2%	1.4%	1.2%
	Borrowed car	1.4%	0.6%	2.2%	1.4%	1.2%
	Insurance Transportation	0.9%	1.3%	0.5%	0.7%	1.2%
	Other	0.1%	0.6%	0.5%	0.0%	0.0%
How often use a seat belt while driving or riding in a car*	Always	84.0%	78.8%	71.9%	90.6%	89.6%
	Very often	7.5%	11.5%	10.8%	5.5%	4.9%
	Sometimes/Rarely	6.0%	7.0%	12.7%	2.0%	5.5%
	Never	2.5%	2.6%	4.6%	1.8%	0.0%

Summary: Housing

Housing situation today*	Do not have housing	5.6%	5.1%	11.6%	2.3%	2.5%
	Have temporary housing	2.0%	2.6%	2.7%	1.1%	0.6%
	Have it, but worried	13.4%	9.6%	17.3%	10.3%	12.9%
	Have housing	79.0%	82.7%	68.4%	86.3%	84.0%
Have problems in place live in with..	Rodents such as mice or rats*	9.8%	7.1%	15.7%	4.8%	7.4%
	Mold*	8.6%	7.1%	14.1%	5.9%	8.6%
	Water leaks	7.6%	7.1%	10.0%	5.9%	6.7%
	Bug infestation*	7.4%	5.1%	14.3%	3.9%	3.7%
	Smoke detector issues*	5.4%	7.7%	6.5%	3.2%	4.3%
	Inadequate heat/oven, stove	3.5%	3.8%	5.1%	1.6%	2.5%
	Unsafe water supply	2.5%	2.6%	1.6%	2.1%	3.1%
	Other	2.3%	3.2%	4.1%	1.4%	1.8%
	Lead paint or pipes	2.1%	4.5%	4.3%	1.8%	1.8%





	No Housing problems*	72.1%	74.4%	57.8%	81.5%	77.3%
--	-----------------------------	--------------	--------------	--------------	--------------	--------------

Summary: Abuse and Gun Safety

		<i>Stark County</i>	<i>Alliance</i>	<i>Canton</i>	<i>Massillon</i>	<i>Suburbs</i>
Ever been abused*		44.4%	48.1%	53.5%	40.7%	42.3%
Firearms kept in or around home*		30.9%	27.6%	20.1%	38.4%	32.1%
Firearms locked and loaded (those with firearms)	Firearms locked	77.9%	83.7%	78.4%	80.0%	80.8%
	Firearms loaded	31.7%	27.9%	43.2%	28.5%	25.5%

Summary: Digital Literacy

Have	Computer*	70.6%	71.8%	51.1%	79.4%	79.1%
	Smartphone*	90.4%	90.4%	84.6%	93.4%	92.6%
	Internet access*	84.3%	84.0%	77.6%	89.5%	84.0%
	Tablet*	49.6%	53.2%	36.5%	55.6%	55.2%
	Smartwatch*	31.8%	33.3%	23.5%	36.8%	37.4%
	Online gaming console	34.5%	35.3%	27.3%	33.6%	35.6%
	None of the above	2.0%	1.9%	3.2%	1.1%	3.1%
Usage of digital device interfere (% often or always)	Sleep	12.9%	12.8%	17.1%	12.6%	14.8%
	Mental health*	9.5%	11.6%	11.9%	9.4%	8.0%
	Time with family/friends*	11.5%	12.3%	15.7%	8.9%	8.6%
	Work or school	9.1%	11.6%	11.7%	7.6%	6.1%
Digital device practices	Take regular breaks	44.1%	37.2%	41.6%	48.1%	42.9%
	Limit negative content*	36.0%	32.7%	27.8%	41.9%	33.7%
	Have device free time	31.9%	28.8%	25.7%	37.8%	31.9%
	Good sleep hygiene	27.6%	21.8%	24.6%	31.4%	28.2%
	Limit screen time	26.9%	24.4%	25.9%	29.7%	27.0%
	Active relaxation techniques	16.3%	12.8%	15.4%	15.3%	18.4%
	Seek professional help*	5.0%	3.8%	7.6%	2.7%	4.3%
	Other	0.4%	1.3%	0.3%	0.2%	0.0%
None of the above	26.4%	33.3%	28.6%	22.9%	29.4%	
Limit child's use of digital devices (asked only if have children 9 and over)	Often	32.0%	25.7%	22.1%	33.3%	36.1%
	Sometimes	39.2%	34.3%	45.6%	37.9%	33.3%
	Rarely	14.4%	14.3%	17.6%	18.4%	8.3%
	Never	14.4%	25.7%	14.7%	10.3%	22.2%



Appendix: Survey Results by Race

Summary: Community Needs				
		Stark County	Black	White
Seriousness of Problems in Stark County (% rating it as very or moderately serious)	Heroin or other illegal drug use	87.2%	87.9%	87.3%
	Mental health*	86.4%	91.9%	85.6%
	Obesity and healthy choices*	83.0%	79.8%	83.2%
	Availability of affordable housing*	81.5%	87.6%	80.6%
	Youth vaping	80.4%	83.3%	80.6%
	Crime and violence*	79.7%	88.0%	78.7%
	Unemployment*	78.3%	86.1%	76.3%
	Homelessness*	75.7%	85.6%	74.4%
	Underage drinking*	67.3%	77.0%	65.7%
	Food insecurity*	66.4%	71.8%	65.4%
	Access to health care*	65.6%	73.6%	64.2%
	Resources/Services for Seniors*	56.2%	65.1%	54.4%
	Access to dental care*	56.0%	65.2%	54.0%
	Transportation*	51.7%	57.2%	50.6%
Sought assistance in past year for . . .	Food*	22.4%	39.7%	20.7%
	Mental health issues*	14.9%	17.2%	14.0%
	Healthcare	10.6%	13.9%	10.1%
	Utilities*	10.4%	19.1%	9.0%
	Transportation*	10.1%	21.5%	7.9%
	Dental care*	10.0%	12.9%	8.6%
	Prescription assistance	9.8%	8.1%	10.1%
	Clothing*	9.6%	18.2%	8.0%
	Employment*	9.3%	20.6%	7.4%
	Medicare or other health insurance	8.6%	7.2%	8.6%
	Rent/mortgage assistance*	8.0%	14.4%	6.4%
	Home repair	6.4%	8.6%	6.0%
	Shelter*	6.3%	9.6%	5.1%
	Legal aid services*	4.1%	7.2%	3.5%
	Addition services	3.6%	1.9%	3.8%
	Childcare*	2.6%	12.0%	1.9%
	Unsafe structural issues with housing*	1.1%	4.3%	0.6%
	Unplanned pregnancy	1.1%	1.4%	1.2%
None of the above*	52.5%	31.6%	55.1%	

Summary: Caregiving and Senior Needs				
		Stark County	Black	White
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	9.5%	6.2%	9.3%
	Someone with physical/mental health problem	7.0%	8.6%	6.6%
	Someone with special needs *	5.8%	8.6%	5.1%
	Children with severe behavioral issues *	4.8%	5.7%	3.5%
	An adult child*	3.8%	11.0%	3.1%
	Grandchildren	3.6%	4.8%	3.6%
	A foster child or child temporary guardian of	1.1%	1.4%	0.9%
	Not responsible for caregiving*	75.8%	68.9%	77.8%
Someone provides assistance to them*	Yes	17.7%	27.3%	15.3%
	No	82.3%	72.7%	84.7%
Challenges facing seniors (% major or moderate challenge)	Having enough money to meet daily expenses	75.0%	75.6%	75.1%
	Having safe and affordable housing*	73.5%	75.8%	73.2%
	Being a victim of fraud or a scam*	73.4%	75.1%	72.4%
	Feeling depressed, lonely or isolated*	72.2%	75.1%	70.8%
	Not knowing what services are available	67.9%	72.7%	67.8%
	Getting needed healthcare*	63.9%	67.9%	63.4%
	Maintaining home and yard	63.3%	67.5%	63.1%
	Understanding public programs	63.2%	65.6%	62.9%
	Providing care for another person*	59.8%	62.0%	59.5%
	Having safe and affordable transportation*	59.3%	70.2%	58.2%
Summary: Personal Health Status				
Personal description of health*	Excellent	13.1%	15.3%	12.8%
	Good	51.4%	40.7%	53.5%
	Fair	28.8%	35.4%	27.4%
	Poor	5.8%	8.1%	5.2%
	Very Poor	1.0%	0.5%	1.0%
Number of days in past month that PHYSICAL health was not good	Average number of days not well	5.78	6.10	5.70
	None	38.9%	34.1%	39.8%
	1-5	33.9%	34.6%	33.8%
	6-10	10.2%	12.0%	9.8%
	11 or more	17.0%	19.2%	16.7%



Summary: Insurance Coverage				
		Stark County	Black	White
Currently has health insurance*	Insured	91.6%	86.1%	92.9%
	Not insured	8.4%	13.9%	7.1%
Type of Insurance coverage* (of those with insurance)	Private insurance- employer paid	33.2%	21.8%	35.2%
	Private insurance- self paid	7.9%	8.4%	8.0%
	Medicare	33.6%	25.1%	34.4%
	Medicaid	21.4%	38.5%	19.0%
	Medical Cost Sharing Plan	1.4%	0.6%	1.4%
	VA Coverage or Military Coverage	1.8%	3.4%	1.6%
	Other	0.7%	2.2%	0.5%
Services covered by insurance (of those with insurance)	Preventative or routine medical care*	86.4%	73.3%	88.9%
	Emergency room care*	83.4%	71.1%	85.7%
	Hospitalization*	82.1%	66.1%	86.0%
	Dental services	72.7%	75.6%	72.5%
	Vision services	71.6%	75.0%	71.6%
	Mental health*	64.8%	57.8%	65.9%
	Alcohol and drug treatment	41.6%	38.9%	42.1%
	Prenatal/maternity*	40.1%	38.3%	41.4%
	Family planning (birth control)	36.8%	37.8%	37.2%
	Home Care	32.6%	27.2%	33.4%
	Long term care*	32.5%	32.8%	33.6%
Hospice	27.4%	25.0%	27.9%	
Summary: Access to Health Care				
Have primary care provider*	Yes	85.3%	74.2%	87.5%
	No	14.8%	25.8%	12.5%
Length of time since last routine check-up*	Within past year	76.6%	71.3%	78.4%
	Within past 2 years	10.1%	14.4%	9.3%
	Within past 5 years	5.6%	7.2%	5.2%
	5 or more years ago	6.6%	6.7%	6.1%
	Never	1.0%	0.5%	0.9%
Where receive health care most often*	Primary care or family doctor	70.4%	57.9%	73.2%
	Stat Care	11.4%	12.9%	11.7%
	Emergency room	8.4%	15.3%	5.8%
	Hospital clinic	2.6%	4.8%	2.2%
	Telemedicine	1.6%	0.0%	1.9%
	VA hospital/Clinic	1.5%	1.4%	1.6%
	Free clinic	1.5%	2.9%	1.2%
	Community health center	1.4%	1.4%	1.5%
	Something else not mentioned	0.9%	1.4%	0.7%
Health department clinic	0.4%	1.9%	0.3%	
Needed to go outside of county for healthcare*		23.5%	14.8%	24.3%
Services needed unable to get in past 2 years*		17.4%	19.6%	15.9%



Summary: Dental Care				
		Stark County	Black	White
Length of time since last visited the dentist*	Within past year	55.2%	46.9%	57.6%
	Within past 2 years	14.1%	23.0%	13.4%
	Within past 5 years	12.4%	6.3%	11.2%
	5 or more years ago	15.9%	10.0%	15.6%
	Never	2.4%	3.8%	2.2%
Currently have dental issues that need addressed*	Yes and able to get care needed	23.4%	29.7%	22.3%
	Yes and unable to get care needed	14.4%	15.8%	12.5%
	No	62.3%	54.5%	65.2%
Summary: Mental Health				
Number of days in past month that MENTAL health was not good	Average number of days not well	7.16	8.39	6.96
	None	36.7%	26.8%	37.9%
	1-5	29.9%	32.5%	29.8%
	6-10	8.5%	12.9%	8.0%
	More than 11	24.8%	27.8%	24.3%
During past 12 months...	Felt sad or hopeless 2+ weeks*	34.8%	41.6%	32.7%
	Ever seriously consider suicide*	11.3%	14.8%	10.1%
Do you know someone who...	Has died by suicide*	46.4%	33.5%	47.1%
	Has talked about thoughts of suicide	40.0%	40.7%	39.2%
	Has attempted suicide, but did not die*	30.3%	34.9%	29.3%
Stress level on typical day*	Low	36.3%	29.2%	37.5%
	Moderate	41.3%	45.0%	41.3%
	High	22.5%	25.8%	21.3%
Medical Professional Ever Diagnosed someone in household with. . . .	Depression	40.0%	38.8%	40.4%
	Anxiety disorder such as OCD or panic	39.0%	32.5%	39.5%
	ADD/ADHD	22.4%	18.7%	22.0%
	Bipolar	15.1%	15.8%	14.4%
	Posttraumatic stress disorder	14.0%	11.5%	14.1%
	Alcohol/Substance Use disorder/Dependence	12.0%	9.6%	11.7%
	Seasonal affective disorder	6.5%	3.3%	6.6%
	Postpartum depression	6.3%	8.1%	6.3%
	Eating disorder*	4.9%	6.7%	4.2%
	Schizophrenia	4.4%	6.2%	4.1%
	Developmental disability	3.5%	3.8%	3.6%
	Problem gambling	1.6%	1.9%	1.7%
Other mental health disorder	4.6%	2.9%	4.7%	
Social Connectiveness- How often see people care about*	Less than once a week	19.5%	21.1%	18.4%
	1 to 2 times a week	26.0%	30.1%	24.5%
	3 to 5 times a week	23.8%	27.8%	24.2%
	More than 5 times a week	30.8%	21.1%	32.9%



Summary: Smoking and Tobacco Use				
		Stark County	Black	White
Tobacco usage*	Everyday	25.4%	29.7%	24.1%
	Some days	7.8%	15.3%	6.4%
	Not at all	66.9%	55.0%	69.5%
Electronic Cigarette/Vape Usage*	Everyday	13.8%	13.9%	12.8%
	Some days	7.8%	14.4%	7.1%
	Not at all	78.5%	71.8%	80.0%
Trying or willing to quit smoking (of tobacco users)	Yes, and have resources needed	32.5%	35.3%	39.8%
	Yes, but don't have resources needed	17.4%	27.5%	21.4%
	No	50.0%	37.3%	38.8%
Summary: Alcohol Use				
Alcohol consumption	Never	46.8%	37.3%	48.0%
	1-2 days	21.5%	32.5%	20.3%
	3-5 days	12.8%	13.9%	13.0%
	6-10 days	6.4%	4.3%	6.6%
	10 days or more	12.6%	12.0%	12.2%
# of days had 5+ drinks past month (men)*	None	68.0%	46.3%	71.8%
	1	10.3%	19.4%	8.5%
	2 or more	21.7%	34.3%	19.7%
# of days had 4+ drinks past month (women)*	None	80.0%	61.0%	82.5%
	1	11.4%	22.7%	9.9%
	2 or more	8.6%	16.3%	7.7%
Driven after drinking alcohol in past month		10.1%	14.8%	9.6%
Summary: Substance Use				
Perceived Harm (% very harmful)	Smoking/Tobacco Use*	67.7%	61.5%	69.1%
	E-cigarettes or vaping*	63.0%	61.5%	63.6%
	Alcohol	34.8%	43.5%	33.4%
	Marijuana*	23.6%	26.0%	23.0%
Taken prescriptions . . .	Differently than prescribed*	4.9%	5.7%	4.2%
	To feel high or more alert*	5.6%	8.6%	4.4%
How typically get rid of left over or unused prescription medication	Take to a Take Back Center or event*	32.4%	20.6%	34.5%
	Keep them in case need in future	34.5%	29.2%	35.4%
	Throw them in the trash*	22.9%	34.9%	21.3%
	Flush them down the toilet*	14.5%	21.5%	13.3%
	Give them to someone else	3.4%	4.3%	3.2%
	Something else	8.6%	7.2%	8.5%
Permanent drug collection boxes*	Aware and used in past	23.3%	10.0%	24.8%
	Aware, but not used	21.3%	23.4%	20.7%
	Not aware	55.5%	66.5%	54.5%
Needed drug or alcohol treatment in past year		16.9%	18.2%	16.3%
Know where to go for services (of those seeking treatment)		85.2%	81.6%	86.6%
Able to find services in a timely manner (of those seeking)		79.3%	76.3%	80.4%

Summary: Substance Use				
		Stark County	Black	White
During the last 6 month, anyone in household use. . .	Marijuana*	32.0%	43.1%	29.2%
	Amphetamines, meth, or speed*	5.4%	4.3%	4.8%
	Cocaine or crack	3.5%	3.3%	3.1%
	Fentanyl	2.1%	1.0%	2.2%
	LSD or other hallucinogens	1.6%	0.5%	1.6%
	Heroin	1.1%	1.0%	1.2%
	Something else	0.9%	1.4%	0.9%
	Ecstasy or GHB	0.9%	1.0%	0.7%
	Inhalants	0.4%	0.0%	0.4%
	None of the above*	65.1%	55.0%	67.8%
<i>Marijuana Use Questions (asked only of those who have used marijuana in past 6 months)</i>				
<i>*NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE</i>				
How used marijuana in past 6 months	Smoked	77.7%	87.8%	76.0%
	Vaped	35.5%	36.7%	34.0%
	Consumed in food, drink	40.6%	28.9%	41.5%
	Other	5.1%	4.4%	5.5%
How often use marijuana in past 6 months	Once or twice	30.3%	22.2%	30.8%
	Monthly	10.4%	13.3%	10.8%
	Weekly	16.3%	12.2%	17.4%
	Daily/Almost daily	43.0%	52.2%	41.0%
Reasons used marijuana	To relax	70.3%	68.9%	72.0%
	To deal with anxiety or stress	62.9%	66.7%	63.0%
	Pain management	48.8%	37.8%	49.0%
	To help sleep*	46.9%	38.9%	50.5%
	To feel good or get high*	36.3%	40.0%	33.5%
	To get through the day *	25.4%	35.6%	23.0%
	To have a good time with friends	12.1%	15.6%	11.0%
	To enhance other drug(s)	3.5%	3.3%	3.5%
Other	6.3%	8.9%	6.0%	
Problems caused by marijuana use	Less interested in other activities *	16.0%	24.4%	14.0%
	Interfered with ability to think clearly*	12.5%	5.6%	14.5%
	Created problems with family	9.8%	7.8%	9.5%
	Gotten into trouble with the police	9.4%	7.8%	10.5%
	Mental health problems*	8.6%	16.7%	6.5%
	Lost a job or didn't get a job*	6.6%	12.2%	4.5%
	Behaved in impulsive ways	4.3%	6.7%	3.5%
	Physical health problems	3.5%	5.6%	3.0%

Summary: Child Health				
		Stark County	Black	White
Children in home under 18*		29.6%	43.1%	28.0%
<i>Below questions only asked of respondents with children *NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE</i>				
Children get annual well check-ups		92.8%	91.1%	93.2%
Child had flu vaccination in last year*		51.5%	57.8%	48.4%
Up to date on recommended vaccines *	Yes	86.5%	83.3%	87.5%
	No	8.4%	6.7%	8.9%
	Don't know	5.1%	10.0%	3.6%
How often use car seats (asked if have children under 9)*	Never	10.7%	5.4%	11.6%
	Seldom/Sometimes	6.6%	10.7%	3.2%
	Almost always/always	82.8%	83.9%	85.3%
Summary: Healthy Living- Weight, Exercise, and Sleep				
Exercise in past month		73.1%	70.8%	73.5%
How often exercised in an average week (of those who exercise)	None	6.3%	7.4%	6.2%
	1-2 times	46.7%	43.2%	47.2%
	3-4 times	30.8%	33.8%	30.2%
	5-7 times	16.2%	15.5%	16.5%
Self-described weight*	Overweight	59.6%	48.3%	61.7%
	About right	34.4%	45.0%	32.5%
	Underweight	6.0%	6.7%	5.9%
Thought about or tried to lost weight*		64.5%	58.4%	65.6%
Have resources needed (of those trying to lose weight)*		76.8%	66.1%	78.0%
Average number of hours per day on activities	Watch TV	3.69%	4.26%	4.59%
	Use social media	3.37%	5.43%	2.99%
	Use Computer outside work	2.84%	3.51%	3.93%
	Use cellphone	3.56%	4.32%	3.71%
	Sleep per 24 hour period	6.88%	6.91%	6.93%
Avg. # of days did not get enough rest in past 30		11.01%	10.52%	10.94%
Summary: Healthy Living- Food and nutrition				
How difficult to get fresh fruits & vegetables*	Very difficult	6.3%	14.8%	5.0%
	Somewhat difficult	23.3%	32.1%	21.0%
	Not at all difficult	70.5%	53.1%	74.1%
What makes it difficult to get food needed	Cost of food	52.9%	52.6%	51.9%
	Quality of food*	25.4%	32.5%	24.2%
	The season/weather	25.1%	18.7%	25.5%
	Time for shopping	14.5%	14.4%	14.9%
	Distance from the store*	15.4%	21.1%	14.0%
	Safety*	4.5%	11.0%	2.9%
How often eat fresh fruit or vegetables	0 to 1 times a week	20.0%	21.5%	19.2%
	2 to 4 times a week	40.1%	43.5%	39.9%
	Once a day	22.1%	16.7%	22.3%
	2 to 4 times a day	13.4%	13.4%	14.4%
	5 or more times a day	4.4%	4.8%	4.1%



Summary: Prevention, Testing and Screening				
		Stark County	Black	White
How long since: had blood cholesterol checked*	Within the past year	69.1%	56.9%	71.7%
	Within the past 2 years	9.0%	10.5%	8.9%
	Within the past 5 years	6.0%	8.6%	5.0%
	5 or more years ago	5.4%	8.1%	4.4%
	Never	10.5%	15.8%	10.1%
How long since: had blood pressure checked*	Within the past year	83.6%	76.6%	86.2%
	Within the past 2 years	7.1%	9.6%	6.3%
	Within the past 5 years	2.5%	4.3%	1.9%
	5 or more years ago	4.1%	3.8%	3.5%
	Never	2.6%	5.7%	2.2%
Have ever: colonoscopy (asked if 45 or older)*		75.3%	65.4%	77.8%
Have ever: skin cancer exam*		32.3%	14.5%	35.2%
Have ever: mammogram (Asked only of females 40+)*		86.5%	78.3%	88.2%
Have ever: clinical breast exam (Asked only of females)*		70.5%	61.0%	74.2%
Have ever: PAP smear (Asked only of females)*		89.5%	80.1%	91.2%
Perform breast self-exams (asked only of females)	No	25.5%	39.0%	23.8%
	Yes, every month, always	25.7%	27.7%	25.2%
	Yes, but skip sometimes	17.6%	13.5%	18.1%
	Yes, every so often	31.2%	19.9%	32.9%
Have ever: test for prostate cancer (Asked only of males)*		33.6%	25.4%	36.1%
Perform self-testicular exams (asked only of males)	No	53.4%	62.7%	50.8%
	Yes, every month, always	14.6%	17.9%	15.0%
	Yes, but skip sometimes	8.5%	6.0%	9.1%
	Yes, every so often	23.5%	13.4%	25.1%
Vaccinations received	COVID-19*	57.8%	43.5%	60.3%
	Annual flu*	49.8%	38.3%	51.5%
	Measles vaccine in lifetime*	48.6%	28.2%	51.7%
	Tetanus Booster*	43.3%	24.9%	46.4%
	Chicken pox vaccine in lifetime*	38.5%	29.2%	39.7%
	Pneumonia vaccine in lifetime*	34.4%	25.4%	36.0%
	Hepatitis B vaccine in lifetime*	31.5%	24.9%	32.7%
	Shingles vaccine in lifetime*	26.5%	16.7%	29.2%
	Hepatitis A vaccine in lifetime*	21.8%	14.8%	22.7%
	RSV*	13.9%	7.7%	15.3%
HPV vaccine in lifetime	11.5%	11.5%	12.0%	

Summary: Chronic Disease Diagnosis				
		<i>Stark County</i>	<i>Black</i>	<i>White</i>
High blood pressure		43.8%	39.2%	44.8%
High cholesterol*		33.5%	17.2%	35.3%
Arthritis*		30.5%	22.5%	31.6%
Diabetes		22.5%	21.5%	22.7%
Asthma		16.5%	22.5%	16.2%
Cancer*		15.0%	5.3%	16.6%
Heart disease or heart attack*		14.6%	8.6%	15.7%
Respiratory disease		7.4%	6.7%	7.6%
Stroke*		5.6%	8.6%	4.7%
Kidney disease*		5.4%	2.9%	6.1%
Sexually transmitted disease		4.4%	5.3%	4.2%
Chronic or long COVID		4.0%	1.0%	4.4%
Alzheimer's/dementia		1.5%	2.9%	1.3%
Summary: Transportation and Safe Driving				
Have access to reliable transportation*		86.4%	78.9%	88.2%
Type of transportation used MOST often*	Own car	69.6%	45.0%	74.8%
	Walk	13.4%	24.4%	10.6%
	Family member/friend	7.1%	8.6%	6.4%
	SARTA	4.1%	10.5%	2.9%
	Bike	1.9%	1.9%	1.9%
	Uber or Lyft	1.5%	4.8%	1.0%
	Borrowed car	1.4%	3.3%	1.3%
	Insurance Transportation	0.9%	1.0%	0.9%
	Other	0.1%	0.5%	0.1%
How often use a seat belt while driving or riding in a car*	Always	84.0%	70.8%	86.3%
	Very often	7.5%	11.0%	6.6%
	Sometimes/Rarely	6.0%	12.9%	5.2%
	Never	2.5%	5.3%	1.9%
Summary: Housing				
Housing situation today*	Do not have housing	5.6%	12.9%	3.8%
	Have temporary housing	2.0%	3.8%	1.3%
	Have it, but worried	13.4%	19.6%	11.2%
	Have housing	79.0%	63.6%	83.7%
Have problems in place live in with..	Rodents such as mice or rats*	9.8%	14.8%	7.4%
	Mold	8.6%	12.4%	8.3%
	Water leaks	7.6%	11.0%	7.4%
	Bug infestation*	7.4%	14.8%	5.5%
	Smoke detector issues	5.4%	5.3%	5.1%
	Inadequate heat/oven, stove	3.5%	5.3%	3.1%
	Unsafe water supply	2.5%	1.9%	2.3%
	Other	2.3%	1.0%	2.5%
	Lead paint or pipes	2.1%	4.8%	2.0%
	No Housing problems*	72.1%	60.8%	75.7%

Summary: Abuse and Gun Safety				
		Stark County	Black	White
Ever been abused		44.4%	45.5%	43.7%
Firearms kept in or around home*		30.9%	17.7%	32.3%
Firearms locked and loaded <i>(those with firearms)</i>	Firearms locked	77.9%	86.5%	78.2%
	Firearms loaded	31.7%	37.8%	30.6%
Summary: Digital Literacy				
Have.	Computer*	70.6%	49.8%	74.1%
	Smartphone*	90.4%	80.9%	91.5%
	Internet access*	84.3%	75.1%	85.6%
	Tablet*	49.6%	40.2%	51.0%
	Smartwatch*	31.8%	24.9%	33.2%
	Online gaming console	34.5%	28.2%	34.3%
	None of the above	2.0%	5.3%	2.0%
Usage of digital device interfere <i>(% often or always)</i>	Sleep*	12.9%	24.0%	12.0%
	Mental health*	9.5%	17.3%	8.6%
	Time with family/friends	11.5%	15.8%	10.9%
	Work or school*	9.1%	15.4%	8.1%
Digital device practices	Take regular breaks	44.1%	45.5%	43.3%
	Limit negative content*	36.0%	26.3%	37.5%
	Have device free time	31.9%	30.1%	31.2%
	Good sleep hygiene	27.6%	23.0%	28.4%
	Limit screen time*	26.9%	36.4%	25.5%
	Active relaxation techniques	16.3%	15.8%	15.6%
	Seek professional help	5.0%	5.3%	5.1%
	Other	0.4%	0.0%	0.4%
None of the above	26.4%	28.2%	27.3%	
Limit child's use of digital devices <i>(asked only if have children 9 and over)</i>	Often	32.0%	27.5%	30.5%
	Sometimes	39.2%	37.3%	39.7%
	Rarely	14.4%	19.6%	15.3%
	Never	14.4%	15.7%	14.5%



Appendix: Survey Results by Income

Summary: Community Needs						
		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
Seriousness of Problems in Stark County <i>(% rating it as very or moderately serious)</i>	Heroin or other illegal drug use*	87.2%	88.7%	88.9%	87.9%	84.0%
	Mental health*	86.4%	92.4%	88.4%	81.7%	83.0%
	Obesity and healthy choices*	83.0%	75.6%	82.6%	84.1%	88.2%
	Availability of affordable housing*	81.5%	86.3%	84.6%	77.0%	78.3%
	Youth vaping*	80.4%	74.1%	84.5%	84.7%	79.4%
	Crime and violence*	79.7%	84.8%	83.0%	77.2%	74.7%
	Unemployment*	78.3%	86.2%	80.6%	78.3%	70.8%
	Homelessness*	75.7%	87.8%	80.4%	75.3%	62.7%
	Underage drinking*	67.3%	73.5%	72.2%	72.8%	55.2%
	Food insecurity*	66.4%	74.6%	72.1%	63.1%	58.0%
	Access to health care*	65.6%	71.3%	68.2%	65.2%	59.2%
	Resources/Services for Seniors*	56.2%	65.8%	62.2%	48.7%	48.8%
	Access to dental care*	56.0%	62.5%	60.3%	52.5%	49.4%
	Transportation*	51.7%	64.1%	62.1%	45.9%	45.5%
Sought assistance in past year for . . .	Food*	22.4%	41.6%	28.9%	17.1%	5.9%
	Mental health issues*	14.9%	25.9%	17.4%	8.9%	8.3%
	Healthcare*	10.6%	16.8%	17.4%	4.4%	4.7%
	Utilities*	10.4%	18.8%	14.2%	7.6%	2.8%
	Transportation*	10.1%	20.8%	12.6%	5.1%	3.2%
	Dental care*	10.0%	16.2%	15.3%	3.8%	5.1%
	Prescription assistance*	9.8%	15.2%	14.7%	7.0%	3.6%
	Clothing*	9.6%	18.3%	11.6%	5.7%	4.0%
	Employment*	9.3%	16.8%	11.1%	5.1%	4.7%
	Medicare or other health insurance*	8.6%	14.7%	11.6%	5.7%	3.6%
	Rent/mortgage assistance*	8.0%	16.2%	10.0%	3.8%	2.8%
	Home repair*	6.4%	5.6%	9.5%	8.9%	3.2%
	Shelter*	6.3%	14.7%	7.4%	1.9%	1.6%
	Legal aid services*	4.1%	9.6%	3.2%	3.2%	1.2%
	Addition services*	3.6%	8.1%	3.2%	1.9%	1.6%
	Childcare	2.6%	3.0%	3.2%	1.9%	2.4%
	Unsafe structural issues with housing	1.1%	2.5%	.5%	1.3%	0.4%
	Unplanned pregnancy	1.1%	0.5%	2.6%	-	1.2%
None of the above*	52.5%	28.9%	42.6%	60.1%	73.1%	



Summary: Caregiving and Senior Needs

		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one*	9.5%	5.1%	14.2%	7.6%	10.3%
	Someone with physical/mental health problem	7.0%	8.1%	9.5%	4.4%	5.9%
	Someone with special needs	5.8%	5.6%	6.8%	4.4%	5.5%
	Children with severe behavioral issues*	4.8%	5.6%	7.9%	1.3%	4.0%
	An adult child	3.8%	4.1%	2.6%	3.2%	4.3%
	Grandchildren	3.6%	1.5%	5.3%	1.9%	4.7%
	A foster child or child temporary guardian of	1.1%	1.0%	2.6%	-	0.8%
	Not responsible for caregiving*	75.8%	79.7%	69.5%	82.9%	73.5%
Someone provides assistance to them*	Yes	17.7%	27.6%	12.7%	18.4%	13.4%
	No	82.3%	72.4%	87.3%	81.6%	86.6%
Challenges facing seniors (% major or moderate challenge)	Having enough money to meet daily expenses*	75.0%	79.2%	82.0%	72.2%	67.9%
	Having safe and affordable housing*	73.5%	77.1%	81.9%	65.6%	69.0%
	Being a victim of fraud or a scam*	73.4%	72.8%	75.3%	66.2%	76.7%
	Feeling depressed, lonely or isolated	72.2%	74.0%	78.4%	64.5%	70.6%
	Not knowing what services are available *	67.9%	70.5%	74.4%	58.6%	66.4%
	Getting needed healthcare*	63.9%	66.9%	69.7%	59.5%	59.9%
	Maintaining home and yard*	63.3%	67.8%	70.0%	56.3%	59.7%
	Understanding public programs*	63.2%	67.0%	68.4%	58.2%	59.7%
	Providing care for another person*	59.8%	59.8%	58.2%	57.0%	62.5%
Having safe and affordable transportation*	59.3%	65.5%	66.6%	53.8%	52.8%	
Summary: Personal Health Status						
Personal description of health*	Excellent	13.1%	10.7%	9.5%	10.8%	18.6%
	Good	51.4%	37.6%	45.3%	62.7%	60.1%
	Fair	28.8%	38.6%	35.3%	24.1%	19.4%
	Poor	5.8%	11.7%	7.9%	1.9%	2.0%
	Very Poor	1.0%	1.5%	2.1%	0.6%	-
Number of days in past month that PHYSICAL health was not good*	Average number of days not well	5.78	7.73	7.91	4.57	3.44
	None	38.9%	36.4%	27.9%	38.6%	49.2%
	1-5	33.9%	27.2%	34.2%	39.9%	34.9%
	6-10	10.2%	10.3%	14.7%	10.1%	6.7%
	11 or more	17.0%	26.2%	23.2%	11.4%	9.1%

Summary: Insurance Coverage						
		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
Currently has health insurance*	Insured	91.6%	87.3%	88.4%	91.1%	97.6%
	Not insured	8.4%	12.7%	11.6%	8.9%	2.4%
Type of Insurance coverage* (of those with insurance)	Private insurance- employer paid	33.2%	5.8%	22.0%	32.2%	60.7%
	Private insurance- self paid	7.9%	5.2%	9.5%	9.8%	8.5%
	Medicare	33.6%	31.4%	43.5%	40.6%	23.9%
	Medicaid	21.4%	53.5%	23.2%	12.6%	3.2%
	Medical Cost Sharing Plan	1.4%	1.7%	0.6%	3.5%	0.4%
	VA Coverage or Military Coverage	1.8%	1.7%	1.2%	-	3.2%
	Other	0.7%	0.6%	-	1.4%	-
Services covered by insurance (of those with insurance)	Preventative or routine medical care*	86.4%	78.5%	84.5%	85.4%	93.5%
	Emergency room care*	83.4%	79.7%	79.8%	84.0%	87.9%
	Hospitalization*	82.1%	72.7%	79.8%	84.7%	88.7%
	Prescription assistance	80.2%	80.2%	77.4%	78.5%	83.0%
	Dental services	72.7%	75.6%	75.6%	67.4%	72.1%
	Vision services	71.6%	75.0%	73.2%	72.2%	68.4%
	Mental health*	64.8%	74.4%	55.4%	56.3%	70.0%
	Alcohol and drug treatment	41.6%	47.1%	33.9%	41.0%	43.7%
	Prenatal/maternity*	40.1%	42.4%	31.0%	31.9%	49.8%
	Family planning (birth control)*	36.8%	42.4%	28.0%	29.9%	43.3%
	Home Care	32.6%	32.0%	29.8%	33.3%	34.8%
	Long term care	32.5%	36.6%	28.0%	29.2%	34.8%
Hospice	27.4%	27.3%	25.0%	27.1%	29.6%	
Summary: Access to Health Care						
Have primary care provider*	Yes	85.3%	74.6%	78.4%	89.2%	96.0%
	No	14.8%	25.4%	21.6%	10.8%	4.0%
Length of time since last routine check-up*	Within past year	76.6%	69.0%	72.6%	78.5%	84.2%
	Within past 2 years	10.1%	10.7%	10.0%	13.3%	7.9%
	Within past 5 years	5.6%	6.6%	9.5%	3.2%	3.6%
	5 or more years ago	6.6%	11.7%	7.4%	3.2%	4.3%
	Never	1.0%	2.0%	0.5%	1.9%	-
Where receive health care most often*	Primary care or family doctor	70.4%	63.5%	65.3%	74.1%	77.1%
	Stat Care	11.4%	8.1%	15.8%	8.9%	12.3%
	Emergency room	8.4%	17.3%	8.9%	7.0%	2.0%
	Hospital clinic	2.6%	2.5%	2.6%	3.2%	2.4%
	Telemedicine	1.6%	2.0%	2.6%	0.6%	1.2%
	VA hospital/Clinic	1.5%	1.5%	1.1%	1.3%	2.0%
	Free clinic	1.5%	3.6%	1.6%	.6%	.4%
	Community health center	1.4%	1.5%	.5%	1.9%	1.6%
	Something else not mentioned	0.9%	-	1.1%	1.9%	0.8%
Health department clinic	0.4%	-	0.5%	0.6%	0.4%	
Needed to go outside of county for healthcare*	23.5%	11.2%	23.7%	26.6%	30.8%	
Services needed unable to get in past 2 years*	17.4%	26.9%	24.7%	11.4%	7.9%	



Summary: Dental Care						
		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
Length of time since last visited the dentist*	Within past year	55.2%	36.2%	47.9%	55.7%	75.1%
	Within past 2 years	14.1%	18.4%	13.7%	19.0%	8.3%
	Within past 5 years	12.4%	14.3%	18.9%	10.1%	7.5%
	5 or more years ago	15.9%	24.0%	18.4%	13.3%	9.1%
	Never	2.4%	7.1%	1.1%	1.9%	-
Currently have dental issues that need addressed*	Yes and able to get care needed	23.4%	28.4%	26.3%	19.0%	19.8%
	Yes and unable to get care needed	14.4%	23.9%	21.6%	9.5%	4.7%
	No	62.3%	47.7%	52.1%	71.5%	75.5%
Summary: Mental Health						
Number of days in past month that MENTAL health was not good*	Average number of days not well	7.16	10.36	8.74	6.02	4.25
	None	36.7%	28.9%	30.9%	43.7%	42.7%
	1-5	29.9%	23.4%	26.1%	28.5%	38.7%
	6-10	8.5%	10.7%	10.1%	6.3%	7.1%
	More than 11	24.8%	37.1%	33.0%	21.5%	11.5%
During past 12 months...	Felt sad or hopeless 2+ weeks*	34.8%	50.3%	39.5%	29.1%	22.9%
	Ever seriously consider suicide*	11.3%	18.3%	12.6%	7.6%	7.1%
Do you know someone who...	Has died by suicide*	46.4%	47.7%	53.7%	43.0%	41.9%
	Has talked about thoughts of suicide*	40.0%	49.7%	44.7%	32.3%	34.0%
	Has attempted suicide, but did not die*	30.3%	40.1%	34.7%	22.2%	24.5%
Stress level on typical day*	Low	36.3%	26.4%	32.1%	40.5%	44.3%
	Moderate	41.3%	42.6%	43.2%	44.3%	36.8%
	High	22.5%	31.0%	24.7%	15.2%	19.0%
Medical Professional Ever Diagnosed someone in household with. . .	Depression*	40.0%	54.3%	47.4%	25.9%	32.4%
	Anxiety disorder such as OCD or panic*	39.0%	52.8%	43.2%	23.4%	35.2%
	ADD/ADHD	22.4%	40.1%	34.7%	22.2%	24.5%
	Bipolar*	15.1%	25.9%	18.9%	12.7%	5.5%
	Posttraumatic stress disorder*	14.0%	29.4%	12.6%	7.0%	7.5%
	Alcohol/Substance Use disorder/Dependence*	12.0%	20.8%	12.6%	10.8%	5.5%
	Seasonal affective disorder	6.5%	6.1%	6.8%	5.1%	7.5%
	Postpartum depression	6.3%	8.1%	6.8%	1.9%	7.1%
	Eating disorder	4.9%	6.1%	5.8%	3.2%	4.3%
	Schizophrenia*	4.4%	8.6%	4.2%	3.8%	1.6%
	Developmental disability*	3.5%	6.6%	3.7%	1.9%	2.0%
	Problem gambling*	1.6%	3.0%	2.6%	0.6%	0.4%
	Other mental health disorder*	4.6%	9.1%	3.7%	3.8%	2.4%
Social Connectiveness- How often see people care about*	Less than once a week	19.5%	32.0%	19.5%	15.8%	12.3%
	1 to 2 times a week	26.0%	29.9%	32.6%	25.9%	17.8%
	3 to 5 times a week	23.8%	15.2%	24.7%	27.8%	26.9%
	More than 5 times a week	30.8%	22.8%	23.2%	30.4%	43.1%





Summary: Smoking and Tobacco Use						
		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
Tobacco usage*	Everyday	25.4%	45.2%	27.9%	20.3%	11.5%
	Some days	7.8%	9.6%	7.9%	6.3%	7.1%
	Not at all	66.9%	45.2%	64.2%	73.4%	81.4%
Electronic Cigarette/Vape Usage*	Everyday	13.8%	23.4%	15.8%	8.9%	7.9%
	Some days	7.8%	11.7%	8.4%	8.2%	4.0%
	Not at all	78.5%	65.0%	75.8%	82.9%	88.1%
Trying or willing to quit smoking (of tobacco users)	Yes, and have resources needed	32.5%	35.7%	32.8%	48.6%	55.8%
	Yes, but don't have resources needed	17.4%	23.5%	25.4%	21.6%	11.6%
	No	50.0%	40.8%	41.8%	29.7%	32.6%
Summary: Alcohol Use						
Alcohol consumption*	Never	46.8%	51.3%	53.2%	47.5%	37.9%
	1-2 days	21.5%	22.8%	22.1%	20.3%	20.9%
	3-5 days	12.8%	9.1%	12.6%	11.4%	16.6%
	6-10 days	6.4%	3.0%	6.3%	4.4%	10.3%
	10 days or more	12.6%	13.7%	5.8%	16.5%	14.2%
# of days had 5+ drinks past month (men)*	None	68.0%	58.2%	66.3%	72.8%	72.8%
	1	10.3%	13.2%	11.3%	13.6%	5.6%
	2 or more	21.7%	28.6%	22.5%	13.6%	21.6%
# of days had 4+ drinks past month (women)	None	80.0%	79.0%	81.8%	79.2%	79.5%
	1	11.4%	9.5%	9.1%	15.6%	12.6%
	2 or more	8.6%	11.4%	9.1%	5.2%	7.9%
Driven after drinking alcohol in past month*		10.1%	7.1%	5.3%	14.6%	13.4%
Summary: Substance Use						
Perceived Harm (% very harmful)	Smoking/Tobacco Use*	67.7%	57.7%	68.3%	74.7%	70.5%
	E-cigarettes or vaping*	63.0%	53.6%	59.6%	73.4%	66.0%
	Alcohol*	34.8%	40.1%	40.7%	32.3%	28.1%
	Marijuana*	23.6%	19.4%	24.9%	24.8%	25.1%
Taken prescriptions . . .	Differently than prescribed*	4.9%	10.2%	3.7%	2.5%	3.2%
	To feel high or more alert	5.6%	6.1%	7.4%	6.3%	3.6%
How typically get rid of left over or unused prescription medication	Take to a Take Back Center or event*	32.4%	26.4%	31.1%	39.2%	33.6%
	Keep them in case need in future	34.5%	31.0%	35.3%	34.8%	36.4%
	Throw them in the trash	22.9%	26.9%	20.0%	19.6%	24.1%
	Flush them down the toilet*	14.5%	18.3%	14.7%	18.4%	9.1%
	Give them to someone else*	3.4%	2.5%	4.2%	0.6%	5.1%
	Something else*	8.6%	10.2%	12.6%	1.3%	9.1%
Permanent drug collection boxes*	Aware and used in past	23.3%	14.2%	24.7%	31.0%	24.5%
	Aware, but not used	21.3%	23.4%	22.6%	18.4%	20.6%
	Not aware	55.5%	62.4%	52.6%	50.6%	54.9%
Needed drug or alcohol treatment in past year*		16.9%	27.4%	15.3%	16.5%	10.3%
Know where to go for services (of those seeking treatment)		85.2%	85.2%	82.8%	92.3%	80.8%
Able to find services in a timely manner (of those seeking)		79.3%	79.6%	75.9%	84.6%	76.9%



Summary: Substance Use						
		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
During the last 6 month, anyone in household use. . .	Marijuana*	32.0%	47.7%	32.6%	35.4%	17.4%
	Amphetamines, meth, or speed*	5.4%	10.7%	5.8%	4.4%	1.6%
	Cocaine or crack*	3.5%	6.1%	3.2%	4.4%	1.2%
	Fentanyl	2.1%	3.0%	3.2%	-	2.0%
	LSD or other hallucinogens	1.6%	3.6%	1.1%	.6%	1.2%
	Heroin	1.1%	2.0%	1.6%	.6%	0.4%
	Something else	0.9%	1.5%	0.5%	.6%	0.8%
	Ecstasy or GHB	0.9%	1.5%	0.5%	1.3%	0.4%
	Inhalants	0.4%	0.5%	0.5%	0.6%	-
None of the above*	65.1%	48.7%	63.7%	63.3%	79.8%	
Marijuana Use Questions (asked only of those who have used marijuana in past 6 months)						
*NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE						
How used marijuana in past 6 months	Smoked*	77.7%	89.4%	79.0%	76.8%	52.3%
	Vaped*	35.5%	40.4%	45.2%	23.2%	27.3%
	Consumed in food, drink*	40.6%	36.2%	33.9%	41.1%	59.1%
	Other	5.1%	4.3%	6.5%	7.1%	2.3%
How often use marijuana in past 6 months*	Once or twice	30.3%	28.0%	26.7%	35.7%	33.3%
	Monthly	10.4%	5.4%	6.7%	16.1%	19.0%
	Weekly	16.3%	12.9%	18.3%	23.2%	11.9%
	Daily/Almost daily	43.0%	53.8%	48.3%	25.0%	35.7%
Reasons used marijuana	To relax	70.3%	74.5%	75.8%	62.5%	63.6%
	To deal with anxiety or stress*	62.9%	69.1%	69.4%	55.4%	50.0%
	Pain management	48.8%	56.4%	48.4%	44.6%	38.6%
	To help sleep	46.9%	51.1%	53.2%	41.1%	36.4%
	To feel good or get high	36.3%	45.7%	33.9%	30.4%	27.3%
	To get through the day*	25.4%	28.7%	35.5%	19.6%	11.4%
	To have a good time with friends	12.1%	13.8%	17.7%	7.1%	6.8%
	To enhance other drug(s)	3.5%	3.2%	6.5%	1.8%	2.3%
	Other	6.3%	5.3%	6.5%	7.1%	6.8%
Problems caused by marijuana use	Less interested in other activities	16.0%	13.8%	22.6%	14.3%	13.6%
	Interfered with ability to think clearly	12.5%	8.5%	17.7%	12.5%	13.6%
	Created problems with family	9.8%	9.6%	11.3%	12.5%	4.5%
	Gotten into trouble with the police*	9.4%	10.6%	16.1%	5.4%	2.3%
	Mental health problems	8.6%	10.6%	9.7%	5.4%	6.8%
	Lost a job or didn't get a job	6.6%	6.4%	9.7%	5.4%	4.5%
	Behaved in impulsive ways	4.3%	2.1%	4.8%	3.6%	9.1%
	Physical health problems	3.5%	3.2%	4.8%	3.6%	2.3%





Summary: Child Health						
		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
Children in home under 18*		29.6%	20.8%	23.7%	29.7%	41.1%
<i>Below questions only asked of respondents with children *NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE</i>						
Children get annual well check-ups		92.8%	90.2%	93.3%	89.4%	95.2%
Child had flu vaccination in last year		51.5%	51.2%	55.6%	55.3%	48.1%
Up to date on recommended vaccines	Yes	86.5%	90.2%	80.0%	80.9%	90.4%
	No	8.4%	2.4%	13.3%	12.8%	6.7%
	Don't know	5.1%	7.3%	6.7%	6.4%	2.9%
How often use car seats <i>(asked if have children under 9)</i>	Never	10.7%	10.0%	11.1%	22.6%	2.3%
	Seldom/Sometimes	6.6%	10.0%	7.4%	6.4%	4.6%
	Almost always/always	82.8%	80.0%	81.5%	70.9%	93.1%
Summary: Healthy Living- Weight, Exercise, and Sleep						
Exercise in past month*		73.1%	57.4%	67.4%	77.2%	87.0%
How often exercised in an average week <i>(of those who exercise)</i>	None	6.3%	10.6%	6.3%	3.3%	5.9%
	1-2 times	46.7%	46.9%	54.7%	45.9%	42.3%
	3-4 times	30.8%	29.2%	24.2%	33.6%	33.6%
	5-7 times	16.2%	13.3%	14.8%	17.2%	18.2%
Self-described weight*	Overweight	59.6%	53.8%	54.7%	64.0%	65.3%
	About right	34.4%	34.0%	37.4%	32.3%	33.6%
	Underweight	6.0%	12.1%	7.9%	3.8%	1.2%
Thought about or tried to lost weight*		64.5%	52.8%	56.8%	70.9%	75.1%
Have resources needed <i>(of those trying to lose weight)*</i>		76.8%	59.2%	67.6%	79.5%	90.5%
Average number of hours per day on activities	Watch TV	3.69%	5.51%	5.59%	4.42%	3.81%
	Use social media	3.37%	5.83%	4.29%	3.46%	2.94%
	Use Computer outside work	2.84%	3.68%	3.60%	3.01%	2.52%
	Use cellphone	3.56%	5.40%	4.17%	3.86%	3.52%
	Sleep per 24 hour period	6.88%	6.63%	6.94%	7.03%	6.94%
Avg. # of days did not get enough rest in past 30		11.01%	12.93%	11.33%	9.22%	10.46%
Summary: Healthy Living- Food and nutrition						
How difficult to get fresh fruits & vegetables*	Very difficult	6.3%	13.7%	7.4%	3.2%	1.6%
	Somewhat difficult	23.3%	33.0%	28.9%	22.8%	11.9%
	Not at all difficult	70.5%	53.3%	63.7%	74.1%	86.6%
What makes it difficult to get food needed	Cost of food*	52.9%	61.9%	64.2%	43.0%	43.5%
	Quality of food	25.4%	26.4%	24.2%	24.7%	26.1%
	The season/weather*	25.1%	27.9%	32.1%	25.9%	17.4%
	Time for shopping	14.5%	12.7%	18.4%	12.7%	14.2%
	Distance from the store*	15.4%	25.9%	17.4%	14.6%	6.3%
	Safety*	4.5%	9.1%	3.2%	2.5%	3.2%
How often eat fresh fruit or vegetables*	0 to 1 times a week	20.0%	34.0%	24.2%	15.2%	9.1%
	2 to 4 times a week	40.1%	37.6%	44.7%	34.8%	41.9%
	Once a day	22.1%	14.2%	15.3%	32.9%	26.5%
	2 to 4 times a day	13.4%	9.6%	12.1%	12.0%	18.2%
	5 or more times a day	4.4%	4.6%	3.7%	5.1%	4.3%



Summary: Prevention, Testing and Screening						
		Stark County	Under \$25,000	\$25,000-\$50,000	\$50,000-\$75,000	Over \$75,000
How long since: had blood cholesterol checked*	Within the past year	69.1%	54.3%	66.8%	69.6%	81.8%
	Within the past 2 years	9.0%	9.1%	7.9%	14.6%	6.3%
	Within the past 5 years	6.0%	8.1%	7.4%	7.6%	2.4%
	5 or more years ago	5.4%	8.6%	5.3%	1.3%	5.5%
	Never	10.5%	19.8%	12.6%	7.0%	4.0%
How long since: had blood pressure checked	Within the past year	83.6%	74.6%	81.1%	84.8%	91.7%
	Within the past 2 years	7.1%	9.1%	7.4%	10.1%	3.6%
	Within the past 5 years	2.5%	4.6%	3.7%	1.9%	0.4%
	5 or more years ago	4.1%	4.6%	5.8%	1.9%	4.0%
	Never	2.6%	7.1%	2.1%	1.3%	0.4%
Have ever: colonoscopy (asked if 45 or older)*		75.3%	53.1%	74.8%	87.9%	81.5%
Have ever: skin cancer exam*		32.3%	17.3%	27.4%	40.1%	42.7%
Have ever: mammogram (Asked only of females 40+)*		86.5%	82.3%	79.7%	91.4%	91.3%
Have ever: clinical breast exam (Asked only of females)*		70.5%	51.4%	64.5%	80.5%	85.0%
Have ever: PAP smear (Asked only of females)*		89.5%	84.8%	86.4%	93.5%	93.7%
Perform breast self-exams (asked only of females)	No	25.5%	34.3%	28.2%	16.9%	21.3%
	Yes, every month, always	25.7%	23.8%	27.3%	27.3%	25.2%
	Yes, but skip sometimes	17.6%	16.2%	18.2%	16.9%	18.9%
	Yes, every so often	31.2%	25.7%	26.4%	39.0%	34.6%
Have ever: test for prostate cancer (Asked only of males)*		33.6%	22.0%	28.8%	39.5%	40.8%
Perform self-testicular exams (asked only of males)	No	53.4%	56.0%	62.5%	45.7%	51.2%
	Yes, every month, always	14.6%	12.1%	13.8%	21.0%	12.0%
	Yes, but skip sometimes	8.5%	8.8%	6.3%	9.9%	8.8%
	Yes, every so often	23.5%	23.1%	17.5%	23.5%	28.0%
Vaccinations received	COVID-19*	57.8%	41.6%	56.3%	64.6%	67.2%
	Annual flu*	49.8%	34.5%	47.9%	51.3%	61.7%
	Measles vaccine in lifetime*	48.6%	34.5%	44.2%	55.1%	58.5%
	Tetanus Booster*	43.3%	28.4%	42.1%	45.6%	54.5%
	Chicken pox vaccine in lifetime	38.5%	35.0%	37.4%	45.6%	37.5%
	Pneumonia vaccine in lifetime*	34.4%	24.9%	40.0%	42.4%	32.0%
	Hepatitis B vaccine in lifetime*	31.5%	25.9%	27.9%	36.7%	35.6%
	Shingles vaccine in lifetime*	26.5%	16.8%	26.3%	37.3%	27.3%
	Hepatitis A vaccine in lifetime	21.8%	17.8%	17.9%	25.9%	25.3%
	RSV*	13.9%	15.2%	10.0%	19.6%	12.3%
	HPV vaccine in lifetime	11.5%	14.2%	12.6%	12.0%	8.3%

Summary: Chronic Disease Diagnosis: Someone in Household by Location and Race

	<i>Stark County</i>	<i>Under \$25,000</i>	<i>\$25,000- \$50,000</i>	<i>\$50,000- \$75,000</i>	<i>Over \$75,000</i>
High blood pressure*	43.8%	39.6%	44.7%	54.4%	39.9%
High cholesterol*	33.5%	24.9%	35.8%	29.7%	40.7%
Arthritis	30.5%	29.4%	34.2%	34.8%	25.7%
Diabetes*	22.5%	18.8%	26.3%	28.5%	19.0%
Asthma*	16.5%	22.3%	14.7%	17.1%	13.0%
Cancer*	15.0%	10.2%	18.9%	17.7%	14.2%
Heart disease or heart attack*	14.6%	13.7%	21.6%	17.7%	8.3%
Respiratory disease*	7.4%	10.2%	10.5%	7.6%	2.8%
Stroke*	5.6%	8.1%	10.5%	1.9%	2.4%
Kidney disease	5.4%	7.1%	7.4%	5.1%	2.8%
Sexually transmitted disease*	4.4%	5.1%	7.4%	1.9%	3.2%
Chronic or long COVID	4.0%	3.0%	5.3%	5.1%	3.2%
Alzheimer's/dementia	1.5%	1.5%	1.1%	2.5%	1.2%

Summary: Transportation and Safe Driving

Have access to reliable transportation*		86.4%	65.5%	86.8%	93.0%	98.0%
Type of transportation used MOST often*	Own car	69.6%	32.0%	65.3%	84.2%	92.9%
	Walk	13.4%	34.5%	13.7%	5.7%	1.6%
	Family member/friend	7.1%	12.7%	8.9%	5.1%	2.8%
	SARTA	4.1%	9.1%	5.3%	1.9%	0.8%
	Bike	1.9%	4.1%	1.1%	1.3%	1.2%
	Uber or Lyft	1.5%	3.0%	2.1%	1.3%	-
	Borrowed car	1.4%	2.0%	2.6%	0.6%	0.4%
	Insurance Transportation	0.9%	2.0%	1.1%	-	0.4%
	Other	0.1%	0.5%	-	-	-
How often use a seat belt while driving or riding in a car	Always	84.0%	71.1%	83.2%	88.0%	92.1%
	Very often	7.5%	12.2%	7.9%	6.3%	4.3%
	Sometimes/Rarely	6.0%	11.2%	6.3%	3.8%	3.2%
	Never	2.5%	5.6%	2.6%	1.9%	0.4%

Summary: Housing

Housing situation today*	Do not have housing	5.6%	14.2%	4.7%	3.2%	1.2%
	Have temporary housing	2.0%	2.5%	2.1%	3.2%	0.8%
	Have it, but worried	13.4%	22.3%	19.5%	7.6%	5.5%
	Have housing	79.0%	60.9%	73.7%	86.1%	92.5%
Have problems in place live in with..	Rodents such as mice or rats*	9.8%	14.2%	11.1%	7.0%	7.1%
	Mold*	8.6%	10.7%	13.2%	6.3%	5.1%
	Water leaks*	7.6%	10.7%	10.5%	4.4%	5.1%
	Bug infestation*	7.4%	11.7%	11.6%	4.4%	2.8%
	Smoke detector issues*	5.4%	8.1%	6.8%	5.1%	2.4%
	Inadequate heat/oven, stove*	3.5%	6.6%	3.7%	1.3%	2.4%
	Unsafe water supply	2.5%	3.6%	2.6%	0.6%	2.8%
	Other	2.3%	3.6%	3.7%	0.6%	1.2%
	Lead paint or pipes*	2.1%	3.0%	3.7%	-	1.6%





	No Housing problems*	72.1%	61.9%	63.2%	81.6%	80.6%
--	-----------------------------	--------------	-------	-------	-------	-------

Summary: Abuse and Gun Safety

		<i>Stark County</i>	<i>Under \$25,000</i>	<i>\$25,000-\$50,000</i>	<i>\$50,000-\$75,000</i>	<i>Over \$75,000</i>
Ever been abused*		44.4%	57.9%	54.7%	36.1%	31.6%
Firearms kept in or around home*		30.9%	17.9%	23.3%	39.5%	41.3%
Firearms locked and loaded (those with firearms)	Firearms locked	77.9%	76.5%	70.5%	83.9%	77.9%
	Firearms loaded	31.7%	47.1%	31.8%	32.8%	26.0%

Summary: Digital Literacy

Have	Computer*	70.6%	44.7%	70.0%	74.1%	88.9%
	Smartphone*	90.4%	81.7%	92.1%	88.6%	96.8%
	Internet access*	84.3%	70.1%	84.7%	88.6%	92.1%
	Tablet*	49.6%	37.1%	38.9%	50.0%	66.8%
	Smartwatch*	31.8%	14.2%	24.7%	33.5%	49.4%
	Online gaming console*	34.5%	26.9%	30.5%	34.2%	43.9%
	None of the above*	2.0%	6.1%	0.5%	0.6%	0.8%
Usage of digital device interfere (% often or always)	Sleep	12.9%	12.8%	11.1%	9.6%	16.6%
	Mental health	9.5%	11.3%	6.8%	8.2%	11.1%
	Time with family/friends*	11.5%	15.7%	10.6%	3.2%	14.3%
	Work or school	9.1%	10.7%	10.0%	5.8%	9.5%
Digital device practices	Take regular breaks	44.1%	43.7%	44.2%	42.4%	45.8%
	Limit negative content*	36.0%	26.4%	43.2%	31.0%	41.1%
	Have device free time*	31.9%	24.9%	32.1%	32.9%	36.4%
	Good sleep hygiene	27.6%	21.3%	30.5%	26.6%	30.8%
	Limit screen time	26.9%	24.9%	25.3%	26.6%	29.6%
	Active relaxation techniques	16.3%	16.2%	15.8%	12.0%	19.4%
	Seek professional help	5.0%	6.1%	7.4%	1.9%	4.3%
	Other	0.4%	1.0%	0.0%	0.6%	0.0%
None of the above	26.4%	29.4%	25.3%	30.4%	22.1%	
Limit child's use of digital devices (asked only if have children 9 and over)	Often	32.0%	40.7%	20.8%	23.1%	35.5%
	Sometimes	39.2%	37.0%	58.3%	46.2%	31.6%
	Rarely	14.4%	3.7%	12.5%	19.2%	17.1%
	Never	14.4%	18.5%	8.3%	11.5%	15.8%



Appendix: Survey Results by Age

Summary: Community Needs					
		Stark County	18-44	45-64	65 and over
Seriousness of Problems in Stark County <i>(% rating it as very or moderately serious)</i>	Heroin or other illegal drug use	87.2%	84.1%	91.5%	86.8%
	Mental health*	86.4%	89.7%	88.8%	77.6%
	Obesity and healthy choices*	83.0%	77.4%	89.2%	84.6%
	Availability of affordable housing*	81.5%	80.9%	86.1%	76.6%
	Youth vaping	80.4%	80.1%	81.0%	80.2%
	Crime and violence	79.7%	77.1%	84.9%	77.5%
	Unemployment*	78.3%	81.2%	81.8%	68.7%
	Homelessness*	75.7%	74.2%	78.6%	74.3%
	Underage drinking	67.3%	66.9%	67.7%	67.6%
	Food insecurity*	66.4%	62.0%	74.8%	63.2%
	Access to health care*	65.6%	63.6%	70.2%	63.1%
	Resources/Services for Seniors*	56.2%	52.1%	63.5%	53.8%
	Access to dental care	56.0%	52.1%	62.4%	54.3%
	Transportation	51.7%	50.9%	55.8%	47.7%
Sought assistance in past year for . . .	Food*	22.4%	27.6%	26.7%	8.0%
	Mental health issues*	14.9%	22.3%	15.1%	2.0%
	Healthcare*	10.6%	14.4%	10.9%	4.0%
	Utilities*	10.4%	13.5%	10.5%	5.0%
	Transportation*	10.1%	14.7%	9.3%	3.5%
	Dental care	10.0%	12.0%	9.7%	7.0%
	Prescription assistance	9.8%	7.9%	10.9%	11.4%
	Clothing*	9.6%	14.1%	10.9%	0.5%
	Employment*	9.3%	15.5%	7.8%	0.5%
	Medicare or other health insurance	8.6%	9.7%	6.2%	10.0%
	Rent/mortgage assistance*	8.0%	12.3%	7.8%	1.0%
	Home repair	6.4%	6.7%	3.9%	9.0%
	Shelter*	6.3%	7.3%	9.7%	-
	Legal aid services*	4.1%	6.2%	4.7%	-
	Addition services*	3.6%	5.6%	3.5%	0.5%
	Childcare*	2.6%	5.9%	0.4%	-
	Unsafe structural issues with housing	1.1%	1.8%	1.2%	-
	Unplanned pregnancy*	1.1%	2.1%	0.8%	-
None of the above*	52.5%	41.6%	56.2%	66.2%	

Summary: Caregiving and Senior Needs					
		Stark County	18-44	45-64	65 and over
Responsible for Providing Regular Care or Assistance	Elderly parent or loved one	9.5%	7.6%	12.8%	8.5%
	Someone with physical/mental health problem	7.0%	8.8%	5.8%	5.5%
	Someone with special needs	5.8%	6.7%	6.6%	3.0%
	Children with severe behavioral issues*	4.8%	8.5%	2.3%	1.5%
	An adult child	3.8%	2.9%	5.8%	2.5%
	Grandchildren*	3.6%	1.5%	5.4%	5.0%
	A foster child or child temporary guardian of	1.1%	1.5%	1.2%	0.5%
	Not responsible for caregiving*	75.8%	74.2%	72.5%	82.6%
Someone provides assistance to them	Yes	17.7%	20.9%	16.3%	14.0%
	No	82.3%	79.1%	83.7%	86.0%
Challenges facing seniors (% major or moderate challenge)	Having enough money to meet daily expenses*	75.0%	73.0%	81.8%	69.5%
	Having safe and affordable housing*	73.5%	71.9%	83.0%	63.8%
	Being a victim of fraud or a scam*	73.4%	74.2%	77.1%	67.2%
	Feeling depressed, lonely or isolated*	72.2%	74.2%	76.0%	64.0%
	Not knowing what services are available*	67.9%	65.1%	75.2%	63.1%
	Getting needed healthcare*	63.9%	63.2%	71.7%	55.3%
	Maintaining home and yard	63.3%	63.0%	66.7%	59.6%
	Understanding public programs*	63.2%	62.3%	71.2%	54.5%
	Providing care for another person*	59.8%	59.2%	64.9%	54.3%
	Having safe and affordable transportation*	59.3%	61.5%	63.2%	50.5%
Summary: Personal Health Status					
Personal description of health*	Excellent	13.1%	15.2%	11.6%	11.4%
	Good	51.4%	48.4%	46.1%	63.2%
	Fair	28.8%	29.0%	34.9%	20.4%
	Poor	5.8%	6.5%	5.8%	4.5%
	Very Poor	1.0%	0.9%	1.6%	0.5%
Number of days in past month that PHYSICAL health was not good	Average number of days not well	5.78			
	None	38.9%	33.8%	39.1%	47.3%
	1-5	33.9%	42.6%	25.4%	29.9%
	6-10	10.2%	8.8%	13.3%	8.5%
	11 or more	17.0%	14.7%	22.3%	14.4%



Summary: Insurance Coverage					
		Stark County	18-44	45-64	65 and over
Currently has health insurance*	Insured	91.6%	86.2%	92.6%	99.5%
	Not insured	8.4%	13.8%	7.4%	0.5%
Type of Insurance coverage* (of those with insurance)	Private insurance- employer paid	33.2%	40.1%	45.4%	8.5%
	Private insurance- self paid	7.9%	11.2%	7.1%	5.0%
	Medicare	33.6%	15.6%	15.1%	82.0%
	Medicaid	21.4%	31.0%	26.1%	2.0%
	Medical Cost Sharing Plan	1.4%	0.7%	2.9%	0.5%
	VA Coverage or Military Coverage	1.8%	0.7%	2.9%	2.0%
	Other	0.7%	0.7%	0.4%	-
Services covered by insurance (of those with insurance)	Preventative or routine medical care*	86.4%	76.2%	91.6%	95.0%
	Emergency room care*	83.4%	73.8%	89.1%	90.5%
	Hospitalization*	82.1%	68.7%	87.4%	95.5%
	Dental services*	72.7%	70.1%	79.9%	68.0%
	Vision services*	71.6%	68.4%	79.5%	67.0%
	Mental health*	64.8%	61.2%	74.9%	58.0%
	Alcohol and drug treatment*	41.6%	35.7%	54.8%	34.5%
	Prenatal/maternity*	40.1%	40.5%	56.5%	20.0%
	Family planning (birth control)*	36.8%	41.2%	49.4%	15.5%
	Home Care*	32.6%	23.5%	35.1%	43.0%
	Long term care*	32.5%	32.0%	39.7%	24.5%
Hospice*	27.4%	19.7%	32.6%	32.5%	
Summary: Access to Health Care					
Have primary care provider*	Yes	85.3%	76.2%	87.6%	97.5%
	No	14.8%	23.8%	12.4%	2.5%
Length of time since last routine check-up*	Within past year	76.6%	64.8%	77.9%	95.0%
	Within past 2 years	10.1%	15.0%	10.5%	1.5%
	Within past 5 years	5.6%	7.6%	5.8%	2.0%
	5 or more years ago	6.6%	10.6%	5.8%	1.0%
	Never	1.0%	2.1%	-	0.5%
Where receive health care most often*	Primary care or family doctor	70.4%	56.6%	73.3%	90.0%
	Stat Care	11.4%	15.8%	11.2%	4.0%
	Emergency room	8.4%	13.8%	7.0%	1.0%
	Hospital clinic	2.6%	0.3%	1.9%	3.0%
	Telemedicine	1.6%	2.6%	1.6%	-
	VA hospital/Clinic	1.5%	0.3%	1.9%	3.0%
	Free clinic	1.5%	2.6%	1.2%	-
	Community health center	1.4%	2.1%	1.2%	0.5%
	Something else not mentioned	0.9%	1.2%	0.4%	-
Health department clinic	0.4%	0.9%	-	-	
Needed to go outside of county for healthcare*		23.5%	18.5%	25.2%	29.9%
Services needed unable to get in past 2 years*		17.4%	22.3%	17.1%	9.5%



Summary: Dental Care					
		Stark County	18-44	45-64	65 and over
Length of time since last visited the dentist*	Within past year	55.2%	47.4%	52.7%	71.6%
	Within past 2 years	14.1%	15.9%	14.0%	11.4%
	Within past 5 years	12.4%	12.6%	18.6%	4.0%
	5 or more years ago	15.9%	19.4%	14.3%	11.9%
	Never	2.4%	4.7%	0.4%	1.0%
Currently have dental issues that need addressed*	Yes and able to get care needed	23.4%	27.0%	20.9%	20.4%
	Yes and unable to get care needed	14.4%	14.4%	20.2%	7.0%
	No	62.3%	58.7%	58.9%	72.6%
Summary: Mental Health					
Number of days in past month that MENTAL health was not good*	Average number of days not well	7.16			
	None	36.7%	23.8%	38.8%	56.3%
	1-5	29.9%	28.2%	30.2%	32.7%
	6-10	8.5%	12.3%	6.6%	4.5%
	More than 11	24.8%	35.8%	24.4%	6.5%
During past 12 months...	Felt sad or hopeless 2+ weeks*	34.8%	49.9%	32.2%	12.4%
	Ever seriously consider suicide*	11.3%	17.6%	10.1%	2.0%
Do you know someone who...	Has died by suicide	46.4%	46.3%	50.4%	41.3%
	Has talked about thoughts of suicide*	40.0%	50.1%	43.4%	18.4%
	Has attempted suicide, but did not die*	30.3%	42.2%	31.4%	8.5%
Stress level on typical day*	Low	36.3%	24.4%	34.2%	59.2%
	Moderate	41.3%	43.7%	42.2%	35.8%
	High	22.5%	32.0%	23.6%	5.0%
Medical Professional Ever Diagnosed someone in household with.	Depression*	40.0%	47.5%	42.2%	24.4%
	Anxiety disorder such as OCD or panic*	39.0%	50.4%	38.8%	19.9%
	ADD/ADHD*	22.4%	33.4%	20.2%	6.5%
	Bipolar*	15.1%	21.4%	14.7%	5.0%
	Posttraumatic stress disorder*	14.0%	18.2%	16.7%	3.5%
	Alcohol/Substance Use disorder/Dependence*	12.0%	14.4%	14.3%	5.0%
	Seasonal affective disorder	6.5%	7.9%	5.8%	5.0%
	Postpartum depression*	6.3%	9.1%	6.6%	1.0%
	Eating disorder*	4.9%	7.6%	4.3%	1.0%
	Schizophrenia	4.4%	6.7%	3.9%	1.0%
	Developmental disability	3.5%	4.4%	4.3%	1.0%
	Problem gambling*	1.6%	2.9%	1.2%	-
	Other mental health disorder	4.6%	5.9%	4.7%	2.5%
Social Connectiveness- How often see people care about	Less than once a week	19.5%	21.7%	20.2%	14.9%
	1 to 2 times a week	26.0%	27.3%	27.5%	21.9%
	3 to 5 times a week	23.8%	23.2%	21.7%	27.4%
	More than 5 times a week	30.8%	27.9%	30.6%	35.8%



Summary: Smoking and Tobacco Use					
		Stark County	18-44	45-64	65 and over
Tobacco usage*	Everyday	25.4%	32.0%	32.2%	5.5%
	Some days	7.8%	12.3%	5.8%	2.5%
	Not at all	66.9%	55.7%	62.0%	92.0%
Electronic Cigarette/Vape Usage*	Everyday	13.8%	23.2%	11.2%	1.0%
	Some days	7.8%	12.9%	6.2%	1.0%
	Not at all	78.5%	63.9%	82.6%	98.0%
Trying or willing to quit smoking (of tobacco users)	Yes, and have resources needed	32.5%	41.6%	37.2%	50.0%
	Yes, but don't have resources needed	17.4%	18.0%	29.5%	16.7%
	No	50.0%	40.4%	33.3%	33.3%
Summary: Alcohol Use					
Alcohol consumption	Never	46.8%	44.6%	46.1%	51.2%
	1-2 days	21.5%	22.6%	20.9%	20.4%
	3-5 days	12.8%	14.4%	14.0%	8.5%
	6-10 days	6.4%	7.0%	6.2%	5.5%
	10 days or more	12.6%	11.4%	12.8%	14.4%
# of days had 5+ drinks past month (men)*	None	68.0%	57.4%	69.6%	87.4%
	1	10.3%	17.0%	7.0%	1.1%
	2 or more	21.7%	25.6%	23.5%	11.5%
# of days had 4+ drinks past month (women)	None	80.0%	71.8%	81.1%	90.4%
	1	11.4%	16.6%	9.8%	6.1%
	2 or more	8.6%	11.7%	9.1%	3.5%
Driven after drinking alcohol in past month		10.1%	9.7%	9.7%	11.4%
Summary: Substance Use					
Perceived Harm (% very harmful)	Smoking/Tobacco Use*	67.7%	59.7%	67.1%	82.3%
	E-cigarettes or vaping*	63.0%	55.6%	61.6%	77.4%
	Alcohol	34.8%	38.1%	34.5%	29.5%
	Marijuana*	23.6%	19.8%	20.9%	33.8%
Taken prescriptions . . .	Differently than prescribed*	4.9%	6.5%	5.4%	1.5%
	To feel high or more alert*	5.6%	9.7%	3.9%	1.0%
How typically get rid of left over or unused prescription medication	Take to a Take Back Center or event*	32.4%	22.6%	32.2%	49.3%
	Keep them in case need in future*	34.5%	40.5%	32.2%	27.4%
	Throw them in the trash*	22.9%	28.2%	22.1%	14.9%
	Flush them down the toilet*	14.5%	13.5%	18.6%	10.9%
	Give them to someone else*	3.4%	6.5%	1.6%	0.5%
	Something else	8.6%	6.7%	9.3%	10.9%
Permanent drug collection boxes*	Aware and used in past	23.3%	13.5%	25.2%	37.3%
	Aware, but not used	21.3%	24.9%	22.1%	13.9%
	Not aware	55.5%	61.6%	52.7%	48.8%
Needed drug or alcohol treatment in past year*		16.9%	22.3%	15.5%	9.5%
Know where to go for services (of those seeking treatment)		85.2%	84.2%	85.0%	89.5%
Able to find services in a timely manner (of those seeking)		79.3%	78.9%	77.5%	84.2%



Summary: Substance Use					
		Stark County	18-44	45-64	65 and over
During the last 6 month, anyone in household use. . .	Marijuana*	32.0%	45.2%	28.7%	13.9%
	Amphetamines, meth, or speed*	5.4%	7.6%	6.6%	-
	Cocaine or crack	3.5%	5.3%	3.9%	-
	Fentanyl*	2.1%	3.5%	1.9%	-
	LSD or other hallucinogens*	1.6%	2.9%	1.2%	-
	Heroin	1.1%	1.8%	1.2%	-
	Something else	0.9%	1.2%	1.2%	-
	Ecstasy or GHB*	0.9%	1.8%	0.4%	-
	Inhalants	0.4%	0.6%	0.4%	-
	None of the above*	65.1%	51.3%	67.1%	86.1%
<i>Marijuana Use Questions (asked only of those who have used marijuana in past 6 months)</i>					
<i>*NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE</i>					
How used marijuana in past 6 months	Smoked*	77.7%	83.8%	81.1%	35.7%
	Vaped*	35.5%	42.9%	29.7%	10.7%
	Consumed in food, drink	40.6%	39.6%	36.5%	57.1%
	Other	5.1%	4.5%	4.1%	10.7%
How often use marijuana in past 6 months*	Once or twice	30.3%	24.2%	39.7%	40.0%
	Monthly	10.4%	10.5%	6.8%	20.0%
	Weekly	16.3%	19.0%	11.0%	16.0%
	Daily/Almost daily	43.0%	46.4%	42.5%	24.0%
Reasons used marijuana	To relax*	70.3%	76.0%	64.9%	53.6%
	To deal with anxiety or stress*	62.9%	72.7%	56.8%	25.0%
	Pain management	48.8%	46.8%	54.1%	46.4%
	To help sleep	46.9%	49.4%	41.9%	46.4%
	To feel good or get high*	36.3%	42.2%	28.4%	25.0%
	To get through the day*	25.4%	31.8%	20.3%	3.6%
	To have a good time with friends *	12.1%	15.6%	8.1%	3.6%
	To enhance other drug(s)	3.5%	4.5%	2.7%	-
Other*	6.3%	3.9%	8.1%	14.3%	
Problems caused by marijuana use	Less interested in other activities	16.0%	16.9%	13.5%	17.9%
	Interfered with ability to think clearly*	12.5%	16.2%	8.1%	3.6%
	Created problems with family	9.8%	12.3%	8.1%	-
	Got into trouble with the police	9.4%	11.0%	9.5%	-
	Mental health problems*	8.6%	11.7%	5.4%	-
	Lost a job or didn't get a job*	6.6%	9.7%	2.7%	-
	Behaved in impulsive ways	4.3%	5.8%	2.7%	-
	Physical health problems	3.5%	3.2%	4.1%	3.6%



Summary: Child Health				
	Stark County	18-44	45-64	65 and over
Children in home under 18*	29.6%	50.1%	23.6%	2.5%
<i>Below questions only asked of respondents with children *NOTE: SMALL SUBSAMPLE SIZE, NOT RELIABLE</i>				
Children get annual well check-ups	92.8%	91.8%	95.1%	100.0%
Child had flu vaccination in last year	51.5%	51.5%	54.1%	20.0%
Up to date on recommended vaccines	Yes	86.5%	87.1%	88.5%
	No	8.4%	8.2%	8.2%
	Don't know	5.1%	4.7%	3.3%
How often use car seats <i>(asked if have children under 9)</i>	Never	10.7%	12.5%	0.0%
	Seldom/Sometimes	6.6%	6.7%	6.7%
	Almost always/always	82.8%	80.8%	93.3%
Summary: Healthy Living- Weight, Exercise, and Sleep				
Exercise in past month	73.1%	75.4%	71.3%	71.6%
How often exercised in an average week <i>(of those who exercise)*</i>	None	6.3%	9.7%	4.9%
	1-2 times	46.7%	43.6%	49.5%
	3-4 times	30.8%	33.5%	28.3%
	5-7 times	16.2%	13.2%	17.4%
Self-described weight*	Overweight	59.6%	53.7%	60.0%
	About right	34.4%	37.8%	33.7%
	Underweight	6.0%	8.5%	6.2%
Thought about or tried to lost weight	64.5%	62.5%	63.6%	69.2%
Have resources needed <i>(of those trying to lose weight)*</i>	76.8%	72.6%	75.6%	84.8%
Average number of hours per day on activities	Watch TV	3.69	-	-
	Use social media	3.37	-	-
	Use Computer outside work	2.84	-	-
	Use cellphone	3.56	-	-
	Sleep per 24 hour period	6.88	-	-
Avg. # of days did not get enough rest in past 30	11.01	-	-	-
Summary: Healthy Living- Food and nutrition				
How difficult to get fresh fruits & vegetables*	Very difficult	6.3%	9.1%	5.8%
	Somewhat difficult	23.3%	31.4%	20.9%
	Not at all difficult	70.5%	59.5%	73.3%
What makes it difficult to get food needed	Cost of food*	52.9%	59.8%	55.8%
	Quality of food*	25.4%	32.0%	24.8%
	The season/weather	25.1%	25.5%	24.0%
	Time for shopping*	14.5%	20.2%	13.6%
	Distance from the store*	15.4%	20.5%	14.7%
	Safety*	4.5%	6.2%	5.4%
How often eat fresh fruit or vegetables	0 to 1 times a week	20.0%	21.7%	19.8%
	2 to 4 times a week	40.1%	41.9%	39.5%
	Once a day	22.1%	20.5%	22.9%
	2 to 4 times a day	13.4%	11.4%	13.6%
	5 or more times a day	4.4%	4.4%	4.3%



Summary: Prevention, Testing and Screening					
		Stark County	18-44	45-64	65 and over
How long since: had blood cholesterol checked*	Within the past year	69.1%	49.0%	76.0%	94.5%
	Within the past 2 years	9.0%	14.4%	7.8%	1.5%
	Within the past 5 years	6.0%	9.7%	5.4%	0.5%
	5 or more years ago	5.4%	6.5%	6.2%	2.5%
	Never	10.5%	20.5%	4.7%	1.0%
How long since: had blood pressure checked*	Within the past year	83.6%	71.8%	87.6%	98.5%
	Within the past 2 years	7.1%	12.3%	5.4%	0.5%
	Within the past 5 years	2.5%	4.1%	2.3%	-
	5 or more years ago	4.1%	5.9%	4.3%	1.0%
	Never	2.6%	5.9%	.4%	-
Have ever: colonoscopy (asked if 45 or older)*		75.3%	-	61.3%	93.0%
Have ever: skin cancer exam*		32.3%	17.6%	29.3%	61.2%
Have ever: mammogram (Asked only of females 40+)*		86.5%	67.4%	83.9%	97.4%
Have ever: clinical breast exam (Asked only of females)*		70.5%	52.8%	76.2%	88.6%
Have ever: PAP smear (Asked only of females)*		89.5%	75.5%	98.6%	98.2%
Perform breast self-exams* (asked only of females)	No	25.5%	34.4%	25.9%	12.3%
	Yes, every month, always	25.7%	23.3%	29.4%	24.6%
	Yes, but skip sometimes	17.6%	12.9%	16.1%	26.3%
	Yes, every so often	31.2%	29.4%	28.7%	36.8%
Have ever: test for prostate cancer (Asked only of males)*		33.6%	8.5%	34.8%	82.8%
Perform self-testicular exams (asked only of males)	No	53.4%	54.0%	55.7%	49.4%
	Yes, every month, always	14.6%	14.8%	13.0%	16.1%
	Yes, but skip sometimes	8.5%	8.0%	7.0%	11.5%
	Yes, every so often	23.5%	23.3%	24.3%	23.0%
Vaccinations received	COVID-19*	57.8%	49.0%	53.5%	78.1%
	Annual flu*	49.8%	40.8%	43.0%	73.6%
	Measles vaccine in lifetime*	48.6%	43.4%	50.0%	55.7%
	Tetanus Booster*	43.3%	42.2%	39.1%	50.2%
	Chicken pox vaccine in lifetime*	38.5%	39.3%	31.8%	45.8%
	Pneumonia vaccine in lifetime*	34.4%	22.3%	26.4%	65.2%
	Hepatitis B vaccine in lifetime*	31.5%	37.0%	30.2%	23.9%
	Shingles vaccine in lifetime*	26.5%	12.6%	20.2%	58.2%
	Hepatitis A vaccine in lifetime*	21.8%	27.3%	19.4%	15.4%
	RSV*	13.9%	12.9%	5.8%	25.9%
	HPV vaccine in lifetime*	11.5%	20.5%	5.8%	3.5%

Summary: Chronic Disease Diagnosis: Someone in Household					
	Stark County	18-44	45-64	65 and over	
High blood pressure*	43.8%	30.5%	48.1%	60.7%	
High cholesterol*	33.5%	15.0%	45.7%	49.3%	
Arthritis*	30.5%	16.4%	35.7%	47.8%	
Diabetes*	22.5%	18.8%	25.2%	25.4%	
Asthma*	16.5%	19.9%	16.7%	10.4%	
Cancer*	15.0%	6.2%	14.7%	30.3%	
Heart disease or heart attack*	14.6%	7.9%	17.1%	22.9%	
Respiratory disease*	7.4%	3.8%	11.2%	8.5%	
Stroke	5.6%	4.7%	7.8%	4.5%	
Kidney disease*	5.4%	3.2%	5.0%	9.5%	
Sexually transmitted disease*	4.4%	6.2%	5.0%	.5%	
Chronic or long COVID	4.0%	4.4%	3.1%	4.5%	
Alzheimer's/dementia	1.5%	2.3%	1.6%	-	
Summary: Transportation and Safe Driving					
Have access to reliable transportation*	86.4%	81.8%	86.0%	94.5%	
Type of transportation used MOST often*	Own car	69.6%	56.6%	69.8%	91.5%
	Walk	13.4%	20.2%	13.6%	1.5%
	Family member/friend	7.1%	8.5%	6.6%	5.5%
	SARTA	4.1%	5.0%	5.8%	0.5%
	Bike	1.9%	4.1%	0.4%	-
	Uber or Lyft	1.5%	1.8%	1.9%	0.5%
	Borrowed car	1.4%	2.6%	0.8%	-
	Insurance Transportation	0.9%	0.9%	1.2%	0.5%
	Other	0.1%	0.3%		-
How often use a seat belt while driving or riding in a car	Always	84.0%	77.7%	85.3%	93.0%
	Very often	7.5%	11.7%	5.0%	3.5%
	Sometimes/Rarely	6.0%	8.2%	6.6%	1.5%
	Never	2.5%	2.3%	3.1%	2.0%
Summary: Housing					
Housing situation today*	Do not have housing	5.6%	7.9%	7.0%	-
	Have temporary housing	2.0%	3.5%	1.6%	-
	Have it, but worried	13.4%	19.1%	13.6%	3.5%
	Have housing	79.0%	69.5%	77.9%	96.5%
Have problems in place live in with..	Rodents such as mice or rats*	9.8%	12.3%	11.6%	3.0%
	Mold*	8.6%	11.7%	9.3%	2.5%
	Water leaks*	7.6%	10.9%	6.6%	3.5%
	Bug infestation*	7.4%	12.3%	6.2%	0.5%
	Smoke detector issues	5.4%	6.2%	6.6%	2.5%
	Inadequate heat/oven, stove*	3.5%	6.5%	1.9%	0.5%
	Unsafe water supply	2.5%	2.6%	3.5%	1.0%
	Other	2.3%	2.1%	3.1%	1.5%
	Lead paint or pipes	2.1%	11.7%	9.3%	2.5%





	No Housing problems*	72.1%	63.9%	70.2%	88.6%
--	-----------------------------	--------------	-------	-------	-------

Summary: Abuse and Gun Safety

		<i>Stark County</i>	<i>18-44</i>	<i>45-64</i>	<i>65 and over</i>
Ever been abused*		44.4%	48.1%	48.4%	32.8%
Firearms kept in or around home		30.9%	29.0%	31.0%	33.8%
Firearms locked and loaded (those with firearms)	Firearms locked	77.9%	79.6%	78.8%	74.2%
	Firearms loaded	31.7%	29.6%	31.6%	34.8%

Summary: Digital Literacy

Have.	Computer*	70.6%	63.3%	67.8%	86.6%
	Smartphone*	90.4%	87.7%	93.4%	91.0%
	Internet access*	84.3%	80.1%	84.1%	91.5%
	Tablet*	49.6%	44.0%	51.2%	57.2%
	Smartwatch*	31.8%	36.7%	29.5%	26.4%
	Online gaming console*	34.5%	51.0%	31.4%	10.4%
	None of the above*	2.0%	3.8%	1.2%	-
Usage of digital device interfere (% often or always)	Sleep*	12.9%	25.1%	5.4%	2.0%
	Mental health*	9.5%	17.6%	5.8%	0.5%
	Time with family/friends*	11.5%	20.9%	6.6%	2.0%
	Work or school*	9.1%	17.6%	4.7%	0.5%
Digital device practices	Take regular breaks	44.1%	46.6%	45.7%	37.8%
	Limit negative content	36.0%	35.5%	35.3%	37.8%
	Have device free time	31.9%	33.1%	31.4%	30.3%
	Good sleep hygiene*	27.6%	23.5%	29.8%	31.8%
	Limit screen time*	26.9%	32.8%	24.8%	19.4%
	Active relaxation techniques*	16.3%	22.0%	13.2%	10.4%
	Seek professional help*	5.0%	8.5%	2.7%	2.0%
	Other	0.4%	.3%	.8%	-
None of the above*	26.4%	21.4%	26.0%	35.3%	
Limit child's use of digital devices (asked only if have children 9 and over)	Often	32.0%	31.3%	34.6%	-
	Sometimes	39.2%	15.2%	13.5%	15.2%
	Rarely	14.4%	15.2%	13.5%	-
	Never	14.4%	15.2%	13.5%	-





Appendix: Research Methodology

The Center for Marketing and Opinion Research (CMOR) conducted the 2025 Stark County Community Health Assessment on behalf of the Stark County Health Risk and Community Needs Assessment Committee.

This report includes indicators in the following focus areas:

- Community Needs
- Social Determinants
- Personal Health Status
- Access to Health Care
- Mental Health
- Oral Health
- Smoking/Tobacco Use
- Alcohol and Substance Use disorder
- Maternal, Infant, and Child Health
- Healthy Living
- Communicable Diseases, Vaccinations, and Prevention Services
- Chronic Disease Management
- Transportation
- Housing
- Environmental Quality
- Safety, Injury and Violence
- Reproductive and Sexual Health
- Digital Literacy

**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 component of the project, a Community Survey, consisted of a random sample telephone and web survey of Stark County, Ohio households. This method was used to ensure representativeness of the adult 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. The survey questions focused on the following areas: community need and social determinants, access to care, mental health and substance use disorder, healthy living, vaccinations, chronic diseases, housing, safety, and transportation. Oversamples were completed for Canton, Massillon, Alliance as well as with black residents in order to be able to analyze these groups independently.

The final sample size was 800 which resulted in an overall sampling error of +/- 3.5% within a 95% confidence level.

COMMUNITY PARTNER SURVEY

In addition to the data mentioned above, additional data was gathered in order to provide some contextual information to the primary and secondary data. This included a Community Partner survey which consisted of an online survey completed by 142 community partners who have knowledge of and/or experience in community health issues.





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:

- ✓ 2022 ALICE REPORT Ohio, Stark County
- ✓ County Health Rankings
- ✓ Feeding America
- ✓ Kids Count Data Center
- ✓ Ohio Development Services Agency, Ohio County Profiles
- ✓ Ohio Department of Education
- ✓ Ohio Department of Health Data Warehouse
- ✓ Ohio Department of Health, STD Surveillance
- ✓ Ohio Housing Finance Agency (OHFA)
- ✓ Ohio Department of Job and Family Services, Office of Workforce Development
- ✓ Ohio Mental Health and Addiction Services (OhioMHAS), County Profiles- Stark County
- ✓ Ohio Mental Health and Addiction Services (OhioMHAS), Community Behavioral Health Claims Data
- ✓ OHYes! (see below for more information)
- ✓ Public Children Services Association of Ohio (PCSAO)
- ✓ Stark County Child Fatality Review & Fetal Infant Mortality Report: 2024 Annual Report
- ✓ U.S. Census Bureau - American Fact Finder, American Community Survey
- ✓ U.S. Census Bureau, QuickFacts: Stark County Ohio, Canton City Ohio, Alliance Ohio, Massillon Ohio

OHYES! SURVEY

The Ohio Healthy Youth Environments Survey (OHYES!) is a collaborative effort of the Ohio Departments of Education and Workforce, Health, Mental Health and Addiction Services, Ohio National Guard, and representatives from higher education, juvenile courts, foundations, and community service providers. In Stark County, a total of 6,086 students completed the survey. The following school districts in Stark County participated in the OHYES! survey during the 2023-2024 school year: Alliance City, Canton City, Jackson Local, Marlinton Local, Osna burg Local, Sandy Valley Local.

The OHYES! survey questions cover the following topics: Demographics, Alcohol, Tobacco and Vapor Products, Marijuana, Prescription Misuse and Illicit Drugs, Bullying, Safety and School Climate, Physical Health and Well-being, Mental Health and Suicide, Gambling, Parental Attitudes toward Substance Use, Community, Family and Peer Factors such as Adverse Childhood Experiences, School Success, and Prevention Messaging.

The OHYES! is a voluntary, web-based survey that is available to schools free of charge. During the 2023-2024 school year, the survey was administered from October 18 to December 21, 2023. All students in Ohio schools in grades 7 through 12 (age 12 or older) are eligible to participate. Superintendents and principals are solicited to have their schools complete the survey; they select the grades and percentage of students in those grades to participate and school staff administer the survey.





SOCIAL BARRIER SURVEY

The 2024 Social Barriers Survey was conducted with 137 residents of Stark County, OH. Respondents were at least 18 years of age and were currently receiving services from one or more of the organizations that administered the survey. These organizations include Access Health Stark County, CommQuest, Aultman Generations, Stark County Health Department, Massillon City Health Department, and Alliance Family Health Center. The final sample consisted of a total of 137 respondents. Surveys were administered by paper and data entered.

KEY POPULATION FOCUS GROUPS

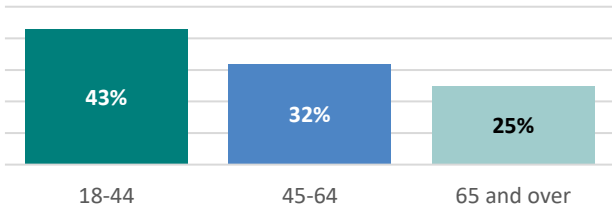
The Center for Marketing and Opinion Research (CMOR) conducted two focus groups on behalf of the Advisory Committee. The purpose of the focus groups was to collect qualitative information to better understand community health needs of two key demographic groups: (1) Older adults (ages 65 and over) and (2) adult residents that lived areas outside of the urban areas within the county. All participants resided in Stark County. The older adult focus group was conducted on September 24, 2025 and was held at the Stark County Health Department. The rural resident focus group took place on September 25, 2025 and was conducted online using Zoom.





Appendix: Participant Characteristics- Community Survey

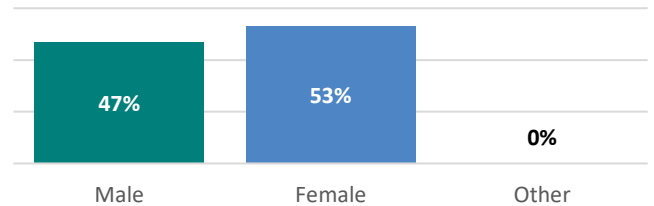
Respondent Age



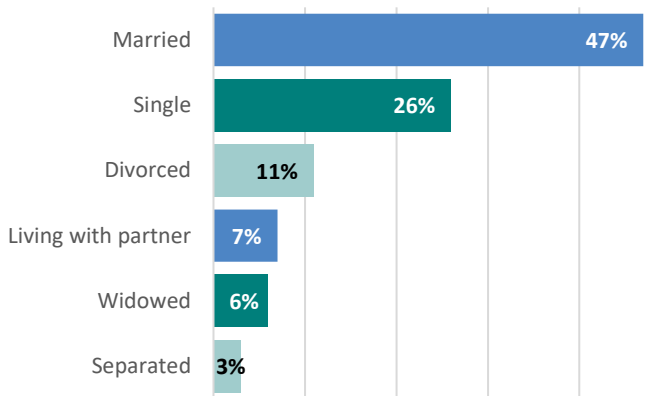
Age	N	%
18-44	341	42.6%
45-64	258	32.3%
65 and over	201	25.1%
Total	800	100%

Gender	N	%
Male	378	47.4%
Female	420	52.6%
Other	2	0.3%
Total	800	100%

Respondent Gender



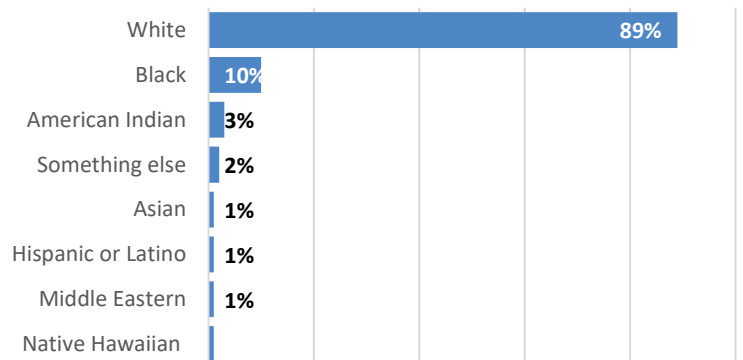
Marital Status



Marital Status	N	%
Married	378	47.3%
Single, never married	209	26.1%
Divorced	87	10.9%
Living with partner	55	6.9%
Widowed	49	6.1%
Separated	22	2.8%
Total	800	100%

Race	N	%
White	710	89.2%
Black	81	10.2%
American Indian/Alaska Native	22	2.8%
Asian	8	1.0%
Hispanic or Latino	9	1.1%
Native Hawaiian or other Pacific Islander	6	0.8%
Middle Eastern/North African	5	0.6%
Something else	13	1.6%
Total	796	100%

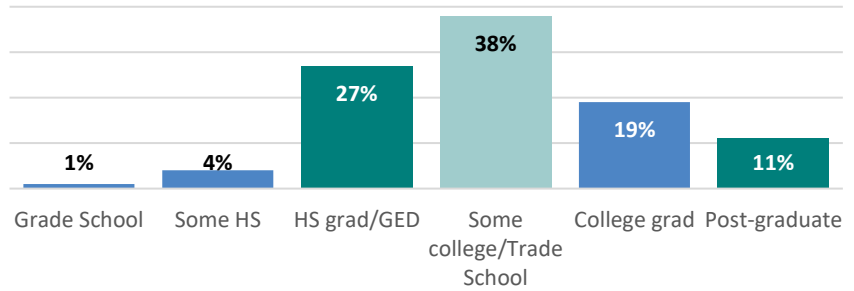
Race/Ethnicity



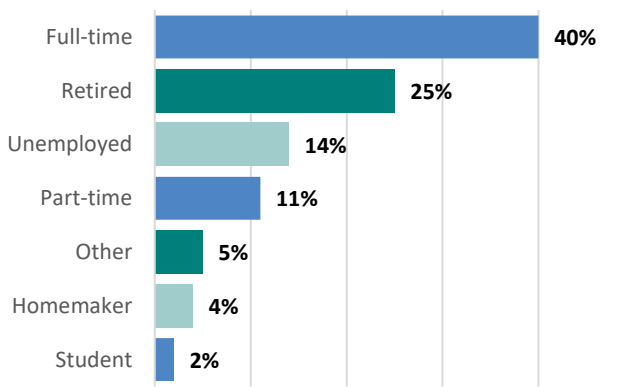


Education	N	%
Grade school	7	0.9%
Some High School	35	4.4%
HS grad/GED	212	26.5%
Some college/Trade	306	38.3%
College grad	154	19.3%
Post-graduate	86	10.8%
Total	800	100%

Education Attainment



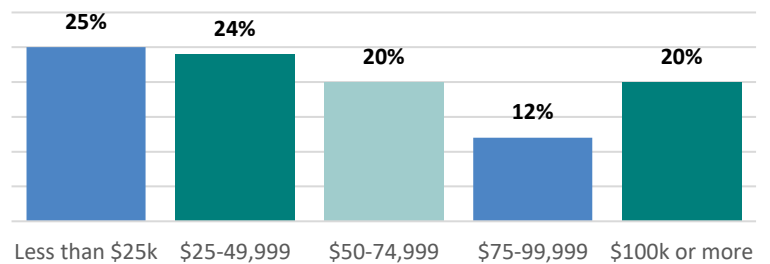
Employment Status



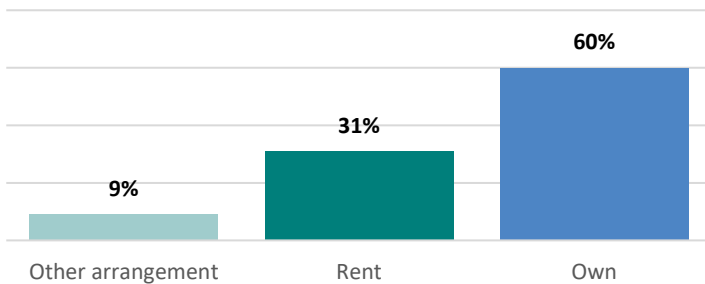
Employment Status	N	%
Full-time	318	39.8%
Retired	199	24.9%
Unemployed	110	13.8%
Part-time	87	10.9%
Other	38	4.8%
Homemaker	35	4.4%
Student	13	1.6%
Total	800	100.0%

Income	N	%
Less than \$25k	197	24.7%
\$25-49,999	190	23.8%
\$50-74,999	158	19.8%
\$75-99,999	93	11.7%
\$100k or more	160	20.1%
Total	798	100.0%

Household Income



Own or Rent



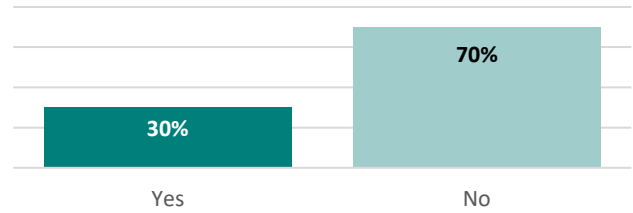
Own or Rent	N	%
Own	478	59.8%
Rent	251	31.4%
Other arrangement	70	8.8%
Total	799	100.0%



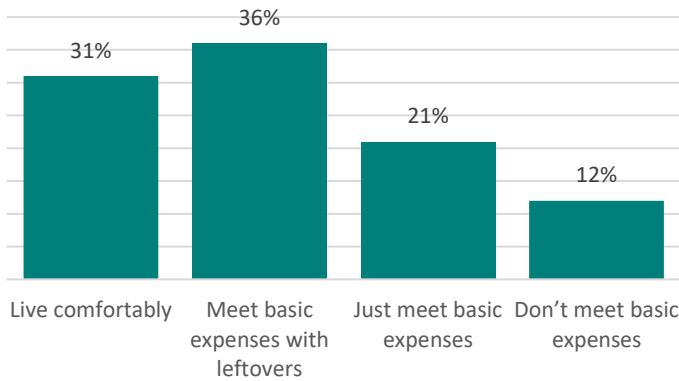


Have Children	N	%
Yes	237	29.6%
No	563	70.4%
Total	800	100.0%

Children in Household



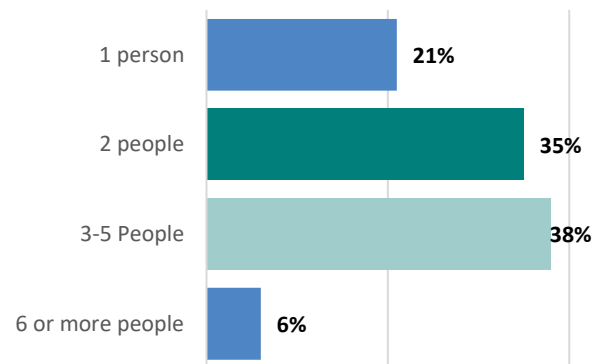
Household Financial Status



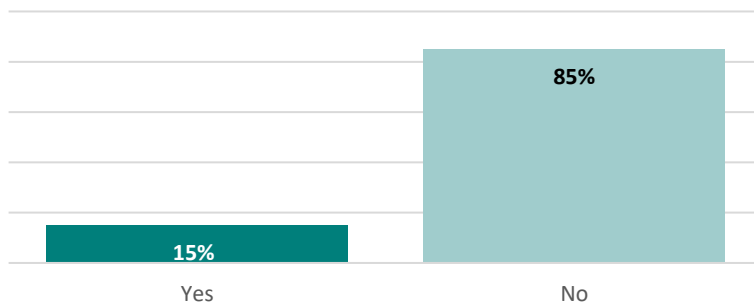
	N	%
Live comfortably	246	30.8%
Meet basic expenses with leftovers	288	36.0%
Just meet basic expenses	167	20.9%
Don't meet basic expenses	99	12.4%
Total	800	100.0%

Number of People in Household	N	%
1 person	168	21.2%
2 people	279	35.1%
3-5 people	302	38.0%
6 or more people	45	5.7%
Total	794	100.0%

Number of People in Household



Veteran in Household

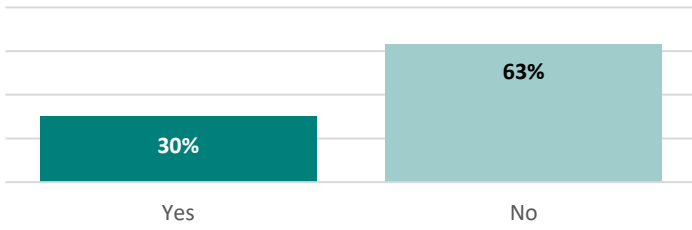


Veteran	N	%
Yes	118	14.8%
No	682	85.3%
Total	800	100.0%





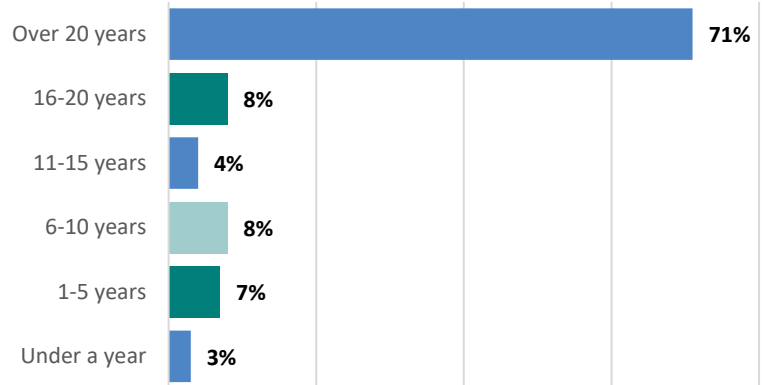
Disability in Household



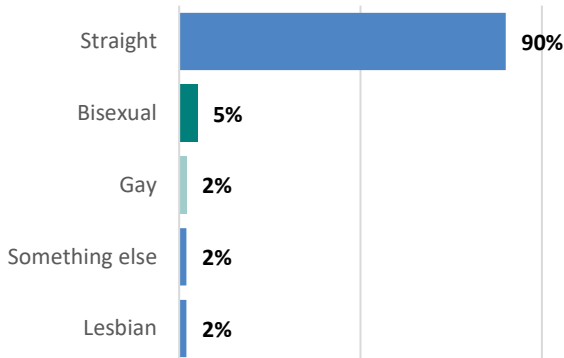
Disability	N	%
Yes	243	30.4%
No	557	69.6%
Total	800	100.0%

Length of time	N	%
Under a year		
1-5 years		
6-10 years		
11-15 years		
16-20 years		
Over 20 years		
Total	400	100.0%

Length Time Lived in County



Sexual Orientation



Sexual orientation	N	%
Straight	716	89.8%
Bisexual	38	4.8%
Gay	18	2.3%
Something else	13	1.6%
Lesbian	12	1.5%
Total	794	100.0%



City/Township	N	%
Canton	237	30.0%
Massillon	78	9.9%
Alliance	65	8.2%
Jackson Township	57	7.2%
North Canton	55	7.0%
Plain Township	37	4.7%
Perry Township	33	4.2%
Lake Township	20	2.5%
Louisville	17	2.2%
Canton Township	17	2.2%
Canal Fulton	15	1.9%
Uniontown	15	1.9%
East Canton	10	1.3%
Minerva	10	1.3%
Navarre	10	1.3%
Nimishillen	10	1.3%
Hartville	9	1.1%
Paris Township	8	1.0%
Tuscarawas Township	8	1.0%
Brewster	7	0.9%
Lawrence Township	7	0.9%
Pike Township	7	0.9%
Washington Township	7	0.9%
North Lawrence	6	0.8%
Marlboro Township	5	0.6%
Other	5	0.6%
Perry Heights	5	0.6%
Greentown	4	0.5%
East Sparta	3	0.4%
Lexington Township	3	0.4%
Osnaburg Township	3	0.4%
Magnolia	2	0.3%
Meyers Lake Village	2	0.3%
Hills and Dales	2	0.3%
Waynesburg	2	0.3%
Sugar Creek Township	2	0.3%
Sandy Township	2	0.3%
Canton	237	30.0%
Total	790	100%

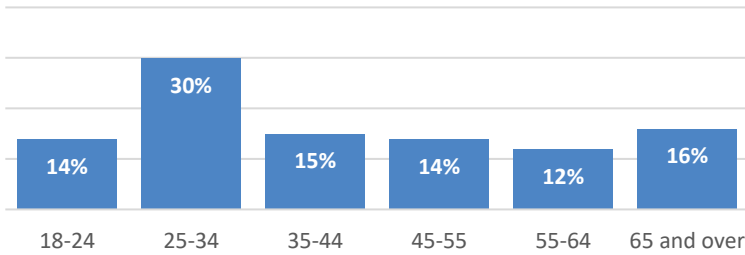
Zip Code	N	%
44646	93	11.6%
44720	75	9.4%
44601	74	9.3%
44708	55	6.9%
44705	48	6.0%
44706	48	6.0%
44647	42	5.3%
44710	39	4.9%
44707	32	4.0%
44709	30	3.8%
44641	29	3.6%
44614	24	3.0%
44685	24	3.0%
44703	21	2.6%
44718	19	2.4%
44657	18	2.3%
44721	18	2.3%
44714	17	2.1%
44662	15	1.9%
44632	12	1.5%
44730	11	1.4%
44626	9	1.1%
44666	7	0.9%
44704	7	0.9%
44688	6	0.8%
44613	3	0.4%
44630	3	0.4%
44643	3	0.4%
44669	3	0.4%
44701	3	0.4%
44608	2	0.3%
44702	2	0.3%
44711	2	0.3%
Other	6	0.8%
Total	800	100.0%





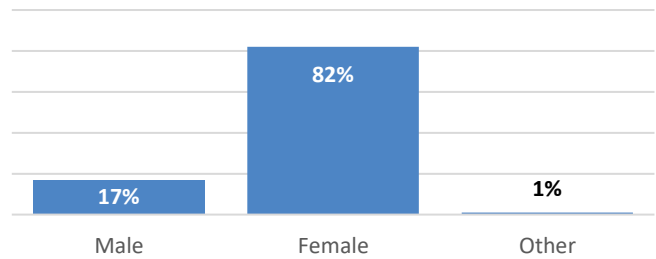
Appendix: Participant Characteristics- Social Barrier Survey

Respondent Age



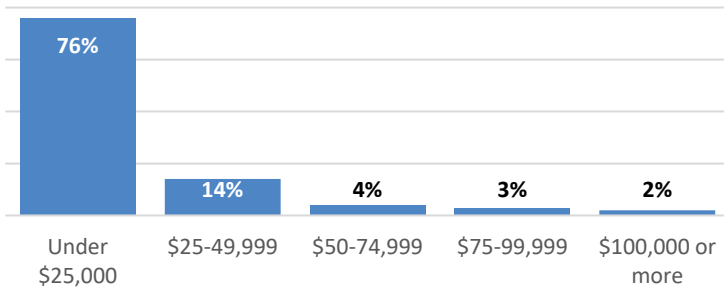
Age	N	%
18-24	18	14.1%
25-34	38	29.7%
35-44	19	14.8%
45-55	18	14.1%
55-64	15	11.7%
65 and over	20	15.6%
Total	129	(n=129)

Respondent Gender



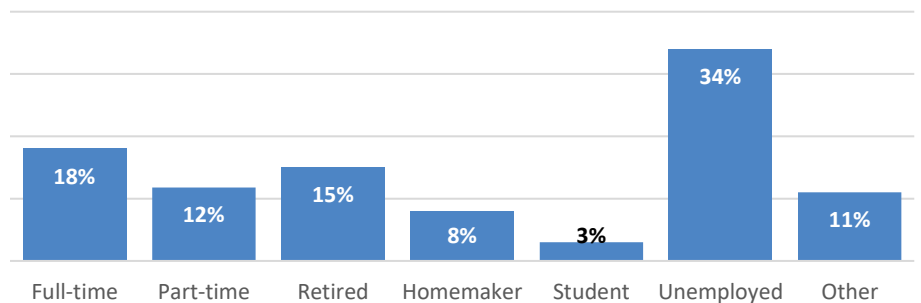
Gender	N	%
Male	23	17.4%
Female	108	81.8%
Other	1	0.8%
Total	132	(n=132)

Household Income



Income	N	%
Under \$25,000	95	76.0%
\$25-49,999	18	14.4%
\$50-74,999	5	4.0%
\$75-99,999	4	3.2%
\$100,000 or more	3	2.4%
Total	125	(n=125)

Employment Status

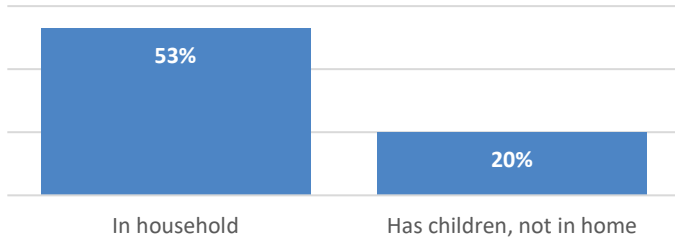


Employment	N	%
Full-time	24	18.3%
Part-time	16	12.2%
Retired	19	14.5%
Homemaker	10	7.6%
Student	4	3.1%
Unemployed	44	33.6%
Other	14	10.7%
Total	131	(n=131)





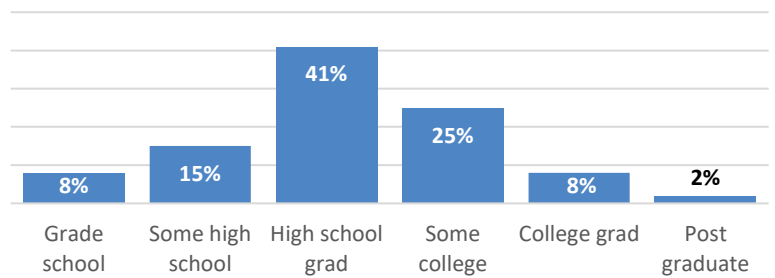
Children in Household



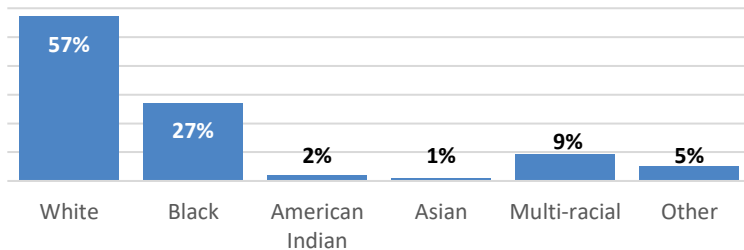
Children under 18	N	%
In household	69	53.1%
Has them, not in home	26	20.0%
Total		N=130

Education	N	%
Grade school	11	8.4%
Some high school	20	15.3%
High school grad	54	41.2%
Some college	33	25.2%
College grad	10	7.6%
Post graduate	3	2.3%
Total	131	100%

Education Attainment



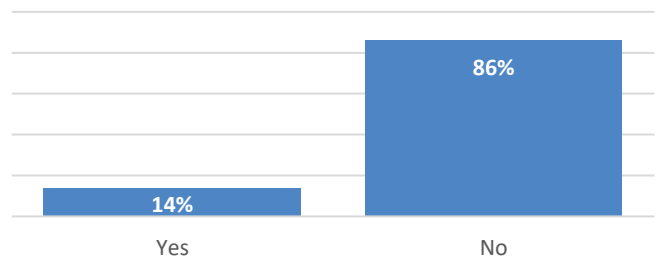
Race



Race	N	%
White	74	57.4%
Black	35	27.1%
American Indian	2	1.6%
Asian	1	0.8%
Multi-racial	11	8.5%
Other	6	4.7%
Total	129	(n=129)

Hispanic	N	%
Yes	19	14.4%
No	113	85.6%
Total	132	(n=132)

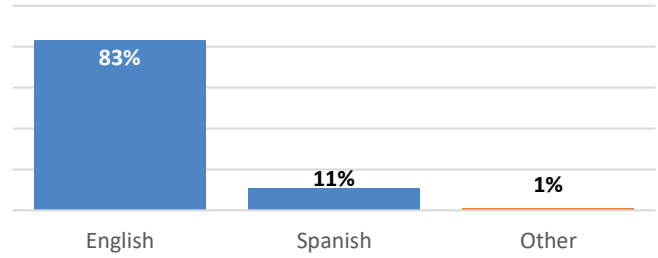
Hispanic or Latino



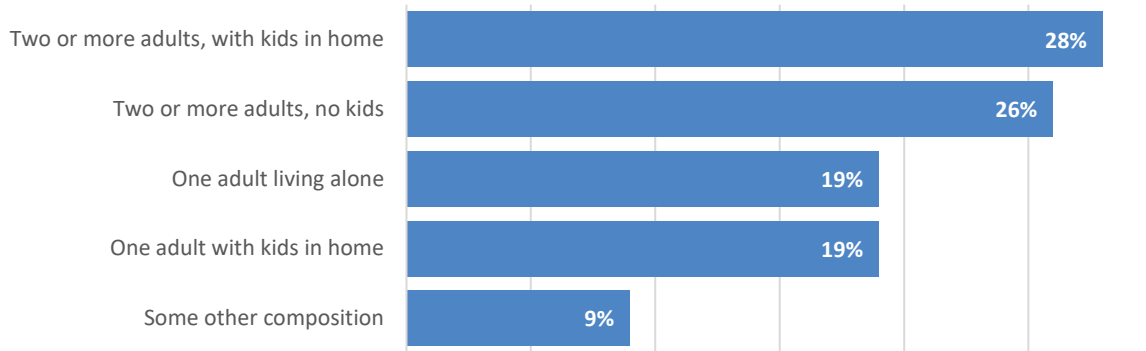


Languages Spoken at Home

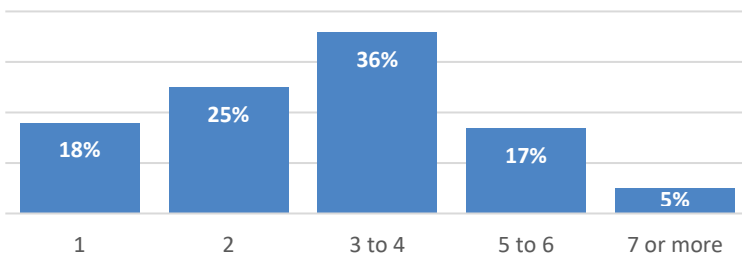
Gender	N	%
English	113	82.5%
Spanish	15	10.9%
Other	1	0.8%
Total	137	(n=137)



Household Composition

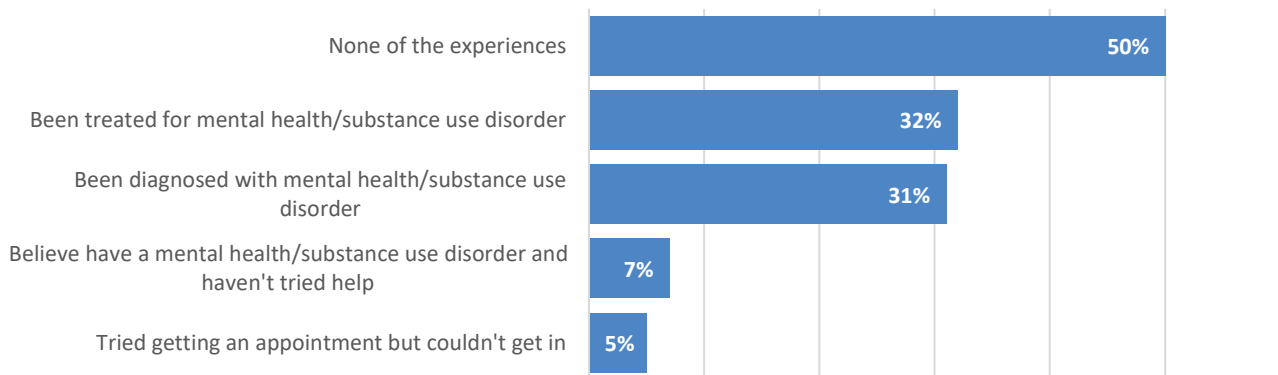


Number of People in Home

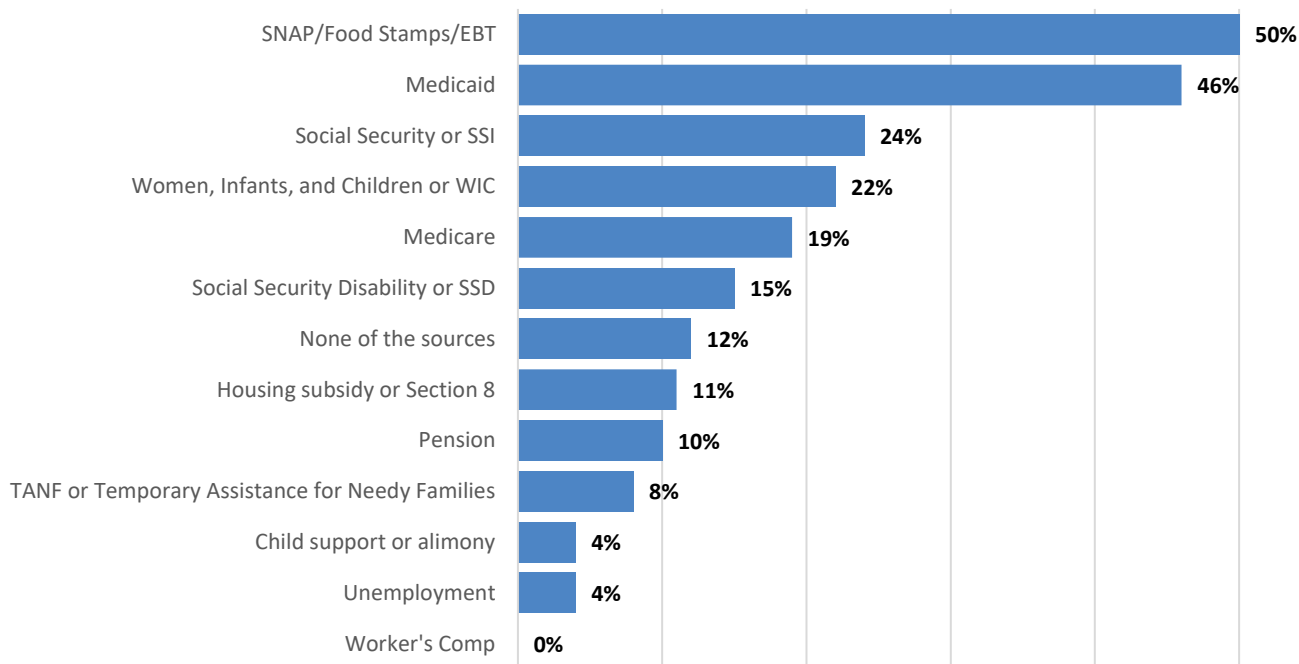


Number	N	%
1	20	18.3%
2	27	24.8%
3-4	39	35.8%
5-6	18	16.5%
7 or more	5	4.6%
Total	109	(n=109)

Respondent or Someone in Home. . . .



Sources of Income or Benefits

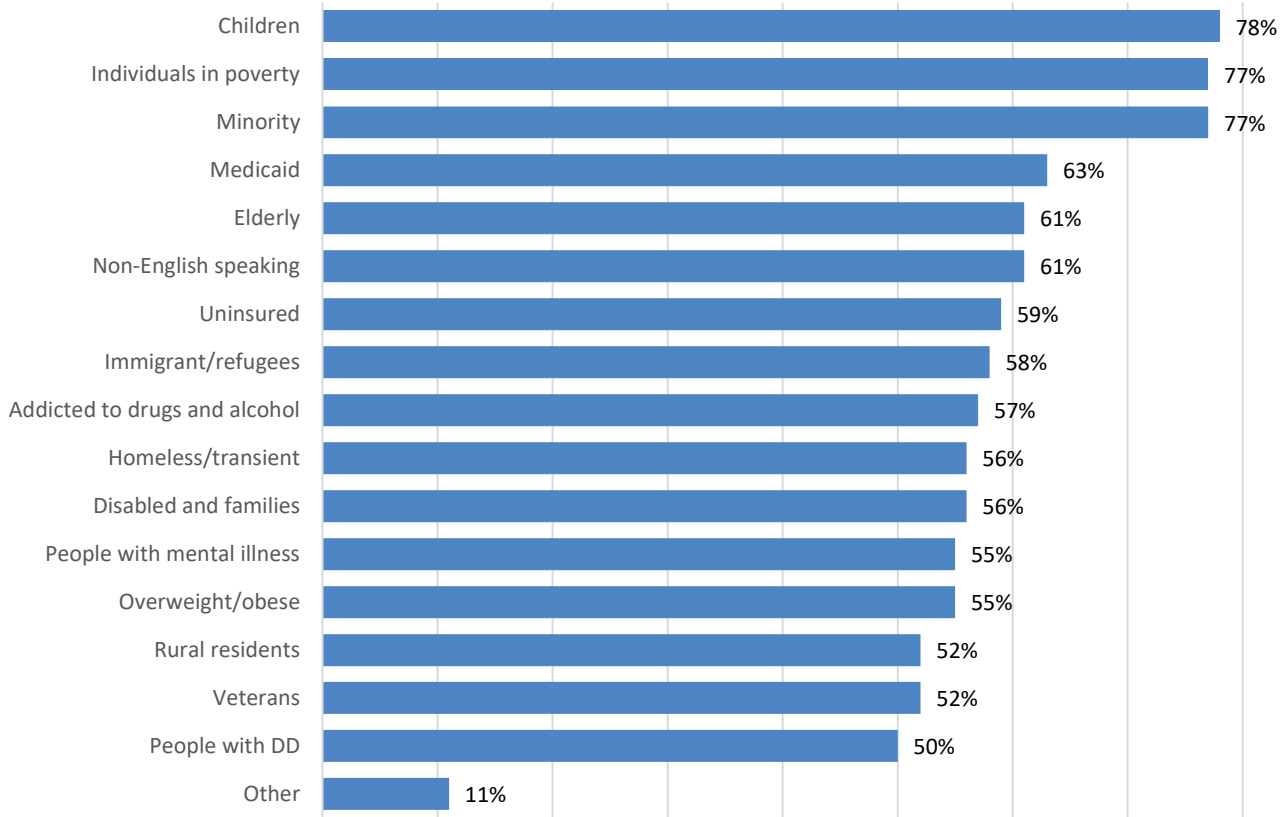


Area/Zip Code	N	%
44646	20	16.1%
44703	13	10.5%
44707	13	10.5%
44705	11	8.9%
44706	11	8.9%
44708	9	7.3%
44720	9	7.3%
44714	7	5.6%
44647	6	4.8%
44601	4	3.2%
44709	3	2.4%
44710	3	2.4%
44721	3	2.4%
44702	2	1.6%
44704	2	1.6%
44718	2	1.6%
44319	1	0.8%
44614	1	0.8%
44641	1	0.8%
44644	1	0.8%
44666	1	0.8%
44730	1	0.8%
Total	124	100%



Appendix: Participant Characteristics- Community Partner Survey

Population Served by Organization



Sectors Org. Associates With	N	%
Nonprofit	62	50.4%
Government	38	30.9%
Education	19	15.4%
Health care	42	34.1%
Business/private sector	4	3.3%
Religious	6	4.9%
Other	3	2.4%
Total	123	100.0%

Primary Service Area	N	%
Stark County	69	56.6%
Specific City/Township	24	19.7%
Multi-County	25	20.5%
Other	4	3.3%
Total	122	100.0%

